STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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DOCKET NO: I-01	**BOARD MEETING:** January 15, 2019	**PROJECT NO:** 18-002	**PROJECT COST:** Original:$2,247,076 Modification 1: $3,132,496 **Modification 2: $2,748,386**
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 $2,748,386. The project completion date as stated in the application is July 30, 2019.

EXECUTIVE SUMMARY

PROJECT DESCRIPTION:

- The Applicant (Retina Surgery Center, LLC) proposes to establish a limited-specialty ambulatory surgical treatment facility at 8780 West Golf Road, Suite 102, Niles, Illinois. The project cost is $2,748,386. The project completion date is July 30, 2019.
- The Applicant filed a Type A Modification on May 14, 2018 to increase the project costs from $2,247,076, to $3,132,496. This resulted in a project cost increase of $885,420 (39.4%). A second modification was submitted on August 1, 2018. This decreased the costs from the modified amount of $3,132,496 to $2,748,386 or $384,110 (12.3%). This is a Type B modification.
- This project received an **Intent to Deny at the October 30, 2018** State Board Meeting. The transcripts from that meeting are attached at the end of this report.
- **Staff Note:** The Applicant is proposing 647 GSF of shell space. Should the State Board approve this project the Applicant is required to submit an Application for Permit to complete the shell space.
- **State Board Staff Notes:** This project was deemed complete (January 18, 2018) before the effective date of the new distance requirements (77 ILAC 1100.510(d)) became effective (March 7, 2018). Therefore, this Application is being reviewed with a Geographic Service Area (GSA) of 45 minutes, adjusted based on the location of the project.

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)
- **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]

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 for the proposed project, but no public hearing was requested.
  Board staff received two letters of support for 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:
  The Applicant stated: *"there are twenty (20) licensed ASTCs in the service area that provide Ophthalmologic surgical services, with two having the capability to provide complex retina surgeries. Northwest Surgicare is about 23 minutes away. This surgery center utilizes a D.O.R.C. machine for retina surgeries, whereas Dr. Michael prefers and the area hospitals where Dr. Michael is credentialed utilize the Alcon machine to perform the surgeries. The familiarity with the machines is not important simply due to preference by the physician, but it allows the physician to improve patient outcomes and reduce complications. It is important that in these complex retina surgeries that the physician is comfortable with each scenario that may arise, with different machines, the opportunity for experiencing an unknown issues are multiplied, often to the detriment to the patient. Dr. Michael has also experienced limited availability for scheduling surgeries due to the staffing models and priorities of this facility. This has included surgery cancellations in the past. Overall, the machine differentiation and spotty scheduling history has led Dr. Michael to cease attempting to schedule his patients at Northwest Surgicare. Only one other ASTC offers the equipment necessary to perform the surgeries the applicant specializes in, Belmont/Harlem Surgery Center. This facility is not located in a convenient location for a majority of the patient population which hinders the ability of the applicant to provide convenient care to his patients. Historically, Belmont/Harlem has only been able to offer surgical times slots to Dr. Michaels for two days during the week. However, many of the surgeries performed by Dr. Michael are very time sensitive and require quick action, such as retinal detachment. In addition, Belmont/Harbor is 12.1 miles and 35 minutes away from the proposed location. Many of the patients the applicant intends to serve are coming from further west and north of the proposed Niles location. As a result of the inability of Belmont/Harlem to meet the specific needs of Dr. Michael's patient population and due to the location of the facility, the applicant is unable to provide his patients with the high quality care offered by him in a reasonable timeframe outside of a hospital location."*
- According to the Applicant, by providing services at the hospital rather than an ASTC, the Applicant's patients have a higher cost of care and at a less convenient setting. ASTC services reduce the patient costs by upwards of 900%.
- **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 25 hospitals within forty-five (45) minutes of the proposed project, 17 hospitals are not at target occupancy. Of the 20 ASTCs within forty–five (45) minutes 15 are not at target occupancy. (See Table Eight at the end of this report)

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	July 30, 2019
Anticipated Completion Date	July 30, 2019
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 $2,748,386, located at 8780 West Golf Road, Suite 102, Niles, Illinois. The project completion date is July 30, 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 in conformance with all relevant provisions of Part 1120.

