



November 28, 2017

VIA FEDERAL EXPRESS

Michael Constantino
Supervisor, Project Review Section
Illinois Department of Public Health
Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

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**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

**Re: Notice of Project Completion and Final Realized Cost Report – Collinsville
Dialysis (Proj. No. 16-009)**

Dear Mr. Constantino:

On behalf of DaVita Inc. and Total Renal Care Inc. d/b/a Collinsville Dialysis (collectively, “DaVita”), I am writing to submit the notice of project completion and final realized project cost report for Project No. 16-009. On May 10, 2016, the Illinois Health Facilities and Services Review Board (“State Board”) approved DaVita’s application for a certificate of need permit to establish an 8-station in-center hemodialysis facility located at 101 Lanter Court, Building 2, Collinsville, Illinois 62234 (the “Project”). The Project was obligated on November 28, 2016 through execution of the construction contract for the dialysis facility. The facility was notified by the Centers for Medicare and Medicaid Services in a letter dated September 26, 2017 that the 8 stations were approved and certified with an effective date of September 11, 2017.

For your review, DaVita submits the following information as its final realized cost report for the establishment of Collinsville Dialysis:

1. Final Realized Project Costs

Collinsville Dialysis Final Realized Project Costs		
	Approved	Expended
Modernization Contracts	\$1,080,323	\$1,080,323
Contingencies*	\$108,000	\$101,338
Architectural /Engineering Fees	\$92,000	\$58,394
Consulting and Other Fees	\$80,000	\$13,792
Movable or Other Equipment (not in construction contracts)	\$499,132	\$473,805
Fair Market Value of Lease Space and Equipment	\$539,853	\$539,853
ESTIMATED TOTAL PROJECT COST	\$2,399,308	\$2,267,505

*The G702 does not include the Permit Holder's purchased lighting package of \$29,245 or additional hardware totaling \$31,747. These amounts were added to the Modernization Construction Contingencies costs.

All of the costs reported in the Table above will be reported on the Medicare / Medicaid cost reports.

2. Medicare and Medicaid Cost Reports and Certification of Compliance

Pursuant to 77 Ill. Admin. Code §1130.770, DaVita certifies the final realized costs are the total costs required to complete the Project and no additional or associated costs or capital expenditures related to the Project will be submitted for reimbursement under Title XVIII or Title XIX. I further certify DaVita has complied with all of the terms of the permit to date and all information submitted in this cost report for the facility is true and correct.

3. Final Application and Certification for Payment

Attached as Attachment A is the final Application and Certification for Payment (G702) for the Project.

If you have any questions or need any additional information related to the Project, please feel free to contact Tim Tincknell at 773-278-4403 or timothy.tincknell@davita.com.

Sincerely,



Mary J. Anderson
Division Vice President
DaVita Inc.

SUBSCRIBED AND SWORN
to before me this 28 day of
November 2017



My commission expires: 06/15/19

Attachment

cc: Dave Schrader, DaVita Inc.
Anne Cooper, Polsinelli PC

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Midwest Division of Survey and Certification
Chicago Regional Office
233 North Michigan Avenue, Suite 600
Chicago, IL 60601-5519



CMS Certification Number (CCN): 142822
National Provider Identifier (NPI): 1811437106

September 26, 2017

Administrator:
Total Renal Care
D/b/a Collinsville Dialysis
101 Lanter Court Suite 109-111
Collinsville, IL 62234

Dear Administrator:

The Centers for Medicare & Medicaid Services has accepted your request for approval as a supplier of renal services in the Medicare program. Your effective date of coverage is September 11, 2017.

Your unit has been approved as a renal dialysis facility. This approval is for a total of eight (8) maintenance stations.

Your facility is approved to provide the following services:

-In Center Hemodialysis

Your National Provider Identifier (NPI) is your primary identifier for all health insurance billing. The NPI should be entered on all forms and correspondence relating to the Medicare program. In addition, you have been assigned the CMS Certification Number (CCN) shown above; please provide it when contacting this office, when contacting the State agency, or any time it is requested.

Your Medicare Administrative Contractor (MAC) for reimbursement for renal treatment procedures will be National Government Services. You must maintain separate cost centers for all renal services. Your intermediary will contact you shortly to explain the special reimbursement procedures.

