

16-009

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

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

FEB 18 2016

Facility/Project Identification

| | |
|---|--|
| Facility Name: Collinsville Dialysis | ILLINOIS HEALTH FACILITIES & SERVICES REVIEW BOARD |
| Street Address: 101 Lanter Court, Bldg. 2 | |
| City and Zip Code: Collinsville, IL 62234 | |
| County: Madison | Health Service Area: 011 |
| | Health Planning Area: 011 |

Applicant /Co-Applicant Identification

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

| |
|--|
| Exact Legal Name: DaVita HealthCare Partners Inc. |
| Address: 2000 16 th Street, Denver, CO 80202 |
| Name of Registered Agent: Illinois Corporation Service Company |
| Name of Chief Executive Officer: Kent Thiry |
| CEO Address: 2000 16 th Street, Denver, CO 80202 |
| Telephone Number: (303) 405-2100 |

Type of Ownership of Applicant/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: Tim Tincknell |
| Title: Administrator, CON Projects |
| Company Name: DaVita HealthCare Partners Inc. |
| Address: 1600 West 13 th Street, Suite 3, Chicago, IL 60608 |
| Telephone Number: 312-243-9286 |
| E-mail Address: timothy.tincknell@davita.com |
| Fax Number: 866-586-3214 |

Additional Contact

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

| |
|--|
| Name: Yoni Danieli |
| Title: Regional Operation, Director, Region 4 |
| Company Name: DaVita HealthCare Partners Inc. |
| Address: 400 North Lindbergh Blvd, St. Louis, MO 63141 |
| Telephone Number: 224-622-2535 |
| E-mail Address: yoni.danieli@davita.com |
| Fax Number: 866-586-7903 |

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

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

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| City and Zip Code: Collinsville, IL 62234 | | | |
| County: Madison | Health Service Area | 011 | Health Planning Area: 011 |

Applicant /Co-Applicant Identification

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

| | |
|--|--|
| Exact Legal Name: Total Renal Care, Inc. | |
| Address: 2000 16 th Street, Denver, CO 80202 | |
| Name of Registered Agent: Illinois Corporation Service Company | |
| Name of Chief Executive Officer: Kent Thiry | |
| CEO Address: 2000 16 th Street, Denver, CO 80202 | |
| Telephone Number: (303) 405-2100 | |

Type of Ownership of Applicant/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.

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Additional Contact

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| Telephone Number 224-622-2535 |
| E-mail Address: yonidanieli@davita.com |
| Fax Number: 866-586-7903 |

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: Charles Sheets |
| Title: Attorney |
| Company Name: Polsinelli P.C. |
| Address: 161 N. Clark Street, Suite 4200, Chicago, IL 60601 |
| Telephone Number: 312-873-3605 |
| E-mail Address: csheets@polsinelli.com |
| Fax Number: |

Site Ownership

[Provide this information for each applicable site]

| |
|--|
| Exact Legal Name of Site Owner: Lanter Business Park, L.L.C |
| Address of Site Owner: 1600 Wayne Lanter Avenue, Madison, Illinois 62060 |
| Street Address or Legal Description of Site: 101 Lanter Court, Bldg. 2, Collinsville, IL 62234 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. |

Operating Identity/Licensee

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

| |
|--|
| Exact Legal Name: Total Renal Care, Inc. |
| Address: 2000 16 th Street, Denver, CO 80202 |
| <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 |
| <ul style="list-style-type: none"> o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. |
| APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. |

Organizational Relationships

Provide (for each 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 or www.illinoisfloodmaps.org. **This map must be in a readable format.** In addition please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #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.

DaVita HealthCare Partners, Inc. and Total Renal Care, Inc., (collectively, the "Applicants" or "DaVita") seek authority from the Illinois Health Facilities and Services Review Board (the "State Board") to establish an 8-station dialysis facility located at 101 Lanter Court, Bldg. 2, Collinsville, IL 62234. The proposed dialysis facility will include a total of approximately 4,550 gross square feet in clinical space, 1,650 gross square feet of non-clinical space for a total of 6,200 gross rentable square feet.

This project has been classified as substantive because it involves the establishment of a health care facility.

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.

| Project Costs and Sources of Funds | | | |
|--|--------------------|------------------|--------------------|
| USE OF FUNDS | CLINICAL | NONCLINICAL | TOTAL |
| Preplanning Costs | | | |
| Site Survey and Soil Investigation | | | |
| Site Preparation | | | |
| Off Site Work | | | |
| New Construction Contracts | | | |
| Modernization Contracts | \$710,000 | 370,323 | \$1,080,323 |
| Contingencies | \$71,000 | \$37,000 | \$108,000 |
| Architectural/Engineering Fees | \$80,000 | \$12,000 | \$92,000 |
| Consulting and Other Fees | \$65,000 | \$15,000 | \$80,000 |
| Movable or Other Equipment (not in construction contracts) | \$414,690 | \$84,442 | \$499,132 |
| Bond Issuance Expense (project related) | | | |
| Net Interest Expense During Construction (project related) | | | |
| Fair Market Value of Leased Space or Equipment | \$361,353 | \$178,500 | \$539,853 |
| Other Costs To Be Capitalized | | | |
| Acquisition of Building or Other Property (excluding land) | | | |
| TOTAL USES OF FUNDS | \$1,702,043 | \$697,265 | \$2,399,308 |
| SOURCE OF FUNDS | CLINICAL | NONCLINICAL | TOTAL |
| Cash and Securities | \$1,340,690 | \$518,765 | \$1,859,455 |
| Pledges | | | |
| Gifts and Bequests | | | |
| Bond Issues (project related) | | | |
| Mortgages | | | |
| Leases (fair market value) | \$361,353 | \$178,500 | \$539,853 |
| Governmental Appropriations | | | |
| Grants | | | |
| Other Funds and Sources | | | |
| TOTAL SOURCES OF FUNDS | \$1,702,043 | \$697,265 | \$2,399,308 |

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:

| |
|---|
| <p>Land acquisition is related to project <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Purchase Price: \$ _____</p> <p>Fair Market Value: \$ _____</p> |
| <p>The project involves the establishment of a new facility or a new category of service <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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.</p> <p>Estimated start-up costs and operating deficit cost is \$ <u>550,000</u> _____.</p> |

Project Status and Completion Schedules

| |
|---|
| <p>For facilities in which prior permits have been issued please provide the permit numbers.</p> <p>Indicate the stage of the project's architectural drawings:</p> <p><input type="checkbox"/> None or not applicable <input type="checkbox"/> Preliminary</p> <p><input checked="" type="checkbox"/> Schematics <input type="checkbox"/> Final Working</p> |
| <p>Anticipated project completion date (refer to Part 1130.140): <u>November 30, 2017</u></p> |
| <p>Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):</p> <p><input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed.</p> <p><input type="checkbox"/> Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies</p> <p><input checked="" type="checkbox"/> Project obligation will occur after permit issuance.</p> |
| <p>APPEND DOCUMENTATION AS ATTACHMENT-8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</p> |

State Agency Submittals

| |
|--|
| <p>Are the following submittals up to date as applicable:</p> <p><input type="checkbox"/> Cancer Registry NOT APPLICABLE</p> <p><input type="checkbox"/> APORS NOT APPLICABLE</p> <p><input checked="" type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted</p> <p><input checked="" type="checkbox"/> All reports regarding outstanding permits</p> <p>Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.</p> |
|--|

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 |
| REVIEWABLE | | | | | | | |
| Medical Surgical | | | | | | | |
| Intensive Care | | | | | | | |
| Diagnostic Radiology | | | | | | | |
| MRI | | | | | | | |
| Total Clinical | | | | | | | |
| | | | | | | | |
| NON REVIEWABLE | | | | | | | |
| Administrative | | | | | | | |
| Parking | | | | | | | |
| Gift Shop | | | | | | | |
| | | | | | | | |
| Total Non-clinical | | | | | | | |
| TOTAL | | | | | | | |

APPEND DOCUMENTATION AS ATTACHMENT-9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Facility Bed Capacity and Utilization NOT APPLICABLE

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

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

CERTIFICATION

The application must be signed by the authorized 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 manager 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 Total Renal Care, 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

Arturo Sida
PRINTED NAME

Assistant Corporate Secretary
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this _____ day of _____

Signature of Notary
Seal

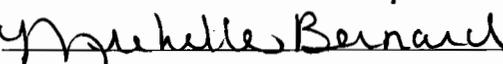
See Attached

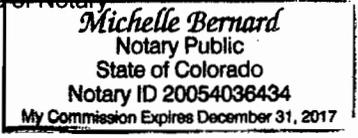

SIGNATURE

Javier J. Rodriguez
PRINTED NAME

Chief Executive Officer – Kidney Care
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 1st day of February


Signature of Notary

Seal


*Insert EXACT legal name of the applicant

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

On February 2, 2016 before me, Kimberly Ann K. Burgo, Notary Public
(here insert name and title of the officer)

personally appeared *** Arturo Sida ***

who proved to me on the basis of satisfactory evidence to be the person~~(s)~~ whose name~~(s)~~ is/~~are~~ subscribed to the within instrument and acknowledged to me that he/~~she/they~~ executed the same in his/~~her/their~~ authorized capacity~~(ies)~~, and that by his/~~her/their~~ signature~~(s)~~ on the instrument the person~~(s)~~, or the entity upon behalf of which the person~~(s)~~ acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Kimberly Ann K. Burgo
Signature



OPTIONAL INFORMATION

Law does not require the information below. This information could be of great value to any person(s) relying on this document and could prevent fraudulent and/or the reattachment of this document to an unauthorized document(s)

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: Certification re CON Application (Collinsville Dialysis)

Document Date: February 2, 2016 Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

- Individual
- Corporate Officer Assistant Secretary

(Title(s))

- Partner
- Attorney-in-Fact
- Trustee
- Guardian/Conservator
- Other: _____

SIGNER IS REPRESENTING: Name of Person or Entity Total Renal Care, Inc.

CERTIFICATION

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

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

This Application for Permit is filed on the behalf of DaVita HealthCare Partners 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

Arturo Sida
PRINTED NAME

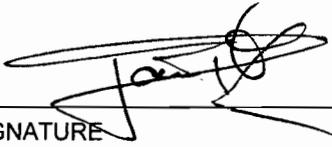
Assistant Corporate Secretary
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this ____ day of ____

Signature of Notary

Seal

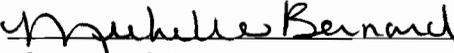
See Attached


SIGNATURE

Javier J. Rodriguez
PRINTED NAME

Chief Executive Officer – Kidney Care
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 1st day of February


Signature of Notary

Seal

Michelle Bernard
Notary Public
State of Colorado
Notary ID 20054036434
My Commission Expires December 31, 2017

*Insert EXACT legal name of the applicant

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

On February 2, 2016 before me, Kimberly Ann K. Burgo, Notary Public,
(here insert name and title of the officer)

personally appeared *** Arturo Sida ***

who proved to me on the basis of satisfactory evidence to be the person~~(s)~~ whose name~~(s)~~ is/~~are~~ subscribed to the within instrument and acknowledged to me that he/~~she/they~~ executed the same in his/~~her/their~~ authorized capacity~~(ies)~~, and that by his/~~her/their~~ signature~~(s)~~ on the instrument the person~~(s)~~, or the entity upon behalf of which the person~~(s)~~ acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Kimberly Ann K. Burgo
Signature



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Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

- Individual
 Corporate Officer Assistant Secretary

(Title(s))

- Partner
 Attorney-in-Fact
 Trustee
 Guardian/Conservator
 Other: _____

SIGNER IS REPRESENTING: Name of Person or Entity DaVita HealthCare Partners Inc.

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:

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:

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

- Applicants proposing to establish, expand and/or modernize In-Center Hemodialysis must submit the following information:
- 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 | 8 |

- 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 PAGE OF THE APPLICATION FORM.

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:**

| | | | |
|-----------------------------|--|------------------------------|--|
| \$1,859,455 | | a) | Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: |
| | | 1) | the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and |
| | | 2) | interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion; |
| | | 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. |
| | | c) | Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts; |
| \$539,853 (FMV of Lease) | | 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: |
| | | 1) | For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; |
| | | 2) | For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; |
| | | 3) | For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; |
| | | 4) | For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; |
| | | 5) | For any option to lease, a copy of the option, including all terms and conditions. |
| | | 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; |
| | | f) | Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt; |
| | | g) | All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project. |
| \$2,399,308 | | TOTAL FUNDS AVAILABLE | |

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 | | | | |
| 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) | |
| | | | | | | | | | |
| Contingency | | | | | | | | | |
| TOTALS | | | | | | | | | |
| * Include the percentage (%) of space for circulation | | | | | | | | | |

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

APPEND DOCUMENTATION AS ATTACHMENT -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 43.

| Safety Net Information per PA 96-0031 | | | |
|---------------------------------------|------|------|------|
| CHARITY CARE | | | |
| Charity (# of patients) | Year | Year | Year |
| Inpatient | | | |
| Outpatient | | | |
| Total | | | |
| Charity (cost In dollars) | Year | Year | Year |
| Inpatient | | | |
| Outpatient | | | |
| Total | | | |
| MEDICAID | | | |
| Medicaid (# of patients) | Year | Year | Year |
| Inpatient | | | |
| Outpatient | | | |
| Total | | | |

| | | | |
|--------------------|--|--|--|
| Medicaid (revenue) | | | |
| Inpatient | | | |
| Outpatient | | | |
| Total | | | |

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 44.

| CHARITY CARE | | | |
|----------------------------------|------|------|------|
| | Year | Year | Year |
| Net Patient Revenue | | | |
| Amount of Charity Care (charges) | | | |
| Cost of Charity Care | | | |

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

Section I, Identification, General Information, and Certification
Applicants

Certificates of Good Standing for DaVita HealthCare Partners Inc. and Total Renal Care Inc. (collectively, the "Applicants" or "DaVita") are attached at Attachment – 1. Total Renal Care Inc. will be the operator of Collinsville Dialysis. Collinsville Dialysis is a trade name of Total Renal Care Inc. and is not separately organized. As the person with final control over the operator, DaVita HealthCare Partners Inc. is named as an applicant for this CON application. DaVita HealthCare Partners Inc. does not do business in the State of Illinois. A Certificate of Good Standing for DaVita HealthCare Partners Inc. from the state of its incorporation, Delaware, is attached.

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DAVITA HEALTHCARE PARTNERS INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF JULY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DAVITA HEALTHCARE PARTNERS INC." WAS INCORPORATED ON THE FOURTH DAY OF APRIL, A.D. 1994.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

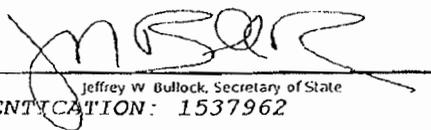
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

2391269 8300

140958293

You may verify this certificate online
at corp.delaware.gov/authvox.shtml



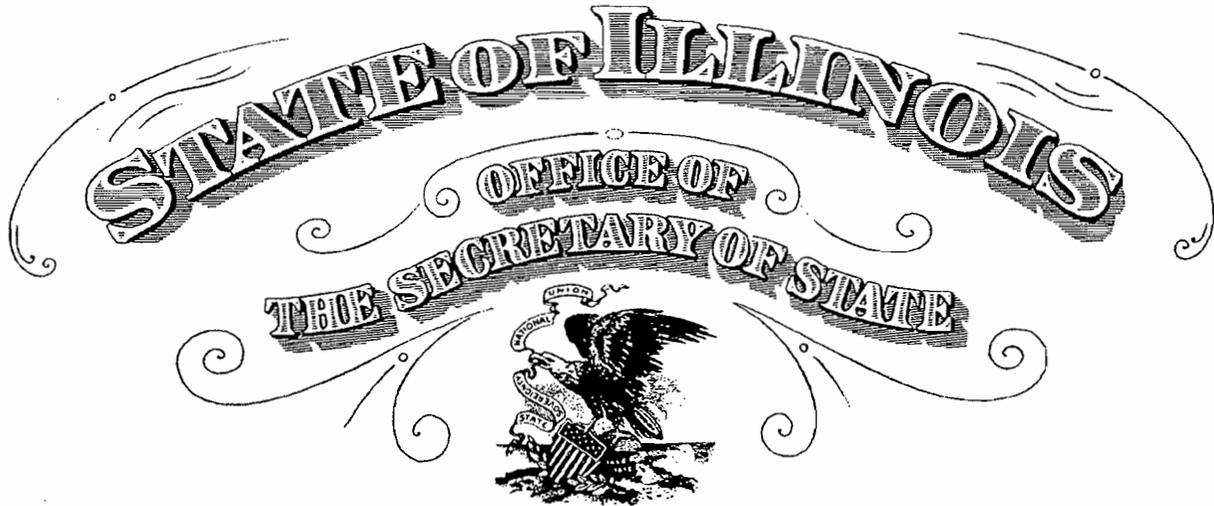

Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1537962

DATE: 07-15-14

-26-

Attachment - 1

-26-



To all to whom these Presents Shall Come, Greeting:

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

TOTAL RENAL CARE, INC., INCORPORATED IN CALIFORNIA AND LICENSED TO TRANSACT BUSINESS IN THIS STATE ON MARCH 10, 1995, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 23RD day of NOVEMBER A.D. 2015 .

Jesse White

SECRETARY OF STATE

Authentication #: 1532702232 verifiable until 11/23/2016
Authenticate at: <http://www.cyberdriveillinois.com>

Section I, Identification, General Information, and Certification
Site Ownership

The letter of intent between Lanter Business Park, L.L.C. and Total Renal Care Inc. to lease the facility located at 101 Lanter Court, Bldg. 2, Collinsville, IL 62234 is attached at Attachment – 2.

February 9, 2016

Lanter Business Park LLC

RE: Request for Proposal, PROPERTY: 101 Lanter Court, Suites 109-111 (Bld 2) Collinsville, IL

Cushman and Wakefield, in conjunction with BarberMurhpy Group has been authorized by Total Renal Care, Inc - a subsidiary of DaVita HealthCare Partners Inc. to assist in securing a lease requirement. DaVita HealthCare Partners is a Fortune 500 company with 2,183 outpatient dialysis centers across the US and revenues of approximately \$12 billion.

PREMISES: 101 Lanter Court, Suites 109-111 (Bld 2) Collinsville, IL

TENANT: "Total Renal Care, Inc. or related entity to be named

LANDLORD: Lanter Business Park LLC

SPACE REQUIREMENTS: Requirement is for approximately 6,200 contiguous rentable square feet. Tenant shall have the right to measure space based on most recent BOMA standards.

PRIMARY TERM: 10 years

BASE RENT: Base rent shall be equal to \$12.00/SF NNN for year one and increase by 2% annually.

ADDITIONAL EXPENSES: Please provide an estimated annual cost per square foot for any and all additional operating expenses for which the Tenant will be responsible for paying including Taxes, Insurance and CAM. \$5.35/SF

Please indicate what, if any, utility costs Tenant will be responsible for paying that are not included in operating expenses or Base Rent. All dedicated utilities.

Landlord to limit the cumulative operating expense costs to \$5.35 psf in the first full lease year and no greater than 3% increases annually thereafter.

LANDLORD'S MAINTENANCE: Landlord, at its sole cost and expense, shall be responsible for the structural and capitalized items (per GAAP standards) for the Property.

POSSESSION AND RENT COMMENCEMENT: Landlord shall deliver Possession of the Premises to the Tenant with Landlord's work complete within 60 days of CON Board approval. Rent Commencement shall be the earlier of seven months from Possession or the date each of the following conditions have occurred:

- a. Construction improvements within the Premises have been completed in accordance with the final construction documents (except for nominal punch list items); and
- b. A certificate of occupancy for the Premises has been obtained from the city or county; and
- c. Tenant has obtained all necessary licenses and permits to operate its business.

LEASE FORM: Tenant's standard lease form.

USE: The operation of an outpatient renal dialysis clinic, renal dialysis home training, aphaeresis services and similar blood separation and cell collection procedures, general medical offices, clinical laboratory, including all incidental, related and

necessary elements and functions of other recognized dialysis disciplines which may be necessary or desirable to render a complete program of treatment to patients of Tenant and related office and administrative uses or for any other lawful purpose.

Landlord to verify that the Use is permitted within the building's zoning.

Please provide a copy of any CCR's or other documents that may impact tenancy.

PARKING:

Landlord to provide a minimum of four parking stalls per 1,000 rsf and two handicapped stalls or such greater number as is required by applicable law or regulation.

BASE BUILDING:

Landlord shall deliver to the premises, the Base Building improvements included in the attached Exhibit B.

TENANT IMPROVEMENTS:

Please provide the tenant improvement allowance offered (psf).

OPTION TO RENEW:

Tenant desires three, five-year options to renew the lease. Option rent shall be equal to the then current Fair Market Value not to exceed 2% year over the previous term.

RIGHT OF FIRST OPPORTUNITY ON ADJACENT SPACE:

Tenant shall have the on-going right of first opportunity on any adjacent space that may become available during the initial term of the lease and any extension thereof, under the same terms and conditions of Tenant's existing lease.

FAILURE TO DELIVER PREMISES:

If Landlord has not delivered the premises to Tenant with all base building items substantially completed with 90 days from later of lease execution or CON approval, Tenant may elect to a) terminate the lease by written notice to Landlord or b) elect to receive two days of rent abatement for every day of delay beyond the 30 day delivery period.

HOLDING OVER:

Tenant shall be obligated to pay 110% for the then current rate.

TENANT SIGNAGE:

Tenant shall have the right to install building, monument and pylon signage at the Premises, subject to compliance with all applicable laws and regulations. Landlord, at Landlord's expense, will furnish Tenant with any standard building directory signage.

BUILDING HOURS:

Tenant requires building hours of 24 hours a day, seven days a week.

SUBLEASE/ASSIGNMENT:

Tenant will have the right at any time to sublease or assign its interest in this Lease to any majority owned subsidiaries or related entities of DaVita, Inc. without the consent of the Landlord, or to unrelated entities with Landlord reasonable approval.

CERTIFICATE OF NEED:

Tenant CON Obligation: Landlord and Tenant understand and agree that the establishment of any chronic outpatient dialysis facility in the State of Illinois is subject to the requirements of the Illinois Health Facilities Planning Act, 20 ILCS 3960/1 et seq. and, thus, the Tenant cannot establish a dialysis facility on the Premises or execute a binding real estate lease in connection therewith unless Tenant obtains a Certificate of Need (CON) permit from the Illinois Health Facilities and Services Review Board (HFSRB). Based on the length of the HFSRB review process, Tenant does not expect to receive a CON permit prior to May 10, 2016. In light of the foregoing facts, the parties agree that they shall promptly

proceed with due diligence to negotiate the terms of a definitive lease agreement and execute such agreement prior to approval of the CON permit provided, however, the lease shall not be binding on either party prior to approval of the CON permit and the lease agreement shall contain a contingency clause indicating that the lease agreement is not effective prior to CON permit approval. Assuming CON approval is granted, the effective date of the lease agreement shall be the first day of the calendar month following CON permit approval. In the event that the HFSRB does not award Tenant a CON permit to establish a dialysis center on the Premises neither party shall have any further obligation to the other party with regard to the negotiations, lease, or Premises contemplated by this Letter of Intent.

ROOF RIGHTS:

Tenant shall have the right to place a satellite dish on the roof at no additional fee.

NON-COMPETE:

Landlord agrees not to lease space to another dialysis provider within a five mile radius of Premise.

DELIVERIES:

Landlord shall construct a concrete/paved delivery zone on the side of the building for Tenant's tractor trailer deliveries. Said parking zone will be subject to Tenants approval, permits and governmental approvals.

OTHER CONCESSIONS:

Please indicate any other concessions the Landlord is willing to offer.

GOVERNMENTAL COMPLIANCE:

Landlord shall represent and warrant to Tenant that Landlord, at Landlord's sole expense, will cause the Premises, common areas, the building and parking facilities to be in full compliance with any governmental laws, ordinances, regulations or orders relating to, but not limited to, compliance with the Americans with Disabilities Act (ADA), and environmental conditions relating to the existence of asbestos and/or other hazardous materials, or soil and ground water conditions, and shall indemnify and hold Tenant harmless from any claims, liabilities and cost arising from environmental conditions not caused by Tenant(s).

BROKERAGE FEE:

Landlord recognizes Cushman and Wakefield and Barber Murphy Group as the Tenant's sole representatives and shall pay a brokerage fee equal to 3% of the rental value per separate commission agreement. Tenant shall retain the right to offset rent for failure to pay the brokerage fee.

All parties acknowledge, approve and understand that BABERMurphy Group also represents the Landlord of the subject property.

Agreed to by:

Landlord:



Date: 2-11-16

Tenant:



Date: 2-15-16

Please submit your response to this Request for Proposal via e-mail to:

Collin Fischer
BARBERMurphy Group
Office: (618) 277-4400
Mobile: (618) 420-2376
Email: collinf@barbermurphy.com

It should be understood that this Request for Proposal is subject to the terms of Exhibit A attached hereto. Please complete and return the Potential Referral Source Questionnaire in Exhibit C. The information in this email is confidential and may be legally privileged. It is intended solely for the addressee. Access to this information by anyone but addressee is unauthorized. Thank you for your time and consideration to partner with DaVita.

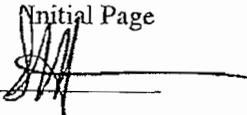
EXHIBIT A

NON-BINDING NOTICE

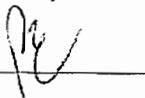
NOTICE: THE PROVISIONS CONTAINED IN THIS LETTER OF INTENT ARE AN EXPRESSION OF THE PARTIES' INTEREST ONLY. SAID PROVISIONS TAKEN TOGETHER OR SEPERATELY ARE NEITHER AN OFFER WHICH BY AN "ACCEPTANCE" CAN BECOME A CONTRACT, NOR A CONTRACT. BY ISSUING THIS LETTER OF INTENT NEITHER TENANT NOR LANDLORD (OR DTZ) SHALL BE BOUND TO ENTER INTO ANY (GOOD FAITH OR OTHERWISE) NEGOTIATIONS OF ANY KIND WHATSOEVER. TENANT RESERVES THE RIGHT TO NEGOTIATE WITH OTHER PARTIES. NEITHER TENANT, LANDLORD OR DTZ INTENDS ON THE PROVISIONS CONTAINED IN THIS LETTER OF INTENT TO BE BINDING IN ANY MANNER, AS THE ANALYSIS FOR AN ACCEPTABLE TRANSACTION WILL INVOLVE ADDITIONAL MATTERS NOT ADDRESSED IN THIS LETTER, INCLUDING, WITHOUT LIMITATION, THE TERMS OF ANY COMPETING PROJECTS, OVERALL ECONOMIC AND LIABILITY PROVISIONS CONTAINED IN ANY LEASE DOCUMENT AND INTERNAL APPROVAL PROCESSES AND PROCEDURES. THE PARTIES UNDERSTAND AND AGREE THAT A CONTRACT WITH RESPECT TO THE PROVISIONS IN THIS LETTER OF INTENT WILL NOT EXIST UNLESS AND UNTIL THE PARTIES HAVE EXECUTED A FORMAL, WRITTEN LEASE AGREEMENT APPROVED IN WRITING BY THEIR RESPECTIVE COUNSEL. DTZ IS ACTING SOLELY IN THE CAPACITY OF SOLICITING, PROVIDING AND RECEIVING INFORMATION AND PROPOSALS AND NEGOTIATING THE SAME ON BEHALF OF OUR CLIENTS. UNDER NO CIRCUMSTANCES WHATSOEVER DOES DTZ HAVE ANY AUTHORITY TO BIND OUR CLIENTS TO ANY ITEM, TERM OR COMBINATION OF TERMS CONTAINED HEREIN. THIS LETTER OF INTENT IS SUBMITTED SUBJECT TO ERRORS, OMISSIONS, CHANGE OF PRICE, RENTAL OR OTHER TERMS; ANY SPECIAL CONDITIONS IMPOSED BY OUR CLIENTS; AND WITHDRAWAL WITHOUT NOTICE. WE RESERVE THE RIGHT TO CONTINUE SIMULTANEOUS NEGOTIATIONS WITH OTHER PARTIES ON BEHALF OF OUR CLIENT. NO PARTY SHALL HAVE ANY LEGAL RIGHTS OR OBLIGATIONS WITH RESPECT TO ANY OTHER PARTY, AND NO PARTY SHOULD TAKE ANY ACTION OR FAIL TO TAKE ANY ACTION IN DETRIMENTAL RELIANCE ON THIS OR ANY OTHER DOCUMENT OR COMMUNICATION UNTIL AND UNLESS A DEFINITIVE WRITTEN LEASE AGREEMENT IS PREPARED AND SIGNED BY TENANT AND LANDLORD

Initial Page

Landlord



Tenant



Attachment - 2

EXHIBIT B

Insert MBBI

EXHIBIT C

POTENTIAL REFERRAL SOURCE QUESTIONNAIRE

RE: 101 Lanter, Collinsville, IL

(i) an individual or entity in any way involved in the healthcare business, including, but not limited to, a physician; physician group; hospital; nursing home; home health agency; or manufacturer, distributor or supplier of healthcare products or pharmaceuticals;

Yes No

(ii) the immediate family member of an individual involved in the healthcare business, or

Yes No

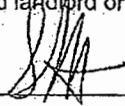
(iii) an individual or entity that directly or indirectly owns or is owned by a healthcare-related entity; or

Yes No

(iv) an entity directly or indirectly owned by an individual in the healthcare business or an immediate family member of such an individual?

Yes No

Lanter Business Park, LLC
(Please add landlord or entity name)

By: 

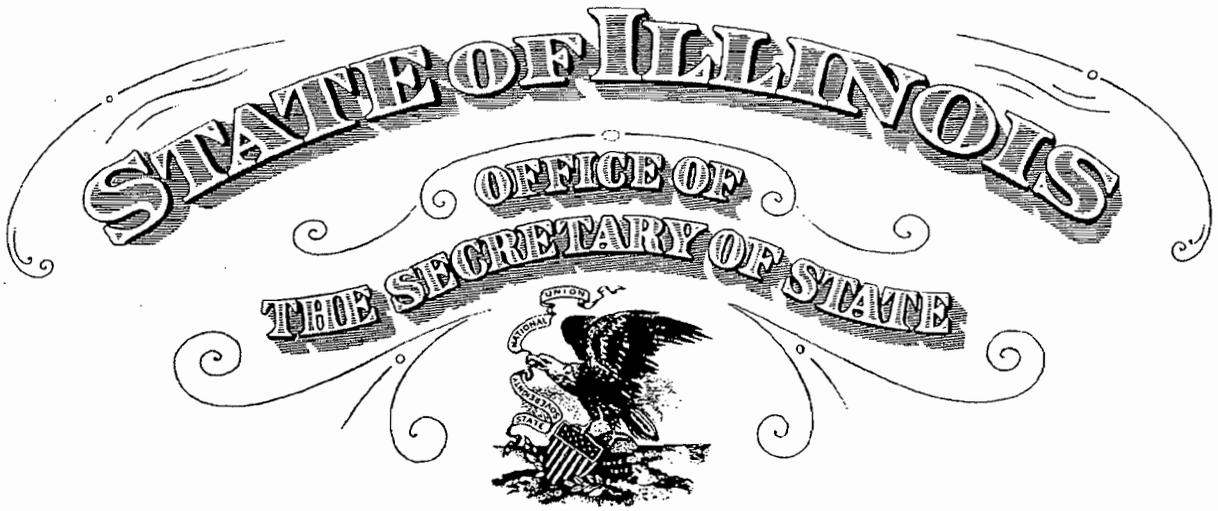
Print: Steven Lanter

Its: Steven Lanter, Manager

Date: 2-11-16

Section I, Identification, General Information, and Certification
Operating Entity/Licensee

The Illinois Certificate of Good Standing for Total Renal Care Inc. is attached at Attachment – 3.



To all to whom these Presents Shall Come, Greeting:

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

TOTAL RENAL CARE, INC., INCORPORATED IN CALIFORNIA AND LICENSED TO TRANSACT BUSINESS IN THIS STATE ON MARCH 10, 1995, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 23RD day of NOVEMBER A.D. 2015 .



Authentication #: 1532702232 verifiable until 11/23/2016
Authenticate at: <http://www.cyberdriveillinois.com>

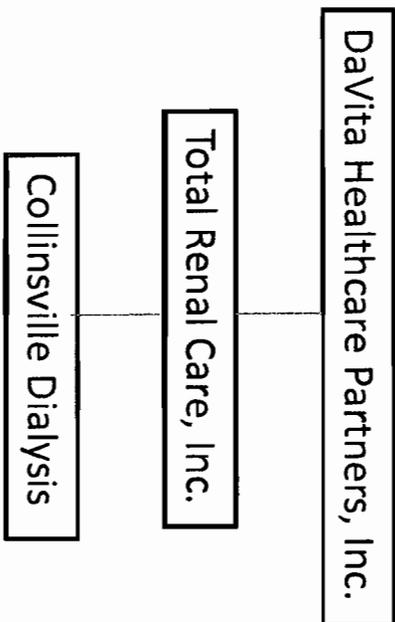
Jesse White

SECRETARY OF STATE

Section I, Identification, General Information, and Certification
Organizational Relationships

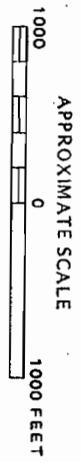
The organizational chart for DaVita HealthCare Partners Inc., Total Renal Care Inc. and Collinsville Dialysis is attached at Attachment – 4.

Collinsville Dialysis
Organizational Structure



Section I, Identification, General Information, and Certification
Flood Plain Requirements

The site of the proposed dialysis facility complies with the requirements of Illinois Executive Order #2005-5. The proposed dialysis facility will be located at 101 Lanter Court, Bldg. 2, Collinsville, IL 62234. As shown in the documentation from the FEMA Flood Map Service Center attached at Attachment – 5, there is no flood map printed for 101 Lanter Court, Bldg. 2, Collinsville, IL 62234, panel 1704360120B. The interactive map for Panel 1704360120B reveals that it is an Area of Minimal Flood Hazard. Therefore, the site of the proposed dialysis facility is located outside of a flood plain.



NATIONAL FLOOD INSURANCE PROGRAM

FIRM
FLOOD INSURANCE RATE MAP

COUNTY OF
MADISON,
ILLINOIS
(UNINCORPORATED AREAS)

PANEL 120 OF 180
(SEE MAP INDEX FOR PANELS NOT PRINTED)

COMMUNITY PANEL NUMBER
170436 0120 B
EFFECTIVE DATE:
APRIL 15, 1982



Federal Emergency Management Agency

This is an official copy of a portion of the above referenced flood map. It was extracted using F-MIT On-Line. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. For the latest product information about National Flood Insurance Program flood maps check the FEMA Flood Map Store at www.msc.fema.gov

Section I, Identification, General Information, and Certification
Historic Resources Preservation Act Requirements

The applicants submitted a request for determination that the proposed location is compliant with the Historic Resources Preservation Act from the Illinois Historic Preservation Agency. A copy of the letter is attached at Attachment – 6.