III. General Information

The Applicant is Retina Surgery Center, LLC. Retina Surgery Center LLC is a physician-owned limited liability company, founded in October 2017. 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. The physician-member is Dr. John C. Michael M.D. (100% ownership interest).

IV. 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.

V. 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 $862,926, 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

	Second Modification			**May 14, 2018**	**January 12, 2018**
Use of Funds	**Reviewable**	**Non Reviewable**	**Total**	**First Modification**	**Original Application**
New Construction	$0	$267,500	$267,500	$267,500	$267,500
Modernization Contracts	$774,975	$124,525	$899,500	$899,500	$899,500
Contingencies	$77,400	$12,400	$89,800	$89,800	$89,800
Architectural/engineering Fees	$24,000	$9,000	$33,000	$33,000	$33,000
Consulting and Other Fees	$7,000	$0	$7,000	$7,000	$0
Moveable or Other Equipment	$450,000	$72,166	$522,166	$913,276	$913,276
Bond Issuance Expense	$16,844	$7,156	$24,000	$24,000	$24,000
Fair Market Value of Leased Space/Equipment	$762,844	$122,576	$885,420	$885,420	$0
Other Costs to be Capitalized	$14,037	$5,963	$20,000	$20,000	$20,000
Total Use of Funds	**$2,127,100**	**$621,286**	**$2,748,386**	**$3,132,496**	**$2,247,076**
Sources of Funds					
Cash and Securities	$1,000,000	$0	$1,000,000	$1,000,000	$1,000,000
Leases (fair market value)	$762,844	$122,576	$885,460	$885,420	$0
Other Funds & Sources	$748,366	$498,710	$862,926	$1,247,076	$1,247,076
Total Source of Funds	**$2,511,210**	**$620,286**	**$2,748,386**	**$3,132,496**	**$2,247,076**

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

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

To document compliance with this criterion the Applicant **must document the following:**

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)

- *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*

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

The Applicant is 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.

The US Department of Health and Human Services defines safety net providers as *"providers that organize and deliver a significant level of both health care and other health-related services to the uninsured, Medicaid, and other vulnerable populations," as well as providers "who by mandate or mission offer access to care regardless of a patient's ability to pay and whose patient population includes a substantial share of uninsured, Medicaid, and other vulnerable patients"*

TABLE FOUR (projected)			
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 three 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 due to inefficiencies in design and construction. 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: $2,748,386.

VII. 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 an 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, if needed. The State standard for ASTC rooms is 2,075 – 2,750/DGSF per operating room and 180 DGSF per recovery stations which equates to a total of 3,470 DGSF. The Applicant is in compliance with the State Board Standards

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. All Diagnostic and Treatment utilization numbers are the minimums per unit for establishing more than one unit, except where noted in 77 Ill. Adm. Code 1100.

The State Board Standard is 1,500 hours per operating room. The Applicant is projecting 201 procedures to be performed in the first year after project completion. The average procedure time per surgical procedure is 156 minutes or 2.6 hours per procedure for a total of approximately 527 hours. The 527 hours justifies the one surgical room being proposed. **State Board Staff Notes: "***All Diagnostic and Treatment utilization numbers are the minimums per unit for establishing more than one unit, except where noted in 77 Ill. Adm. Code 1100."* The Applicant is not establishing more than one unit therefore the 527 hours in the first year meets the requirements of the State Board.

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	2.6	208
Dr. Wessel	73	73	2.6	189.8
Dr. Poley	48	48	2.6	124.8
Total	**201**	**201**		**526.7**
Office-Based Procedures*	4,021*	3,000	0.75	2,250
TOTAL	**4,222**	**3,201**		**2,776.70**

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

B) 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.

C) 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), and (e))

VIII. 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 member 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 (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 Applicant 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 ASTCs or hospitals. The Applicant submitted four referral letters attesting to the historical patient referrals for 4,222 ophthalmologic procedures in the past year. Of the 4,222 referrals, 4,021 of the referrals were not from IDPH-licensed ASTCs or hospitals in the proposed GSA and cannot be accepted. Of these 4,222 referrals, 201 referrals were accepted. (4,222 referrals-4,021referrals = 201 referrals) Because the Applicant is proposing one operating room the 201 referrals (526.7 hours) is sufficient to justify the one room. The Applicant has met the requirements of this criterion.