When you make general inquiries to your MAC, you will be prompted to give either your provider transaction access number (PTAN) or CCN. These identification numbers are used as authentication elements when inquiring about beneficiary- and claim-specific information. When prompted for your PTAN, give your CCN.

The Medicare Administrative Contractor (MAC) will complete the final steps and will notify you of your enrollment or denial including the date when you may begin submitting claims for payment. Your CCN is contingent upon your enrollment into the Medicare program. If your enrollment is ultimately denied by the MAC, your CCN will be voided.

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Collinsville Dialysis
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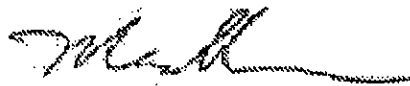
The Illinois Department of Public Health has advised you of certain deficiencies which were noted during the survey. We have reviewed your written plan for correcting these deficiencies and have determined that your plan is acceptable. We expect that you will correct the deficiencies within the time frames specified in your plan of correction. The Illinois Department of Public Health will verify correction of the deficiencies.

If you are dissatisfied with the effective date of Medicare participation indicated above, you may request that the determination of the effective date be reconsidered. The request must be submitted in writing to this office within 60 days of the date you receive this notice. The request for reconsideration must state the issues or the findings of fact with which you disagree and the reasons for disagreement.

Please inform the Illinois Department of Public Health if you wish to relocate your facility, change the services which you are currently providing, change the number of approved stations, or undergo a change in ownership.

We welcome your participation and look forward to working with you in the administration of the Medicare program. If you have any questions, please contact Lindsey Hoffman, Certification Specialist, in the Chicago Office at (312) 353-5198 or via email at Lindsey.hoffman@cms.hhs.gov.

Sincerely,



Maria Vergel De Dios
Principal Program Representative
Non-Long Term Care Certification & Enforcement Branch

cc: Illinois Department of Public Health
Illinois Department of Health Care & Family Service
National Government Services
Renal Network #10

DAVITA - APPLICATION FOR PAYMENT: Cover Sheet

TO OWNER:
 DaVita, Inc.
 1627 Cole Blvd. bldg 18
 Lakewood, CO

PROJECT:
 DaVita Dialysis Collinsville, IL
 101 Lanter Court
 Collinsville, IL 62234

APPLICATION NO: 6 - Retention
Collinsville D11573
02.01 \$112,066.90

Distribution to:
 OWNER
 ARCHITECT
 CONTRACTOR

FROM CONTRACTOR:
 TRK Construction, LLC
 8350 N St Clair Ave
 Suite 200

VIA ARCHITECT:
 Pulse Design Group, Inc.
 8207 Melrose Drive, Suite 145
 Lenexa, KS 66214

PERIOD TO: 06/14/17
PERIOD FROM: 04/06/17

DVA PROJ NO: 11,573
GC JOB NO: 16,011
CONTRACT DATE: 11/28/16

DocuSigned by:
 Dave Schrader
DocuSigned by:
 Mark Morton

CONTRACT FOR: General Construction

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract.
 Continuation Sheet is attached.

1. ORIGINAL CONTRACT SUM	\$	1,120,669.00
2. Net change by Change Orders	\$	0.00
3. CONTRACT SUM TO DATE (Line 1 + 2)	\$	1,120,669.00
4. TOTAL COMPLETED & STORED TO	\$	1,120,669.00
DATE: Column G (TI Tab)		
5. RETAINAGE:		
a. 0.00 % of Completed Work	\$	0.00
(Column D + E on TI Tab)		
b. 0.00 % of Stored Material	\$	0.00
(Column F on TI Tab)		
Total Retainage (Lines 5a + 5b or		
Total in Column I of TI Tab)		
6. TOTAL EARNED LESS RETAINAGE	\$	1,120,669.00
(Line 4 Less Line 5 Total)		
7. LESS PREVIOUS CERTIFICATES FOR	\$	\$1,008,602.10
PAYMENT (Line 6 from prior Certificate)		
8. CURRENT PAYMENT DUE	\$	112,066.90
9. BALANCE TO FINISH, INCLUDING RETAINAGE	\$	0.00
(Line 3 less Line 6)		