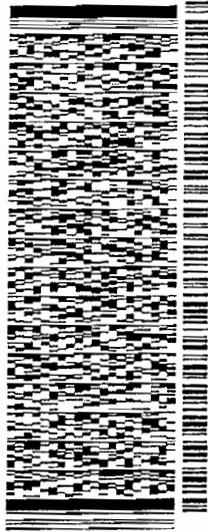
ORIGIN: CHIA (312) 819-1900
LYNETTE KELECICH
POLINSKILL DC
161 N CLARK STREET
SUITE 4200
CHICAGO, IL 60601
UNITED STATES US

SHIP DATE: 27 JAN 16
ACT WT/GST: 0.50 LB
CAD: 108319742/M/SX127150
BILL SENDER

TO RACHEL LIEBOWITZ, PH.D
IL HISTORIC PRESERVATION AGENCY
1 OLD STATE CAPITOL PLZ

SPRINGFIELD IL 62701
(217) 785-5031 REF: 064628.500323.3364
PO DEPT.

540.11.0E61/727F



REL#
3785346

TRK# 7822 5392 2350
0201

THU - 28 JAN 3:00P
STANDARD OVERNIGHT

NA SPIA

IL-US 62701
STL



FOLD on this line and place in shipping pouch with bar code and delivery address visible

1. Fold the first printed page in half and use as the shipping label.
2. Place the label in a waybill pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.
3. Keep the second page as a receipt for your records. The receipt contains the terms and conditions of shipping and information useful for tracking your package.

Legal Terms and Conditions

Tendering packages by using this system constitutes your agreement to the service conditions for the transportation of your shipments as found in the applicable FedEx Service Guide, available upon request. FedEx will not be responsible for any claim in excess of the applicable declared value, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the applicable FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of 100 USD or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is 500 USD, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see applicable FedEx Service Guide. FedEx will not be liable for loss or damage to prohibited items in any event or for your acts or omissions, including, without limitation, improper or insufficient packaging, securing, marking or addressing, or the acts or omissions of the recipient or anyone else with an interest in the package. See the applicable FedEx Service Guide for complete terms and conditions. To obtain information regarding how to file a claim or to obtain a Service Guide, please call 1-800-GO-FEDEX (1-800-463-3339).



161 N. Clark Street, Suite 4200, Chicago, IL 60601-3316 • 312.819.1900

January 27, 2016

Anne M. Cooper
(312) 873-3606
(312) 276-4317 Direct Fax
acooper@polsinelli.com

Via Federal Express

Rachel Leibowitz, Ph.D.
Deputy State Historic Preservation Officer
Preservation Services Division
Illinois Historic Preservation Agency
1 Old State Capitol Plaza
Springfield, Illinois 62701

Re: Historic Preservation Act Determination – Collinsville Dialysis

Dear Ms. Leibowitz:

This office represents DaVita HealthCare Partners Inc. and Total Renal Care, Inc. (the “Requestors”). Pursuant to Section 4 of the Illinois State Agency Historic Resources Preservation Act, Requestors seek a formal determination from the Illinois Historic Preservation Agency as to whether Requestors’ proposed project to establish an eight station dialysis center located at 101 Lanter Court, Bldg. 2, Collinsville, Illinois 62234 (“Proposed Project”) affects historic resources.

1. Project Description and Address

The Requestor is seeking a certificate of need from the Illinois Health Facilities and Services Review Board to establish an 8-Station dialysis center located at 101 Lanter Court, Bldg.2, Collinsville, Illinois 62234. This project will involve the internal modernization of an existing building. No demolition or physical alteration of the exterior of any existing buildings will occur as a result of the Proposed Project.

2. Topographical or Metropolitan Map

A metropolitan map showing the location of the Proposed Project is attached at Attachment 1.

polsinelli.com

Atlanta Chicago Dallas Denver Kansas City Los Angeles Nashville New York Phoenix St. Louis San Francisco Washington, D.C. Wilmington
Polsinelli PC, Polsinelli LLP in California

52270405.1

Attachment - 6



Ms. Rachel Liebowitz
January 27, 2016
Page 2

3. Historic Architectural Resources Geographic Information System

A map from the Historic Architectural Resources Geographic Information System is attached at Attachment 2. The property is not listed on the (i) National Register, (ii) within a local historic district, or (iii) within a local landmark.

4. Photographs of Standing Buildings/Structure

Photograph of the site of the proposed facility is attached at Attachment 3.

5. Addresses for Buildings/Structures

The Proposed Project is located at 101 Lanter Court, Bldg. 2, Collinsville, Illinois 62234. Additional information on the building including its year of construction is attached at Attachment 4.

Thank you for your time and consideration of our request for Historic Preservation Determination. If you have any questions or need any additional information, please feel free to contact me at 312-873-3606 or acooper@polsinelli.com

Sincerely,

A handwritten signature in cursive script that reads 'Anne M. Cooper'.

Anne M. Cooper

Attachments

ATTACHMENT 1

100 ft

50 m

109
Lanter Ct

Schoolhouse Branch

Lanter Ct

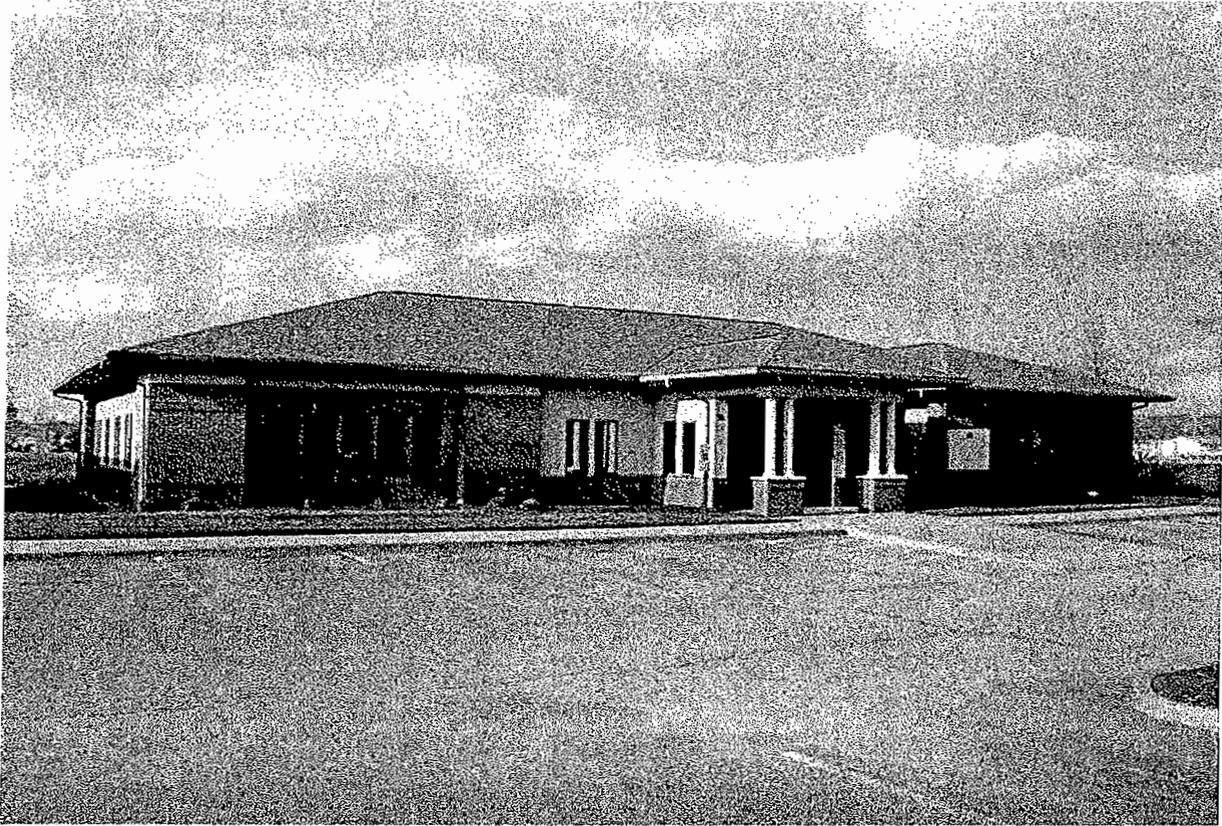
3033
Eastport Plaza Dr

3089
Collinsville

Eastpo

ATTACHMENT 2

ATTACHMENT 3



Google Maps 101 Lanter Ct



Imagery ©2016 Google, Map data ©2016 Google 50 ft

ATTACHMENT 4

BARBERMURPHY GROUP

COMMERCIAL - INDUSTRIAL - INVESTMENT PROPERTIES

1173 Fortune Boulevard, Shiloh, IL 62269 Office (618) 277-4400 Fax (618)277-4407

www.barbermurphy.com

Office 6,200 SF

101 Lanter Ct Building 1
101 Lanter Ct
Collinsville, IL 62234

SALE INFORMATION

For Sale: Yes
Sale Price: \$750,000
Sale Price/SF: \$120.97
CAP Rate:

LEASE INFORMATION

For Lease: Yes
Lease Rate: \$9.75 - \$9.75
Lease Type: NNN
Net Charges: \$5.35
CAM Charges:

Term:



SQUARE FEET AVAILABLE

Building Total: 6,200 SF
Total Available: 6,200 SF
Direct Lease: 6,200 SF
Sublease: 0 SF
Office: 6,200 SF
Retail: 0 SF
Max Contiguous: 6,200 SF
Min Divisible: 3,100 SF

Leasing Comments:

Lockbox 0415

PROPERTY INFORMATION

File No: 1375
Parcel No: 13-2-21-19-19-401-005
Complex:
County: Madison
Zoning: Planned BP 3
Zoning By: Collinsville
Frontage:
Year Built: 2005
Class:
Sprinklers:
Parking:
Property Tax:
TIF: No
Acres: 2.00
Depth:
Rehab Year:
Floors: 1
Ceiling Height:
Traffic Count:
Tax Year:
Enterprise Zone:

Comments

Excellent location in Collinsville's thriving Eastport District. Accessible from I-55, I-70 & I-255. Ample parking with room to expand. 10 minute drive from downtown St. Louis. "As-Is" lease rate, TI negotiable.

Listing Broker(s)

Collin Fischer
Phone (618) 277-4400
Email: CollinF@barbermurphy.com
Cell: (618) 420-2376

The information above has been obtained from sources believed reliable, however no warranty or representation expressed or implied is made as to the accuracy of the information contained herein. In same is submitted subject to errors, omissions, change of price, rental or other conditions including withdrawal without notice. It is your responsibility to independently confirm accuracy.

Attachment - 6

Section I, Identification, General Information, and Certification
Project Costs and Sources of Funds

| Table 1120.110 | | | |
|---|--------------------|------------------|--------------------|
| Project Cost | Clinical | Non-Clinical | Total |
| New Construction Contracts | | | |
| Modernization Contracts | \$710,000 | \$370,323 | \$1,080,323 |
| Site Survey and Soil Investigation | | | |
| Contingencies | \$71,000 | \$37,000 | \$108,000 |
| Architectural/Engineering Fees | \$80,000 | \$12,000 | \$92,000 |
| Consulting and Other Fees | \$65,000 | \$15,000 | \$80,000 |
| Moveable and Other Equipment | | | |
| Communications | \$75,850 | | \$75,850 |
| Water Treatment | \$128,175 | | \$128,175 |
| Bio-Medical Equipment | \$12,085 | | \$12,085 |
| Clinical Equipment | \$182,335 | | \$182,335 |
| Clinical Furniture/Fixtures | \$16,245 | | \$16,245 |
| Lounge Furniture/Fixtures | | \$5,227 | \$5,227 |
| Storage Furniture/Fixtures | | \$7,450 | \$7,450 |
| Business Office Fixtures | | \$28,265 | \$28,265 |
| General Furniture/Fixtures | | \$30,000 | \$30,000 |
| Signage | | \$13,500 | \$13,500 |
| Total Moveable and Other Equipment | \$414,690 | \$84,442 | \$499,132 |
| Fair Market Value of Leased Space | \$361,353 | \$178,500 | \$539,853 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total Project Costs | \$1,702,043 | \$697,265 | \$2,399,308 |

Section I, Identification, General Information, and Certification
Project Status and Completion Schedules

The Applicants anticipate project completion within **18** months of project approval.

Further, although the Letter of Intent attached at Attachment – 2 provides for project obligation to occur after permit issuance, the Applicants will begin negotiations on a definitive lease agreement for the facility, with the intent of project obligation being contingent upon permit issuance.

Section I, Identification, General Information, and Certification
Current Projects

| DaVita Current Projects | | | |
|--------------------------------|----------------------------|---------------------|------------------------|
| Project Number | Name | Project Type | Completion Date |
| 13-070 | Belvidere Dialysis | Establishment | 3/31/2016 |
| 14-020 | Chicago Ridge Dialysis | Establishment | 04/30/2016 |
| 14-042 | Tinley Park Dialysis | Establishment | 10/31/2016 |
| 14-058 | Alton Dialysis | Relocation | 7/31/2016 |
| 14-069 | Stony Creek Dialysis | Relocation | 6/30/2016 |
| 15-004 | Machesney Park Dialysis | Establishment | 4/30/2017 |
| 15-003 | Vermillion County Dialysis | Establishment | 4/30/2017 |
| 15-020 | Calumet City Dialysis | Establishment | 7/31/2017 |
| 15-025 | South Holland Dialysis | Relocation | 10/31/2017 |
| 15-032 | Morris Dialysis | Relocation | 4/30/2017 |
| 15-035 | Montgomery County Dialysis | Establishment | 4/30/2017 |
| 15-033 | Lincoln Park Dialysis | Relocation | 4/30/2017 |

Section I, Identification, General Information, and Certification
Cost Space Requirements

| Cost Space Table | | | | | | | |
|-----------------------------|--------------------|-------------------|----------|---|--------------|-------|---------------|
| Dept. / Area | Cost | Gross Square Feet | | Amount of Proposed Total Gross Square Feet That Is: | | | |
| | | Existing | Proposed | New Const. | Modernized | As Is | Vacated Space |
| CLINICAL | | | | | | | |
| ESRD | \$1,702,043 | 4,150 | | | 4,150 | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Total Clinical | \$1,702,043 | 4,150 | | | 4,150 | | |
| | | | | | | | |
| NON REVIEWABLE | | | | | | | |
| Administrative | \$697,265 | 2,050 | | | 2,050 | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Total Non-Reviewable | \$697,265 | 2,050 | | | 2,050 | | |
| TOTAL | \$2,399,308 | 6,200 | | | 6,200 | | |

Section III, Project Purpose, Background and Alternatives – Information Requirements
Criterion 1110.230(a), Project Purpose, Background and Alternatives

The Applicants are fit, willing and able, and have the qualifications, background and character to adequately provide a proper standard of health care services for the community. This project is for the establishment of an 8-station in-center hemodialysis facility, to be named Collinsville Dialysis, and to be located at 101 Lanter Court, Bldg. 2, Collinsville, IL 62234.

DaVita HealthCare Partners Inc. is a leading provider of dialysis services in the United States and is committed to innovation, improving clinical outcomes, compassionate care, education and empowering patients, and community outreach. A copy of DaVita's 2014 Community Care report, some of which is outlined below, details DaVita's commitment to quality, patient centric focus and community outreach is attached at Attachment – 11A.

On October 8, 2015, the Centers for Medicare and Medicaid Services ("CMS") released data on dialysis performance as part of its five star ratings program. For the second year in a row, DaVita outperformed its competitors. See Attachment – 11B. As referenced in the report, DaVita led the industry in quality. Of the 586 dialysis facilities awarded five stars, DaVita owned 202 (or 34 percent).

On October 7, 2015, CMS announced DaVita won bids to operate ESRD seamless care organizations ("ESCO") in Phoenix, Miami and Philadelphia. ESCO's are shared savings programs, similar to accountable care organizations, where the dialysis providers share financial risks of treating Medicare beneficiaries with kidney failure. ESCO's encourage dialysis providers to take responsibility for the quality and cost of care for a specific population of patients, which includes managing comorbidities and patient medications. See Attachment – 11C.

DaVita has taken on many initiatives to improve the lives of patients suffering from chronic kidney disease ("CKD") and end stage renal disease ("ESRD"). These programs include the Kidney Smart, IMPACT, CathAway, FluidWise, WipeOut and transplant assistance programs.

There are over 26 million patients with CKD and that number is expected to rise. Current data reveals troubling trends, which help explain the growing need for dialysis services:

- Between 1988-1994 and 2007-2012, the overall prevalence estimate for CKD rose from 12.0 to 13.6 percent. The largest relative increase, from 25.4 to 39.5 percent, was seen in those with cardiovascular disease.¹
- Many studies have shown that diabetes, hypertension, cardiovascular disease, higher body mass index, and advancing age are associated with the increasing prevalence of CKD.²
- Nearly six times the number of new patients began treatment for ESRD in 2012 (approximately 115,000) versus 1980 (approximately 20,000).³
- Nearly eleven times more patients are now being treated for ESRD than in 1980 (approximately 637,000 versus approximately 60,000).⁴

¹ US Renal Data System, USRDS 2014 Annual Data Report: Atlas of Chronic Kidney Disease and End-Stage Renal Disease in the United States, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 15 (2014).

² Id.

³ Id. at 79

⁴ Id.

- U.S. patients newly diagnosed with ESRD were 1 in 2,800 in 2011 versus 1 in 11,000 in 1980.⁵
- U.S. patients treated for ESRD were 1 in 526 in 2011 versus 1 in 3,400 in 1980.⁶
- Increasing prevalence in the diagnosis of diabetes and hypertension, the two major causes of CKD; 44% of new ESRD cases have a primary diagnosis of diabetes; 28% have a primary diagnosis of hypertension.⁷
- Nephrology care prior to ESRD continues to be a concern. Since the 2005 introduction of the new Medical Evidence form (2728), with fields addressing pre-ESRD care, there has been little progress made in this area (pre-ESRD data, however, should be interpreted with caution because of the potential for misreporting). Forty-one percent of new ESRD patients in 2012, for example, had not seen a nephrologist prior to beginning therapy. And among these patients, 49 percent of those on hemodialysis began therapy with a catheter, compared to 21 percent of those who had received a year or more of nephrology care. Among those with a year or more of pre-ESRD nephrologist care, 54 percent began therapy with a fistula – five times higher than the rate among non-referred patients.⁸

Additionally, DaVita's Kidney Smart program helps to improve intervention and education for pre-ESRD patients. Approximately 69% of CKD Medicare patients have never been evaluated by a nephrologist.⁹ Timely CKD care is imperative for patient morbidity and mortality. Adverse outcomes of CKD can often be prevented or delayed through early detection and treatment. Several studies have shown that early detection, intervention and care of CKD may result in improved patient outcomes and reduce ESRD:

- Reduced GFR is an independent risk factor for morbidity and mortality. A reduction in the rate of decline in kidney function upon nephrologists referrals has been associated with prolonged survival of CKD patients,
- Late referral to a nephrologist has been correlated with lower survival during the first 90 days of dialysis, and
- Timely referral of CKD patients to a multidisciplinary clinical team may improve outcomes and reduce cost.

A care plan for patients with CKD includes strategies to slow the loss of kidney function, manage comorbidities, and prevent or treat cardiovascular disease and other complications of CKD, as well as ease the transition to kidney replacement therapy. Through the Kidney Smart program, DaVita offers educational services to CKD patients that can help patients reduce, delay, and prevent adverse outcomes of untreated CKD. DaVita's Kidney Smart program encourages CKD patients to take control of their health and make informed decisions about their dialysis care.

⁵ US Renal Data System, *USRDS 2013 Annual Data Report: Atlas of Chronic Kidney Disease and End-Stage Renal Disease in the United States*, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 160 (2013).

⁶ Id.

⁷ Id at 161.

⁸ US Renal Data System, *USRDS 2014 Annual Data Report: Atlas of Chronic Kidney Disease and End-Stage Renal Disease in the United States*, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 107 (2014).

⁹ Id at 4.

DaVita's IMPACT program seeks to reduce patient mortality rates during the first 90-days of dialysis through patient intake, education and management, and reporting. Through IMPACT, DaVita's physician partners and clinical team have had proven positive results in addressing the critical issues of the incident dialysis patient. The program has helped improve DaVita's overall gross mortality rate, which has fallen 28% in the last 13 years.

DaVita's CathAway program seeks to reduce the number of patients with central venous catheters ("CVC"). Instead patients receive arteriovenous fistula ("AV fistula") placement. AV fistulas have superior patency, lower complication rates, improved adequacy, lower cost to the healthcare system, and decreased risk of patient mortality compared to CVCs. In July 2003, the Centers for Medicare and Medicaid Services, the End Stage Renal Disease Networks and key providers jointly recommended adoption of a National Vascular Access Improvement Initiative ("NVAII") to increase the appropriate use of AV fistulas for hemodialysis. The CathAway program is designed to comply with NVAII through patient education outlining the benefits for AV fistula placement and support through vessel mapping, fistula surgery and maturation, first cannulation and catheter removal. Since the inception of the program, DaVita has worked with its physician partners and clinical teammates to reduce catheter rates by 46 percent over the last seven years.

FluidWise® is DaVita's fluid management program and aims to reduce fluid related hospitalizations, the primary reason for dialysis patient hospital admissions. Since 2013, DaVita leads the industry with more than 10 percent reduction in the number of patients with frequent excessive interdialytic weight gain.

WipeOut®, DaVita's infection surveillance, prevention and response program, aims to help patients live longer and avoid infection-related hospitalizations. DaVita leads the industry with more than 90 percent of its dialysis patients immunized or influenza in 2015.

Patient Pathways, a provider neutral acute care management and discharge planning subsidiary of DaVita, partners with hospitals to provide faster, more accurate ESRD patient placement to reduce the length of hospital inpatient stays and readmissions. Importantly, Patient Pathways is not an intake program. An unbiased onsite liaison, who specializes in ESRD patient care, meets with both newly diagnosed and existing ESRD patients to assess their current ESRD care and provide information about insurance, treatment modalities, outpatient care, financial obligations before discharge, and grants available to ESRD patients. Patients choose a provider/center that best meets their needs for insurance, preferred nephrologists, transportation, modality and treatment schedule.

DaVita currently partners with over 350 hospitals nationwide through Patient Pathways. Patient Pathways has demonstrated benefits to hospitals, patients, physicians and dialysis centers. Since its creation in 2007, Patient Pathways has impacted over 130,000 patients. The Patient Pathways program reduced overall readmission rates by 18 percent, reduced average patient stay by a half-day, and reduced acute dialysis treatments per patient by 11%. Moreover, patients are better educated and arrive at the dialysis center more prepared and less stressed. They have a better understanding of their insurance coverage and are more engaged and satisfied with their choice of dialysis facility. As a result, patients have higher attendance rates, are more compliant with their dialysis care, and have fewer avoidable readmissions.

Since 1996, Village Health has innovated to become the country's largest renal National Committee for Quality Assurance accredited disease management program. VillageHealth's Integrated Care Management ("ICM") services partners with patients, providers and care team members to focus on the root causes of unnecessary hospitalizations such as unplanned dialysis starts, infection, fluid overload and medication management.

VillageHealth ICM services for payers and ACOs provide CKD and ESRD population health management delivered by a team of dedicated and highly skilled nurses who support patients both in the field and on the phone. Nurses use VillageHealth's industry-leading renal decision support and risk stratification software to manage a patient's coordinated needs. Improved clinical outcomes and reduced hospital readmission rates have contributed to improved quality of life for patients. As of 2014, VillageHealth ICM

has delivered up to a 15 percent reduction in non-dialysis medical costs for ESRD patients, a 15 percent lower year-one mortality rate over a three-year period, and 27 percent fewer hospital readmissions compared to the Medicare benchmark. Applied to DaVita's managed ESRD population, this represents an annual savings of more than \$30 million.

DaVita's transplant referral and tracking program ensures every dialysis patient is informed of transplant as a modality option and promotes access to transplantation for every patient who is interested and eligible for transplant. The social worker or designee obtains transplant center guidelines and criteria for selection of appropriate candidates and assists transplant candidates with factors that may affect their eligibility, such as severe obesity, adherence to prescribed medicine or therapy, and social/emotional/financial factors related to post-transplant functioning.

In an effort to better serve all kidney patients, DaVita believes in requiring that all providers measure outcomes in the same way and report them in a timely and accurate basis or be subject to penalty. There are four key measures that are the most common indicators of quality care for dialysis providers: dialysis adequacy, fistula use rate, nutrition and bone and mineral metabolism. Adherence to these standard measures has been directly linked to 15-20% fewer hospitalizations. On each of these measures, DaVita has demonstrated superior clinical outcomes, which directly translated into 7% reduction in hospitalizations among DaVita patients. DaVita has improved clinical outcomes each year since 2000.

DaVita Rx, the first and largest licensed, full-service U.S. renal pharmacy, focuses on the unique needs of dialysis patients. Since 2005, DaVita Rx has been helping improve outcomes by delivering medications to dialysis centers or to patients' homes, making it easier for patients to keep up with their drug regimens. DaVita Rx patients have medication adherence rates greater than 80%, almost double that of patients who fill their prescriptions elsewhere, and are correlated with 40% fewer hospitalizations.

DaVita has been repeatedly recognized for its commitment to its employees (or teammates), particularly its more than 1,700 teammates who are reservists, members of the National Guard, military veterans, and military spouses. Victory Media, publisher of *GI Jobs®* and *Military Spouse Magazine*, recently recognized DaVita as the best 2016 Military Friendly Employer in the health care industry and 34th among all industries. Companies competed for the elite Military Friendly® Employer title by completing a data-driven survey. Criteria included a benchmark score across key programs and policies, such as the strength of company military recruiting efforts, percentage of new hires with prior military service, retention programs for veterans, and company policies on National Guard and Reserve service. DaVita was also named as a *Civilianjobs.com* Most Valuable Employer (MVE) for Military winner for five consecutive years. The MVE was open to all U.S.-based companies, and winners were selected based on surveys in which employers outlined their recruiting, training and retention plans that best serve military service members and veterans. See Attachment – 11D.

In May 2015, DaVita was certified by WorldBlu as a "Freedom-Centered Workplace." For the eighth consecutive year, DaVita appeared on WorldBlu's list, formerly known as "most democratic" workplaces. WorldBlu surveys organizations' teammates to determine the level of democracy practiced. For the fourth consecutive year, DaVita was recognized as a Top Workplace by *The Denver Post*. DaVita was named a Gold LearningElite organization in 2015 by *Chief Learning Officer* magazine for creating and implementing exemplary teammate development practices that deliver measurable business value. Finally, DaVita has been recognized as one of *Fortune® Magazine's* Most Admired Companies in 2015 – for the tenth consecutive year. See Attachment – 11D.

DaVita is also committed to sustainability and reducing its carbon footprint. In fact, it is the only kidney care company recognized by the Environmental Protection Agency for its sustainability initiatives. In 2010, DaVita opened the first LEED-certified dialysis center in the U.S. *Newsweek Green Rankings* recognized DaVita as a 2015 Top Green Company in the United States, and it has appeared on the list every year since the inception of the program in 2009. Furthermore, DaVita annually saves approximately 8 million pounds of medical waste through dialyzer reuse and it also diverts more than 85% of its waste through composting and recycling programs. It has also undertaken a number of similar initiatives at its

offices and has achieved LEED Gold certification for its corporate headquarters. In addition, DaVita was also recognized as an "EPA Green Power Partner" by the U.S. Environmental Protection Agency.

DaVita consistently raises awareness of community needs and makes cash contributions to organizations aimed at improving access to kidney care. DaVita provides significant funding to kidney disease awareness organizations such as the Kidney TRUST, the National Kidney Foundation, the American Kidney Fund, and several other organizations. Its own employees, or members of the "DaVita Village," assist in these initiatives and raised \$1.2 million in 2015 through the annual Tour DaVita bicycle ride. DaVita continued its "DaVita Way of Giving" program in 2015 with teammates at clinics across the nation directing more than \$2 million in donations to locally based charities across the United States. See Attachment – 11D.

DaVita does not limit its community engagement to the U.S. alone. In 2015, DaVita Village Trust completed more than 30 international medical missions and over 50 domestic missions and CKD screening events. More than 300 DaVita volunteers supported these mission, impacting nearly 17,000 men, women and children in 15 countries. See Attachment – 11D.

1. Neither the Centers for Medicare and Medicaid Services nor the Illinois Department of Public Health ("IDPH") has taken any adverse action involving civil monetary penalties or restriction or termination of participation in the Medicare or Medicaid programs against any of the applicants, or against any Illinois health care facilities owned or operated by the Applicants, directly or indirectly, within three years preceding the filing of this application.
2. A list of health care facilities owned or operated by the Applicants in Illinois is attached at Attachment – 11E. Dialysis facilities are currently not subject to State Licensure in Illinois.

Certification that no adverse action has been taken against either of the Applicants or against any health care facilities owned or operated by the Applicants in Illinois within three years preceding the filing of this application is attached at Attachment – 11F.

3. An authorization permitting the Illinois Health Facilities and Services Review Board ("State Board") and IDPH access to any documents necessary to verify information submitted, including, but not limited to: official records of IDPH or other State agencies; and the records of nationally recognized accreditation organizations is attached at Attachment – 11F.

Davita |  HealthCare Partners®

DAVITA.COM/COMMUNITYCARE

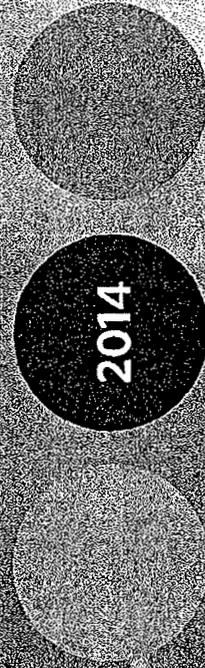


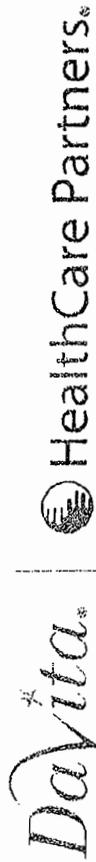
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COMMUNITY CARE

The DaVita Vision for Global Citizenship





OUR TRILOGY OF CARE COMES FULL CIRCLE

As a leader in integrated healthcare, we believe that not only should we do well, we should also do good. Every segment of our Village, encompassing DaVita Kidney Care, HealthCare Partners, Paladina Health and our international kidney care centers, works hard to provide exceptional care for our patients, support the development of our teammates (employees) and partners, and bring resources and care to the communities where we operate around the globe.

Our corporate social responsibility (CSR) extends far beyond the walls of our business offices, coordinated care clinics and kidney care centers. It sends ripples throughout our Village, to patients, teammates and their families, and is what makes us a community first and a company second. DaVita's Trilogy of Care—Caring for Our Patients, Caring for Each Other and Caring for Our World—is how we define our approach to CSR, which has resulted in industry-leading clinical outcomes, innovative philanthropic endeavors and a sharp focus on sustainability and the environment.

ABOUT INTEGRATED HEALTHCARE

DaVita HealthCare Partners continuously works to improve our integrated model to provide optimal patient care. Our Kidney Care division supports 170,000 kidney patients nationally and internationally, and our HealthCare Partners division provides coordinated primary and specialty care to 1.5 million patients across several states.¹

Chronic kidney disease (CKD) affects 1 in 10 U.S. adults² and, if not treated, can lead to end stage renal disease (ESRD) and kidney failure, requiring dialysis or a transplant for survival.

Our integrated approach offers preventive care and also addresses the health and lifestyle complexities of chronic conditions. We also invest in creating user-friendly online tools to help patients learn about their healthcare options and take a more-active role in managing their health and diet. At DaVita HealthCare Partners, we believe that patients can live more healthy and fulfilling lives if given the proper support and encouragement.

¹ Annual Report
2013-2014

OUR VISION

To Build the Greatest Healthcare Community the World Has Ever Seen

OUR MISSION

To Be the Provider, Partner and Employer of Choice

OUR CORE VALUES

Service Excellence, Integrity, Team, Continuous Improvement, Accountability, Fulfillment, Fun

OUR TRILOGY OF CARE

- Caring for Our Patients
- Caring for Each Other
- Caring for Our World

DaVita Kidney Care outperformed other major dialysis providers by nearly 200 percent in the 2015 Federal Five-Star Ratings.

In 2014, we invested more than \$14.1 million in continuing education in contact hours valued at \$15 per hour to teammates.

12,000 teammates and friends led nearly 500 Village Service Days community service projects in 2014.

Tracie M., DaVita dialysis patient.

CARING FOR OUR PATIENTS

Innovating Care, Improving Lives

The Kidney Care and HealthCare Partners divisions of DaVita HealthCare Partners together support more than 1 million primary and specialty care patients through an integrated care model that focuses on the whole patient, not just the disease. Our innovative clinical programs help to coordinate all facets of health, including diet, medications, patient education and emotional support to improve clinical outcomes, reduce healthcare costs and enhance patient quality of life.

VillageHealth. One of the nation's leading integrated kidney care management organizations, VillageHealth now touches more than 22,000 lives a month. The integrated care management results are most visible in VillageHealth's ESRD special needs plan (SNP), where it has achieved:

- :: 15 percent lower year-over-year mortality rate over a three-year period.
- :: 27 percent fewer hospital readmissions compared to the Medicare benchmark.
- :: 15 percent lower non-dialysis costs for ESRD care.

DaVita Rx. DaVita Rx, the first and largest kidney pharmacy, delivered its 15 millionth prescription in 2014. Studies have shown that patients who use DaVita Rx spend 14 percent fewer days in the hospital* and have a 37 percent lower mortality risk* than patients who use other pharmacies.

Compliance. By maintaining integrity through our robust compliance program, DaVita HealthCare Partners is able to provide ethical, quality care to our patients.

Meet Earl

Earl won't let his dialysis treatments interfere with his career. As a professional pianist who performs around the world, his needs as a dialysis provider that offers treatment coordination and flexibility are met by the support from DaVita Kidney Care. Friendly staff and flexible care options allow him to receive dialysis wherever he performs. Even with ESRD, Earl can continue to pursue his passion.

Paladina Health. Paladina Health, a subsidiary of DaVita Healthcare Partners that offers primary care, makes care easy through a patient-centric approach and 24/7 access to personal physicians. In 2014, its Clinical Excellence program exceeded the HEDIS 90th percentile in hypertension management—a commercial HMO benchmark for quality.

Kidney Health Tools. DaVita Kidney Care provides some of the most comprehensive kidney disease education tools available to help patients take control of their health and make better choices to enrich their lives. In 2014, online tools became mobile-friendly.

myDaVita.com. With 148,000 users, myDaVita.com allows patients to connect with an online support community and share their experiences.

DaVita Diet Helper™. The most robust diet-planning tool for kidney care patients, DaVita Diet Helper lets users access more than 1,000 kidney-friendly recipes, create meals and recipes, save favorites and track nutrition levels.

Kidney Smart®. DaVita's Kidney Smart program offers no-cost, instructor-led kidney disease education classes that are open to the entire community. The classes are held across the country or online at KidneySmart.org

DaVita Health Portal™. The DaVita Health Portal lets kidney care patients track their health online by accessing their lab values, nutrition reports and more.

International. DaVita Kidney Care is committed to elevating the health and quality of life for patients around the world. In 2014 we celebrated the accreditation of one of our dialysis centers in Malaysia—the first-ever dialysis center to be accredited in the country. We were also recognized in India as the Dialysis Service Provider Company of the Year.

Accountable Care Organizations. Accountable care organizations (ACOs) serve as an integrated care framework to improve patient care, clinical outcomes and costs. HealthCare Partners and Anthem Blue Cross partnered to build a commercial ACO and, in its first year, achieved nearly \$2 million in shared savings.

LEADING INDUSTRY QUALITY

At DaVita Kidney Care, we are committed to improving patient care. That's why we're proud that the Centers for Medicare and Medicaid Services (CMS) Five-Star Quality Rating System recognized DaVita highest among all major dialysis providers.

