

Original

15-062

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

**SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**

This Section must be completed for all projects.

**RECEIVED**

DEC 23 2015

HEALTH FACILITIES &  
SERVICES REVIEW BOARD**Facility/Project Identification**

Facility Name: <i>Fresenius Medical Care Belleville</i>			
Street Address: <i>6525 W. Main Street</i>			
City and Zip Code: <i>Belleville 62223</i>			
County: <i>St. Clair</i>	Health Service Area: <i>11</i>	Health Planning Area:	

**Applicant Identification**

[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name: <i>Fresenius Medical Care of Illinois, LLC d/b/a Fresenius Medical Care Belleville</i>	
Address: <i>920 Winter Street, Waltham, MA 02451</i>	
Name of Registered Agent: <i>CT Systems</i>	
Name of Chief Executive Officer: <i>Ron Kuerbitz</i>	
CEO Address: <i>920 Winter Street, Waltham, MA 02451</i>	
Telephone Number: <i>800-662-1237</i>	

**Type of Ownership of Applicant**

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

o Corporations and limited liability companies must provide an **Illinois certificate of good standing**.

o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

**APPEND DOCUMENTATION AS ATTACHMENT-1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**Co-Applicant Identification**

[Provide for each co-applicant [refer to Part 1130.220].]

Exact Legal Name: <i>Fresenius Medical Care Holdings, Inc.</i>
Address: <i>920 Winter Street, Waltham, MA 02451</i>
Name of Registered Agent: <i>CT Systems</i>
Name of Chief Executive Officer: <i>Ron Kuerbitz</i>
CEO Address: <i>920 Winter Street, Waltham, MA 02451</i>
Telephone Number: <i>800-662-1237</i>

**Type of Ownership of Co-Applicant**

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

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

**APPEND DOCUMENTATION AS ATTACHMENT-1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**Primary Contact**

[Person to receive ALL correspondence or inquiries]

Name: <i>Lori Wright</i>
Title: <i>Senior CON Specialist</i>
Company Name: <i>Fresenius Medical Care</i>
Address: <i>3500 Lacey Road, Suite 900, Downers Grove, IL 60515</i>
Telephone Number: <i>630-960-6807</i>
E-mail Address: <i>lori.wright@fmc-na.com</i>
Fax Number: <i>630-960-6812</i>

**Additional Contact**

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

Name: <i>Patrice Komoroski</i>
Title: <i>Regional Vice President</i>
Company Name: <i>Fresenius Medical Care</i>
Address: <i>One City Place Drive, Suite 160, Creve Coeur, MO 63141</i>
Telephone Number: <i>314-872-1714 x11</i>
E-mail Address: <i>patrice.komoroski@fmc-na.com</i>
Fax Number: <i>314-872-7012</i>

**Post Permit Contact**

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

Name: <i>Lori Wright</i>
Title: <i>Senior CON Specialist</i>
Company Name: <i>Fresenius Medical Care</i>
Address: <i>3500 Lacey Road, Suite 900, Downers Grove, IL 60515</i>
Telephone Number: <i>630-960-6807</i>
E-mail Address: <i>lori.wright@fmc-na.com</i>
Fax Number: <i>630-960-6812</i>

**Additional Contact**

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

Name: <i>Clare Ranalli</i>
Title: <i>Attorney</i>
Company Name: <i>McDermott, Will &amp; Emery</i>
Address: <i>227 W. Monroe Street, Suite 4700, Chicago, IL 60606</i>
Telephone Number: <i>312-984-3365</i>
E-mail Address: <i>c.ranalli@mwe.com</i>
Fax Number: <i>312-984-7500</i>

**Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: <i>Belleville Renal Construction, LLC</i>
Address of Site Owner: <i>8117 Preston Road, Suite 400, Dallas, TX 75225</i>
Street Address or Legal Description of Site: <i>6525 W. Main Street, Belleville, IL 62223</i>
<b>Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.</b>
<b>APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>

**Operating Identity/Licensee**

[Provide this information for each applicable facility, and insert after this page.]

Exact Legal Name: <i>Fresenius Medical Care of Illinois, LLC d/b/a Fresenius Medical Care Belleville</i>
Address: <i>920 Winter Street, Waltham, MA 02451</i>
<input type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Governmental <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none"> <li>o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li> <li>o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.</li> <li>o <b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li> </ul>
<b>APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>

**Organizational Relationships**

Provide (for each co-applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

**APPEND DOCUMENTATION AS ATTACHMENT-4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**Flood Plain Requirements**

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2005-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at [www.FEMA.gov](http://www.FEMA.gov) or [www.illinoisfloodmaps.org](http://www.illinoisfloodmaps.org). **This map must be in a readable format.** In addition please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2005-5 (<http://www.hfsrb.illinois.gov>).

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

**Historic Resources Preservation Act Requirements**

[Refer to application instructions.]

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

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

**DESCRIPTION OF PROJECT****1. Project Classification**

[Check those applicable - refer to Part 1110.40 and Part 1120.20(b)]

Part 1110 Classification:

- Substantive  
 Non-substantive

## 2. Narrative Description

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

*Fresenius Medical Care of Illinois, LLC proposes to establish a 12-station dialysis facility in a Federally Designated Medically Underserved Area (MUA) to be located at 6525 W. Main Street, Belleville. Fresenius will be leasing space in a building that will be constructed by the landlord. Fresenius will not be expending any capital for the construction of the building but will pay for the interior buildout over the term of the lease in the rent expense.*

*Belleville is located in HSA 11. According to the December 2015 station need inventory, **there is a need** for an additional 21 stations in this HSA.*

*This project is "substantive" under Planning Board rule 1110.40 as it entails the establishment of a health care facility that will provide in-center chronic renal dialysis services.*

**Project Costs and Sources of Funds**

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must equal.

<b>Project Costs and Sources of Funds</b>			
<b>USE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
Preplanning Costs	N/A	N/A	N/A
Site Survey and Soil Investigation	N/A	N/A	N/A
Site Preparation	N/A	N/A	N/A
Off Site Work	N/A	N/A	N/A
New Construction Contracts	N/A	N/A	N/A
Modernization Contracts	N/A	N/A	N/A
Contingencies	N/A	N/A	N/A
Architectural/Engineering Fees	N/A	N/A	N/A
Consulting and Other Fees	N/A	N/A	N/A
Movable or Other Equipment (not in construction contracts)	250,000	110,000	360,000
Bond Issuance Expense (project related)	N/A	N/A	N/A
Net Interest Expense During Construction (project related)	N/A	N/A	N/A
Fair Market Value of Leased Space or Equipment	4,344,540 213,550	3,589,291	968,799
Other Costs To Be Capitalized	N/A	N/A	N/A
Acquisition of Building or Other Property (excluding land)	N/A	N/A	N/A
<b>TOTAL USES OF FUNDS</b>	<b>3,839,291</b>	<b>1,078,799</b>	<b>4,918,090</b>
<b>SOURCE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>CLINICAL</b>
Cash and Securities	250,000	110,000	360,000
Pledges	N/A	N/A	N/A
Gifts and Bequests	N/A	N/A	N/A
Bond Issues (project related)	N/A	N/A	N/A
Mortgages	N/A	N/A	N/A
Leases (fair market value)	3,589,291	968,799	4,558,090
Governmental Appropriations	N/A	N/A	N/A
Grants	N/A	N/A	N/A
Other Funds and Sources	N/A	N/A	N/A
<b>TOTAL SOURCES OF FUNDS</b>	<b>3,839,291</b>	<b>1,078,799</b>	<b>4,918,090</b>

**NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**Related Project Costs**

Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

Land acquisition is related to project  Yes  No  
 Purchase Price: \$ \_\_\_\_\_  
 Fair Market Value: \$ \_\_\_\_\_

The project involves the establishment of a new facility or a new category of service  
 Yes  No

If yes, provide the dollar amount of all **non-capitalized** operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.

Estimated start-up costs and operating deficit cost is \$ 102,449.

**Project Status and Completion Schedules**

**For facilities in which prior permits have been issued please provide the permit numbers.**

Indicate the stage of the project's architectural drawings:

None or not applicable  Preliminary  
 Schematics  Final Working

Anticipated project completion date (refer to Part 1130.140): December 31, 2017

Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):

- Purchase orders, leases or contracts pertaining to the project have been executed.  
 Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies  
 Project obligation will occur after permit issuance.

**APPEND DOCUMENTATION AS ATTACHMENT-8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**State Agency Submittals**

Are the following submittals up to date as applicable:

- Cancer Registry  
 APORS  
 All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted  
 All reports regarding outstanding permits

**Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.**

## Cost Space Requirements

Provide in the following format, the department/area **DGSF** or the building/area **BGSF** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
<b>REVIEWABLE</b>							
In-Center Hemodialysis	3,839,291		5,147	5,147			
Total Clinical	3,839,291		5,147	5,147			
<b>NON REVIEWABLE</b>							
Non-Clinical (Administrative, Mechanical, Staff, Waiting Room Areas)	1,078,799		1,730	1,730			
Total Non-clinical	1,078,799		1,730	1,730			
<b>TOTAL</b>	<b>\$4,918,090</b>		<b>6,877</b>	<b>6,877</b>			

\*Fresenius is leasing space in a building that is being constructed by the Landlord. Fresenius is not expending any capital for the construction of the building.

**CERTIFICATION**

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

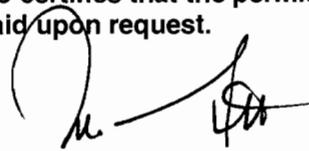
- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o in the case of a limited liability company, any two of its managers or members (or the sole manger or member when two or more managers or members do not exist);
- o in the case of a partnership, two of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

**This Application for Permit is filed on the behalf of Fresenius Medical Care of Illinois, LLC \* in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.**

  
SIGNATURE

Bryan Mello  
Assistant Treasurer

PRINTED TITLE

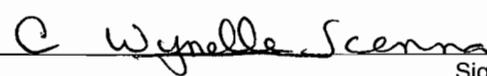
  
SIGNATURE

Mark Fawcett  
Senior Vice President & Treasurer

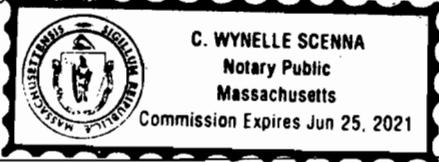
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this \_\_\_ day of \_\_\_\_\_ 2015

Notarization:  
Subscribed and sworn to before me  
this 5 day of Oct 2015

  
Signature of Notary

Seal

Signature of Notary  
Seal  


\*Insert EXACT legal name of the applicant

**CERTIFICATION**

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

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

This Application for Permit is filed on the behalf of Fresenius Medical Care Holdings, Inc. \* in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.

[Signature]  
SIGNATURE

Ryan Mello  
PRINTED NAME  
Assistant Treasurer

PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this \_\_\_\_ day of \_\_\_\_\_ 2015

[Signature]  
SIGNATURE

Mark Fawcett  
PRINTED NAME  
Senior Vice President & Treasurer

PRINTED TITLE

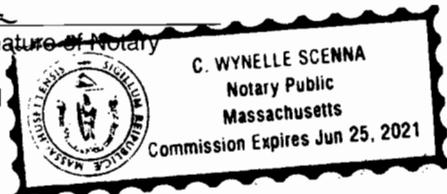
Notarization:  
Subscribed and sworn to before me  
this 5 day of Oct 2015

C Wynelle Scenna  
Signature of Notary

Seal

Signature of Notary

Seal



\*Insert EXACT legal name of the applicant

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

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

#### Criterion 1110.230 – Background, Purpose of the Project, and Alternatives

READ THE REVIEW CRITERION and provide the following required information:

##### BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
4. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

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

##### PURPOSE OF PROJECT

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project. [See 1110.230(b) for examples of documentation.]
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**.

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

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

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

**ALTERNATIVES**

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

Alternative options **must** include:

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

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

**SECTION IV - PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE**

**Criterion 1110.234 - Project Scope, Utilization, and Unfinished/Shell Space**

READ THE REVIEW CRITERION and provide the following information:

**SIZE OF PROJECT:**

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative.**
2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following::
  - a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies;
  - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix B;
  - c. The project involves the conversion of existing space that results in excess square footage.

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

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

**APPEND DOCUMENTATION AS ATTACHMENT-14, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**PROJECT SERVICES UTILIZATION:**

**This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.**

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110.Appendix B. **A narrative of the rationale that supports the projections must be provided.**

**A table must be provided in the following format with Attachment 15.**

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1					
YEAR 2					

**APPEND DOCUMENTATION AS ATTACHMENT-15, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**UNFINISHED OR SHELL SPACE: NOT APPLICABLE – THERE IS NO UNFINISHED SHELLSPACE**

Provide the following information:

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

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

**ASSURANCES: NOT APPLICABLE – THERE IS NO UNFINISHED SHELLSPACE**

Submit the following:

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

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

**SECTION VII - SERVICE SPECIFIC REVIEW CRITERIA**

*This Section is applicable to all projects proposing establishment, expansion or modernization of categories of service that are subject to CON review, as provided in the Illinois Health Facilities Planning Act [20 ILCS 3960]. It is comprised of information requirements for each category of service, as well as charts for each service, indicating the review criteria that must be addressed for each action (establishment, expansion and modernization). After identifying the applicable review criteria for each category of service involved, read the criteria and provide the required information, AS APPLICABLE TO THE CRITERIA THAT MUST BE ADDRESSED:*

**G. Criterion 1110.1430 - In-Center Hemodialysis**

1. Applicants proposing to establish, expand and/or modernize In-Center Hemodialysis must submit the following information:
2. Indicate station capacity changes by Service: Indicate # of stations changed by action(s):

Category of Service	# Existing Stations	# Proposed Stations
<input checked="" type="checkbox"/> In-Center Hemodialysis	0	12

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

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.1430(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.1430(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.1430(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.1430(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.1430(b)(5) - Planning Area Need - Service Accessibility	X		
1110.1430(c)(1) - Unnecessary Duplication of Services	X		
1110.1430(c)(2) - Maldistribution	X		
1110.1430(c)(3) - Impact of Project on Other Area Providers	X		
1110.1430(d)(1) - Deteriorated Facilities			X
1110.1430(d)(2) - Documentation			X
1110.1430(d)(3) - Documentation Related to Cited Problems			X
1110.1430(e) - Staffing Availability	X	X	
1110.1430(f) - Support Services	X	X	X
1110.1430(g) - Minimum Number of Stations	X		
1110.1430(h) - Continuity of Care	X		
1110.1430(j) - Assurances	X	X	X

**APPEND DOCUMENTATION AS ATTACHMENT-26, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST**

4. Projects for relocation of a facility from one location in a planning area to another in the same planning area must address the requirements listed in subsection (a)(1) for the "Establishment of Services or Facilities", as well as the requirements in Section 1110.130 - "Discontinuation" and subsection 1110.1430(i) - "Relocation of Facilities".

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

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

**VIII. - 1120.120 - Availability of Funds**

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

<u>360,000</u>	<p>a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:</p> <ol style="list-style-type: none"> <li>1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and</li> <li>2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;</li> </ol>
<u>N/A</u>	<p>b) Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.</p>
<u>N/A</u>	<p>c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;</p>
<u>4,558,090</u>	<p>d) Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:</p> <ol style="list-style-type: none"> <li>1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated;</li> <li>2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;</li> <li>3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.;</li> <li>4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment;</li> <li>5) For any option to lease, a copy of the option, including all terms and conditions.</li> </ol>
<u>N/A</u>	<p>e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;</p>
<u>N/A</u>	<p>f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;</p>
<u>N/A</u>	<p>g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.</p>
<b><u>\$4,918,090</u></b>	<b>TOTAL FUNDS AVAILABLE</b>

**APPEND DOCUMENTATION AS ATTACHMENT-36, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**IX. 1120.130 - Financial Viability**

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

**Financial Viability Waiver**

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

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

See Section 1120.130 Financial Waiver for information to be provided

**APPEND DOCUMENTATION AS ATTACHMENT-37, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

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

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (Projected)
Enter Historical and/or Projected Years:				
Current Ratio	<b>APPLICANT MEETS THE FINANCIAL VIABILITY WAIVER CRITERIA IN THAT ALL OF THE PROJECTS CAPITAL EXPENDITURES ARE COMPLETELY FUNDED THROUGH INTERNAL SOURCES, THEREFORE NO RATIOS ARE PROVIDED.</b>			
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

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

2. Variance

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

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

**X. 1120.140 - Economic Feasibility**

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

**A. Reasonableness of Financing Arrangements**

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

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

**B. Conditions of Debt Financing**

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

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

**C. Reasonableness of Project and Related Costs**

Read the criterion and provide the following:

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

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
ESRD			NOT APPLICABLE – Buildout of the leased space is included in the rent as leasehold improvement and will be paid back to the landlord over the term of the lease.						
Contingency									
<b>TOTALS</b>									

\* Include the percentage (%) of space for circulation

**D. Projected Operating Costs**

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

**E. Total Effect of the Project on Capital Costs**

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

**APPEND DOCUMENTATION AS ATTACHMENT -39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**XI. Safety Net Impact Statement**

**SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE AND DISCONTINUATION PROJECTS:**

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

**Safety Net Impact Statements shall also include all of the following:**

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

**A table in the following format must be provided as part of Attachment 40.**

Safety Net Information per PA 96-0031			
CHARITY CARE			
Net Revenue	2012	2013	2014
	\$387,393,758	\$398,570,288	\$411,981,839
Charity * (# of self-pay patients)	203	499	251
Charity (cost in dollars)	\$1,536,372	\$5,346,976	\$5,211,664
Ratio Charity Care Cost to Net Patient Revenue	.40%	1.34%	1.27%
MEDICAID			
	2012	2013	2014
Medicaid (# of patients)	1,705	1,660	750
Medicaid (revenue)	\$36,254,633	\$31,373,534	\$22,027,882
Ratio Medicaid to Net Patient Revenue	12.99%	7.87%	5.35%

**APPEND DOCUMENTATION AS ATTACHMENT-40, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**XII. Charity Care Information**

Charity Care information **MUST** be furnished for **ALL** projects.

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

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

**A table in the following format must be provided for all facilities as part of Attachment 41.**

CHARITY CARE			
	2012	2013	2014
<b>Net Patient Revenue</b>	<b>\$387,393,758</b>	<b>\$398,570,288</b>	<b>\$411,981,839</b>
Amount of Charity Care (charges)	\$1,566,380	\$5,346,976	\$5,211,664
Cost of Charity Care	\$1,566,380	\$5,346,976	\$5,211,664
	.40%	1.34%	1.27%

**APPEND DOCUMENTATION AS ATTACHMENT-41, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

After paginating the entire, completed application, indicate in the chart below, the page numbers for the attachments included as part of the project's application for permit:

<b>INDEX OF ATTACHMENTS</b>		
<b>ATTACHMENT NO.</b>		<b>PAGES</b>
1	Applicant/Co-applicant Identification including Certificate of Good Standing	22-23
2	Site Ownership	24-27
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	28
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	29
5	Flood Plain Requirements	30
6	Historic Preservation Act Requirements	31
7	Project and Sources of Funds Itemization	32
8	Obligation Document if required	33
9	Cost Space Requirements	34
10	Discontinuation	
11	Background of the Applicant	35-40
12	Purpose of the Project	41
13	Alternatives to the Project	42-44
14	Size of the Project	45
15	Project Service Utilization	46
16	Unfinished or Shell Space	
17	Assurances for Unfinished/Shell Space	
18	Master Design Project	
19	Mergers, Consolidations and Acquisitions	
	<b>Service Specific:</b>	
20	Medical Surgical Pediatrics, Obstetrics, ICU	
21	Comprehensive Physical Rehabilitation	
22	Acute Mental Illness	
23	Neonatal Intensive Care	
24	Open Heart Surgery	
25	Cardiac Catheterization	
26	In-Center Hemodialysis	47-89
27	Non-Hospital Based Ambulatory Surgery	
28	Selected Organ Transplantation	
29	Kidney Transplantation	
30	Subacute Care Hospital Model	
31	Children's Community-Based Health Care Center	
32	Community-Based Residential Rehabilitation Center	
33	Long Term Acute Care Hospital	
34	Clinical Service Areas Other than Categories of Service	
35	Freestanding Emergency Center Medical Services	
	<b>Financial and Economic Feasibility:</b>	
36	Availability of Funds	90-92
37	Financial Waiver	93
38	Financial Viability	
39	Economic Feasibility	94-98
40	Safety Net Impact Statement	99-100
41	Charity Care Information	101-103
	Appendix 1 – Independent Travel Study/MapQuest Travel Times	104-116
	Appendix 2 – Physician Referral Letter	117-120

**Applicant Identification**

[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name: <i>Fresenius Medical Care of Illinois, LLC d/b/a Fresenius Medical Care Belleville</i>
Address: <i>920 Winter Street, Waltham, MA 02451</i>
Name of Registered Agent: <i>CT Systems</i>
Name of Chief Executive Officer: <i>Ron Kuerbitz</i>
CEO Address: <i>920 Winter Street, Waltham, MA 02451</i>
Telephone Number: <i>800-662-1237</i>

**Type of Ownership of Applicant**

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

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

**\*Certificate of Good Standing for Fresenius Medical Care of Illinois, LLC on following page.**

**Co - Applicant Identification**

[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name: <i>Fresenius Medical Care Holdings, Inc.</i>
Address: <i>920 Winter Street, Waltham, MA 02451</i>
Name of Registered Agent: <i>CT Systems</i>
Name of Chief Executive Officer: <i>Ron Kuerbitz</i>
CEO Address: <i>920 Winter Street, Waltham, MA 02541</i>
Telephone Number: <i>781-669-9000</i>

**APPEND DOCUMENTATION AS ATTACHMENT-1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**Type of Ownership - Co-Applicant**

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

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



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that*

FRESENIUS MEDICAL CARE OF ILLINOIS, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON MARCH 26, 2004, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



Authentication #: 1504402408

Authenticate at: <http://www.cyberdriveillinois.com>

***In Testimony Whereof,*** I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 13TH  
day of FEBRUARY A.D. 2015 .

*Jesse White*

SECRETARY OF STATE

## Site Ownership

Exact Legal Name of Site Owner: *Belleville Renal Construction, LLC*

Address of Site Owner: *8117 Preston Road, Suite 400, Dallas, TX 75225*

Street Address or Legal Description of Site: *6525 W. Main Street, Belleville, IL 62223*

**Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.**

**APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**



December 4, 2015

Mr. Russ Bartlett  
Fresenius Medical Care  
9442 Capital of Texas Highway N.  
Arboretum Plaza I, Suite 775  
Austin, TX 78759

RE: **Fresenius Medical Care of Illinois, LLC**  
**Proposal**

Dear Mr. Bartlett:

At this time, we wish to fulfill the request of Fresenius Medical Care of Illinois LLC, a wholly owned subsidiary of Fresenius Medical Care North America (“FMCNA”), and provide a proposal to secure a leased space in the Belleville, IL area. Please review this letter and accept it as our proposal and intent to move forward with a lease.

**LANDLORD:** Belleville Renal Construction, LLC

**TENANT:** Fresenius Medical Care of Illinois, LLC

**LOCATION:** 6525 W. Main Street  
Belleville, IL 62223

**INITIAL SPACE REQUIREMENTS:** Approximately 6,877 rentable contiguous square feet (6,252 usable contiguous square feet)

**PRIMARY TERM:** Initial lease term of ten (15) years. The lease and rent would commence on the date of the certificate of occupancy. For purposes of establishing an actual occupancy date, both parties will execute an amendment after occupancy has occurred, setting forth dates for purposes of calculations, notices, or other events in the lease that may be tied to a commencement date.

**OPTIONS TO RENEW:** Three (3) five (5) year options to renew the lease. Options shall be based upon pre-established rates. Please identify the terms of any option to renew.



**RENTAL RATE:**

Please see the Preliminary Lease Rate Analysis (attached).

**COMMON AREA EXPENSES  
AND REAL ESTATE TAXES:**

All common area operating expense components including real estate taxes and special assessments, insurance, landscape maintenance, exterior lighting, property management, maintenance, utilities, janitorial, security, etc., for which tenant will be responsible to pay will be determined and agreed upon prior to lease execution.

**PREMISES:**

In addition to providing the building shell, landlord will provide tenant improvements in accordance with Tenant's architectural and mechanical drawings.

**HVAC:**

Landlord will provide HVAC in line with tenant's specifications.

**LOADING:**

Tenant's required double man access door will be provided and accessible 24 hours per day, 7 days per week.

**SPACE PLANNING/  
ARCHITECTURAL AND  
MECHANICAL DRAWINGS:**

Tenant will provide all space planning and architectural and mechanical drawings required to build out the tenant improvements, including construction drawings stamped by a licensed architect and submitted for approvals and permits. All building permits shall be the landlord's responsibility.

**PRELIMINARY  
IMPROVEMENT PLAN:**

Please see the Preliminary Site Plan (attached).

**PARKING:**

Tenant's required parking ratio of 4 spaces per 1,000 RSF will be met. This requirement has been met on all preliminary site planning. Please see the Preliminary Site Plan (attached).

