

18-006

Original

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
APPLICATION FOR PERMIT

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

This Section must be completed for all projects.

FEB 07 2018

Facility/Project Identification

Facility Name: Fresenius Kidney Care Madison County	<b>HEALTH FACILITIES &amp; SERVICES REVIEW BOARD</b>	
Street Address: 1938-1946 Grand Avenue		
City and Zip Code: Granite City 62040		
County: Madison	Health Service Area: 11	Health Planning Area:

Applicant [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name: Fresenius Medical Care of Illinois, LLC d/b/a Fresenius Kidney Care Madison County
Street Address: 920 Winter Street
City and Zip Code: Waltham, MA 02451
Name of Registered Agent: CT Corporation Systems
Registered Agent Street Address: 208 S. LaSalle Street, Suite 814
Registered Agent City and Zip Code: Chicago, IL 60604
Name of Chief Executive Officer: Bill Valle
CEO Street Address: 920 Winter Street
CEO City and Zip Code: Waltham, MA 02451
CEO Telephone Number: 800-662-1237

Type of Ownership of Applicant

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

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

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

Co-Applicant [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name: Fresenius Medical Care Holdings, Inc.
Street Address: 920 Winter Street
City and Zip Code: Waltham, MA 02451
Name of Registered Agent: CT Corporation Systems
Registered Agent Street Address: 208 S. LaSalle Street, Suite 814
Registered Agent City and Zip Code: Chicago, IL 60604
Name of Chief Executive Officer: Bill Valle
CEO Street Address: 920 Winter Street
CEO City and Zip Code: Waltham, MA 02451
CEO Telephone Number: 800-662-1237

**Type of Ownership of Co-Applicant**

- |                                     |                           |                          |                          |
|-------------------------------------|---------------------------|--------------------------|--------------------------|
| <input type="checkbox"/>            | Non-profit Corporation    | <input type="checkbox"/> | Partnership              |
| <input checked="" type="checkbox"/> | For-profit Corporation    | <input type="checkbox"/> | Governmental             |
| <input type="checkbox"/>            | Limited Liability Company | <input type="checkbox"/> | Sole Proprietorship      |
| <input type="checkbox"/>            | Other                     |                          | <input type="checkbox"/> |
- Corporations and limited liability companies must provide an Illinois **certificate of good standing**.
  - Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.

**Primary Contact** [Person to receive ALL correspondence or inquiries]

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

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

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

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

Name:	Clare Connor
Title:	Partner
Company Name:	McDermott, Will & Emory
Address:	444 West Lake Street, Chicago, IL 60606
Telephone Number:	312-984-3365
E-mail Address:	cranalli@mwe.com
Fax Number:	312-984-7500

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

**Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Net3 (Granite City), LLC
Address of Site Owner: 220 N. Green Street, Chicago, IL 60607
Street Address or Legal Description of the Site: 1938-1946 Grand Avenue, Granite City, IL 62040 Parcel # 22-2-20-19-05-102-007 & 008
<b>Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.</b>
<b>APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>

**Operating Identity/Licensee**

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

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

**Organizational Relationships**

Provide (for each 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.

<b>APPEND DOCUMENTATION AS ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>
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**Flood Plain Requirements**

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2006-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements, please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at [www.FEMA.gov](http://www.FEMA.gov) or [www.illinoisfloodmaps.org](http://www.illinoisfloodmaps.org). **This map must be in a readable format.** In addition, please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2006-5 (<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**

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

Fresenius Medical Care of Illinois, LLC proposes to establish a 9-station dialysis facility, Fresenius Kidney Care Madison County, in a medically underserved area to be located at 1938-1946 Grand Avenue, Granite City. The facility will be in leased space in a shell building to be built by the developer/landlord with the interior to be built-out by Fresenius.

Granite City is in HSA 11. The facility will provide patients with access to a choice of dialysis providers and the availability to participate in the CMS ESRD Seamless Care Organization (ESCO) which lowers costs while improving coordination and quality of care for ESRD patients. No other area provider participates in this program.

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

**Project Costs and Sources of Funds**

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

<b>Project Costs and Sources of Funds</b>			
<b>USE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
Preplanning Costs	N/A	N/A	N/A
Site Survey and Soil Investigation	N/A	N/A	N/A
Site Preparation	N/A	N/A	N/A
Off Site Work	N/A	N/A	N/A
New Construction Contracts	N/A	N/A	N/A
Modernization Contracts	810,628	281,554	1,092,182
Contingencies	80,172	27,846	108,018
Architectural/Engineering Fees	86,580	30,420	117,000
Consulting and Other Fees	N/A	N/A	N/A
Movable or Other Equipment (not in construction contracts)	219,000	60,000	279,000
Bond Issuance Expense (project related)	N/A	N/A	N/A
Net Interest Expense During Construction (project related)	N/A	N/A	N/A
Fair Market Value of Leased Space or Equipment	2,094,259	693,456	2,787,715
Other Costs To Be Capitalized	N/A	N/A	N/A
Acquisition of Building or Other Property (excluding land)	N/A	N/A	N/A
<b>TOTAL USES OF FUNDS</b>	<b>\$3,290,639</b>	<b>\$1,093,276</b>	<b>\$4,383,915</b>
<b>SOURCE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
Cash and Securities	1,196,380	399,820	1,596,200
Pledges	N/A	N/A	N/A
Gifts and Bequests	N/A	N/A	N/A
Bond Issues (project related)	N/A	N/A	N/A
Mortgages	N/A	N/A	N/A
Leases (fair market value)	2,094,259	693,456	2,787,715
Governmental Appropriations	N/A	N/A	N/A
Grants	N/A	N/A	N/A
Other Funds and Sources	N/A	N/A	N/A
<b>TOTAL SOURCES OF FUNDS</b>	<b>\$3,290,639</b>	<b>\$1,093,276</b>	<b>\$4,383,915</b>
<b>NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>			

**Related Project Costs**

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

Land acquisition is related to project	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Purchase Price: \$	_____	
Fair Market Value: \$	_____	
The project involves the establishment of a new facility or a new category of service		
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, provide the dollar amount of all <b>non-capitalized</b> operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.		
Estimated start-up costs and operating deficit cost is \$ <u>135,825</u> .		

**Project Status and Completion Schedules**

<b>For facilities in which prior permits have been issued please provide the permit numbers.</b>	
Indicate the stage of the project's architectural drawings:	
<input checked="" type="checkbox"/> None or not applicable	<input type="checkbox"/> Preliminary
<input type="checkbox"/> Schematics	<input type="checkbox"/> Final Working
Anticipated project completion date (refer to Part 1130.140): <u>June 30, 2020</u>	
Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140):	
<input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed.	
<input type="checkbox"/> Financial commitment is contingent upon permit issuance. Provide a copy of the contingent "certification of financial commitment" document, highlighting any language related to CON Contingencies	
<input checked="" type="checkbox"/> Financial Commitment will occur after permit issuance.	
<b>APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>	

**State Agency Submittals** [Section 1130.620(c)]

Are the following submittals up to date as applicable:
<input type="checkbox"/> Cancer Registry
<input type="checkbox"/> APORS
<input checked="" type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
<input checked="" type="checkbox"/> All reports regarding outstanding permits
<b>Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.</b>

### Cost Space Requirements

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

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
<b>REVIEWABLE</b>							
In-center Hemodialysis	\$3,290,639		4,454		4,454		
Total Clinical	\$3,290,639		4,454		4,454		
<b>NON REVIEWABLE</b>							
Non-Clinical (Administrative, Mechanical, Staff, Waiting Room Areas)	\$1,093,276		1,547		1,547		
Total Non-clinical	\$1,093,276		1,547		1,547		
<b>TOTAL</b>	<b>\$4,383,915</b>		<b>6,001</b>		<b>6001</b>		

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

**CERTIFICATION**

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives 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 is filed on the behalf of Fresenius Medical Care of Illinois, LLC \* in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application 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 fee required for this application is sent herewith or will be paid upon request.

  
 \_\_\_\_\_  
 SIGNATURE

PRINTED NAME Thomas D. Brouillard, Jr.  
Assistant Treasurer

PRINTED TITLE \_\_\_\_\_

  
 \_\_\_\_\_  
 SIGNATURE

PRINTED NAME Bryan Mello  
Assistant Treasurer

PRINTED TITLE \_\_\_\_\_

Notarization:  
Subscribed and sworn to before me  
this 16<sup>th</sup> day of October

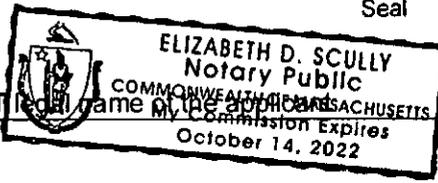
Notarization:  
Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_

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

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

Seal

Seal



\*Insert the EXACT legal name of the applicant

**CERTIFICATION**

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives 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 is filed on the behalf of Fresenius Medical Care Holdings, Inc. \* in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application 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 fee required for this application is sent herewith or will be paid upon request.

[Signature]  
SIGNATURE

[Signature]  
SIGNATURE

PRINTED NAME Thomas O. Brouillard, Jr.  
Assistant Treasurer

PRINTED NAME Bryan Mello  
Assistant Treasurer

PRINTED TITLE \_\_\_\_\_

PRINTED TITLE \_\_\_\_\_

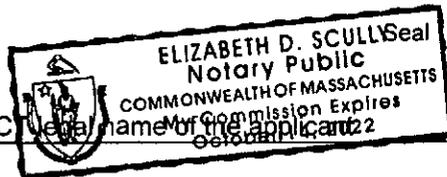
Notarization:  
Subscribed and sworn to before me  
this 16<sup>th</sup> day of October 2017

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

[Signature]  
Signature of Notary

[Signature]  
Signature of Notary

Seal



\*Insert the EXACT

### 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.

#### Background

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 that the information was 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.**

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

##### 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 relevant area, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed as applicable and appropriate for the project.
4. Cite the sources of the 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 the age and condition of the project site, as well as 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 Staff 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 and it shall include the basis used for determining the space and the methodology applied.**
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 and certified by the facility's Medical Director.
  - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that delineates the constraints or impediments.
  - c. The project involves the conversion of existing space that results in excess square footage.
  - d. Additional space is mandated by governmental or certification agency requirements that were not in existence when Appendix B standards were adopted.

**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	MEET STANDARD?
YEAR 1					
YEAR 2					

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

**UNFINISHED OR SHELL SPACE: NOT APPLICABLE**

Provide the following information:

1. Total gross square footage (GSF) 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 is available; and
  - b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

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

**ASSURANCES: NOT APPLICABLE**

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.

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

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

Category of Service	# Existing Stations	# Proposed Stations
<input checked="" type="checkbox"/> In-Center Hemodialysis	0	9

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

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.1430(c)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.1430(c)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.1430(c)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.1430(c)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.1430(c)(5) - Planning Area Need - Service Accessibility	X		
1110.1430(d)(1) - Unnecessary Duplication of Services	X		
1110.1430(d)(2) - Maldistribution	X		
1110.1430(d)(3) - Impact of Project on Other Area Providers	X		
1110.1430(e)(1), (2), and (3) - Deteriorated Facilities and Documentation			X
1110.1430(f) - Staffing	X	X	
1110.1430(g) - Support Services	X	X	X
1110.1430(h) - Minimum Number of Stations	X		
1110.1430(i) - Continuity of Care	X		
1110.1430(j) - Relocation (if applicable)	X		
1110.1430(k) - Assurances	X	X	
<b>APPEND DOCUMENTATION AS ATTACHMENT 24, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>			

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 1130.525 - "Requirements for Exemptions Involving the Discontinuation of a Health Care Facility or Category of Service" and subsection 1110.1430(j) - Relocation of an in-center hemodialysis facility.

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)

**VII. 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]:

<p><u>1,596,200</u></p>	<p>a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:</p> <ol style="list-style-type: none"> <li>1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and</li> <li>2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;</li> </ol>
<p><u>N/A</u></p>	<p>b) Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.</p>
<p><u>N/A</u></p>	<p>c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;</p>
<p><u>2,787,715</u></p>	<p>d) Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:</p> <ol style="list-style-type: none"> <li>1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated;</li> <li>2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;</li> <li>3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.;</li> </ol>

	<p>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;</p> <p>5) For any option to lease, a copy of the option, including all terms and conditions.</p>
<p><u>N/A</u></p>	<p>e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;</p>
<p><u>N/A</u></p>	<p>f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;</p>
<p><u>N/A</u></p>	<p>g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.</p>
<p><b>\$4,383,915</b></p>	<p><b>TOTAL FUNDS AVAILABLE</b></p>

**APPEND DOCUMENTATION AS ATTACHMENT 34 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**SECTION VIII. 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 35, 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.