- DaVita Kidney Care outperformed the industry average by 138 percent.
- 50 percent of DaVita's dialysis clinics earned a four- or five-star rating.

DaVita Kidney Care outperformed other major kidney care providers in Medicare's Quality Incentive Program (QIP), with over 98 percent of the company's centers ranking in the top clinical performance tier.

HealthCare Partners was also recognized in 2014 for outstanding clinical measures. The Integrated Healthcare Association awarded us a 4.5 out of 5 star rating for quality of care provided to our Medicare Advantage patients in California. This was one of the highest ratings across all California physician organizations.

CLINICAL INITIATIVES

DaVita Kidney Care

In 2014, we made strides in four Quality of Life programs that focus on fluid, medication, infection and diabetes management for kidney care patients.

FluidWise. Reduce fluid-related hospitalizations and mortality while enhancing the patient experience.

MedMatter. Improve medication adherence rates and reduce related hospitalizations.

WipeOut. Reduce the risk of patient infections by actively addressing their leading causes.

StepAhead. Help kidney care patients prevent avoidable complications from diabetes mellitus.

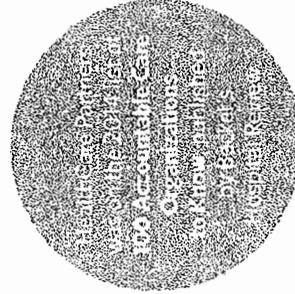
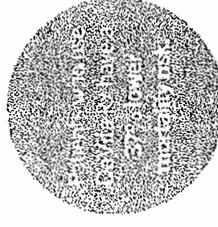
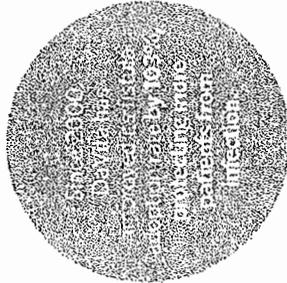
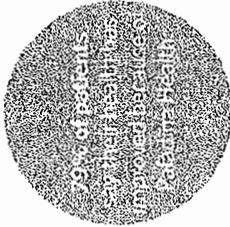
HealthCare Partners

We help our primary and specialty care patients achieve their best possible health through a number of innovative programs and initiatives, including:

Transitions of Care. Decrease unnecessary hospital readmissions.

Flu Vaccinations. Aim to vaccinate 70 percent of patients and 90 percent of teammates.

Hypertension. Work to achieve blood pressure control for at least 75 percent of our hypertensive patients.



CARING FOR EACH OTHER

Together, We're Stronger

We provide unique opportunities for our teammates to succeed at work and at home through leadership courses, professional development, education scholarships for children and grandchildren, and support in times of crisis.

DaVita University. DaVita University, which offers leadership, management, operational and clinical education opportunities, focuses on growing better leaders, family members and citizens. In 2014, DaVita University held live development events for 23,852 teammates, including division and clinical meetings, teaching and presenting internationally and much more.

Continuing Education. DaVita provides tuition, license renewal and recertification reimbursement to teammates. In 2014, we awarded 940,024 continuing education contact hours. We value continuing education credit hours at \$15 per hour and last year invested more than \$14.9 million in continuing education contact hours.

DaVita Academy. This two-day event introduces new field and corporate teammates to the DaVita culture and empowers them to be leaders in their communities, families and teams. In 2014, 6,182 teammates participated in Academy, which hosted the largest number of HealthCare Partners teammates to date.

The DaVita Way. DaVita Way Days and Monthly Activities introduce teammates to our Core Values and our various symbols and traditions for celebrating success. Teammates learn how to create and lead DaVita Way activities in their centers and offices.



Meet Suzy.

Suzy has a scrapbook called "Cool Things I Get to Do" to remind her of what she has experienced as a teammate in our Village. Suzy has supported fellow teammates at Academy as a Red Shirt and led multiple Village Service Days for her teams, choosing causes that align with our Core Values. She also participated in Tour DaVita, riding 250 miles on a bike to raise awareness of kidney disease. Suzy has enrolled in DaVita University courses to further her career and is earning her Ph.D. with the help of tuition assistance as a Redwoods Scholar.

Redwoods Leadership Program.

To date, 433 DaVita teammates have grown within the company through the Redwoods Leadership Development Program. The Redwoods curricula provide on-the-job and classroom learning, mentorship, a leadership practicum and opportunities to work cross-functionally. In 2014, the program expanded to include HealthCare Partners teammates. Summer Associate interns worked at HealthCare Partners locations and the Resident and Analyst Development programs performed site visits with HealthCare Partners in Torrance, California.

Star Troopers.

Through the Star Troopers program, we honor fellow teammates, family members and friends on active military duty. Teammates have sent 7,552 letters, notes and care packages overseas.

The Eureka! Forum.

Eureka! is an innovation platform for teammates to share their ideas about how to enhance the Village by improving the quality of patient care, reducing teammate burden and minding Village economics. In 2014, teammates logged into Eureka! over 3,000 times and submitted 429 new ideas.

Village Calls.

These calls are held approximately every eight weeks. All 60,000-plus teammates are invited to hear about the state of the company from senior DaVita HealthCare Partners leaders and ask questions about any subject they choose.

DaVita Village Network.

The DaVita Village Network gives teammates the opportunity to help each other during times of crisis, such as a natural disaster, an accident or an illness. Teammates can make payroll contributions, which DaVita provides funding to match up to \$250,000 per year.

DaVita Children's Foundation and the KT Family Foundation.

DaVita teammates' children and grandchildren who excel in leadership, community service and academics can earn scholarships of \$1,000 to \$3,000. The DaVita Children's Foundation, funded by DaVita, awards students in college or 12th grade. The KT Family Foundation, funded by Chairman and CEO Kent Thiry and his wife, Denise O'Leary, awards students in grades six through 11. Together, the two programs have awarded more than \$1.7 million to 891 students.

Woody Brittain Scholarship.

The Woody Brittain Scholarship was established in 2012 to honor a past DaVita HealthCare Partners board member. Woody was a successful businessman who was dedicated to community service. DaVita offers \$7,500 scholarships annually to three African-American high school seniors who are interested in pursuing a career in science, technology or healthcare. Students also receive exposure to DaVita's culture and mentor opportunities through college.

DaVita University

hosted three DaVita Way Days in India, Germany and Portugal, impacting 170 international teammates in 2014.

The DaVita Village

Network has awarded \$2.6M in crisis assistance to 574 teammates.

DaVita

Children's Foundation and KT Family Foundation have given more than \$1.7M in educational assistance to 891 children and grandchildren of DaVita teammates.

DaVita University

held live development events for 23,852 teammates in 2014.

DEVELOPING LEADERS

In 2014, a record-breaking number of teammates attended DaVita University's award-winning classes for teammate development.

Through DaVita's School of Leadership, School of Clinical Education and Village Gatherings, DaVita directly touched more than 22,600 teammates in 2014. DaVita University also launched a dozen new and innovative leadership and educational programs, expanded the availability of distance learning and rolled out leadership and development programs to international teammates in multiple countries.

VILLAGE VITALITY

Our Village Vitality program offers teammates multiple tools for making healthy choices including:

- Free biometric screenings at work sites
- Stress-management courses
- Tobacco-use cessation programs
- Challenges such as Match the Mayor, a six-week program in which teammates try to match Chairman and CEO Kent Thiry in adding a variety of fruits and vegetables to their daily meals

Teammates have the opportunity to earn free health insurance and the We Are Well award for their commitment to achieving their health goals.

CARING FOR OUR WORLD

Improving Lives, Sustainably

We are working to improve the lives of our patients, the regions in which we operate and those in need throughout the world by examining and reducing our environmental impact, performing international medical missions, offering health screenings and pursuing philanthropic endeavors.

DaVita Village Trust. DaVita Village Trust is improving access to kidney care and primary care, and increasing chronic kidney disease awareness. It saves lives through early-detection testing, kidney care education and increased access to dialysis treatment in underserved communities around the world.

In 2014, DaVita Village Trust completed 21 medical missions in 7 countries, bringing life-saving dialysis treatment to more than 250 patients around the world. Through its first primary care medical mission, it provided care and health education to more than 70 kidney donors and individuals. It provided CKD rapid-screenings for over 8,500 people through 38 domestic and two international CKD screening events.

DaVita Way of Giving. DaVita Kidney Care continued its long tradition of supporting local communities this year by making charitable contributions across the nation through the DaVita Way of Giving. As part of the program, teamates in our centers chose more than 950 nonprofits and community organizations to receive more than \$1.6 million in 2014. The program has donated a total of \$4 million since it began. In HealthCare Partners' first year with DaVita Way of Giving, 46 clinics in four states donated to 38 different charities.



Meet the Guatemala Medical Mission Team.

In December 2014, two DaVita HealthCare Partners primary care physicians joined a DaVita Kidney Care clinician and social worker to support DaVita Village Trust's first Primary Care Mission in Guatemala, City Guatemala, in collaboration with in-country partner Fundamer (a foundation for children with kidney disease).

The team provided primary care to 28 kidney donors and educational talks to approximately 50 individuals. Many kidney donors in Guatemala struggle to maintain healthy lives after the transplant. Kidney donors received free laboratory screening, physical exams and consultations with a dietitian and a social worker.

KT Community Foundation. The KT Community Foundation funds teammate-led projects that make a difference in teammates' local communities and overseas. To date, the KT Community Foundation has funded more than \$367,000 for such projects.

Tour DaVita. An annual 250-mile bicycle ride in different locations across the nation raises awareness about kidney disease. DaVita Kidney Care and HealthCare Partners teammates have raised more than \$6 million and collectively ridden 638,337 miles to fight kidney disease since 2007.

Village Service Days. Since 2006, DaVita Kidney Care teammates and their families and friends have volunteered more than 79,000 hours through 1,470 Village Service Days community services projects. HealthCare Partners and Paladina Health teammates also participate in a variety of volunteer projects and events specific to their communities.

Home-State Engagement. In addition to \$1.6 million in nationwide giving, DaVita HealthCare Partners contributed more than \$1.3 million in donations to 90 nonprofits and community groups in Denver, where the company is headquartered.

Community Efforts. More than 60 HealthCare Partners care sites and administrative offices in California participated in a variety of service projects in 2014. These included literacy programs, collecting blankets for tsunami victims and food for children in need, building prosthetic hands and organizing hygiene kits for women's shelters, among others.

SUSTAINABILITY

At DaVita HealthCare Partners, we continue to help improve our patients' health and quality of life while reducing our environmental footprint. In 2010, we established environmental goals for the Kidney Care division to achieve by the end of 2015.

2014 PROGRESS

GOAL

| | |
|---|--|
| <p>1</p> <p>Reduce energy consumption by 15 percent over 2013</p> | <p>DaVita Kidney Care has reduced energy consumption by 6 percent per treatment across the country. In 2014, a Building Management Systems pilot launched in 50 centers and we anticipate a 10 percent energy reduction through improvements in temperature controls and setpoints.</p> |
| <p>2</p> <p>Reduce water consumption by 10 percent per treatment</p> | <p>Since 2007, DaVita Kidney Care has reduced water consumption in clinics by 30 percent per treatment. Through the efforts of DaVita Kidney Care's biomedical team to optimize the frequency and duration of the water used in the pre-treatment filtration process, our centers have on average reduced gallons per month by 20 percent from 2013 to 2014.</p> |
| <p>3</p> <p>Reduce office paper and toner by 170 percent</p> | <p>DaVita Kidney Care has reduced paper consumption in centers and offices by 5 percent per treatment. Various avenues, including Print to PDF, electronic signatures for contracts and e-faxing capabilities have enabled teammates to move toward more paperless processes.</p> |
| <p>4</p> <p>Reduce environmental impact of purchases by 19 percent</p> | <p>DaVita Kidney Care continues to increase its environmentally preferable procurement through partnerships with vendors and purchases of environmentally friendly products when available. In 2014, we rebid more than 3,500 dialysis machines. This prevents hundreds of thousands of pounds of plastic and metal from going to the landfill.</p> |
| <p>5</p> <p>Reduce greenhouse gas emissions by 10 percent</p> | <p>DaVita Kidney Care has added more than 900 new educational programs each year. These programs include events such as green fairs, which educate teammates about sustainability at work and at home. Quarterly criteria were provided for Green Champions, focusing on engaging teammates about energy and paper reduction at their center.</p> |

HealthCare Partners in Colorado Springs constructed a new energy-efficient medical office in 2014, for primary and urgent care with geothermal heating and cooling and motion sensor lighting.

In 2014, HealthCare Partners teammates across the county began recycling old cell phones to raise funds for DaVita Village Trust.

HealthCare Partners teammates participated in walks and runs in their communities in 2014 to help raise funds for a variety of health-related causes.

LOOKING AHEAD

In reflecting on the progress we made in 2014, we are excited to continue our legacy this year and work to improve quality of life for our patients, for our teammates and in the communities in which we live and work.

Caring for Our Patients

Building on our holistic approach to healthcare, DaVita Kidney Care recently launched a new program called Empowering Patients. This program offers comprehensive training for our social workers that builds on their expertise to help patients manage their adjustment to dialysis and enhance their coping skills and self-care. The program explores interventions designed to complement DaVita Kidney Care's Patient-Focused Quality Pyramid and, ultimately, improve what matters most to patients—their quality of life.

Caring for Each Other

In 2015, DaVita University will be offering courses that have historically been available only in classroom settings in webinar and e-learning formats. Our goal is that all DaVita HealthCare Partners teammates, regardless of their schedule or location, will have the opportunity to participate in our award-winning

leadership and professional development courses. These webinars and e-learning courses are designed to offer the same experience as a classroom setting, with small group discussion and interactive features. Additionally, DaVita University has launched new learning programs this year focused on emotional intelligence and building relationships of integrity.

Caring for Our World

The DaVita Village Trust plans to complete 47 international and domestic medical missions, including 15 medical camps for kids this year. We will expand access to primary care and dialysis care in underserved communities around the world, directly impacting more than 1,400 patients. DaVita Village Trust also aims to provide free CKD rapid-screenings for more than 7,000 people in at-risk and underserved communities in the U.S. and abroad by hosting 32 screening events in 2015.

We launched our greenest dialysis center to date in Brandywine, Maryland, incorporating designs chosen by a collaborative group of teammates. The center enhances patient experience while being energy efficient. Using the new Furnish By Owner program, DaVita Kidney Care is now able to specify greener, more durable and contemporary materials, finishes and equipment such as solar shades, light shelves, daylight systems, LED lighting, energy efficient HVAC systems, floor and ceiling finishes, and more.

2014 HIGHLIGHTS

Caring for Our Patients

- :: DaVita Kidney Care led the industry in quality, with 50 percent of its dialysis centers earning four or five stars in the federal Five-Star Ratings, compared to the 21 percent industry average.
- :: DaVita Kidney Care led the industry in Medicare's Quality Incentive Program, ranking No. 1 in three out of four clinical measures and receiving the fewest penalties.
- :: DaVita Kidney Care continued to innovate clinically, improving fistula adoption by 103 percent since 2000, achieving an all-time low catheter rate of 13 percent and vaccinating 92.7 percent of patients for influenza and 93.4 percent for pneumonia.
- :: HealthCare Partners was on the 2014 list of 100 Accountable Care Organizations to Know published by Becker's Hospital Review.
- :: HealthCare Partners in California received a 4.5 out of 5 star rating from the Integrated Healthcare Association for quality of care provided to its Medicare Advantage patients. This was one of the highest ratings across all California physician organizations.

Caring for Each Other

- :: To date, 433 DaVita Kidney Care teammates have grown within the company through the Redwoods Leadership Development Program.
- :: Aon Hewitt honored DaVita Kidney Care in the Special Recognition category for overcoming challenges and demonstrating enormous progress toward becoming one of the best companies for leaders in North America.
- :: Through the Star Troopers program, teammates have sent 7,500 letters of encouragement, notes and care packages to active-duty military personnel overseas.

Caring for Our World

- :: DaVita Village Trust completed 21 medical missions in 7 countries, bringing life-saving dialysis treatment to more than 250 patients around the world and providing care and health education to more than 70 kidney donors and individuals.
- :: Teammates have supported local communities across the nation by donating nearly \$4 million through the DaVita Way of Giving since the program began.

DaVita Kidney Care
outperformed other
major dialysis providers
in the federal
Five-Star Ratings
and Quality Incentive
Program.

ABQ Health Partners
Bariatric Surgery, part
of HealthCare Partners,
was recognized by the
Metabolic and Bariatric
Surgery Accreditation
and Quality Improvement
Program as a Center
of Excellence for
Bariatric Surgery.

DaVita was honored in
2014 as one of the
World's Most
Admired Companies
by FORTUNE
for the tenth
consecutive year.

2014 AWARDS

- » FORTUNE[®] World's Most Admired Companies
- » Aon Hewitt Top Company for Leaders Special Recognition
- » Harvard Business Review Reputation Institute Award
- » National Adult and Influenza Summit Immunization Excellence
- » Denver Post Top Workplaces Colorado
- » Training Top 125
- » LearningElite
- » WorldBlu: Most Democratic Workplaces
- » Becker's Hospital Review 150 Great Places to Work in Healthcare
- » Top Military Employer (GI Jobs)
- » Newsweek Green Rankings for corporate sustainability and environmental impact
- » 20 HealthCare Partners physicians named "Top Doctors" in Nevada and Albuquerque
- » National Health Information
- » Web Health
- » Case in Point Platinum awards for Best Case Management in Acute Settings, Provider Program and Best Disease Management/Population Health
- » Modern Healthcare 100 Most Influential People in Healthcare
- » American Medical Group Foundation Measure Up/Pressure Down

CMS ratings of dialysis providers show most remain mediocre

By Sabriya Rice | October 8, 2015

For the second year in a row, the nation's top two kidney-care providers performed at significantly different levels of quality, according to CMS data released Thursday. DaVita beat out competitor Fresenius in the four- and five-star categories.

The CMS began publicly posting one- to five-star ratings for nearly 6,000 U.S. dialysis facilities in January after a delay as providers including DaVita and Fresenius continue to battle CMS' methodology in achieving the ratings.

The scale is meant to help dialysis patients evaluate quality at treatment centers. But experts say the ratings are difficult to understand and are not consistent with other online public-rating systems.

Patients whose kidneys stop working require dialysis—a process to filter toxins from their body—three times a week for several hours at a time. Studies and ratings such as those released Thursday show that hemodialysis patients in the U.S. continue to receive substandard care despite longstanding best practices.

A total of 5,841 dialysis facilities received a star rating from the CMS, 261 more facilities than the previous report, a Modern Healthcare analysis of the newly released data found. Of the 586 top performers in the five-star category, DaVita owned 202 while Fresenius owned 110. On the low end of the rating scale, Fresenius had 279 facilities of the 575 total in the one-star category, compared with DaVita, which had only 38. The disparity is consistent with previous findings.

A total of 1,169 U.S. facilities fell into the two-star range, 2,339 in the three-star range and 1,172 in the four-star range. This is consistent with the CMS' methodology, which structures the ratings so that only facilities in the top and bottom deciles would receive five stars and one star respectively. Those in the next highest 20% received four stars, the middle 40% got three stars and those in the next 20% were given two stars.

Kidney-care providers continue to challenge this structure, which they say does not offer fair competition. No matter how well facilities do, they argue, the curve will always force facilities into the lower-star categories.

An 18-member panel met this spring to discuss the rating program and make recommendations.

A report released Tuesday summarized their findings. A panel member agreed with statements made by former HHS Secretary Kathleen Sebelius, who said using a bell curve has "inherent flaws," according to the report. "The last thing we want to do is have an arbitrary bell curve just for the sake of having a system."

While not perfect, the federal push to report publicly their performance in some areas and to provide transparency should be encouraging facilities to step up to the plate, advocates have said.

Sabriya Rice

Sabriya Rice reports on quality of care and patient-safety issues. Rice previously wrote and produced for the medical unit of CNN, where she contributed to the Empowered Patient column and the weekly medical program formerly called "Housecall with Dr. Sanjay Gupta." She earned a bachelor's degree in film and television from the University of Notre Dame and a master's in communication studies from the University of Miami in Coral Gables, Fla. She joined Modern Healthcare in 2014.

CMS announces first shared-risk program for kidney care

By Sabriya Rice | October 8, 2015

The CMS announced on Wednesday the first suite of accountable care organization models specifically geared toward treatment of end-stage renal disease (ESRD). More than 600,000 people in the U.S. live with the condition, which requires patients to undergo costly, but life-sustaining dialysis treatments each week that account for nearly 6% of Medicare spending.

The 13 ESRD seamless care organizations, called ESCOs, began to share this month the financial risks for treating Medicare beneficiaries with kidney failure in 11 U.S. states. The models are meant to encourage dialysis providers to "think beyond their traditional roles" and provide patient-centered care, the CMS announcement said.

DaVita and Fresenius, the nation's two largest dialysis providers, both won bids to participate. DaVita HealthCare Partners will have three ESCOs located in Phoenix, Miami and Philadelphia. Fresenius Medical Care will have six, located in San Diego, Chicago, Charlotte, N.C., Philadelphia, Columbia (S.C.) and Dallas. Both providers expressed enthusiasm for participation in the program, and agree it is a step in the right direction. Still, both providers also expressed reservations.

"Deciding whether or not to participate has been a huge challenge," said Robert Sepucha, senior vice president of corporate affairs for Fresenius. Some of the measurements are not barometers of good quality care specifically for dialysis providers, he said, and the economic incentives "are not perfect." He added, "There are flaws that could prevent it from becoming the large-scale, new payment system a lot of us have hoped for."

The CMS began taking applications for the ESCO initiative in April 2014, but the plan drew early criticism. Kidney providers supported the concept, but questioned the application process and the metrics selected. Some thought the models should expand to target patients in earlier stages of the disease to slow its progression and subsequent costs.

"If you're not doing good upstream management of the patient, you're not going to be able to address the health needs and costs that could be avoided," said Todd Ezrine, general manager for VillageHealth, the DaVita program that will host that organization's ESCO.

He also said DaVita "scoured the country" to find markets where the shared saving program would be successful. CMS' benchmarking standards would be difficult to reach in markets where DaVita already achieves good outcomes, as participants may not understand the level of additional improvement needed to avoid penalties, he said.

Over the past year, the two providers have not necessarily seen eye-to-eye on the kidney care metrics used by federal programs.

For example, for the second time in nearly two years, DaVita beat its competitor on a five-star rating system posted publicly on the Dialysis Facility Compare website. Of 586 top performers in the five-star category, DaVita owned 202 facilities, while Fresenius owned only 110, according to data released Thursday. Alternatively, Fresenius had 279 facilities of the 575 that appeared in the one-star category, compared with DaVita, which had only 38.

Though kidney providers originally seemed united in their skittishness about that program, DaVita made a pivot following the first round of results. Fresenius, on the other hand, continues to express hesitation.

Fresenius made changes to the way data are collected, and to its clinical programs, but that will change nothing because of the forced bell curve the CMS uses on the five-star rating system, Sepucha said. "As one clinic moves up, another clinic has to move down," he said. "You could get rid of all one- and two-star clinics today, and tomorrow there would be a whole new set."

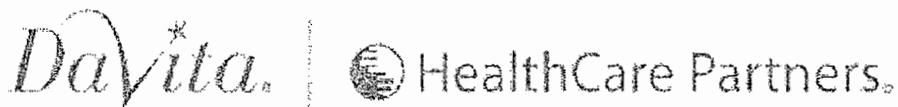
The CMS star ratings are consumer-facing initiatives that focus on quality of care inside medical facilities. The ESCOs are alternative payment models designed to encourage dialysis providers to take responsibility for the quality and cost of care for a population of patients. It includes the patient's total care, like managing other comorbidities and multiple medications, and is not just limited to care inside of dialysis facilities

It remains to be seen if concerns about the metrics specific to dialysis care will create disparities in the ESCO programs as well. The other two organizations participating include Dialysis Clinic, which will have programs in Newark, N.J., Spartanburg, S.C., and Nashville; and the Rogosin Institute, with an ESCO in New York.

In the meantime, health economists say providers can expect more bundling. Programs like ESCO are a reflection of a national focus on encouraging health providers from all specialties to put the patient first.

"Shouldn't the person taking care of a patient already be doing everything they could? Of course," said health economist, Dr. Peter Ubel, of Duke University's Fuqua School of Business. But bundled-payment models with shared financial risks do help reduce the tendency of for-profit industries to pay attention only to those products and services for which they get the biggest payments, he said.

Other payment and delivery experiments the CMS has launched under the Affordable Care Act have yielded mixed results so far. Last January, the first results for Medicare's shared-savings program for ACOs showed uneven progress among hospitals and physicians. The CMS Innovation Center's Pioneer ACO Model, meanwhile, saw nine of



DaVita Kidney Care Launches the First Ever Medicare Disease-Specific ACO In South Florida

FT. LAUDERDALE, Fla., Oct. 7, 2015 /PRNewswire/ -- In a step toward providing integrated care for all Medicare patients with kidney failure, [DaVita HealthCare Partners Inc.](#) (NYSE: DVA) , along with partner provider organizations, announces the launch of an End Stage Renal Disease (ESRD) Seamless Care Organization (ESCO) in Broward and Palm Beach counties.

DaVita's ESCO partners include: Coastal Nephrology & Hypertension Center led by Dr. Abbas Rabiei, Fort Lauderdale Nephrology and Hypertension led by Drs. Jorge Barrero Sr. and Jr., Mark Kaylin MD, Nephrology Associates of South Broward led by Dr. Alexander Markovich and Dr. James Reich, Renal Electrolyte & Hypertension Consultants led by Dr. Alberto Casaretto, Richard S. Sandler MD and Steven Zeig MD.

"We are excited to bring the gift of integrated care to our patients," said Bryan Gregory, division vice president for DaVita. "Our joint venture with pioneering nephrologists will facilitate seamless care delivery resulting in better patient outcomes."

The ESCO is a kidney disease-specific accountable care organization (ACO) developed by the Centers for Medicare and Medicaid Services (CMS) that will allow kidney care providers to take accountability for the clinical and financial outcomes of ESRD patients.

Dialysis clinics have frequent contact with ESRD patients. They receive dialysis therapy three times a week for an average of four hours per treatment. Patients who use home-based therapies (e.g., peritoneal dialysis, home hemodialysis) visit a dialysis clinic and engage with its staff multiple times per month. The dialysis center is their natural medical home.

"We're pleased that CMS is recognizing that kidney care is unique and that dialysis centers are a medical home for chronically ill patients," said Dr. Stephen McMurray, vice president of clinical integrated care management services for DaVita. "We hope that in the future, integrated kidney care will be available to all patients."

The ESCO will leverage its access to the patient, its relationship with nephrologists and substantial clinical data to address the totality of each patient's healthcare needs inside and outside of the dialysis clinic.

DaVita has proven experience in managing the full risk and care for broad populations across multiple geographies including specialized programs designed for ESRD patients and patients with other chronic needs. Additionally, DaVita is recognized as the clinical leader in two government quality programs, the CMS Dialysis Facility Compare Five-Star Rating System and the CMS ESRD Quality Incentive Program.

The statements contained in this document are solely those of the authors and do not necessarily reflect the views or policies of CMS. The authors assume responsibility for the accuracy and completeness of the information contained in this document.

About DaVita Kidney Care

DaVita Kidney Care is a division of DaVita HealthCare Partners Inc., a Fortune 500® company that, through its operating divisions, provides a variety of health care services to patient populations throughout the United States and abroad. A leading provider of dialysis services in the United States, DaVita Kidney Care treats patients with chronic kidney failure and end stage renal disease. DaVita Kidney Care strives to improve patients' quality of life by innovating clinical care, and by offering integrated treatment plans, personalized care teams and convenient health-management services. As of June 30, 2015, DaVita Kidney Care

operated or provided administrative services at 2,210 outpatient dialysis centers located in the United States serving approximately 176,000 patients. The company also operated 96 outpatient dialysis centers located in 10 countries outside the United States. DaVita Kidney Care supports numerous programs dedicated to creating positive, sustainable change in communities around the world. The company's leadership development initiatives and social responsibility efforts have been recognized by Fortune, Modern Healthcare, Newsweek and WorldBlu. For more information, please visit DaVita.com.

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News Releases

DaVita Kidney Care Launches the First Ever Medicare Disease-Specific ACO

Thousands of Medicare Beneficiaries will Receive Integrated Kidney Care

DENVER, Oct. 7, 2015 /PRNewswire/ -- In a step toward providing integrated care for all Medicare patients with kidney failure, DaVita HealthCare Partners Inc. (NYSE: DVA) announces the launch of End Stage Renal Disease (ESRD) Seamless Care Organizations (ESCOs) in conjunction with other dialysis organizations in select markets across the country.

ESRD patients are a uniquely vulnerable, chronically ill population who, in addition to having kidney failure, may also be frail, disabled, low income and are likely to suffer from other complex medical conditions.

The Centers for Medicare & Medicaid Services (CMS) recognizes that ESRD patients would benefit greatly from specialized integrated care. The ESCO model enables this specialized care and requires that participating dialysis providers like DaVita partner with nephrologists to take full accountability for the clinical and financial outcomes of patients participating in the program.

"ESRD patients are unique and the dialysis center is their natural medical home," said Dr. Stephen McMurray, vice president of clinical integrated care management services for DaVita. "We believe in the potential of the specialized ESRD care model to shape the delivery of care to chronically ill populations more broadly in the future."

DaVita, in conjunction with pioneering nephrologist and health system partners, began serving patients in this model on October 1, 2015 in Arizona, Florida, New Jersey and Pennsylvania.

"This is the beginning of a transformative model. Our goal is to partner with the government to create a long-term model that allows all patients to receive the gift of integrated care," said Javier Rodriguez, CEO for DaVita Kidney Care. "We are committed to this vision and are dedicated to being an innovative partner to make that vision a reality."

DaVita has proven experience in managing the full risk and care for broad populations across multiple geographies including specialized programs designed for ESRD patients and patients with other chronic needs. Additionally, DaVita is recognized as the clinical leader in two government quality programs, the CMS Dialysis Facility Compare Five-Star Rating System and the CMS ESRD Quality Incentive Program.

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News Releases

DaVita Kidney Care Launches the Only Medicare Disease-Specific ACO In Phoenix and Tucson, AZ

PHOENIX, Oct. 7, 2015 /PRNewswire/ -- In a step toward providing integrated care for all Medicare patients with kidney failure, DaVita HealthCare Partners Inc. (NYSE: DVA), with its partner provider organizations, announces the launch of an End Stage Renal Disease (ESRD) Seamless Care Organization (ESCO) in Phoenix and Tucson, AZ.

DaVita and Southwest Kidney Institute, along with Banner Health, a leading health care system and Pioneer ACO, have created this unique partnership – the first of its kind in the nation.

"We are excited to be the first in Arizona to bring the gift of true integrated kidney care to our patients," said Sean Graham, division vice president for DaVita. "Our joint venture with pioneering nephrologists and a leading health system will facilitate seamless care delivery resulting in better patient outcomes."

The ESCO is a kidney disease-specific accountable care organization (ACO) developed by the Centers for Medicare and Medicaid Services (CMS) that will allow kidney care providers to take accountability for the clinical and financial outcomes of ESRD patients.

"Value-based arrangements like ESCOs are not only the basis for more cost-effective health care, they also drive the best quality care for our members," said Dr. Nishant Anand, chief medical officer for Banner Health Network, Banner Health's accountable care organization. "Through this partnership, we believe patients will get the right care in the right setting and many crises can be averted or de-escalated, allowing a greater quality of life for those with ESRD."

The ESCO will leverage its access to the patient, its relationship with nephrologists and substantial clinical data to address the totality of each patient's healthcare needs inside and outside of the dialysis clinic.

"Southwest Kidney Institute is committed to high-quality, cost-effective population health. But most importantly, we want to provide care that enhances the individual patient experience and improves their quality of life," said Dr. Rajiv Poduval, President of Southwest Kidney Institute. "The ESCO platform and the unique opportunity to partner with two progressive health care organizations that share our vision, provide us with an opportunity to do both."

DaVita has proven experience in managing the full risk and care for broad populations across multiple geographies including specialized programs designed for ESRD patients and patients with other chronic needs. Additionally, DaVita is recognized as the clinical leader in two government quality programs, the CMS Dialysis Facility Compare Five-Star Rating System and the CMS ESRD Quality Incentive Program.

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DaVita Kidney Care treats patients with chronic kidney failure and end stage renal disease. DaVita Kidney Care strives to improve patients' quality of life by innovating clinical care, and by offering integrated treatment plans, personalized care teams and convenient health-management services. As of June 30, 2015, DaVita Kidney Care operated or provided administrative services at 2,210 outpatient dialysis centers located in the United States serving approximately 176,000 patients. The company also operated 96 outpatient dialysis centers located in 10 countries outside the United States. DaVita Kidney Care supports numerous programs dedicated to creating positive, sustainable change in communities around the world. The company's leadership development initiatives and social responsibility efforts have been recognized by Fortune, Modern Healthcare, Newsweek and WorldBlu. For more information, please visit DaVita.com.

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About Southwest Kidney Institute

Southwest Kidney Institute (SKI) is one of the leading private nephrology practices in the country, with over 50 board-certified/eligible physicians and 10 mid-level providers, offering comprehensive renal services to patients with kidney disease.

Through its "Continuum of Caring" model that focuses on prevention, timely intervention, and innovation throughout all stages of Chronic Kidney and End Stage Renal Disease, SKI providers place emphasis on healthy transitions concentrating on outcomes and quality of life.

The company practices out of 35 office locations with 3 vascular centers, an innovative research division, and a thriving kidney transplant program. The SKI-Davita Partnership offers dialysis services in over 30 dialysis facilities in Arizona.

For further information, visit www.swkidney.com.

About Banner Health

Headquartered in Arizona, Banner Health is one of the largest nonprofit health care systems in the country. The system owns and operates 28 acute-care hospitals, Banner Health Network, Banner – University Medicine, Banner Medical Group, long-term care centers, outpatient surgery centers and an array of other services, including family clinics, home care and hospice services, pharmacies and a nursing registry. Banner Health is in seven states: Alaska, Arizona, California, Colorado, Nebraska, Nevada and Wyoming. For more information, visit www.BannerHealth.com.

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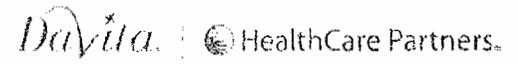
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DaVita Kidney Care Launches the Only Medicare Disease-Specific ACO In Phoenix and Tucson, AZ - Oct 7, 2015

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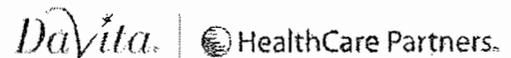
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News Releases

DaVita Celebrates 15th Anniversary Milestones

Teammates Deliver Clinical Excellence, Improved Patient Care, Innovation, Robust Partnerships, International Growth, Community Leadership

DENVER, Jan. 11, 2016 /PRNewswire-USNewswire/ -- DaVita (NYSE: DVA), a leading independent medical group and a leading provider of kidney care services in the United States, today released a recap of major milestones and accomplishments for the company in 2015 to celebrate its 15th anniversary.

"For the 15th year in a row, our wonderful teammates once again demonstrably improved clinical outcomes, supported by the U.S. government's data and quality rating systems," said Kent Thiry, chairman and CEO of DaVita. "Our teammates also achieved many other special milestones as they cared for our patients, each other and our communities."