**BUILDING CODES:**

Shell and all interior structures will meet local building code requirements.

**CORPORATE  
IDENTIFICATION:**

All signage rights will be subject to local building code.

**ASSIGNMENT/  
SUBLETTING:**

Assignment or subletting will be subject to landlord's prior consent, which shall not be unreasonably withheld or delayed.



**ZONING AND  
RESTRICTIVE COVENANTS:**

Current property zoning is acceptable for use as an outpatient kidney dialysis clinic. Please see the Zoning Report (attached).

**FINANCING:**

TBD

**ENVIRONMENTAL:**

There is no asbestos present in the existing building to be demolished and there are no contaminants or environmental hazards in or on the property. Furthermore, no asbestos, contaminants, or environmentally hazardous materials will be used in the new construction process. Please see Phase I Environmental Site Assessment (attached).

**DRAFT LEASE:**

A standard form lease will be used, which shall be provided by tenant.

Please contact me with any questions, comments, or concerns in regards to this proposal.

Thank you for your time.

Sincerely,

Adrian R. Rodriguez  
PCI|HealthDev

## Operating Identity/Licensee

[Provide this information for each applicable facility, and insert after this page.]

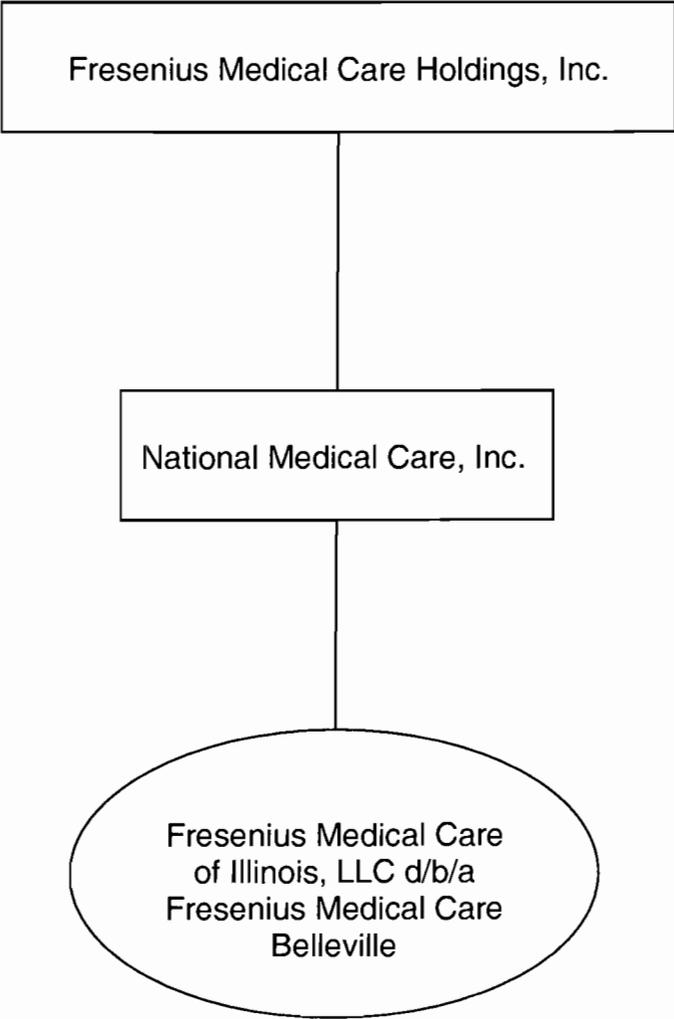
Exact Legal Name: *Fresenius Medical Care of Illinois, LLC d/b/a Fresenius Medical Care Belleville\**

Address: *920 Winter Street, Waltham, MA 02451*

- |                                     |                           |                          |                     |                                |
|-------------------------------------|---------------------------|--------------------------|---------------------|--------------------------------|
| <input type="checkbox"/>            | Non-profit Corporation    | <input type="checkbox"/> | Partnership         |                                |
| <input type="checkbox"/>            | For-profit Corporation    | <input type="checkbox"/> | Governmental        |                                |
| <input checked="" type="checkbox"/> | Limited Liability Company | <input type="checkbox"/> | Sole Proprietorship | <input type="checkbox"/> Other |

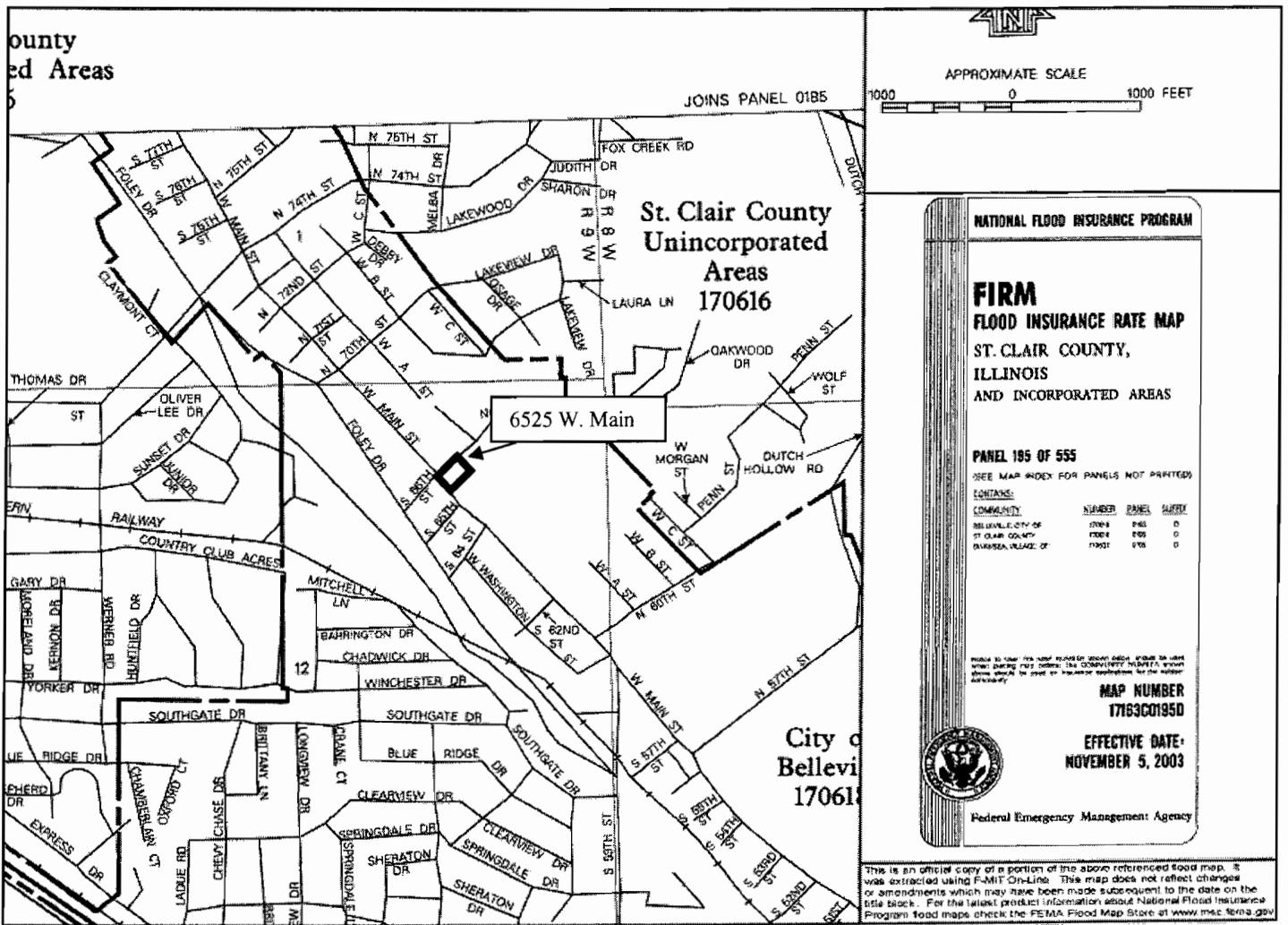
- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.
- **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

**\*Certificate of Good Standing at Attachment – 1.**



# Flood Plain Requirements

The proposed site for Fresenius Medical Care Belleville, complies with the requirements of Illinois Executive Order #2005-5. The site, 6525 W. Main Street, Belleville, is not located in a flood plain.





**Illinois Historic  
Preservation Agency**

1 Old State Capitol Plaza, Springfield, IL 62701-1512

FAX (217) 524-7525

[www.illinoishistory.gov](http://www.illinoishistory.gov)

St. Clair County  
Belleville

CON - Lease to Establish a 12-Station Dialysis Clinic  
6525 W. Main St.  
IHPA Log #013093015

October 15, 2015

Lori Wright  
Fresenius Medical Care  
3500 Lacey Road  
Downers Grove, IL 60515

Dear Ms. Wright:

This letter is to inform you that we have reviewed the information provided concerning the referenced project.

Our review of the records indicates that no historic, architectural or archaeological sites exist within the project area.

Please retain this letter in your files as evidence of compliance with Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.). This clearance remains in effect for two years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the Illinois Human Skeletal Remains Protection Act (20 ILCS 3440).

If you have any further questions, please contact me at 217/785-5031.

Sincerely,

Rachel Leibowitz, Ph.D.  
Deputy State Historic  
Preservation Officer

## SUMMARY OF PROJECT COSTS

<b>Modernization</b>	
General Conditions	0
Temp Facilities, Controls, Cleaning, Waste Management	0
Concrete	0
Masonry	0
Metal Fabrications	0
Carpentry	0
Thermal, Moisture & Fire Protection	0
Doors, Frames, Hardware, Glass & Glazing	0
Walls, Ceilings, Floors, Painting	0
Specialities	0
Casework, Fl Mats & Window Treatments	0
Piping, Sanitary Waste, HVAC, Ductwork, Roof Penetrations	0
Wiring, Fire Alarm System, Lighting	0
Miscellaneous Construction Costs	0
<b>Total</b>	<b>N/A</b>
<b>Contingencies</b>	
	<b>N/A</b>
<b>Architecture/Engineering Fees</b>	
	<b>N/A</b>
<b>Moveable or Other Equipment</b>	
Dialysis Chairs	25,000
Clinical Furniture & Equipment	35,000
Office Equipment & Other Furniture	35,000
Water Treatment	180,000
TVs & Accessories	25,000
Telephones	15,000
Generator	10,000
Facility Automation	20,000
Other miscellaneous	15,000
	<b>\$360,000</b>
<b>Fair Market Value of Leased Space and Equipment</b>	
FMV Leased Space (6,877 GSF)	4,344,540*
FMV Leased Dialysis Machines	200,550
FMV Leased Office Equipment	13,000
	<b>\$4,558,090</b>
<b>Grand Total</b>	<b>\$4,918,090</b>

\*The FMV of the 15 year lease is \$3,438,915 and \$905,625 relates to the build-out of the shell space by the landlord.

Itemized Costs  
ATTACHMENT - 7

## Current CON Permits and Status

Project Number	Name	Project Type	Completion Date
#12-098	Fresenius Medical Care Maple City	Establishment	02/28/2015
#14-012	Fresenius Medical Care Gurnee	Relocation/Expansion	12/31/2015
#14-019	Fresenius Medical Care Summit	Establishment	12/31/2015
#13-040	Fresenius Medical Care Lemont	Establishment	09/30/2016
#14-041	Fresenius Medical Care Elgin	Expansion	06/30/2016
#14-026	Fresenius Medical Care New City	Establishment	06/30/2016
#14-047	Fresenius Medical Care Humboldt Park	Establishment	12/31/2016
#14-065	Fresenius Medical Care Plainfield North	Relocation	12/31/2016
#15-001	Fresenius Medical Care Steger	Expansion	12/31/2016
#15-022	Fresenius Medical Care Blue Island	Expansion	12/31/2016
#15-024	Fresenius Medical Care Chicago	Change of Ownership	01/31/2016
#15-034	Fresenius Medical Care South Holland	Expansion	12/31/2015
#15-028	Fresenius Medical Care Schaumburg	Establishment	02/28/2017
#15-036	Fresenius Medical Care Zion	Establishment	06/30/2017

**Cost Space Requirements**

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
<b>REVIEWABLE</b>							
In-Center Hemodialysis	3,839,291		5,147	5,147			
Total Clinical	3,839,291		5,147	5,147			
<b>NON REVIEWABLE</b>							
Non-Clinical (Administrative, Mechanical, Staff, Waiting Room Areas)	1,078,799		1,730	1,730			
Total Non-clinical	1,078,799		1,730	1,730			
<b>TOTAL</b>	<b>\$4,918,090</b>		<b>6,877</b>	<b>6,877</b>			

\*Fresenius is leasing space in a building that is being constructed by the Landlord. Fresenius is not expending any capital for the construction of the building.

## **Fresenius Medical Care**

Fresenius Medical Care is the leading provider of dialysis products and services in the world and as such has a long-standing commitment to adhere to high quality standards, to provide compassionate patient centered care, educate patients to become in charge of their health decisions, implement programs to improve clinical outcomes while reducing mortality & hospitalizations and to stay on the cutting edge of technology in development of dialysis related products.

Alongside our core business with dialysis products and the treatment of dialysis patients, Fresenius Medical Care maintains a network of additional medical services to better address the full spectrum of our patients' health care needs. These include services relating to pharmacy services, vascular, cardiovascular and endovascular surgery services, non-dialysis laboratory testing services, physician services, hospitalist and intensivist services, non-dialysis health plan services and urgent care services. We have a singular focus: improving the quality of life of every patient every day.

The size of the company and range of services provides healthcare partners/employees and patients with an expansive range of resources from which to draw experience, knowledge and best practices. It has also allowed it to establish an unrivaled emergency preparedness and disaster relief program that's designed to provide life sustaining dialysis care to dialysis patients whose access to clinics are disrupted in areas of the U.S. that are compromised by disaster (e.g. hurricanes, tornadoes, earthquakes). Through this program we also provide clinics, employees and others with essential supplies such as generators, gasoline and water.

**Quality Measures** – Fresenius Medical Care continually tracks five quality measures on all patients. These are:

- eKdrt/V – tells us if the patient is getting an adequate treatment
- Hemoglobin – monitors patients for anemia
- Albumin – monitors the patient's nutrition intake
- Phosphorus – monitors patient's bone health and mineral metabolism
- Catheters – tracks patients access for treatment, the goal is no catheters which leads to better outcomes

The above measures as well as other clinic operations are discussed each month with the Medical Directors, Clinic Managers, Social Workers, Dietitians, Area Managers and referring nephrologists at each clinic's Quality Assessment Performance Improvement (QAI) meeting to ensure the provision of high quality care, patient safety, and regulatory compliance.

**INITIATIVES** that Fresenius has implemented to bring about better outcomes and increase the patient's quality of life are the TOPS program, Right Start Program and The Catheter Reduction Program.

**TOPs Program** (Treatment Options) – This is a company-wide program designed to reach the pre-ESRD patient (also known as CKD – Chronic Kidney Disease) to educate them about available treatment options when they enter end stage renal disease. TOPs programs are held routinely at local hospitals and physician offices. Treatment options include transplantation, in-center hemodialysis, home hemodialysis, peritoneal dialysis and nocturnal dialysis.

**Right Start Program** – This is an intensive 90-day intervention program for the new dialysis patient centering on education, anemia management, adequate dialysis dose, nutrition, reduction of catheter use, review of medications and logistical and psychosocial support. The Right Start Program results in improved morbidity and mortality in the long term but also notably in the first 90 days of the start of dialysis.

**Catheter Reduction Program** – This is a key strategic clinical initiative to support nephrologists and clinical staff with increasing the number of patients dialyzed with a permanent access, preferably a venous fistula (AVF) versus a central venous catheter (CVC) venous fistula). Starting dialysis with or converting patients to an AVF can significantly lower serious complications, hospitalizations and mortality rates. Overall adequacy of dialysis treatment also increases with the use of the AVF.

**Diabetes Care Partnership** - Fresenius Medical Care and Joslin Diabetes Center, the world's preeminent diabetes research, clinical care and education organization, announced an agreement to jointly develop renal care programs in select Joslin Affiliated Centers for patients with diabetic kidney disease (DKD). Fresenius and Joslin will jointly develop clinical guidelines and effective care delivery systems to manage high blood pressure, glucose, and nutrition in patients with DKD. In addition, the organizations will help educate patients as they prepare for the possibility of end stage renal disease (ESRD) and the necessity for dialysis or kidney transplantation. Fresenius Medical Care and Joslin's multidisciplinary and coordinated approach to chronic disease management will seek to improve patient outcomes while reducing unnecessary or lengthy hospitalizations, drug interactions and overall morbidity and mortality associated with uncoordinated care.

**Locally**, in Illinois, Fresenius Medical Care is a predominant supporter of the National Kidney Foundation of Illinois (NKFI), Kidney Walk in downtown Chicago. Fresenius Medical Care employees in Chicago alone raised \$22,000 for the foundation. The NKFI is an affiliate of the National Kidney Foundation, which funds medical research improving lives of those with kidney disease, prevention screenings and is a leading educator on kidney disease. Fresenius Medical Care also donates another \$25,000 annually to the NKFI and another \$5,000 in downstate Illinois.

**Fresenius Medical Care Holdings, Inc. In-center Clinics in Illinois**

Clinic	Provider #	Address	City	Zip
Alsip	14-2630	12250 S. Cicero Ave Ste. #105	Alsip	60803
Antioch	14-2673	311 Depot St., Ste. H	Antioch	60002
Aurora	14-2515	455 Mercy Lane	Aurora	60506
Austin Community	14-2653	4800 W. Chicago Ave., 2nd Fl.	Chicago	60651
Berwyn	14-2533	2601 S. Harlem Avenue, 1st Fl.	Berwyn	60402
Blue Island	14-2539	12200 S. Western Avenue	Blue Island	60406
Bolingbrook	14-2605	329 Remington	Boilingbrook	60440
Breese	14-2637	160 N. Main Street	Breese	62230
Bridgeport	14-2524	825 W. 35th Street	Chicago	60609
Burbank	14-2641	4811 W. 77th Street	Burbank	60459
Carbondale	14-2514	1425 Main Street	Carbondale	62901
Centre West Springfield	14-2546	1112 Centre West Drive	Springfield	62704
Champaign	14-2588	1405 W. Park Street	Champaign	61801
Chatham	14-2744	333 W. 87th Street	Chicago	60620
Chicago Dialysis	14-2506	1806 W. Hubbard Street	Chicago	60622
Chicago Westside	14-2681	1340 S. Damen	Chicago	60608
Cicero	14-2754	3000 S. Cicero	Chicago	60804
Congress Parkway	14-2631	3410 W. Van Buren Street	Chicago	60624
Crestwood	14-2538	4861W. Cal Sag Road	Crestwood	60445
Decatur East	14-2603	1830 S. 44th St.	Decatur	62521
Deerfield	14-2710	405 Lake Cook Road	Deerfield	60015
Des Plaines	14-2774	1625 Oakton Place	Des Plaines	60018
Downers Grove	14-2503	3825 Highland Ave., Ste. 102	Downers Grove	60515
DuPage West	14-2509	450 E. Roosevelt Rd., Ste. 101	West Chicago	60185
DuQuoin	14-2595	825 Sunset Avenue	DuQuoin	62832
East Peoria	14-2562	3300 North Main Street	East Peoria	61611
Elgin	14-2726	2130 Point Boulevard	Elgin	60123
Elk Grove	14-2507	901 Biesterfield Road, Ste. 400	Elk Grove	60007
Elmhurst	14-2612	133 E. Brush Hill Road, Suite 4	Elmhurst	60126
Evanston	14-2621	2953 Central Street, 1st Floor	Evanston	60201
Evergreen Park	14-2545	9730 S. Western Avenue	Evergreen Park	60805
Garfield	14-2555	5401 S. Wentworth Ave.	Chicago	60609
Glendale Heights	14-2617	130 E. Army Trail Road	Glendale Heights	60139
Glenview	14-2551	4248 Commercial Way	Glenview	60025
Greenwood	14-2601	1111 East 87th St., Ste. 700	Chicago	60619
Gurnee	14-2549	101 Greenleaf	Gurnee	60031
Hazel Crest	14-2607	17524 E. Carriageway Dr.	Hazel Crest	60429
Highland Park	14-2782	1657 Old Skokie Road	Highland Park	60035
Hoffman Estates	14-2547	3150 W. Higgins, Ste. 190	Hoffman Estates	60195
Humboldt Park	-	3500 W. Grand Avenue	Chicago	60651
Jackson Park	14-2516	7531 South Stony Island Ave.	Chicago	60649
Joliet	14-2739	721 E. Jackson Street	Joliet	60432
Kewanee	14-2578	230 W. South Street	Kewanee	61443
Lake Bluff	14-2669	101 Waukegan Rd., Ste. 700	Lake Bluff	60044
Lakeview	14-2679	4008 N. Broadway, St. 1200	Chicago	60613
Lemont	-	16177 W. 127th Street	Lemont	60439
Logan Square	14-2766	2721 N. Spalding	Chicago	60647
Lombard	14-2722	1940 Springer Drive	Lombard	60148
Macomb	14-2591	523 E. Grant Street	Macomb	61455
Marquette Park	14-2566	6515 S. Western	Chicago	60636
McHenry	14-2672	4312 W. Elm St.	McHenry	60050
McLean Co	14-2563	1505 Eastland Medical Plaza	Bloomington	61704
Melrose Park	14-2554	1111 Superior St., Ste. 204	Melrose Park	60160
Merrionette Park	14-2667	11630 S. Kedzie Ave.	Merrionette Park	60803
Metropolis	14-2705	20 Hospital Drive	Metropolis	62960
Midway	14-2713	6201 W. 63rd Street	Chicago	60638
Mokena	14-2689	8910 W. 192nd Street	Mokena	60448
Maple City	-	1225 N. Main Street	Monmouth	61462
Morris	14-2596	1401 Lakewood Dr., Ste. B	Morris	60450
Mundelein	14-2731	1400 Townline Road	Mundelein	60060
Naperbrook	14-2765	2451 S Washington	Naperville	60565
Naperville	14-2543	100 Spalding Drive Ste. 108	Naperville	60566

Clinic	Provider #	Address	City	Zip
Naperville North	14-2678	516 W. 5th Ave.	Naperville	60563
New City	-	4622 S. Bishop Street	Chicago	60609
Niles	14-2500	7332 N. Milwaukee Ave	Niles	60714
Normal	14-2778	1531 E. College Avenue	Normal	61761
Norridge	14-2521	4701 N. Cumberland	Norridge	60656
North Avenue	14-2602	911 W. North Avenue	Melrose Park	60160
North Kilpatrick	14-2501	4800 N. Kilpatrick	Chicago	60630
Northcenter	14-2531	2620 W. Addison	Chicago	60618
Northfield	14-2771	480 Central Avenue	Northfield	60093
Northwestern University	14-2597	710 N. Fairbanks Court	Chicago	60611
Oak Forest	14-2764	5340A West 159th Street	Oak Forest	60452
Oak Park	14-2504	773 W. Madison Street	Oak Park	60302
Orland Park	14-2550	9160 W. 159th St.	Orland Park	60462
Oswego	14-2677	1051 Station Drive	Oswego	60543
Ottawa	14-2576	1601 Mercury Circle Drive, Ste. 3	Ottawa	61350
Palatine	14-2723	691 E. Dundee Road	Palatine	60074
Pekin	14-2571	3521 Veteran's Drive	Pekin	61554
Peoria Downtown	14-2574	410 W Romeo B. Garrett Ave.	Peoria	61605
Peoria North	14-2613	10405 N. Juliet Court	Peoria	61615
Plainfield	14-2707	2320 Michas Drive	Plainfield	60544
Polk	14-2502	557 W. Polk St.	Chicago	60607
Pontiac	14-2611	804 W. Madison St.	Pontiac	61764
Prairie	14-2569	1717 S. Wabash	Chicago	60616
Randolph County	14-2589	102 Memorial Drive	Chester	62233
Regency Park	14-2558	124 Regency Park Dr., Suite 1	O'Fallon	62269
River Forest	14-2735	103 Forest Avenue	River Forest	60305
Rogers Park	14-2522	2277 W. Howard St.	Chicago	60645
Rolling Meadows	14-2525	4180 Winnetka Avenue	Rolling Meadows	60008
Roseland	14-2690	135 W. 111th Street	Chicago	60628
Ross-Englewood	14-2670	6333 S. Green Street	Chicago	60621
Round Lake	14-2616	401 Nippersink	Round Lake	60073
Saline County	14-2573	275 Small Street, Ste. 200	Harrisburg	62946
Sandwich	14-2700	1310 Main Street	Sandwich	60548
Skokie	14-2618	9801 Wood Dr.	Skokie	60077
South Chicago	14-2519	9200 S. Chicago Ave.	Chicago	60617
South Deering	14-2756	10559 S. Torrence Ave.	Chicago	60617
South Holland	14-2542	17225 S. Paxton	South Holland	60473
South Shore	14-2572	2420 E. 79th Street	Chicago	60649
Southside	14-2508	3134 W. 76th St.	Chicago	60652
South Suburban	14-2517	2609 W. Lincoln Highway	Olympia Fields	60461
Southwestern Illinois	14-2535	7 Professional Drive	Alton	62002
Spoon River	14-2565	340 S. Avenue B	Canton	61520
Spring Valley	14-2564	12 Wolfer Industrial Drive	Spring Valley	61362
Steger	14-2725	219 E. 34th Street	Steger	60475
Streator	14-2695	2356 N. Bloomington Street	Streator	61364
Summit	-	7319-7322 Archer Avenue	Summit	60501
Uptown	14-2692	4720 N. Marine Dr.	Chicago	60640
Waterloo	-	624 Voris-Jost Drive	Waterloo	62298
Waukegan Harbor	14-2727	101 North West Street	Waukegan	60085
West Batavia	14-2729	2580 W. Fabyan Parkway	Batavia	60510
West Belmont	14-2523	4943 W. Belmont	Chicago	60641
West Chicago	14-2702	1859 N. Neltnor	West Chicago	60185
West Metro	14-2536	1044 North Mozart Street	Chicago	60622
West Suburban	14-2530	518 N. Austin Blvd., 5th Floor	Oak Park	60302
West Willow	14-2730	1444 W. Willow	Chicago	60620
Westchester	14-2520	2400 Wolf Road, Ste. 101A	Westchester	60154
Williamson County	14-2627	900 Skyline Drive, Ste. 200	Marion	62959
Willowbrook	14-2632	6300 S. Kingery Hwy, Ste. 408	Willowbrook	60527

Certification & Authorization

Fresenius Medical Care of Illinois, LLC

In accordance with Section III, A (2) of the Illinois Health Facilities & Services Review Board Application for Certificate of Need; I do hereby certify that no adverse actions have been taken against Fresenius Medical Care of Illinois, LLC by either Medicare or Medicaid, or any State or Federal regulatory authority during the 3 years prior to the filing of the Application with the Illinois Health Facilities & Services Review Board; and

In regards to section III, A (3) of the Illinois Health Facilities Services & Review Board Application for Certificate of Need; I do hereby authorize the State Board and Agency access to information in order to verify any documentation or information submitted in response to the requirements of this subsection or to obtain any documentation or information that the State Board or Agency finds pertinent to this subsection.