	Historical 3 Years			Projected
<b>Enter Historical and/or Projected Years:</b>				
Current Ratio				
Net Margin Percentage	<b>APPLICANT MEETS THE FINANCIAL VIABILITY WAIVER CRITERIA IN THAT ALL OF THE PROJECTS CAPITAL EXPENDITURES ARE COMPLETELY FUNDED THROUGH INTERNAL SOURCES, THEREFORE NO RATIOS ARE PROVIDED.</b>			
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.

**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 36, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**SECTION IX. 1120.140 - ECONOMIC FEASIBILITY**

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

**A. Reasonableness of Financing Arrangements**

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

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

**B. Conditions of Debt Financing**

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

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

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

Read the criterion and provide the following:

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

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
ESRD		182.00			4,454			810,628	810,628
Contingency		18.00			4,454			80,172	80,172
<b>Total Clinical</b>		<b>\$200.00</b>			<b>4,454</b>			<b>890,800</b>	<b>890,800</b>
Non Clinical		182.00			1,547			281,554	281,554
Contingency		18.00			1,547			27,846	27,846
<b>Total Non</b>		<b>\$200.00</b>			<b>1,547</b>			<b>309,400</b>	<b>309,400</b>
<b>TOTALS</b>		<b>\$200.00</b>			<b>6,001</b>			<b>1,200,200</b>	<b>1,200,200</b>

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

**D. Projected Operating Costs**

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

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

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

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

**SECTION X. SAFETY NET IMPACT STATEMENT**

**SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE PROJECTS AND PROJECTS TO DISCONTINUE STATE-OWNED HEALTH CARE FACILITIES [20 ILCS 3960/5.4]:**

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 38.**

Safety Net Information per PA 96-0031			
CHARITY CARE (Self Pay)			
	2014	2015	2016
Charity (# of patients)	251	195	233
(Self-Pay)			
Charity (cost in dollars)	\$5,211,664	\$3,204,986	\$3,269,127
MEDICAID			
	2014	2015	2016
Medicaid (# of patients)	750	396	320
Medicaid (revenue)	\$22,027,882	\$7,310,484	\$4,383,383

\*As a for-profit corporation Fresenius does not provide charity care per the Board's definition. Numbers reported are self-pay

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

**Note:**

- 1) Charity (self-pay) and Medicaid patient numbers continue to decrease as Fresenius Financial Coordinators assist patients in signing up for health insurance in the Healthcare Marketplace. This provides the patient with insurance coverage not only for dialysis but for other needed healthcare services. Patients who cannot afford the premiums have them paid by the American Kidney Fund.
- 2) Medicaid reported numbers are also impacted by the large number of patients who switched from Medicaid to a Medicaid Risk insurance (managed care plan) which pays similar to Medicaid. These patients are reported under commercial insurance however, in 2016 of our commercial patients we had 1,230 Medicaid Risk patients with Revenues of \$22,664,352

**SECTION XI. CHARITY CARE INFORMATION**

**Charity Care information MUST be furnished for ALL projects [1120.20(c)].**

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 39.**

<b>CHARITY CARE (Self Pay)</b>			
	<b>2014</b>	<b>2015</b>	<b>2016</b>
<b>Net Patient Revenue</b>	\$411,981,839	\$438,247,352	\$449,611,441
<b>Amount of Charity Care (Self Pay charges)</b>	\$5,211,664	\$3,204,986	\$3,269,127
<b>Cost of Charity Care (Self Pay)</b>	\$5,211,664	\$3,204,986	\$3,269,127

\*As a for-profit corporation Fresenius does not provide charity care per the Board's definition. Numbers reported are self-pay

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

Note:

- 1) Charity (self-pay) and Medicaid patient numbers continue to decrease as Fresenius Financial Coordinators assist patients in signing up for health insurance in the Healthcare Marketplace. This provides the patient with insurance coverage not only for dialysis but for other needed healthcare services. Patients who cannot afford the premiums have them paid by the American Kidney Fund.
- 2) Medicaid reported numbers are also impacted by the large number of patients who switched from Medicaid to a Medicaid Risk insurance (managed care plan) which pays similar to Medicaid. These patients are reported under commercial insurance however, in 2016 of our commercial patients we had 1,230 Medicaid Risk patients with Revenues of \$22,664,352

After paginating the entire completed application indicate, in the chart below, the page numbers for the included attachments:

<b>INDEX OF ATTACHMENTS</b>		
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2	Site Ownership	26-31
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20	Comprehensive Physical Rehabilitation	
21	Acute Mental Illness	
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**Applicant Identification**

**Applicant** [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name:	Fresenius Medical Care of Illinois, LLC d/b/a Fresenius Kidney Care Madison County
Street Address:	920 Winter Street
City and Zip Code:	Waltham, MA 02451
Name of Registered Agent:	CT Corporation Systems
Registered Agent Street Address:	208 S. LaSalle Street, Suite 814
Registered Agent City and Zip Code:	Chicago, IL 60604
Name of Chief Executive Officer:	Bill Valle
CEO Street Address:	920 Winter Street
CEO City and Zip Code:	Waltham, MA 02451
CEO Telephone Number:	800-662-1237

**Type of Ownership – Applicant**

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

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

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

**Co - Applicant Identification**

Exact Legal Name:	Fresenius Medical Care Holdings, Inc.
Street Address:	920 Winter Street
City and Zip Code:	Waltham, MA 02451
Name of Registered Agent:	CT Corporation Systems
Registered Agent Street Address:	208 S. LaSalle Street, Suite 814
Registered Agent City and Zip Code:	Chicago, IL 60604
Name of Chief Executive Officer:	Bill Valle
CEO Street Address:	920 Winter Street
CEO City and Zip Code:	Waltham, MA 02451
CEO Telephone Number:	800-662-1237

**Type of Ownership – Co-Applicant**

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

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



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

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

FRESENTIUS MEDICAL CARE OF ILLINOIS, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANACT BUSINESS IN ILLINOIS ON MARCH 26, 2004, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANACT 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 24TH day of OCTOBER A.D. 2017 .**



Authentication #: 1729702022 verifiable until 10/24/2018  
Authenticate at: <http://www.cyberdriveillinois.com>

*Jesse White*

SECRETARY OF STATE

**Site Ownership**

Exact Legal Name of Site Owner: Net3 (Granite City), LLC
Address of Site Owner: 220 N. Green Street, Chicago, IL 60607
Street Address or Legal Description of the Site: 1938-1946 Grand Avenue, Granite City, IL 62040 Parcel # 22-2-20-19-05-102-007 & 008
<b>Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of Intent to lease, or a lease.</b>
<b>APPEND DOCUMENTATION AS <u>ATTACHMENT 2</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>



January 8, 2018

**Fresenius Medical Care**

Attn: Mr. Bill Popken

(781) 699-9994

Via email: [William.Popken@finc-na.com](mailto:William.Popken@finc-na.com)

**RE: 1938 & 1946 Grand Avenue, Granite City, IL 62040  
Fresenius Medical Care– Letter of Intent**

Dear Bill:

We are pleased to present to you this letter of intent. Net3 (Granite City), LLC (“Landlord”) is willing to negotiate a lease for the premises in the referenced location. This letter is not intended to be a binding contract, a lease, or an offer to lease, but is intended only to provide the basis for negotiations of a lease document between Landlord and Fresenius Medical Care of Illinois, LLC (“Tenant”).

**Premises:** 6,001 SF square foot building located at:  
1938 & 1946 Grand Avenue, Granite, City, IL 62040  
Parcel #: 22-2-20-19-05-102-008  
22-2-20-19-05-102-007

**Landlord:** Net3 (Granite City), LLC

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

**Guarantor:** Fresenius Medical Care Holdings, Inc.

**Lease:** The Lease shall be on Tenant’s standard form to be platformed on the Crestwood, IL lease.

**Use:** Tenant shall use and occupy the Premises for the purpose of an outpatient dialysis facility and related office uses and for no other purposes except those authorized in writing by Landlord, which shall not be unreasonably withheld, conditioned or delayed. Tenant may operate on the Premises, at Tenant’s option, on a seven (7) days a week, twenty-four (24) hours a day basis, subject to zoning and other regulatory requirements.

**Primary Term:** 15 years

**Option Term(s):** Three (3) Five (5) year options to renew the lease at 1.7% annual increase in base rent.

**Base Rent over initial Term:** Annual Rent: Starts at \$25.77/sq. ft. and increases by 1.7% in Year 2 of the Primary Term

<u>Years</u>	<u>Annual Base Rent</u>	<u>Monthly Base Rent</u>
1	\$154,645.77	\$12,887.15
2	\$157,274.75	\$13,106.23
3	\$159,948.42	\$13,329.03
4	\$162,667.54	\$13,555.63
5	\$165,432.89	\$13,786.07
6	\$168,245.25	\$14,020.44
7	\$171,105.42	\$14,258.78
8	\$174,014.21	\$14,501.18
9	\$176,972.45	\$14,747.70
10	\$179,980.98	\$14,998.42
11	\$183,040.66	\$15,253.39
12	\$186,152.35	\$15,512.70
13	\$189,316.94	\$15,776.41
14	\$192,535.33	\$16,044.61
15	\$195,808.43	\$16,317.37

**Taxes, Insurance & CAM:** Tenant will pay.

**Utilities:** Tenant will be responsible to pay for all of their own utilities.

**Tenant's Share:** 100%

**Condition of Premises Upon Delivery:** Landlord shall, at Landlord's sole cost and expense, deliver the Premises to Tenant in substantial accordance with the Landlord's Work exhibit to be negotiated with the lease. In addition to Landlord's Work, Landlord shall, at Tenant's sole cost and expense, construct the interior work shown and detailed on Tenant's Work Letter attached to the Lease. In addition, Landlord shall be responsible for all civil costs, parking infrastructure and any other development costs.

**Rent Commencement Date:** Tenant will not pay rent until the date that is the earlier of (a) that day that is ninety (90) days after the Substantial Completion of the Shell Building Work, or (b) the date Tenant commences to treat patients at the Premises.

***Delivery Date:***

The date upon which Landlord's Work is substantially completed which is estimated to be 180 days from the date that Landlord obtains the building permit and all other applicable permits required to achieve substantial completion.

***Construction Drawings For Landlord's Work:***

Landlord will agree upon issuance of the CON to have construction drawings no later than 90 days after CON is awarded and apply for building permits immediately thereafter.

***Tenant's Work:***

Tenant shall install Tenant's trade fixtures, equipment and personal property in order to make the Premises ready for Tenant's initial occupancy and use. All of which shall be purchased and installed by Tenant.

***Security Deposit:***

None, subject to Landlord's review of current Tenant financial statements.

***Landlord Maintenance:***

Landlord shall without expense to Tenant, maintain and make all necessary repairs to the structural portions of the Building to keep the building weather and water tight and structurally sound including, without limitation: foundations, structure, load bearing walls, exterior walls, the roof and roof supports, columns, structural retaining walls, gutters, downspouts, flashings and footings.

***Signage:***

Tenant may, at its sole cost and expense, install and maintain signs in and on the Premises to the maximum extent permitted by local law and subject to Tenant obtaining (i) all necessary private party approvals, if any, and governmental approvals, permits and licenses; and (ii) Landlord's prior written approval which will not be unreasonably withheld, and in accordance with Landlord's sign criteria (if applicable).

***Confidentiality:***

Except in connection with the CON, the parties hereto acknowledge the sensitive nature of the terms and conditions of this letter and hereby agree not to disclose the terms and conditions of this letter or the fact of the existence of this letter to any third parties and instead agree to keep said terms and conditions strictly confidential, disclosing them only to their respective agents, lenders, attorneys, accountants and such other directors, officers, employees, affiliates, and representatives who have a reason to receive such information and have been advised of the sensitive nature of this letter and as otherwise required to be disclosed by law.

***Zoning and Restrictive Covenants:***

Landlord will represent that the current property zoning is acceptable for use as outpatient dialysis facility and there is no other restrictive covenants imposed on the land, owner, and/or municipality.