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) operating room being requested by the Applicant.

2. The Applicant supplied an estimated time per procedure (Table Five), which includes prep/clean-up. This time was gathered from historical surgical procedures performed in the past 12 months (2016/2017). The average surgical procedure was 176 minutes (2.59 hours). The Applicant has met the requirements of this criterion.

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 <u>one</u> 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**

1. There are existing ASTCs/Hospitals in the identified GSA that are under-utilized. [See Table Eight at the end of this report.]
2. There are 20 ASTCs within forty-five minutes. Five are at target occupancy. There are twenty five (25) hospitals within the proposed 45-minute GSA, nine of the hospitals are at the target occupancy of 1,500 hours for surgery and procedure room services.
3. The Applicant stated *"there are twenty (20) licensed ASTCs in the service area that provide Ophthalmologic surgical services, with <u>two</u> having the capability to provide complex retina surgeries. <u>Northwest Surgicare</u> is about 23 minutes away. This surgery center utilizes a D.O.R.C. machine for retina surgeries, whereas Dr. Michael prefers and the area hospitals where Dr. Michael is credentialed utilize the Alcon machine to perform the surgeries. The familiarity with the machines is not important simply due to preference by the physician, but it allows the physician to improve patient outcomes and reduce complications. It is important that in these complex retina surgeries that the physician is comfortable with each scenario that may arise, with different machines, the opportunity for experiencing an unknown issues are multiplied, often to the detriment to the patient. Dr. Michael has also experienced limited availability for scheduling surgeries due to the staffing models and priorities of this facility. This has included surgery cancellations in the past. Overall, the machine differentiation and spotty scheduling history has led Dr. Michael to cease attempting to schedule his patients at Northwest Surgicare. Only one other ASTC offers the equipment necessary to perform the surgeries the applicant specializes in, Belmont/Harlem Surgery Center. This facility is not located in a convenient location for a majority of the patient population which hinders the ability of the applicant to provide convenient care to his*

patients. Historically, Belmont/Harlem has only been able to offer surgical times slots to Dr. Michaels for two days during the week. However, many of the surgeries performed by Dr. Michael are very time sensitive and require quick action, such as retinal detachment. In addition, Belmont/Harbor is 12.1 miles and 35 minutes away from the proposed location. Many of the patients the applicant intends to serve are coming from further west and north of the proposed Niles location. As a result of the inability of Belmont/Harlem to meet the specific needs of Dr. Michael's patient population and due to the location of the facility, the applicant is unable to provide his patients with the high quality care offered by him in a reasonable timeframe outside of a hospital location."

4. The State Board Staff does not consider the proposed project a cooperative venture with one of the persons operating an existing hospital.

Table Eight 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 <u>NOT</u> 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

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 notes retina surgery is only performed on two days of the week, resulting in a restrictive admissions policy.

2. ASTCs

There are 20 ASTCs within forty-five minutes. Five are at target occupancy. [See Table Eight at the end of this report}

3. Hospitals

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

2. Mal-Distribution

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 1110.15400(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))

IX. Financial Viability

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 $862,926, and the fair market value of leases totaling $885,460. The Applicant is a new entity therefore no historical financial statements are available. Projected financial information is provided below. Retina Surgery Center, LLC is wholly owned by Dr. John Michael. The Applicant furnished a letter from First Bank & Trust that stated that *"should this project be approved First Bank & Trust is prepared to extend Retina Surgery Center, LLC up to $2.2 million in credit exposure to finance the ASTC project."*

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT 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. See the ratio information, pro forma income statement and balance sheet in Appendix I at the end of this report.

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

X. 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 $862,926, 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. Additionally, the

Applicant provided a letter from First Bank & Trust *"should this project be approved First Bank & Trust is prepared to extend Retina Surgery Center, LLC up to $2.2 million in credit exposure to finance the ASTC project."* The Applicant has met the requirements of this criterion.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS 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 and Contingency Costs – These costs total $852,375 which calculates to $249.89 per GSF ($852,375/3,411 GSF = $249.89 per GSF). This is 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 $450,000. 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 Applicant has met the requirements of this criterion.

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 Applicant has met the requirements of this criterion.