By: Bryan Mello  
ITS: Bryan Mello  
~~Assistant Treasurer~~

By: Mark Fawcett  
ITS: Mark Fawcett  
Senior Vice President & Treasurer

Notarization:  
Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 2015

Notarization:  
Subscribed and sworn to before me  
this 5 day of Oct, 2015

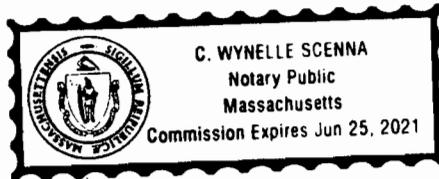
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Signature of Notary

C Wynelle Scenna

\_\_\_\_\_  
Signature of Notary

Seal

Seal



Certification & Authorization

Fresenius Medical Care Holdings, Inc.

In accordance with Section III, A (2) of the Illinois Health Facilities & Services Review Board Application for Certificate of Need; I do hereby certify that no adverse actions have been taken against Fresenius Medical Care Holdings, Inc. by either Medicare or Medicaid, or any State or Federal regulatory authority during the 3 years prior to the filing of the Application with the Illinois Health Facilities & Services Review Board; and

In regards to section III, A (3) of the Illinois Health Facilities & Services Review Board Application for Certificate of Need; I do hereby authorize the State Board and Agency access to information in order to verify any documentation or information submitted in response to the requirements of this subsection or to obtain any documentation or information that the State Board or Agency finds pertinent to this subsection.

By: [Signature]  
ITS: Bryan Mello  
Assistant Treasurer

By: [Signature]  
ITS: Mark Fawcett  
Senior Vice President & Treasurer

Notarization:  
Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 2015

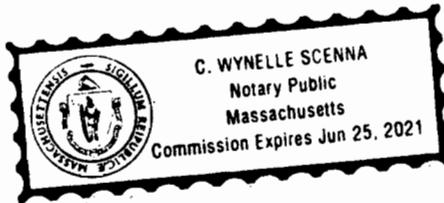
Notarization:  
Subscribed and sworn to before me  
this 5 day of Oct, 2015

C Wynelle Scenna  
Signature of Notary

C Wynelle Scenna  
Signature of Notary

Seal

Seal



## Criterion 1110.230 – Purpose of Project

The 12-station Belleville ESRD facility, to be located in a Federally Designated Medically Underserved Area (MUA) in HSA 11 (St. Clair County), is being proposed to address high area utilization creating a lack of access to dialysis services in the Belleville area, specifically the preferred daytime treatment shifts. The clinics within 30 minutes are operating at an average utilization of 80% as of September 30, 2015. The only other Fresenius facility in this area, Regency Park, is operating at 88% with 106 patients. Dr. Koch needs additional access for his pre-ESRD patients who will be requiring services in the upcoming years.

According to the 2014 Annual ESRD survey conducted by the IHFSRB, of the patients who dialyzed at the clinics within 30 minutes of Belleville, an average of 74% received Medicare benefits (46% of patients were over age 65) and 8% were Medicaid recipients. There is a 17% poverty level of the residents living in Belleville. Of the residents in Belleville 24% are African American. This percentage rises to 32% for St. Clair County. These statistics correlate to the area's MUA status and reveal a patient population experiencing access issues to health care.

Dr. Koch, the physician supporting this project, follows patients primarily at Fresenius Regency Park where he serves as Medical Director and also at DaVita Metro East, Sauget, and Shiloh within the 30-minute travel radius. These clinics are all operating at high utilization rates making it difficult to access treatment schedule times that can accommodate new patient's transportation options and lifestyle. Many of the patients seen in the Belleville area are travelling in from rural areas south of Belleville where there is not another dialysis clinic for over 30-minutes.

The goal of Fresenius Medical Care is to provide access in the Belleville MUA by establishing the Belleville facility, which will maintain access to dialysis services. There is no direct empirical evidence relating to this project other than that when chronic care patients have adequate access to services, it tends to reduce overall healthcare costs and results in less complications. The Belleville facility is expected to have similar quality outcomes as the Fresenius Illinois facilities as listed below:

- 94% of patients had a URR  $\geq$  65%
- 96% of patients had a Kt/V  $\geq$  1.2

Demographic data contained in the application was taken from U.S. Census Bureau.

Clinic utilization and Annual ESRD data was received from the IHFSRB.

## Alternatives

### 1) All Alternatives

A. Proposing a project of greater or lesser scope and cost.

Two alternatives were considered that would entail a lesser scope and cost than the project proposed in this application, however neither was determined to be a feasible option.

- The alternative of doing nothing and maintaining the status quo in this MUA is not an option. Clinics within 30 minutes travel time of Belleville are operating at 80% utilization as of September 2015 and the only Fresenius facility (Regency Park) in the area is operating at 88% as of September 2015. Additional access is needed to address the utilization, inventory need and the medically underserved status of the area.
- The alternative of expanding the Regency Park facility to accommodate patient growth was rejected because the current site does not have room for additional stations.

B. Pursuing a joint venture or similar arrangement with one or more providers of entities to meet all or a portion of the project's intended purposes' developing alternative settings to meet all or a portion of the project's intended purposes.

The preferred Fresenius model of ownership is for our facilities to be wholly owned, however we do enter into joint ventures on occasion. Fresenius Medical Care always maintains control of the governance, assets and operations of a facility it enters into a joint venture agreement with to ensure financial stability. Our healthy financial position and abundant liquidity indicate that that we have the ability to support the development of additional dialysis centers. Fresenius Medical Care has more than adequate capability to meet all of its expected financial obligations and does not require any additional funds to meet expected project costs. This facility will not be a joint venture because there is no physician interest at this time. The cost of a joint venture would be the same as the current project, however split amongst joint venture partners.

C. Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project.

Dr. Koch already follows patients at several area clinics, predominantly at the Fresenius Regency Park facility where he is the Medical Director. He also sees patients at DaVita Metro East, Sauget and Shiloh in the 30-minute travel radius. These four facilities are operating at an average of 83% utilization which severely restricts access to dialysis treatment. This option is no longer feasible due to increasing utilization at area clinics. There is no monetary cost to this option.

D. The only alternative that is going to maintain dialysis services for the ESRD patients in the Belleville area of St. Clair County and relieve high utilization at area clinics is to establish the 12-station Fresenius Belleville facility. The cost of this project is \$4,918,090.

2) Comparison of Alternatives

	Total Cost	Patient Access	Quality	Financial
Maintain Status Quo	\$0	Lack of patient access to dialysis services and no choice of treatment shift options. There is a limited number of facilities within reasonable distance for these patients to be referred to and the ones in the area are full.	While patient quality would remain the same at the Fresenius clinic, the patient's quality of life would diminish with inability to dialyze at a time that fits their lifestyle and transportations options.	There would be no financial costs to patients.
Add Stations to Fresenius Regency Park	Adding stations to Regency Park is not an option because there is not enough room at the current site to expand.			
Pursue Joint Venture	\$4,918,090	Same as current proposed project, however cost would be divided among Joint Venture members.	Patient clinical quality would remain above standards just as they are currently at Fresenius Regency Park.	No effect on patients  Fresenius Medical Care is capable of meeting its financial obligations and does not require assistance in meeting its financial obligations. If it were a Joint Venture, Fresenius Medical Care would maintain control of the facility and therefore ultimate financial responsibilities.
Utilize Area Providers	\$0	Dr. Koch's patients currently go to area providers however those clinics are full. Area resources are being eliminated due to high utilization resulting in loss of access to treatment schedule times and quickly diminishing access to available access at all.	Quality at Fresenius facilities would remain above standards, however if patients have to treat at a time that is not conducive to their lifestyle or transportation options they could miss more treatments which would lead to lower patient outcomes.	No financial cost to Fresenius Medical Care  Cost of patient's transportation could increase with fewer free or reduced rate patient rides after 4:00.
Establish Fresenius Medical Care Belleville	\$4,918,090	Full access to treatment for Belleville patients which will allow continued access to dialysis treatment in other area facilities.  Access to acceptable treatment schedule times that work with each patient's individual needs.	Patient clinical quality would remain above standards, however individual outcomes and quality of life could improve as patients would have easier access to treatment also resulting in less missed treatments.	This is an expense to Fresenius Medical Care only.

**3. Empirical evidence, including quantified outcome data that verifies improved quality of care, as available.**

There is no direct empirical evidence relating to this project other than that when chronic care patients have adequate access to services, it tends to reduce overall healthcare costs and results in less complications. The Belleville facility is expected to have similar quality outcomes as the Fresenius Illinois facilities as listed below:

- 94% of patients had a URR  $\geq$  65%
- 96% of patients had a Kt/V  $\geq$  1.2

**Criterion 1110.234, Size of Project**

<b>SIZE OF PROJECT</b>				
<b>DEPARTMENT/SERVICE</b>	<b>PROPOSED BGSF/DGSF</b>	<b>STATE STANDARD 450-650 BGSF Per Station</b>	<b>DIFFERENCE</b>	<b>MET STANDARD?</b>
ESRD IN-CENTER HEMODIALYSIS	5,147 (12 Stations)	5,400 – 7,800 BGSF	None	Yes
Non-clinical	1,730	N/A	N/A	N/A

The State Standard for ESRD is between 450 - 650 BGSF per station or 5,400 – 7,800 BGSF. The proposed 5,147 BGSF for the in-center hemodialysis space falls just below this range and does not exceed the State standard.

**Criterion 1110.234, Project Services Utilization**

<b>UTILIZATION</b>					
	<b>DEPT/SERVICE</b>	<b>HISTORICAL UTILIZATION</b>	<b>PROJECTED UTILIZATION</b>	<b>STATE STANDARD</b>	<b>MET STANDARD?</b>
<b>YEAR 1</b>	IN-CENTER HEMODIALYSIS	N/A New Facility	50%	80%	Yes
<b>YEAR 2</b>	IN-CENTER HEMODIALYSIS		80%	80%	Yes

Dr. Koch treats 361 pre-ESRD patients who live in the Belleville area who could ultimately require dialysis services. Of these he has identified 72 that he expects would require dialysis treatment in the first two years that the Belleville facility is in operation. Figuring in a yearly patient attrition of approximately 10% the facility is expected to reach 80% utilization by the end of the second year of operation.

**Planning Area Need – Formula Need Calculation:**

The proposed Fresenius Medical Care Belleville ESRD facility will be located in HSA 11, which is comprised of St. Clair, Monroe, Clinton, Bond and Madison Counties. According to the December 2015 station inventory there is a need for an additional 21 stations in HSA 11.

**Planning Area Need – Service To Planning Area Residents:**

- A. The primary purpose of this project is to provide in-center hemodialysis services to the residents of St. Clair County in HSA 11, more specifically the areas surrounding Belleville. All of the pre-ESRD patients identified to be referred to the Belleville facility reside in St. Clair County in HSA 11 thereby meeting this requirement.

*Memorial Medical Group Nephrology*

*Specializing in Kidney Disease & Hypertension*

*• Dr. Matthew Koch • Dr. Rouba Ghousoub*

*• Cynthia Whitcher A.C.N.P.-B.C*

*Phone: 618.234.6003 Fax: 618.234.6156*

November 30, 2015

Ms. Courtney Avery  
Administrator  
Illinois Health Facilities & Services Review Board  
525 W. Jefferson St., 2<sup>nd</sup> Floor  
Springfield, IL 62761

Dear Ms. Avery,

I am a nephrologist practicing in rural southern Illinois, specifically the Bellville area of St. Clair County. I am the Medical Director at Fresenius Medical Care Regency Park located in O'Fallon. I also refer patients to Fresenius Waterloo, DaVita Metro East, Sauget, Shiloh and Red Bud. I am writing in support of the much needed 12-station Belleville dialysis facility that is being proposed by Fresenius Medical Care. I admit patients to several area facilities and due to their current high utilization rates I often have difficulty finding a treatment time for my new patients that will accommodate their transportation and personal needs. I strongly recommend home dialysis for rural patients, however many patients are not good candidates for this modality. I currently follow approximately 35 patients who are receiving dialysis at home.

I was treating 33 hemodialysis patients at Fresenius Medical Care Regency Park at the end of 2012, 51 patients at the end of 2013 and 53 patients at the end of 2014. As of the most recent quarter, I was treating 94 hemodialysis patients at Fresenius Regency Park, DaVita Metro East, Sauget, Shiloh and Red Bud. As of the writing of this letter my hemodialysis patient count has grown to 116. Over the past twelve months I have referred 46 new patients for dialysis services.

I currently have 361 patients in different stages of chronic kidney disease in the Belleville area that may eventually require dialysis. Of these there are 72 that I expect to begin dialysis at the Belleville site in the first two years of operation. These numbers do not account for the fact that nearly half of the new patients I refer for dialysis are first seen by me in the emergency room.

Given the current high utilization of area clinics and the increasing number of pre-ESRD patients I am seeing in my practice additional access is needed in the Belleville area for my new patients that will be starting dialysis. I respectfully ask that you approve this project on their behalf. Thank you for your time in considering my comments.

I attest to the fact that to the best of my knowledge, all the information contained in this letter is true and correct and that the projected referrals in this document were not used to support any other CON application.

Sincerely,



Matthew Koch, M.D.

Notarization:

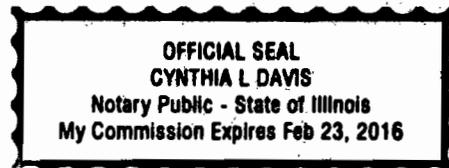
Subscribed and sworn to before me

this 30 day of November, 2015



Signature of Notary

Seal



**PRE-ESRD PATIENTS THAT WILL BEGIN DIALYSIS AT  
FRESENIUS MEDICAL CARE BELLEVILLE**

City	Zip Code	Patients
East St. Louis	62206	8
East St. Louis	62207	3
Albers	62215	1
Belleville	62220	9
Belleville	62221	9
Belleville	62223	8
Belleville	62226	17
Dupo	62239	1
Freeburg	62243	4
Mascoutah	62258	2
Millstadt	62260	1
New Athens	62264	3
New Baden	62265	4
Smithton	62285	2
	<b>Totals</b>	<b>72</b>

**DR. KOCH'S NEW REFERRALS FOR THE PAST TWELVE MONTHS  
November 1, 2014 through October 31, 2015**

Fresenius Regency Park	
Zip Code	Patients
62201	1
62203	1
62204	2
62205	1
62206	1
62208	2
62221	2
62223	2
62254	1
62269	4
<b>Total</b>	<b>17</b>

DaVita Metro East	
Zip Code	Patients
62203	6
62220	1
62223	2
62226	1
62258	1
62260	1
<b>Total</b>	<b>12</b>

DaVita Sauget	
Zip Code	Patients
62203	1
62205	1
62206	3
62207	3
<b>Total</b>	<b>8</b>

DaVita Shiloh	
Zip Code	Patients
62203	1
62205	1
62207	1
62220	1
62221	2
62243	1
62258	1
62269	1
<b>Total</b>	<b>9</b>

<b>Total</b>	<b>46</b>
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**DR. KOCH'S HEMODIALYSIS PATIENTS AS OF  
DECEMBER 31, 2012, 2013, 2014 and SEPTEMBER 30, 2015**

Fresenius Medical Care Regency Park							
2012		2013		2014		2015	
Zip	Pts	Zip	Pts	Zip	Pts	Zip	Pts
62060	1	62060	1	62060	1	62060	1
62203	2	62203	4	62203	7	62201	2
62205	1	62204	3	62204	3	62203	7
62206	3	62205	1	62205	1	62204	3
62207	6	62206	4	62206	5	62205	2
62220	4	62207	3	62207	3	62206	3
62221	6	62208	2	62208	3	62207	3
62223	2	62220	1	62220	1	62208	1
62226	2	62221	10	62221	8	62220	1
62232	1	62222	1	62222	1	62221	9
62243	1	62223	2	62223	1	62222	1
62254	2	62226	3	62226	2	62223	3
62269	1	62232	1	62232	1	62226	2
62286	1	62243	1	62243	2	62234	2
<b>Total</b>	<b>33</b>	62254	1	62254	2	62236	1
		62258	2	62260	1	62243	2
		62265	1	62265	1	62254	4
		62267	1	62269	7	62260	1
		62269	5	62285	2	62269	4
		62278	1	62286	1	62285	2
		62285	2	<b>Total</b>	<b>53</b>	62286	1
		62286	1	<b>Total</b>	<b>55</b>		
		<b>Total</b>	<b>51</b>				

DaVita Metro East 2015	
Zip	Pts
62060	1
62203	3
62204	1
62205	1
62206	2
62220	1
62221	2
62223	2
62226	6
62286	1
62298	1
<b>Total</b>	<b>21</b>

DaVita Sauget 2015	
Zip	Pts
62204	1
62205	1
62206	1
62207	1
62226	1
<b>Total</b>	<b>5</b>

DaVita Shiloh 2015	
Zip	Pts
62203	1
62207	1
62220	1
62221	4
62226	1
62258	1
62269	2
<b>Total</b>	<b>11</b>

DaVita Red Bud *	
Zip	Pts
62257	1
62278	1
<b>Total</b>	<b>2</b>

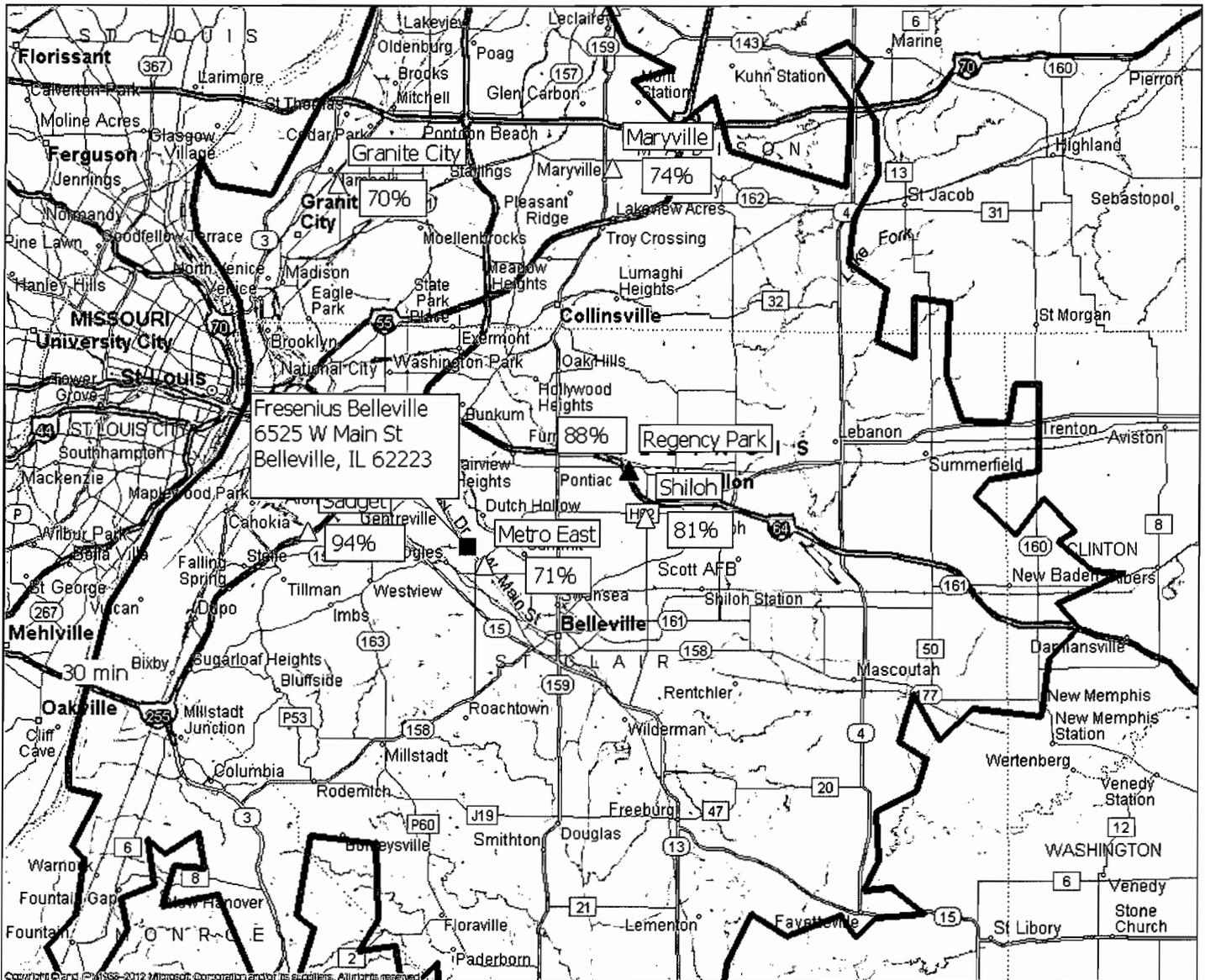
<b>Total</b>	<b>2015</b>	<b>94</b>
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\*2012, 13, & 14 patient data from DaVita was unavailable.

## Service Accessibility – Service Restrictions

The proposed Fresenius Medical Care Belleville dialysis facility will be located in HSA 11 in southwest Illinois in St. Clair County. The site is in a Federally Designated Medically Underserved Area (MUA) consisting of approximately 42,000 residents. Due to high utilization of area ESRD clinics and existing barriers to healthcare services in a MUA, additional access is needed in Belleville.

### Facilities within 30 Minutes Travel of Fresenius Medical Care Belleville



## Facilities within 30 Minutes Travel of Fresenius Medical Care Belleville

Facility	Address	City	Zip Code	MapQuest		Stations	September 2015		2014 Annual ESRD Survey Results		
				Miles	Time		Patients	Utilization	Medicare	Medicaid	Age >65 yrs
DaVita Metro East	5105 W Main St	Belleville	62226	0.9	1	36	153	70.83%	84%	7%	46%
DaVita Sauget	2300 Goose Lake Rd	East St. Louis	62206	7.9	11	16	90	93.75%	71%	9%	34%
DaVita Shiloh	1095 N Green Mount Road	Belleville	62221	7.2	12	12	58	80.56%	81%	1%	50%
Fresenius Regency Park	124 Regency Park Drive	O'Fallon	62269	8.1	18	20	106	88.33%	67%	2%	48%
DaVita Maryville	2102 Vadalabene Dr	Maryville	62062	17.1	22	14	62	73.81%	75%	6%	53%
DaVita Granite City	9 American Village	Granite City	62040	16.8	28	20	84	70.00%	63%	21%	46%
						<b>118</b>	<b>553</b>	<b>80% Avg</b>	<b>74% Avg</b>	<b>8% Avg</b>	<b>46% Avg</b>

Besides access limitations created by the high utilization of area clinics (clinics within 30 minutes are operating at an average of 80% utilization and those under 20 minutes are operating at 83% utilization) access limitations exist in Belleville relating to ESRD patients payor status. According to the 2014 Annual ESRD Survey, 74% of patients treated in the 30-minute travel radius were Medicare recipients and 8% received Medicaid. The patient demographics of this group reflect an aging population with 46% of all patients treated over the age of 65. The survey also reveals a majority patient population that is African American whom are twice as likely to be diagnosed with chronic kidney disease. As well, according to the U.S. Census Bureau, Belleville has a 17% poverty level and St. Clair County a 32% poverty level.