**CON Contingency**

Landlord and FMC 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, FMC cannot establish a dialysis facility on the Premises or execute a binding real estate lease in connection therewith unless FMC obtains a Certificate of Need (CON) permit from the Illinois Health Facilities Planning Board (the "Planning Board"). FMC agrees to proceed using its commercially reasonable best efforts to submit an application for a CON permit and to prosecute said application to obtain the CON permit from the Planning Board. Based on the length of the Planning Board review process, FMC does not expect to receive a CON permit prior to June 2018. 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 the approval of the CON permit and the lease agreement shall contain a contingency clause indicating that the lease agreement is not effective pending CON approval. Assuming CON permit 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 Planning Board does not award FMC a CON permit to establish a dialysis center on the Premises by June 2018, 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.

***Acquisition Contingency:***

Tenant acknowledges that Landlord is not the owner of the Land. Accordingly, the parties agree that the lease agreement shall contain a contingency provision which provides that Landlord's obligations under the lease agreement shall be subject to and contingent upon Landlord obtaining fee title to the Land and in the event that Landlord does not acquire fee title to the Land on or before the date which is 100 days after the Lease execution then either Landlord or Tenant may elect to terminate the lease agreement; provided, however, that in



the event Tenant elects to terminate the lease agreement then Landlord shall have thirty (30) days from the date of Tenant's notice of election to terminate to satisfy the contingency at its election in which event Tenant's election to terminate shall be null and void. In the event the lease is terminated under this provision then each of the parties shall be released from its obligations and liability under the lease agreement.

The parties agree that this letter shall not be binding on the parties and does not address all essential terms of the lease agreement contemplated by this letter. Neither party may claim any legal right against the other by reason of any action taken in reliance upon this non-binding letter. A binding agreement shall not exist between the parties unless and until a lease agreement has been executed and delivered by both parties.

If you are in agreement with the foregoing terms, please execute and date this letter in the space provided below and return same to Landlord within five (5) business days from the date above.

Sincerely,

**NET 3 REAL ESTATE, L.L.C.,  
As Agent for Purchaser**

David E. Cunningham  
Manager

AGREED TO AND ACCEPTED BY:

Fresenius Medical Care of Illinois, LLC

1/26/2018

Date



### Operating Identity/Licensee

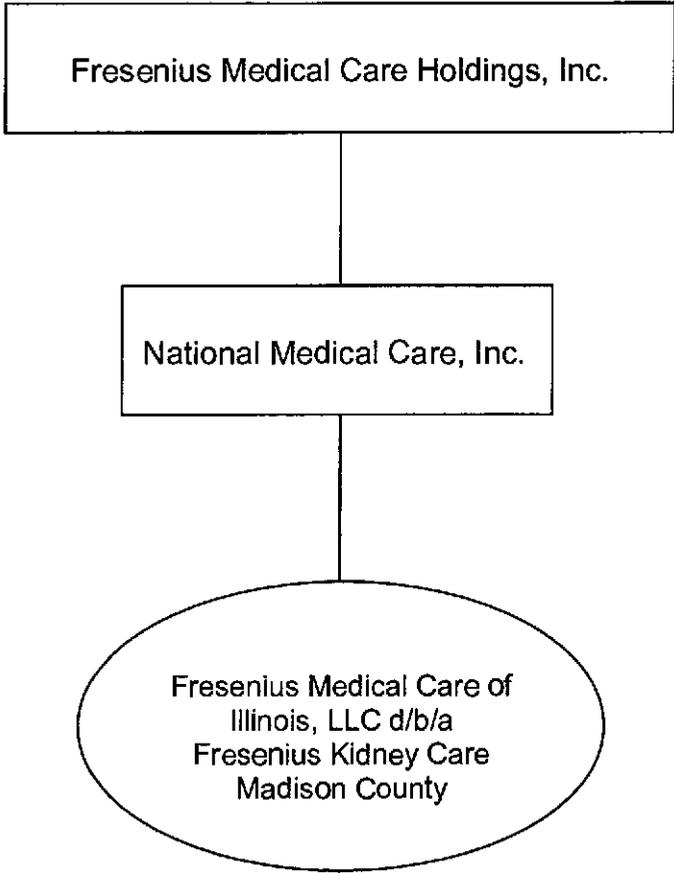
Exact Legal Name <i>Fresenius Medical Care of Illinois, LLC d/b/a Fresenius Kidney Care Madison County</i>
Address: <i>920 Winter Street, Waltham, MA 02451</i>
Name of Registered Agent: <i>CT Systems</i>
Name of Chief Executive Officer: <i>Bill Valle</i>
CEO Address: <i>920 Winter Street, Waltham, MA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

### Type of Ownership of Applicant

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

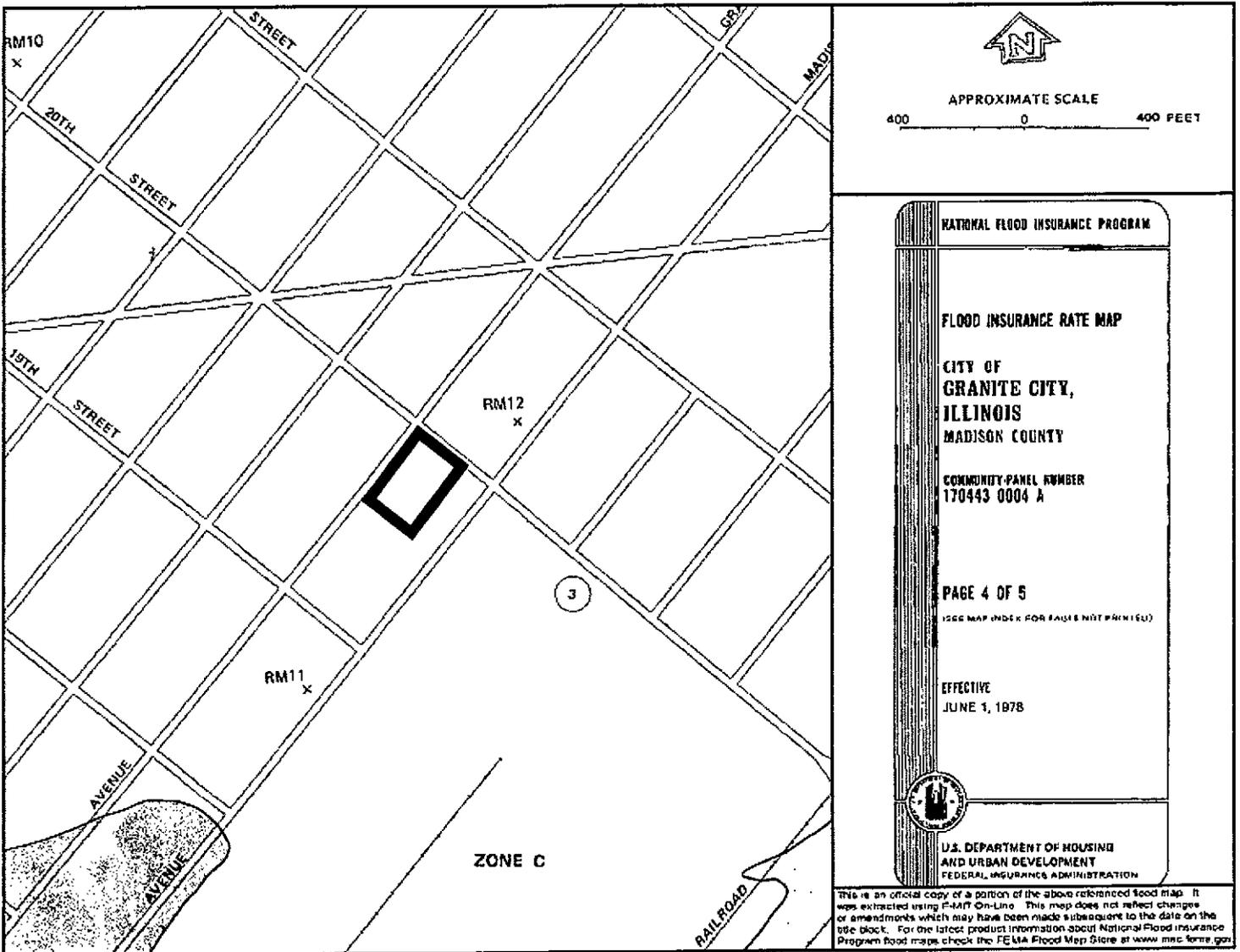
- Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

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



## Flood Plain Requirements

The proposed site for Fresenius Kidney Care Madison County complies with the requirements of Illinois Executive Order #2005-5. The site, 1938-1946 Grand Avenue, Granite City, is not located in a flood plain.





# Illinois Department of Natural Resources

One Natural Resources Way Springfield, Illinois 62702-1271  
www.dnr.illinois.gov

Bruce Rauner, Governor  
Wayne A. Rosenthal, Director

Madison County  
Granite City  
1938-1946 Grand Avenue  
IHFSRB  
New construction, 9-station dialysis facility

PLEASE REFER TO: SHPO LOG #021092017

October 23, 2017

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

Dear Ms. Wright:

The Illinois State Historic Preservation Office is required by the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420, as amended, 17 IAC 4180) to review all state funded, permitted or licensed undertakings for their effect on cultural resources. Pursuant to this, we have received information regarding the referenced project for our comment.

Our staff has reviewed the specifications under the state law and assessed the impact of the project as submitted by your office. We have determined, based on the available information, that no significant historic, architectural or archaeological resources are located within the proposed project area.

According to the information you have provided concerning your proposed project, apparently there is no federal involvement in your project. However, please note that the state law is less restrictive than the federal cultural resource laws concerning archaeology. If your project will use federal loans or grants, need federal agency permits, use federal property, or involve assistance from a federal agency, then your project must be reviewed under the National Historic Preservation Act of 1966, as amended. Please notify us immediately if such is the case.

This clearance remains in effect for two (2) years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the IL Human Skeletal Remains Protection Act (20 ILCS 3440).

Please retain this letter in your files as evidence of compliance with the Illinois State Agency Historic Resources Preservation Act.

If further assistance is needed please contact Joe Phillippe at 217/785-1279 or joe.phillippe@illinois.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Rachel".

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

**SUMMARY OF PROJECT COSTS**

<b>Modernization</b>	
General Conditions	54,600
Temp Facilities, Controls, Cleaning, Waste Management	2,730
Concrete	13,980
Masonry	16,601
Metal Fabrications	8,191
Carpentry	96,003
Thermal, Moisture & Fire Protection	19,440
Doors, Frames, Hardware, Glass & Glazing	74,811
Walls, Ceilings, Floors, Painting	176,380
Specialities	13,650
Casework, FI Mats & Window Treatments	6,553
Piping, Sanitary Waste, HVAC, Ductwork, Roof Penetrations	349,498
Wiring, Fire Alarm System, Lighting	210,575
Miscellaneous Construction Costs	49,170
<b>Total</b>	<b>\$1,092,182</b>
<b>Contingencies</b>	
	<b>\$108,018</b>
<b>Architecture/Engineering Fees</b>	
	<b>\$117,000</b>
<b>Moveable or Other Equipment</b>	
Dialysis Chairs	23,000
Clinical Furniture & Equipment	26,000
Office Equipment & Other Furniture	25,000
Water Treatment	120,000
TVs & Accessories	30,000
Telephones	15,000
Generator	10,000
Facility Automation	20,000
Other miscellaneous	10,000
	<b>\$279,000</b>
<b>Fair Market Value of Leased Space and Equipment</b>	
FMV Leased Space (6,001 GSF, Cost of 15-year lease)	2,617,140
FMV Leased Dialysis Machines	157,575
FMV Leased Office Equipment	13,000
	<b>\$2,787,715</b>
<b>Grand Total</b>	<b>\$4,383,915</b>