Large-scale initiatives and highlights for 2015 include:

Clinical Leadership

DaVita Leads Major Dialysis Providers in Quality – For the second consecutive year, DaVita leads all major dialysis providers in highly ranked centers under the Centers for Medicare and Medicaid Services' (CMS) Five-Star Quality Rating system. The company has nearly twice the percentage of centers with four- and five-star ratings compared to all other major dialysis providers. DaVita also led in CMS' ESRD Quality Incentive Program (QIP) for the second year in a row with the most dialysis centers ranking in the top clinical performance tier.

DaVita launches the first-ever Medicare disease-specific ACOs for ESRD patients – In a step toward providing integrated care for all Medicare patients with kidney failure, DaVita launched End Stage Renal Disease (ESRD) Seamless Care Organizations (ESCOs) in conjunction with CMS in Arizona, Florida, New Jersey and Pennsylvania.

HealthCare Partners Recognized as Top Performing Medical Group by SCAN Health Plan – SCAN Health Plan recognized HealthCare Partners for the quality of care and service delivered by its medical professionals and staff. Selection is based on HealthCare Partners' performance score of four stars or higher – on a five-star scale – in areas such as preventive screenings, treatment of chronic conditions and appropriate documentation.

FluidWise® Program Helps Dialysis Patients Maintain Weight – FluidWise, DaVita's fluid management program, aims to reduce fluid-related hospitalizations – the main reason for dialysis patients' hospital admissions. Since 2013, DaVita has seen a more than 10 percent reduction in the number of patients with frequent excessive interdialytic weight gain.

WipeOut® Program Helps Prevent Infections for Dialysis Patients – WipeOut, DaVita's infection surveillance, prevention and response program, aims to help patients live longer and avoid infection-related hospitalizations. DaVita leads the industry with more than 90 percent of its dialysis patients immunized for influenza in 2015.

VillageHealth Patients Experience Fewer Hospital Admissions – VillageHealth, a subsidiary of DaVita that specializes in integrated kidney care, saw a nearly 40 percent reduction in avoidable

admissions and almost 30 percent lower overall admissions among patients enrolled in VillageHealth® programs through a partnership with Highmark.

Business Growth

Washington's Everett Clinic to Join DaVita – DaVita announced its intent to acquire The Everett Clinic, a nationally recognized physician group. The Everett Clinic operates 20 care sites north of Seattle, treating more than 315,000 patients and employing roughly 2,200 teammates, including more than 500 specialty and primary care providers.

DaVita Acquires Renal Ventures – DaVita announced that it has entered into an agreement to acquire Colorado-based Renal Ventures Limited, LLC – including a 100 percent interest in all dialysis centers owned by Renal Ventures. Renal Ventures operates more than 35 dialysis clinics in six states.

VillageHealth and Humana Team up to Create Humana Kidney Care – VillageHealth and Humana Inc. created a special needs plan (SNP) for Medicare beneficiaries with ESRD. The program, called Humana Kidney Care, specifically targets ESRD patients in Las Vegas and uses HealthCare Partners Nevada's physicians as part of its provider network.

Paladina Health, UnitedHealthcare and State of Colorado Partner to Provide Innovative Physician-Led Primary Care to State Employees – Paladina Health announced that State of Colorado employees and their eligible dependents who have health coverage through UnitedHealthcare now have access to Paladina Health's "medical home" approach to primary care that includes 24/7 telephone access to physicians and help in getting outside care at no- or low-cost to the patient.

DaVita to Expand World Headquarters in Downtown Denver – DaVita announced the company will build a new space directly across 16th Street from its original headquarters building. The new building will offer up to 410,000 square feet of space, with DaVita leasing 265,000 square feet. This will accommodate 1,200 additional teammates.

DaVita Announces New Home for HealthCare Partners Division's California Office – HealthCare Partners division California offices will move from Torrance to a new 185,000-square-foot location in El Segundo. Roughly 800 HealthCare Partners teammates will work at the new location in a large, open floor plan that allows greater access to natural light and creates a more collaborative environment.

DaVita Rx Opens New Facility in Arizona – DaVita Rx, a full service pharmacy specializing in renal care and dispensing of medications for patients with complex diseases, broke ground on a new 76,000-square-foot facility located in Chandler, Arizona. The facility includes 10,000 square feet dedicated to medication dispensing for select disease states and will house approximately 550 new teammates.

Village Awards

In 2015, DaVita won nearly 40 major awards, including the following:

Business Excellence

FORTUNE World's Most Admired Companies – For the eighth consecutive year, DaVita was named among *FORTUNE*® Magazine's World's Most Admired Companies.

100 Most Influential People in Health Care – Kent Thiry was ranked number 19 among the most influential people in U.S. health care by *Modern Healthcare*. The company wishes the list were called "the most influential companies" because it considers the award to be about teammates' hard work and commitment to patients.

ERE Recruiting Excellence – DaVita received the ERE Recruiting Excellence Military Talent Program and Best Employee Referral Program Awards for its exemplary recruiting efforts.

Consumer Reports - HealthCare Partners Medical Group was named one of the highest-ranking medical groups in Los Angeles County for the second year in a row by *Consumer Reports Magazine*.

Caring for Our Patients

American Business Awards - Falcon Physician, a wholly owned subsidiary of DaVita that creates nephrology-specific clinical technology, was presented with a Gold Stevie® Award in the Information Technology Department of the Year category.

Golden Bridge Award – Falcon Physician received the Gold award in the 7th Annual Golden Bridge Awards® for its Product Management Department.

Fierce Innovation Healthcare Award – Falcon Physician was awarded the Fierce Innovation Healthcare Award in the EHR category for its innovative Falcon Mobile App.

CAPG Standards of Excellence Elite Status – For nine consecutive years, HealthCare Partners has been honored with Elite status by CAPG – the highest possible honor awarded by the nation's leading association for physician organizations practicing coordinated care.

National Health Information Awards – DaVita received two awards – a gold award and Best in Show – for its kidney care patient education program.

eHealthcare Leadership Award – DaVita was presented with a gold eHealthcare Leadership Award for DaVita.com in the *Best Overall Internet Site*, consumer/disease-focused category.

Digital Health Awards – DaVita was honored with a silver Digital Health Award for its kidney care Twitter account and a merit Digital Award for its kidney care Facebook account in the social media category. The company also received two silver Digital Health Awards for myDaVita.com in the web-based and mobile resources categories.

Caring for Each Other

Top Workplaces – DaVita was named to the Colorado Top Workplaces list for the fourth consecutive year and to the Nashville list for the first time. HealthCare Partners Florida division was recognized as a Tampa Bay Top Workplace for the sixth consecutive year.

2015 Training Top 125 – For the 11th consecutive year, *Training Magazine* named DaVita a leading organization that offers exceptional workforce training and leadership development programs.

Freedom-Centered Workplace – For the eighth consecutive year DaVita was ranked among the world's most freedom-centered workplaces by WorldBlu (formerly called "most democratic workplaces").

Becker's Hospital Review 150 Great Places to Work in Healthcare – DaVita was named as one of the 150 Great Places to Work in Healthcare for the second year in a row.

LearningElite – DaVita was recognized as a Gold LearningElite organization in 2015 by *Chief Learning Officer* magazine for creating and implementing exemplary teammate development practices that deliver measurable business value.

Best Clinical/Top Doctors lists – Many HealthCare Partners physicians and clinics were named "Top Docs" or best medical facilities by community newspapers and business journals.

MarCom Awards – DaVita received two platinum MarCom Awards for village building displays at its 2015 Villagewide and a participant portfolio for its Stadium Academy, a large-scale orientation program to introduce company culture to new teammates. The company received three gold MarCom Awards for promoting its brand and culture in a HealthCare Partners corporate office in Las Vegas and in a dialysis center in Saudi Arabia, and for its *Stories of the Village*, an internal magazine. The company's internal broadcast, Rock It, DDN! received an honorable mention.

Ragan Intranet Award – DaVita received an honorable mention Ragan Intranet Award for the VillageWeb, the kidney care division's intranet site, in the launch/relaunch category.

Hermes Creative Awards – DaVita received a platinum Hermes Creative Award for promoting its brand and culture in a DaVita Rx corporate office and a gold Hermes Creative Award for a campaign promoting a HIPAA-secure texting app for clinicians.

Caring for Our World

Newsweek Green Rankings – DaVita was recognized by *Newsweek* Green Rankings as a 2015 Top Green Company in the U.S. The company has appeared on the list every year the award program has run since 2009.

Communitas Awards – The DaVita® Way of Giving program won in the 2015 philanthropy category. Each year, DaVita clinical facilities across the country choose an organization in their community to receive a charitable contribution. Nearly \$6.8 million has been donated to thousands of nonprofits through the program since 2011.

Military Awards

Best for Vets – DaVita was recognized by *Military Times Edge* as a "Best for Vets" employer for the sixth consecutive year.

Top Veteran-Friendly Companies – DaVita was honored as a top veteran-friendly company by U.S. Veterans Magazine for the fourth consecutive year.

Most Valuable Employer for Military – For the fifth year in a row, CivilianJobs.com named DaVita as a Most Valuable Employer for Military.

GI Jobs Military Friendly – DaVita was named a Military Friendly company by G.I. Jobs for the sixth consecutive year.

Clinical Innovation and Research

DaVita Clinical Research Turns 30 – DaVita Clinical Research (DCR) celebrated 30 years of clinical research in 2015 and thanked investigators by celebrating Investigator Appreciation Day. The company has grown to offer a suite of drug development services including multi-site, full-service, phase-I clinics, late-phase trial services in the United States and Europe, and health economics and data research capabilities.

DaVita Clinical Research Expands Late-Phase Clinical Trial Capabilities in Europe – DCR is now collaborating with experienced researchers in Germany, Poland and Portugal to provide data and knowledge-based insights to clients, combining extensive nephrology and clinical trial experience with knowledge of local differences in the practice of nephrology positions.

DaVita Rx Increases Number of Patients Served – Over the past year, DaVita Rx has increased the number of patients it serves by 25 percent. More than 165,000 patients use DaVita Rx services including 24-hour access to specially trained pharmacists, refill reminders, flexible payment options and no cost delivery.

DaVita Rx Expands Training Program for Pharmacists – DaVita Rx expanded its Renal Disease State Management training program for pharmacists. Six new clinical protocols were launched with training focused on high-risk medications for ESRD patients.

Falcon Physician Develops Chronic Kidney Disease Tracker – Falcon Physician announced the development of the Falcon CKD Tracker tool to provide healthier transitions for patients from chronic kidney disease (CKD) to ESRD. The tool offers an easy-to-read format of critical data including notifications for physicians when a patient experiences a significant drop in renal function and when a patient may be a candidate to transition to dialysis.

Falcon Physician Enhances Products to Help Physicians Care for Patients – Falcon Physician developed and enhanced multiple products including the launch of the Falcon Rounding app re-architecture (to document dialysis rounding in clinics), Falcon Mobile for on-the-go order signing capabilities and access to patient summaries, and Falcon Charting to access patient charts through a native app.

Improved Patient Care

CKD Training Program Nearly Doubles Number of Patients Educated Before Starting Dialysis – Kidney Smart® programs educated 35,000 people in 2015, up from 18,000 in 2014. This program helps give new dialysis patients the opportunity to achieve improved clinical outcomes such as starting dialysis with an ideal vascular access.

HealthCare Partners Saves \$1.8 million in Anthem Blue Cross Enhanced Personal Care Program – HealthCare Partners produced \$1.8 million in savings as a result of its participation in the Enhanced Personal Care program, a commercial Accountable Care Organization (ACO) formed by Anthem Blue Cross (Anthem). The EPHC program focuses on fully insured PPO members with two or more chronic conditions.

DaVita Social Workers Launch Program to Help Patients Transition to Dialysis – Through DaVita's "Empowering Patients Program," social workers use specialized comprehensive counseling to empower dialysis patients who have difficulty. To date, 7,000 patients have graduated from the program and there has been a nearly 10 percent reduction in missed treatments.

DaVita.com Re-Launches as Mobile-Friendly – DaVita.com, the award-winning flagship site for kidney disease information, can now be accessed through a new mobile version that allows users to view kidney disease resources on their smart phone or tablet.

More than 11,000 People Assessed Their Risk for Kidney Disease During National Kidney Month – In March 2015, more than 11,000 people took a 60-second quiz – which can be accessed at DaVita.com/LearnYourRisk – to help assess their risk for kidney disease. One in 10 adults age 20 or older in the U.S. has kidney disease, but many don't know it because the disease is often symptomless in its early stages.

DaVita Rx Expands In-depth Pharmacy Expertise to Other Complex Disease States Beyond Kidney Care – DaVita Rx began dispensing a drug therapy for prostate cancer and growth disorders and is now providing pharmacy support services for multiple sclerosis patients in California and oncology patients in Nevada.

DaVERT Educates Community about Health and Disaster Preparedness – DaVita Village Emergency Response Team (DaVERT) and Colorado Springs Health Partners hosted a community fair to provide free primary health screenings for the Colorado Springs community and highlight the need for health care providers to have comprehensive disaster preparedness plans in place.

DaVita Supports Transplant Education – DaVita has long been committed to helping its patients receive a thorough kidney transplant education within 30 days of their first dialysis treatment. Patients are educated about the step-by-step transplant process and requirements, health benefits of a transplant and the transplant center options available to them.

HealthCare Partners Launches New Resource for Insurance Agents – HealthCare Partners created agent resource center websites for California, Florida and Nevada to help agents better assist Medicare customers. This free tool allows agents to easily search for primary care providers within the HealthCare Partners network.

DaVita Launches the Improved DaVita Diet Helper™ – DaVita Diet Helper relaunched on DaVita.com with notable features including more mobile access, a combined meal planner and nutrition tracker and an expanded shopping list. The tool can be accessed at DaVita.com/DietHelper.

DaVita Labs Processes More Than 51 Million Tests in 2015 – DaVita Labs delivers accurate, timely test results for kidney care patients. In 2015, DaVita Labs processed more than 51 million tests, helping nephrologists provide quality care to their patients.

International

DaVita Announces its First Chief Medical Officer for International Operations – Mahesh Krishnan, M.D., MPH, MBA, FASN, serves as the company's international chief medical officer and group vice president of research and development to implement global clinical initiatives. Dr. Krishnan previously served as DaVita's vice president of clinical research, innovation and public policy.

DaVita Creates Joint Venture in China – In August 2015, DaVita announced a joint venture kidney care specialty hospital chain in Shandong province, China. The agreement establishes DaVita (Shandong) Kidney Disease Hospital Co., Ltd., a first-of-its-kind renal dialysis joint venture between a multinational health care provider and the private sector in China.

DaVita to Establish Operations in Brazil – In October 2015, DaVita entered the Brazilian market. The company announced plans to help Brazilian physicians grow their practice by providing them access to a worldwide network of experts, best-in-class training programs and the most advanced clinical and administrative service standards.

DaVita Expands Kidney-Friendly Recipe Tool to Three Countries – DaVita expanded its kidney-friendly recipe tool to Germany, Portugal and Colombia, providing kidney diet support for people living with CKD.

Lifeline Vascular Access Opens Center in Saudi Arabia – Lifeline Vascular Access opened a new state-of-the-art outpatient vascular access center in Jeddah, the first of its kind in the Saudi Kingdom. This is the first of several centers that are planned to treat patients in Saudi Arabia and dramatically enhance the way vascular access care is delivered.

Bridge of Life Expands Reach with New Missions in Telehealth, Hand Hygiene and Primary Care – In 2015, Bridge of Life, the primary program of DaVita Village Trust, an independent 501(c)(3) nonprofit organization, completed more than 30 international medical missions and over 50 domestic missions and CKD screening events. More than 300 DaVita volunteers supported these missions, impacting nearly 17,000 men, women and children in 15 countries.

Teammate Support

DaVita Launches New Intranet Site for Teammates – DaVita redesigned its intranet site to better serve teammates' needs. With updated search functionality and easy-to-use navigation, the VillageWeb allows teammates to find clinical, operational and cultural materials quickly and efficiently to better care for their patients and fellow teammates.

DaVita University Helps Teammates Develop Personally and Professionally – In 2015, DaVita University's Schools of Clinical Education and Leadership delivered 200 programs impacting more than 21,000 teammates to enhance their personal and professional development.

DaVita Supports Teammates with Military Background – Over the past five years, DaVita has hired more than 2,000 veterans and offered transitional support for teammates coming from a military background. "Village Veterans" encourages new veteran teammates to receive mentorship from company leaders as they transition to new roles within the company.

DaVita's Compliance Program Evolves and Grows in 2015 – Significant compliance resources have been dedicated to reinforcing the existing practices and standards of our organization across the enterprise. These efforts include recruiting a board member with compliance expertise, recruiting senior compliance professionals, and significantly increasing our compliance budget to enhance computer systems and increase external legal advice. Finally, a Management Compliance Committee was established for formal oversight of the enhanced compliance program.

Corporate Citizenship, Education, Empowerment

DaVita Gives More Than \$2 Million to Nonprofits Across the U.S. – For the fifth anniversary of the "DaVita Way of Giving" program, teammates at nearly 1,900 DaVita kidney care centers and HealthCare Partners sites directed \$2 million of company donations to locally based charities across the United States.

Teammates Volunteer More Than 5,400 Hours During Earth Day Initiative – In honor of Earth Day 2015, more than 1,600 DaVita teammates and their families and friends volunteered over 5,400 hours through 110 environmental service projects in their local communities.

DaVita Village Green Exceeds 10 Percent Water Reduction Goal – Because of the efforts of DaVita's clinical enterprise and biomedical teams, DaVita dialysis centers are on average using nearly 30 percent fewer gallons of water per dialysis treatment in 2015 than they did in 2010.

Tour DaVita® raises \$1.2 Million for Care and Disease Prevention Around the World – More than 550 riders participated in Tour DaVita, DaVita's annual charity bike ride, which raised \$1.2 million to support Bridge of Life. Bridge of Life serves thousands of men, women and children around the world through kidney care, primary care, education and prevention and medically supported camps for kids.

DaVita and Denver Public Schools Strengthen Relationship – DaVita continues to partner with Denver Public Schools (DPS) to build culture among administrators, teachers, students and parents through training and development programs. In 2015, DPS launched DPS Teams, a program based on DaVita Way of Team, which aims to open honest conversations, help teams overcome obstacles and move them toward creating new possibilities.

DaVita and Achievement First Build Culture Between School and Parents – DaVita helped New York Achievement First, a network of public charter schools, create a two-day program that increased stakeholder engagement, better connected parents to the school culture and established commitments that participants could bring to life at home and at school.

DaVita Reports on Corporate Social Responsibility Progress – DaVita released its 2014 Community Care report, which highlights progress on key initiatives supporting the company's vision for corporate social responsibility (CSR) – the Trilogy of Care: Caring for Our Patients, Caring for Each Other and Caring for Our World. The report is available at DaVita.com/CSR.

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About DaVita HealthCare Partners

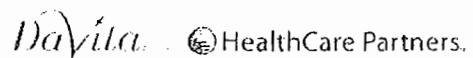
DaVita HealthCare Partners Inc., a Fortune 500® company, is the parent company of DaVita Kidney Care and HealthCare Partners. DaVita Kidney Care is a leading provider of kidney care in the United States, delivering dialysis services to patients with chronic kidney failure and end stage renal disease. As of September 30, 2015, DaVita Kidney Care operated or provided administrative services at 2,225 outpatient dialysis centers located in the United States serving approximately 177,000 patients. The company also operated 104 outpatient dialysis centers located in 10 countries outside the United States. HealthCare Partners manages and operates medical groups and affiliated physician networks in Arizona, California, Nevada, New Mexico, Florida and Colorado in its pursuit to deliver excellent-quality health care in a dignified and compassionate manner. As of September 30, 2015 HealthCare Partners provided integrated care management for approximately 808,000 patients. For more information, please visit DaVitaHealthCarePartners.com.

Contact Information

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david.gilles@davita.com

Logo -



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SOURCE DaVita

**Davita HealthCare Partners Inc.
Illinois Facility Listing**

| Regulatory Name | Address 1 | City | County | State | Zip | Medicare Certification Number |
|--------------------------------|----------------------------|--------------------|------------|-------|------------|-------------------------------|
| Adams County Dialysis | 436 N 10TH ST | QUINCY | ADAMS | IL | 62301-4152 | 14-2711 |
| Alton Dialysis | 3511 COLLEGE AVE | ALTON | MADISON | IL | 62002-5009 | 14-2619 |
| Arlington Heights Renal Center | 17 WEST GOLF ROAD | ARLINGTON HEIGHTS | COOK | IL | 60005-3905 | 14-2628 |
| Barrington Creek | 28160 W. NORTHWEST HIGHWAY | LAKE BARRINGTON | LAKE | IL | 60010 | 14-2736 |
| Belvidere Dialysis | 1755 BELOIT ROAD | BELVIDERE | BOONE | IL | 61008 | |
| Benton Dialysis | 1151 ROUTE 14 W | BENTON | FRANKLIN | IL | 62812-1500 | 14-2608 |
| Beverly Dialysis | 8109 SOUTH WESTERN AVE | CHICAGO | COOK | IL | 60620-5939 | 14-2638 |
| Big Oaks Dialysis | 5623 W TOUHY AVE | NILES | COOK | IL | 60714-4019 | 14-2712 |
| Buffalo Grove Renal Center | 1291 W. DUNDEE ROAD | BUFFALO GROVE | COOK | IL | 60089-4009 | 14-2650 |
| Calumet City Dialysis | 1200 SIBLEY BOULEVARD | CALUMET CITY | COOK | IL | 60409 | |
| Carpentersville Dialysis | 2203 RANDALL ROAD | CARPENTERSVILLE | KANE | IL | 60110-3355 | 14-2598 |
| Centralia Dialysis | 1231 STATE ROUTE 161 | CENTRALIA | MARION | IL | 62801-6739 | 14-2609 |
| Chicago Heights Dialysis | 177 W JOE ORR RD, STE B | CHICAGO HEIGHTS | COOK | IL | 60411-1733 | 14-2635 |
| Chicago Ridge Dialysis | 10511 SOUTH HARLEM AVE | WORTH | COOK | IL | 60482 | |
| Countryside Dialysis | 5970 CHURCHVIEW DR | ROCKFORD | WINNEBAGO | IL | 61107-2574 | 14-2640 |
| Cobblestone Dialysis | 934 CENTER ST, STE A | ELGIN | KANE | IL | 60120-2125 | 14-2715 |
| Country Hills Dialysis | 4215 W 167TH ST | COUNTRY CLUB HILLS | COOK | IL | 60478-2017 | 14-2575 |
| Crystal Springs Dialysis | 720 COG CIRCLE | CRYSTAL LAKE | MCHENRY | IL | 60014-7301 | 14-2716 |
| Decatur East Wood Dialysis | 794 E WOOD ST | DECATUR | MACON | IL | 62523-1155 | 14-2599 |
| Dixon Kidney Center | 1131 N GALENA AVE | DIXON | LEE | IL | 61021-1015 | 14-2651 |
| Driftwood Dialysis | 1808 SOUTH WEST AVE | FREEPOR | STEPHENSON | IL | 61032-6712 | 14-2747 |
| Edwardsville Dialysis | 225 S BUCHANAN ST | EDWARDSVILLE | MADISON | IL | 62025-2108 | 14-2701 |
| Effingham Dialysis | 904 MEDICAL PARK DR, STE 1 | EFFINGHAM | EFFINGHAM | IL | 62401-2193 | 14-2580 |
| Emerald Dialysis | 710 W 43RD ST | CHICAGO | COOK | IL | 60609-3435 | 14-2529 |
| Evanston Renal Center | 1715 CENTRAL STREET | EVANSTON | COOK | IL | 602014507 | 14-2511 |

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|-------------------------------|-------------------------------------|----------------|------------|----|------------|---------|
| Grand Crossing Dialysis | 7319 S COTTAGE GROVE AVENUE | CHICAGO | COOK | IL | 60619-1909 | 14-2728 |
| Freeport Dialysis | 1028 S KUNKLE BLVD | FREEPORT | STEPHENSON | IL | 61032-6914 | 14-2642 |
| Garfield Kidney Center | 3250 WEST FRANKLIN BLVD | CHICAGO | COOK | IL | 606244509 | 14-2777 |
| Granite City Dialysis Center | 9 AMERICAN VLG | GRANITE CITY | MADISON | IL | 62040-3706 | 14-2537 |
| Harvey Dialysis | 16641 S HALSTED ST | HARVEY | COOK | IL | 60426-6174 | 14-2698 |
| Hazel Crest Renal Center | 3470 WEST 183rd STREET | HAZEL CREST | COOK | IL | 60429-2428 | 14-2622 |
| Illini Renal Dialysis | 507 E UNIVERSITY AVE | CHAMPAIGN | CHAMPAIGN | IL | 61820-3828 | 14-2633 |
| Jacksonville Dialysis | 1515 W WALNUT ST | JACKSONVILLE | MORGAN | IL | 62550-1150 | 14-2581 |
| Jerseyville Dialysis | 917 S STATE ST | JERSEYVILLE | JERSEY | IL | 62052-2344 | 14-2636 |
| Kankakee County Dialysis | 581 WILLIAM R LATHAM SR DR, STE 104 | BOURBONNAIS | KANKAKEE | IL | 60914-2439 | 14-2685 |
| Kenwood Dialysis | 4259 5 COTTAGE GROVE AVENUE | CHICAGO | COOK | IL | 60653 | 14-2717 |
| Lake County Dialysis Services | 565 LAKEVIEW PARKWAY, STE 176 | VERNON HILLS | LAKE | IL | 60061 | 14-2552 |
| Lake Villa Dialysis | 37809 N IL ROUTE 59 | LAKE VILLA | LAKE | IL | 60046-7332 | 14-2666 |
| Lawndale Dialysis | 3934 WEST 24TH ST | CHICAGO | COOK | IL | 60523 | 14-2768 |
| Lincoln Dialysis | 2100 WEST FIFTH | LINCOLN | LOGAN | IL | 62656-9115 | 14-2582 |
| Lincoln Park Dialysis | 3157 N LINCOLN AVE | CHICAGO | COOK | IL | 60657-3111 | 14-2528 |
| Litchfield Dialysis | 915 ST FRANCES WAY | LITCHFIELD | MONTGOMERY | IL | 62056-1775 | 14-2583 |
| Little Village Dialysis | 2335 W CERMAK RD | CHICAGO | COOK | IL | 60608-3811 | 14-2668 |
| Logan Square Dialysis | 2838 NORTH KIMBALL AVE | CHICAGO | COOK | IL | 60618 | 14-2534 |
| Loop Renal Center | 1101 SOUTH CANAL STREET | CHICAGO | COOK | IL | 60607-4901 | 14-2505 |
| Machesney Park Dialysis | 6950 NORTH PERRYVILLE ROAD | MACHESNEY PARK | WINNEBAGO | IL | 61115 | |
| Macon County Dialysis | 1090 W MCKINLEY AVE | DECATUR | MACON | IL | 62526-3208 | 14-2584 |
| Marengo City Dialysis | 910 GREENLEE STREET, STE B | MARENGO | MCHENRY | IL | 60152-8200 | 14-2643 |
| Marion Dialysis | 324 S 4TH ST | MARION | WILLIAMSON | IL | 62959-1241 | 14-2570 |
| Maryville Dialysis | 2130 VADALABENE DR | MARYVILLE | MADISON | IL | 62062-5632 | 14-2634 |

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|------------------------------------|---|--------------|-------------|----|------------|---------|
| Mattoon Dialysis | 6051 DEVELOPMENT DRIVE | CHARLESTON | COLES | IL | 61938-4652 | 14-2685 |
| Metro East Dialysis | 5105 W MAIN ST | BELLEVILLE | SAINT CLAIR | IL | 62226-4728 | 14-2527 |
| Montclare Dialysis Center | 7009 W BELMONT AVE | CHICAGO | COOK | IL | 60634-4533 | 14-2649 |
| Montgomery County Dialysis | 1822 SENATOR MILLER DRIVE | HILLSBORO | MONTGOMERY | IL | 62049 | |
| Mount Vernon Dialysis | 1800 JEFFERSON AVE | MOUNT VERNON | JEFFERSON | IL | 62864-4300 | 14-2541 |
| Mt. Greenwood Dialysis | 3401 W 111TH ST | CHICAGO | COOK | IL | 60655-3329 | 14-2660 |
| Olney Dialysis Center | 117 N BOONE ST | OLNEY | RICHLAND | IL | 62450-2109 | 14-2674 |
| Olympia Fields Dialysis Center | 4567B LINCOLN HWY, STE B | MATTESON | COOK | IL | 60443-2318 | 14-2548 |
| Palos Park Dialysis | 13155 5 LAGRANGE ROAD | ORLAND PARK | COOK | IL | 60462-1162 | 14-2732 |
| Pittsfield Dialysis | 640 W WASHINGTON ST | PITTSFIELD | PIKE | IL | 62363-1350 | 14-2708 |
| Red Bud Dialysis | LOT 4 IN 1ST ADDITION OF EAST INDUSTRIAL PARK | RED BUD | RANDOLPH | IL | 62278 | 14-2772 |
| Robinson Dialysis | 1215 N ALLEN ST, STE B | ROBINSON | CRAWFORD | IL | 62454-1100 | 14-2714 |
| Rockford Dialysis | 3339 N ROCKTON AVE | ROCKFORD | WINNEBAGO | IL | 61103-2839 | 14-2647 |
| Roxbury Dialysis Center | 622 ROXBURY RD | ROCKFORD | WINNEBAGO | IL | 61107-5089 | 14-2665 |
| Rushville Dialysis | 112 SULLIVAN DRIVE | RUSHVILLE | SCHUYLER | IL | 62681-1293 | 14-2620 |
| Sauget Dialysis | 2061 GOOSE LAKE RD | SAUGET | SAINT CLAIR | IL | 62206-2822 | 14-2561 |
| Schaumburg Renal Center | 1156 5 ROSELLE ROAD | SCHAUMBURG | COOK | IL | 60193-4072 | 14-2654 |
| Shiloh Dialysis | 1095 NORTH GREEN MOUNT RD | SHILOH | ST CLAIR | IL | 62269 | 14-2753 |
| Silver Cross Renal Center - Morris | 1551 CREEK DRIVE | MORRIS | GRUNDY | IL | 60450 | 14-2740 |

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|---------------------------------------|--------------------------------|---------------|-----------|----|------------|---------|
| Silver Cross Renal Center - New Lenox | 1890 SILVER CROSS BOULEVARD | NEW LENOX | WILL | IL | 60451 | 14-2741 |
| Silver Cross Renal Center - West | 1051 ESSINGTON ROAD | JOLIET | WILL | IL | 60435 | 14-2742 |
| South Holland Renal Center | 16136 SOUTH PARK AVENUE | SOUTH HOLLAND | COOK | IL | 60473-1511 | 14-2544 |
| Springfield Central Dialysis | 932 N RUTLEDGE ST | SPRINGFIELD | SANGAMON | IL | 62702-3721 | 14-2586 |
| Springfield Montvale Dialysis | 2930 MONTVALE DR, STE A | SPRINGFIELD | SANGAMON | IL | 62704-5376 | 14-2590 |
| Springfield South | 2930 SOUTH 6th STREET | SPRINGFIELD | SANGAMON | IL | 62703 | 14-2733 |
| Stonecrest Dialysis | 1302 E STATE ST | ROCKFORD | WINNEBAGO | IL | 61104-2228 | 14-2615 |
| Stony Creek Dialysis | 9115 S CICCERO AVE | OAK LAWN | COOK | IL | 60453-1895 | 14-2661 |
| Stony Island Dialysis | 8725 S STONY ISLAND AVE | CHICAGO | COOK | IL | 60617-2709 | 14-2718 |
| Sycamore Dialysis | 2200 GATEWAY DR | SYCAMORE | DEKALB | IL | 60178-3113 | 14-2639 |
| Taylorville Dialysis | 901 W SPRESSER ST | TAYLORVILLE | CHRISTIAN | IL | 62568-1831 | 14-2687 |
| Tazewell County Dialysis | 1021 COURT STREET | PEKIN | TAZEWELL | IL | 61554 | 14-2767 |
| Timber Creek Dialysis | 1001 S. ANNIE GLIDDEN ROAD | DEKALB | DEKALB | IL | 60115 | 14-2763 |
| Trinley Park Dialysis | 16767 SOUTH 80TH AVENUE | TINLEY PARK | COOK | IL | 60477 | |
| TRC Children's Dialysis Center | 2611 N HALSTED ST | CHICAGO | COOK | IL | 60614-2301 | 14-2604 |
| Vandalia Dialysis | 301 MATTES AVE | VANDALIA | FAYETTE | IL | 62471-2061 | 14-2693 |
| Vermilion County Dialysis | 22 WEST NEWELL ROAD | DANVILLE | VERMILION | IL | 61834 | |
| Waukegan Renal Center | 1616 NORTH GRAND AVENUE, STE C | Waukegan | COOK | IL | 60085-3676 | 14-2577 |
| Wayne County Dialysis | 303 NW 11TH ST, STE 1 | FAIRFIELD | WAYNE | IL | 62837-1203 | 14-2668 |
| West Lawn Dialysis | 7000 S PULASKI RD | CHICAGO | COOK | IL | 60629-5842 | 14-2719 |
| West Side Dialysis | 1600 W 13TH STREET | CHICAGO | COOK | IL | 60608 | |
| Whiteside Dialysis | 2600 N LOCUST, STE D | STERLING | WHITESIDE | IL | 61081-4602 | 14-2648 |
| Woodlawn Dialysis | 5060 S STATE ST | CHICAGO | COOK | IL | 60609 | 14-2310 |

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

Dear Chair Olson:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 that no adverse action as defined in 77 IAC 1130.140 has been taken against any in-center dialysis facility owned or operated by DaVita HealthCare Partners Inc. or Total Renal Care, Inc. in the State of Illinois during the three year period prior to filing this application.

Additionally, pursuant to 77 Ill. Admin. Code § 1110.230(a)(3)(C), I hereby authorize the Health Facilities and Services Review Board (“HFSRB”) and the Illinois Department of Public Health (“IDPH”) access to any documents necessary to verify information submitted as part of this application for permit. I further authorize HFSRB and IDPH to obtain any additional information or documents from other government agencies which HFSRB or IDPH deem pertinent to process this application for permit.

Sincerely,



Print Name: Arturo Sida
Its: Assistant Corporate Secretary
DaVita HealthCare Partners Inc.
Total Renal Care, Inc.

Subscribed and sworn to me
This ___ day of _____, 2016

See Attached

Notary Public

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

On February 2, 2016 before me, Kimberly Ann K. Burgo, Notary Public
(here insert name and title of the officer)

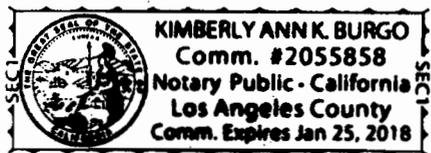
personally appeared *** Arturo Sida ***

who proved to me on the basis of satisfactory evidence to be the person~~(s)~~ whose name~~(s)~~ is/~~are~~ subscribed to the within instrument and acknowledged to me that he/~~she/they~~ executed the same in his/~~her/their~~ authorized capacity~~(ies)~~, and that by his/~~her/their~~ signature~~(s)~~ on the instrument the person~~(s)~~, or the entity upon behalf of which the person~~(s)~~ acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Kimberly Ann K. Burgo
Signature



OPTIONAL INFORMATION

Law does not require the information below. This information could be of great value to any person(s) relying on this document and could prevent fraudulent and/or the reattachment of this document to an unauthorized document(s)

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: Ltr. to K. Olson re CON Application (Collinsville Dialysis)
Document Date: February 2, 2016 Number of Pages: 1 (one)
Signer(s) if Different Than Above: _____
Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s): _____
 Individual
 Corporate Officer Assistant Secretary
(Title(s)) _____
 Partner
 Attorney-in-Fact
 Trustee
 Guardian/Conservator
 Other: _____

SIGNER IS REPRESENTING: Name of Person or Entity Total Renal Care, Inc./DaVita HealthCare Partners Inc.