This area experiences a lack of access to primary health care accordingly with its designation as a MUA. Combining this with patient payor status, poverty levels, and the aging population creates barriers for those patients dependent on thrice weekly dialysis treatment for survival. This is especially true for patients driving into Belleville from rural areas to the south of Belleville. There is no other dialysis clinic within 30 minutes south of Belleville.

When clinics operate at high utilization rates, generally the third shift of the day is the one that is available for new patients to dialysis. There are less transportation options on this shift that runs from late afternoon into the evening hours. This requires patients to transport at night on sometimes desolate county roads. This is not in the best interest of the ill and often elderly dialysis patient. Additional access in Belleville would eliminate this barrier with additional daytime treatment times.



U. S. Department of Health and Human Services  
Health Resources and Services Administration

Powered by the HRSA Data Warehouse

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## Find Shortage Areas: HPSA & MUA/P by Address

**Reported location:** 6525 W Main St, Belleville, Illinois, 62223  
(--- **Input location:** 6525 main street, Belleville, Illinois 62223)

<b>In a Primary Care Health Professional Shortage Area: No</b>	
<b>In a Mental Health Professional Shortage Area: No</b>	
<b>In a Dental Care Health Professional Shortage Area: Yes</b>	
<b>Dental Health HPSA Name:</b>	Medicaid Eligible - St. Clair County
<b>Dental Health HPSA ID:</b>	6179991751
<b>Dental Health HPSA Status:</b>	Designated
<b>Dental Health HPSA Score:</b>	17
<b>Dental Health HPSA Designation Date:</b>	2013/07/18
<b>Dental Health HPSA Designation Last Update Date:</b>	2013/07/18
<b>In a Medically Underserved Area/Population: Yes</b>	
<b>MUA/P Service Area Name:</b>	St. Clair Service Area
<b>MUA/P ID:</b>	00869
<b>State Name:</b>	Illinois
<b>County Name:</b>	St. Clair
<b>County Subdivision Name:</b>	Belleville
<b>Census Tract Number:</b>	501502 [Additional result analysis]
<b>ZIP Code:</b>	62223
<b>Post Office Name:</b>	Belleville
<b>Congressional District Name:</b>	Illinois District 12
<b>Congressional District Representative Name:</b>	Mike Bost

Note: The address you entered is geocoded and then compared against the HPSA and MUA data (as of 12/14/2015) in the HRSA Data Warehouse. Due to geoprocessing limitations, the designation cannot be guaranteed to be 100% accurate and does not constitute an official determination. If you feel the result is in error, please refer to <http://answers.hrsa.gov>.

Date of query: 12/14/2015

55

Service Accessibility  
ATTACHMENT 26b - 5

# END STAGE RENAL DIALYSIS - FACILITY PROFILE 2014

## Ownership, Management and General Information

Name: Metro East Dialysis  
 Address: 5105 West Main Street  
 City: Belleville  
 County: St. Clair  
 HSA: 11  
 Medicare ID: 14-2527

Legal Entity Operator: Renal Life Link, Inc.  
 Legal Entity Owner:  
 Ownership Type: For Profit Corporation  
 Property Owner: Areteaus Realty, LP  
 Other Ownership:  
 Medical Director Name: Dr. Rashid Dalal  
 Provides Incenter Nocturnal Dialysis:

### STATION INFORMATION

Authorized Stations as of 12/31/2014: 36  
 Certified Stations by CMS: 36  
 Peak Authorized Stations Operated: 36  
 Authorized Stations Setup and Staffed in Oct 1-7: 36  
 Isolation Stations Set up in Oct 1-7: 0  
 (subset of authorized stations)  
 Number of Shifts Operated per day

### FACILITY STAFFING - FULL TIME EQUIVALENT

Full-Time Work Week: 40  
 Registered Nurse : 9  
 Dialysis Technician : 14  
 Dietician : 2  
 Social Worker: 1  
 LPN : 0  
 Other Health : 5  
 Other Non-Health: 0

### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	20	10	20	10	4	20	10
Number of Patients Treated	63	65	65	50	16	68	66

## Facility Utilization Information

### Facility Reported Patient Information

Patients treated as of 1/1/2014:  
 (Beginning patients) 166  
 Patients treated as of 12/31/2014:  
 (Ending patients) 178  
 Total Unduplicated patients  
 treated in calendar year: 268

### Facility Reported Treatment Information

In-Center Treatments in calendar year: 25,126  
 Number of Missed Treatments: 618  
 Average Daily Treatments:  
 Average Treatment Time (min): 180.0

### ADDITIONS to the FACILITY

New Patients: 81  
 Transient Patients: 19  
 Patients Re-Started: 3  
 Post-Transplant Patient: 1  
 Total: 104

### LOSSES to the FACILITY

Recovered patients: 8  
 Transplant Recipients: 5  
 Patients transferred out: 34  
 Patients voluntarily discontinued: 1  
 Patients lost to follow up: 1  
 Patients deceased: 28  
 Total: 77

### USE RATE for the FACILITY

Treatment Capacity/year (based on Stations): 33,696  
 Use Rate (Treatments/Treatment capacity): 75%  
 Use Rate (including Missed Treatments): 76%  
 Use Rate (Beginning patients treated): 77%  
 Use Rate (Year end Patients/Stations\*6): 82%

### Patients and Net Revenue by Payer Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	83.5%	6.7%	7.1%	0.0%	2.6%	100.0%	0.4%
Patient	223	18	19	0	7	267	1
1/1/2014 to 12/31/2014	51.4%	1.5%	29.0%	0.4%	17.6%	100.0%	0.4%
Net Revenue	\$4,154,379	\$123,611	\$2,344,408	\$34,099	\$1,420,809	\$8,077,305	\$34,099

### Patients by Age and Sex

AGE GROUPS	MALE	FEMALE	TOTAL
<14 yrs	0	0	0
15-44 yr	15	15	30
45-64 yr	66	50	116
65-74 yr	39	34	73
75 < yrs	15	34	49
Total	135	133	268

### Patients by Race

Asian Patients:	2
Native American/ Indian:	0
Black/ African American :	189
Hawaiian /Pacific Islands	0
White:	77
Unknown :	0
TOTAL:	268

### Patients by Ethnicity

Hispanic Latino Patients:	3
Non-Hispanic Latino Patient	265
Unknown Ethnicity Patients	0
TOTAL:	268

Source: Data based on 2014 Annual ESRD Questionnaire administered on behalf of Illinois Department of Public Health, Health Systems Development.

# END STAGE RENAL DIALYSIS - FACILITY PROFILE 2014

## Ownership, Management and General Information

Name: Sauget Dialysis  
 Address: 2061 Goose Lake Road  
 City: East St Louis  
 County: St. Clair  
 HSA: 11  
 Medicare ID: 14-2561

Legal Entity Operator: Renal Treatment Center - Illinois Inc.  
 Legal Entity Owner:  
 Ownership Type: For Profit Corporation  
 Property Owner: Union Planter Trust No. 03-90-1090-0  
 Other Ownership:  
 Medical Director Name: Rashid A Dalal, MD  
 Provides Incenter Nocturnal Dialysis:

### STATION INFORMATION

Authorized Stations as of 12/31/2014: 16  
 Certified Stations by CMS: 16  
 Peak Authorized Stations Operated: 16  
 Authorized Stations Setup and Staffed in Oct 1-7: 16  
 Isolation Stations Set up in Oct 1-7: 0  
 (subset of authorized stations)  
 Number of Shifts Operated per day

### FACILITY STAFFING - FULL TIME EQUIVALENT

Full-Time Work Week: 32  
 Registered Nurse : 4  
 Dialysis Technician : 8  
 Dietician : 0  
 Social Worker: 0  
 LPN : 0  
 Other Health : 1  
 Other Non-Health: 1

### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	16	16	16	16	0	16	16
Number of Patients Treated	35	37	38	34	0	39	35

### Facility Utilization Information

#### Facility Reported Patient Information

Patients treated as of 1/1/2014:  
 (Beginning patients) 93  
 Patients treated as of 12/31/2014:  
 (Ending patients) 87  
 Total Unduplicated patients  
 treated in calendar year: 119

#### Facility Reported Treatment Information

In-Center Treatments in calendar year: 11,782  
 Number of Missed Treatments: 1,502  
 Average Daily Treatments:  
 Average Treatment Time (min): 240.0

#### ADDITIONS to the FACILITY

New Patients: 62  
 Transient Patients: 13  
 Patients Re-Started: 23  
 Post-Transplant Patient: 0  
 Total: 98

#### LOSSES to the FACILITY

Recovered patients: 0  
 Transplant Recipients: 0  
 Patients transferred out: 13  
 Patients voluntarily discontinued: 3  
 Patients lost to follow up: 4  
 Patients deceased: 13  
 Total: 33

#### USE RATE for the FACILITY

Treatment Capacity/year (based on Stations): 14,976  
 Use Rate (Treatments/Treatment capacity): 79%  
 Use Rate (including Missed Treatments): 89%  
 Use Rate (Beginning patients treated): 97%  
 Use Rate (Year end Patients/Stations\*6): 91%

### Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
Patient	71.4%	9.2%	16.0%	0.8%	2.5%	100.0%	0.0%
	85	11	19	1	3	119	0
1/1/2014 to 12/31/2014	64.3%	0.7%	14.3%	0.8%	20.0%	100.0%	0.0%
Net Revenue	\$1,860,754	\$20,388	\$413,096	\$22,125	\$578,628	\$2,894,991	\$0

#### Patients by Age and Sex

AGE GROUPS	MALE	FEMALE	TOTAL
<14 yrs	0	0	0
15-44 yr	10	7	17
45-64 yr	41	21	62
65-74 yr	16	8	24
75 < yrs	8	8	16
Total	75	44	119

#### Patients by Race

Asian Patients:	0
Native American/ Indian:	0
Black/ African American :	99
Hawaiian /Pacific Islande	0
White:	19
Unknown :	1
TOTAL:	119

#### Patients by Ethnicity

Hispanic Latino Patients:	0
Non-Hispanic Latino Patien	118
Unknown Ethnicity Patients	1
TOTAL:	119

Source: Data based on 2014 Annual ESRD Questionnaire administered on behalf of Illinois Department of Public Health, Health Systems Development.

# END STAGE RENAL DIALYSIS - FACILITY PROFILE 2014

## Ownership, Management and General Information

Name: Shiloh Dialysis  
 Address: 1095 NORTH GREEN MOUNT RD  
 City: SHILOH  
 County: St. Clair  
 HSA: 11  
 Medicare ID: 14-2753

Legal Entity Operator: Total Renal Care Inc.  
 Legal Entity Owner:  
 Ownership Type: For Profit Corporation  
 Property Owner: Threheld Family INV LLC  
 Other Ownership:  
 Medical Director Name: Dr. Rashid Dalal  
 Provides Incenter Nocturnal Dialysis:

### STATION INFORMATION

Authorized Stations as of 12/31/2014: 12  
 Certified Stations by CMS: 12  
 Peak Authorized Stations Operated: 12  
 Authorized Stations Setup and Staffed in Oct 1-7: 12  
 Isolation Stations Set up in Oct 1-7: 1  
 (subset of authorized stations)  
 Number of Shifts Operated per day

### FACILITY STAFFING - FULL TIME EQUIVALENT

Full-Time Work Week: 40  
 Registered Nurse : 2  
 Dialysis Technician : 3  
 Dietician : 1  
 Social Worker: 1  
 LPN : 1  
 Other Health : 0  
 Other Non-Health: 0

### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	14	0	14	0	0	14	0
Number of Patients Treated	29	0	32	0	0	30	0

## Facility Utilization Information

### Facility Reported Patient Information

Patients treated as of 1/1/2014: 14  
 (Beginning patients)  
 Patients treated as of 12/31/2014: 38  
 (Ending patients)  
 Total Unduplicated patients treated in calendar year: 88

### Facility Reported Treatment Information

In-Center Treatments in calendar year: 3,984  
 Number of Missed Treatments: 260  
 Average Daily Treatments:  
 Average Treatment Time (min): 203.0

### ADDITIONS to the FACILITY

New Patients: 74  
 Transient Patients: 46  
 Patients Re-Started: 1  
 Post-Transplant Patien: 0  
 Total: 121

### LOSSES to the FACILITY

Recovered patients: 0  
 Transplant Recipients: 0  
 Patients transferred out: 47  
 Patients voluntarily discontinued: 0  
 Patients lost to follow up: 0  
 Patients deceased: 3  
 Total: 50

### USE RATE for the FACILITY

Treatment Capacity/year (based on Stations): 11,232  
 Use Rate (Treatments/Treatment capacity): 35%  
 Use Rate (including Missed Treatments): 38%  
 Use Rate (Beginning patients treated): 19%  
 Use Rate (Year end Patients/Stations\*6): 53%

### Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	80.5%	1.1%	11.5%	0.0%	6.9%	100.0%	1.1%
Patient	70	1	10	0	6	87	1
1/1/2014 to 12/31/2014	50.0%	0.0%	42.0%	0.0%	8.0%	100.0%	0.0%
Net Revenue	\$698,403	\$213	\$586,792	\$295	\$112,189	\$1,397,892	\$295

### Patients by Age and Sex

AGE GROUPS	MALE	FEMALE	TOTAL
<14 yrs	0	0	0
15-44 yr	3	3	6
45-64 yr	21	17	38
65-74 yr	13	12	25
75 < yrs	6	13	19
Total	43	45	88

### Patients by Race

Asian Patients:	0
Native American/ Indian:	0
Black/ African American :	50
Hawaiian /Pacific Islande	0
White:	33
Unknown :	5
TOTAL:	88

### Patients by Ethnicity

Hispanic Latino Patients:	2
Non-Hispanic Latino Patien	84
Unknown Ethnicity Patients	2
TOTAL:	88

Source: Data based on 2014 Annual ESRD Questionnaire administered on behalf of Illinois Department of Public Health, Health Systems Development.

# END STAGE RENAL DIALYSIS - FACILITY PROFILE 2014

## Ownership, Management and General Information

Name: Fresenius Medical Care Regency Park  
 Address: 124 Regency park, Suite 1  
 City: O'Fallon  
 County: St. Clair  
 HSA: 11  
 Medicare ID: 14-2558

Legal Entity Operator: RAI Care Centers of Illinois I, LLC  
 Legal Entity Owner:  
 Ownership Type: Limited Liability Company  
 Property Owner: Savvi Investment, Inc.  
 Other Ownership:  
 Medical Director Name: Matthew Koch, M.D.  
 Provides Incenter Nocturnal Dialysis:

### STATION INFORMATION

Authorized Stations as of 12/31/2014: 20  
 Certified Stations by CMS: 20  
 Peak Authorized Stations Operated: 20  
 Authorized Stations Setup and Staffed in Oct 1-7: 20  
 Isolation Stations Set up in Oct 1-7: 1  
 (subset of authorized stations)  
 Number of Shifts Operated per day

### FACILITY STAFFING - FULL TIME EQUIVALENT

Full-Time Work Week: 32  
 Registered Nurse : 6  
 Dialysis Technician : 7  
 Dietician : 1  
 Social Worker: 1  
 LPN : 2  
 Other Health : 0  
 Other Non-Health: 2

### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	15	15	14	15	0	15	17
Number of Patients Treated	48	48	47	48	0	51	53

## Facility Utilization Information

### Facility Reported Patient Information

Patients treated as of 1/1/2014: 108  
 (Beginning patients)  
 Patients treated as of 12/31/2014: 111  
 (Ending patients)  
 Total Unduplicated patients treated in calendar year: 176

### Facility Reported Treatment Information

In-Center Treatments in calendar year: 15,371  
 Number of Missed Treatments: 1,199  
 Average Daily Treatments:  
 Average Treatment Time (min): 270.0

### ADDITIONS to the FACILITY

New Patients: 45  
 Transient Patients: 15  
 Patients Re-Started: 6  
 Post-Transplant Patien: 2  
 Total: 68

### LOSSES to the FACILITY

Recovered patients: 4  
 Transplant Recipients: 1  
 Patients transferred out: 32  
 Patients voluntarily discontinued: 3  
 Patients lost to follow up: 1  
 Patients deceased: 24  
 Total: 65

### USE RATE for the FACILITY

Treatment Capacity/year (based on Stations): 18,720  
 Use Rate (Treatments/Treatment capacity): 82%  
 Use Rate (including Missed Treatments): 89%  
 Use Rate (Beginning patients treated): 90%  
 Use Rate (Year end Patients/Stations\*6): 93%

### Patients and Net Revenue by Pavor Source

Patient	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	67.0%	2.3%	27.3%	1.1%	2.3%	100.0%	0.0%
	118	4	48	2	4	176	0
1/1/2013 to 12/31/2013	55.5%	4.1%	38.8%	0.3%	1.3%	100.0%	0.0%
Net Revenue	\$3,119,630	\$228,670	\$2,181,364	\$18,713	\$70,460	\$5,618,837	\$0

### Patients by Age and Sex

AGE GROUPS	MALE	FEMALE	TOTAL
<14 yrs	0	0	0
15-44 yr	14	4	18
45-64 yr	39	34	73
65-74 yr	27	18	45
75 < yrs	22	18	40
Total	102	74	176

### Patients by Race

Asian Patients:	0
Native American/ Indian:	1
Black/ African American :	96
Hawaiian /Pacific Islande	0
White:	79
Unknown :	0
TOTAL:	176

### Patients by Ethnicity

Hispanic Latino Patients:	2
Non-Hispanic Latino Patien	174
Unknown Ethnicity Patients	0
TOTAL:	176

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

Source: Data based on 2014 Annual ESRD Questionnaire administered on behalf of Illinois Department of Public Health, Health Systems Development.

# END STAGE RENAL DIALYSIS - FACILITY PROFILE 2014

## Ownership, Management and General Information

<b>Name:</b> Granite City Dialysis	<b>Legal Entity Operator:</b> Renal Treatment Centers- Illinois, Inc
<b>Address:</b> 9 American Village	<b>Legal Entity Owner:</b>
<b>City:</b> Granite City	<b>Ownership Type:</b> For Profit Corporation
<b>County:</b> Madison	<b>Property Owner:</b> Central Plaza Partners
<b>HSA:</b> 11	<b>Other Ownership:</b>
<b>Medicare ID:</b> 14-2537	<b>Medical Director Name:</b> Kenneth Gerdes
	<b>Provides Incenter Nocturnal Dialysis:</b> <input type="checkbox"/>

### STATION INFORMATION

Authorized Stations as of 12/31/2014:	20
Certified Stations by CMS:	20
Peak Authorized Stations Operated:	20
Authorized Stations Setup and Staffed in Oct 1-7:	20
Isolation Stations Set up in Oct 1-7: (subset of authorized stations)	1
Number of Shifts Operated per day	

### FACILITY STAFFING - FULL TIME EQUIVALENT

Full-Time Work Week:	30
Registered Nurse :	3
Dialysis Technician :	5
Dietician :	1
Social Worker:	0
LPN :	0
Other Health :	0
Other Non-Health:	2

### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	10	12	10	12	10	0	12
Number of Patients Treated	34	37	34	37	34	0	37

## Facility Utilization Information

### Facility Reported Patient Information

Patients treated as of 1/1/2014: (Beginning patients)	79
Patients treated as of 12/31/2014: (Ending patients)	81
Total Unduplicated patients treated in calendar year:	123

### Facility Reported Treatment Information

In-Center Treatments in calendar year:	11,103
Number of Missed Treatments:	1,236
Average Daily Treatments:	
Average Treatment Time (min):	240.0

### ADDITIONS to the FACILITY

New Patients:	38
Transient Patients:	6
Patients Re-Started:	2
Post-Transplant Patien	1
<b>Total:</b>	<b>47</b>

### LOSSES to the FACILITY

Recovered patients:	3
Transplant Recipients:	1
Patients transferred out:	13
Patients voluntarily discontinued	6
Patients lost to follow up:	0
Patients deceased:	10
<b>Total:</b>	<b>33</b>

### USE RATE for the FACILITY

Treatment Capacity/year (based on Stations):	18,720
Use Rate (Treatments/Treatment capacity):	59%
Use Rate (including Missed Treatments):	66%
Use Rate (Beginning patients treated):	66%
Use Rate (Year end Patients/Stations*6):	68%

### Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
Patient	78	26	11	8	0	123	0
1/1/2014 to 12/31/2014	49.5%	2.2%	8.9%	6.5%	0.0%	100.0%	0.0%
Net Revenue	\$1,599,788	\$71,060	\$934,064	\$39,617	\$587,045	\$3,231,574	\$39,617

### Patients by Age and Sex

AGE GROUPS	MALE	FEMALE	TOTAL
<14 yrs	0	0	0
15-44 yr	8	7	15
45-64 yr	30	22	52
65-74 yr	20	15	35
75 < yrs	12	9	21
<b>Total</b>	<b>70</b>	<b>53</b>	<b>123</b>

### Patients by Race

Asian Patients:	0
Native American/ Indian:	0
Black/ African American :	35
Hawaiian /Pacific Islande	0
White:	76
Unknown :	12
<b>TOTAL:</b>	<b>123</b>

### Patients by Ethnicity

Hispanic Latino Patients:	12
Non-Hispanic Latino Patien	0
Unknown Ethnicity Patients	111
<b>TOTAL:</b>	<b>123</b>

Source: Data based on 2014 Annual ESRD Questionnaire administered on behalf of Illinois Department of Public Health, Health Systems Development.

# END STAGE RENAL DIALYSIS - FACILITY PROFILE 2014

## Ownership, Management and General Information

Name: Maryville Dialysis- Renal Treatment Ctrs  
 Address: 2130 Vadalabene Dr  
 City: Maryville  
 County: Madison  
 HSA: 11  
 Medicare ID: 14-2634

Legal Entity Operator: Renal Treatment Centers- Illinois, Inc  
 Legal Entity Owner:  
 Ownership Type: For Profit Corporation  
 Property Owner: Maryville Medical Park  
 Other Ownership:  
 Medical Director Name: Dr. Henry Purcell  
 Provides Incenter Nocturnal Dialysis:

### STATION INFORMATION

Authorized Stations as of 12/31/2014: 12  
 Certified Stations by CMS: 12  
 Peak Authorized Stations Operated: 12  
 Authorized Stations Setup and Staffed in Oct 1-7: 12  
 Isolation Stations Set up in Oct 1-7:  
 (subset of authorized stations) 0  
 Number of Shifts Operated per day

### FACILITY STAFFING - FULL TIME EQUIVALENT

Full-Time Work Week: 40  
 Registered Nurse : 4  
 Dialysis Technician : 5  
 Dietician : 0  
 Social Worker: 0  
 LPN : 0  
 Other Health : 0  
 Other Non-Health: 3

### Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	16	15	16	15	0	16	15
Number of Patients Treated	32	27	34	28	0	35	27

## Facility Utilization Information

### Facility Reported Patient Information

Patients treated as of 1/1/2014:  
 (Beginning patients) 64  
 Patients treated as of 12/31/2014:  
 (Ending patients) 59  
 Total Unduplicated patients  
 treated in calendar year: 95

### Facility Reported Treatment Information

In-Center Treatments in calendar year: 9,192  
 Number of Missed Treatments: 360  
 Average Daily Treatments:  
 Average Treatment Time (min): 240.0

### ADDITIONS to the FACILITY

New Patients: 31  
 Transient Patients: 15  
 Patients Re-Started: 1  
 Post-Transplant Patien: 0  
 Total: 47

### LOSSES to the FACILITY

Recovered patients: 3  
 Transplant Recipients: 3  
 Patients transferred out: 17  
 Patients voluntarily discontinued: 3  
 Patients lost to follow up: 0  
 Patients deceased: 13  
 Total: 39

### USE RATE for the FACILITY

Treatment Capacity/year (based on Stations): 11,232  
 Use Rate (Treatments/Treatment capacity): 82%  
 Use Rate (including Missed Treatments): 85%  
 Use Rate (Beginning patients treated): 89%  
 Use Rate (Year end Patients/Stations\*6): 82%

### Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	74.7%	6.3%	17.9%	0.0%	1.1%	100.0%	0.0%
Patient	71	6	17	0	1	95	0
1/1/2014 to 12/31/2014	44.0%	0.5%	42.3%	0.4%	12.8%	100.0%	0.4%
Net Revenue	\$1,372,600	\$14,340	\$1,319,163	\$13,865	\$399,243	\$3,119,211	\$13,865

### Patients by Age and Sex

AGE GROUPS	MALE	FEMALE	TOTAL
<14 yrs	0	0	0
15-44 yr	2	7	9
45-64 yr	25	11	36
65-74 yr	13	9	22
75 < yrs	12	16	28
Total	52	43	95

### Patients by Race

Asian Patients:	0
Native American/ Indian:	0
Black/ African American :	14
Hawaiian /Pacific Islande	0
White:	80
Unknown :	1
TOTAL:	95

### Patients by Ethnicity

Hispanic Latino Patients:	3
Non-Hispanic Latino Patien	91
Unknown Ethnicity Patients	1
TOTAL:	95

Source: Data based on 2014 Annual ESRD Questionnaire administered on behalf of Illinois Department of Public Health, Health Systems Development.