Itemized Costs  
ATTACHMENT - 7

### Current Fresenius CON Permits and Status

Project Number	Project Name	Project Type	Completion Date	Comment
#15-028	Fresenius Kidney Care Schaumburg	Establishment	05/31/2018	Construction complete, opening February 2018
#15-036	Fresenius Kidney Care Zion	Establishment	12/31/2018	Obligated/Construction End Date 3/2018
#15-046	Fresenius Kidney Care Beverly Ridge	Establishment	10/31/2018	Open waiting for certification
#15-050	Fresenius Kidney Care Chicago Heights	Establishment	09/30/2018	Open waiting for certification
#15-062	Fresenius Kidney Care Belleville	Establishment	12/31/2018	Construction Complete, Opening February 2018
#16-024	Fresenius Kidney Care East Aurora	Establishment	09/30/2018	Construction complete, opening February 2018
#16-029	Fresenius Medical Care Ross Dialysis - Englewood	Relocation/Expansion	09/30/2018	Obligated
#16-034	Fresenius Kidney Care Woodridge	Establishment	03/31/2019	Construction End Date 2/2018
#16-042	Fresenius Kidney Care Paris Community	Establishment	09/30/2018	Permitted March 14, 2017
#16-049	Fresenius Medical Care Macomb	Relocation/Expansion	12/31/2018	Construction complete, will relocate February 2018
#17-004	Fresenius Kidney Care Mount Prospect	Establishment	12/31/2018	Obligated, modernization begun
#17-033	Fresenius Kidney Care Palatine	Expansion	12/31/2018	Station installed, waiting for certification
#17-023	Fresenius Medical Care Oswego	Expansion	12/31/2018	Stations installed, waiting for certification
#17-025	Fresenius Kidney Care Crestwood	Relocation	09/30/2019	Obligated/Shell Construction
#17-027	Fresenius Medical Care Sandwich	Expansion	12/31/2018	Station installed, waiting for certification
#17-0347	Fresenius Medical Care Naperbrook	Expansion	12/31/2018	Stations installed, waiting for certification
#17-038	Fresenius Kidney Care South Elgin	Establishment	12/31/2019	Permitted November 14, 2017 Obligated
#17-024	Fresenius Kidney Care Springfield East	Establishment	03/31/2019	Permitted January 9, 2018

**Cost Space Requirements**

Provide in the following format, the department/area GSF and cost. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

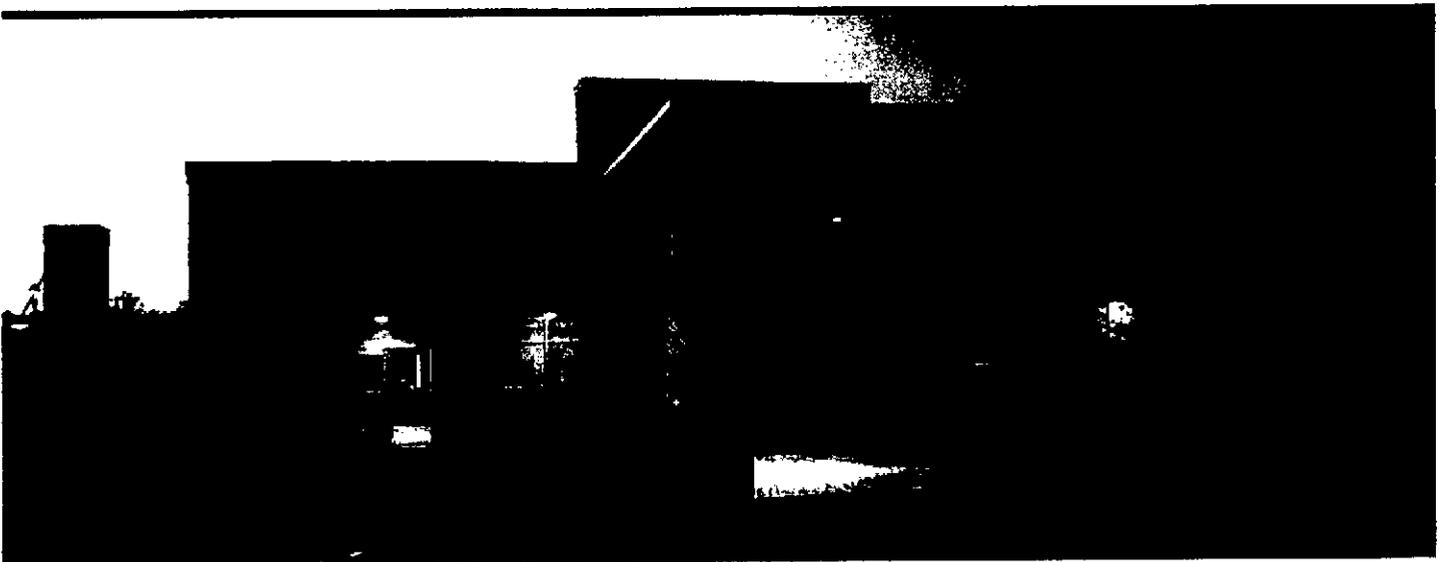
Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
<b>REVIEWABLE</b>							
In-Center Hemodialysis	\$3,290,639		4,454		4,454		
Total Clinical	\$3,290,639		4,454		4,454		
<b>NON REVIEWABLE</b>							
Non-Clinical (Administrative, Mechanical, Staff, Waiting Room Areas)	\$1,093,276		1,547		1,547		
Total Non-clinical	\$1,093,276		1,547		1,547		
<b>TOTAL</b>	<b>\$4,383,915</b>		<b>6,001</b>		<b>6001</b>		



## **About Us**

Fresenius Kidney Care, a division of Fresenius Medical Care North America (FMCNA), provides dialysis treatment and services to nearly 180,000 people with kidney disease at more than 2,300 facilities nationwide. Fresenius Kidney Care patients have access to FMCNA's integrated network of kidney care services ranging from cardiology and vascular care to pharmacy and lab services as well as urgent care centers and the country's largest practice of hospitalist and post-acute providers. The scope and sophistication of this vertically integrated network provides us with seamless oversight of our patients' entire care continuum.

As a leader in renal care technology, innovation and clinical research, FMCNA's more than 67,000 employees are dedicated to the mission of delivering superior care that improves the quality of life for people with kidney disease. Fresenius Kidney Care supports people by helping to address both the physical and emotional aspects of kidney disease through personalized care, education and lifestyle support services so they can lead meaningful and fulfilling lives.



## **Bringing Our Mission to Life**

At Fresenius Kidney Care, we understand that helping people with end stage renal disease (ESRD) live fuller, more active and vibrant lives is about much more than providing them with the best dialysis care. It's about caring for the whole person. That's why we use our vast resources to care for our patients emotional, medical, dietary, financial and well-being needs.

We also provide educational support for people with chronic kidney disease (CKD), including routine classes for people with later stage CKD. Our robust education programs are designed to improve patient outcomes and improve the quality of life for every patient.



- **KidneyCare:365**—A company-wide program designed to educate patients with CKD or ESRD about living with kidney disease. These classes are held routinely at a variety of locations including clinics, hospitals and physician offices. Class topics include understanding CKD, eating well, social support and treatment options.
- **Navigating Dialysis Program** – A patient education and engagement program focused on empowering patients with the knowledge they need to thrive during their first 90 days on dialysis. In-center and at-home patients receive a starter kit and supporting touchpoints from members of their care team covering topics like treatment, access, eating well and thriving.
- **Catheter Reduction Program** – A key strategic clinical initiative to support nephrologists and clinical staff with increasing the number of patients dialyzed with a permanent access, preferably a venous fistula (AVF) versus a central venous catheter (CVC). Starting dialysis with or converting patients to an AVF can significantly lower serious complications, hospitalizations and mortality rates.

### **Value Based Care Model**

Healthcare is moving toward a value-based system focused on caring for the whole patient, improving efficiencies and reducing costs. One way that FMCNA has demonstrated its commitment is through a significant investment in End Stage Renal Disease Seamless Care Organizations (ESCOs), the nation's first disease-specific shared savings program designed to identify, test and evaluate new ways to improve care for Americans with ESRD.

In January 2017, the Centers for Medicaid and Medicare Services (CMS) awarded 18 new ESCO contracts to FMCNA, which was in addition to the six ESCOs the company was awarded in 2015. FMCNA now operates 24 of the 37 ESCOs awarded by CMS. FMCNA holds two ESCO contracts in Illinois, including Chicago and Bloomington.

Under each ESCO, local nephrologists and dialysis providers partner to develop an innovative care model based on highly coordinated, patient-centered care. By monitoring and managing the total care of the ESRD patient, the ESCO aims to avoid hospitalizations and help patients move from high-risk to lower-risk on the health care continuum.

The cornerstone of the ESCO program for FMCNA is its Care Navigation Unit (CNU), a team of specially trained nurses and care technicians who provide 24/7 patient support and care management services. By focusing on both the physical and emotional needs of each patient, the CNU can anticipate issues before they arise and help patients respond more quickly when they happen. The CNU has proven that through rigorous patient monitoring and appropriate intervention, they can significantly improve patient health outcomes, reducing hospital admissions by up to 20 percent and readmissions by up to 27 percent in ESRD populations. This investment demonstrates the value FMCNA places on collaboration with CMS, policymakers and physicians for the benefit of its patients. It also shows the importance we place on patients taking active roles in their own care.

At FMCNA, we strive to be the partner of choice by leading the way with collaborative, entrepreneurial new models of value-based care that take full responsibility for the patients we serve while reducing costs and improving outcomes. This approach allows us to coordinate health care services at pivotal care points for hundreds of thousands of chronically ill people and enhance the lives of those trusted to our care.



### **Five Star Quality Rated by CMS**

Fresenius Kidney Care achieved the largest number of top-rated, Five Star dialysis centers in Illinois in 2016, based on the Dialysis Facility Compare Five Star Quality Rating System issued by CMS. This focus on quality continues to drive Fresenius Kidney Care's success in Illinois.

### Overview of Services



#### ***Treatment Settings and Options***

- ✓ In-center hemodialysis
- ✓ At-home hemodialysis
- ✓ At-home peritoneal dialysis



#### ***Patient Support Services***

- ✓ Nutritional counseling
- ✓ Social work services
- ✓ Home training program
- ✓ Clinical care
- ✓ Patient travel services
- ✓ Patient education classes
- ✓ Urgent care (acute)



#### ***Counseling and Guidance for Non-Dialysis Options***

- ✓ Kidney transplant
- ✓ Supportive care without dialysis

### Our Local Commitment



Fresenius Kidney Care is a predominant supporter of the National Kidney Foundation of Illinois (NKFI). The NKFI is an affiliate of the National Kidney Foundation, which funds medical research improving lives of those with kidney disease, prevention screenings and is a leading educator on kidney disease. Our Fresenius Kidney Care employees in the Chicago area raised over \$25,000 for the NKFI Kidney Walk in downtown Chicago through pledges and t-shirt sales. In addition to the local fundraising efforts, each year Fresenius Kidney Care donates \$25,000 to the NKFI and another \$5,000 in downstate Illinois.



## **Fresenius Medical Care Achieves Improved Health Outcomes and Savings through National Medicare Demonstration Program**

*Results of Centers for Medicare & Medicaid Program Administered by Fresenius Medical Care Demonstrate Reduced Readmission and Hospitalization Rates, Significant Savings*

Waltham, Mass. – Oct. 30, 2017 – Fresenius Medical Care North America (FMCNA), the country's leading provider of kidney care products and services, announced today the first performance year results from its End Stage Renal Disease Seamless Care Organizations (ESCOs). The results, which cover the period from October 2015 through December 2016, show improved health outcomes for patients receiving care coordination through the ESCOs. This success was validated by an independent report from Lewin Group, which showed a nearly nine percent decrease in hospitalization rates for these patients during the same time. As a result, Fresenius Medical Care ESCOs together generated more than \$43 million in gross savings, with all six of its first-year ESCOs exceeding the shared savings benchmark. Savings generated by the individual ESCOs were as follows:

- Fresenius Seamless Care of Charlotte \$2,402,195
- Fresenius Seamless Care of Chicago \$11,177,183
- Fresenius Seamless Care of Columbia \$4,378,765
- Fresenius Seamless Care of Dallas \$8,163,716
- Fresenius Seamless Care of Philadelphia \$6,867,054
- Fresenius Seamless Care of San Diego \$10,269,857

FMCNA's ESCO programs, known as Fresenius Seamless Care, were established through an agreement with the Centers for Medicare & Medicaid Services (CMS) as part of CMS' Comprehensive End Stage Renal Disease (ESRD) Care (CEC) Demonstration Program, the nation's first disease-specific shared savings program. This program was designed to identify, test and evaluate new ways to improve care for Americans with ESRD. Under each ESCO, local nephrologists and dialysis providers partner to develop innovative care models based on highly coordinated, patient-centered care. Patients retain all of their Medicare benefits and the freedom to choose their providers.