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
ASTCs located within 45-minutes of the Proposed Facility

Facility	City	Type	Time	OR/Procedure Rooms	Hours	Medicaid	Medicare	Met Standar
ASTC						**% of Revenue**		
Golf Surgical Center	Des Plaines	Multi	5	7	5,982	29.20%	0.20%	No
Northwest Surgicare	Arlington Heights	Multi	23	6	3,439	53.50%	0.10%	No
North Shore Surgical Center	Lincolnwood	Multi	24	3	3,916	31.80%	0.10%	Yes
Northwest Community Day Surgery	Arlington Heights	Multi	25	10	10,488	18.10%	1.80%	No
Elmhurst Outpatient Surgery Ctr.	Elmhurst	Multi	31	8	7,228	30.20%	0.00%	No
Advanced Ambulatory Surgery Ctr.	Chicago	Multi	32	3	1,053	25.50%	0.00%	No
Belmont Harlem Surgery Ctr.	Chicago	Multi	32	4	1,840	2.90%	0.00%	No
Novamed Surgery Ctr. Chicago - Northshore	Chicago	Single	32	1	1,203	56.30%	6.60%	Yes
Ashton Ctr. for Day Surgery	Hoffman Estates	Multi	33	4	1,716	4.00%	0.00%	No
Loyola Ambulatory Surgery Ctr. Oak Brook	Oak Brook Terrace	Multi	33	3	4,449	14.90%	12.70%	Yes
Oak Brook Surgical Ctr.	Oak Brook	Multi	33	5	2,260	4.10%	0.90%	No
Northwestern Grayslake Surgery Ctr.	Grayslake	Multi	35	4	2,116	11.90%	2.90%	No
DMG Surgical Ctr.	Lombard	Multi	37	11	18,507	14.00%	0.00%	Yes
Hinsdale Surgical Ctr.	Hinsdale	Multi	35	6	6,110	33.60%	0.30%	No
Hoffman Estates Surgery Ctr.	Hoffman Estates	Multi	39	6	3,875	39.70%	0.00%	No
Midwest Ctr. for Day Surgery	Downers Grove	Multi	40	5	4,956	23.50%	0.00%	No

TABLE EIGHT
ASTCs located within 45-minutes of the Proposed Facility

Facility	City	Type	Time	OR/Procedure Rooms	Hours	Medicaid	Medicare	Met Standar
ASTC						**% of Revenue**		
Eye Surgery Center Hinsdale	Hinsdale	Limited	40	3	2,244	37.90%	0.10%	No
Novamed Surgery Ctr. River Forest	River Forest	Limited	41	2	905	46.30%	0.00%	No
Loyola University Surgery Ctr.	Maywood	Multi	42	8	9,987	16.30%	7.50%	No

TABLE EIGHT (continued)
Hospitals located within 45-minutes of the Proposed Facility

Facility	City	Time	OR/Procedure Rooms	OR/Proc. Hours	Operating Rooms	Procedure Rooms	Total Rooms	Met Standard?
Advocate Lutheran Hospital	Park Ridge	8	26/9	42,679/10,639	29	8	37	Yes
Glenbrook Hospital	Glenview	10	9/7	13,352/16,055	9	11	20	Yes
Skokie Hospital	Skokie	16	10/7	11,612/13,682	8	10	18	Yes
Presence Resurrection Med.	Chicago	19	13/5	11,376/5,165	8	4	12	No
Northwest Community Hospital	Arlington Heights	20	14/9	18,912/10,796	13	8	21	No
Highland Park Hospital	Highland Park	25	11/7	13,057/17,377	9	12	21	Yes
Northwestern Lake Forest Hospital	Lake Forest	25	8/7	12,231/4,448	9	3	12	No
Evanston Hospital	Evanston	26	16/9	23,274/19,791	16	14	30	Yes
Advocate Condell Med. Ctr.	Libertyville	27	12/6	22,645/3,695	16	3	19	Yes
Gottlieb Memorial Hospital	Melrose Park	29	9/2	11,724/2,776	8	2	10	No
Presence St. Francis Hospital	Evanston	22.5	14/3	8,627/1,727	6	2	8	No
Adventist Hinsdale Hospital	Hinsdale	29	12/5	17,646/4,999	12	4	16	No
Advocate Good Samaritan	Downers Grove	31	15/8	23,570/3,456	16	3	19	No
Elmhurst Memorial Hospital	Elmhurst	31	15/8	20,885/6,806	14	5	19	No
Community First Med. Ctr.	Chicago	32	9/4	3,254/4,622	3	4	7	No