DP05

### ACS DEMOGRAPHIC AND HOUSING ESTIMATES

2010-2014 American Community Survey 5-Year Estimates

Supporting documentation on code lists, subject definitions, data accuracy, and statistical testing can be found on the American Community Survey website in the Data and Documentation section.

Sample size and data quality measures (including coverage rates, allocation rates, and response rates) can be found on the American Community Survey website in the Methodology section.

Although the American Community Survey (ACS) produces population, demographic and housing unit estimates, it is the Census Bureau's Population Estimates Program that produces and disseminates the official estimates of the population for the nation, states, counties, cities and towns and estimates of housing units for states and counties.

Subject	St. Clair County, Illinois			
	Estimate	Margin of Error	Percent	Percent Margin of Error
<b>SEX AND AGE</b>				
Total population	268,415	*****	268,415	(X)
Male	129,381	+/-90	48.2%	+/-0.1
Female	139,034	+/-90	51.8%	+/-0.1
Under 5 years	17,720	+/-77	6.6%	+/-0.1
5 to 9 years	18,580	+/-740	6.9%	+/-0.3
10 to 14 years	18,392	+/-727	6.9%	+/-0.3
15 to 19 years	18,336	+/-143	6.8%	+/-0.1
20 to 24 years	17,848	+/-168	6.6%	+/-0.1
25 to 34 years	35,066	+/-146	13.1%	+/-0.1
35 to 44 years	34,290	+/-127	12.8%	+/-0.1
45 to 54 years	39,535	+/-108	14.7%	+/-0.1
55 to 59 years	18,892	+/-698	7.0%	+/-0.3
60 to 64 years	14,543	+/-695	5.4%	+/-0.3
65 to 74 years	18,722	+/-98	7.0%	+/-0.1
75 to 84 years	11,731	+/-379	4.4%	+/-0.1
85 years and over	4,760	+/-367	1.8%	+/-0.1
Median age (years)	37.5	+/-0.3	(X)	(X)
18 years and over	202,161	*****	75.3%	*****
21 years and over	192,453	+/-378	71.7%	+/-0.1
62 years and over	43,660	+/-527	16.3%	+/-0.2
65 years and over	35,213	+/-64	13.1%	+/-0.1
18 years and over	202,161	*****	202,161	(X)
Male	95,610	*****	47.3%	*****
Female	106,551	*****	52.7%	*****
65 years and over	35,213	+/-64	35,213	(X)
Male	14,680	+/-64	41.7%	+/-0.1
Female	20,533	*****	58.3%	+/-0.1
<b>RACE</b>				
Total population	268,415	*****	268,415	(X)

	Estimate	Margin of Error	Percent	Percent Margin of Error
One race	261,491	+/-789	97.4%	+/-0.3
Two or more races	6,924	+/-789	2.6%	+/-0.3
One race	261,491	+/-789	97.4%	+/-0.3
White	174,857	+/-484	65.1%	+/-0.2
Black or African American	80,800	+/-793	30.1%	+/-0.3
American Indian and Alaska Native	459	+/-142	0.2%	+/-0.1
Cherokee tribal grouping	95	+/-65	0.0%	+/-0.1
Chippewa tribal grouping	0	+/-26	0.0%	+/-0.1
Navajo tribal grouping	0	+/-26	0.0%	+/-0.1
Sioux tribal grouping	0	+/-26	0.0%	+/-0.1
Asian	3,282	+/-262	1.2%	+/-0.1
Asian Indian	393	+/-267	0.1%	+/-0.1
Chinese	321	+/-177	0.1%	+/-0.1
Filipino	1,006	+/-307	0.4%	+/-0.1
Japanese	213	+/-126	0.1%	+/-0.1
Korean	518	+/-243	0.2%	+/-0.1
Vietnamese	197	+/-158	0.1%	+/-0.1
Other Asian	634	+/-212	0.2%	+/-0.1
Native Hawaiian and Other Pacific Islander	55	+/-47	0.0%	+/-0.1
Native Hawaiian	31	+/-34	0.0%	+/-0.1
Guamanian or Chamorro	0	+/-26	0.0%	+/-0.1
Samoan	0	+/-26	0.0%	+/-0.1
Other Pacific Islander	24	+/-36	0.0%	+/-0.1
Some other race	2,038	+/-505	0.8%	+/-0.2
Two or more races	6,924	+/-789	2.6%	+/-0.3
White and Black or African American	2,941	+/-605	1.1%	+/-0.2
White and American Indian and Alaska Native	767	+/-169	0.3%	+/-0.1
White and Asian	1,444	+/-266	0.5%	+/-0.1
Black or African American and American Indian and Alaska Native	515	+/-396	0.2%	+/-0.1
Race alone or in combination with one or more other races				
Total population	268,415	*****	268,415	(X)
White	180,735	+/-775	67.3%	+/-0.3
Black or African American	84,940	+/-365	31.6%	+/-0.1
American Indian and Alaska Native	2,093	+/-442	0.8%	+/-0.2
Asian	5,138	+/-122	1.9%	+/-0.1
Native Hawaiian and Other Pacific Islander	316	+/-199	0.1%	+/-0.1
Some other race	2,661	+/-517	1.0%	+/-0.2
HISPANIC OR LATINO AND RACE				
Total population	268,415	*****	268,415	(X)
Hispanic or Latino (of any race)	9,534	*****	3.6%	*****
Mexican	6,635	+/-521	2.5%	+/-0.2
Puerto Rican	1,108	+/-329	0.4%	+/-0.1
Cuban	138	+/-81	0.1%	+/-0.1
Other Hispanic or Latino	1,653	+/-375	0.6%	+/-0.1
Not Hispanic or Latino	258,881	*****	96.4%	*****
White alone	168,336	+/-73	62.7%	+/-0.1
Black or African American alone	80,175	+/-764	29.9%	+/-0.3
American Indian and Alaska Native alone	446	+/-139	0.2%	+/-0.1
Asian alone	3,258	+/-254	1.2%	+/-0.1
Native Hawaiian and Other Pacific Islander alone	39	+/-40	0.0%	+/-0.1
Some other race alone	357	+/-260	0.1%	+/-0.1
Two or more races	6,270	+/-751	2.3%	+/-0.3
Two races including Some other race	92	+/-56	0.0%	+/-0.1
Two races excluding Some other race, and Three or more races	6,178	+/-755	2.3%	+/-0.3



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POVERTY STATUS IN THE PAST 12 MONTHS

2010-2014 American Community Survey 5-Year Estimates

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Subject	Belleville city, Illinois				
	Total		Below poverty level		Percent below poverty level
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate
Population for whom poverty status is determined	42,027	+/-414	7,258	+/-984	17.3%
<b>AGE</b>					
Under 18 years	9,332	+/-539	2,150	+/-527	23.0%
Related children under 18 years	9,213	+/-547	2,031	+/-515	22.0%
18 to 64 years	27,424	+/-595	4,595	+/-627	16.8%
65 years and over	5,271	+/-391	513	+/-201	9.7%
<b>SEX</b>					
Male	19,914	+/-658	3,341	+/-644	16.8%
Female	22,113	+/-709	3,917	+/-580	17.7%
<b>RACE AND HISPANIC OR LATINO ORIGIN</b>					
One race	40,441	+/-594	6,824	+/-952	16.9%
White	29,826	+/-869	3,965	+/-745	13.3%
Black or African American	9,613	+/-858	2,721	+/-610	28.3%
American Indian and Alaska Native	69	+/-48	27	+/-26	39.1%
Asian	664	+/-284	73	+/-64	11.0%
Native Hawaiian and Other Pacific Islander	40	+/-44	0	+/-23	0.0%
Some other race	229	+/-122	38	+/-60	16.6%
Two or more races	1,586	+/-429	434	+/-244	27.4%
Hispanic or Latino origin (of any race)	1,363	+/-516	130	+/-87	9.5%
White alone, not Hispanic or Latino	28,972	+/-968	3,868	+/-734	13.4%
<b>EDUCATIONAL ATTAINMENT</b>					
Population 25 years and over	28,811	+/-744	4,148	+/-519	14.4%
Less than high school graduate	2,371	+/-447	782	+/-252	33.0%
High school graduate (includes equivalency)	8,117	+/-596	1,655	+/-378	20.4%
Some college, associate's degree	11,605	+/-712	1,541	+/-321	13.3%
Bachelor's degree or higher	6,718	+/-518	170	+/-82	2.5%
<b>EMPLOYMENT STATUS</b>					
Civilian labor force 16 years and over	22,299	+/-748	1,979	+/-375	8.9%
Employed	20,730	+/-726	1,461	+/-308	7.0%
Male	10,116	+/-502	542	+/-174	5.4%

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	Total		Below poverty level		Percent below poverty level
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate
Female	10,614	+/-561	919	+/-234	8.7%
Unemployed	1,569	+/-303	518	+/-169	33.0%
Male	870	+/-225	313	+/-124	36.0%
Female	699	+/-188	205	+/-88	29.3%
<b>WORK EXPERIENCE</b>					
Population 16 years and over	34,023	+/-594	5,353	+/-737	15.7%
Worked full-time, year-round in the past 12 months	15,272	+/-754	327	+/-136	2.1%
Worked part-time or part-year in the past 12 months	7,127	+/-601	1,442	+/-310	20.2%
Did not work	11,624	+/-773	3,584	+/-649	30.8%
<b>All individuals below:</b>					
50 percent of poverty level	3,609	+/-862	(X)	(X)	(X)
125 percent of poverty level	9,052	+/-1,142	(X)	(X)	(X)
150 percent of poverty level	10,602	+/-1,211	(X)	(X)	(X)
185 percent of poverty level	13,110	+/-1,350	(X)	(X)	(X)
200 percent of poverty level	15,169	+/-1,237	(X)	(X)	(X)
<b>Unrelated individuals for whom poverty status is determined</b>					
Male	5,147	+/-722	1,611	+/-495	31.3%
Female	5,212	+/-502	1,298	+/-293	24.9%
<b>Mean income deficit for unrelated individuals (dollars)</b>					
	7,509	+/-928	(X)	(X)	(X)
Worked full-time, year-round in the past 12 months	4,248	+/-549	40	+/-37	0.9%
Worked less than full-time, year-round in the past 12 months	1,877	+/-343	790	+/-232	42.1%
Did not work	4,234	+/-601	2,079	+/-504	49.1%
<b>PERCENT IMPUTED</b>					
Poverty status for individuals	23.8%	(X)	(X)	(X)	(X)

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DP05

**ACS DEMOGRAPHIC AND HOUSING ESTIMATES**  
**2010-2014 American Community Survey 5-Year Estimates**

Although the American Community Survey (ACS) produces population, demographic and housing unit estimates, it is the Census Bureau's Population Estimates Program that produces and disseminates the official estimates of the population for the nation, states, counties, cities and towns and estimates of housing units for states and counties.

Supporting documentation on code lists, subject definitions, data accuracy, and statistical testing can be found on the American Community Survey website in the Data and Documentation section.

Sample size and data quality measures (including coverage rates, allocation rates, and response rates) can be found on the American Community Survey website in the Methodology section.

Versions of this table are available for the following years:  
**2014**  
**2013**  
**2012**  
**2011**  
**2010**

		Belleville city, Illinois			
Subject		Estimate	Margin of Error	Percent	Percent Margin of Error
<b>SEX AND AGE</b>					
Total population		43,296	+/-85	43,296	(X)
Male		20,520	+/-685	47.4%	+/-1.6
Female		22,776	+/-675	52.6%	+/-1.6
Under 5 years		2,323	+/-399	5.4%	+/-0.9
5 to 9 years		2,347	+/-348	5.4%	+/-0.8
10 to 14 years		3,065	+/-435	7.1%	+/-1.0
15 to 19 years		2,615	+/-374	6.0%	+/-0.9
20 to 24 years		3,257	+/-447	7.5%	+/-1.0
25 to 34 years		6,760	+/-597	15.6%	+/-1.4
35 to 44 years		5,584	+/-471	12.9%	+/-1.1
45 to 54 years		6,347	+/-586	14.7%	+/-1.4
55 to 59 years		3,140	+/-411	7.3%	+/-0.9
60 to 64 years		2,017	+/-308	4.7%	+/-0.7
65 to 74 years		2,899	+/-307	6.7%	+/-0.7
75 to 84 years		1,825	+/-280	4.2%	+/-0.6
85 years and over		1,117	+/-188	2.6%	+/-0.4
Median age (years)		37.1	+/-1.5	(X)	(X)
18 years and over		33,705	+/-503	77.8%	+/-1.1
21 years and over		32,445	+/-567	74.9%	+/-1.3
62 years and over		6,840	+/-437	15.8%	+/-1.0
65 years and over		5,841	+/-406	13.5%	+/-0.9
18 years and over		33,705	+/-503	33,705	(X)
Male		15,758	+/-609	46.8%	+/-1.6
Female		17,947	+/-565	53.2%	+/-1.6
65 years and over		5,841	+/-406	5,841	(X)
Male		2,114	+/-216	36.2%	+/-3.1
Female		3,727	+/-334	63.8%	+/-3.1
<b>RACE</b>					
Total population		43,296	+/-85	43,296	(X)
One race		41,707	+/-436	96.3%	+/-1.0
Two or more races		1,589	+/-429	3.7%	+/-1.0
One race		41,707	+/-436	96.3%	+/-1.0
White		30,527	+/-880	70.5%	+/-2.0
Black or African American		10,175	+/-882	23.5%	+/-2.0
American Indian and Alaska Native		69	+/-48	0.2%	+/-0.1
Cherokee tribal grouping		34	+/-38	0.1%	+/-0.1
Chippewa tribal grouping		0	+/-23	0.0%	+/-0.1
Navajo tribal grouping		0	+/-23	0.0%	+/-0.1
Sioux tribal grouping		0	+/-23	0.0%	+/-0.1
Asian		667	+/-283	1.5%	+/-0.7
Asian Indian		0	+/-23	0.0%	+/-0.1
Chinese		0	+/-23	0.0%	+/-0.1
Filipino		407	+/-253	0.9%	+/-0.6
Japanese		12	+/-23	0.0%	+/-0.1
Korean		35	+/-36	0.1%	+/-0.1
Vietnamese		36	+/-40	0.1%	+/-0.1
Other Asian		177	+/-152	0.4%	+/-0.4
Native Hawaiian and Other Pacific Islander		40	+/-44	0.1%	+/-0.1
Native Hawaiian		16	+/-26	0.0%	+/-0.1
Guamanian or Chamorro		0	+/-23	0.0%	+/-0.1
Samoan		0	+/-23	0.0%	+/-0.1

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American Factfinder - Results

Other Pacific Islander	24	+/-36	0.1%	+/-0.1
Some other race	229	+/-122	0.5%	+/-0.3
Two or more races	1,589	+/-429	3.7%	+/-1.0
White and Black or African American	601	+/-256	1.4%	+/-0.6
White and American Indian and Alaska Native	258	+/-160	0.6%	+/-0.4
White and Asian	453	+/-219	1.0%	+/-0.5
Black or African American and American Indian and Alaska Native	86	+/-87	0.2%	+/-0.2
<b>Race alone or in combination with one or more other races</b>				
Total population	43,296	+/-85	43,296	(X)
White	31,955	+/-898	73.8%	+/-2.1
Black or African American	10,927	+/-859	25.2%	+/-2.0
American Indian and Alaska Native	432	+/-184	1.0%	+/-0.4
Asian	1,219	+/-457	2.8%	+/-1.1
Native Hawaiian and Other Pacific Islander	60	+/-53	0.1%	+/-0.1
Some other race	335	+/-161	0.8%	+/-0.4
<b>HISPANIC OR LATINO AND RACE</b>				
Total population	43,296	+/-85	43,296	(X)
Hispanic or Latino (of any race)	1,368	+/-517	3.2%	+/-1.2
Mexican	988	+/-520	2.3%	+/-1.2
Puerto Rican	128	+/-93	0.3%	+/-0.2
Cuban	0	+/-23	0.0%	+/-0.1
Other Hispanic or Latino	252	+/-117	0.6%	+/-0.3
Not Hispanic or Latino	41,928	+/-522	96.8%	+/-1.2
White alone	29,668	+/-989	68.5%	+/-2.3
Black or African American alone	9,960	+/-865	23.0%	+/-2.0
American Indian and Alaska Native alone	69	+/-48	0.2%	+/-0.1
Asian alone	667	+/-283	1.5%	+/-0.7
Native Hawaiian and Other Pacific Islander alone	24	+/-36	0.1%	+/-0.1
Some other race alone	75	+/-81	0.2%	+/-0.2
Two or more races	1,465	+/-403	3.4%	+/-0.9
Two races including Some other race	26	+/-28	0.1%	+/-0.1
Two races excluding Some other race, and Three or more races	1,439	+/-404	3.3%	+/-0.9
Total housing units	20,738	+/-665	(X)	(X)

Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates

Explanation of Symbols:

An '\*\*\*' entry in the margin of error column indicates that either no sample observations or too few sample observations were available to compute a standard error and thus the margin of error. A statistical test is not appropriate.

An '-' entry in the estimate column indicates that either no sample observations or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the lowest interval or upper interval of an open-ended distribution.

An '-' following a median estimate means the median falls in the lowest interval of an open-ended distribution.

An '+' following a median estimate means the median falls in the upper interval of an open-ended distribution.

An '\*\*\*' entry in the margin of error column indicates that the median falls in the lowest interval or upper interval of an open-ended distribution. A statistical test is not appropriate.

An '\*\*\*\*\*' entry in the margin of error column indicates that the estimate is controlled. A statistical test for sampling variability is not appropriate.

An 'N' entry in the estimate and margin of error columns indicates that data for this geographic area cannot be displayed because the number of sample cases is too small.

An '(X)' means that the estimate is not applicable or not available.

Data are based on a sample and are subject to sampling variability. The degree of uncertainty for an estimate arising from sampling variability is represented through the use of a margin of error. The value shown here is the 90 percent margin of error. The margin of error can be interpreted roughly as providing a 90 percent probability that the interval defined by the estimate minus the margin of error and the estimate plus the margin of error (the lower and upper confidence bounds) contains the true value. In addition to sampling variability, the ACS estimates are subject to nonsampling error (for a discussion of nonsampling variability, see Accuracy of the Data). The effect of nonsampling error is not represented in these tables.

For more information on understanding race and Hispanic origin data, please see the Census 2010 Brief entitled, Overview of Race and Hispanic Origin: 2010, issued March 2011. (pdf format)

While the 2010-2014 American Community Survey (ACS) data generally reflect the February 2013 Office of Management and Budget (OMB) definitions of metropolitan and micropolitan statistical areas; in certain instances the names, codes, and boundaries of the principal cities shown in ACS tables may differ from the OMB definitions due to differences in the effective dates of the geographic entities.

Estimates of urban and rural population, housing units, and characteristics reflect boundaries of urban areas defined based on Census 2010 data. As a result, data for urban and rural areas from the ACS do not necessarily reflect the results of ongoing urbanization.

Source: U.S. Census Bureau | American FactFinder

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**Unnecessary Duplication/Maldistribution**

**Facilities within 30 Minutes Travel Time of Fresenius Belleville**

Facility	Address	City	Zip Code	MapQuest		Stations	September 2015	
				Miles	Time		Patients	Utilization
DaVita Metro East	5105 W Main St	Belleville	62226	0.9	1	36	153	70.83%
DaVita Sauget	2300 Goose Lake Rd	East St. Louis	62206	7.9	11	16	90	93.75%
DaVita Shiloh	1095 N Green Mount Road	Belleville	62221	7.2	12	12	58	80.56%
Fresenius Regency Park	124 Regency Park Drive	O'Fallon	62269	8.1	18	20	106	88.33%
DaVita Maryville	2102 Vadalabene Dr	Maryville	62062	17.1	22	14	62	73.81%
DaVita Granite City	9 American Village	Granite City	62040	16.8	28	20	84	70.00%
						<b>118</b>	<b>553</b>	<b>80% Avg</b>

1(A-B-C) The establishment of Fresenius Medical Care Belleville will not result in unnecessary duplication of services in the Belleville/St. Clair County market. Current facilities within 30 minutes travel time of the proposed site are operating at an average of 80% utilization restricting access to dialysis services and there is a need for an additional 21 stations in HSA 11. The proposed facility is located in a Federally Designated Medically Underserved Area (MUA) based on the low income of residents and lack of healthcare resources. Additional access in Belleville would overcome these healthcare barriers for ESRD patients in this area of St. Clair County. The Belleville facility will not duplicate services, but would provide necessary access in an area of determined need.

There are only six facilities within 30 minutes “normal” travel time of Belleville and they are currently operating at a combined utilization rate of 80% (83% for those clinics under 20 minutes) restricting access at those facilities and also limiting access to a treatment schedule times that can accommodate a patient’s transportation options, work schedule or family time. These six facilities are serving over 500 ESRD patients and a general population of over 500,000.

The only Fresenius facility in this area, Regency Park where Dr. Koch is the Medical Director, is operating at 88% utilization and does not have the ability to expand to accommodate Dr. Koch’s additional patients. There is another clinic in Belleville, DaVita Metro East, which has some available capacity, however it is primarily referred to by another physician practice and cannot accommodate all of the patients Dr. Koch has identified from his practice who will require dialysis services in the first two years of operation of the proposed Fresenius Belleville clinic.

2)Maldistribution: The ratio of ESRD stations to population in the zip codes within a 30-minute radius of Fresenius Belleville is 1 station per 4,316 residents according to the 2010 census. The State ratio is 1 station per 3,036 residents (based on US Census projections for 2015 of 12,978,800 Illinois residents and November 2015 Board station inventory of 4,275). There are fewer stations available per resident in the Belleville/St. Clair County market than the State, indicating a disadvantage when it comes to access.

Fresenius Medical Care Belleville will not create a maldistribution of services in regard to there being excess capacity. The facilities within 30 minutes travel time are operating at 80% utilization. This combined with the lower ratio of stations to population than the State standard; a need for 21 additional stations and the medically underserved status of Bellville indicate a need for access to dialysis in the Belleville market.

**Zip Codes/Population  
within 30 Minutes of  
Fresenius Belleville**

<b>ZIP Code</b>	<b>Population</b>
62024	9,775
62025	33,748
62034	13,819
62040	43,735
62048	1,459
62060	4,847
62062	7,658
62084	1,606
62087	2,087
62090	1,189
62095	11,237
62201	7,547
62203	8,209
62204	7,960
62205	9,329
62206	16,509
62207	8,750
62208	17,376
62220	20,504
62221	27,858
62223	62,223
62225	5,381
62226	29,744
62232	7,260
62234	33,430
62236	12,562
62239	4,954
62240	1,966
62243	5,910
62248	320
62254	6,089
62258	9,199
62260	7,290
62264	3,338
62265	4,353
62269	34,348
62281	2,155
62285	4,484
62293	4,748
62294	14,367
<b>Total</b>	<b>509,323</b>

3) Fresenius Medical Care Belleville will not have an adverse effect on any other area ESRD provider, but will have a positive impact by providing access to dialysis services in a medically underserved area, alleviating high utilization at area facilities and addressing a determined need for 21 stations in HSA 11.

Criterion 1110.1430 (e)(1) – Staffing

2) A. Medical Director

Dr. Matthew Koch is currently the Medical Director for Fresenius Medical Care Regency Park in O'Fallon and will be the Medical Director of the proposed Belleville facility. Attached is his curriculum vitae.

B. All Other Personnel

All Other Personnel

Upon opening the facility will hire a Clinic Manager who is a Registered Nurse (RN) from within the company and will hire one Patient Care Technician (PCT). After we have more than one patient, we will hire another RN and another PCT.

Upon opening we will also employ:

- Part-time Registered Dietitian
- Part-time Licensed Master level Social Worker
- Part-time Equipment Technician
- Part-time Secretary

These positions will go to full time as the clinic census increases. As well, the patient care staff will increase to the following:

- One Clinic Manager – Registered Nurse
- Four Registered Nurses
- Ten Patient Care Technicians

- 3) All patient care staff and licensed/registered professionals will meet the State of Illinois requirements. Any additional staff hired must also meet these requirements along with completing a 9 week orientation training program through the Fresenius Medical Care staff education department.

Annually all clinical staff must complete OSHA training, Compliance training, CPR Certification, Skills Competency, CVC Competency, Water Quality training and pass the Competency Exam.

- 4) The above staffing model is required to maintain a 4 to 1 patient-staff ratio at all times on the treatment floor. A RN will be on duty at all times when the facility is in operation.