The first-year report covers the period from October 2015 through December 2016 and includes results of FMCNA's first six ESCOs, including Philadelphia, Pa.; Charlotte, N.C.; Dallas, Texas; San Diego, Calif.; Columbia, S.C. and Chicago, Ill. In January 2017, Fresenius Medical Care added 18 new ESCOs for a total of 24, giving the company the largest ESCO presence of any dialysis provider in the nation with approximately 800 physician partners. Including FMCNA, there are currently seven dialysis organizations participating in the program across 37 ESCOs.

"Since the launch of the ESCO program, we've enjoyed a strong working relationship with CMS and have appreciated the opportunity to help shape the future of care for this vulnerable patient population," said William McKinney, president of FMCNA's Integrated Care Group. "The first year results offer validation that our approach to ESRD patient care, placing the patient at the center of an intensely focused, highly collaborative care team, is key to improving patient outcomes, and we're pleased that CMS allowed us to expand our services to cover more patients in 2017."



The success of the Fresenius Seamless Care ESCOs can be largely attributed to the unique structure of the patient care team. It is a collaboration between local care providers and FMCNA's Care Navigation Unit (CNU), a team of specialized dialysis nurses and service coordinators who work together closely to provide around-the-clock care management and patient support. By focusing on the unique clinical and psycho-social needs of each patient, the CNU anticipates issues before they arise and helps patients, their families and their providers respond more quickly.

"We are excited to bring a holistic and high level of care management and quality focus to these cities, states and regions," said Frank Maddux, MD, chief medical officer and executive vice president for clinical and scientific affairs, FMCNA. "The reduction in readmissions and hospitalizations, as well as the cost savings, are only the beginning. We are looking to measure quality outcomes even more closely so we can continue to improve and innovate care models for the betterment of our patients."

Although the first year results focus primarily cost savings, FMCNA also met all other quality reporting requirements. In addition, all of the nephrologists in FMCNA's ESCOs achieved "qualifying provider" status as a result of their participation in this advanced alternative payment model (Advanced APM) and are eligible for a 5% increase in their 2019 Medicare fee schedule. Participation in the ESCO program reinforces FMCNA's support of physicians and the healthcare system to improve care and reduce costs.

###

#### **About Fresenius Medical Care North America**

Fresenius Medical Care North America is the premier health care company focused on providing the highest quality care to people with renal and other chronic conditions. Through its industry-leading network of dialysis facilities, outpatient cardiac and vascular labs, and urgent care centers, as well as the country's largest practice of hospitalist and post-acute providers, Fresenius Medical Care North America provides coordinated health care services at pivotal care points for hundreds of thousands of chronically ill customers throughout the continent. As the world's largest fully integrated renal company, it offers specialty pharmacy and laboratory services, and manufactures and distributes the most comprehensive line of dialysis equipment, disposable products and renal pharmaceuticals. For more information, visit the FMCNA website at <https://fmcna.com>.

*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.*

###

#### **Contact:**

Fresenius Medical Care North America  
Katherine Dobbs, 781-699-9039  
Vice President of Corporate Communications  
[Katherine.Dobbs@fmc-na.com](mailto:Katherine.Dobbs@fmc-na.com)

Comparison of CMS-5-Star Data as obtained from:

<https://www.medicare.gov/dialysisfacilitycompare/>

Illinois - 2015 Five-Star Data

Data represented includes ALL facilities owned by each provider, including acquisitions, as listed on the CMS website.

Both chains had 45% of Illinois clinics earn 4 or 5 stars.

	Fresenius	Davita
1 star	4, 3%	1, 1%
2 star	18, 15%	7, 8%
3 star	45, 37%	38, 45%
4 star	34, 28%	22, 26%
5 star	21, 17%	16, 19%

**Fresenius Kidney Care In-center Clinics In Illinois**

Clinic	Provider #	Address	City	Zip
Aledo	14-2658	409 NW 9th Avenue	Aledo	61231
Alsip	14-2630	12250 S. Cicero Ave Ste. #105	Alsip	60803
Antioch	14-2673	311 Depot St., Ste. H	Antioch	60002
Aurora	14-2515	455 Mercy Lane	Aurora	60506
Austin Community	14-2653	4800 W. Chicago Ave., 2nd Fl.	Chicago	60651
Belleville	-	6525 W. Main Street	Belleville	62223
Berwyn	14-2533	2601 S. Harlem Avenue, 1st Fl.	Berwyn	60402
Blue Island	14-2539	12200 S. Western Avenue	Blue Island	60406
Boilingbrook	14-2605	329 Remington	Boilingbrook	60440
Breese	14-2637	160 N. Main Street	Breese	62230
Bridgeport	14-2524	825 W. 35th Street	Chicago	60609
Burbank	14-2641	4811 W. 77th Street	Burbank	60459
Carbondale	14-2514	1425 Main Street	Carbondale	62901
Centre West Springfield	14-2546	1112 Centre West Drive	Springfield	62704
Champaign	14-2588	1405 W. Park Street	Champaign	61801
Chatham	14-2744	333 W. 87th Street	Chicago	60620
Chicago Dialysis	14-2506	1806 W. Hubbard Street	Chicago	60622
Chicago Westside	14-2681	1340 S. Damen	Chicago	60608
Cicero	14-2754	3000 S. Cicero	Chicago	60804
Congress Parkway	14-2631	3410 W. Van Buren Street	Chicago	60624
Crestwood	14-2538	4861W. Cal Sag Road	Crestwood	60445
Decatur East	14-2603	1830 S. 44th St.	Decatur	62521
Deerfield	14-2710	405 Lake Cook Road	Deerfield	60015
Des Plaines	14-2774	1625 Oakton Place	Des Plaines	60018
Downers Grove	14-2503	3825 Highland Ave., Ste. 102	Downers Grove	60515
DuPage West	14-2509	450 E. Roosevelt Rd., Ste. 101	West Chicago	60185
DuQuoin	14-2595	825 Sunset Avenue	DuQuoin	62832
East Aurora	-	840 N. Farnsworth Avenue	Aurora	60505
East Peoria	14-2562	3300 North Main Street	East Peoria	61611
Elgin	14-2726	2130 Point Boulevard	Elgin	60123
Elk Grove	14-2507	901 Biesterfield Road, Ste. 400	Elk Grove	60007
Elmhurst	14-2612	133 E. Brush Hill Road, Suite 4	Elmhurst	60126
Evanston	14-2621	2953 Central Street, 1st Floor	Evanston	60201
Evergreen Park	14-2545	9730 S. Western Avenue	Evergreen Park	60805
Galesburg	14-8628	765 N Kellogg St, Ste 101	Galesburg	61401
Garfield	14-2555	5401 S. Wentworth Ave.	Chicago	60609
Geneseo	14-2592	600 North College Ave, Suite 150	Geneseo	61254
Glendale Heights	14-2617	130 E. Army Trail Road	Glendale Heights	60139
Glenview	14-2551	4248 Commercial Way	Glenview	60025
Greenwood	14-2601	1111 East 87th St., Ste. 700	Chicago	60619
Gurnee	14-2549	101 Greenleaf	Gurnee	60031
Hazel Crest	14-2607	17524 E. Carriageway Dr.	Hazel Crest	60429
Highland Park	14-2782	1657 Old Skokie Road	Highland Park	60035
Hoffman Estates	14-2547	3150 W. Higgins, Ste. 190	Hoffman Estates	60195
Humboldt Park	14-2821	3500 W. Grand Avenue	Chicago	60651
Jackson Park	14-2516	7531 South Stony Island Ave.	Chicago	60649
Joliet	14-2739	721 E. Jackson Street	Joliet	60432
Kewanee	14-2578	230 W. South Street	Kewanee	61443
Lake Bluff	14-2669	101 Waukegan Rd., Ste. 700	Lake Bluff	60044
Lakeview	14-2679	4008 N. Broadway, St. 1200	Chicago	60613
Lemont	14-2798	16177 W. 127th Street	Lemont	60439
Logan Square	14-2766	2721 N. Spalding	Chicago	60647
Lombard	14-2722	1940 Springer Drive	Lombard	60148
Macomb	14-2591	523 E. Grant Street	Macomb	61455
Maple City	14-2790	1225 N. Main Street	Monmouth	61462
Marquette Park	14-2566	6515 S. Western	Chicago	60636
McHenry	14-2672	4312 W. Elm St.	McHenry	60050
McLean Co	14-2563	1505 Eastland Medical Plaza	Bloomington	61704
Melrose Park	14-2554	1111 Superior St., Ste. 204	Melrose Park	60160
Merrionette Park	14-2667	11630 S. Kedzie Ave.	Merrionette Park	60803
Metropolis	14-2705	20 Hospital Drive	Metropolis	62960
Midway	14-2713	6201 W. 63rd Street	Chicago	60638
Mokena	14-2689	8910 W. 192nd Street	Mokena	60448
Moline	14-2526	400 John Deere Road	Moline	61265
Mount Prospect	-	1710-1790 W. Golf Road	Mount Prospect	60056
Mundelein	14-2731	1400 Townline Road	Mundelein	60060
Naperbrook	14-2765	2451 S Washington	Naperville	60565

Clinic	Provider #	Address	City	Zip
Naperville North	14-2678	516 W. 5th Ave.	Naperville	60563
New City	14-2815	4622 S. Bishop Street	Chicago	60609
Niles	14-2500	7332 N. Milwaukee Ave	Niles	60714
Normal	14-2778	1531 E. College Avenue	Normal	61761
Norridge	14-2521	4701 N. Cumberland	Norridge	60656
North Avenue	14-2602	911 W. North Avenue	Melrose Park	60160
North Kilpatrick	14-2501	4800 N. Kilpatrick	Chicago	60630
Northcenter	14-2531	2620 W. Addison	Chicago	60618
Northfield	14-2771	480 Central Avenue	Northfield	60093
Northwestern University	14-2597	710 N. Fairbanks Court	Chicago	60611
Oak Forest	14-2764	5340A West 159th Street	Oak Forest	60452
Oak Park	14-2504	773 W. Madison Street	Oak Park	60302
Orland Park	14-2550	9160 W. 159th St.	Orland Park	60462
Oswego	14-2677	1051 Station Drive	Oswego	60543
Ottawa	14-2576	1601 Mercury Circle Drive, Ste. 3	Ottawa	61350
Palatine	14-2723	691 E. Dundee Road	Palatine	60074
Pekin	14-2571	3521 Veteran's Drive	Pekin	61554
Peoria Downtown	14-2574	410 W Romeo B. Garrett Ave.	Peoria	61605
Peoria North	14-2613	10405 N. Juliet Court	Peoria	61615
Plainfield	14-2707	2320 Michas Drive	Plainfield	60544
Plainfield North	14-2596	24024 W. Riverwalk Court	Plainfield	60544
Polk	14-2502	557 W. Polk St.	Chicago	60607
Pontiac	14-2611	804 W. Madison St.	Pontiac	61764
Prairie	14-2569	1717 S. Wabash	Chicago	60616
Randolph County	14-2589	102 Memorial Drive	Chester	62233
Regency Park	14-2558	124 Regency Park Dr., Suite 1	O'Fallon	62269
River Forest	14-2735	103 Forest Avenue	River Forest	60305
Rock Island	14-2703	2623 17th Street	Rock Island	61201
Rock River - Dixon	14-2645	101 W. Second Street	Dixon	61021
Rogers Park	14-2522	2277 W. Howard St.	Chicago	60645
Rolling Meadows	14-2525	4180 Winnetka Avenue	Rolling Meadows	60008
Roseland	14-2690	135 W. 111th Street	Chicago	60628
Ross-Englewood	14-2670	6333 S. Green Street	Chicago	60621
Round Lake	14-2616	401 Nippersink	Round Lake	60073
Saline County	14-2573	275 Small Street, Ste. 200	Harrisburg	62946
Sandwich	14-2700	1310 Main Street	Sandwich	60548
Schaumburg	14-2802	815 Wise Road	Schaumburg	60193
Silvis	14-2658	880 Crosstown Avenue	Silvis	61282
Skokie	14-2618	9801 Wood Dr.	Skokie	60077
South Chicago	14-2519	9200 S. Chicago Ave.	Chicago	60617
South Elgin		SWC N. McLean Blvd. & Bowes Rd.	South Elgin	60177
South Deering	14-2756	10559 S. Torrence Ave.	Chicago	60617
South Holland	14-2542	17225 S. Paxton	South Holland	60473
South Shore	14-2572	2420 E. 79th Street	Chicago	60649
Southside	14-2508	3134 W. 76th St.	Chicago	60652
South Suburban	14-2517	2609 W. Lincoln Highway	Olympia Fields	60461
Southwestern Illinois	14-2535	7 Professional Drive	Alton	62002
Spoon River	14-2565	340 S. Avenue B	Canton	61520
Springfield East		1800 E. Washington Street	Springfield	62703
Spring Valley	14-2564	12 Wolfer Industrial Drive	Spring Valley	61362
Steger	14-2725	219 E. 34th Street	Steger	60475
Streator	14-2695	2356 N. Bloomington Street	Streator	61364
Summit	14-2802	7319-7322 Archer Avenue	Summit	60501
Uptown	14-2692	4720 N. Marine Dr.	Chicago	60640
Waterloo	14-2789	624 Voris-Jost Drive	Waterloo	62298
Waukegan Harbor	14-2727	101 North West Street	Waukegan	60085
West Batavia	14-2729	2580 W. Fabyan Parkway	Batavia	60510
West Belmont	14-2523	4943 W. Belmont	Chicago	60641
West Chicago	14-2702	1859 N. Neltor	West Chicago	60185
West Metro	14-2536	1044 North Mozart Street	Chicago	60622
West Suburban	14-2530	518 N. Austin Blvd., 5th Floor	Oak Park	60302
West Willow	14-2730	1444 W. Willow	Chicago	60620
Westchester	14-2520	2400 Wolf Road, Ste. 101A	Westchester	60154
Williamson County	14-2627	900 Skyline Drive, Ste. 200	Marion	62959
Willowbrook	14-2632	6300 S. Kingery Hwy, Ste. 408	Willowbrook	60527
Zion	-	1920-1920 N. Sheridan Road	Zion	60099