TABLE EIGHT (continued)
Hospitals located within 45-minutes of the Proposed Facility

Facility	City	Time	OR/Procedure Rooms	OR/Proc. Hours	Operating Rooms	Procedure Rooms	Total Rooms	Met Standard?
Loyola University Med. Ctr.	Maywood	33	27/7	52,299/13,936	35	10	45	Yes
Swedish Covenant Hospital	Chicago	33	10/4	16,140/4,474	11	3	14	Yes
Adventist LaGrange Hospital	LaGrange	35	11/4	11,371/3.177	8	3	11	No
Adventist Glen Oaks Hospital	Glendale Heights	36	4/3	3,080/1,358	3	1	4	No
Loretto Hospital	Chicago	37	5	956	1	0	1	No
VHS Westlake Hospital	Melrose Park	37	6/3	2,020/725	2	1	3	No
Rush Oak Park Hospital	Oak Park	41	9/3	7,259/1,695	5	2	7	No
Vista Medical Ctr. East	Waukegan	41	3/1	7,013/37	5	1	6	No
VHS West Suburban Hospital	Oak Park	41	8/4	6,800/7,918	5	6	11	No
Advocate Good Shepherd Hospital	Barrington	44	12/7	21,657/6,876	15	5	20	Yes

1. Rooms and Hours 2017 Hospital and ASTC Profiles

Appendix I
Pro Forma Financial Ratios

Current Ratio	State Standard	Year 1		Year 2		Year 3	
Current Asset Current Liabilities	1.5	$270,874 $125,000	2.17	$649,023 $50,000	12.98	$1,119,925 $50,000	22.40
Net Margin %							
Net Income Net Revenue	3.5%	$255,604 $1,518,898	16.83%	$332,119 $1,564,465	21.23%	$389,955 $1,611,399	24.20%
Debt to Capitalization							
Long Term Debt Net Assets	<80%	$823,284 $1,873,888	43.93%	$781,615 $2,089,338	37.41%	$737,813 $2,435,491	30.29%
Projected Debt Service Coverage							
Net Income Depreciation Interest Expense Principal	1.75	$255,604 $106,152 $42,246 $39,642	4.93	$332,119 $1,612,700 $40,218 $41,670	24.24	$389,955 $124,748 $38,086 $43,802	6.75
Days Cash On Hand							
Cash Operating Expense Depreciation	>45	$270,874 $1,634,504 $106,152	64.69	$649,023 $1,614,691 $162,700	163.15	$1,119,925 $1,615,260 124,748	274.25
Cushion Ratio							
Cash Interest Expense Principal	>3	$270,874 $42,246 $39,642	3.31	$649,023 $40,218 $41,670	7.93	$1,119,925 $38,086 $43,802	13.68

Appendix I

RETINA SURGERY CENTER

PROJECTED PRO FORMA B/S

ASSETS			
Current Assets			
Checking/Savings	$270,874	$649,035	$1,119,925
Total Current Assets	**$270,874**	**$649,035**	**$1,119,925**
Fixed Assets			
Furniture and Equipment	$1,709,166	$1,709,166	$1,709,166
Accumulated Depreciation	$106,152	$268,851	$393,599
Total Fixed Assets	$1,603,014	$1,440,315	$1,315,567
TOTAL ASSETS	**$1,873,888**	**$2,089,338**	**$2,435,491**
LIABILITIES & EQUITY			
Liabilities			
Current Liabilities	$125,000	$50,000	$50,000
Total Current Liabilities	**$125,000**	**$50,000**	**$50,000**
Long Term Liabilities			
Loan	$823,284	$781,615	$737,813
Total Long Term Liabilities	**$823,284**	**$781,615**	**$737,813**
Total Liabilities	**$948,284**	**$831,615**	**$787,813**
Equity			
Capital Contribution	$670,000	$0	$0
Capital	$0	$670,000	$670,000
Retained Earnings	$0	$255,604	$587,723