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	\$0.00	\$0.00
Total approved this Month	\$0.00	\$0.00
TOTALS	\$0.00	\$0.00
NET CHANGES by Change Order	\$0.00	

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due

CONTRACTOR: TRK Construction, LLC

By: [Signature] Date: 6/14/17

Notary: Cynthia P. Conner
 My Commission Expires: May 2, 2020

CYNTHIA P. CONNER
 Notary Public - Notary Seal
 State of Missouri
 Commissioned for Clay County
 My Commission Expires: May 02, 2020
 Commission Number: 16352985

CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the application, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED \$ 112,066.90

(Attach explanation if amount certified differs from the amount applied. Initial all figures on this Application and on the Continuation Sheet that are changed to conform with the amount certified.)
 Authorized Representative: DaVita, Inc

By: [Signature] Date: 6/14/17

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

* Note- All items in blue require manual entry

Project Costing Recap

TASK NO	DESCRIPTION OF WORK	TASK NO	SCHEDULED VALUE	TASK NO	SCHEDULED VALUE	TASK NO	SCHEDULED VALUE	TASK NO	SCHEDULED VALUE	CLASS / ORDER CATEGORY
		MERB (02-01)		L&E SAFETY (02-01)		TT (02-01)		TOTALS BY TASK NO.		
1.1	General Requirements	1.1	\$0.00	1.1	\$0.00	1.1	\$92,500.00	1.1	\$92,500.00	
1.2	Guardrail and Posts	1.2	\$0.00	1.2	\$0.00	1.2	\$66,830.00	1.2	\$66,830.00	
1.3	Handrails	1.3	\$24,000.00	N/A	N/A	1.3	\$24,000.00	1.3	\$24,000.00	
2.1	Site Construction	2.1	\$0.00	N/A	N/A	2.1	\$0.00	2.1	\$0.00	
2.2	Site Utilities	2.2	\$0.00	N/A	N/A	2.2	\$0.00	2.2	\$0.00	
2.3	Site Remediation	2.3	\$0.00	N/A	N/A	2.3	\$0.00	2.3	\$0.00	
3.1	Concrete	3.1	\$5,000.00	N/A	N/A	3.1	\$5,000.00	3.1	\$5,000.00	
4.1	Masonry	4.1	\$11,790.00	N/A	N/A	4.1	\$11,790.00	4.1	\$11,790.00	
5.1	Metals	5.1	\$0.00	N/A	N/A	5.1	\$0.00	5.1	\$0.00	
6.1	Rough Carpentry	6.1	\$0.00	N/A	N/A	6.1	\$0.00	6.1	\$0.00	
6.2	Finish Carpentry & Cabinetry	N/A	N/A	N/A	N/A	6.2	\$23,560.00	6.2	\$23,560.00	
7.1	Thermal & Moisture (accling)	7.1	\$4,275.00	N/A	N/A	7.1	\$4,275.00	7.1	\$4,275.00	
7.2	Thermal Protection (insulation)	7.2	\$2,925.00	N/A	N/A	7.2	\$2,925.00	7.2	\$2,925.00	
8.1	Doors, Frames & Hardware	N/A	N/A	N/A	N/A	8.1	\$0.00	8.1	\$0.00	
8.2	Fanucers & Shelves	8.2	\$21,795.00	N/A	N/A	8.2	\$21,795.00	8.2	\$21,795.00	
8.3	Glass & Claving	8.3	\$0.00	N/A	N/A	8.3	\$19,997.00	8.3	\$19,997.00	
9.1	Drywall and Framing	N/A	N/A	N/A	N/A	9.1	\$104,315.00	9.1	\$104,315.00	
9.2	Colony	N/A	N/A	N/A	N/A	9.2	\$13,850.00	9.2	\$13,850.00	
9.3	Plumbing	N/A	N/A	N/A	N/A	9.3	\$44,657.00	9.3	\$44,657.00	
9.4	Paints & Coatings	9.4	\$0.00	N/A	N/A	9.4	\$14,805.00	9.4	\$14,805.00	
10.1	Spandex	10.1	\$0.00	N/A	N/A	10.1	\$1,242.00	10.1	\$1,242.00	
10.2	Fire extinguishers	N/A	N/A	N/A	N/A	10.2	\$900.00	10.2	\$900.00	
11.1	Apprentice	11.1	\$0.00	N/A	N/A	11.1	\$0.00	11.1	\$0.00	