Certification & Authorization

Fresenius Medical Care of Illinois, LLC

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

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

By: [Signature]  
ITS: Thomas D. Brouillard, Jr.  
Assistant Treasurer

By: [Signature]  
ITS: Bryan Mello  
Assistant Treasurer

Notarization:  
Subscribed and sworn to before me  
this 16<sup>th</sup> day of October, 2017

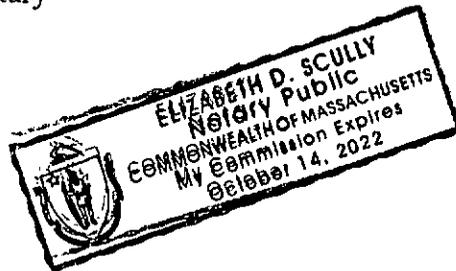
Notarization:  
Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 2017

[Signature]  
Signature of Notary

Signature of Notary

Seal

Seal



Certification & Authorization

Fresenius Medical Care Holdings, Inc.

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

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

By: [Signature]  
ITS: Sr. VP + Secretary

By: [Signature]  
ITS: Bryan Mello  
Assistant Treasurer

Notarization:  
Subscribed and sworn to before me  
this 12<sup>th</sup> day of October 2017

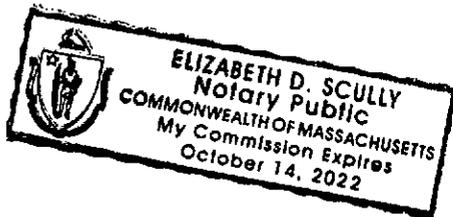
Notarization:  
Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 2017

[Signature]  
Signature of Notary

Signature of Notary

Seal

Seal



## Criterion 1110.230 – Purpose of Project

The 9-station Fresenius Kidney Care Madison County ESRD facility will be in Granite City in a Federally Designated Medically Underserved Area (MUA). It is being proposed to address a lack of provider choice in the near Metro East region of the St. Louis Metropolitan Statistical Area. Currently the only clinics reasonably accessible to residents of Granite City are operated by DaVita. The addition of the Madison County facility will give area ESRD patients the ability to participate in the CMS End Stage Renal Disease Seamless Care Organization (ESCO) that only Fresenius participates in for Illinois (see ESCO information on following page).

Granite City has a somewhat depressed economy 17% of the residents are living below the poverty level and receive Food Stamp/SNAP benefits. 8% of residents have no health insurance and 44% are covered by a public insurance policy. The uninsured/under-insured have greater difficulty accessing needed healthcare services, and preventative care is a struggle. Transportation issues (which are prominent for dialysis patients) also inhibit this population from accessing proper care.

There are currently two DaVita ESRD clinics in Granite City. DaVita Granite City is at 80% utilization and DaVita Foxpoint is due to open in mid-2018 and will alleviate high utilization at DaVita Granite City. Dr. Cheema and Dr. Polack, the physicians supporting Fresenius' proposed project, are from two separate nephrology practices and both follow patients at DaVita Granite City, however would like to be able to refer their area patients to a Fresenius facility in Illinois (they currently refer most of their Missouri patients to Fresenius clinics). There are three Fresenius clinics that lie towards the outer edge of the thirty-minute travel radius however are 15-19 miles away and not reasonably accessible to patients from Granite City. They are Fresenius Regency Park at 89%, which will be alleviated with the opening of the Fresenius Belleville facility in 2018 and the Fresenius Southwestern Illinois facility near 70% utilization.

The goal of Fresenius Medical Care is to provide patients with a choice of provider as well as the ability to participate in the CMS ESCO, that only Fresenius is participating in for Illinois, by establishing the Madison County facility. There is no direct empirical evidence relating to this project other than that when chronic care patients have adequate access to services, it tends to reduce overall healthcare costs and results in less complications. Results of the first year of the ESCO program in Illinois show improved quality and lower health care costs. The Madison County facility is expected to have similar quality outcomes as the Fresenius Illinois facilities as listed below:

- 91% of patients had a URR  $\geq$  65%
- 97% of patients had a Kt/V  $\geq$  1.2

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

Clinic utilization was received from the IHFSRB.

ESRD zip code data was received from The Renal Network 10

## **ESRD Seamless Care Organization (ESCO)**

Approximately 80% of ESRD patients have Medicare coverage. These patients often have several co-morbid conditions that cause them to use healthcare resources beyond what is provided at the dialysis center. They are more likely to be admitted to the hospital than the general population and occasionally re-admitted to the hospital within 30 days of a previous stay. This not only increases costs to the healthcare system, but significantly reduces the quality of life of these patients and their families.

In 2015, CMS (Medicare) reached out to the dialysis providers to see if they would be willing to work on a demonstration project designed to improve quality of care and reduce overall healthcare costs for ESRD patients. Fresenius Kidney Care accepted the challenge to participate in this Value Based Care Model and made significant investments in technology, personnel, and staff training. By focusing on caring for the patient we are changing the way care has traditionally been delivered in our industry.

This care model is called an ESCO, or ESRD Seamless Care Organization. **Fresenius Kidney Care is the only provider approved by CMS to participate in this type of program in Illinois.** We pioneered the program in the Chicagoland market in 2016 and, based upon the successes of the program, CMS approved an additional ESCO for the Central Illinois Market for 2017, the Springfield market for 2018 and will be expanding into the southwestern Illinois market for 2019.

In the ESCO, the nephrologists and our clinic staff work together to develop a highly coordinated care plan that is focused on the needs of individual patients. This is accomplished through careful monitoring and managing of each patient's physical and emotional health indices, timely clinical interventions, and patient education.

An additional unique feature of the ESCO is our Care Navigation Unit (CNU). This consists of a team of specially trained nurses and care technicians who provide 24/7 patient support and care management services for both patients and healthcare providers. The CNU has proven that through rigorous patient monitoring and appropriate intervention, they can significantly improve patient health outcomes, reducing hospitalizations by up to 20 percent and readmissions by up to 27 percent in ESRD populations.

The Care Navigation Unit also assists hospitals by providing 24-hour access to critical patient information that can help them make informed choices about the care they provide for patients in need. No other dialysis provider offers this service.

This demonstrates the value that Fresenius Kidney Care and our nephrology partners place on collaboration with CMS, policymakers, and hospitals for the benefit of patients. It is important to note that patients attributed to the ESCO continue to maintain complete and total freedom of choice for all aspects of their care as a Medicare beneficiary.

Our commitment is to help patients take an active role in their own care. That is what ultimately improves health outcomes, reduces unnecessary utilization of healthcare resources, and improves the quality of life for ESRD patients and their families.

## Alternatives

### 1) All Alternatives

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

The alternative of doing nothing and maintaining the status quo in this area is not an option if patients are to have a choice of what provider they go to or if they are to be able to participate in the CMS End Stage Renal Disease Seamless Care Organization (ESCO) for dialysis patients on Medicare. There is no access to a Fresenius clinic for Dr. Cheema and Dr. Polack's patients in the immediate Granite City area and of those Fresenius clinics considered within 30 minutes travel time, one (Regency Park) is above 80% utilization, Southwestern Illinois is at 70%, but almost 30 minutes away and the Belleville facility is also close to 30 minutes away and established to alleviate Regency Park in an area away from Granite City. These facilities are also where the only access will be to the CMS ESCO in 2019.

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

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

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

Dr. Cheema and Dr. Polack currently admit to Fresenius and DaVita facilities in Missouri but are limited to only one choice of provider for their patients in the Granite City area. While there may be availability at a DaVita clinic in Granite City, patients and physicians alike should have a choice of providers. The three Fresenius facilities in the Metro East area are between 15-19 miles away from Granite City and are not reasonable options for patients there, especially given the demographics of the area experiencing high poverty levels and lack of adequate insurance coverage. There is no cost to this option.

#### D. The only alternative that is going to provide access to a choice of providers to Granite City area ESRD patients is to establish the 9-station Fresenius Kidney Care Madison County ESRD facility in Granite City. The cost of this project is \$4,383,915.

## 2) Comparison of Alternatives

	Total Cost	Patient Access	Quality	Financial
Maintain Status Quo	\$0	Lack of patient access to choice of dialysis providers in the near Metro East area. There is no reasonable access to a Fresenius clinic given the socioeconomic barriers experienced by area residents	Fresenius Kidney Care does not operate any facilities in the near Metro East area, however the Fresenius facilities further away in Metro East have above average quality outcomes.  Patients will not have access to participate in the CMS ESCO which improves quality while lowering health care costs.	There would be no financial costs to patients.  Patients will not have access to participate in the CMS ESCO which improves quality while lowering health care costs.
Pursue Joint Venture	\$4,383,915	Same as current proposed project, however cost would be divided among Joint Venture members.	Patient clinical quality would remain above standards just as they are currently at other Fresenius facilities.	Fresenius Medical Care is capable of meeting its financial obligations and does not require assistance in meeting its financial obligations. If it were a Joint Venture, Fresenius Medical Care would maintain control of the facility and therefore ultimate financial responsibilities.
Utilize Area Providers	\$0	Dr. Cheema and Dr. Polack's patients currently go to area DaVita clinics however there is no access to a different provider to give patients a choice.	Quality at Fresenius facilities would remain above standards, however Fresenius does not operate any clinics in the near Metro East area.  Patients will <b>not</b> have access to participate in the CMS ESCO which improves quality while lowering health care costs.	No financial cost to Fresenius Medical Care  Higher transportation costs to patients who want to dialyze with Fresenius Kidney Care who must travel close to 30 minutes to do so.  Patients will <b>not</b> have access to participate in the CMS ESCO which improves quality while lowering health care costs.
Establish Fresenius Kidney Care Madison County	\$4,383,915	Access to provider choice and participation in the CMS ESCO for Granite City patients Medicare ESRD patients.	Patient clinical quality would remain above standards as at other Fresenius clinics. Patient satisfaction would increase with a choice of providers.  Patients <b>will</b> have access to participate in the CMS ESCO which improves quality while lowering health care costs.	This is an expense to Fresenius Medical Care only.  Patients <b>will</b> have access to participate in the CMS ESCO which improves quality while lowering health care costs.

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

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

- 91% of patients had a URR  $\geq$  65%
- 97% of patients had a Kt/V  $\geq$  1.2

Fresenius Medical Care's participation in the CMS ESCO will be expanded in 2019 to include the Metro East area. An additional unique feature of the ESCO is our Care Navigation Unit (CNU). This consists of a team of specially trained nurses and care technicians who provide 24/7 patient support and care management services for both patients and other healthcare providers.