Net Income	$255,604	$332,119	$389,955
Total Equity	**$925,604**	**$1,257,723**	**$1,647,678**
TOTAL LIABILITIES & EQUITY	**$1,873,888**	**$2,089,338**	**$2,435,491**

Appendix I

RETINA SURGERY CENTER
PROJECTED PRO FORMA I/S

Revenue:	**Projected Year l**		**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		1,946,810		2,005,215	
Expenses:						
Salaries	449,486	24%	462,971	24%	476,860	24%
Bond Issuance Expense	24,000	1%	0	0%	0	0%
Repairs and Maintenance	28,837	2%	29,703	2%	30,594	2%
Management Fees	120,098	6%	123,701	6%	127,412	6%
Surgical Instruments/Supplies	371,210	20%	382,346	20%	393,816	20%
Utilities	25,850	1%	26,626	1%	27,424	1%
Rent Expense	88,542	5%	91,198	5%	93,934	5%
Professional Fees	57,764	3%	59,497	3%	61,282	3%
Insurance	29,747	2%	30,639	2%	31,558	2%
Depreciation	106,152	6%	162,700	8%	124,748	6%
Employee Benefits	29,538	2%	30,424	2%	31,337	2%
General Admin	44,891	2%	46,238	2%	47,625	2%
Taxes and Licenses	69,640	4%	71,729	4%	73,881	4%
Interest Expense	42,246	2%	40,218	2%	38,086	2%

Bad Debt Expenses	56,703	3%	56,703	3%	56,703	3%
Other Expenses	89,800	5%	$0.00	0%	$0.00	0%
Total Expenses	1,634,504		1,614,691		1,615,260	
Net Income	255,604		332,119		389,955	

18-002 Retina Surgery Center - Niles

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1 CHAIRWOMAN MURPHY: Now we're going to go
2 up to the top of the list and start with
3 Project 18-002, the Retina Surgery Center.
4 May I have a motion to approve
5 Project 18-002, Retina Surgery Center, to
6 establish a limited-specialty ASTC.
7 MEMBER JOHNSON: So moved.
8 CHAIRWOMAN MURPHY: Second?
9 MEMBER MC NEIL: Second.
10 CHAIRWOMAN MURPHY: Thank you.
11 Will you please introduce yourselves and
12 be sworn in.
13 MR. NIEHAUS: Bryan Niehaus,
14 N-i-e-h-a-u-s.
15 DR. MICHAEL: John Michael, M-i-c-h-a-e-l.
16 THE COURT REPORTER: Would you raise your
17 right hands, please.
18 (Two witnesses sworn.)
19 THE COURT REPORTER: Thank you. Please
20 print your names, as well.
21 CHAIRWOMAN MURPHY: Can we have the State
22 Board staff report, please?
23 MR. CONSTANTINO: Thank you, Madam Chair.
24 The Applicant proposes to establish a

1 limited specialty ambulatory surgical treatment
2 facility in Niles, Illinois. The project cost is
3 approximately $2.7 million. Expected completion
4 date is July 30th, 2019.
5 I would like to point out that there is a
6 small amount of shell space that would require the
7 Applicant, if this project is approved, to come
8 back and request a certificate of need to complete
9 that shell space.
10 I would also point out there was no public
11 hearing requested, no opposition received. We did
12 receive letters of support in the application for
13 permit. We had two findings related to this
14 project, as you can see on page 3 of your staff
15 report.
16 Thank you, Madam Chair.
17 CHAIRWOMAN MURPHY: Thank you.
18 Is there a presentation today?
19 MR. NIEHAUS: Yes. We'd like to make a
20 couple short statements.
21 First, I want to thank you, the Board
22 staff, for your time today and the Board staff for
23 their efforts throughout this process. Just a
24 couple of points before I turn it over to

1 Dr. Michael.
2 First, I wanted to reiterate that the
3 Applicant has met all the application criteria
4 that are under our control. There has been no
5 opposition. We're seeking approval for a very
6 targeted population with just a single OR at this
7 time for ophthalmology.
8 There is no threat to ASCs or hospitals
9 within the area, which is evidenced by the lack of
10 opposition, given that all the patient referrals
11 are coming from Dr. Michael's existing practice
12 and the surgical referrals that are being moved
13 from hospitals are spread out between four to
14 five different hospitals and are a low volume, so
15 it will have no impact -- material impact -- on
16 those hospitals' operation.
17 Dr. Michael will now speak to a couple of
18 the reasons that this project evidences need
19 within the community.
20 Thank you.
21 DR. MICHAEL: Thank you.
22 I'm here today to ask this Board to
23 support my patients and my goal to create a center
24 of excellence for retina surgery.

