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**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

Ms. Kathryn J. Olson
Chair
Illinois Health Facilities and Services Review
Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: FMC Humboldt Park

Dear Ms. Olson:

I am a Vice President with DaVita HealthCare Partners, and I oppose the proposed establishment of the Fresenius Medical Care Humboldt Park ("FMC Humboldt Park"). Existing providers within the immediate area have capacity to accommodate the proposed referrals. Accordingly, there is no need for a 34 station dialysis facility at this time.

Within 30 minutes of the proposed FMC Humboldt Park dialysis facility, there are 51 facilities with average utilization of 73 percent and only 41 percent (or 21 facilities) operating above 80% utilization. Collectively, these facilities can accommodate 446 patients before average utilization reaches 80 percent. Accordingly, there is more than sufficient capacity among existing facilities to accommodate Dr. Vilbar's and Dr. Cabrera's patients.

In its application, FMC dismisses the Illinois Health Facilities and Services Review Board (the "State Board") rule requiring all facilities within 30 minutes normal travel time meet or exceed the State Board's 80 percent utilization standard, citing transportation access issues in the City of Chicago to support a smaller 3 mile travel contour from the proposed site of FMC Humboldt Park. FMC alludes to the fact that many of the projected patients will utilize public transportation to travel to and from dialysis but provides no evidence to substantiate its presumption. (See App. pp 63,75). Contrary to FMC's position, the 2010 U.S. Census shows a

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higher percentage of car ownership/utilization in Humboldt Park than in the City of Chicago (57.5% of workers in Humboldt Park drive alone to work compared to 50.3% of workers in the City of Chicago). Further, for many patients who do not have access to a car, there are several non-emergency transportation providers in the City of Chicago that can transport them to and from dialysis. In fact, for those low-income patients who qualify for Medicaid, non-emergency transportation is a Medicaid covered service. Therefore, given the high level of car ownership/utilization in Humboldt Park plus the non-emergency transportation resources available in the City of Chicago, it is unlikely a high number of the projected patients will be reliant on public transportation to travel to and from their dialysis treatments.

Assuming FMC's assertion regarding transportation access is correct, there are currently 7 dialysis facilities within 3 miles of the proposed FMC Humboldt Park dialysis facility with average utilization of 73 percent. Collectively, these facilities can accommodate 64 additional patients before reaching 80 percent utilization. Importantly, this number includes transfers of patients from highly utilized FMC West Metro and Garfield Kidney Center to facilities with excess capacity (the 5 underutilized facilities can collectively accommodate 106 patients before reaching 80% utilization).

Finally, Dr. Vilbar, in his physician referral letter, states that he was treating 142 dialysis patients as of June 2014 and referred 37 new patients for dialysis within the past 12 months. Dr. Vilbar projects the number of dialysis patients he treats will nearly double within 2 years of completion of FMC Humboldt Park, i.e., 132 patients will be referred to FMC Humboldt Park. (See App. p 70). Importantly, Dr. Vilbar's historical referrals do not support the level of projected referrals to FMC Humboldt Park. Therefore, it is arguable whether the projected referrals will materialize at the level to needed to support a 34 station dialysis facility.

Given the existing facilities have sufficient capacity to accommodate the projected FMC Humboldt Park patients, the State Board should deny the application for the proposed FMC Humboldt Park dialysis facility.

Thank you for your time and consideration of my comments.

Sincerely,



Steven E. Lieb

Vice President

Group Administration & Strategy Development

DaVita HealthCare Partners, Inc.