**The CNU has proven that through rigorous patient monitoring and appropriate intervention, they can significantly improve patient health outcomes, reducing hospitalizations by up to 20 percent and readmissions by up to 27 percent in ESRD populations.**

**Criterion 1110.234, Size of Project**

<b>SIZE OF PROJECT</b>				
<b>DEPARTMENT/SERVICE</b>	<b>PROPOSED BGSF/DGSF</b>	<b>STATE STANDARD 450-650 BGSF Per Station</b>	<b>DIFFERENCE</b>	<b>MET STANDARD?</b>
<b>ESRD IN-CENTER HEMODIALYSIS</b>	4,454 (9 Stations)	4,050 – 5,850 BGSF	None	Yes
<b>Non-clinical</b>	1,547	N/A	N/A	N/A

The State Standard for ESRD is between 450 - 650 BGSF per station or 4,050 – 5,850 BGSF. The proposed 4,454 BGSF for the in-center hemodialysis space meets the State standard.

**Criterion 1110.234, Project Services Utilization**

<b>UTILIZATION</b>					
	<b>DEPT/SERVICE</b>	<b>HISTORICAL UTILIZATION</b>	<b>PROJECTED UTILIZATION</b>	<b>STATE STANDARD</b>	<b>MET STANDARD?</b>
<b>YEAR 1</b>	<b>IN-CENTER HEMODIALYSIS</b>	N/A New Facility	43%	80%	No
<b>YEAR 2</b>	<b>IN-CENTER HEMODIALYSIS</b>		89%	80%	Yes

Dr. Cheema and Dr. Polack, the referring physicians, have 59 pre-ESRD patients who reside in the Granite City area zip codes that are expected to be referred to the Madison County facility in the first two years of its operation. The facility is expected to reach the State utilization target of 80%. Calculation includes taking into account yearly patient attrition.

<b>County</b>	<b>Zip Code</b>	<b>Patients</b>
Madison	62040	46
Madison	62060	3
Madison	62025	2
St. Clair	62207	4
Madison	62034	4
	<b>Total</b>	<b>59</b>

## **Background of the Applicant**

Information on Applicant Background is found at Attachment 11.

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

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

<b>H S A</b>	<b>County</b>	<b>Zip Code</b>	<b>Patients</b>
11	Madison	62040	46
11	Madison	62060	3
11	Madison	62025	2
11	St. Clair	62207	4
11	Madison	62034	4
<b>100% in H S A 11</b>			<b>59</b>

# GATEWAY NEPHROLOGY

IJ SINGH M.D., F.A.C.P., F.A.S.N.

ANAHIT CHEEMA, M.D.

11155 Dunn Road Suite 207 N, POB 1 St. Louis, MO 63136

Ph 314-736-6590 Fax 314-736-4359

gatewaynephrology.com



January 16, 2018

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

Dear Ms. Avery,

I am a nephrologist with a large practice in St. Louis, Missouri that branches out into southwest Illinois. I am writing to support the proposed Fresenius Kidney Care Madison County dialysis facility. I have a large number of ESRD patients residing in Granite City where I refer them to DaVita Granite City and it is quite full. I see a need for additional access not only to dialysis services right in Granite City, where my patients live, but for a choice of providers as well.

Fresenius Medical Care Madison County will improve access as well as options for our Illinois patients and the quality of care that we prefer for them.

My practice was treating 39 Illinois hemodialysis patients end of 2014, 34 patients at the end of 2015, 35 patients at the end of 2016 and 37 as of 9/30/2017. Over the past twelve months I have referred 10 new patients for dialysis services in Illinois. I also treat many patients in the St. Louis area of Missouri.

I have identified 236 patients in my practice who live in the immediate Granite City area in different stages of chronic kidney disease. With a conservative estimate, I expect at least 33 of these to begin dialysis at the Fresenius Madison County facility in the first two years of operation. There are also patients I refer for dialysis who I have not followed until they appear in the emergency room already in kidney failure.

I respectfully ask that you approve this project to give my patients treatment options where they live. Thank you for your time in considering my comments.

I attest to the fact that to the best of my knowledge, all the information contained in this letter is true and correct and that the projected referrals in this document were not used to support any other CON application since I withdrew my support letter for DaVita Foxpoint, #16-037.

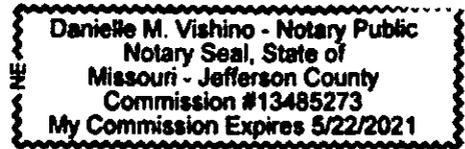
Sincerely,

A.S. Cheema  
Anahit S. Cheema, M.D.

Notarization:  
Subscribed and sworn to before me  
this 18 day of January, 2018

Danielle M. Vishino  
Signature of Notary

Seal



**PRE-ESRD PATIENTS THAT WILL BEGIN DIALYSIS AT  
FRESENIUS KIDNEY CARE MADISON COUNTY**

<b>Gateway Nephrology CKD</b>	
<b>Zip Code</b>	<b>Patients</b>
<b>62040</b>	<b>30</b>
<b>62060</b>	<b>3</b>
<b>Total</b>	<b>33</b>

**GATEWAY NEPHROLOGY NEW REFERRALS  
FOR THE PAST TWELVE MONTHS**

<b>DaVita Granite City</b>		
<b>City</b>	<b>Zip Code</b>	<b>Patients</b>
Granite City	62040	<b>9</b>
Glen Carbon	62034	<b>1</b>
	<b>Total</b>	<b>10</b>

**GATEWAY NEPHROLOGY HEMODIALYSIS PATIENTS AS OF  
DECEMBER 31, 2014**

<b>Zip Code</b>	<b>DaVita Dialysis</b>	
	<b>Granite City</b>	<b>Maryville</b>
62040	27	1
62060	4	
62062	1	
62087	1	
62201		1
62207	1	
62234	1	
62239	1	
63114	1	
<b>Total</b>	<b>37</b>	<b>2</b>

**GATEWAY NEPHROLOGY HEMODIALYSIS PATIENTS AS OF  
DECEMBER 31, 2015**

Zip Code	DaVita Dialysis	
	Granite City	Maryville
62040	23	
62059	1	
62060	3	
62062	2	
62087	1	
62201		1
62207	1	
62234		1
63114	1	
<b>Total</b>	<b>32</b>	<b>2</b>

**GATEWAY NEPHROLOGY HEMODIALYSIS PATIENTS AS OF  
DECEMBER 31, 2016**

Zip Code	Fresenius Kidney Care		DaVita Dialysis			Total
	Breese	Southwest Illinois	Granite City	Maryville	Sauget	
62040			26			26
62059			1			1
62060			3			3
62087			1			1
62095		1				1
62206				1		1
62232					1	1
62246	1					1
<b>Total</b>	<b>1</b>	<b>1</b>	<b>31</b>	<b>1</b>	<b>1</b>	<b>35</b>

**GATEWAY NEPHROLOGY HEMODIALYSIS PATIENTS AS OF  
SEPTEMBER 30, 2017**

Zip Code	DaVita Dialysis	
	Granite City	Maryville
62040	29	
62060	4	
62061	1	
62087	1	
62234		1
62239	1	
<b>Total</b>	<b>36</b>	<b>1</b>

ST. LOUIS  
**KIDNEY CARE**

11155 Dunn Rd., Suite 211N | St. Louis, MO 63136  
O 314.741.1600 F 314.741.1677  
StLouisKidneyCare.com

January 16, 2018

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

Dear Ms. Avery,

Fresenius Kidney Care is proposing a 9-station ESRD facility in Granite City and I am writing to voice my strong support. I have been practicing nephrology in the St. Louis area for over 20 years, mostly in Missouri. I currently have 26 dialysis patients who go to the DaVita Granite City facility. The number of chronic kidney disease patients I see in Illinois is continually increasing and I am pleased to support the proposed Fresenius Madison County facility along with Dr. Cheema.

St. Louis Kidney Care primarily refers patients to Fresenius Kidney Care facilities in St. Louis and feel there is a need to continue this level of care for our patients across the border into Illinois, however the Fresenius clinic options in that area are few and too far for our patients from Granite City to travel to. A Fresenius facility in Madison County will allow our patients to dialyze with a provider of choice.

St. Louis Kidney Care was treating 26 Illinois hemodialysis patients at the end of 2014, 33 patients at the end of 2015, 33 patients at the end of 2016 and 36 as of 9/30/2017. Over the past twelve months we have referred 16 new patients for dialysis services in Illinois. We currently have 26 patients expected to be referred to the proposed Fresenius Madison County facility in the first two years of operation.

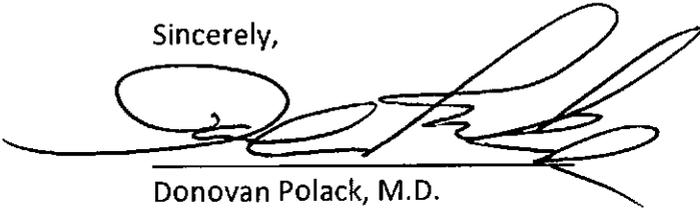
I urge you to provide access to a Fresenius Kidney Care clinic on the Illinois side of St. Louis for our patients in the Granite City area.

ST. LOUIS  
**KIDNEY CARE**

1155 Dunn Rd., Suite 211N | St. Louis, MO 63136  
O 314.741.1600 F 314.741.1677  
StLouisKidneyCare.com

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

Sincerely,



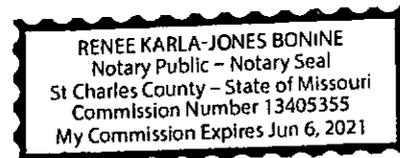
Donovan Polack, M.D.

Notarization:

Subscribed and sworn to before me  
this 22 day of January, 2018

  
Signature of Notary

Seal



**PRE-ESRD PATIENTS THAT WILL BEGIN DIALYSIS AT  
FRESENIUS KIDNEY CARE MADISON COUNTY**

<b>St. Louis Kidney Care CKD</b>	
<b>Zip Code</b>	<b>Patients</b>
62025	2
62040	16
62207	4
62034	4
<b>TOTAL</b>	<b>26</b>

**ST. LOUIS KIDNEY CARE NEW REFERRALS  
FOR THE PAST TWELVE MONTHS**

<b>Zip Code</b>	<b>Patients</b>
62025	3
62040	9
62207	2
62034	2
<b>Total</b>	<b>16</b>