## CURRICULUM VITAE - MATTHEW JOHN KOCH

**DATE OF BIRTH:** February 20, 1967  
**PLACE OF BIRTH:** Emporia, KS  
**CITIZENSHIP:** USA  
**OFFICE:** Washington University School of Medicine  
Division of Nephrology  
#1 Barnes-Jewish Hospital Plaza  
Suite 4104 Queeny Tower  
St. Louis, MO 63110

### HOME:

**PRESENT POSITION:** Assistant Professor in Medicine  
Washington University School of Medicine  
  
Associate Director of Transplant Nephrology  
Washington University School of Medicine  
  
Director of High-Risk Renal Transplantation  
Barnes-Jewish Transplant Center

### EDUCATION:

8/87-5/90 B.S. Pharmacy, University of Wyoming, Laramie, WY  
8/93-5/97 M.D., Creighton University, Omaha, NE

### INTERNSHIPS AND RESIDENCIES:

7/97-6/98 Medicine Internship, Creighton University Med Center,  
Omaha, NE  
7/98-6/00 Medicine Residency, Creighton University Med Center,  
Omaha, NE  
7/00-6/02 Nephrology Fellowship, Washington University/Barnes  
Jewish Hospital, St. Louis, MO  
7/02-6/03 Nephrology Transplantation Fellowship, Washington  
University/Barnes Jewish Hospital, St. Louis, MO

**LICENSURE AND CERTIFICATION:**

2000 Board Certified Internal Medicine  
2002 Board Certified Nephrology

**OTHER:**

2004 - present Consultant – Genzyme, Cambridge, MA  
2005 Ultrasonography for Nephrologists Course, Emory  
University School of Medicine, Atlanta, GA  
2006 ASN Abstract Reviewer  
2006 AST Kidney Pancreas Committee

**AWARDS AND HONORS:**

1997 Member Alpha Omega Alpha Medical Honor Society  
2000 Internal Medicine Resident of the Year, Creighton  
University  
2003 - 2005 Recipient National Institutes of Health Loan Repayment  
Program for Academic Medicine  
2003 Recipient Buchanan Fund for Clinical Research  
2003, 2006, 2008 Recipient Renal Fellows' Teaching Award  
2005 - 2007 Recipient National Institutes of Health Loan Repayment  
Program for Academic Medicine

**EDITORIAL REVIEWS:**

2002 - present Ad hoc Reviewer, American Journal of Transplantation  
2005 - present Reviewer, Doody Publishing  
2005 - present Ad hoc Reviewer, American Journal of Kidney Disease

**MEMBERSHIPS IN PROFESSIONAL SOCIETIES:**

2003 - present American Society of Nephrology  
2003 - present American Society of Transplantation  
2004 - present Chair, Scientific Advisory Board National Kidney  
Foundation of Eastern Missouri and Metro East

## INVITED LECTURES TO PROFESSIONAL GROUPS:

June, 2004	Amgen Speaker Bureau, the Ritz, St. Louis, MO
November, 2004	Fujisawa Speaker Bureau, Argentina Steakhouse, Springfield, MO
March, 2005	Kidney Disease Management for the Primary Care Physician, Washington University, St. Louis, MO
March, 2005	Fujisawa Speaker Bureau, Missouri Baptist Hospital, St. Louis, MO
August, 2005	Astellas Speaker Bureau, Carbondale, IL
May, 2006	Transplant Evaluation, Management and Follow-up, ANNA Spring Seminar, DePaul Hospital, St. Louis, MO
August, 2006	NATCO, Chicago, IL
April, 2007	Nephrology Grand Rounds, University of Missouri, Columbia, MO
November, 2007	Medicine Grand Rounds, University of Illinois, Urbana- Champaign, IL
March, 2008	Update in Kidney Transplantation. National Kidney Foundation, Glen Echo, St. Louis, MO
April, 2008	Update in Kidney Transplantation. Quincy Medical Center, Quincy, IL

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2. **Koch MJ, Kwoh C:** Hyponatremia and Hypernatremia. In: The Washington Manual of Subspecialty Consult. Kwoh C, Buch E, Quartarolo J (eds), Lippincott Williams & Wilkins, Philadelphia, PA, Chapter 19, 103-108, 2004.
3. **Koch MJ:** Disorders of Water Balance: Hyponatremia and Hypernatremia. In: The Washington Manual of Nephrology Subspecialty Consult. Agha I, Bhattacharyya-Green G. (eds), Lippincott Williams & Wilkins, Philadelphia, PA, Chapter 21, 167-178, 2004.
4. **Koch MJ:** Disorders of Potassium Balance. In: The Washington Manual of Nephrology Subspecialty Consult. Agha I, Bhattacharyya-Green G. (eds), Lippincott Williams & Wilkins, Philadelphia, PA, Chapter 22, 179-191, 2004.
5. **Desai NM, Koch MJ:** Complications of Immunosuppression. In: Complications of Surgery. Mulholland MW, Doherty GM. (eds), Lippincott Williams & Wilkins, Philadelphia, PA, Chapter 20, 212-224, 2005.

6. **Koch MJ, Brennan DC:** Renal Disease and the Surgical Patient. In *Current Surgical Diagnosis & Treatment*, Twelfth Edition (a LANGE medical book). Way LW, Doherty GM (eds), McGraw Hill, New York, NY, Chapter 5, 45-50, 2006.
7. **Chawla N, Koch MJ:** Metabolic Acid-Base Disorders. In: *The Washington Manual of Critical Care*. Kollef MH, Bedient TJ, Isakow W, Witt CA. (eds), Lippincott Williams & Wilkins, Philadelphia, PA, Chapter 24, 179-189, 2007.
8. **Young D, Koch MJ:** Chronic Kidney Disease Management. In: *The Washington Manual of Outpatient Internal Medicine Therapeutics*, 2<sup>nd</sup> Edition. Brisco M, Lieu C, Mullur R (eds), Lippincott Williams & Wilkins, Philadelphia, PA, In Press, 2008.
9. **Siedlecki A, Koch MJ:** Disorders of Water Balance: Hyponatremia and Hypernatremia. In: *The Washington Manual of Nephrology Subspecialty Consult*. Windus D. (ed), Lippincott Williams & Wilkins, Philadelphia, PA, In Press, 2008.
10. **Koch MJ:** Disorders of Potassium Balance. In: *The Washington Manual of Nephrology Subspecialty Consult*. Windus D. (ed), Lippincott Williams & Wilkins, Philadelphia, PA, In Press, 2008.
11. **Siedlecki A, Koch MJ:** Care of the Renal Transplant Patient. In: *The Washington Manual of Nephrology Subspecialty Consult*. Windus D. (ed), Lippincott Williams & Wilkins, Philadelphia, PA, In Press, 2008.

## JOURNALS

### Original Reports

1. **Lund RJ, Koch MJ, Oldemeyer JB, Mears AJ, Dunlay RW:** Extrapulmonary tuberculosis in patients with end stage renal disease-two case reports and a brief review. *Int Urol Nephrol* 32(2):181-183, 2000.
2. **Oldemeyer JB, Lund RJ, Koch MJ, Mears AJ, Dunlay RW:** Rhabdomyolysis and acute renal failure after changing statin-fibrate combinations. *Cardiology* 94(2):127-128, 2000.
3. **Koch MJ, Lund RJ, Oldemeyer JB, Mears AJ, Dunlay RW:** Refeeding hypophosphatemia in a chronically hyperphosphatemic hemodialysis patient. *Nephron* 86(4):552, 2000.

4. **Koch MJ**, Coyne DC, Hoppe-Bauer J, Vesely TM: Bacterial colonization of chronic hemodialysis catheters: Evaluation of endoluminal brushing and heparin aspirate. *J Vasc Access* 3(1):154-158, 2002.
5. **Hardinger KL**, Park JM, Schnitzler MA, **Koch MJ**, Miller B, Brennan DC: Pharmacokinetics of tacrolimus in kidney transplant recipients: Twice daily versus once daily dosing. *Am J Transplantation* 4:621-625, 2004.
6. **Hardinger KL**, Schnitzler MA, Miller B, Lowell JA, Shenoy S, **Koch MJ**, Enkvetchakul D, Ceriotti C, Brennan DC: Five-year follow up of Thymoglobulin versus Atgam induction in adult renal transplantation. *Transplantation* 78(1):136-141, 2004.
7. **Brennan DC**, Shannon MB, **Koch MJ**, Polonsky KS, Desai N, Shapiro J: Portal vein thrombosis complication islet transplantation in a recipient with the factor V Leiden mutation. *Transplantation* 78(1): 172-3, 2004.
8. **Hardinger KL**, Schnitzler MA, **Koch MJ**, Enkvetchakul D, Desai N, Jendrisak M, Lowell JA, Miller B, Shenoy S, Brennan DC: Cyclosporine minimization and cost reduction in renal transplant recipients receiving a C2 monitored, cyclosporine based quadruple immunosuppressive regimen. *Transplantation* 78(8): 1198-1203, 2004.
9. **Brown AJ**, **Koch MJ**, Coyne DW: Oral feeding acutely down-regulates serum PTH in hemodialysis patients. *Nephron Clin Pract* 103(3): c106-c113, 2006.
10. **Hardinger KL**, Schnitzler MA, **Koch MJ**, Labile E, Stirnemann P, Miller B, Enkvetchakul D, Brennan DC: Thymoglobulin induction is safe and effective in live-donor renal transplantation: A single center experience. *Transplantation* 81(9): 1285-1289, 2006.
11. **Bohl, DL**, **Koch MJ**, Brennan DC: Viral infections in renal transplantation: A clue to excessive immunosuppression. *J Bras Nefrol* 29(3): 185-190, 2007.

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12. **Koch MJ**, Brennan DC: IgA nephropathy: Recurrence after transplantation. In: *UpToDate*, Rose, BD (Ed), *UpToDate*, Waltham, MA, Renal Transplantation Section, through current.
13. **Koch MJ**, Brennan DC: Leflunomide: Is there a place for its use in transplantation? *Current Opinion in Organ Transplantation* 8:317-322, 2003.
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16. **Koch MJ, Brennan DC:** HLA and ABO sensitization and desensitization in renal transplantation. In: UpToDate, Rose, BD (Ed), UpToDate, Waltham, MA, Renal Transplant Section, through current.
17. **Koch MJ, Brennan DC:** Acute renal allograft rejection: Treatment. In: UpToDate, Rose, BD (Ed), UpToDate, Waltham, MA, Renal Transplant Section, through current
18. **Vella JP, Koch MJ, Brennan DC:** Acute renal allograft rejection: Diagnosis. In: UpToDate, Rose, BD (Ed), UpToDate, Waltham, MA, Renal Transplant Section, through current.
19. **Koch MJ:** Polyclonal antibodies and muromonab-CD3 in solid organ transplantation. *European Journal of Hospital Pharmacy* 10(5): 17-18, 2004.
20. **Koch MJ:** Use of induction agents in renal transplantation. *Hospital Pharmacy of Europe* 18: 59-60, 2005.
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22. **Koch MJ, Brennan DC:** Membranoproliferative glomerulonephritis: Recurrence after transplantation. In: UpToDate, Rose, BD (Ed), UpToDate, Waltham, MA, Renal Transplant Section, through current.
23. **Koch MJ, Brennan DC:** Differential diagnosis of renal allograft dysfunction: In: UpToDate, Rose, BD (Ed), UpToDate, Waltham, MA, Renal Transplant Section, through current.
24. **Koch MJ:** Considerations in retransplantation of the failed renal allograft recipient. *Adv Chronic Kidney Dis* 13(1): 18-28, 2006.
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#### **RESEARCH STUDIES:**

1. Folic acid for vascular outcome reduction in transplantation (FAVORIT) study. Principal Investigator for Washington University Medical Center / Barnes-Jewish Hospital site in a multi-center NIH study. 3/02 – present
2. Randomized, open-label, comparative evaluation of conversion from calcineurin inhibitors to sirolimus versus the continued use of calcineurin inhibitors in renal allograft recipients. Sub-Investigator for Washington University Medical Center / Barnes-Jewish Hospital site in a multi-center study. 2002 – 2004
3. Islet transplantation in type I diabetic patients using the Edmonton Protocol of steroid free immunosuppression. Protocol NIS01. DAIT/NIAID/NIH. Clinical study at Washington University Center with (PI's) Kenneth Polonsky, M.D., and Daniel C. Brennan, M.D. 2001 – 2012
4. MyTime Study - A three-month, open-label, two cohort study to investigate the safety and tolerability of Myfortic® in combination with Neoral® or Tacrolimus in renal transplant recipients with GI intolerance. Principal investigator for Washington University Medical Center / Barnes-Jewish Hospital site in a multi-center study. 2004-2005
5. Single Dose Thymoglobulin for Induction in Adult Renal Allograft Recipients. Principal investigator for Washington University Medical Center / Barnes-Jewish Hospital in this single center, investigator initiated, Genzyme sponsored study. 2005-2006
6. Renal Transplantation with Immune Monitoring. Principal Investigator for Washington University Medical Center / Barnes-Jewish Hospital in this single center, investigator initiated study. 2006-2008

7. Belatacept evaluation of nephroprotection and efficacy as first-line immunosuppression trial. Sub-investigator, Bristol-Myers Squibb, 2006-present
8. Belatacept evaluation of nephroprotection and efficacy as first-line immunosuppression trial – extended criteria donors. Sub-investigator, Bristol-Myers Squibb, 2006-present

**Criterion 1110.1430 (e)(5) Medical Staff**

I am the Regional Vice President at Fresenius Medical Care who will oversee the proposed Fresenius Medical Care Belleville ESRD facility and in accordance with 77 ll. Admin Code 1110.1430, I certify the following:

Fresenius Medical Care Belleville will be an "open" unit with regards to medical staff Any Board Licensed nephrologist may apply for privileges at the Belleville facility, just as they currently are able to at all Fresenius Medical Care facilities.

Patrice Komoroski  
Signature

Patrice Komoroski  
Printed Name

Regional Vice President  
Title

Subscribed and sworn to before me  
this 30<sup>th</sup> day of September 2015

Angella Stupperich  
Signature of Notary

Seal



Criterion 1110.1430 (f) – Support Services

I am the Regional Vice at Fresenius Medical Care who will oversee the proposed Fresenius Medical Care Belleville ESRD facility. In accordance with 77 II. Admin Code 1110.1430, I certify to the following:

- Fresenius Medical Care utilizes a patient data tracking system in all of its facilities.
- These support services will be available at Fresenius Medical Care Belleville during all six shifts:
  - Nutritional Counseling
  - Psychiatric/Social Services
  - Home/self training
  - Clinical Laboratory Services – provided by Spectra Laboratories
- The following services will be provided via referral to Memorial Hospital, Belleville:
  - Blood Bank Services
  - Rehabilitation Services
  - Psychiatric Services

Patrice Komoroski  
Signature

Patrice Komoroski/Regional Vice President  
Name/Title

Subscribed and sworn to before me  
this 30th day of September, 2015

Angela Stupperich  
Signature of Notary

Seal



**Criterion 1110.1430 (g) – Minimum Number of Stations**

Fresenius Medical Care Belleville will be located in the St. Louis, Mo. – Illinois Metropolitan Statistical Area. A minimum of 8 dialysis stations is required to establish an in-center hemodialysis center in an MSA. Fresenius Medical Care Belleville will have 12 dialysis stations and thereby meets this requirement.

## Patient Transfer Agreement

This AGREEMENT made as of this 12th day of November, 2015 ("Effective Date"), between Memorial Protestant Medical Center, Inc. d/b/a Memorial Hospital (hereinafter referred to as "Hospital") and Fresenius Medical Care of Illinois, LLC d/b/a Fresenius Medical Care Belleville (hereinafter referred to as "Company").

WHEREAS, Company desires to assure the availability of the Hospital's facilities for its patients who are in need of inpatient treatment at a hospital, in compliance with 42 C.F.R. 405.2160, and the Hospital is equipped and qualified to provide hospital care on an inpatient basis for such patients; and

WHEREAS, the Hospital desires to assure the availability of hemodialysis treatment for its patients who are in need of outpatient treatment, and Company is experienced and qualified to administer dialysis treatments and clinically manage patients with chronic renal failure on an outpatient basis;

1. The hospital agrees to make the facilities and personnel of its routine emergency service available for the treatment of acute life-threatening emergencies, which may occur to any of Company's patients. If, in the opinion of a member of Company's medical staff, any patient requires emergency hospitalization, the hospital agrees that it will provide emergency services to the patient via the Emergency Department. If the patient requires inpatient admission the hospital will acquire a bed for such a patient (or in the event a bed is not available at the Hospital, to arrange for the transfer of the patient to an affiliated hospital) and furnish all necessary medical services at its facility for such patient at the patient's expense. In the event of an emergency at Company, the responsible physician shall notify the patient's physician of record, as indicated in Company's files, and shall promptly notify the Emergency Room physician of the particular emergency. Company shall be responsible for arranging to have the patient transported to the Hospital and shall send appropriate interim medical records. There will be an interchange, within one working day, of the patient LongTerm Program and Patient Care Plan, and of medical and other information necessary or useful in the care and treatment of patients referred to the Hospital from Company, or in determining whether such patients can be adequately cared for otherwise than in either of the facilities. Admission to Hospital, and the continued treatment by Hospital, shall be provided regardless of the patient's race, color, creed, sex, age, disability, or national origin.
2. The Company shall utilize the most appropriate means of transport available to timely and safely transfer the patient to the hospital.
2. In the event the patient must be transferred directly from Company to the Hospital, Company shall provide for the security of, and be accountable for, the patient's personal effects during the transfer.
3. Company shall keep medical records of all treatments rendered to patients by Company. These medical records shall conform to applicable standards of professional practice. If

requested by the Hospital, Company shall provide complete copies of all medical records of a patient treated by Company who is, at the time of the request, an inpatient at the Hospital.

4. The Hospital shall accept any patient of Company referred to the Hospital for elective reasons, subject to the availability of appropriate facilities, after the Company attending physician has arranged inpatient physician acceptance.
5. In addition to the services described above, the Hospital shall make the following services available to patients referred by Company either at the Hospital or at an affiliated hospital:
  - a. Availability of a surgeon capable of vascular access insertion and long-term maintenance;
  - b. Inpatient care for any patient who develops complications or renal disease-related conditions that require hospital admission;
  - c.
  - d. Blood Bank services to be performed by the Hospital.
6. Company shall have no responsibility for any inpatient care rendered by the hospital. Once a patient has been referred by Company to the Hospital, Hospital agrees to indemnify Company against, and hold it harmless from any claims, expenses, or liability based upon or arising from anything done or omitted, or allegedly done or omitted, by the Hospital, its agents, or employees, in relation to the treatment or medical care rendered at the Hospital.
7. Company agrees to develop, maintain and operate, in all aspects, an outpatient hemodialysis facility, providing all physical facilities, equipment and personnel necessary to treat patients suffering from chronic renal diseases. Company shall conform to standards not less than those required by the applicable laws and regulations of any local, state or federal regulatory body, as the same may be amended from time to time. In the absence of applicable laws and regulations, Company shall conform to applicable standards of professional practice. Company shall treat such commitment as its primary responsibility and shall devote such time and effort as may be necessary to attain these objectives. Admission to Company, and the continued treatment by Company, shall be provided regardless of the patient's race, color, creed, sex, age, disability, or national origin. The cost of such facilities, equipment and personnel shall be borne by Company.
8. The cost of such facilities, equipment and personnel shall be borne by Company. The location of such facilities shall be selected by Company, but shall be sufficiently close to the proximity to the Hospital to facilitate the transfer of patients, and communication between the facilities.

9. Company shall engage a medical director of Company's outpatient hemodialysis facility who shall have the qualifications specified in 42 C.F.R. 405.2102. This individual must be a physician properly licensed in the profession by the state in which such facility is located.

In accordance with 42 C.F. R. 405.2162, Company shall employ such duly qualified and licensed nurses, technicians, and other personnel as shall be necessary to administer treatment at its facility, in accordance with applicable local, state, and federal laws and regulations.

10. The Hospital, acting through its appropriate medical staff members, shall, from time to time, evaluate its patients with chronic renal failure in accordance with its standard operating procedures. With the approval of the patient, the patient's physician shall consult with the Company Medical Director. If outpatient treatment is considered appropriate by the patient's physician and the Company Medical Director, said patient may be referred to Company for outpatient treatment at a facility operated by Company which is most convenient for the patient (or, in the event space is not available, to an affiliated unit). There will be an interchange, within one working day, of the Patient Long-Term Program and Patient Care Plan, and of medical and other information necessary or useful in the care and treatment of patients referred to Company from the Hospital, or in determining whether such patients can be adequately cared for otherwise than in either of the facilities.

11. With respect to all work, duties, and obligations hereunder, it is mutually understood and agreed that the parties shall own and operate their individual facilities wholly independent of each other. All patients treated at the facilities of Hospital or Company shall be patients of that facility. Each party shall have the sole responsibility for the treatment and medical care administered to patients in their respective facilities.

12. Company and Hospital shall each maintain in full force and effect throughout the term of this Agreement, at its own expense, a policy of comprehensive general liability insurance and professional liability insurance covering it and Company's Staff and Hospital staff and physicians, respectively, each having a combined single limit of not less than \$1,000,000 per occurrence, \$3,000,000 annual aggregate for bodily injury and property damage to insure against any loss, damage or claim arising out of the performance of each party's respective obligations under this Agreement. Each will provide the other with certificates evidencing said insurance, if and as requested. Company and Hospital further agree to maintain, for a period of not less than three (3) years following the termination of this Agreement, any insurance required hereunder if underwritten on a claims-made basis. Either party may provide for the insurance coverage set forth in this Section through self-insurance.

13. Each party agrees to indemnify and hold harmless the other, their officers, directors, shareholders, agents and employees against all liability, claims, damages, suits, demands, expenses and costs (including but not limited to, court costs and reasonable attorneys'

fees) of every kind arising out of or in consequence of the party's breach of this Agreement, and of the negligent errors and omissions or willful misconduct of the indemnifying party, its agents, servants, employees and independent contractors (excluding the other party) in the performance of or conduct related to this Agreement.

14. The Parties expressly agree to comply with all applicable patient information privacy and security regulations set for in the Health Insurance Portability and Accountability Act ("HIPAA") final regulations for Privacy of Individually Identifiable Health Information by the federal due date for compliance, as amended from time to time.
15. Whenever under the terms of this Agreement, written notice is required or permitted to be given by one party to the other, such notice shall be deemed to have been sufficiently given if delivered in hand or by registered or certified mail, return receipt requested, postage prepaid, to such party at the following address:

To the Hospital:

Memorial Protestant Medical Center  
4500 Memorial Drive  
Belleville Il. 62226  
Attn: Nancy Weston CNO

To Company:

Fresenius Medical Care  
3500 Lacey Road  
Suite 900  
Downers Grove, IL 60515  
Attn: Lori Wright

With a copy to:

Fresenius Medical Care North America  
920 Winter Street  
Waltham, MA 02451-1457  
Attn: Corporate Legal Department

16. If any provisions of this agreement shall, at any time, conflict with any applicable state or federal law, or shall conflict with any regulation or regulatory agency having jurisdiction with respect thereto, this Agreement shall be modified in writing by the parties hereto to conform to such regulation, law, guideline, or standard established by such regulatory agency.
17. This Agreement contains the entire understanding of the parties with respect to the subject matter hereof and supersedes all negotiations, prior discussions, agreements or understandings, whether written or oral, with respect to the subject matter hereof, as of the Effective Date. This Agreement shall bind and benefit the parties, their respective successors and assigns.
18. This Agreement shall be governed by and construed and enforced in accordance with the laws of the State where Company is located, without respect to its conflicts of law rules.

19. The term of this Agreement is for one (1) year, beginning on the Effective Date, and will automatically renew for successive one year periods unless either party gives the other notice prior to an expiration date. Either party may terminate this Agreement, at any time, with or without cause, upon thirty (30) days written notice to the non-terminating party.
20. The parties agree to cooperate with each other in the fulfillment of their respective obligations under the terms of this Agreement and to comply with the requirements of the law and with all applicable ordinances, statutes, regulations, directives, orders, or other lawful enactments or pronouncements of any federal, state, municipal, local or other lawful authority.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed and delivered by their respective officers thereunto duly authorized as of the date above written.

**Hospital:**

**Company:**

By: Nancy Weston

By: Patrice Komoroski

Name: Nancy Weston

Name: Patrice L. Komoroski

Title: CNO

Title: Regional Vice President

Criterion 1110.1430 (j) – Assurances

I am the Regional Vice President at Fresenius Medical Care who will oversee the proposed Belleville ESRD facility. In accordance with 77 II. Admin Code 1110.1430, and with regards to Fresenius Medical Care Belleville, I certify the following:

1. As supported in this application through expected referrals to Fresenius Medical Care Belleville in the first two years of operation, the facility is expected to achieve and maintain the utilization standard, specified in 77 III. Adm. Code 1100, of 80% and;
2. Fresenius Medical Care Illinois hemodialysis patients have achieved adequacy outcomes of:
  - o 94% of patients had a URR  $\geq$  65%
  - o 96% of patients had a Kt/V  $\geq$  1.2

and same is expected for Fresenius Medical Care Belleville.