Section III, Background, Purpose of the Project, and Alternatives – Information Requirements
Criterion 1110.230(b) – Background, Purpose of the Project, and Alternatives

Purpose of Project

1. The purpose of the project is to improve access to life sustaining dialysis services to the residents of Collinsville and the surrounding area. There are 9 dialysis facilities within 30 minutes of the proposed Collinsville Dialysis (the "Collinsville GSA"). Collectively, these facilities were operating at 77.25%, or just below the State's 80% standard, as of December 31, 2015. Furthermore, patient census among the existing facilities within the Collinsville GSA has increased approximately 5% annually over the prior two years. This growth is anticipated to continue to increase for the foreseeable future. The U.S. Centers for Disease Control and Prevention estimates 10% of American adults have some level of CKD,¹⁰ and the National Kidney Fund of Illinois estimates over 1 million Illinoisans have CKD and most do not know it. As more working families obtain health insurance through the Affordable Care Act (or ACA)¹¹ and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,¹² more individuals in high risk groups will have better access to primary care and kidney screening. As a result of these health care reform initiatives, there will likely be tens of thousands of newly diagnosed cases of CKD in the years ahead. Once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough stations are available to treat this new influx of ESRD patients, who will require dialysis in the next couple of years.

Further, Dr. Sriraj (Tim). Kanungo's practice, St. Louis Nephrology and Hypertension, is currently treating 122 Stage 4, and 5 CKD patients, who reside within the Collinsville GSA. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, return of function, or relocation, Dr. Kanungo anticipates that at least 42 of these patients will initiate dialysis at the proposed facility within 12 to 24 months following project completion. Based upon historical utilization trends, the existing facilities will not have sufficient capacity to accommodate Dr. Kanungo's projected referrals.

The establishment of an 8-station dialysis facility will improve access to necessary dialysis treatment for those individuals in Collinsville and the surrounding area who suffer from ESRD. ESRD patients are typically chronically ill individuals and adequate access to dialysis services is essential to their well-being.

2. A map of the market area for the proposed facility is attached at Attachment – 12. The market area encompasses an approximate 30 minute radius around the proposed facility. The boundaries of the market area are as follows:

¹⁰ CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC). NATIONAL CHRONIC KIDNEY DISEASE FACT SHEET: GENERAL INFORMATION AND NATIONAL ESTIMATES ON CHRONIC KIDNEY DISEASE IN THE UNITED STATES, 2014. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention; 2014.

¹¹ According to data from the federal government nearly 350,000 Illinois residents enrolled in a health insurance program through the ACA (See DEP'T OF HEALTH & HUMAN SERVS., OFFICE OF THE ASSISTANT SEC'Y FOR PLANNING AND EVALUATION, HEALTH INSURANCE MARKETPLACES 2015 OPEN ENROLLMENT PERIOD: MARCH ENROLLMENT REPORT (Mar. 10, 2015) available at <http://aspe.hhs.gov/pdf-report/health-insurance-marketplace-2015-open-enrollment-period-march-enrollment-report> (last visited Nov. 23, 2015).

¹² In January 2011, the Illinois General Assembly passed legislation mandating 50% of the Medicaid population to be covered by a managed care program by 2015.

- North approximately 30 minutes normal travel time to Brighton, IL.
- Northeast approximately 30 minutes normal travel time to Staunton, IL.
- East approximately 30 minutes normal travel time to Highland, IL.
- Southeast approximately 30 minutes normal travel time to Freeburg, IL.
- South approximately 30 minutes normal travel time to Smithton, IL.
- Southwest approximately 29 minutes normal travel time to Mississippi River.
- West approximately 20 minutes normal travel time to Mississippi River.
- Northwest approximately 15 minutes normal travel time to Mississippi River.

The purpose of this project is to improve access to life sustaining dialysis to residents of the Collinsville and the surrounding area.

3. The minimum size of a GSA is 30 minutes and all of the projected patients reside within 30 minutes of the proposed facility, located in Collinsville, Illinois. Dr. Kanungo expects at least 42 of the current 122 CKD patients that reside within 30 minutes of the proposed site to require dialysis within 12 to 24 months of project completion.

4. Source Information

US Renal Data System, USRDS 2013 Annual Data Report: Atlas of Chronic Kidney Disease and End-Stage Renal Disease in the United States, Bethesda, MD: National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases (2013).

US Renal Data System, USRDS 2014 Annual Data Report: Atlas of Chronic Kidney Disease and End-Stage Renal Disease in the United States, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD (2014).

CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC). NATIONAL CHRONIC KIDNEY DISEASE FACT SHEET: GENERAL INFORMATION AND NATIONAL ESTIMATES ON CHRONIC KIDNEY DISEASE IN THE UNITED STATES, 2014. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention; 2014.

DEP'T OF HEALTH & HUMAN SERVS., OFFICE OF THE ASSISTANT SEC'Y FOR PLANNING AND EVALUATION, HEALTH INSURANCE MARKETPLACES 2015 OPEN ENROLLMENT PERIOD: MARCH ENROLLMENT REPORT (Mar. 10, 2015) *available at* <http://aspe.hhs.gov/pdf-report/health-insurance-marketplace-2015-open-enrollment-period-march-enrollment-report> (last visited Nov. 23, 2015).

5. The proposed facility will improve access to dialysis services to the residents of the Collinsville and the surrounding area by establishing the proposed facility. Given the high utilization in the GSA, this facility is necessary to ensure sufficient access to dialysis services in this community.
6. The Applicants anticipate the proposed facility will have quality outcomes comparable to its other facilities. Additionally, in an effort to better serve all kidney patients, DaVita believes in requiring all providers measure outcomes in the same way and report them in a timely and accurate basis or be subject to penalty. There are four key measures that are the most common indicators of quality care for dialysis providers - dialysis adequacy, fistula use rate, nutrition and bone and mineral metabolism. Adherence to these standard measures has been directly linked to 15-20% fewer hospitalizations. On each of these measures, DaVita has demonstrated superior clinical outcomes, which directly translated into 7% reduction in hospitalizations among DaVita patients.

Section III, Background, Purpose of the Project, and Alternatives
Criterion 1110.230(c) – Background, Purpose of the Project, and Alternatives

Alternatives

The Applicants considered three options prior to determining to establish an 8-station dialysis facility. The options considered are as follows:

1. Maintain the Status Quo/Do Nothing
2. Utilize Existing Facilities.
3. Establish a new facility.

After exploring these options, which are discussed in more detail below, the Applicants determined to establish an 8-station dialysis facility. A review of each of the options considered and the reasons they were rejected follows.

Maintain the Status Quo/Do Nothing

The Applicants considered the option not to do anything. Dr. Kanungo and his partner currently round at five dialysis facilities in the Collinsville GSA: Granite City Dialysis, Maryville Dialysis, Edwardsville Dialysis, Metro East Dialysis in Belleville, and FMC Regency Park. All of these facilities are highly utilized, operating above or just below the State Board's 80% utilization standard. Dr. Sriraj (Tim). Kanungo's practice, St. Louis Nephrology and Hypertension, is currently treating 122 Stage 4, and 5 CKD patients, who reside within the Collinsville GSA. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, return of function, or relocation, Dr. Kanungo anticipates that at least 42 of these patients will initiate dialysis at the proposed facility within 12 to 24 months following project completion. Based upon historical utilization trends, the existing facilities will not have sufficient capacity to accommodate Dr. Kanungo's projected referrals. As a result, DaVita rejected this option.

There is no capital cost with this alternative.

Utilize Existing Facilities

There are 9 existing dialysis facilities within the Collinsville GSA. Collectively, these facilities were operating at 77.25%, or just below the State's 80% standard, as of December 31, 2015. Furthermore, patient census among the existing facilities within the Collinsville GSA has increased approximately 5% annually over the prior two years. This growth is anticipated to continue to increase for the foreseeable future. The U.S. Centers for Disease Control and Prevention estimates 10% of American adults have some level of CKD,¹³ and the National Kidney Fund of Illinois estimates over 1 million Illinoisans have CKD and most do not know it. As more working families obtain health insurance through the Affordable Care Act (or ACA)¹⁴ and 1.5 million Medicaid beneficiaries transition from

¹³ CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC). NATIONAL CHRONIC KIDNEY DISEASE FACT SHEET: GENERAL INFORMATION AND NATIONAL ESTIMATES ON CHRONIC KIDNEY DISEASE IN THE UNITED STATES, 2014. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention; 2014.

¹⁴ According to data from the federal government nearly 350,000 Illinois residents enrolled in a health insurance program through the ACA (See DEP'T OF HEALTH & HUMAN SERVS., OFFICE OF THE ASSISTANT SEC'Y FOR PLANNING AND EVALUATION, HEALTH INSURANCE MARKETPLACES 2015 OPEN ENROLLMENT PERIOD: MARCH ENROLLMENT REPORT (Mar. 10, 2015) *available at* <http://aspe.hhs>.

traditional fee for service Medicaid to Medicaid managed care,¹⁵ more individuals in high risk groups will have better access to primary care and kidney screening. As a result of these health care reform initiatives, there will likely be tens of thousands of newly diagnosed cases of CKD in the years ahead. Once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough stations are available to treat this new influx of ESRD patients, who will require dialysis in the next couple of years.

Further, Dr. Sriraj (Tim). Kanungo's practice, St. Louis Nephrology and Hypertension, is currently treating 122 Stage 4, and 5 CKD patients, who reside within the Collinsville GSA. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, return of function, or relocation, Dr. Kanungo anticipates that at least 42 of these patients will initiate dialysis at the proposed facility within 12 to 24 months following project completion. Based upon historical utilization trends, the existing facilities will not have sufficient capacity to accommodate Dr. Kanungo's projected referrals.

Given the high utilization of the existing facilities coupled with projected growth of ESRD patients due to health care reform initiatives, the existing facilities within the GSA will not have sufficient capacity to accommodate Dr. Kanungo's projected referrals. As a result, DaVita rejected this option.

There is no capital cost with this alternative.

Establish a New Facility

As noted above, there are 9 dialysis facilities within the Collinsville GSA; collectively these facilities were operating at 77.25% as of December 31, 2015. Accordingly, there will be insufficient capacity for Dr. Kanungo's projected referrals. Furthermore, patient census among the existing facilities within the Collinsville GSA has increased approximately 5% annually over the prior two years. This growth is anticipated to continue to increase for the foreseeable future. The U.S. Centers for Disease Control and Prevention estimates 10% of American adults have some level of CKD,¹⁶ and the National Kidney Fund of Illinois estimates over 1 million Illinoisans have CKD and most do not know it. As more working families obtain health insurance through the Affordable Care Act (or ACA)¹⁷ and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,¹⁸ more individuals in high risk groups will have better access to primary care and kidney screening. As a result of these health care reform initiatives, there will likely be tens of thousands of newly diagnosed cases of CKD in the years ahead. Once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to

[gov/pdf-report/health-insurance-marketplace-2015-open-enrollment-period-march-enrollment-report](http://www.aspe.hhs.gov/pdf-report/health-insurance-marketplace-2015-open-enrollment-period-march-enrollment-report) (last visited Nov. 23, 2015).

¹⁵ In January 2011, the Illinois General Assembly passed legislation mandating 50% of the Medicaid population to be covered by a managed care program by 2015.

¹⁶ CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC). NATIONAL CHRONIC KIDNEY DISEASE FACT SHEET: GENERAL INFORMATION AND NATIONAL ESTIMATES ON CHRONIC KIDNEY DISEASE IN THE UNITED STATES, 2014. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention; 2014.

¹⁷ According to data from the federal government nearly 350,000 Illinois residents enrolled in a health insurance program through the ACA (See DEP'T OF HEALTH & HUMAN SERVS., OFFICE OF THE ASSISTANT SEC'Y FOR PLANNING AND EVALUATION, HEALTH INSURANCE MARKETPLACES 2015 OPEN ENROLLMENT PERIOD: MARCH ENROLLMENT REPORT (Mar. 10, 2015) available at <http://aspe.hhs.gov/pdf-report/health-insurance-marketplace-2015-open-enrollment-period-march-enrollment-report> (last visited Nov. 23, 2015).

¹⁸ In January 2011, the Illinois General Assembly passed legislation mandating 50% of the Medicaid population to be covered by a managed care program by 2015.

diagnosis. It is imperative that enough stations are available to treat this new influx of ESRD patients, who will require dialysis in the next couple of years.

The growth of Shiloh Dialysis is emblematic of the increasing need for dialysis services in the Metro East market. Shiloh Dialysis, which is less than 20 minutes from the site of the proposed site of Collinsville Dialysis received a certificate of need permit in January 2012. In July 2013, Shiloh received its Medicare certification from the Centers for Medicare and Medicaid Services. In the third quarter of 2015, just over two years after receiving Medicare certification, Shiloh Dialysis exceeded the State Board's 80% utilization standard.

Finally, Dr. Sriraj (Tim) Kanungo's practice, St. Louis Nephrology and Hypertension, is currently treating 122 Stage 4, and 5 CKD patients, who reside within the Collinsville GSA. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, return of function, or relocation, Dr. Kanungo anticipates that at least 42 of these patients will initiate dialysis at the proposed Collinsville Dialysis within 12 to 24 months following project completion. Based upon historical utilization trends, the existing facilities will not have sufficient capacity to accommodate Dr. Kanungo's projected referrals.

The establishment of an 8-station dialysis facility will improve access to necessary dialysis treatment for those individuals in Collinsville and the surrounding area who suffer from ESRD. ESRD patients are typically chronically ill individuals and adequate access to dialysis services is essential to their well-being. As a result, DaVita chose this option.

The cost of this alternative is **\$2,399,308**.

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.234(a), Size of the Project

The Applicants propose to establish an 8-station dialysis facility. Pursuant to Section 1110, Appendix B of the HFSRB's rules, the State standard is 360-520 gross square feet per dialysis station for a total of 2,880 – 4,160 gross square feet for 8 dialysis stations. The total gross square footage of the clinical space of the proposed Collinsville Dialysis is 4,150 of clinical gross square feet (or 518.75 GSF per station). Accordingly, the proposed facility meets the State standard per station.

| SIZE OF PROJECT | | | | |
|--------------------|--------------------|----------------|------------|----------------------|
| DEPARTMENT/SERVICE | PROPOSED BGSF/DGSF | STATE STANDARD | DIFFERENCE | MET STANDARD? |
| ESRD | 4,150 | 2,880 – 4,160 | N/A | Meets State Standard |

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.234(b), Project Services Utilization

By the second year of operation, annual utilization at the proposed facility shall exceed HFSRB's utilization standard of 80%. Pursuant to Section 1100.1430 of the HFSRB's rules, facilities providing in-center hemodialysis should operate their dialysis stations at or above an annual utilization rate of 80%, assuming three patient shifts per day per dialysis station, operating six days per week. Dr. Kanungo is currently treating 122 CKD patients that reside within 30 minutes of the proposed Collinsville Dialysis, and whose condition is advancing to ESRD. See Appendix - 1. Conservatively, based upon attrition due to patient death, transplant, return of function, or relocation, it is estimated that 42 of these patients will initiate dialysis within 12 to 24 months following project completion.

| Table 1110.234(b) | | | | | |
|--------------------------|-----------------------|--|------------------------------|-----------------------|----------------------|
| Utilization | | | | | |
| | Dept./ Service | Historical Utilization (Treatments) | Projected Utilization | State Standard | Met Standard? |
| Year 2 | ESRD | N/A | 6,552 | 5,990 | Yes |

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.234(c). Unfinished or Shell Space

This project will not include unfinished space designed to meet an anticipated future demand for service. Accordingly, this criterion is not applicable.

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.234(d), Assurances

This project will not include unfinished space designed to meet an anticipated future demand for service. Accordingly, this criterion is not applicable.

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430, In-Center Hemodialysis Projects – Review Criteria

1. Planning Area Need

The Applicants propose to establish an 8-station dialysis facility to be located at 101 Lanter Court, Bldg. 2, Collinsville, IL 62234. As shown in Attachment – 26A, there are 9 dialysis facilities within 30 minutes of the proposed Collinsville Dialysis. Collectively, these facilities were operating at 77.25%, or just below the State's 80% standard, as of December 31, 2015. Furthermore, patient census among the existing facilities within the Collinsville GSA has increased approximately 5% annually over the prior two years. This growth is anticipated to continue to increase for the foreseeable future. The U.S. Centers for Disease Control and Prevention estimates 10% of American adults have some level of CKD,¹⁹ and the National Kidney Fund of Illinois estimates over 1 million Illinoisans have CKD and most do not know it. As more working families obtain health insurance through the Affordable Care Act (or ACA)²⁰ and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,²¹ more individuals in high risk groups will have better access to primary care and kidney screening. As a result of these health care reform initiatives, there will likely be tens of thousands of newly diagnosed cases of CKD in the years ahead. Once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough stations are available to treat this new influx of ESRD patients, who will require dialysis in the next couple of years.

The growth of Shiloh Dialysis is emblematic of the increasing need for dialysis services in the Metro East market. Shiloh Dialysis, which is less than 20 minutes from the site of the proposed site of Collinsville Dialysis received a certificate of need permit in January 2012. In July 2013, Shiloh received its Medicare certification from the Centers for Medicare and Medicaid Services. In the third quarter of 2015, just over two years after receiving Medicare certification, Shiloh Dialysis exceeded the State Board's 80% utilization standard.

Finally, Dr. Sriraj (Tim). Kanungo's practice, St. Louis Nephrology and Hypertension, is currently treating 122 Stage 4, and 5 CKD patients, who reside within the Collinsville GSA. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, return of function, or relocation, Dr. Kanungo anticipates that at least 42 of these patients will initiate dialysis at the proposed facility within 12 to 24 months following project completion. Based upon historical utilization trends, the existing facilities will not have sufficient capacity to accommodate Dr. Kanungo's projected referrals.

The establishment of an 8-station dialysis facility will improve access to necessary dialysis treatment for those individuals in Collinsville and the surrounding area who suffer from ESRD. ESRD patients

¹⁹ CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC). NATIONAL CHRONIC KIDNEY DISEASE FACT SHEET: GENERAL INFORMATION AND NATIONAL ESTIMATES ON CHRONIC KIDNEY DISEASE IN THE UNITED STATES, 2014. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention; 2014.

²⁰ According to data from the federal government nearly 350,000 Illinois residents enrolled in a health insurance program through the ACA (See DEP'T OF HEALTH & HUMAN SERVS., OFFICE OF THE ASSISTANT SEC'Y FOR PLANNING AND EVALUATION, HEALTH INSURANCE MARKETPLACES 2015 OPEN ENROLLMENT PERIOD: MARCH ENROLLMENT REPORT (Mar. 10, 2015) *available at* <http://aspe.hhs.gov/pdf-report/health-insurance-marketplace-2015-open-enrollment-period-march-enrollment-report> (last visited Nov. 23, 2015).

²¹ In January 2011, the Illinois General Assembly passed legislation mandating 50% of the Medicaid population to be covered by a managed care program by 2015.

are typically chronically ill individuals and adequate access to dialysis services is essential to their well-being

2. Service to Planning Area Residents

The primary purpose of the proposed project is to improve access to life-sustaining dialysis services to the residents of the Collinsville and the surrounding area. As evidenced in the physician referral letter attached at Appendix - 1, 122 pre-ESRD patients reside within 30 minutes of the proposed facility.

3. Service Demand

Attached at Appendix - 1 is a physician referral letter from Dr. Kanungo and a schedule of pre-ESRD and current patients by zip code. A summary of CKD patients projected to be referred to the proposed dialysis facility within the first two years after project completion is provided in Table 1110.1430(b)(3)(B) below.

| Table 1110.1430(c)(3)(B) Projected Pre-ESRD Patient Referrals by Zip Code | |
|--|---------------------------|
| Zip Code | Total Patients |
| 62001 | 5 |
| 62018 | 1 |
| 62025 | 18 |
| 62034 | 12 |
| 62040 | 14 |
| 62060 | 1 |
| 62061 | 1 |
| 62062 | 6 |
| 62203 | 41 |
| 62204 | 1 |
| 62206 | 15 |
| 62208 | 1 |
| 62221 | 1 |
| 62223 | 1 |
| 62232 | 4 |
| 62234 | 32 |
| 62249 | 5 |
| 62254 | 2 |
| 62269 | 1 |
| 62294 | 12 |
| Total | 122 |

4. Service Accessibility

As set forth throughout this application, the proposed facility is needed to maintain access to life-sustaining dialysis for residents of the Collinsville and the surrounding area. Currently, there are 9

dialysis facilities within the Collinsville GSA; collectively these facilities were operating at 77.25% as of December 31, 2015. Furthermore, patient census among the existing facilities within the Collinsville GSA has increased approximately 5% annually over the prior two years. This growth is anticipated to continue to increase for the foreseeable future. Due to health care reforms like the ACA and the transition to Medicaid managed care, more individuals in high risk groups will have better access to primary care and kidney screening. As a result of these health care reform initiatives, there will likely be tens of thousands of newly diagnosed cases of CKD in the years ahead. Once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough stations are available to treat this new influx of ESRD patients, who will require dialysis in the next couple of years. Accordingly, there will be insufficient capacity for Dr. Kanungo's projected referrals.

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(c), Unnecessary Duplication/Maldistribution

1. Unnecessary Duplication of Services

- a. The proposed dialysis facility will be located at 101 Lanter Court, Bldg. 2, Collinsville, IL 62234. A map of the proposed facility's market area is attached at Attachment – 26B. A list of all zip codes located, in total or in part, within 30 minutes normal travel time of the site of the proposed dialysis facility as well as 2010 census figures for each zip code is provided in Table 1110.1430(d)(1)(A).

| Table 1110.1430(d)(1)(A) Population of Zip Codes within 30 Minutes of Proposed Facility | | |
|--|------------------|-------------------|
| ZIP Code | City | Population |
| 62001 | Alhambra | 1,752 |
| 62002 | Alton | 32,704 |
| 62010 | Bethalto | 11,186 |
| 62018 | Cottage Hills | 3,604 |
| 62024 | East Alton | 9,775 |
| 62025 | Edwardsville | 33,748 |
| 62034 | Glen Carbon | 13,819 |
| 62040 | Pontoon Beach | 43,735 |
| 62046 | Hamel | 713 |
| 62048 | Hartford | 1,459 |
| 62058 | Livingston | 843 |
| 62059 | Lovejoy | 746 |
| 62060 | Madison | 4,847 |
| 62061 | Marine | 1,718 |
| 62062 | Maryville | 7,658 |
| 62067 | Moro | 2,401 |
| 62084 | Roxana | 1,606 |
| 62087 | South Roxana | 2,087 |
| 62090 | Venice | 1,189 |
| 62095 | Wood River | 11,237 |
| 62201 | Fairmont City | 7,547 |
| 62203 | East St. Louis | 8,209 |
| 62204 | East St. Louis | 7,960 |
| 62205 | East St. Louis | 9,329 |
| 62206 | Cahokia | 16,509 |
| 62207 | Alorton | 8,750 |
| 62208 | Fairview Heights | 17,376 |
| 62220 | Belleville | 20,504 |
| 62221 | Belleville | 27,858 |

| Table 1110.1430(d)(1)(A) Population of Zip Codes within 30 Minutes of Proposed Facility | | |
|--|----------------------|-------------------|
| ZIP Code | City | Population |
| 62223 | Belleville | 17,560 |
| 62225 | Scott Air Force Base | 5,381 |
| 62226 | Belleville | 29,744 |
| 62232 | Caseyville | 7,260 |
| 62234 | Collinsville | 33,430 |
| 62236 | Columbia | 12,562 |
| 62239 | Dupo | 4,954 |
| 62240 | East Carondelet | 1,966 |
| 62243 | Freeburg | 5,910 |
| 62249 | Highland | 15,971 |
| 62254 | Lebanon | 6,089 |
| 62260 | Millstadt | 7,290 |
| 62266 | New Memphis | 254 |
| 62269 | O'Fallon | 31,348 |
| 62273 | Pierron | 426 |
| 62281 | St. Jacob | 2,155 |
| 62282 | St. Libory | 471 |
| 62289 | Summerfield | 350 |
| 62294 | Troy | 14,367 |
| Total | | 508,357 |

Source: U.S. Census Bureau, Census 2010, American Factfinder available at <http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk> (last visited February 15, 2016).

- b. A list of existing and approved dialysis facilities located within 30 minutes normal travel time of the proposed dialysis facility is provided at Attachment – 26A.

2. Maldistribution of Services

The proposed dialysis facility will not result in a maldistribution of services. A maldistribution exists when an identified area has an excess supply of facilities, stations, and services characterized by such factors as, but not limited to: (1) ratio of stations to population exceeds one and one-half times the State Average; (2) historical utilization for existing facilities and services is below the State Board's utilization standard; or (3) insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above utilization standards. As discussed more fully below, the ratio of stations to population in the geographic service area is 94% of the State average, and the average utilization of existing dialysis facilities within the GSA is 77.25% as of December 31, 2015. Sufficient population exists to achieve target utilization. Accordingly, the proposed dialysis facility will not result in a maldistribution of services.

a. Ratio of Stations to Population

As shown in Table 1110.1430(d)(2)(A) the ratio of stations to population is 94% of the State Average.

| Table 1110.1430(d)(2)(A) Ratio of Stations to Population | | | | |
|---|------------|-------------------|------------------------|---------------|
| | Population | Dialysis Stations | Stations to Population | Standard Met? |
| Geographic Service Area | 508,357 | 159 | 1:3,197 | Yes |
| State | 12,830,632 | 4,275 | 1:3,001 | |

a. Historic Utilization of Existing Facilities

There are 9 dialysis facilities within 30 minutes of the proposed Collinsville Dialysis. Collectively, these facilities were operating at 77.25%, or just below the State's 80% standard, as of December 31, 2015. Furthermore, patient census among the existing facilities within the Collinsville GSA has increased approximately 5% annually over the prior two years. This growth is anticipated to continue to increase for the foreseeable future due to health reform initiatives. Accordingly, there will be insufficient capacity for Dr. Kanungo's projected referrals.

b. Sufficient Population to Achieve Target Utilization

The Applicants propose to establish an 8-station dialysis facility. To achieve the HFSRB's 80% utilization standard within the first two years after project completion, the Applicants would need 38 patient referrals. Dr. Kanungo is currently treating 122 CKD patients that reside within a 30 minute commute to the proposed Collinsville Dialysis. See Appendix – 1. Conservatively, based upon attrition due patient death, transplant, return of function, or relocation, Dr. Kanungo anticipates that at least 42 of these patients will initiate dialysis at the proposed facility within 12 to 24 months following project completion. Accordingly, there is sufficient population to achieve target utilization.

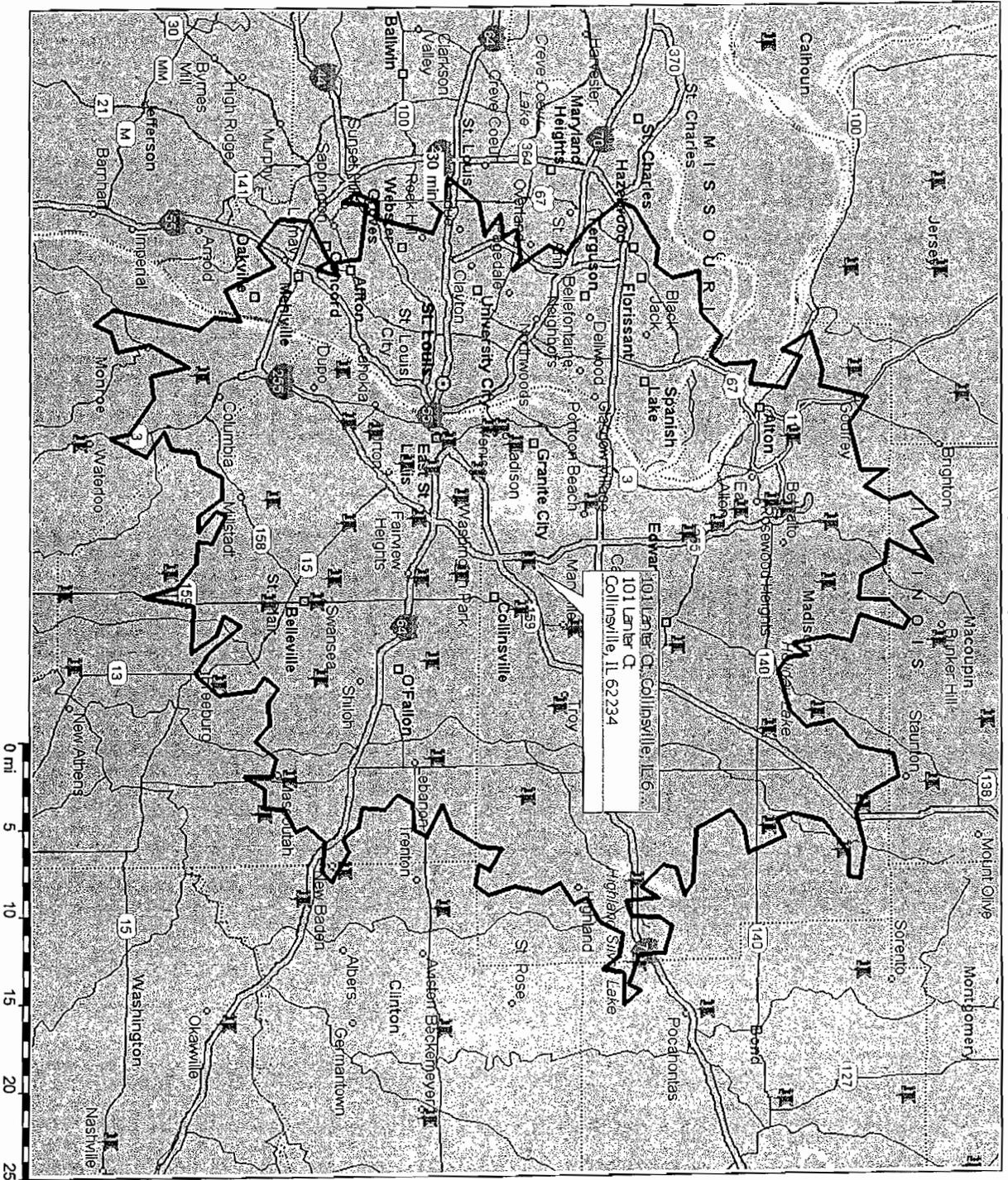
3. Impact to Other Providers

- a. The proposed dialysis facility will not have an adverse impact on existing facilities in the GSA. As discussed throughout this application, the utilization of existing dialysis facilities within the Collinsville GSA is 77.25%. Further, patient census has increased approximately 55 annually in each of the past two years. Based upon historical utilization trends, average utilization should exceed 80% by 2017, when the proposed Collinsville Dialysis is projected to come online. No patients are expected to transfer from the existing dialysis facilities to the proposed Collinsville Dialysis.
- b. There are 9 dialysis facilities within the Collinsville GSA; collectively these facilities were operating at 77.25% as of December 31, 2015. Furthermore, patient census among the existing facilities within the Collinsville GSA has increased approximately 5% annually over the prior two years. This growth is anticipated to continue to increase for the foreseeable future. Due to health care reforms like the ACA and the transition to Medicaid managed care, more individuals in high risk groups will have better access to primary care and kidney screening. As a result of these health care reform initiatives, there will likely be tens of thousands of newly diagnosed cases of CKD in the years ahead. Once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough stations are available to treat this new

influx of ESRD patients, who will require dialysis in the next couple of years. Accordingly, there will be insufficient capacity for Dr. Kanungo's projected referrals.

| Ownership | Address | City | Distance | Time | Stations | Number of Patients 12/31/2015 | Utilization 12/31/2015 |
|--------------|--------------------------------|--------------|----------|--------|------------|-------------------------------|------------------------|
| Davita | American Village Shopping Ctr. | Granite City | 7.2 mi | 16 min | 20 | 87 | 72.50% |
| Fresenius | 124 Regency Park Drive | O'Fallon | 14.8 mi | 17 min | 20 | 103 | 85.83% |
| Davita | 2300 Goose Lake Road | Sauget | 12.3 mi | 14 min | 16 | 87 | 90.63% |
| Davita | 2130 Vadalaerne Drive | Maryville | 7.9mi | 12 min | 14 | 61 | 72.62% |
| Davita | 1095 North Green Mount Road | Shiloh | 16.3 mi | 18 min | 12 | 58 | 80.56% |
| Davita | 3511 College Avenue | Alton | 20.1 mi | 22 min | 14 | 60 | 71.43% |
| Davita | 235 South Buchanan Street | Edwardsville | 11.3 mi | 19 min | 8 | 37 | 77.08% |
| Fresenius | Illinois Route 3 & Route 143 | East Alton | 16.8 mi | 21 min | 19 | 74 | 64.91% |
| Davita | 5105 West Main Street | Belleville | 14.1 mi | 20 min | 36 | 170 | 78.70% |
| Total | | | | | 159 | 737 | 77.25% |

Collinsville, Illinois, United States



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Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(e), Staffing

1. The proposed facility will be staffed in accordance with all State and Medicare staffing requirements.
 - a. Medical Director: Sriraj Kanungo, M.D. will serve as the Medical Director for the proposed facility. A copy of Dr. Kanungo's curriculum vitae is attached at Attachment – 26C.

- b. Other Clinical Staff: Initial staffing for the proposed facility will be as follows:

Administrator
Registered Nurse (1.35 FTE)
Patient Care Technician (2.36 FTE)
Biomedical Technician (0.2 FTE)
Social Worker (licensed MSW) (0.3 FTE)
Registered Dietitian (0.3 FTE)
Administrative Assistant (0.3 FTE)

As patient volume increases, nursing and patient care technician staffing will increase accordingly to maintain a ratio of at least one direct patient care provider for every 4 ESRD patients. At least one registered nurse will be on duty while the facility is in operation.

- c. All staff will be training under the direction of the proposed facility's Governing Body, utilizing DaVita's comprehensive training program. DaVita's training program meets all State and Medicare requirements. The training program includes introduction to the dialysis machine, components of the hemodialysis system, infection control, anticoagulation, patient assessment/data collection, vascular access, kidney failure, documentation, complications of dialysis, laboratory draws, and miscellaneous testing devices used. In addition, it includes in-depth theory on the structure and function of the kidneys; including, homeostasis, renal failure, ARF/CRF, uremia, osteodystrophy and anemia, principles of dialysis; components of hemodialysis system; water treatment; dialyzer reprocessing; hemodialysis treatment; fluid management; nutrition; laboratory; adequacy; pharmacology; patient education, and service excellence. A summary of the training program is attached at Attachment – 26D.
 - d. As set forth in the letter from Arturo Sida, Assistant Corporate Secretary of DaVita HealthCare Partners Inc. and Total Renal Care Inc., attached at Attachment – 26E, Collinsville Dialysis will maintain an open medical staff.