11.2	Special Const. & Hazard removal	11.2	\$0.00	N/A	N/A	11.2	\$0.00	11.2	\$0.00	
14.1	Conveying system, elevators	14.1	\$0.00	N/A	N/A	14.1	\$0.00	14.1	\$0.00	
15.1	HVAC	15.1	\$52,000.00	N/A	N/A	15.1	\$76,312.00	15.1	\$128,312.00	
15.2	Plumbing Fixtures & Equipment	15.2	\$30,000.00	N/A	N/A	15.2	\$143,720.00	15.2	\$173,720.00	
15.3	Fire Protection Piping	N/A	N/A	N/A	N/A	15.3	\$48,000.00	15.3	\$48,000.00	
16.1	Electrical	16.1	\$37,000.00	N/A	N/A	16.1	\$108,000.00	16.1	\$145,000.00	
16.2	Fire Alarm System	N/A	N/A	N/A	N/A	16.2	\$0.00	16.2	\$0.00	
16.3	Security System	N/A	N/A	N/A	N/A	16.3	\$27,600.00	16.3	\$27,600.00	
16.4	Consultant	N/A	N/A	N/A	N/A	16.4	\$0.00	16.4	\$0.00	
TOTALS (Base Contract)		MERB	\$189,475.00	L&E SAFETY	\$420,000.00	TT	\$892,490.00	TOTAL	\$1,120,469.00	
Change Orders (CO)										
CHANGE ORDER CATEGORY										
Change Order # 1							\$0.00			
Change Order # 2							\$0.00			
Change Order # 3							\$0.00			
Change Order # 4							\$0.00			
Change Order # 5							\$0.00			
Change Order # 6							\$0.00			
Change Order # 7							\$0.00			
Change Order # 8							\$0.00			
Change Order # 9							\$0.00			
Change Order # 10							\$0.00			
Change Order # 11							\$0.00			
Change Order # 12							\$0.00			
Change Order # 13							\$0.00			
Change Order # 14							\$0.00			
Change Order # 15							\$0.00			
Change Order # 16							\$0.00			
TOTALS (13 Change orders)									\$0.00	
Change Orders (MERB)										
CHANGE ORDER CATEGORY										
Change Order # 1			\$0.00							
Change Order # 2			\$0.00							
Change Order # 3			\$0.00							
Change Order # 4			\$0.00							
Change Order # 5			\$0.00							
Change Order # 6			\$0.00							
Change Order # 7			\$0.00							
Change Order # 8			\$0.00							
Change Order # 9			\$0.00							
Change Order # 10			\$0.00							
Change Order # 11			\$0.00							
Change Order # 12			\$0.00							
Change Order # 13			\$0.00							
Change Order # 14			\$0.00							
Change Order # 15			\$0.00							
Change Order # 16			\$0.00							
TOTALS (MERB CO's)									\$0.00	
Change Orders (L&E Safety)										
CHANGE ORDER CATEGORY										
Change Order # 1					\$0.00					
Change Order # 2					\$0.00					
Change Order # 3					\$0.00					
Change Order # 4					\$0.00					
Change Order # 5					\$0.00					
Change Order # 6					\$0.00					
Change Order # 7					\$0.00					
Change Order # 8					\$0.00					
Change Order # 9					\$0.00					
Change Order # 10					\$0.00					
Change Order # 11					\$0.00					
Change Order # 12					\$0.00					
Change Order # 13					\$0.00					
Change Order # 14					\$0.00					
Change Order # 15					\$0.00					
Change Order # 16					\$0.00					
TOTALS (L&E Safety CO's)									\$0.00	
Total Base Contract									\$1,120,469.00	
Total Changes (TT) - 2.1									\$0.00	
Total Changes (MERB) - 5.2									\$0.00	
Total Changes (L&E Safety) - 2.2									\$0.00	
Total Project Cost									\$1,120,469.00	