1 I founded my physician practice in
2 the year 2000 to focus on specialized services of
3 the retina in the field of ophthalmology. This
4 project is born out of my intervening years of
5 experience, what I believe is best for my
6 patients.
7 I ask the Board to look beyond the
8 negative Board finding on need and consider why
9 this ASC is necessary. First, I want to say that
10 this project is not intended to encroach on other
11 area ASCs or harm other providers. I'm seeking
12 approval to expend my own resources to improve
13 care for the patients of my practice.
14 Today I do not have a reliable, sensible
15 option for providing outpatient surgical care at
16 an ASC for my patients. Although numerous
17 multispecialty ASCs offer ophthalmology services,
18 none of these facilities are singularly focused on
19 retina ophthalmology surgery.
20 Over the years I've tried using area
21 surgery centers, and their priorities in staffing,
22 equipment, and insurance coverages do not
23 consistently align with my patients and practice.
24 Frankly, I felt like a second-class priority at

1 these facilities.
2 As a result, my practice must use multiple
3 area hospitals for our complex retina surgery
4 patients. These procedures and patients are also
5 not prioritized by those hospitals. Problems with
6 limited hospital accessibility for patients who
7 have public aid is even more challenging for our
8 practice since over 26 percent of our patients are
9 public aid recipients.
10 Let me provide two examples, if I have the
11 time, from just the recent last couple of months.
12 On July 10th Mr. DB presented with a recent
13 retinal detachment. His insurance restricted him
14 to going to a single hospital that would regularly
15 have an antiquated, older model vitrectomy machine
16 used to repair retinal detachments.
17 To access modern equipment my office spent
18 hours negotiating with an out-of-network hospital
19 and the insurance personnel. The insurance staff
20 even called my practice administrator overly
21 dramatic as she explained time was of the essence
22 to preserve vision. The patient had to wait in
23 pre-op for hours until an insurance company
24 supervisor finally authorized the procedure. My

1 office rescheduled numerous clinic patients to
2 accommodate the hospital's time constraints and to
3 prevent further delay to the patient.
4 On July 17th Ms. RB developed a retinal
5 detachment of the vitreous structure in the eye.
6 She was quickly scheduled for a vitrectomy to
7 repair the detachment. Due to a gap in employment
8 and deficiencies in their temporary policy, her
9 family did not have surgical coverage for another
10 month.
11 The hospital refused to allow her to have
12 her surgery without an agreement that Ms. RB would
13 pay the hospital $20,000 for her surgery, which
14 presumably included a 25 percent discount. Ms. RB
15 literally sat in our office crying as she
16 explained they could not afford the fee.
17 The proposed facility will greatly benefit
18 my practice and patients. By locating a dedicated
19 surgery center in my existing practice building,
20 I can assure emergent access to care for trauma
21 patients, reduce their costs, negotiate their
22 insurance coverage, control quality, and decrease
23 travel time, all in a seamless fashion.
24 Other area providers do not oppose this

1 project because they understand the center will be
2 focused on our practice. We do not see the value
3 in committing more staff and new equipment to
4 their staff operations for our complex retinal
5 patients.
6 I hope I was able to convey the
7 significance of the community need. I can speak
8 more on these issues and topics at your request.
9 I believe the community of my patients require a
10 specialized retina surgery center, and
11 I respectfully request that the Board approve
12 this project.
13 Thank you.
14 CHAIRWOMAN MURPHY: Thank you.
15 Are there any questions from the Board
16 members?
17 MEMBER MC NEIL: I assume you spend a lot
18 of your time running between hospitals,
19 negotiating, your staff. So this will make you
20 more efficient.
21 How about the new equipment? Does the
22 $2.8 million or so include new, up-to-date,
23 state-of-the-art equipment for the retina?
24 DR. MICHAEL: Yes. Absolutely. It's the