Sriraj (Tim) Kanungo
456 Willow Weald Path
Chesterfield, MO 63005
Home: (636) – 536 – 1512
Cell: (314) – 477 – 9955
NPI # 1548355621
doctim@stlnh.com

EDUCATION:

- *Nephrology Fellowship*
Saint Louis University School of Medicine, St. Louis, MO
Clinical Nephrology, Transplant Nephrology, Interventional Nephrology
7/2006 – 6/2008
- *Internal Medicine Internship/Residency:*
Saint Louis University School of Medicine, St. Louis, MO
8/2002 – 8/2005
- *Medical School:*
M.D. Saint Louis University School of Medicine, St. Louis, MO
8/1998 – 8/2002
- *College:*
B.A. Saint Louis University, St. Louis, MO
8/1994 – 8/1998
Summa Cum Laude, 1998
Major: Biology
Minor: Psychology

PROFESSION EXPERIENCE

- *Saint Louis Nephrology and Hypertension*
1034 South Brentwood Blvd, Suite 1280
St. Louis, MO 63117
7/2008 – Present
- *Saint Alexius Hospital Emergency Room*
3933 South Broadway
Saint Louis, MO 63118
1/2006 – 6/2006
- *Gavini Medical Group Ltd*
10000 Watson Road, Suite 2L – 16
Crestwood, MO 63126
9/2005 – 12/2005

- *The Boeing Company*
5900 North Lindbergh Blvd
Hazelwood, MO 63042
6/1995 – 8/1995

EXAMS/LICENSES/CERTIFICATIONS:

- USLME Step I September 1999 PASS
- USLME Step II January 2002 PASS
- USLME Step III February 2005 PASS
- Licensed in the State of Missouri since 2005
- Licensed in the State of Illinois since 2008
- **Board Certified in Internal Medicine – August 2007**
- **Board Certified in Nephrology – November 2008**

HONORS:

- Dean's Scholarship, 1994 – 1998
- Dean's List (GPA 3.7 or better), 1994 – 1998
- Med Scholar Program, 1994 – 1998
- Alpha Epsilon Delta – Pre-med Honor Society, 1994 – 1998
- Alpha Sigma Nu – National Jesuit Honor Society, 1994 – 1998

RESEARCH/PUBLICATIONS:

- *Fellowship*
“Collapsing Glomerulopathy as a complication of interferon therapy for hepatitis C infection” Nephrology Case Report
Sriraj Kanungo MD, et al. *Int Urol Nephrol*, March 9 2009
- *Residency:*
Isolation of Earthworm Protein for possible use in immunotherapy
- Involved use of gel electrophoresis for isolation
Supervisor: Raymond Slavin, MD and Patricia Hutcheson,
Division of Allergy and Immunology
Saint Louis University School of Medicine

- *Medical School:*
 - “Molecular Control of Cardiomyopathy & Atherosclerosis”
Supervisor: Puran S. Bora, Ph.D
St. Louis University School of Medicine, 1999
 - “Diagnosis of Atherosclerosis in the Transplanted Heart”
Supervisor: H. Peter Zassenhaus, Ph.D
St. Louis University School of Medicine, 2000

VOLUNTARY WORK:

- Volunteer – Health Resource Center, a student run non-profit clinic, 1998-1999
- Volunteer – Juvenile Diabetes Foundation “Walk for Cure”, 1999 – 2000
- Volunteer – American Heart Association “Fundraising Walk”, 2000 - 2001
- Volunteer – La Clinica, Clinic dedicated to the service of Spanish speaking population of St. Louis, 1999-2000

MEMBERSHIP:

- American Society of Nephrology (ASN)
- Renal Physicians Association (RPA)

INTERESTS:

- Science Fiction Novels
- Movies and Music

TITLE: BASIC TRAINING PROGRAM OVERVIEW

Mission

DaVita's Basic Training Program for Hemodialysis provides the instructional preparation and the tools to enable teammates to deliver quality patient care. Our core values of *service excellence, integrity, team, continuous improvement, accountability, fulfillment and fun* provide the framework for the Program. Compliance with State and Federal Regulations and the inclusion of DaVita's Policies and Procedures (P&P) were instrumental in the development of the program.

Explanation of Content

Two education programs for the new nurse or patient care technician (PCT) are detailed in this section. These include the training of new DaVita teammates **without** previous dialysis experience and the training of the new teammates **with** previous dialysis experience. A program description including specific objectives and content requirements is included.

This section is designed to provide a *quick reference* to program content and to provide access to key documents and forms.

The Table of Contents is as follows:

- I. Program Overview (TR1-01-01)
- II. Program Description (TR1-01-02)
 - Basic Training Class Outline (TR1-01-02A)
 - Basic Charge Nurse Training Class Outline (TR1-01-02B)
- III. Education Enrollment Information (TR1-01-03)
- IV. Education Standards (TR1-01-04)
- V. Verification of Competency
 - New teammate without prior experience (TR1-01-05)
 - New teammate with prior experience (TR1-01-06)
 - Medical Director Approval Form (TR1-01-07)
- VI. Evaluation of Education Program
 - Program Evaluation
 - Basic Training Classroom Evaluation (TR1-01-08A)
 - Basic Charge Nurse Training Classroom Evaluation (TR1-01-08B)
 - Curriculum Evaluation
- VII. Additional Educational Forms
 - New Teammate Weekly Progress Report for the PCT (TR1-01-09)
 - New Teammate Weekly Progress Report for Nurses (TR1-01-10)
 - Training hours tracking form (TR1-01-11)
- VIII. State-specific information/forms (as applicable)

**TITLE: BASIC TRAINING FOR HEMODIALYSIS PROGRAM
DESCRIPTION**

Introduction to Program

The Basic Training Program for Hemodialysis is grounded in DaVita's Core Values. These core values include a commitment to providing *service excellence*, promoting *integrity*, practicing a *team* approach, systematically striving for *continuous improvement*, practicing *accountability*, and experiencing *fulfillment* and *fun*.

The Basic Training Program for Hemodialysis is designed to provide the new teammate with the theoretical background and clinical skills necessary to function as a competent hemodialysis patient care provider.

DaVita hires both non-experienced and experienced teammates. Newly hired teammates must meet all applicable State requirements for education, training, credentialing, competency, standards of practice, certification, and licensure in the State in which he or she is employed. For individuals with experience in the armed forces of the United States, or in the national guard or in a reserve component, DaVita will review the individual's military education and skills training, determine whether any of the military education or skills training is substantially equivalent to the Basic Training curriculum and award credit to the individual for any substantially equivalent military education or skills training.

A non-experienced teammate is defined as:

- A newly hired patient care teammate without prior dialysis experience.
- A rehired patient care teammate who left prior to completing the initial training.
- A newly hired or rehired patient care teammate with previous dialysis experience who has not provided at least 3 months of hands on dialysis care to patients within the past 12 months.

An experienced teammate is defined as:

- A newly hired or rehired teammate who can show proof of completing a dialysis training program and has provided at least 3 months of hands on dialysis care to patients within the past 12 months.

The curriculum of the Basic Training Program for Hemodialysis is modeled after Federal Law and State Boards of Nursing requirements, the American Nephrology Nurses Association Core Curriculum for Nephrology Nursing, and the Board of Nephrology Examiners Nursing and Technology guidelines. The program also incorporates the policies, procedures, and guidelines of DaVita HealthCare Partners Inc.

“Day in the Life” is DaVita’s learning portal with videos for RNs, LPN/LVNs and patient care technicians. The portal shows common tasks that are done throughout the workday and provides links to policies and procedures and other educational materials associated with these tasks thus increasing their knowledge of all aspects of dialysis. It is designed to be used in conjunction with the “Basic Training Workbook.”

Program Description

The education program for the newly hired patient care provider teammate without prior dialysis experience is composed of at least (1) 120 hours didactic instruction and a minimum of (2) 240 hours clinical practicum, unless otherwise specified by individual state regulations.

The didactic phase consists of instruction including but not limited to lectures, readings, self-study materials, on-line learning activities, specifically designed hemodialysis workbooks for the teammate, demonstrations and observations. This education may be coordinated by the Clinical Services Specialist (CSS), a nurse educator, the administrator, or the preceptor.

Within the clinic setting this training includes

- Principles of dialysis
- Water treatment and dialysate preparation
- Introduction to the dialysis delivery system and its components
- Care of patients with kidney failure, including assessment, data collection and interpersonal skills
- Dialysis procedures and documentation, including initiation, monitoring, and termination of dialysis
- Vascular access care including proper cannulation techniques
- Medication preparation and administration
- Laboratory specimen collection and processing
- Possible complications of dialysis
- Infection control and safety
- Dialyzer reprocessing, if applicable

The program also introduces the new teammate to DaVita Policies and Procedures (P&P), and the Core Curriculum for Dialysis Technicians.

The didactic phase also includes classroom training with the CSS or nurse educator. Class builds upon the theory learned in the Workbooks and introduces the students to more advanced topics. These include:

- Acute Kidney Injury vs. Chronic Renal Failure
- Manifestations of Chronic Renal Failure
- Normal Kidney Function vs. Hemodialysis
- Documentation & Flow Sheet Review

**Training Program Manual
Basic Training for Hemodialysis
DaVita HealthCare Partners Inc.**

TR1-01-02

- Patient Self-management
- Motivational Interviewing
- Infection Control
- Data Collection and Assessment
- Water Treatment and Dialyzer Reprocessing
- Fluid Management
- Pharmacology
- Vascular Access
- Renal Nutrition
- Laboratory
- The Hemodialysis Delivery System
- Adequacy of Hemodialysis
- Complications of Hemodialysis
- Importance of P&P
- Role of the Renal Social Worker
- Conflict Resolution
- The DaVita Quality Index

Also included are workshops, role play, and instructional videos. Additional topics are included as per specific state regulations.

A final comprehensive examination score of 80% (unless state requires a higher score) must be obtained to successfully complete this portion of the didactic phase. If a score of less than 80% is attained, the teammate will receive additional appropriate remediation and a second exam will be given.

Also included in the didactic phase is additional classroom training covering Health and Safety Training, systems/applications training, One For All orientation training, Compliance training, Diversity training, mandatory water classes, emergency procedures specific to facility, location of disaster supplies, and orientation to the unit.

The didactic phase for nurses includes three days of additional classroom training and covers the following topics:

- Nephrology Nursing, Scope of Practice, Delegation and Supervision, Practicing according to P&P
- Nephrology Nurse Leadership
- Impact – Role of the Nurse
- Care Planning including developing a POC exercise
- Achieving Adequacy with focus on assessment, intervention, available tools
- Interpreting laboratory Values and the role of the nurse

- Hepatitis B – surveillance, lab interpretation, follow up, vaccination schedules
- TB Infection Control for Nurses
- Anemia Management – ESA Hyporesponse: a StarLearning Course
- Survey Readiness
- CKD-MBD – Relationship with the Renal Dietitian
- Pharmacology for Nurses – video
- Workshop
 - Culture of Safety, Conducting a Homeroom Meeting
 - Nurse Responsibilities, Time Management
 - Communication – Meetings, SBAR (Situation, Background, Assessment, Recommendation)
 - Surfing the VillageWeb – Important sites and departments, finding information

The clinical practicum phase consists of supervised clinical instruction provided by the facility preceptor, and/or a registered nurse. During this phase the teammate will demonstrate a progression of skills required to perform the hemodialysis procedures in a safe and effective manner. A *Procedural Skills Verification Checklist* will be completed to the satisfaction of the preceptor, and a registered nurse overseeing the training. The Basic Training workbook for Hemodialysis will also be utilized for this training and must be completed to the satisfaction of the preceptor and the registered nurse.

Those teammates who will be responsible for the Water Treatment System within the facility are required to complete the Mandatory Educational Water courses and the corresponding skills checklists.

Both the didactic phase and/or the clinical practicum phase will be successfully completed, along with completed and signed skills checklists, prior to the new teammate receiving an independent assignment. The new teammate is expected to attend all training sessions and complete all assignments and workbooks.

The education program for the newly hired patient care provider teammate with previous dialysis experience is individually tailored based on the identified learning needs. The initial orientation to the *Health Prevention and Safety Training* will be successfully completed prior to the new teammate working/receiving training in the clinical area. The new teammate will utilize the Basic Training Workbook for Hemodialysis and progress at his/her own pace. This workbook should be completed within a timely manner as to also demonstrate acceptable skill-level. The *Procedural Skills Verification Checklist* including verification of review of applicable P&P will be completed by the preceptor, and the registered nurse in charge of the training upon demonstration of an acceptable skill-level by the new teammate, and then signed by the new teammate, the RN trainer and the facility administrator.

Ideally teammates will attend Basic Training Class, however, teammates with experience may opt-out of class by successful passing of the *Initial Competency Exam* with a score of 80% or higher. The CSS or RN Trainer responsible for teaching Basic Training Class will enroll the new teammate with experience in the Initial Competency Exam on the LMS. The new teammate's preceptor will proctor the exam. The new experienced teammate should complete all segments of the workbook including the recommended resources to prepare for taking the *Initial Competency Exam* as questions not only assess common knowledge related to the hemodialysis treatment but also knowledge related to specific DaVita P&P, treatment outcome goals based on clinical initiatives and patient involvement in their care. Prior to the new teammate receiving an independent patient-care assignment, the skills checklist must be completed and signed along with a passing score from the classroom or the *Initial Competency Exam*. If the new teammate receives a score of less than 80% on the *Initial Competency Exam*, this teammate will be required to attend Basic Training Class. If the new teammate receives a score of less than 80% on the final comprehensive classroom exam, this teammate will receive theory instruction pertaining to the area of deficiency and a second competency exam will then be given. If the new teammate receives a score of less than 80% on the second exam, this teammate will be evaluated by the administrator, preceptor, and educator to determine if completion of formal training is appropriate.

Following completion of the training, a *Verification of Competency* form will be completed (see forms TR1-01-05, TR1-01-06). In addition to the above, further training and/or certification will be incorporated as applicable by state law.

The goal of the program is for the trainee to successfully meet all training requirements. Failure to meet this goal is cause for dismissal from the training program and subsequent termination by the facility.

Process of Program Evaluation

The Hemodialysis Education Program utilizes various evaluation tools to verify program effectiveness and completeness. Key evaluation tools include the DaVita Basic Training Class Evaluation (TR1-01-08A) and Basic Training Nursing Fundamentals (TR1-0108B), the New Teammate Satisfaction Survey and random surveys of facility administrators to determine satisfaction of the training program. To assure continuous improvement within the education program, evaluation data is reviewed for trends, and program content is enhanced when applicable to meet specific needs.

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(f), Support Services

Attached at Attachment – 26E is a letter from Arturo Sida, Assistant Corporate Secretary of DaVita HealthCare Partners Inc. and Total Renal Care Inc. attesting that the proposed facility will participate in a dialysis data system, will make support services available to patients, and will provide training for self-care dialysis, self-care instruction, home and home-assisted dialysis, and home training.

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

Re: Certification of Support Services

Dear Chair Olson:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 and pursuant to 77 Ill. Admin. Code § 1110.1430(g) that Collinsville Dialysis will maintain an open medical staff.

I also certify the following with regard to needed support services:

- DaVita utilizes an electronic dialysis data system;
- Collinsville Dialysis will have available all needed support services required by CMS which may consist of clinical laboratory services, blood bank, nutrition, rehabilitation, psychiatric services, and social services; and
- Patients, either directly or through other area DaVita facilities, will have access to training for self-care dialysis, self-care instruction, and home hemodialysis and peritoneal dialysis.

Sincerely,


Print Name: Arturo Sida
Its: Assistant Corporate Secretary
DaVita HealthCare Partners Inc.
Total Renal Care, Inc.

Subscribed and sworn to me
This ___ day of _____, 2016

See Attached

Notary Public

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

On February 2, 2016 before me, Kimberly Ann K. Burgo, Notary Public
(here insert name and title of the officer)

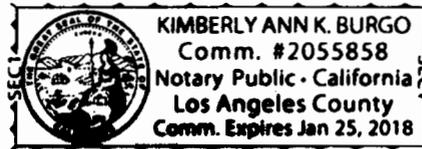
personally appeared *** Arturo Sida ***

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Kimberly Ann K. Burgo
Signature



OPTIONAL INFORMATION

Law does not require the information below. This information could be of great value to any person(s) relying on this document and could prevent fraudulent and/or the reattachment of this document to an unauthorized document(s)

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: Ltr. to K. Olson re Certification of Support Services (Collinsville Dialysis)

Document Date: February 2, 2016 Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

- Individual
- Corporate Officer Assistant Secretary

(Title(s))

- Partner
- Attorney-in-Fact
- Trustee
- Guardian/Conservator
- Other: _____

SIGNER IS REPRESENTING: Name of Person or Entity Total Renal Care, Inc./DaVita HealthCare Partners Inc.

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(q), Minimum Number of Stations

The proposed dialysis facility will be located in the St. Louis- St. Charles- Farmington metropolitan statistical area ("MSA"). A dialysis facility located within an MSA must have a minimum of eight dialysis stations. The Applicants propose to establish an 8-station dialysis facility. Accordingly, this criterion is met.

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(h), Continuity of Care

DaVita HealthCare Partners Inc. has an agreement with the Anderson Hospital to provide inpatient care and other hospital services. Attached at Attachment – 26F is a copy of the service agreement with this area hospital.

FOR COMPANY USE ONLY:
Clinic #:

PATIENT TRANSFER AGREEMENT

This **PATIENT TRANSFER AGREEMENT** (the "Agreement") is made as of the last date of signature hereto (the "Effective Date"), by and between **Southwestern Illinois Health Facilities, Inc. d/b/a Anderson Hospital** (hereinafter "Hospital") and **Total Renal Care, Inc.**, a California corporation and subsidiary of DaVita HealthCare Partners Inc. ("Company").

RECITALS

WHEREAS, the parties hereto desire to enter into this Agreement governing the transfer of patients between Hospital and the following free-standing dialysis clinic owned and operated by Company:

*Collinsville Dialysis
101 Lanter Court
Building #2
Collinsville, IL 62234*

WHEREAS, the parties hereto desire to enter into this Agreement in order to specify the rights and duties of each of the parties and to specify the procedure for ensuring the timely transfer of patients between the facilities;

WHEREAS, the parties wish to facilitate the continuity of care and the timely transfer of patients and records between the facilities; and

WHEREAS, only a patient's attending physician (not Company or the Hospital) can refer such patient to Company for dialysis treatments.

NOW THEREFORE, in consideration of the premises herein contained and for other good and valuable consideration, the receipt and legal sufficiency of which are hereby acknowledged, the parties agree as follows:

1. **HOSPITAL OBLIGATIONS.** In accordance with the policies and procedures as hereinafter provided, and upon the recommendation of an attending physician, a patient of Company may be transferred to Hospital.

(a) Hospital agrees to exercise its best efforts to provide for prompt admission of patients provided that all usual, reasonable conditions of admission are met. All transfers between the facilities shall be made in accordance with applicable federal and state laws and regulations, the standards of The Joint Commission ("TJC") and any other applicable accrediting bodies, and reasonable policies and procedures of the facilities. Transfer record forms shall be completed in detail and signed by the physician or nurse in charge at Company and must accompany the patient to the receiving institution.

(b) Neither the decision to transfer a patient nor the decision to not accept a request to transfer a patient shall be predicated upon arbitrary, capricious or unreasonable discrimination or based upon the patient's inability to pay for services rendered by either facility.

2. **COMPANY OBLIGATIONS.**

(a) Upon transfer of a patient to Hospital, Company agrees:

- i. That it shall transfer any needed personal effects of the patient, and information relating to the same, and shall be responsible therefore until signed for by a representative of Hospital;
- ii. Original medical records kept by each of the parties shall remain the property of that institution; and
- iii. That transfer procedures shall be made known to the patient care personnel of each of the parties.

(b) Company agrees to transmit with each patient at the time of transfer, or in case of an emergency, as promptly as possible thereafter, an abstract of pertinent medical and other records necessary to continue the patient's treatment without interruption and to provide identifying and other information, to include:

- i. current medical findings;
- ii. diagnosis;
- iii. rehabilitation potential;
- iv. discharge summary;
- v. a brief summary of the course of treatment followed;
- vi. nursing and dietary information;
- vii. ambulating status; and
- viii. administrative and pertinent social information.

(c) Company agrees to readmit to its facilities patients who have been transferred to Hospital for medical care as clinic capacity allows. Hospital agrees to keep the administrator or designee of Company advised of the condition of the patients that will affect the anticipated date of transfer back to Company and to provide as much notice of the transfer date as possible. Company shall assign readmission priority for its patients who have been treated at Hospital and who are ready to transfer back to Company.

3. **BILLING, PAYMENT, AND FEES.** Hospital and Company each shall be responsible for billing the appropriate payor for the services it provides, respectively, hereunder. Company shall not act as guarantor for any charges incurred while the patient is a patient in Hospital.

4. **HIPAA.** Hospital and Company agree to comply with the provisions of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Hospital and Company acknowledge and agree that from time to time, HIPAA may require modification to this Agreement for compliance purposes. Hospital and Company further acknowledge and agree to comply with requests by the other party hereto related to HIPAA.

5. **STATUS AS INDEPENDENT CONTRACTORS.** The parties acknowledge and agree that their relationship is solely that of independent contractors. Governing bodies of Hospital and Company shall have exclusive control of the policies, management, assets, and affairs of their respective facilities. Nothing in this Agreement shall be construed as limiting the right of either to affiliate or contract with any other Hospital or facility on either a limited or general basis while this Agreement is in effect. Neither party shall use the name of the other in any promotional or advertising material unless review and approval of the intended use shall be obtained from the party whose name is to be used and its legal counsel.

6. **INSURANCE.** Each party shall secure and maintain, or cause to be secured and maintained during the term of this Agreement, commercial general liability, property damage, and workers compensation insurance in amounts generally acceptable in the industry, and professional liability insurance providing minimum limits of liability of \$1,000,000 per occurrence and \$3,000,000 in aggregate. Each party shall deliver to the other party certificate(s) of insurance evidencing such insurance coverage upon execution of this Agreement, and annually thereafter upon the request of the other party. Each party shall provide the other party with not less than thirty (30) days prior written notice of any change in or cancellation of any of such insurance policies. Said insurance shall survive the termination of this Agreement.

7. **INDEMNIFICATION.**

(a) **Hospital Indemnity.** Hospital hereby agrees to defend, indemnify and hold harmless Company and its shareholders, affiliates, officers, directors, employees, and agents for, from and against any claim, loss, liability, cost and expense (including, without limitation, costs of investigation and reasonable attorney's fees), directly or indirectly relating to, resulting from or arising out of any action or failure to act arising out of this Agreement by Hospital and its staff regardless of whether or not it is caused in part by Company or its officers, directors, agents, representatives, employees, successors and assigns. This indemnification provision shall not be effective as to any loss attributable exclusively to the negligence or willful act or omission of Company.

(b) **Company Indemnity.** Company hereby agrees to defend, indemnify and hold harmless Hospital and its shareholders, affiliates, officers, directors, employees, and agents for, from and against any claim, loss, liability, cost and expense (including, without limitation, costs of investigation and reasonable attorney's fees), directly or indirectly relating to, resulting from or arising out of any action or failure to act arising out of this Agreement by Company and its staff regardless of whether or not it is caused in part by or its officers, directors, agents, representatives, employees, successors and assigns. This indemnification provision shall not be

effective as to any loss attributable exclusively to the negligence or willful act or omission of Hospital.

(c) Survival. The indemnification obligations of the parties shall continue in full force and effect notwithstanding the expiration or termination of this Agreement with respect to any such expenses, costs, damages, claims and liabilities which arise out of or are attributable to the performance of this Agreement prior to its expiration or termination.

8. DISPUTE RESOLUTION. Any dispute which may arise under this Agreement shall first be discussed directly with representatives of the departments of the parties that are directly involved. If the dispute cannot be resolved at this level, it shall be referred to administrative representatives of the parties for discussion and resolution.

(a) Informal Resolution. Should any dispute between the parties arise under this Agreement, written notice of such dispute shall be delivered from one party to the other party and thereafter, the parties, through appropriate representatives, shall first meet and attempt to resolve the dispute in face-to-face negotiations. This meeting shall occur within thirty (30) days of the date on which the written notice of such dispute is received by the other party.

(b) Resolution Through Mediation. If no resolution is reached through informal resolution, pursuant to Section 8(a) above, the parties shall, within forty-five (45) days of the first meeting referred to in Section 8(a) above, attempt to settle the dispute by formal mediation. If the parties cannot otherwise agree upon a mediator and the place of the mediation within such forty-five (45) day period, the American Arbitration Association ("AAA") in the State of Illinois shall administer the mediation. Such mediation shall occur no later than ninety (90) days after the dispute arises. All findings of fact and results of such mediation shall be in written form prepared by such mediator and provided to each party to such mediation. In the event that the parties are unable to resolve the dispute through formal mediation pursuant to this Section 8(b), the parties shall be entitled to seek any and all available legal remedies.

9. TERM AND TERMINATION. This Agreement shall be effective for an initial period of one (1) year from the Effective Date and shall continue in effect indefinitely after such initial term, except that either party may terminate by giving at least sixty (60) days notice in writing to the other party of its intention to terminate this Agreement. If this Agreement is terminated for any reason within one (1) year of the Effective Date of this Agreement, then the parties hereto shall not enter into a similar agreement with each other for the services covered hereunder before the first anniversary of the Effective Date. Termination shall be effective at the expiration of the sixty (60) day notice period. However, if either party shall have its license to operate its facility revoked by the State or become ineligible as a provider of service under Medicare or Medicaid laws, this Agreement shall automatically terminate on the date such revocation or ineligibility becomes effective.

10. AMENDMENT. This Agreement may be modified or amended from time to time by mutual written agreement of the parties, signed by authorized representatives thereof, and any such modification or amendment shall be attached to and become part of this Agreement. No

oral agreement or modification shall be binding unless reduced to writing and signed by both parties.

11. **ENFORCEABILITY/SEVERABILITY.** The provisions of this Agreement are severable. The invalidity or unenforceability of any term or provisions hereto in any jurisdiction shall in no way affect the validity or enforceability of any other terms or provisions in that jurisdiction, or of this entire Agreement in any other jurisdiction.

12. **COMPLIANCE RELATED MATTERS.** The parties agree and certify that this Agreement is not intended to generate referrals for services or supplies for which payment maybe made in whole or in part under any federal health care program. The parties will comply with statutes, rules, and regulations as promulgated by federal and state regulatory agencies or legislative authorities having jurisdiction over the parties.

13. **EXCLUDED PROVIDER.** Each party represents that neither that party nor any entity owning or controlling that party has ever been excluded from any federal health care program including the Medicare/Medicaid program or from any state health care program. Each party further represents that it is eligible for Medicare/Medicaid participation. Each party agrees to disclose immediately any material federal, state, or local sanctions of any kind, imposed subsequent to the date of this Agreement, or any investigation which commences subsequent to the date of this Agreement, that would materially adversely impact Company's ability to perform its obligations hereunder.

14. **NOTICES.** All notices, requests, and other communications to any party hereto shall be in writing and shall be addressed to the receiving party's address set forth below or to any other address as a party may designate by notice hereunder, and shall either be (a) delivered by hand, (b) sent by recognized overnight courier, or (c) by certified mail, return receipt requested, postage prepaid.

If to Hospital: Anderson Hospital
6800 State Route 162
Maryville, IL 62062
Attention: Chief Nursing Officer

If to Company: Total Renal Care, Inc.
C/o: DaVita HealthCare
Partners Inc.
2000 16th St.
Denver, CO 80202
Attention: Group General Counsel

With copies to: Collinsville Dialysis
C/o: DaVita HealthCare
Partners Inc.
101 Lanter Court
Building #2

Collinsville, IL 62234
Attention: Facility Administrator

DaVita HealthCare Partners Inc.
2000 16th Street
Denver, Colorado 80202
Attention: General Counsel

All notices, requests, and other communication hereunder shall be deemed effective (a) if by hand, at the time of the delivery thereof to the receiving party at the address of such party set forth above, (b) if sent by overnight courier, on the next business day following the day such notice is delivered to the courier service, or (c) if sent by certified mail, five (5) business days following the day such mailing is made.

15. **ASSIGNMENT.** This Agreement shall not be assigned in whole or in part by either party hereto without the express written consent of the other party, except that Company may assign this Agreement to one of its affiliates or subsidiaries without the consent of Hospital.

16. **COUNTERPARTS.** This Agreement may be executed simultaneously in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument. Copies of signatures sent by facsimile shall be deemed to be originals.

17. **NON-DISCRIMINATION.** All services provided by Hospital hereunder shall be in compliance with all federal and state laws prohibiting discrimination on the basis of race, color religion, sex national origin, handicap, or veteran status.

18. **WAIVER.** The failure of any party to insist in any one or more instances upon performance of any terms or conditions of this Agreement shall not be construed as a waiver of future performance of any such term, covenant, or condition, and the obligations of such party with respect thereto shall continue in full force and effect.

19. **GOVERNING LAW.** The laws of the state of State of Illinois shall govern this Agreement.

20. **HEADINGS.** The headings appearing in this Agreement are for convenience and reference only, and are not intended to, and shall not, define or limit the scope of the provisions to which they relate.

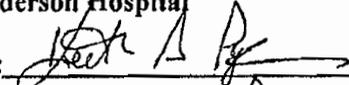
21. **ENTIRE AGREEMENT.** This Agreement constitutes the entire agreement between the parties with respect to the subject matter hereof and supersedes any and all other agreements, either oral or written, between the parties (including, without limitation, any prior agreement between Hospital and Company or any of its subsidiaries or affiliates) with respect to the subject matter hereof.

22. APPROVAL BY DAVITA HEALTHCARE PARTNERS INC. ("DAVITA") AS TO FORM. The parties acknowledge and agree that this Agreement shall take effect and be legally binding upon the parties only upon full execution hereof by the parties and upon approval by DaVita HealthCare Partners Inc. as to the form hereof.

[SIGNATURES APPEAR ON THE FOLLOWING PAGE.]

IN WITNESS WHEREOF, the parties hereto have executed this Agreement the day and year first above written.

Hospital:
Southwestern Illinois
Health Facilities d/b/a
Anderson Hospital

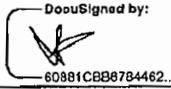
By: 

Name: KEITH A. PAGE

Its: president

Date: 2/9/16

Company:
Total Renal Care, Inc.

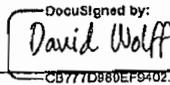
By: 

Name: Yoni Danieli

Its: Regional Operations Director

Date: February 10, 2016

APPROVED AS TO FORM ONLY:

By: 

Name: David G. Wolff

Its: Group General Counsel

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(i), Relocation of Facilities

The Applicants propose the establishment of an 8-station dialysis facility. Thus, this criterion is not applicable.

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(j), Assurances

Attached at Attachment – 26G is a letter from Arturo Sida, Assistant Corporate Secretary, DaVita HealthCare Partners Inc. certifying that the proposed facility will achieve target utilization by the second year of operation.

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

Re: In-Center Hemodialysis Assurances

Dear Chair Olson:

Pursuant to 77 Ill. Admin. Code § 1110.1430(k), I hereby certify the following:

- By the second year after project completion, Collinsville Dialysis expects to achieve and maintain 80% target utilization; and
- Collinsville Dialysis also expects hemodialysis outcome measures will be achieved and maintained at the following minimums:
 - $\geq 85\%$ of hemodialysis patient population achieves urea reduction ratio (URR) $\geq 65\%$ and
 - $\geq 85\%$ of hemodialysis patient population achieves Kt/V Daugirdas II .1.2

Sincerely


Print Name: Arturo Sida
Its: Assistant Corporate Secretary
DaVita HealthCare Partners Inc.
Total Renal Care, Inc.

Subscribed and sworn to me
This ___ day of _____, 2016

See Attached

Notary Public

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

On February 2, 2016 before me, Kimberly Ann K. Burgo, Notary Public
(here insert name and title of the officer)

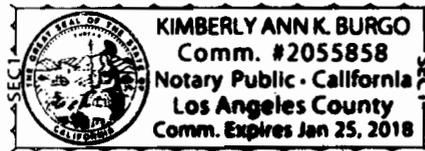
personally appeared *** Arturo Sida ***

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Kimberly Ann K. Burgo
Signature



OPTIONAL INFORMATION

Law does not require the information below. This information could be of great value to any person(s) relying on this document and could prevent fraudulent and/or the reattachment of this document to an unauthorized document(s)

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: Ltr. to K. Olson re In-Center Hemodialysis Assurances (Collinsville Dialysis)

Document Date: February 2, 2016 Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

- Individual
- Corporate Officer Assistant Secretary

(Title(s))

- Partner
- Attorney-in-Fact
- Trustee
- Guardian/Conservator
- Other: _____

SIGNER IS REPRESENTING: Name of Person or Entity Total Renal Care, Inc./DaVita HealthCare Partners Inc.

Section VIII, Financial Feasibility
Criterion 1120.120 Availability of Funds

The project will be funded entirely with cash and cash equivalents, and a lease with Lanter Business Park, L.L.C.. A copy of DaVita's 2014 10-K Statement evidencing sufficient internal resources to fund the project was previously submitted with the application 15-020. A letter of intent to lease the facility is attached at Attachment – 36.

February 9, 2016

Lanter Business Park LLC

RE: *Request for Proposal, PROPERTY: 101 Lanter Court, Suites 109-111 (Bld 2) Collinsville, IL*

Cushman and Wakefield, in conjunction with BarberMurhpy Group has been authorized by Total Renal Care, Inc - a subsidiary of DaVita HealthCare Partners Inc. to assist in securing a lease requirement. DaVita HealthCare Partners is a Fortune 500 company with 2,183 outpatient dialysis centers across the US and revenues of approximately \$12 billion.

PREMISES: *101 Lanter Court, Suites 109-111 (Bld 2) Collinsville, IL*

TENANT: *"Total Renal Care, Inc. or related entity to be named*

LANDLORD: *Lanter Business Park LLC*

SPACE REQUIREMENTS: *Requirement is for approximately 6,200 contiguous rentable square feet. Tenant shall have the right to measure space based on most recent BOMA standards.*

PRIMARY TERM: *10 years*

BASE RENT: *Base rent shall be equal to \$12.00/SF NNN for year one and increase by 2% annually.*

ADDITIONAL EXPENSES: *Please provide an estimated annual cost per square foot for any and all additional operating expenses for which the Tenant will be responsible for paying including Taxes, Insurance and CAM. \$5.35/SF*

Please indicate what, if any, utility costs Tenant will be responsible for paying that are not included in operating expenses or Base Rent. All dedicated utilities.

Landlord to limit the cumulative operating expense costs to \$5.35 psf in the first full lease year and no greater than 3% increases annually thereafter.

LANDLORD'S MAINTENANCE: *Landlord, at its sole cost and expense, shall be responsible for the structural and capitalized items (per GAAP standards) for the Property.*

POSSESSION AND RENT COMMENCEMENT: *Landlord shall deliver Possession of the Premises to the Tenant with Landlord's work complete within 60 days of CON Board approval. Rent Commencement shall be the earlier of seven months from Possession or the date each of the following conditions have occurred:*

- a. Construction improvements within the Premises have been completed in accordance with the final construction documents (except for nominal punch list items); and*
- b. A certificate of occupancy for the Premises has been obtained from the city or county; and*
- c. Tenant has obtained all necessary licenses and permits to operate its business.*

LEASE FORM: *Tenant's standard lease form.*

USE: *The operation of an outpatient renal dialysis clinic, renal dialysis home training, aphaeresis services and similar blood separation and cell collection procedures, general medical offices, clinical laboratory, including all incidental, related and*

necessary elements and functions of other recognized dialysis disciplines which may be necessary or desirable to render a complete program of treatment to patients of Tenant and related office and administrative uses or for any other lawful purpose.