Patrice Komoroski

Signature

Patrice Komoroski/Regional Vice President  
Name/Title

Subscribed and sworn to before me  
this 30<sup>th</sup> day of September, 2015

Angella Stupperich  
Signature of Notary

Seal





December 4, 2015

Mr. Russ Bartlett  
Fresenius Medical Care  
9442 Capital of Texas Highway N.  
Arboretum Plaza I, Suite 775  
Austin, TX 78759

RE: **Fresenius Medical Care of Illinois, LLC**  
**Proposal**

Dear Mr. Bartlett:

At this time, we wish to fulfill the request of Fresenius Medical Care of Illinois LLC, a wholly owned subsidiary of Fresenius Medical Care North America ("FMCNA"), and provide a proposal to secure a leased space in the Belleville, IL area. Please review this letter and accept it as our proposal and intent to move forward with a lease.

**LANDLORD:** Belleville Renal Construction, LLC

**TENANT:** Fresenius Medical Care of Illinois, LLC

**LOCATION:** 6525 W. Main Street  
Belleville, IL 62223

**INITIAL SPACE REQUIREMENTS:** Approximately 6,877 rentable contiguous square feet (6,252 usable contiguous square feet)

**PRIMARY TERM:** Initial lease term of ten (15) years. The lease and rent would commence on the date of the certificate of occupancy. For purposes of establishing an actual occupancy date, both parties will execute an amendment after occupancy has occurred, setting forth dates for purposes of calculations, notices, or other events in the lease that may be tied to a commencement date.

**OPTIONS TO RENEW:** Three (3) five (5) year options to renew the lease. Options shall be based upon pre-established rates. Please identify the terms of any option to renew.



**RENTAL RATE:**

Please see the Preliminary Lease Rate Analysis (attached).

**COMMON AREA EXPENSES  
AND REAL ESTATE TAXES:**

All common area operating expense components including real estate taxes and special assessments, insurance, landscape maintenance, exterior lighting, property management, maintenance, utilities, janitorial, security, etc., for which tenant will be responsible to pay will be determined and agreed upon prior to lease execution.

**PREMISES:**

In addition to providing the building shell, landlord will provide tenant improvements in accordance with Tenant's architectural and mechanical drawings.

**HVAC:**

Landlord will provide HVAC in line with tenant's specifications.

**LOADING:**

Tenant's required double man access door will be provided and accessible 24 hours per day, 7 days per week.

**SPACE PLANNING/  
ARCHITECTURAL AND  
MECHANICAL DRAWINGS:**

Tenant will provide all space planning and architectural and mechanical drawings required to build out the tenant improvements, including construction drawings stamped by a licensed architect and submitted for approvals and permits. All building permits shall be the landlord's responsibility.

**PRELIMINARY  
IMPROVEMENT PLAN:**

Please see the Preliminary Site Plan (attached).

**PARKING:**

Tenant's required parking ratio of 4 spaces per 1,000 RSF will be met. This requirement has been met on all preliminary site planning. Please see the Preliminary Site Plan (attached).

**BUILDING CODES:**

Shell and all interior structures will meet local building code requirements.

**CORPORATE  
IDENTIFICATION:**

All signage rights will be subject to local building code.

**ASSIGNMENT/  
SUBLETTING:**

Assignment or subletting will be subject to landlord's prior consent, which shall not be unreasonably withheld or delayed.



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Medical Real Estate Solutions

**ZONING AND  
RESTRICTIVE COVENANTS:**

Current property zoning is acceptable for use as an outpatient kidney dialysis clinic. Please see the Zoning Report (attached).

**FINANCING:**

TBD

**ENVIRONMENTAL:**

There is no asbestos present in the existing building to be demolished and there are no contaminants or environmental hazards in or on the property. Furthermore, no asbestos, contaminants, or environmentally hazardous materials will be used in the new construction process. Please see Phase I Environmental Site Assessment (attached).

**DRAFT LEASE:**

A standard form lease will be used, which shall be provided by tenant.

Please contact me with any questions, comments, or concerns in regards to this proposal.

Thank you for your time.

Sincerely,

Adrian R. Rodriguez  
PCI|HealthDev

## **Criterion 1120.310 Financial Viability**

### Financial Viability Waiver

This project is being funded entirely through cash and securities thereby meeting the criteria for the financial waiver.

2014 Financial Statements for Fresenius Medical Care Holdings, Inc. were submitted previously to the Board with #15-022, Fresenius Medical Care Blue Island and are the same financials that pertain to this application. In order to reduce bulk these financials can be referred to if necessary.

Likewise, 2013 Financial Statements were submitted with #14-029 and 2013 Financial Statements were submitted with #13-040.

**Criterion 1120.310 (c) Reasonableness of Project and Related Costs**

Read the criterion and provide the following:

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

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod. Circ.*		Const. \$ (A x C)	Mod. \$ (B x E)	
ESRD		NOT APPLICABLE – Buildout of the leased space is included in the rent as leasehold improvement and will be paid back to the landlord over the term of the lease.							
Contingency									
TOTALS									
* Include the percentage (%) of space for circulation									

**Criterion 1120.310 (d) – Projected Operating Costs**

**Year 2018**

Estimated Personnel Expense:	\$442,320
Estimated Medical Supplies:	\$89,907
Estimated Other Supplies (Exc. Dep/Amort):	\$675,120
	<u>\$1,207,347</u>
Estimated Annual Treatments:	8,986
Cost Per Treatment:	\$134.36

**Criterion 1120.310 (e) – Total Effect of the Project on Capital Costs**

**Year 2018**

Depreciation/Amortization:	\$128,000
Interest	<u>\$0</u>
Capital Costs:	\$128,000
Treatments:	8,986
Capital Cost per Treatment	\$14.24

**Criterion 1120.310(a) Reasonableness of Financing Arrangements**

Fresenius Medical Care of Illinois, LLC

The applicant is paying for the project with cash on hand, and not borrowing any funds for the project. However, per the Board's rules the entering of a lease is treated as borrowing. As such, we are attesting that the entering into of a lease (borrowing) is less costly than the liquidation of existing investments which would be required for the applicant to buy the property and build a structure itself to house a dialysis clinic. Further, should the applicant be required to pay off the lease in full, its existing investments and capital retained could be converted to cash or used to retire the outstanding lease obligations within a sixty (60) day period.

By: *B. Mello*  
Title: Bryan Mello  
Assistant Treasurer

By: *[Signature]*  
Title: Mark Fawcett  
Senior Vice President & Treasurer

Notarization:  
Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 2015

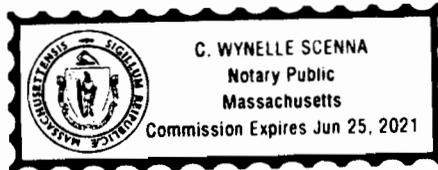
Notarization:  
Subscribed and sworn to before me  
this 5 day of Oct, 2015

*C. Wynelle Scenna*  
Signature of Notary

*C. Wynelle Scenna*  
Signature of Notary

Seal

Seal



**Criterion 1120.310(a) Reasonableness of Financing Arrangements**

Fresenius Medical Care Holdings, Inc.

The applicant is paying for the project with cash on hand, and not borrowing any funds for the project. However, per the Board's rules the entering of a lease is treated as borrowing. As such, we are attesting that the entering into of a lease (borrowing) is less costly than the liquidation of existing investments which would be required for the applicant to buy the property and build a structure itself to house a dialysis clinic. Further, should the applicant be required to pay off the lease in full, its existing investments and capital retained could be converted to cash or used to retire the outstanding lease obligations within a sixty (60) day period.

By: B. Mello  
Title: Bryan Mello  
Assistant Treasurer

By: [Signature]  
Title: Mark Fawcett  
Senior Vice President & Treasurer

Notarization:  
Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 2015

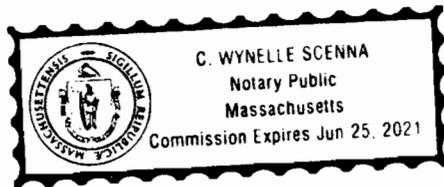
Notarization:  
Subscribed and sworn to before me  
this 5 day of Oct, 2015

C. Wynelle Scenna  
Signature of Notary

[Signature]  
Signature of Notary

Seal

Seal



**Criterion 1120.310(b) Conditions of Debt Financing**

Fresenius Medical Care of Illinois, LLC

In accordance with 77 ILL. ADM Code 1120, Subpart D, Section 1120.310, of the Illinois Health Facilities & Services Review Board Application for Certificate of Need; I do hereby attest to the fact that:

There is no debt financing. The project will be funded with cash and leasing arrangements; and

The expenses incurred with leasing the proposed facility and cost of leasing the equipment is less costly than constructing a new facility or purchasing new equipment.

By: Bryan Mello  
ITS: Assistant Treasurer

By: Mark Fawcett  
ITS: Senior Vice President & Treasurer

Notarization:  
Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 2015

Notarization:  
Subscribed and sworn to before me  
this 5 day of Oct, 2015

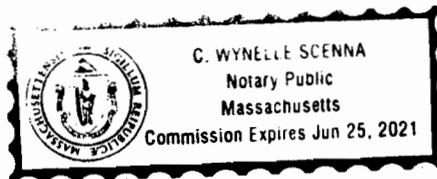
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Signature of Notary

C Wynelle Scenna

\_\_\_\_\_  
Signature of Notary

Seal

Seal



**Criterion 1120.310(b) Conditions of Debt Financing**

Fresenius Medical Care Holdings, Inc.

In accordance with 77 ILL. ADM Code 1120, Subpart D, Section 1120.310, of the Illinois Health Facilities & Services Review Board Application for Certificate of Need; I do hereby attest to the fact that:

There is no debt financing. The project will be funded with cash and leasing arrangements; and

The expenses incurred with leasing the proposed facility and cost of leasing the equipment is less costly than constructing a new facility or purchasing new equipment.

By: B. Mello  
ITS: Bryan Mello  
Assistant Treasurer

By: [Signature]  
ITS: Mark Fawcett  
Senior Vice President & Treasurer

Notarization:  
Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 2015

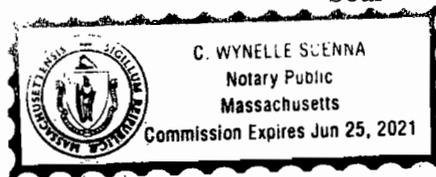
Notarization:  
Subscribed and sworn to before me  
this 5 day of Oct, 2015

C. Wynelle Scenna  
Signature of Notary

[Signature]  
Signature of Notary

Seal

Seal



## Safety Net Impact Statement

The establishment of Fresenius Medical Care Belleville dialysis facility will not have any impact on safety net services in St. Clair County. Outpatient dialysis services are not typically considered "safety net" services, to the best of our knowledge. However, we do provide care for patients in the community who are economically challenged and/or who are undocumented aliens, who do not qualify for Medicare/Medicaid pursuant to an Indigent Waiver policy. We assist patients who do not have insurance in enrolling when possible in Medicaid and/or Medicaid as applicable, and also our social services department assists patients who have issues regarding transportation and/or who are wheel chair bound or have other disabilities which require assistance with respect to dialysis services and transport to and from the unit.

This particular application will not have an impact on any other safety net provider in the area, as no hospital within the area provides dialysis services on an outpatient basis.

Fresenius Medical Care is a for-profit publicly traded company and is not required to provide charity care, nor does it do so according to the Board's definition. However, Fresenius Medical Care provides care to patients who do not qualify for any type of coverage for dialysis services. These patients are considered "self-pay" patients. They are billed for services rendered, and after three statement reminders the charges are written off as bad debt. Collection actions are not initiated unless the applicants are aware that the patient has substantial financial resources available and/or the patient has received reimbursement from an insurer for services we have rendered, and has not submitted the payment for same to the applicants. Fresenius notes that as a for profit entity, it does pay sales, real estate and income taxes. It also does provide community benefit by supporting various medical education activities and associations, such as the Renal Network and National Kidney Foundation.

The table on the following page shows the amount of "self-pay" care and Medicaid services provided for the 3 fiscal years prior to submission of the application for all Fresenius Medical Care facilities in Illinois.

<b>CHARITY CARE</b>			
Net Revenue	\$387,393,758	\$398,570,288	\$411,981,839
	<b>2012</b>	<b>2013</b>	<b>2014</b>
Charity *			
(# of self-pay patients)	203	499 <sup>1</sup>	251 <sup>2</sup>
Charity (cost In dollars)	\$1,536,372	\$5,346,976	\$5,211,664
Ratio Charity Care Cost to Net Patient Revenue	0.40%	1.34%	1.27%
<b>MEDICAID</b>			
	<b>2012</b>	<b>2013</b>	<b>2014</b>
Medicaid (# of patients) <sup>3</sup>	1,705	1,660	750
Medicaid (revenue)	36,254,633	31,373,534	22,027,882
Ratio Medicaid to Net Patient Revenue	9.36%	7.87%	5.35%

Note:

- 1) A new billing procedure was put into place in late 2012 to reduce the amount of voids and rebilling. Previously patients with Medicaid pending were considered only under Medicaid and after the procedure change, Medicaid pending patients are considered under self-pay. This has resulted in the increase in "charity" (self-pay) patients and costs.
- 2) Charity (self-pay) patient numbers decreased however treatments were higher per patient resulting in similar costs as 2013.
- 3) Medicaid number of patients is decreasing due to an effort to assist patients in signing up for health insurance in the Healthcare Marketplace.

## Charity Care Information

The applicant(s) do not provide charity care at any of their facilities per the Board's definition of charity care because self-pay patients are billed and their accounts are written off as bad debt. Fresenius takes Medicaid patients without limitations or exception. The applicant(s) are for profit corporations and do not receive the benefits of not for profit entities, such as sales tax and/or real estate exemptions, or charitable donations. The applicants are not required, by any State or Federal law, including the Illinois Healthcare Facilities Planning Act, to provide charity care. The applicant(s) are prohibited by Federal law from advising patients that they will not be invoiced for care, as this type of representation could be an inducement for patients to seek care prior to qualifying for Medicaid, Medicare or other available benefits. Self-pay patients are invoiced and then the accounts written off as bad debt.

Uncompensated care occurs when a patient is not eligible for any type of insurance coverage (whether private or governmental) and receives treatment at our facilities. It is rare in Illinois for patients to have no coverage as patients who are not Medicare eligible are Medicaid eligible. This represents a small number of patients, as Medicare covers all dialysis services as long as an individual is entitled to receive Medicare benefits (i.e. has worked and paid into the social security system as a result) regardless of age. In addition, in Illinois Medicaid covers patients who are undocumented and/or who do not qualify for Medicare, and who otherwise qualify for public assistance. Also, the American Kidney Fund provides low cost insurance coverage for patients who meet the AKF's financial parameters and who suffer from end stage renal disease (see uncompensated care attachment). The applicants work with patients to procure coverage for them as possible whether it be Medicaid, Medicare and/or coverage through the AKF. The applicants donate to the AKF to support its initiatives.

If a patient has no available insurance coverage, they are billed for services rendered, and after three statement reminders the charges are written off as bad debt. Collection actions are not initiated unless the applicants are aware that the patient has substantial financial resources available and/or the patient has received reimbursement from an insurer for services we have rendered, and has not submitted the payment for same to the applicants

Nearly all dialysis patients in Illinois will qualify for some type of coverage and Fresenius works aggressively to obtain insurance coverage for each patient.

### Uncompensated Care For All Fresenius Facilities in Illinois

<b>CHARITY CARE</b>			
	<b>2012</b>	<b>2013</b>	<b>2014</b>
<b>Net Patient Revenue</b>	<b>\$387,393,758</b>	<b>\$398,570,288</b>	<b>\$411,981,839</b>
<b>Amount of Charity Care (charges)</b>	\$1,566,380	\$5,346,976	\$5,211,664
<b>Cost of Charity Care</b>	\$1,566,380	\$5,346,976	\$5,211,664
<b>Ratio Charity Care Cost to Net Patient Revenue</b>	.40%	1.34%	1.27%

## **Fresenius Medical Care North America - Community Care**

Fresenius Medical Care North America (FMCNA) assists all of our patients in securing and maintaining insurance coverage when possible.

### **American Kidney Fund**

FMCNA works with the American Kidney Fund (AKF) to help patients with insurance premiums at no cost to the patient.

Applicants must be dialyzed in the US or its territories and referred to AKF by a renal professional and/or nephrologist. The Health Insurance Premium Program is a “last resort” program. It is restricted to patients who have no means of paying health insurance premiums and who would forego coverage without the benefit of HIPP. Alternative programs that pay for primary or secondary health coverage, and for which the patient is eligible, such as Medicaid, state renal programs, etc. must be utilized. Applicants must demonstrate to the AKF that they cannot afford health coverage and related expenses (deductible etc.).

Our team of Financial Coordinators and Social Workers connect patients who cannot afford to pay their insurance premiums, with AKF, which provides financial assistance to the patients for this purpose. The benefit of working with the AKF is that the insurance coverage which AKF facilitates applies to all of the patient’s insurance needs, not just coverage for dialysis services.

### **Indigent Waiver Program**

FMCNA has established an indigent waiver program to assist patients who are unable to obtain insurance coverage or who lack the financial resources to pay for medical services. In order to qualify for an indigent waiver, a patient must satisfy eligibility criteria for both annual income and net worth.

**Annual Income:** A patient (including immediate family members who reside with, or are legally responsible for, the patient) may not have an annual income in excess of two (2) times the Federal Poverty Standard in effect at the time. Patients whose annual income is greater than two (2) times the Federal Poverty Standard may qualify for a partial indigent waiver based upon a sliding scale schedule approved by the Office of Business Practices and Corporate Compliance.

**Net Worth:** A patient (including immediate family members who reside with, or are legally responsible for, the patient) may not have a net worth in excess of \$75,000 (or such other amount as may be established by the Office of Business Practices and Corporate Compliance based on changes in the Consumer Price Index

The Company recognizes the financial burdens associated with ESRD and wishes to ensure that patients are not denied access to medically necessary care for financial reasons. At the same time, the Company also recognizes the limitations imposed by federal law on offering “free” or “discounted” medical items or services to Medicare and other government supported patients for the purpose of inducing such patients to receive ESRD-related items and services from FMCNA. An indigent waiver excuses a patient’s obligation to pay for items and services furnished by FMCNA. Patients may have dual coverage of AKF assistance and an Indigent Waiver if their financial status qualifies them for both programs.

### **IL Medicaid and Undocumented patients**

FMCNA has a bi-lingual Regional Insurance Coordinator who works directly with Illinois Medicaid to assist patients with Medicaid applications. An immigrant who is unable to produce proper documentation will not be eligible for Medicaid unless there is a medical emergency. ESRD is considered a medical

emergency.

The Regional Insurance Coordinator will petition Medicaid if patients are denied and assist undocumented patients through the application process to get them Illinois Medicaid coverage. This role is actively involved with the Medicaid offices and attends appeals to help patients secure and maintain their Medicaid coverage for all of their healthcare needs, including transportation to their appointments.

### **FMCNA Collection policy**

FMCNA's collection policy is designed to comply with federal law while not penalizing patients who are unable to pay for services.

FMCNA does not use a collection agency for patient collections unless the patient receives direct insurance payment and does not forward the payment to FMCNA.

### **Medicare and Medicaid Eligibility**

**Medicare:** Patients are eligible for Medicare when they meet the following criteria: age 65 or older, under age 65 with certain disabilities, and people of all ages with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).

There are three insurance programs offered by Medicare, Part A for hospital coverage, Part B for medical coverage and Part D for pharmacy coverage. Most people don't have to pay a monthly premium, for Part A. This is because they or a spouse paid Medicare taxes while working. If a beneficiary doesn't get premium-free Part A, they may be able to buy it if they (or their spouse) aren't entitled to Social Security, because they didn't work or didn't pay enough Medicare taxes while working, are age 65 or older, or are disabled but no longer get free Part A because they returned to work. Part B and Part D both have monthly premiums. Patients must have Part B coverage for dialysis services.

Medicare does allow members to enroll in Health Plans for supplemental coverage. Supplemental coverage (secondary) is any policy that pays balances after the primary pays reducing any out of pocket expenses incurred by the member.

Medicare will pay 80% of what is allowed by a set fee schedule. The patient would be responsible for the remaining 20% not paid by Medicare. The supplemental (secondary) policy covers the cost of co-pays, deductibles and the remaining 20% of charges.

**Medicaid:** Low-income Illinois residents who can't afford health insurance may be eligible for Medicaid. In addition to meeting federal guidelines, individuals must also meet the state criteria to qualify for Medicaid coverage in Illinois.

### **Self-Pay**

A self-pay patient would not have any type of insurance coverage (un-insured). They may be un-insured because they do not meet the eligibility requirements for Medicare or Medicaid and can not afford a commercial insurance policy.

In addition, a patient balance becomes self-pay after their primary insurance pays, but the patient does not have a supplemental insurance policy to cover the remaining balance. The AKF assistance referenced earlier may or may not be available to these patients, dependent on whether or not they meet AKF eligibility requirements.

# YOUR TRIP TO:

5101 W Main St, Belleville, IL 62226-4728



**1 MIN | 0.9 MI**

Trip time based on traffic conditions as of 10:14 AM on December 14, 2015. Current Traffic: Moderate

TO DAVITA METRO EAST

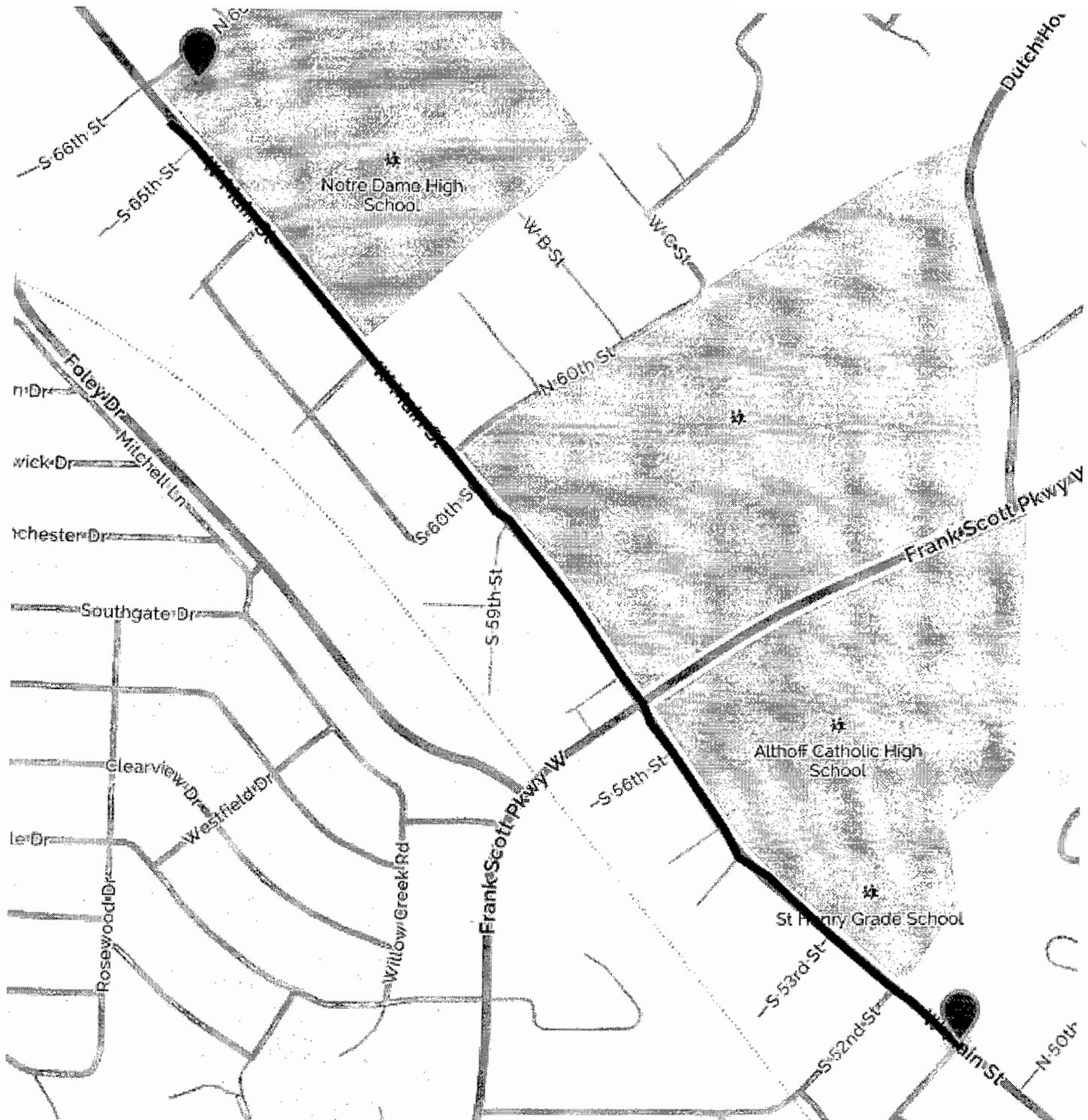
 Start out going **southeast** on **W Main St** toward **S 65th St**.