1 build-out and all the new equipment that would go
2 with it. It would be the newest, latest
3 technology, yes.
4 MEMBER MC NEIL: From an efficiency
5 standpoint on your part and the patients' part,
6 how much time are you going to save?
7 DR. MICHAEL: There are some times that
8 you do a surgery that takes literally 45 minutes,
9 and sometimes the hospital can delay it two to
10 three hours, as one example, on a very regular,
11 very consistent basis.
12 MEMBER GOYAL: Thank you, Dr. Michael. My
13 name is Arvind Goyal. I represent Medicaid.
14 I was pleased to hear you say 26 percent
15 of your patients are Medicaid patients. Right?
16 Did I hear it correctly?
17 DR. MICHAEL: That is correct.
18 MEMBER GOYAL: How many -- what is the
19 percentage of your surgical patients who need
20 retinal surgeries beyond what you can provide in
21 the office?
22 DR. MICHAEL: I'm sorry. I did not break
23 that down. I can get that information for you.
24 It has to be proportionate, but I don't know that

1 for sure.
2 I would like to add that when there are
3 fewer and fewer doctors accepting those plans, the
4 volume and the numbers are growing on a year-to-
5 year basis. They all get circuited and shifted to
6 those who are still willing to take those
7 patients.
8 MEMBER GOYAL: You're right on the mark.
9 Let me say this to you, that 24 percent of
10 Illinois residents are currently on Medicaid. So
11 26 percent is not that far off.
12 My other question is there's a lot of
13 retinal work you do in the office, lasers,
14 Prolastin, whatever else you do.
15 Would that work also shift to this ASTC?
16 DR. MICHAEL: We have several doctors in
17 the practice, and different docs will be making
18 that determination on their own. I don't -- I do
19 not have a set policy on that at this point.
20 MEMBER GOYAL: Okay. You answered my only
21 other question, which would have been, "Are you
22 supporting the ASTC volume by yourself?" but you
23 said there are multiple docs.
24 DR. MICHAEL: Yes. Correct.

1 MEMBER GOYAL: How many are there?
2 DR. MICHAEL: We are four full-time
3 doctors and a part-time doctor, and we are
4 currently recruiting for others.
5 MEMBER GOYAL: Thank you very kindly.
6 DR. MICHAEL: Thank you.
7 CHAIRWOMAN MURPHY: Thank you.
8 Are there any other questions?
9 (No response.)
10 CHAIRWOMAN MURPHY: Okay. George, will
11 you please call the roll.
12 MR. ROATE: Thank you, Madam Chair.
13 Motion made by Mr. Johnson; seconded by
14 Dr. McNeil.
15 Ms. Hemme.
16 MEMBER HEMME: I'm going to vote no based
17 on the staff report of the availability of
18 services in the area.
19 But I would encourage you to come back at
20 a later time.
21 MR. ROATE: Thank you.
22 Mr. Johnson.
23 MEMBER JOHNSON: I'm going to vote yes
24 based on the explanation provided in contrast to

1 the information in the staff report.
2 MR. ROATE: Thank you.
3 Mr. McGlasson.
4 MEMBER MC GLASSON: I vote yes based on
5 Dr. Michael's testimony.
6 MR. ROATE: Thank you.
7 Dr. McNeil.
8 MEMBER MC NEIL: I vote yes because of the
9 testimony and the report, putting them together,
10 and the sense that the ORs have a priority and
11 you're at the bottom of the list because it's not
12 necessarily emergency-emergency.
13 So yes.
14 MR. ROATE: Thank you.
15 Madam Chair.
16 CHAIRWOMAN MURPHY: I'm going to vote yes
17 based on the positive information in the staff
18 report, today's testimony, and the unique nature
19 of your services.
20 So yes.
21 MR. ROATE: Thank you, Madam Chair.
22 That's 4 votes in the affirmative, 1 vote
23 in the negative.
24 MS. MITCHELL: You've received an intent

1 to deny. You'll receive a letter detailing what
2 your next steps are as far as options with respect
3 to the intent to deny.
4 MR. NIEHAUS: Thank you.
5 DR. MICHAEL: Thank you.
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