Landlord to verify that the Use is permitted within the building's zoning.

Please provide a copy of any CCR's or other documents that may impact tenancy.

PARKING:

Landlord to provide a minimum of four parking stalls per 1,000 rsf and two handicapped stalls or such greater number as is required by applicable law or regulation.

BASE BUILDING:

Landlord shall deliver to the premises, the Base Building improvements included in the attached Exhibit B.

TENANT IMPROVEMENTS:

Please provide the tenant improvement allowance offered (psf).

OPTION TO RENEW:

Tenant desires three, five-year options to renew the lease. Option rent shall be equal the then current Fair Market Value not to exceed 2% year over the previous term.

**RIGHT OF FIRST OPPORTUNITY
ON ADJACENT SPACE:**

Tenant shall have the on-going right of first opportunity on any adjacent space that may become available during the initial term of the lease and any extension thereof, under the same terms and conditions of Tenant's existing lease.

**FAILURE TO DELIVER
PREMISES:**

If Landlord has not delivered the premises to Tenant with all base building items substantially completed with 90 days from later of lease execution or CON approval, Tenant may elect to a) terminate the lease by written notice to Landlord or b) elect to receive two days of rent abatement for every day of delay beyond the 30 day delivery period.

HOLDING OVER:

Tenant shall be obligated to pay 110% for the then current rate.

TENANT SIGNAGE:

Tenant shall have the right to install building, monument and pylon signage at the Premises, subject to compliance with all applicable laws and regulations. Landlord, at Landlord's expense, will furnish Tenant with any standard building directory signage.

BUILDING HOURS:

Tenant requires building hours of 24 hours a day, seven days a week.

SUBLEASE/ASSIGNMENT:

Tenant will have the right at any time to sublease or assign its interest in this Lease to any majority owned subsidiaries or related entities of DaVita, Inc. without the consent of the Landlord, or to unrelated entities with Landlord reasonable approval.

CERTIFICATE OF NEED:

Tenant CON Obligation: Landlord and Tenant understand and agree that the establishment of any chronic outpatient dialysis facility in the State of Illinois is subject to the requirements of the Illinois Health Facilities Planning Act, 20 ILCS 3960/1 et seq. and, thus, the Tenant cannot establish a dialysis facility on the Premises or execute a binding real estate lease in connection therewith unless Tenant obtains a Certificate of Need (CON) permit from the Illinois Health Facilities and Services Review Board (HFSRB). Based on the length of the HFSRB review process, Tenant does not expect to receive a CON permit prior to May 10, 2016. In light of the foregoing facts, the parties agree that they shall promptly

proceed with due diligence to negotiate the terms of a definitive lease agreement and execute such agreement prior to approval of the CON permit provided, however, the lease shall not be binding on either party prior to approval of the CON permit and the lease agreement shall contain a contingency clause indicating that the lease agreement is not effective prior to CON permit approval. Assuming CON approval is granted, the effective date of the lease agreement shall be the first day of the calendar month following CON permit approval. In the event that the HFSRB does not award Tenant a CON permit to establish a dialysis center on the Premises, neither party shall have any further obligation to the other party with regard to the negotiations, lease, or Premises contemplated by this Letter of Intent.

ROOF RIGHTS:

Tenant shall have the right to place a satellite dish on the roof at no additional fee.

NON-COMPETE:

Landlord agrees not to lease space to another dialysis provider within a five mile radius of Premise.

DELIVERIES:

Landlord shall construct a concrete/paved delivery zone on the side of the building for Tenant's tractor trailer deliveries. Said parking zone will be subject to Tenants approval, permits and governmental approvals.

OTHER CONCESSIONS:

Please indicate any other concessions the Landlord is willing to offer.

GOVERNMENTAL COMPLIANCE:

Landlord shall represent and warrant to Tenant that Landlord, at Landlord's sole expense, will cause the Premises, common areas, the building and parking facilities to be in full compliance with any governmental laws, ordinances, regulations or orders relating to, but not limited to, compliance with the Americans with Disabilities Act (ADA), and environmental conditions relating to the existence of asbestos and/or other hazardous materials, or soil and ground water conditions, and shall indemnify and hold Tenant harmless from any claims, liabilities and cost arising from environmental conditions not caused by Tenant(s).

BROKERAGE FEE:

Landlord recognizes Cushman and Wakefield and Barber Murphy Group as the Tenant's sole representatives and shall pay a brokerage fee equal to 3% of the rental value per separate commission agreement. Tenant shall retain the right to offset rent for failure to pay the brokerage fee.

All parties acknowledge, approve and understand that BABERMurphy Group also represents the Landlord of the subject property.

Agreed to by:

Landlord:



Date:

2-11-16

Tenant:



Date:

2-15-16

Please submit your response to this Request for Proposal via e-mail to:

Collin Fischer
BARBERMurphy Group
Office: (618) 277-4400
Mobile: (618) 420-2376
Email: collinf@barbermurphy.com

It should be understood that this Request for Proposal is subject to the terms of Exhibit A attached hereto. Please complete and return the Potential Referral Source Questionnaire in Exhibit C. The information in this email is confidential and may be legally privileged. It is intended solely for the addressee. Access to this information by anyone but addressee is unauthorized. Thank you for your time and consideration to partner with DaVita.

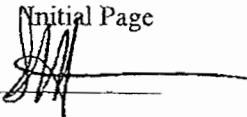
EXHIBIT A

NON-BINDING NOTICE

NOTICE: THE PROVISIONS CONTAINED IN THIS LETTER OF INTENT ARE AN EXPRESSION OF THE PARTIES' INTEREST ONLY. SAID PROVISIONS TAKEN TOGETHER OR SEPERATELY ARE NEITHER AN OFFER WHICH BY AN "ACCEPTANCE" CAN BECOME A CONTRACT, NOR A CONTRACT. BY ISSUING THIS LETTER OF INTENT NEITHER TENANT NOR LANDLORD (OR DTZ) SHALL BE BOUND TO ENTER INTO ANY (GOOD FAITH OR OTHERWISE) NEGOTIATIONS OF ANY KIND WHATSOEVER. TENANT RESERVES THE RIGHT TO NEGOTIATE WITH OTHER PARTIES. NEITHER TENANT, LANDLORD OR DTZ INTENDS ON THE PROVISIONS CONTAINED IN THIS LETTER OF INTENT TO BE BINDING IN ANY MANNER, AS THE ANALYSIS FOR AN ACCEPTABLE TRANSACTION WILL INVOLVE ADDITIONAL MATTERS NOT ADDRESSED IN THIS LETTER, INCLUDING, WITHOUT LIMITATION, THE TERMS OF ANY COMPETING PROJECTS, OVERALL ECONOMIC AND LIABILITY PROVISIONS CONTAINED IN ANY LEASE DOCUMENT AND INTERNAL APPROVAL PROCESSES AND PROCEDURES. THE PARTIES UNDERSTAND AND AGREE THAT A CONTRACT WITH RESPECT TO THE PROVISIONS IN THIS LETTER OF INTENT WILL NOT EXIST UNLESS AND UNTIL THE PARTIES HAVE EXECUTED A FORMAL, WRITTEN LEASE AGREEMENT APPROVED IN WRITING BY THEIR RESPECTIVE COUNSEL. DTZ IS ACTING SOLELY IN THE CAPACITY OF SOLICITING, PROVIDING AND RECEIVING INFORMATION AND PROPOSALS AND NEGOTIATING THE SAME ON BEHALF OF OUR CLIENTS. UNDER NO CIRCUMSTANCES WHATSOEVER DOES DTZ HAVE ANY AUTHORITY TO BIND OUR CLIENTS TO ANY ITEM, TERM OR COMBINATION OF TERMS CONTAINED HEREIN. THIS LETTER OF INTENT IS SUBMITTED SUBJECT TO ERRORS, OMISSIONS, CHANGE OF PRICE, RENTAL OR OTHER TERMS; ANY SPECIAL CONDITIONS IMPOSED BY OUR CLIENTS; AND WITHDRAWAL WITHOUT NOTICE. WE RESERVE THE RIGHT TO CONTINUE SIMULTANEOUS NEGOTIATIONS WITH OTHER PARTIES ON BEHALF OF OUR CLIENT. NO PARTY SHALL HAVE ANY LEGAL RIGHTS OR OBLIGATIONS WITH RESPECT TO ANY OTHER PARTY, AND NO PARTY SHOULD TAKE ANY ACTION OR FAIL TO TAKE ANY ACTION IN DETRIMENTAL RELIANCE ON THIS OR ANY OTHER DOCUMENT OR COMMUNICATION UNTIL AND UNLESS A DEFINITIVE WRITTEN LEASE AGREEMENT IS PREPARED AND SIGNED BY TENANT AND LANDLORD.

Initial Page

Landlord



Tenant

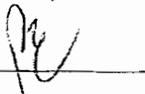


EXHIBIT B

Insert MBBI

EXHIBIT C

POTENTIAL REFERRAL SOURCE QUESTIONNAIRE

RE: 101 Lanter, Collinsville, IL

(i) an individual or entity in any way involved in the healthcare business, including, but not limited to, a physician; physician group; hospital; nursing home; home health agency; or manufacturer, distributor or supplier of healthcare products or pharmaceuticals;

Yes No

(ii) the immediate family member of an individual involved in the healthcare business, or

Yes No

(iii) an individual or entity that directly or indirectly owns or is owned by a healthcare-related entity; or

Yes No

(iv) an entity directly or indirectly owned by an individual in the healthcare business or an immediate family member of such an individual?

Yes No

Lanter Business Park, LLC
(Please add landlord or entity name)

By: 

Print: Steven Lanter

Its: Steven Lanter, Manager

Date: 2-11-16

Section IX, Financial Feasibility

Criterion 1120.130 – Financial Viability Waiver

The project will be funded entirely with cash. A copy of DaVita's 2014 10-K Statement evidencing sufficient internal resources to fund the project was previously submitted with the application for Project No. 15-020.

Section X, Economic Feasibility Review Criteria
Criterion 1120.140(a), Reasonableness of Financing Arrangements

Attached at Attachment – 39A is a letter from Arturo Sida, Assistant Corporate Secretary of DaVita HealthCare Partners, Inc. attesting that the total estimated project costs will be funded entirely with cash.

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

Re: Reasonableness of Financing Arrangements

Dear Chair Olson:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 and pursuant to 77 Ill. Admin. Code § 1120.140(a) that the total estimated project costs and related costs will be funded in total with cash and cash equivalents.

Sincerely,



Print Name: Arturo Sida
Its: Assistant Corporate Secretary
DaVita HealthCare Partners Inc.
Total Renal Care, Inc.

Subscribed and sworn to me
This ___ day of _____, 2016

See Attached

Notary Public

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

On February 2, 2016 before me, Kimberly Ann K. Burgo, Notary Public
(here insert name and title of the officer)

personally appeared *** Arturo Sida ***

who proved to me on the basis of satisfactory evidence to be the person~~(s)~~ whose name~~(s)~~ is/~~are~~ subscribed to the within instrument and acknowledged to me that he/~~she/they~~ executed the same in his/~~her/their~~ authorized capacity~~(ies)~~, and that by his/~~her/their~~ signature~~(s)~~ on the instrument the person~~(s)~~, or the entity upon behalf of which the person~~(s)~~ acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Kimberly Ann K. Burgo
Signature



OPTIONAL INFORMATION

Law does not require the information below. This information could be of great value to any person(s) relying on this document and could prevent fraudulent and/or the reattachment of this document to an unauthorized document(s)

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: Ltr. to K. Olson re Reasonableness of Financing Arrangements (Collinsville Dialysis)

Document Date: February 2, 2016 Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

- Individual
 Corporate Officer Assistant Secretary

(Title(s))

- Partner
 Attorney-in-Fact
 Trustee
 Guardian/Conservator
 Other: _____

SIGNER IS REPRESENTING: Name of Person or Entity Total Renal Care, Inc./DaVita HealthCare Partners Inc.

Section X, Economic Feasibility Review Criteria
Criterion 1120.140(b), Conditions of Debt Financing

This project will be funded in total with cash and cash equivalents. Accordingly, this criterion is not applicable.

Section X, Economic Feasibility Review Criteria
Criterion 1120.140(c), Reasonableness of Project and Related Costs

1. The Cost and Gross Square Feet by Department is provided in the table below.

| COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE | | | | | | | | | |
|---|-------------------------|-----------------|--------------------------------|---|------------------------------------|---|----------------------|--------------------|-----------------------|
| Department (list below) CLINICAL | 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) | |
| CLINICAL | | | | | | | | | |
| ESRD | | \$171.08 | | | 4,150 | | | \$710,000 | \$710,000 |
| Contingency | | \$17.11 | | | 4,150 | | | \$71,000 | \$71,000 |
| TOTAL CLINICAL | | \$188.19 | | | 4,150 | | | \$781,000 | \$781,000 |
| NON- CLINICAL | | | | | | | | | |
| ESRD | | \$180.64 | | | 2,050 | | | \$370,323 | \$370,323 |
| Contingency | | \$18.05 | | | 2,050 | | | \$37,000 | \$37,000 |
| TOTAL NON- CLINICAL | | \$198.69 | | | 2,050 | | | \$407,323 | \$407,323 |
| TOTAL | | \$191.67 | | | 6,200 | | | \$1,188,323 | \$1,188,323 |

* Include the percentage (%) of space for circulation

2. As shown in Table 1120.310(c) below, the project costs are below the State Standard.

| Table 1120.310(c) | | | |
|--|------------------|---|----------------------------|
| | Proposed Project | State Standard | Above/Below State Standard |
| Modernization Construction Contracts & Contingencies | \$781,000 | $\$189.19 \times 4,150 \text{ GSF} = \$785,138$ | Below State Standard |
| Contingencies | \$71,000 | 10% - 15% of Modernization Construction Contracts $10\% - 15\% \times \$710,000 = \$71,000 - \$106,500$ | Meets State Standard |
| Architectural/Engineering Fees | \$80,000 | 7.18% - 10.78% of Modernization Construction Contracts + Contingencies) $7.18\% - 10.78\% \times (\$710,000 + \$71,000) =$ | Meets State Standard |

Table 1120.310(c)

| | Proposed Project | State Standard | Above/Below State Standard |
|--|------------------|---|----------------------------|
| | | 7.18% - 10.78 x \$781,000 = \$60,996 - \$84,192 | |
| Consulting and Other Fees | \$65,000 | No State Standard | No State Standard |
| Moveable Equipment | \$414,690 | \$52,119.16 per station x 8 stations \$52,119.16 x 8 = \$416,953 | Below State Standard |
| Fair Market Value of Leased Space or Equipment | \$361,353 | No State Standard | No State Standard |

Section X, Economic Feasibility Review Criteria
Criterion 1120.310(d), Projected Operating Costs

Operating Expenses: \$1,500,000

Treatments: 6,552

Operating Expense per Treatment: \$228.94

Section X, Economic Feasibility Review Criteria
Criterion 1120.310(e), Total Effect of Project on Capital Costs

Capital Costs:

| | |
|----------------------|-----------|
| Depreciation: | \$150,000 |
| Amortization: | \$ 7,000 |
| Total Capital Costs: | \$157,000 |

Treatments: 6,552

Capital Costs per Treatment: \$23.96

Section XI, Safety Net Impact Statement

1. This criterion is required for all substantive and discontinuation projects. DaVita HealthCare Partners Inc. and its affiliates are safety net providers of dialysis services to residents of the State of Illinois. DaVita is a leading provider of dialysis services in the United States and is committed to innovation, improving clinical outcomes, compassionate care, education and Kidney Smarting patients, and community outreach. A copy of DaVita's 2014 Community Care report, which details DaVita's commitment to quality, patient centric focus and community outreach is attached at Attachment – 40.. As referenced in the report, DaVita led the industry in quality, with 50 percent of its dialysis centers earning four or five stars in the federal Five-Star Ratings, compared to the 21 percent industry average. DaVita also led the industry in Medicare's Quality Incentive Program, ranking No. 1 in three out of four clinical measures and receiving the fewest penalties. DaVita has taken on many initiatives to improve the lives of patients suffering from CKD and ESRD. These programs include the Kidney Smart, IMPACT, CathAway, and transplant assistance programs. Furthermore, DaVita is an industry leader in the rate of fistula use and has the lowest day-90 catheter rates among large dialysis providers. During 2000 - 2014, DaVita improved its fistula adoption rate by 103 percent. Its commitment to improving clinical outcomes directly translated into 7% reduction in hospitalizations among DaVita patients.
2. The proposed project will not impact the ability of other health care providers or health care systems to cross-subsidize safety net services. As shown in Table 1110.1430(b), the utilization of dialysis facilities within the Collinsville GSA is 77.25%. There are 122 patients from Dr. Kanungo's practice suffering from Stage 4 or 5 CKD. Conservatively, Dr. Kanungo anticipates 42 of these patients will be referred to the proposed Collinsville Dialysis within 12 to 24 months of project completion. As such, the proposed facility is necessary to allow the existing facilities to operate at its optimum capacity while at the same time accommodating the growing demand for dialysis services. Accordingly, the proposed dialysis facility will not impact other general health care providers' ability to cross-subsidize safety net services.

Further, patient census in the Collinsville GSA has increased approximately 5% in each of the past two years, and this growth is expected to continue for the foreseeable future. The U.S. Centers for Disease Control and Prevention estimates 10% of American adults have some level of CKD,²² and the National Kidney Fund of Illinois estimates over 1 million Illinoisans have CKD and most do not know it. As more working families obtain health insurance through the ACA²³ and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,²⁴ more individuals in high risk groups will have better access to primary care and kidney screening. As a result of these health care reform initiatives, there will likely be tens of thousands of newly diagnosed cases of CKD in the years ahead. Once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is

²² CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC). NATIONAL CHRONIC KIDNEY DISEASE FACT SHEET: GENERAL INFORMATION AND NATIONAL ESTIMATES ON CHRONIC KIDNEY DISEASE IN THE UNITED STATES, 2014. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention; 2014.

²³ According to data from the federal government nearly 350,000 Illinois residents enrolled in a health insurance program through the ACA (See DEP'T OF HEALTH & HUMAN SERVS., OFFICE OF THE ASSISTANT SEC'Y FOR PLANNING AND EVALUATION, HEALTH INSURANCE MARKETPLACES 2015 OPEN ENROLLMENT PERIOD: MARCH ENROLLMENT REPORT (Mar. 10, 2015) available at <http://aspe.hhs.gov/pdf-report/health-insurance-marketplace-2015-open-enrollment-period-march-enrollment-report> (last visited Nov. 23, 2015).

²⁴ In January 2011, the Illinois General Assembly passed legislation mandating 50% of the Medicaid population to be covered by a managed care program by 2015.

imperative that enough stations are available to treat this new influx of ESRD patients, who will require dialysis in the next couple of years.

3. The proposed project is for the establishment of Collinsville Dialysis. As such, this criterion is not applicable.
4. A table showing the charity care and Medicaid care provided by the Applicants for the most recent three calendar years is provided below.

| Safety Net Information per PA 96-0031 | | | |
|---------------------------------------|--------------|--------------|-------------|
| CHARITY CARE | | | |
| | 2012 | 2013 | 2014 |
| Charity (# of patients) | 152 | 187 | 146 |
| Charity (cost in dollars) | \$1,199,657 | \$2,175,940 | \$2,477,363 |
| MEDICAID | | | |
| | 2012 | 2013 | 2014 |
| Medicaid (# of patients) | 661 | 679 | 708 |
| Medicaid (revenue) | \$11,387,229 | \$10,371,416 | \$8,603,971 |



COMMUNITY CARE

The DaVita Vision for Global Citizenship





OUR TRILOGY OF CARE COMES FULL CIRCLE

As a leader in integrated healthcare, we believe that not only should we do well, we should also do good. Every segment of our Village, encompassing DaVita Kidney Care, HealthCare Partners, Paladina Health and our international kidney care centers, works hard to provide exceptional care for our patients, support the development of our teammates (employees) and partners, and bring resources and care to the communities where we operate around the globe.

Our corporate social responsibility (CSR) extends far beyond the walls of our business offices, coordinated care clinics and kidney care centers. It sends ripples throughout our Village, to patients, teammates and their families, and is what makes us a community first and a company second. DaVita's Trilogy of Care—Caring for Our Patients, Caring for Each Other and Caring for Our World—is how we define our approach to CSR, which has resulted in industry-leading clinical outcomes, innovative philanthropic endeavors and a sharp focus on sustainability and the environment.

ABOUT INTEGRATED HEALTHCARE

DaVita HealthCare Partners continuously works to improve our integrated model to provide optimal patient care. Our Kidney Care division supports 170,000 kidney patients nationally and internationally, and our HealthCare Partners division provides coordinated primary and specialty care to 1.5 million patients across several states.¹

Chronic kidney disease (CKD) affects 1 in 10 U.S. adults² and, if not treated, can lead to end stage renal disease (ESRD) and kidney failure, requiring dialysis or a transplant for survival.

Our integrated approach offers preventive care and also addresses the health and lifestyle complexities of chronic conditions. We also invest in creating user-friendly online tools to help patients learn about their healthcare options and take a more-active role in managing their health and diet. At DaVita HealthCare Partners, we believe that patients can live more healthy and fulfilling lives if given the proper support and encouragement.

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OUR VISION

To Build the Greatest Healthcare Community the World Has Ever Seen

OUR MISSION

To Be the Provider, Partner and Employer of Choice

OUR CORE VALUES

Service Excellence, Integrity, Team, Continuous Improvement, Accountability, Fulfillment, Fun

OUR TRILOGY OF CARE

- Caring for Our Patients
- Caring for Each Other
- Caring for Our World

DaVita Kidney

Calculated performed
other major dialysis
providers by nearly
200 percent in the
2015 federal Five-Star
Ratings.

In 2014, we invested
more than \$14.1 million
in continuing education
contact hours valued
at \$15 per hour to
teammates.

12,000 teammates
and friends led
nearly 500 Village
Service Days
community service
projects in 2014.

Tracee M., DaVita dialysis patient.

CARING FOR OUR PATIENTS

Innovating Care, Improving Lives

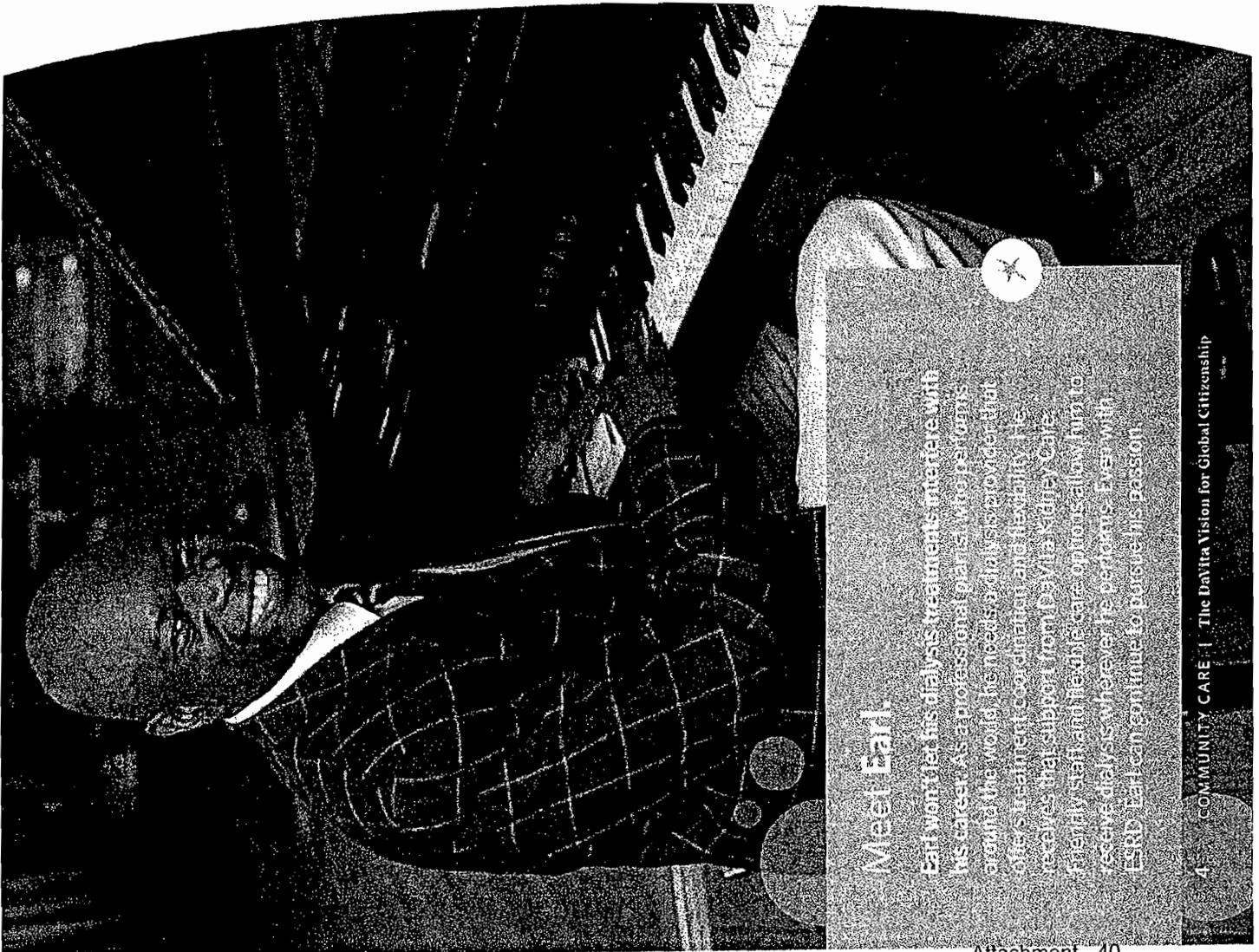
The Kidney Care and HealthCare Partners divisions of DaVita HealthCare Partners together support more than 1 million primary and specialty care patients through an integrated care model that focuses on the whole patient, not just the disease. Our innovative clinical programs help to coordinate all facets of health, including diet, medications, patient education and emotional support to improve clinical outcomes, reduce healthcare costs and enhance patient quality of life.

VillageHealth. One of the nation's leading integrated kidney care management organizations, VillageHealth now touches more than 22,000 lives a month. The integrated care management results are most visible in VillageHealth's ESRD special needs plan (SNP), where it has achieved:

- :: 15 percent lower year-one mortality rate over a three-year period.
- :: 27 percent fewer hospital readmissions compared to the Medicare benchmark.
- :: 15 percent lower non-dialysis costs for ESRD care.

DaVita Rx. DaVita Rx, the first and largest kidney pharmacy, delivered its 15 millionth prescription in 2014. Studies have shown that patients who use DaVita Rx spend 14 percent fewer days in the hospital* and have a 37 percent lower mortality risk* than patients who use other pharmacies.

Compliance. By maintaining integrity through our robust compliance program, DaVita HealthCare Partners is able to provide ethical, quality care to our patients.



Meet Earl.

Earl won't let his dialysis treatments interfere with his career. As a professional pianist, who performs around the world, he needs a dialysis provider that offers treatment coordination and flexibility. He receives that support from DaVita Kidney Care. Friendly staff and flexible care options allow him to receive dialysis wherever he performs. Even with ESRD, Earl can continue to pursue his passion.

Paladina Health, Paladina Health, a subsidiary of DaVita Healthcare Partners that offers primary care, makes care easy through a patient-centric approach and 24/7 access to personal physicians. In 2014, its Clinical Excellence program exceeded the HEDIS 90th percentile in hypertension management—a commercial HMO benchmark for quality.

Kidney Health Tools. DaVita Kidney Care provides some of the most comprehensive kidney disease education tools available to help patients take control of their health and make better choices to enrich their lives. In 2014, online tools became mobile-friendly.

myDaVita.com. With 148,000 users, myDaVita.com allows patients to connect with an online support community and share their experiences.

DaVita Diet Helper™. The most robust diet-planning tool for kidney care patients, DaVita Diet Helper lets users access more than 1,000 kidney-friendly recipes, create meals and recipes, save favorites and track nutrition levels.

Kidney Smart®. DaVita's Kidney Smart program offers no-cost, instructor-led kidney disease education classes that are open to the entire community. The classes are held across the country or online at KidneySmart.org.

DaVita Health Portal™. The DaVita Health Portal lets kidney care patients track their health online by accessing their lab values, nutrition reports and more.

International. DaVita Kidney Care is committed to elevating the health and quality of life for patients around the world. In 2014 we celebrated the accreditation of one of our dialysis centers in Malaysia—the first-ever dialysis center to be accredited in the country. We were also recognized in India as the Dialysis Service Provider Company of the Year.

Accountable Care Organizations. Accountable care organizations (ACOs) serve as an integrated care framework to improve patient care, clinical outcomes and costs. HealthCare Partners and Anthem Blue Cross partnered to build a commercial ACO and, in its first year, achieved nearly \$2 million in shared savings.

LEADING INDUSTRY QUALITY

At DaVita Kidney Care, we are committed to improving patient care. That's why we're proud that the Centers for Medicare and Medicaid Services (CMS) Five-Star Quality Rating System recognized DaVita highest among all major dialysis providers.

DaVita Kidney Care outperformed the industry average by 138 percent. 50 percent of DaVita's dialysis clinics earned a four- or five-star rating. DaVita Kidney Care outperformed other major kidney care providers in Medicare's Quality Incentive Program (QIP), with over 98 percent of the company's centers ranking in the top clinical performance tier.

HealthCare Partners was also recognized in 2014 for outstanding clinical measures. The Integrated Healthcare Association awarded us a 4.5 out of 5 star rating for quality of care provided to our Medicare Advantage patients in California. This was one of the highest ratings across all California physician organizations.

CLINICAL INITIATIVES

DaVita Kidney Care

In 2014, we made strides in four Quality of Life programs that focus on fluid, medication, infection and diabetes management for kidney care patients.

FluidWise. Reduce fluid-related hospitalizations and mortality while enhancing the patient experience.

MedsMatter. Improve medication adherence rates and reduce related hospitalizations.

WipeOut. Reduce the risk of patient infections by actively addressing their leading causes.

StepAhead. Help kidney care patients prevent avoidable complications from diabetes mellitus.

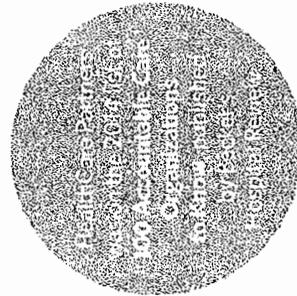
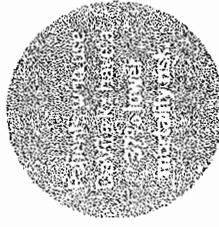
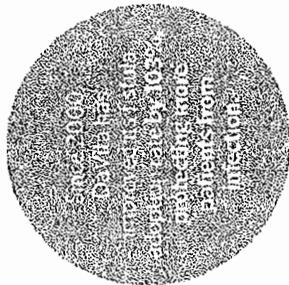
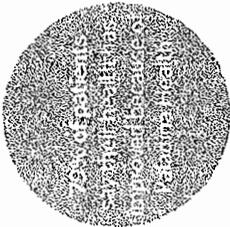
HealthCare Partners

We help our primary and specialty care patients achieve their best possible health through a number of innovative programs and initiatives, including:

Transitions of Care. Decrease unnecessary hospital readmissions.

Flu Vaccinations. Aim to vaccinate 70 percent of patients and 90 percent of teammates.

Hypertension. Work to achieve blood pressure control for at least 75 percent of our hypertensive patients.



CARING FOR EACH OTHER

Together, We're Stronger

We provide unique opportunities for our teammates to succeed at work and at home through leadership courses, professional development, education scholarships for children and grandchildren, and support in times of crisis.

DaVita University. DaVita University, which offers leadership, management, operational and clinical education opportunities, focuses on growing better leaders, family members and citizens. In 2014, DaVita University held live development events for 23,852 teammates, including division and clinical meetings, teaching and presenting internationally and much more.

Continuing Education. DaVita provides tuition, license renewal and recertification reimbursement to teammates. In 2014, we awarded 940,024 continuing education contact hours. We value continuing education credit hours at \$15 per hour and last year invested more than \$14.9 million in continuing education contact hours.

DaVita Academy. This two-day event introduces new field and corporate teammates to the DaVita culture and empowers them to be leaders in their communities, families and teams. In 2014, 6,182 teammates participated in Academy, which hosted the largest number of HealthCare Partners teammates to date.

The DaVita Way. DaVita Way Days and Monthly Activities introduce teammates to our Core Values and our various symbols and traditions for celebrating success. Teammates learn how to create and lead DaVita Way activities in their centers and offices.



Meet Suzy.

Suzy has a scrapbook called "Cool Things I Get to Do" to remind her of what she has experienced as a teammate in our Village. Suzy has supported fellow teammates at Academy as a Red Shirt and led multiple Village Service Days for her teams, choosing causes that align with our Core Values. She also participated in Tour DaVita, riding 250 miles on a bike to raise awareness of kidney disease. Suzy has enrolled in DaVita University courses to further her career and is earning her Ph.D. with the help of tuition assistance as a Redwoods Scholar.

Redwoods Leadership Program.

To date, 433 DaVita teammates have grown within the company through the Redwoods Leadership Development Program. The Redwoods curricula provide on-the-job and classroom learning, mentorship, a leadership practicum and opportunities to work cross-functionally. In 2014, the program expanded to include HealthCare Partners teammates. Summer Associate interns worked at HealthCare Partners locations and the Resident and Analyst Development programs performed site visits with HealthCare Partners in Torrance, California.

Star Troopers.

Through the Star Troopers program, we honor fellow teammates, family members and friends on active military duty. Teammates have sent 7,552 letters, notes and care packages overseas.

The Eureka! Forum.

Eureka! is an innovation platform for teammates to share their ideas about how to enhance the Village by improving the quality of patient care, reducing teammate burden and mending Village economics. In 2014, teammates logged into Eureka! over 3,000 times and submitted 429 new ideas.

Voice of the Village Calls.

These calls are held approximately every eight weeks. All 60,000-plus teammates are invited to hear about the state of the company from senior DaVita HealthCare Partners leaders and ask questions about any subject they choose.

DaVita Village Network. The DaVita Village Network gives teammates the opportunity to help each other during times of crisis, such as a natural disaster, an accident or an illness. Teammates can make payroll contributions, which DaVita provides funding to match up to \$250,000 per year.

DaVita Children's Foundation and the

KT Family Foundation. DaVita teammates' children and grandchildren who excel in leadership, community service and academics can earn scholarships of \$1,000 to \$3,000. The DaVita Children's Foundation, funded by DaVita, awards students in college or 12th grade. The KT Family Foundation, funded by Chairman and CEO Kent Thiry and his wife, Denise O'Leary, awards students in grades six through 11. Together, the two programs have awarded more than \$1.7 million to 891 students.

Woody Brittain Scholarship.

The Woody Brittain Scholarship was established in 2012 to honor a past DaVita HealthCare Partners board member. Woody was a successful businessman who was dedicated to community service. DaVita offers \$7,500 scholarships annually to three African-American high school seniors who are interested in pursuing a career in science, technology or healthcare. Students also receive exposure to DaVita's culture and mentor opportunities through college.

DaVita University
hosted three
DaVita Way Days
in India, Germany and
Portugal, impacting 170
international teammates
in 2014.

The DaVita Village
Network has awarded
\$2.6M in crisis
assistance to **574**
teammates.