----- Then **0.88 miles** -----

 **5101 W MAIN ST** is on the **left**.  
*Your destination is just past S 52nd St.*

*If you reach S 51st St you've gone a little too far.*

-----  
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# YOUR TRIP TO:



2300 Goose Lake Rd, East Saint Louis, IL 62206

**11 MIN | 7.9 MI**

Trip time based on traffic conditions as of 10:16 AM on December 14, 2015. Current Traffic: Light

TO DAVITA SAUGET



Start out going **northwest** on **W Main St** toward **N 66th St**.

Then 0.24 miles



Take the 2nd **left** onto **Foley Dr**.

*Foley Dr is 0.2 miles past S 66th St.*

*Jefferson Restaurant is on the left.*

*If you reach N 71st St you've gone a little too far.*

Then 2.50 miles



Turn **left** onto **IL-157/N 88th St**.

*IL-157 is 0.1 miles past Signal Hill Ter.*

*If you reach N 82nd St you've gone a little too far.*

Then 1.07 miles



Merge onto **IL-15**.

*If you are on S 88th St and reach Chase Ln you've gone about 0.1 miles too far.*

Then 1.39 miles



Merge onto **I-255 S/US-50 W** toward **Memphis**.

Then 1.64 miles



Take the **Mousette Lane** exit, **EXIT 15**.

Then 0.32 miles



Keep **right** to take the ramp toward **St Louis Downtown Airport/Southwestern Illinois/Welcome Center**.

*If you reach I-255 S you've gone about 0.2 miles too far.*

Then 0.03 miles



Merge onto **Mousette Ln**.

Then 0.10 miles

106



# YOUR TRIP TO:

1095 N Green Mount Rd



**12 MIN | 7.2 MI**

Trip time based on traffic conditions as of 10:12 AM on December 14, 2015. Current Traffic: Moderate

TO DAVITA SHILOH

 Start out going **southeast** on **W Main St** toward **S 65th St**.

Then **0.54 miles**

 Take the 3rd **left** onto **Frank Scott Pkwy W**.  
*Frank Scott Pkwy W is 0.1 miles past S 59th St.*

*If you reach S 56th St you've gone a little too far.*

Then **4.38 miles**

 **Frank Scott Pkwy W** becomes **Thouvenot Ln**.

Then **1.38 miles**

 **Thouvenot Ln** becomes **Frank Scott Pkwy E**.

Then **0.62 miles**

 Turn **right** onto **N Green Mount Rd/County Hwy-R18**.  
*N Green Mount Rd is 0.3 miles past Fountain Lakes Dr.*

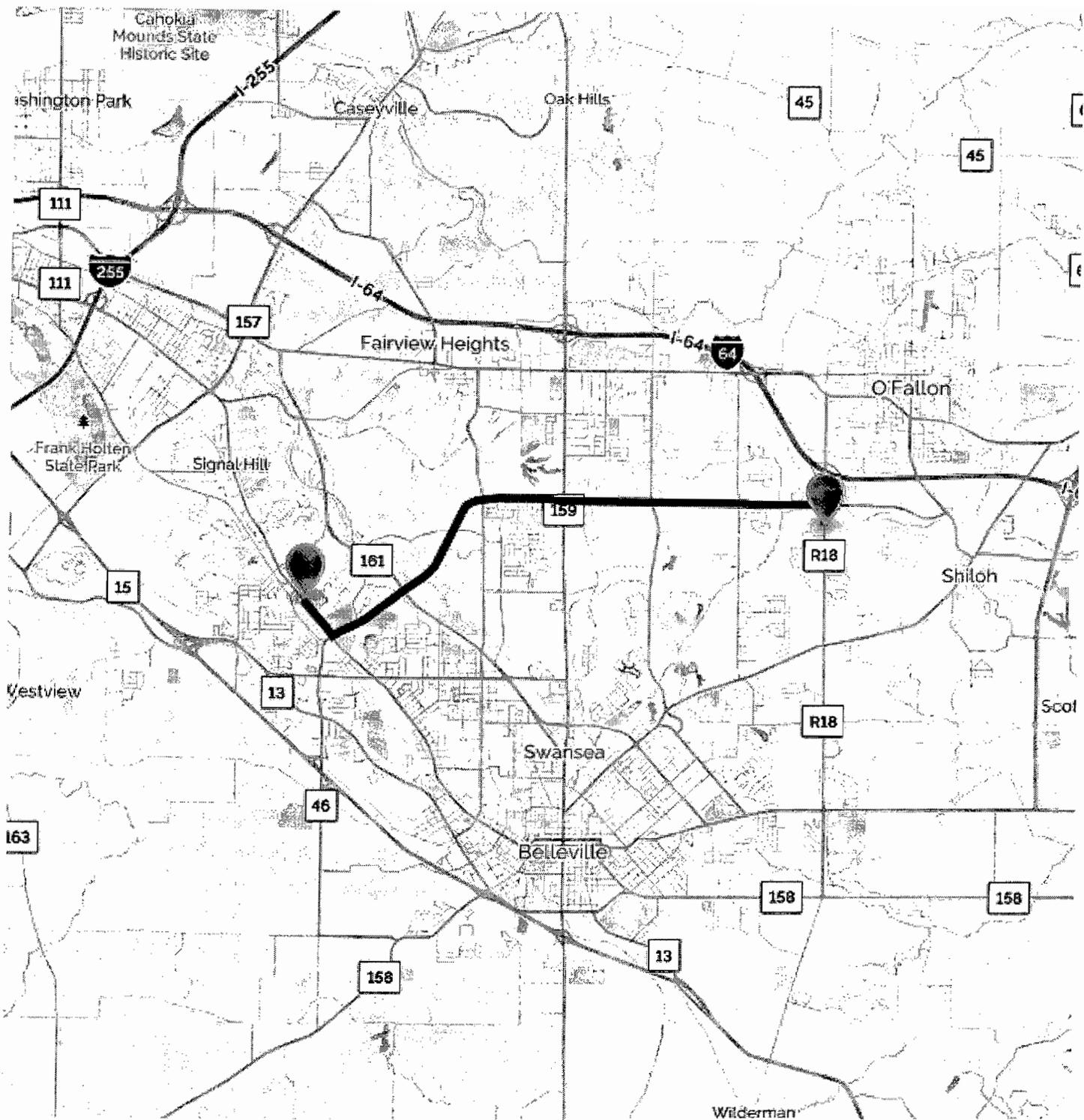
*If you reach Green Mount Crossing Dr you've gone a little too far.*

Then **0.24 miles**

 1095 N Green Mount Rd, Belleville, IL 62221-3303, **1095 N GREEN MOUNT RD** is on the **right**.

*If you reach Cascade Lake Dr you've gone about 0.1 miles too far.*

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# YOUR TRIP TO:



124 Regency Park, O Fallon, IL 62269

**18 MIN | 8.1 MI**

Trip time based on traffic conditions as of 10:09 AM on December 14, 2015. Current Traffic: Heavy

TO FRESENIUS REGENCY PARK



Start out going **southeast** on **W Main St** toward **S 65th St**.

Then **0.54 miles**



Take the 3rd **left** onto **Frank Scott Pkwy W**.

*Frank Scott Pkwy W is 0.1 miles past S 59th St.*

*If you reach S 56th St you've gone a little too far.*

Then **3.37 miles**



Turn **left** onto **N Illinois St/IL-159**.

*N Illinois St is 0.4 miles past Arbor Meadows Ct.*

*PNC Bank is on the left.*

*If you are on Frank Scott Pkwy E and reach Smelting Works Rd you've gone about 0.1 miles too far.*

Then **1.48 miles**



Turn **right** onto **Lincoln Hwy**.

*Lincoln Hwy is just past Malinda Dr.*

*BP Fairview Hts is on the corner.*

Then **1.02 miles**



Lincoln Hwy becomes **W US Highway 50**.

Then **1.50 miles**



Turn **right** onto **Regency Park**.

*Regency Park is just past Schantz Dr.*

*Subway is on the right.*

*If you reach Venita Dr you've gone a little too far.*

Then **0.24 miles**



# YOUR TRIP TO:

2102 Vadalabene Dr, Maryville, IL 62062-5632



**22 MIN | 17.1 MI**

Trip time based on traffic conditions as of 10:07 AM on December 14, 2015. Current Traffic: Light

TO DAVITA MARYVILLE



Start out going **northwest** on **W Main St** toward **N 66th St**.

----- Then **2.73 miles** -----



**W Main St** becomes **State St**.

----- Then **1.51 miles** -----



Merge onto **I-255 N**.

*If you reach N 62nd St you've gone about 0.3 miles too far.*

----- Then **5.77 miles** -----



Merge onto **I-55 N/I-70 E/US-40 E** via **EXIT 25A** toward **Chicago/Indianapolis**.

----- Then **4.99 miles** -----



Merge onto **IL-159 N** via **EXIT 15B** toward **Maryville**.

----- Then **1.88 miles** -----



Turn **right** onto **Vadalabene Dr**.

*Vadalabene Dr is just past Mueller Dr.*

*If you reach Bauer Ln you've gone a little too far.*

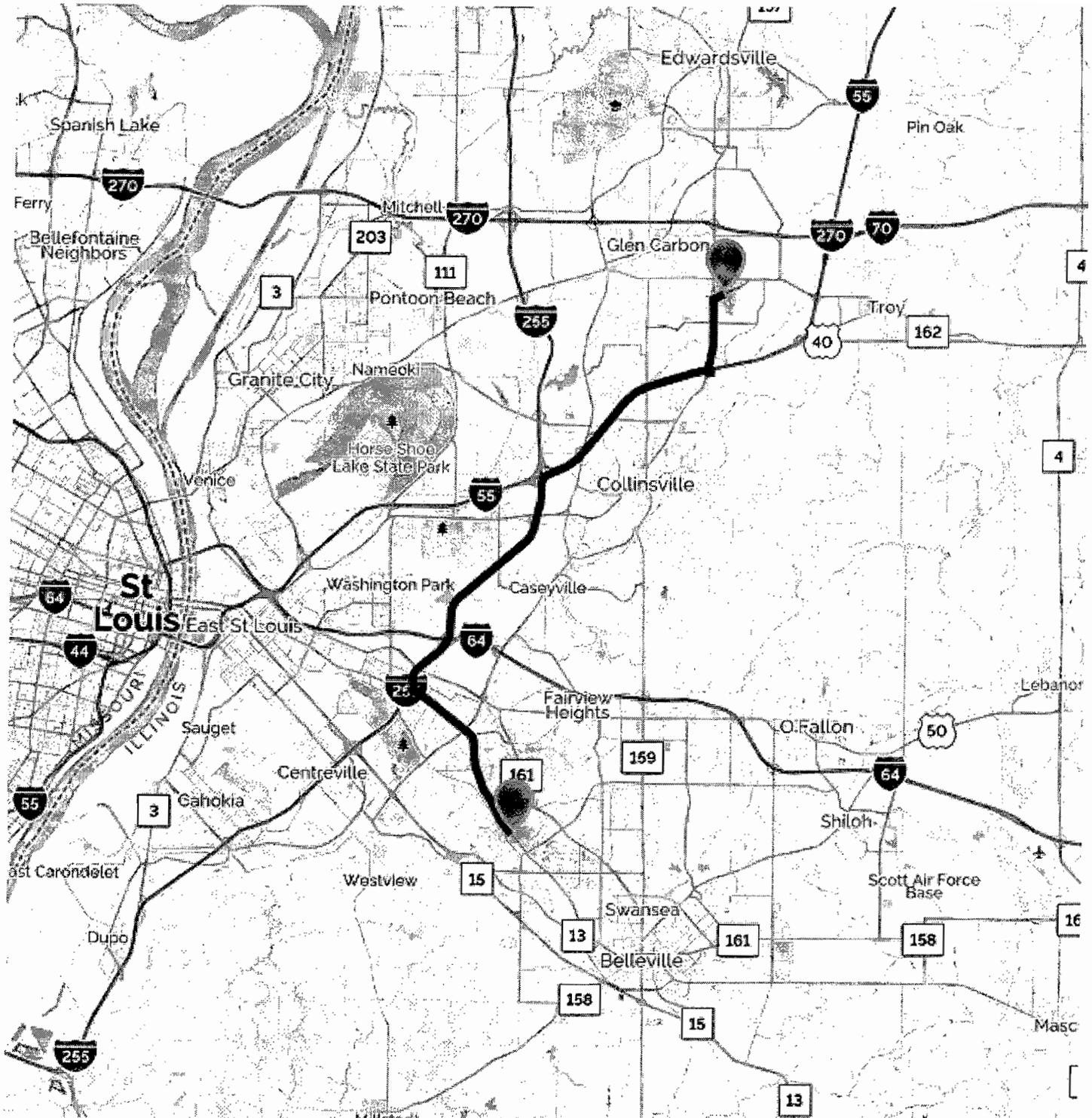
----- Then **0.26 miles** -----



**2102 VADALABENE DR** is on the **right**.

*If you reach Schiber Ct you've gone a little too far.*

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# YOUR TRIP TO:



9 American Vlg, Granite City, IL 62040-3706

**28 MIN | 16.8 MI**

Trip time based on traffic conditions as of 10:20 AM on December 14, 2015. Current Traffic: Light

TO DAVITA GRANITE CITY



Start out going **northwest** on **W Main St** toward **N 66th St**.

----- Then **0.24 miles** -----



Take the 2nd **left** onto **Foley Dr**.

*Foley Dr is 0.2 miles past S 66th St.*

*Jefferson Restaurant is on the left.*

*If you reach N 71st St you've gone a little too far.*

----- Then **2.50 miles** -----



**Foley Dr** becomes **Lake Dr/IL-111**.

----- Then **1.64 miles** -----



Turn **right** onto **Kings Hwy/IL-111**.

*Kings Hwy is just past N 62nd St.*

*If you reach N 58th St you've gone a little too far.*

----- Then **1.55 miles** -----



Merge onto **I-64 W** toward **St Louis**.

----- Then **3.10 miles** -----



Merge onto **I-55 N/US-40 E** toward **I-70 E/Chicago/Indianapolis**.

----- Then **0.93 miles** -----



Merge onto **IL-203 N** via **EXIT 4** toward **Granite City**.

----- Then **5.10 miles** -----



Turn **left** onto **Nameoki Rd/IL-203**.

*Nameoki Rd is 0.7 miles past E 21st St.*

*If you reach Alexander St you've gone a little too far.*

----- Then **1.74 miles** -----



Turn left onto **American Vlg.**

*American Vlg is just past Nameoki Vlg.*

*Geo's Restaurant is on the right.*

*If you reach Clark Ave you've gone a little too far.*

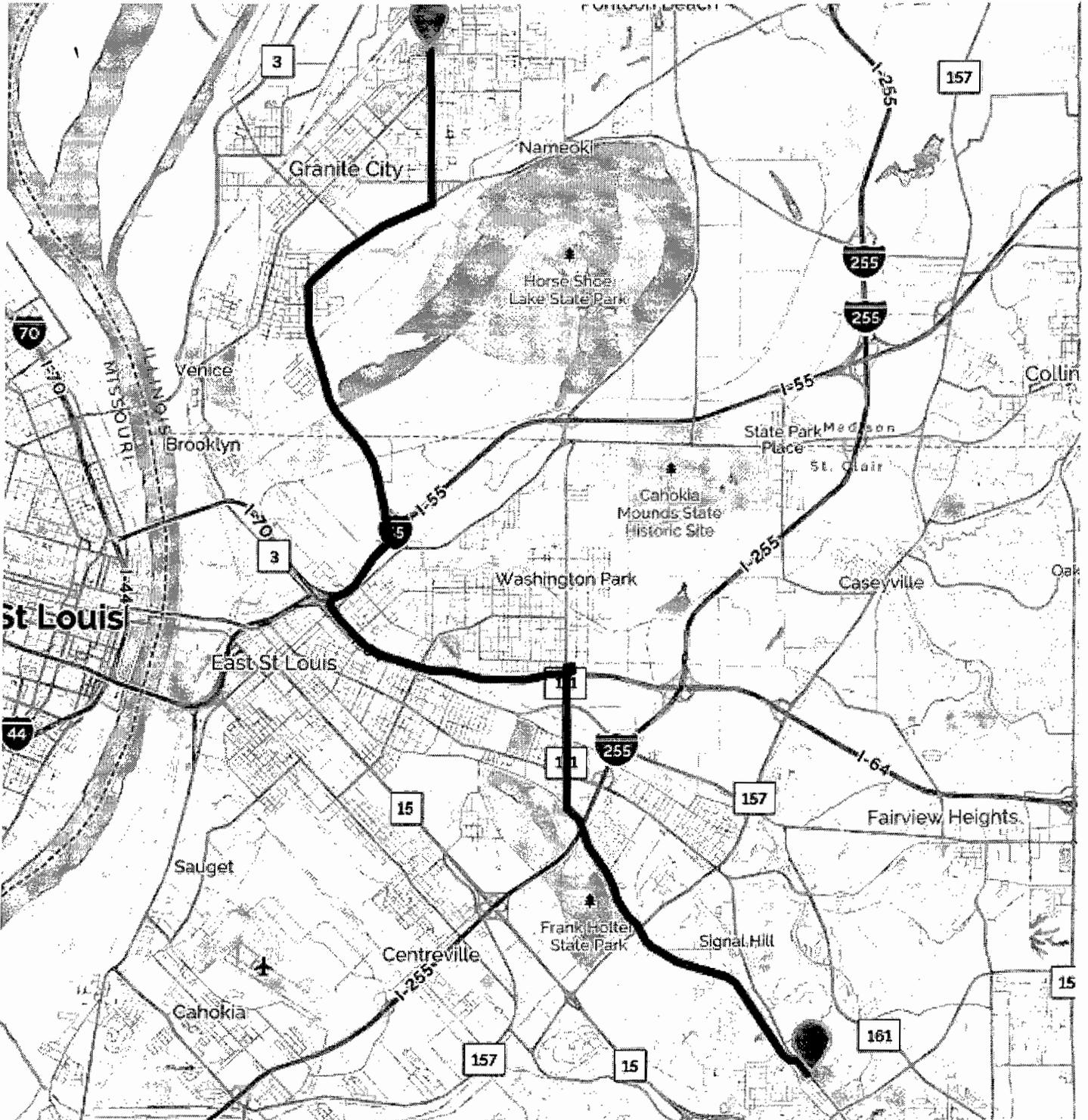
----- **Then 0.01 miles** -----



**9 AMERICAN VLG** is on the **right**.

*If you reach the end of American Vlg you've gone a little too far.*

-----  
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*Memorial Medical Group Nephrology*

*Specializing in Kidney Disease & Hypertension*

*• Dr. Matthew Koch • Dr. Rouba Ghossoub*

*• Cynthia Whitcher A.C.N.P.-B.C*

*Phone: 618.234.6003 Fax: 618.234.6156*

November 30, 2015

Ms. Courtney Avery  
Administrator  
Illinois Health Facilities & Services Review Board  
525 W. Jefferson St., 2<sup>nd</sup> Floor  
Springfield, IL 62761

Dear Ms. Avery,

I am a nephrologist practicing in rural southern Illinois, specifically the Bellville area of St. Clair County. I am the Medical Director at Fresenius Medical Care Regency Park located in O'Fallon. I also refer patients to Fresenius Waterloo, DaVita Metro East, Sauget, Shiloh and Red Bud. I am writing in support of the much needed 12-station Belleville dialysis facility that is being proposed by Fresenius Medical Care. I admit patients to several area facilities and due to their current high utilization rates I often have difficulty finding a treatment time for my new patients that will accommodate their transportation and personal needs. I strongly recommend home dialysis for rural patients, however many patients are not good candidates for this modality. I currently follow approximately 35 patients who are receiving dialysis at home.

I was treating 33 hemodialysis patients at Fresenius Medical Care Regency Park at the end of 2012, 51 patients at the end of 2013 and 53 patients at the end of 2014. As of the most recent quarter, I was treating 94 hemodialysis patients at Fresenius Regency Park, DaVita Metro East, Sauget, Shiloh and Red Bud. As of the writing of this letter my hemodialysis patient count has grown to 116. Over the past twelve months I have referred 46 new patients for dialysis services.

I currently have 361 patients in different stages of chronic kidney disease in the Belleville area that may eventually require dialysis. Of these there are 72 that I expect to begin dialysis at the Belleville site in the first two years of operation. These numbers do not account for the fact that nearly half of the new patients I refer for dialysis are first seen by me in the emergency room.

Given the current high utilization of area clinics and the increasing number of pre-ESRD patients I am seeing in my practice additional access is needed in the Belleville area for my new patients that will be starting dialysis. I respectfully ask that you approve this project on their behalf. Thank you for your time in considering my comments.

Physician Referral Letter  
APPENDIX - 2

I attest to the fact that to the best of my knowledge, all the information contained in this letter is true and correct and that the projected referrals in this document were not used to support any other CON application.

Sincerely,



Matthew Koch, M.D.

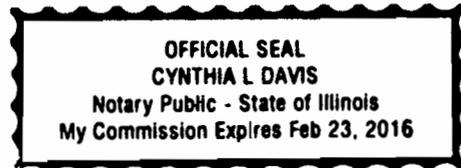
Notarization:

Subscribed and sworn to before me  
this 30 day of November, 2015



Signature of Notary

Seal



**PRE-ESRD PATIENTS THAT WILL BEGIN DIALYSIS AT  
FRESENIUS MEDICAL CARE BELLEVILLE**

City	Zip Code	Patients
East St. Louis	62206	8
East St. Louis	62207	3
Albers	62215	1
Belleville	62220	9
Belleville	62221	9
Belleville	62223	8
Belleville	62226	17
Dupo	62239	1
Freeburg	62243	4
Mascoutah	62258	2
Millstadt	62260	1
New Athens	62264	3
New Baden	62265	4
Smithton	62285	2
	<b>Totals</b>	<b>72</b>

**DR. KOCH'S NEW REFERRALS FOR THE PAST TWELVE MONTHS  
November 1, 2014 through October 31, 2015**

Fresenius Regency Park	
Zip Code	Patients
62201	1
62203	1
62204	2
62205	1
62206	1
62208	2
62221	2
62223	2
62254	1
62269	4
<b>Total</b>	<b>17</b>

DaVita Metro East	
Zip Code	Patients
62203	6
62220	1
62223	2
62226	1
62258	1
62260	1
<b>Total</b>	<b>12</b>

DaVita Sauget	
Zip Code	Patients
62203	1
62205	1
62206	3
62207	3
<b>Total</b>	<b>8</b>

DaVita Shiloh	
Zip Code	Patients
62203	1
62205	1
62207	1
62220	1
62221	2
62243	1
62258	1
62269	1
<b>Total</b>	<b>9</b>

<b>Total</b>	<b>46</b>
--------------	-----------

**DR. KOCH'S HEMODIALYSIS PATIENTS AS OF  
DECEMBER 31, 2012, 2013, 2014 and SEPTEMBER 30, 2015**

Fresenius Medical Care Regency Park							
2012		2013		2014		2015	
Zip	Pts	Zip	Pts	Zip	Pts	Zip	Pts
62060	1	62060	1	62060	1	62060	1
62203	2	62203	4	62203	7	62201	2
62205	1	62204	3	62204	3	62203	7
62206	3	62205	1	62205	1	62204	3
62207	6	62206	4	62206	5	62205	2
62220	4	62207	3	62207	3	62206	3
62221	6	62208	2	62208	3	62207	3
62223	2	62220	1	62220	1	62208	1
62226	2	62221	10	62221	8	62220	1
62232	1	62222	1	62222	1	62221	9
62243	1	62223	2	62223	1	62222	1
62254	2	62226	3	62226	2	62223	3
62269	1	62232	1	62232	1	62226	2
62286	1	62243	1	62243	2	62234	2
<b>Total</b>	<b>33</b>	62254	1	62254	2	62236	1
		62258	2	62260	1	62243	2
		62265	1	62265	1	62254	4
		62267	1	62269	7	62260	1
		62269	5	62285	2	62269	4
		62278	1	62286	1	62285	2
		62285	2	<b>Total</b>	<b>53</b>	62286	1
		62286	1	<b>Total</b>	<b>55</b>		
		<b>Total</b>	<b>51</b>				

DaVita Metro East	
2015	
Zip	Pts
62060	1
62203	3
62204	1
62205	1
62206	2
62220	1
62221	2
62223	2
62226	6
62286	1
62298	1
<b>Total</b>	<b>21</b>

DaVita Sauget	
2015	
Zip	Pts
62204	1
62205	1
62206	1
62207	1
62226	1
<b>Total</b>	<b>5</b>

DaVita Shiloh	
2015	
Zip	Pts
62203	1
62207	1
62220	1
62221	4
62226	1
62258	1
62269	2
<b>Total</b>	<b>11</b>

DaVita Red Bud *	
2015	
Zip	Pts
62257	1
62278	1
<b>Total</b>	<b>2</b>

<b>Total</b>	<b>2015</b>	<b>94</b>
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\*2012, 13, & 14 patient data from DaVita was unavailable.