DaVita
Children's Foundation
and **KT Family**
Foundation have given
more than **\$1.7M** in educational
assistance to **891** children and
grandchildren of
DaVita teammates.

DaVita University
held live development
events for **23,852**
teammates in 2014.

DEVELOPING LEADERS

In 2014, a record-breaking number of teammates attended DaVita University's award-winning classes for teammate development.

Through DaVita's School of Leadership, School of Clinical Education and Village Gatherings, DaVita directly touched more than 22,600 teammates in 2014. DaVita University also launched a dozen new and innovative leadership and educational programs, expanded the availability of distance learning and rolled out leadership and development programs to international teammates in multiple countries.

VILLAGE VITALITY

Our Village Vitality program offers teammates multiple tools for making healthy choices including:

- Free biometric screenings at work sites
- Stress-management courses
- Tobacco-use cessation programs
- Challenges such as Match the Mayor, a six-week program in which teammates try to match Chairman and CEO Kent Thiry in adding a variety of fruits and vegetables to their daily meals

Teammates have the opportunity to earn free health insurance and the We Are Well award for their commitment to achieving their health goals.

CARING FOR OUR WORLD

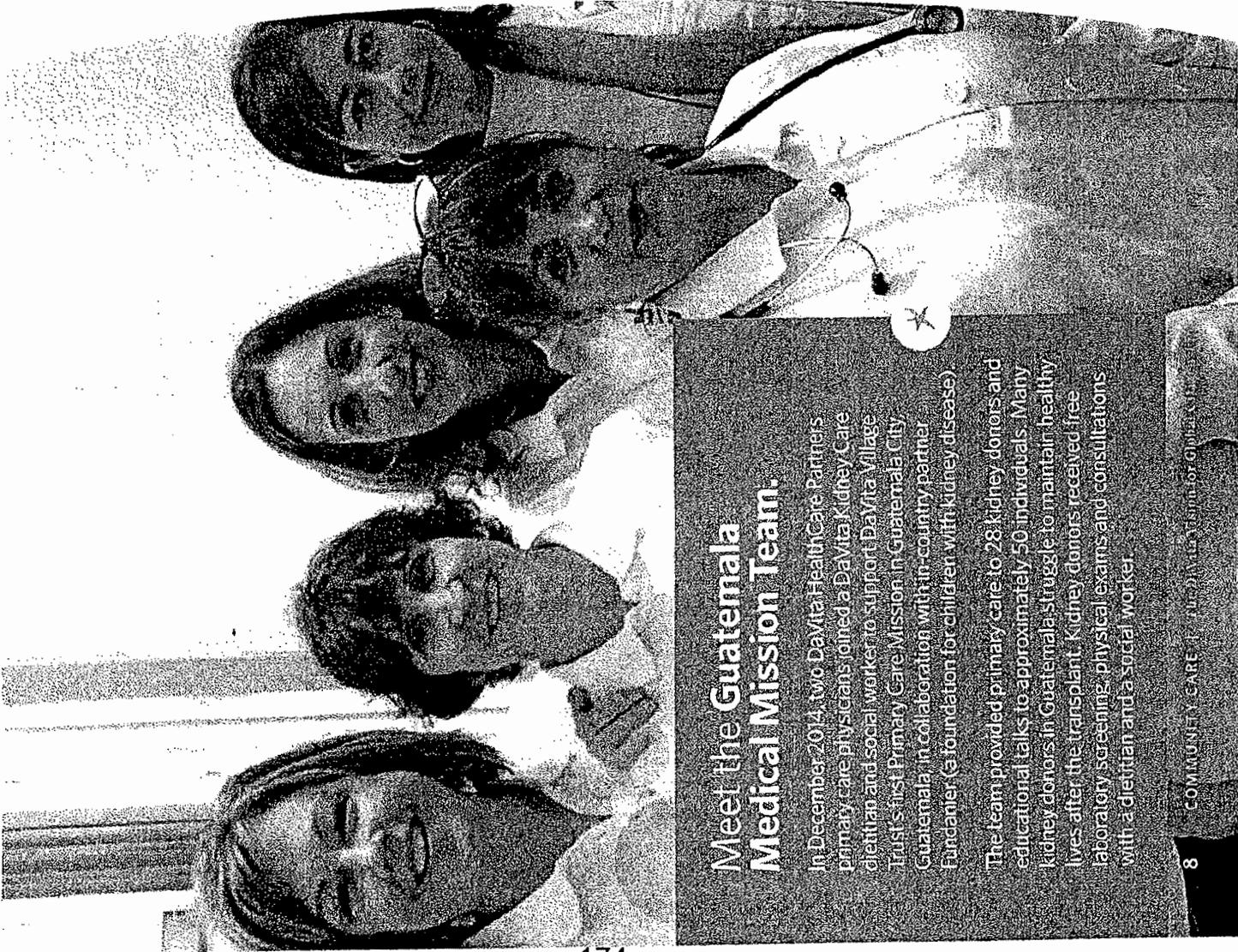
Improving Lives, Sustainably

We are working to improve the lives of our patients, the regions in which we operate and those in need throughout the world by examining and reducing our environmental impact, performing international medical missions, offering health screenings and pursuing philanthropic endeavors.

DaVita Village Trust. DaVita Village Trust is improving access to kidney care and primary care, and increasing chronic kidney disease awareness. It saves lives through early-detection testing, kidney care education and increased access to dialysis treatment in underserved communities around the world.

In 2014, DaVita Village Trust completed 21 medical missions in 7 countries, bringing life-saving dialysis treatment to more than 250 patients around the world. Through its first primary care medical mission, it provided care and health education to more than 70 kidney donors and individuals. It provided CKD rapid screenings for over 8,500 people through 38 domestic and two international CKD screening events.

DaVita Way of Giving. DaVita Kidney Care continued its long tradition of supporting local communities this year by making charitable contributions across the nation through the DaVita Way of Giving. As part of the program, teammates in our centers chose more than 950 nonprofits and community organizations to receive more than \$1.6 million in 2014. The program has donated a total of \$4 million since it began. In HealthCare Partners' first year with DaVita Way of Giving, 46 clinics in four states donated to 38 different charities.



Meet the Guatemala Medical Mission Team.

In December 2014, two DaVita HealthCare Partners primary care physicians joined a DaVita Kidney Care dietitian and social worker to support DaVita Village Trust's first Primary Care Mission in Guatemala City, Guatemala, in collaboration with in-country partner Fundacion (a foundation for children with kidney disease).

The team provided primary care to 28 kidney donors and educational talks to approximately 50 individuals. Many kidney donors in Guatemala struggle to maintain healthy lives after the transplant. Kidney donors received free laboratory screening, physical exams and consultations with a dietitian and a social worker.

SUSTAINABILITY

At DaVita HealthCare Partners, we continue to help improve our patients' health and quality of life while reducing our environmental footprint. In 2010, we established environmental goals for the Kidney Care division to achieve by the end of 2015.

2014 PROGRESS

GOAL

| | |
|--|--|
| <p>1</p> <p>Reduce energy consumption by 15 percent in our offices.</p> | <p>DaVita Kidney Care has reduced energy consumption by 5 percent per treatment across the country. In 2014, a Building Management Systems pilot launched in 150 centers and we anticipate a 10 percent energy reduction through improvements in temperature controls and set points.</p> |
| <p>2</p> <p>Reduce water consumption by 10 percent per treatment.</p> | <p>Since 2007, DaVita Kidney Care has reduced water consumption in clinics by 30 percent per treatment. Through the efforts of DaVita Kidney Care's biomedical team to optimize the frequency and duration of the water used in the pre-treatment filtration process, our centers have, on average, reduced gallons per month by 20 percent from 2013 to 2014.</p> |
| <p>3</p> <p>Reduce office paper consumption by 20 percent.</p> | <p>DaVita Kidney Care has reduced paper consumption in centers and offices by 5 percent per treatment. Various avenues, including Print to PDF, electronic signatures for contracts and e-faxing capabilities, have enabled teammates to move toward more paperless processes.</p> |
| <p>4</p> <p>Reduce environmental impact by 10 percent.</p> | <p>DaVita Kidney Care continues to increase its environmentally preferable procurement through partnerships with vendors and purchases of environmentally friendly products when available. In 2014 we refurbished more than 1,500 dialysis machines. This prevents hundreds of thousands of pounds of plastic and metal from going to the landfill.</p> |
| <p>5</p> <p>Reduce environmental impact by 10 percent.</p> | <p>DaVita Kidney Care has added more than one new educational program each year. These programs include events such as green fairs, which educate teammates about sustainability at work and at home. Quarterly criteria were provided for Green Champions, focusing on engaging teammates about energy and paper reduction at their center.</p> |

HealthCare Partners in Colorado Springs constructed a new energy-efficient medical office in 2014 for primary and urgent care with geothermal heating and cooling and motion-sensor lighting.

In 2014, HealthCare Partners teammates across the country began recycling old cell phones to raise funds for DaVita Village Trust.

HealthCare Partners teammates participated in walks and runs in their communities in 2014 to help raise funds for a variety of health-related causes.

KT Community Foundation. The KT Community Foundation funds teammate-led projects that make a difference in teammates' local communities and overseas. To date, the KT Community Foundation has funded more than \$367,000 for such projects.

Tour DaVita. An annual 250-mile bicycle ride in different locations across the nation raises awareness about kidney disease. DaVita Kidney Care and HealthCare Partners teammates have raised more than \$6 million and collectively ridden 638,337 miles to fight kidney disease since 2007.

Village Service Days. Since 2006, DaVita Kidney Care teammates and their families and friends have volunteered more than 79,000 hours through 1,470 Village Service Days community services projects. HealthCare Partners and Paladina Health teammates also participate in a variety of volunteer projects and events specific to their communities.

Home-State Engagement. In addition to \$1.6 million in nationwide giving, DaVita HealthCare Partners contributed more than \$1.3 million in donations to 90 nonprofits and community groups in Denver, where the company is headquartered.

Community Efforts. More than 60 HealthCare Partners care sites and administrative offices in California participated in a variety of service projects in 2014. These included literacy programs, collecting blankets for tsunami victims and food for children in need, building prosthetic hands and organizing hygiene kits for women's shelters, among others.

LOOKING AHEAD

In reflecting on the progress we made in 2014, we are excited to continue our legacy this year and work to improve quality of life for our patients, for our teammates and in the communities in which we live and work.

Caring for Our Patients

Building on our holistic approach to healthcare, DaVita Kidney Care recently launched a new program called Empowering Patients. This program offers comprehensive training for our social workers that builds on their expertise to help patients manage their adjustment to dialysis and enhance their coping skills and self-care. The program explores interventions designed to complement DaVita Kidney Care's Patient-Focused Quality Pyramid and, ultimately, improve what matters most to patients—their quality of life.

Caring for Each Other

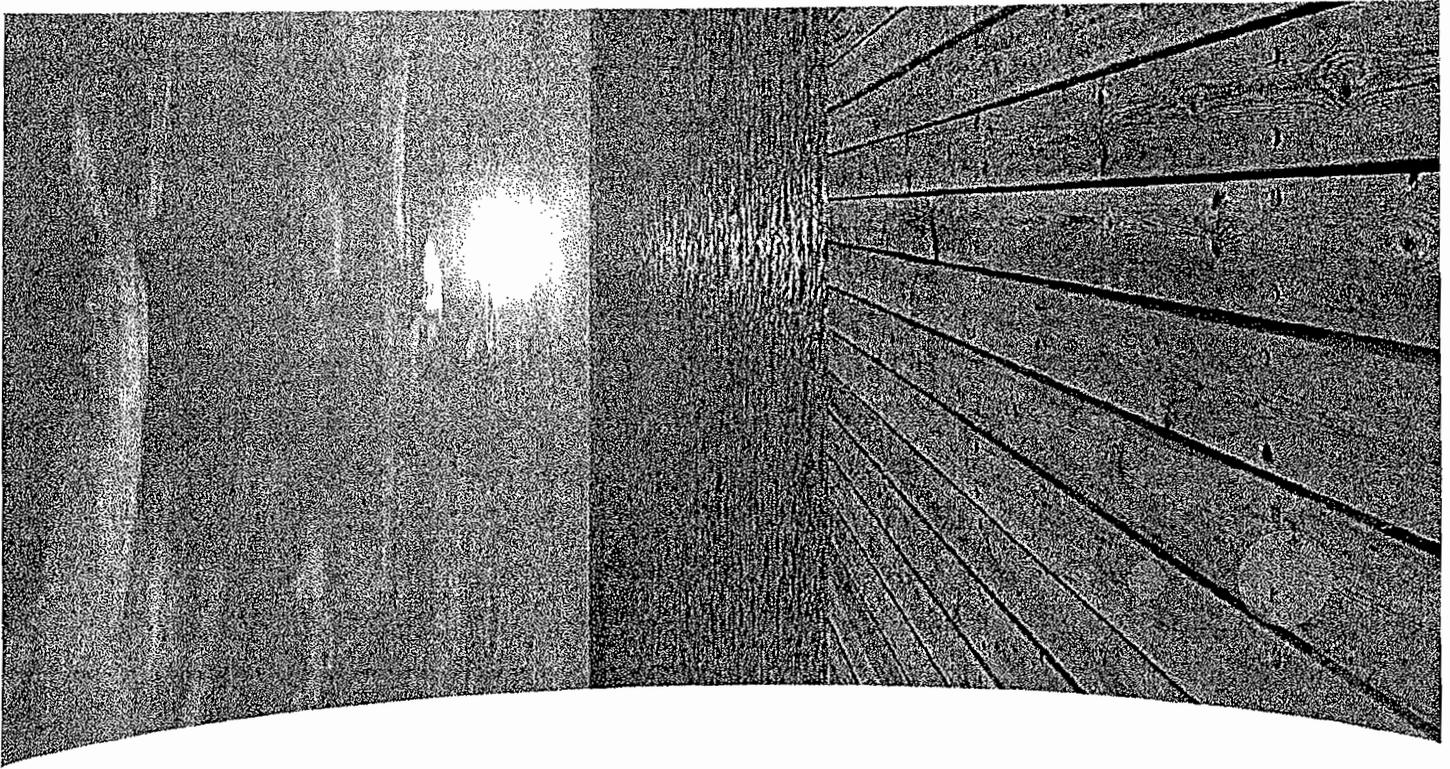
In 2015, DaVita University will be offering courses that have historically been available only in classroom settings in webinar and e-learning formats. Our goal is that all DaVita HealthCare Partners teammates, regardless of their schedule or location, will have the opportunity to participate in our award-winning

leadership and professional development courses. These webinars and e-learning courses are designed to offer the same experience as a classroom setting, with small group discussion and interactive features. Additionally, DaVita University has launched new learning programs this year focused on emotional intelligence and building relationships of integrity.

Caring for Our World

The DaVita Village Trust plans to complete 47 international and domestic medical missions, including 15 medical camps for kids this year. We will expand access to primary care and dialysis care in underserved communities around the world, directly impacting more than 1,400 patients. DaVita Village Trust also aims to provide free CKD rapid-screenings for more than 7,000 people in at-risk and underserved communities in the U.S. and abroad by hosting 32 screening events in 2015.

We launched our greenest dialysis center to date in Brandywine, Maryland, incorporating designs chosen by a collaborative group of teammates. The center enhances patient experience while being energy efficient. Using the new Furnish By Owner program, DaVita Kidney Care is now able to specify greener, more durable and contemporary materials, finishes and equipment such as solar shades, light shelves, daylight systems, LED lighting, energy efficient HVAC systems, floor and ceiling finishes, and more.



2014 HIGHLIGHTS

Caring for Our Patients

- :: DaVita Kidney Care led the industry in quality, with 50 percent of its dialysis centers earning four or five stars in the federal Five-Star Ratings, compared to the 21 percent industry average.
- :: DaVita Kidney Care led the industry in Medicare's Quality Incentive Program, ranking No.1 in three out of four clinical measures and receiving the fewest penalties.
- :: DaVita Kidney Care continued to innovate clinically, improving fistula adoption by 103 percent since 2000, achieving an all-time low catheter rate of 13 percent and vaccinating 92.7 percent of patients for influenza and 93.4 percent for pneumonia.
- :: Health Care Partners was on the 2014 list of 100 Accountable Care Organizations to Know published by Becker's Hospital Review.
- :: Health Care Partners in California received a 4.5 out of 5 star rating from the Integrated Healthcare Association for quality of care provided to its Medicare Advantage patients. This was one of the highest ratings across all California physician organizations.

Caring for Each Other

- :: To date, 433 DaVita Kidney Care teammates have grown within the company through the Redwoods Leadership Development Program.
- :: Aon Hewitt honored DaVita Kidney Care in the Special Recognition category for overcoming challenges and demonstrating enormous progress toward becoming one of the best companies for leaders in North America.
- :: Through the Star Troopers program, teammates have sent 7,500 letters of encouragement, notes and care packages to active-duty military personnel overseas.

Caring for Our World

- :: DaVita Village Trust completed 21 medical missions in 7 countries, bringing life-saving dialysis treatment to more than 250 patients around the world and providing care and health education to more than 70 kidney donors and individuals.
- :: Teammates have supported local communities across the nation by donating nearly \$4 million through the DaVita Way of Giving since the program began.

DaVita Kidney Care
 outperformed other
 major dialysis providers
 in the federal
 Five-Star Ratings
 and Quality Incentive
 Program

ABQ Health Partners
 Bariatric Surgery, part
 of HealthCare Partners,
 was recognized by the
 Metabolic and Bariatric
 Surgery Accreditation
 and Quality Improvement
 Program as a Center
 of Excellence for
 Bariatric Surgery.

DaVita was honored in
 2014 as one of the
 World's Most
 Admired Companies
 by FORTUNE
 for the tenth
 consecutive year.

2014 AWARDS

- » FORTUNE® World's Most Admired Companies
- » Aon Hewitt Top Company for Leaders Special Recognition
- » Harvard Business Review Reputation Institute Award
- » National Adult and Influenza Summit Immunization Excellence
- » Denver Post Top Workplaces Colorado
- » Training Top 125
- » LearningElite
- » World's Most Democratic Workplaces
- » Becker's Hospital Review 150 Great Places to Work in Healthcare
- » Top Military Employer (GI Jobs)
- » Newsweek Green Rankings for corporate sustainability and environmental impact
- » 20 HealthCare Partners physicians named "Top Doctors" in Nevada and Albuquerque
- » National Health Information
- » Web Health
- » Case in Point Platinum awards for Best Case Management in Acute Settings, Provider Program and Best Disease Management/Population Health
- » Modern Healthcare 100 Most Influential People in Healthcare
- » American Medical Group Foundation Measure Up/Pressure Down

Section XII, Charity Care Information

The table below provides charity care information for all dialysis facilities located in the State of Illinois that are owned or operated by the Applicants.

| CHARITY CARE | | | |
|----------------------------------|---------------|---------------|---------------|
| | 2012 | 2013 | 2014 |
| Net Patient Revenue | \$228,403,979 | \$228,115,132 | \$266,319,949 |
| Amount of Charity Care (charges) | \$1,199,657 | \$2,175,940 | \$2,477,363 |
| Cost of Charity Care | \$1,199,657 | \$2,175,940 | \$2,477,363 |

Appendix I – Physician Referral Letter

Attached as Appendix 1 is the physician referral letter from Dr. Kanungo projecting 42 pre-ESRD patients will be referred to Collinsville Dialysis within 12 to 24 months of project completion.

Sriraj (Tim) Kanungo, M.D
St. Louis Nephrology and Hypertension
1034 South Brentwood Boulevard, Suite 1280
St. Louis, Missouri 63117

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

Dear Chair Olson:

I am writing on behalf of St. Louis Nephrology and Hypertension in support of DaVita's establishment of Collinsville Dialysis. The proposed 8-station chronic renal dialysis facility, to be located at 101 Lanter Court, Bldg. 2, Collinsville Illinois will directly benefit our patients.

DaVita's proposed facility will improve access to necessary dialysis services in Collinsville and the surrounding communities. DaVita is well-positioned to provide these services, as it delivers life sustaining dialysis for residents of similar communities throughout the country and abroad. It has also invested in many quality initiatives to improve its patients' health and outcomes.

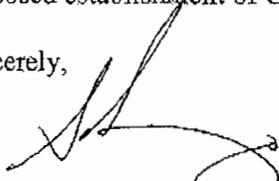
We have identified 122 patients from our practice who are suffering from Stage 4, or 5 CKD. Conservatively, we predict at least 42 of these patients will progress to dialysis within 12 to 24 months of completion of Collinsville Dialysis.

A list of patients who have received care at existing facilities in the area, at the end of the year for the most recent 3 years and at the end of the most recent quarter, is provided at Attachment - 1. A list of new patients our practice has referred for in-center hemodialysis for the past 1 year is provided at Attachment - 2. The list of zip codes for the 122 pre-ESRD patients previously referenced is provided at Attachment - 3.

These patient referrals have not been used to support another pending or approved certificate of need application. The information in this letter is true and correct to the best of my knowledge.

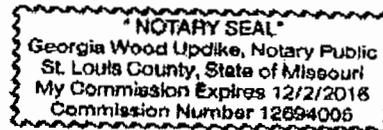
DaVita is a leading provider of dialysis services in the United States and we support the proposed establishment of Collinsville Dialysis.

Sincerely,



Sriraj (Tim) Kanungo, M.D.
St. Louis Nephrology and Hypertension
1034 South Brentwood Boulevard, Suite 1280
St. Louis, Missouri 63117

Subscribed and sworn to me
This 2nd day of February 2016



Notary Public: Georgia Wood Updike

ATTACHMENT 1
2012 DATA

| Row Labels | Count of Zip Code |
|--------------------|-------------------|
| DAVIDSONVILLE | 3 |
| 62226 | 1 |
| DAVIDSONVILLE | 14 |
| 62008 | 1 |
| 62025 | 5 |
| 62034 | 2 |
| 62040 | 2 |
| 62062 | 2 |
| 62097 | 1 |
| 62201 | 1 |
| DAVIDSONVILLE | 45 |
| 62025 | 3 |
| 62034 | 3 |
| 62040 | 6 |
| 62050 | 1 |
| 62062 | 4 |
| 62208 | 1 |
| 62232 | 1 |
| 62234 | 18 |
| 62249 | 1 |
| 62294 | 7 |
| DAVIDSONVILLE | 1 |
| 62025 | 1 |
| Grand Total | 61 |

ATTACHMENT 1
2013 DATA

| Code | Count |
|--------------------|-----------|
| 62040 | 1 |
| 62226 | 1 |
| 62008 | 1 |
| 62025 | 3 |
| 62034 | 2 |
| 62040 | 3 |
| 62062 | 1 |
| 62067 | 1 |
| 62097 | 1 |
| 62201 | 1 |
| 62249 | 1 |
| 62025 | 3 |
| 62034 | 2 |
| 62040 | 6 |
| 62050 | 1 |
| 62062 | 5 |
| 62232 | 1 |
| 62234 | 16 |
| 62249 | 1 |
| 62294 | 10 |
| Grand Total | 61 |

ATTACHMENT 1
2014 DATA

| Zip Labels | Count of Zip Code |
|--------------------|-------------------|
| 62226 | 1 |
| 62008 | 1 |
| 62025 | 4 |
| 62034 | 1 |
| 62040 | 2 |
| 62062 | 1 |
| 62067 | 1 |
| 62068 | 1 |
| 62095 | 1 |
| 62097 | 1 |
| 62201 | 1 |
| 62040 | 3 |
| 62001 | 1 |
| 62017 | 1 |
| 62025 | 2 |
| 62034 | 3 |
| 62040 | 5 |
| 62046 | 1 |
| 62050 | 1 |
| 62062 | 3 |
| 62234 | 16 |
| 62249 | 1 |
| 62281 | 1 |
| 62294 | 7 |
| 63401 | 1 |
| Grand Total | 61 |

ATTACHMENT - 2
New Patients

| Row Labels | Count of Zip Code |
|--------------------|-------------------|
| 62046 | 1 |
| 62008 | 1 |
| 62025 | 2 |
| 62067 | 1 |
| 62068 | 1 |
| 62095 | 1 |
| 62249 | 1 |
| 62040 | 3 |
| 62001 | 1 |
| 62017 | 1 |
| 62025 | 1 |
| 62034 | 1 |
| 62040 | 1 |
| 62062 | 1 |
| 62234 | 5 |
| 62281 | 1 |
| 62294 | 3 |
| 63401 | 1 |
| Grand Total | 27 |

ATTACHMENT 3

PRE - ESRD PATIENTS

| Zip Code | CKD IV | CKD V | Grand Total |
|--------------------|------------|-----------|-------------|
| 62001 | 3 | 2 | 5 |
| 62018 | 1 | | 1 |
| 62025 | 17 | 1 | 18 |
| 62034 | 10 | 2 | 12 |
| 62040 | 13 | 1 | 14 |
| 62060 | 1 | | 1 |
| 62061 | 1 | | 1 |
| 62062 | 6 | | 6 |
| 62203 | 1 | | 1 |
| 62204 | | 1 | 1 |
| 62206 | 3 | | 3 |
| 62208 | 1 | | 1 |
| 62221 | | 1 | 1 |
| 62223 | 1 | | 1 |
| 62232 | 3 | 1 | 4 |
| 62234 | 25 | 7 | 32 |
| 62249 | 2 | 3 | 5 |
| 62254 | 2 | | 2 |
| 62269 | 1 | | 1 |
| 62294 | 11 | 1 | 12 |
| Grand Total | 107 | 22 | 122 |

Appendix 2 – Time & Distance Determination

Attached as Appendix 2 are the distance and normal travel time from all existing dialysis facilities in the GSA to the proposed facility, as determined by MapQuest.



Trip to:
5105 W Main St
Belleville, IL 62226-4728
14.14 miles / 19 minutes

Notes

Renal Care of Illinois



101 Lanter Ct, Collinsville, IL 62234-6124

Download
Free App



1. Start out going east on Lanter Ct toward Eastport Plaza Dr. [Map](#)

0.04 Mi



2. Turn left onto Eastport Plaza Dr. [Map](#)

0.09 Mi



3. Take the 2nd left onto Horseshoe Lake Rd. [Map](#)

0.4 Mi



4. Merge onto I-255 S toward Memphis. [Map](#)

7.3 Mi



5. Take the State Street exit, EXIT 19, toward East St Louis. [Map](#)

0.4 Mi



6. Keep right to take the ramp toward East St Louis / Frank Holten State Park. [Map](#)

0.03 Mi



7. Merge onto State St. [Map](#)

0.3 Mi



8. Turn left onto Kings Hwy / IL-111. [Map](#)

0.4 Mi



9. Turn left onto Lake Dr / IL-111. [Map](#)

1.6 Mi



10. Lake Dr / IL-111 becomes Foley Dr. [Map](#)

2.3 Mi



11. Keep left at the fork to continue on Foley Dr. [Map](#)

0.2 Mi



12. Turn right onto W Main St. [Map](#)

1.1 Mi



13. 5105 W MAIN ST is on the left. [Map](#)



5105 W Main St, Belleville, IL 62226-4728

Total Travel Estimate: 14.14 miles - about 19 minutes

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Trip to:
9 American Vlg
Granite City, IL 62040-3706
7.41 miles / 12 minutes

Notes
Granite City Dialysis

- | | | Download
Free App |
|--|--|----------------------|
| | 101 Lanter Ct, Collinsville, IL 62234-6124 | |
| | 1. Start outgoing east on Lanter Ct toward Eastport Plaza Dr. Map | 0.04 Mi |
| | 2. Turn left onto Eastport Plaza Dr. Map | 0.09 Mi |
| | 3. Take the 2nd left onto Horseshoe Lake Rd. Map | 4.0 Mi |
| | 4. Turn left onto IL-162 / State Highway 162. Continue to follow IL-162. Map | 1.3 Mi |
| | 5. Turn right onto E 23rd St. Map | 0.4 Mi |
| | 6. Turn right onto Nameoki Rd / IL-203. Map | 1.5 Mi |
| | 7. Turn left onto American Vlg. Map | 0.08 Mi |
| | 9 AMERICAN VLG is on the right. Map | |
| | 9 American Vlg, Granite City, IL 62040-3706 | |

Total Travel Estimate: 7.41 miles - about 12 minutes

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Trip to:
3511 College Ave
Alton, IL 62002-5009
19.57 miles / 22 minutes

Notes

Alton Dialysis



101 Lanter Ct, Collinsville, IL 62234-6124

Download
Free App



1. Start out going east on Lanter Ct toward Eastport Plaza Dr. [Map](#)

0.04 Mi



2. Turn left onto Eastport Plaza Dr. [Map](#)

0.09 Mi



3. Take the 2nd left onto Horseshoe Lake Rd. [Map](#)

0.1 Mi



4. Take the I-255 N ramp toward I-270. [Map](#)

0.5 Mi



5. Merge onto IL-255 N. [Map](#)

14.6 Mi



6. Take the IL-140 / IL-111 exit, EXIT 10, toward Alton / Bethalto. [Map](#)

0.3 Mi



7. Keep left at the fork in the ramp. [Map](#)

0.03 Mi



8. Turn left onto E McArthur Dr / IL-111 / IL-140. Continue to follow IL-140. [Map](#)

3.9 Mi



9. Turn left onto Crossroads Ct. [Map](#)

0.03 Mi



10. Take the 1st right onto College Ave. [Map](#)

0.02 Mi



3511 College Ave, Alton, IL 62002-5009

Total Travel Estimate: 19.57 miles - about 22 minutes

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mapquest

Trip to:

East Alton, IL

15.95 miles / 20 minutes

Notes

BMA - Southern Illinois Dialysis Center



101 Lanter Ct, Collinsville, IL 62234-6124

Download Free App



1. Start out going east on Lanter Ct toward Eastport Plaza Dr. [Map](#)

0.04 Mi



2. Turn left onto Eastport Plaza Dr. [Map](#)

0.09 Mi



3. Take the 2nd left onto Horseshoe Lake Rd. [Map](#)

0.1 Mi



4. Take the I-255 N ramp toward I-270. [Map](#)

0.5 MI



5. Merge onto IL-255 N. [Map](#)

10.8 MI



6. Take the IL-143 exit, EXIT 6, toward Wood River / Edwardsville. [Map](#)

0.1 Mi



7. Keep left to take the ramp toward Wood River. [Map](#)

0.04 MI



8. Turn left onto IL-143 / Edwardsville Rd. [Map](#)

1.6 Mi



9. Turn slight right onto E Edwardsville Rd. [Map](#)

1.7 MI



10. E Edwardsville Rd becomes E Saint Louis Ave. [Map](#)

0.7 MI



11. Turn slight right onto N Shamrock St. [Map](#)

0.3 Mi



12. Welcome to EAST ALTON, IL. [Map](#)



East Alton, IL

Total Travel Estimate: 15.95 miles - about 20 minutes

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Trip to:
1095 N Green Mount Rd
Shiloh, IL 62221-3303
16.34 miles / 17 minutes

Notes

Shiloh Dialysis



101 Lanter Ct, Collinsville, IL 62234-6124

Download
Free App



1. Start out going east on Lanter Ct toward Eastport Plaza Dr. [Map](#)

0.04 Mi



2. Turn left onto Eastport Plaza Dr. [Map](#)

0.09 Mi



3. Take the 2nd left onto Horseshoe Lake Rd. [Map](#)

0.4 Mi



4. Merge onto I-255 S toward Memphis. [Map](#)

5.5 Mi



5. Take the I-64 E / US-50 E / I-64 W / I-255 N exit, EXIT 20, toward Louisville / St Louis. [Map](#)

0.3 Mi



6. Keep left at the fork in the ramp. [Map](#)

0.4 Mi



7. Merge onto I-64 E / US-50 E toward US-50 E / Louisville. [Map](#)

8.7 Mi



8. Take EXIT 16 toward Shiloh. [Map](#)

0.4 Mi



9. Turn slight right onto N Green Mount Rd / County Hwy-R18. [Map](#)

0.5 Mi



1095 N Green Mount Rd, Shiloh, IL 62221-3303

Total Travel Estimate: 16.34 miles - about 17 minutes

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Trip to:
O'fallon, IL
16.35 miles / 20 minutes

Notes

Fresenius Medical Care Regency Park



101 Lanter Ct, Collinsville, IL 62234-6124

Download
Free App



1. Start out going east on Lanter Ct toward Eastport Plaza Dr. [Map](#) 0.04 Mi



2. Turn left onto Eastport Plaza Dr. [Map](#) 0.09 Mi



3. Take the 2nd left onto Horseshoe Lake Rd. [Map](#) 0.4 Mi



4. Merge onto I-255 S toward Memphis. [Map](#) 5.5 Mi



5. Take the I-64 E / US-50 E / I-64 W / I-255 N exit, EXIT 20, toward Louisville / St Louis. [Map](#) 0.3 Mi



6. Keep left at the fork in the ramp. [Map](#) 0.4 Mi



7. Merge onto I-64 E / US-50 E toward US-50 E / Louisville. [Map](#) 7.1 MI



8. Take EXIT 14 toward O'Fallon. [Map](#) 0.3 Mi



9. Keep left at the fork in the ramp. [Map](#) 0.04 Mi



10. Keep left at the fork in the ramp. [Map](#) 0.02 Mi



11. Turn left onto W US Highway 50. [Map](#) 1.5 Mi



12. Turn left onto W 3rd St. [Map](#) 0.6 Mi



13. Welcome to O'FALLON, IL. [Map](#)



O'fallon, IL

Total Travel Estimate: 16.35 miles - about 20 minutes

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Trip to:
Maryville, IL
7.14 miles / 9 minutes

Notes

Maryville Dialysis - Renal Treatment Centers



101 Lanter Ct, Collinsville, IL 62234-6124

Download
Free App



1. Start out going **east** on **Lanter Ct** toward **Eastport Plaza Dr.** [Map](#) **0.04 Mi**



2. Turn **left** onto **Eastport Plaza Dr.** [Map](#) **0.09 Mi**



3. Take the **2nd right** onto **Horseshoe Lake Rd.** [Map](#) **0.9 Mi**



4. Take the **2nd right** onto **N Bluff Rd / IL-157.** [Map](#) **0.8 Mi**



5. Merge onto **I-55 N / I-70 E / US-40 E** toward **Chicago / Indianapolis.** [Map](#) **3.8 Mi**



6. Merge onto **IL-159 N** via **EXIT 15B** toward **Maryville.** [Map](#) **1.5 Mi**



7. Welcome to **MARYVILLE, IL.** [Map](#)



Maryville, IL

Total Travel Estimate: 7.14 miles - about 9 minutes

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Trip to:
235 S Buchanan St
Edwardsville, IL 62025-2108
11.51 miles / 17 minutes

Notes

Edwardsville Dialysis



101 Lanter Ct, Collinsville, IL 62234-6124

Download
Free App



1. Start out going east on Lanter Ct toward Eastport Plaza Dr. [Map](#)

0.04 Mi



2. Turn left onto Eastport Plaza Dr. [Map](#)

0.09 Mi



3. Take the 2nd right onto Horseshoe Lake Rd. [Map](#)

1.0 Mi



4. Turn left onto N Bluff Rd / IL-157. [Map](#)

5.1 Mi



5. Turn slight right onto S State Route 157 / IL-157. Continue to follow IL-157. [Map](#)

4.7 Mi



6. Turn right onto Saint Louis St / IL-157. Continue to follow IL-157. [Map](#)

0.6 Mi



7. Turn right onto S Buchanan St. [Map](#)

0.1 Mi



235 S Buchanan St, Edwardsville, IL 62025-2108

Total Travel Estimate: 11.51 miles - about 17 minutes

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