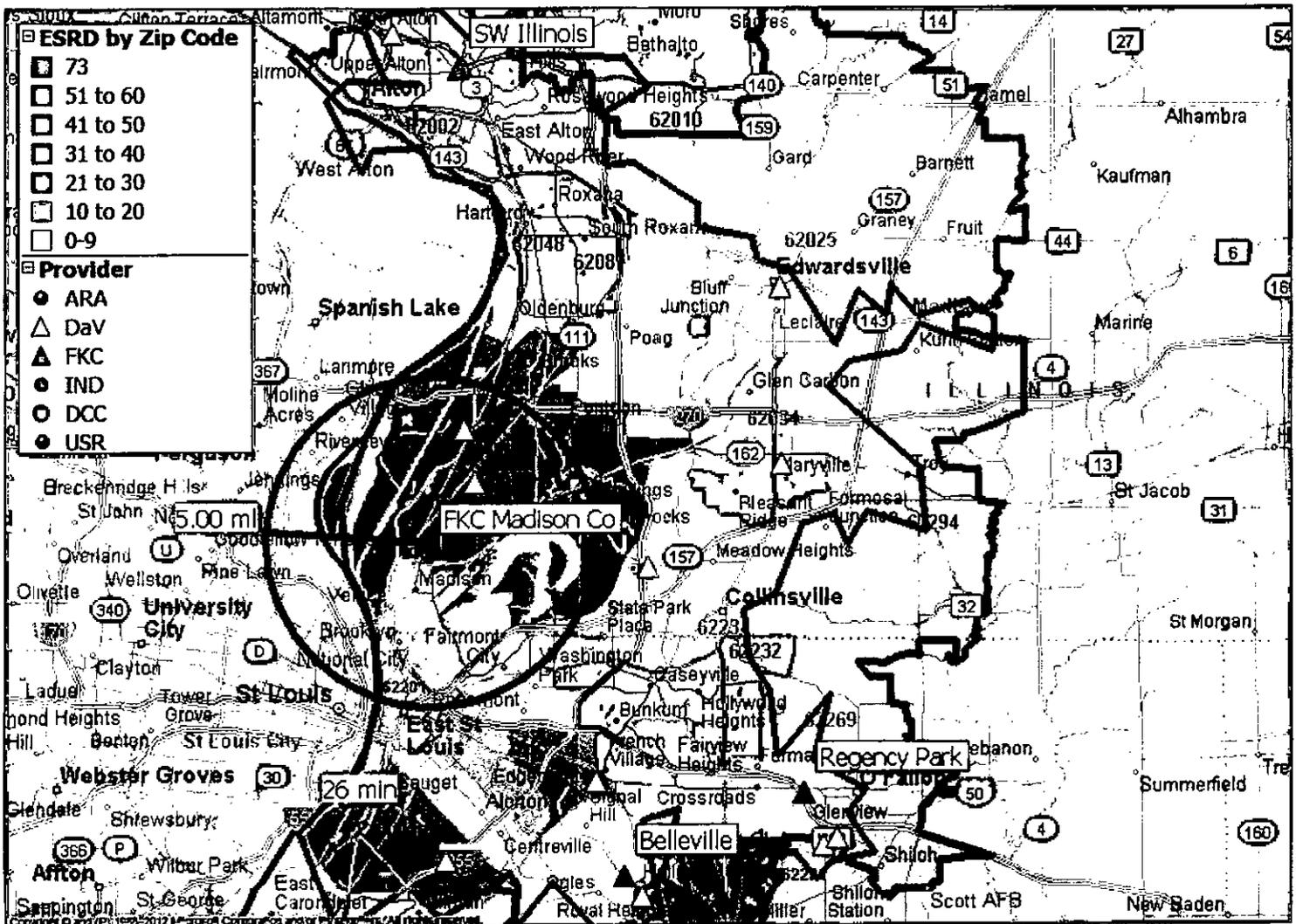
**ST. LOUIS KIDNEY CARE HEMODIALYSIS PATIENTS AS OF  
DECEMBER 31, 2014, 2015, 2016 and SEPTEMBER 30, 2017**

<b>St. Louis Kidney Care Historical ESRD</b>				
<b>Zip Code</b>	<b>DaVita Granite City</b>			
	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>Sep-17</b>
62025	3	5	4	3
62040	14	18	19	22
62207	3	3	4	5
62034	6	7	6	6
<b>TOTAL</b>	<b>26</b>	<b>33</b>	<b>33</b>	<b>36</b>

## Service Accessibility – Service Restrictions

The proposed Fresenius Kidney Care Madison County dialysis facility will be located in HSA 11 in southwest Illinois in the near Metro East area of Granite City where the largest number of ESRD patients in the region reside (see map below). The facility will also serve adjacent St. Clair County and will be located in a Federally Designated Medically Underserved Area (MUA) which indicates barriers to healthcare services. There is a lack of access to a choice of dialysis providers here. Granite City is the largest city in Madison County and there is only one dialysis provider within 14 - 19 miles restricting choice for Illinois ESRD patients residing in communities along the border of St. Louis. These patients should not have travel long distances or cross the State line to go into Missouri for choice of dialysis providers. The largest population of ESRD patients reside in the Granite City zip code a can be seen on the map below.

**Facilities and ESRD Patients within 30 Minutes Travel Time of Fresenius Kidney Care Madison County**



**Facilities within 30 Minutes Travel Time of Fresenius Kidney Care Madison County**

Name	Address	City	Zip Code	MapQuest		12/31/2017		
				Miles	Time	Stations	Patients	Utilization
DaVita Granite City	9 American Village	Granite City	62040	2.4	8	20	95	79.17%
DaVita Foxpoint <sup>1</sup>	1300 Schaefer Road	Granite City		4.8	9	12	0	0
DaVita Collinsville <sup>2</sup>	101 Lanter Court	Collinsville	62234	7.6	14	8	11	22.92%
DaVita Edgemont <sup>3</sup>	8 Vieux Carre Dr	East St Louis	62203	12.9	19	12	0	0
DaVita Maryville	2102 Vadalabene Dr	Maryville	62062	12.2	22	14	62	73.81%
DaVita Sauget <sup>4</sup>	2300 Goose Lake Rd	East St. Louis		15.8	22	24	83	57.64%
FKC Regency Park	124 Regency Park Drive	O'Fallon	62269	17.8	24	20	107	89.17%
FKC Belleville <sup>5</sup>	6525 W. Main Street	Belleville	62223	14.6	25	12	0	0
DaVita Metro East	5105 W Main St	Belleville	62226	15.5	27	36	177	81.94%
FKC Southwestern IL	7 Professional Drive	Alton		16.9	27	19	80	70.18%
DaVita O'Fallon <sup>6</sup>	1941 Frank Scott Parkway E	O'Fallon	62269	19.5	27	12	22	30.56%
DaVita Shiloh	1095 N Green Mount Road	Belleville		22.6	29	12	32	86.11%
DaVita Edwardsville	235 S Buchanan St	Edwardsville	62025	15.5	30	8	37	77.08%
DaVita Alton	309 Homer Adams Parkway	Alton	62002	19.3	30	16	65	67.71%
						<b>225</b>	<b>771</b>	<b>52.29%</b>

	Stations
1) #16-037 DaVita Foxpoint facility approved March 2017	12
2) #16-009 DaVita Collinsville certified September 2017 in early stage of 2-year ramp up	8
3) #17-040 DaVita Edgemont Facility approved January 2018	12
4) #15-052 DaVita Sauget 8-station expansion certified April 2017	8
5) #15-062 Fresenius Belleville facility approved March 2016 opening 2018	12
6) #16-004 DaVita O'Fallon certified August 2017 in early stage of 2-year ramp up	12

While there appears to be access to dialysis services within 30 minutes of Granite City, there is not a choice of provider for Granite City area patients or nephrologists. 78% of stations located within 30 minutes are operated by one provider. Of these 30% are either not yet in operation or are in the 2-year ramp up phase to reach 80% utilization. The FKC Belleville facility, which will open in 2018, was established to serve the Belleville area and alleviate high utilization at FKC Regency Park and does not serve the residents of Granite City. FKC Southwestern Illinois, at 68%, in Alton, is 17 miles away and just under 30-minutes "normal" travel time and does not serve Granite City.

Patients and nephrologists in the Granite City area are severely limited in choice of provider. To go to a Fresenius clinic, if they choose to, they would be required to travel long distances within Illinois or cross over into Missouri. Neither are adequate options for patients here especially given many of the area's patient's socioeconomic status. Granite City has a depressed economy somewhat in part due to a major employer often closing operations, laying off thousands of workers.

Area Demographics

	African American	Hispanic	Living Below Poverty Level	Food Stamp	No Health Insurance	Govt. Health Insurance
Granite City	7%	6%	17%	17%	8%	44%
Madison County	8%	3%	13%	13%	7%	35%
St. Clair County	30%	4%	18%	16%	9%	37%

8% of Granite City residents have no health insurance and 44% have government coverage. Madison County is similar as is the adjacent county, St. Clair, which the facility will also serve. It is more difficult for underinsured to access healthcare services at all, let alone travel long distances for treatment. According to 2016 Annual ESRD surveys from the clinics within 30 minutes, an average of 69% of ESRD patients had Medicare coverage, which will not pay for transportation services. There is an average of 7% Medicaid patients in the 30-minute travel area who are offered transportation, however these services do not operate after 4 p.m. When a clinic's utilization begins to climb, generally the late afternoon/evening shift is the only treatment schedule available for new patients. Medicaid recipients would not be able to access this shift if they rely on public transport.

The growth of ESRD in Madison and St. Clair Counties has averaged almost 5% over the past three years, which is higher than the State of Illinois a whole. The Madison County facility will not be fully operational for approximately two more years during which time those clinics now in ramp-up phase or opening in 2018 will be at 80% utilization. Additional access will be needed to accommodate Dr. Cheema's and Dr. Polack's patients and to provide a choice.

ESRD Growth

County	ESRD Patients				ESRD Growth			Average Growth
	2016	2015	2014	2013	2016 vs 2015	2015 vs 2014	2014 vs 2013	
Madison County	350	339	307	310	3.24%	10.42%	-0.97%	4.23%
St. Clair County	474	479	443	404	-1.04%	8.13%	9.65%	5.51%
<b>Total</b>	<b>824</b>	<b>818</b>	<b>750</b>	<b>714</b>	<b>0.73%</b>	<b>9.07%</b>	<b>5.04%</b>	<b>4.91%</b>

ESRD Seamless Care Organization (ESCO)

Without access to a Fresenius clinic in the Granite City area ESRD patients who are covered by Medicare (approximately 70%) will not have access to the CMS ESCO that only Fresenius participates in for Illinois. These patients often have several co-morbid conditions that cause them to use healthcare resources beyond what is provided at the dialysis center. They are more likely to be admitted to the hospital than the general population and occasionally re-admitted to the hospital within 30 days of a previous stay. This not only increases costs to the healthcare system, but significantly reduces the quality of life of these patients and their families.

In 2015, CMS (Medicare) reached out to the dialysis providers to see if they would be willing to work on a demonstration project designed to improve quality of care and reduce overall healthcare costs for ESRD patients. Fresenius Kidney Care accepted the challenge to participate in this Value Based Care Model and made significant investments in technology, personnel, and staff training. By focusing on caring for the patient we are changing the way care has traditionally been delivered in our industry.

This care model is called an ESCO, or ESRD Seamless Care Organization. **Fresenius Kidney Care is the only provider approved by CMS to participate in this type of program in Illinois.** We pioneered the program in the Chicagoland market in 2016 and, based upon the successes of the program, CMS approved an additional ESCO for the Central Illinois Market for 2017, the Springfield market for 2018 and will be expanding into the southwestern Illinois market for 2019.

In the ESCO, the nephrologists and our clinic staff work together to develop a highly coordinated care plan that is focused on the needs of individual patients. This is accomplished through careful monitoring and managing of each patient's physical and emotional health indices, timely clinical interventions, and patient education.

An additional unique feature of the ESCO is our Care Navigation Unit (CNU). This consists of a team of specially trained nurses and care technicians who provide 24/7 patient support and care management services for both patients and healthcare providers. The CNU has proven that through rigorous patient monitoring and appropriate intervention, they can significantly improve patient health outcomes, reducing hospitalizations by up to 20 percent and readmissions by up to 27 percent in ESRD populations.

The Care Navigation Unit also assists hospitals by providing 24-hour access to critical patient information that can help them make informed choices about the care they provide for patients in need. No other dialysis provider offers this service.

This demonstrates the value that Fresenius Kidney Care and our nephrology partners place on collaboration with CMS, policymakers, and hospitals for the benefit of patients. It is important to note that patients attributed to the ESCO continue to maintain complete and total freedom of choice for all aspects of their care as a Medicare beneficiary.

Our commitment is to help patients take an active role in their own care. That is what ultimately improves health outcomes, reduces unnecessary utilization of healthcare resources, and improves the quality of life for ESRD patients and their families.



# HRSA Health Resources & Services Administration Data Warehouse

<a href="#">Topic Areas</a>	<a href="#">Tools</a>	<a href="#">Data</a>	<a href="#">FAQs &amp; Resources</a>	<a href="#">About HDW</a>	<a href="#">HRSA.gov</a>
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[Home](#) > [Tools](#) > [Analyzers](#) > Find Shortage Areas by Address

## Shortage Designations and Scores Set for 2018 Loan Repayment Program Application Cycles

Daily updates of Health Professional Shortage Area (HPSA) data have been suspended and HPSA scores locked for the National Health Service Corps and NURSE Corps Loan Repayment Programs' new award application cycle. Daily HPSA data updates to the HRSA Data Warehouse are scheduled to resume in Spring 2018. Please direct any questions to your [State Primary Care Office](#) or the appropriate Shortage Designation Project Officer.

## Find Shortage Areas by Address Results

Input address: 1938 grand avenue, granite city, Illinois  
 Geocoded address: 1938 Grand Ave, Granite City, Illinois, 62040

[Start Over](#)

HPSA Data as of 1/1/2018  
 MUA Data as of 1/8/2018

[\[+\] More about this address](#)

**In a Dental Health HPSA: No**

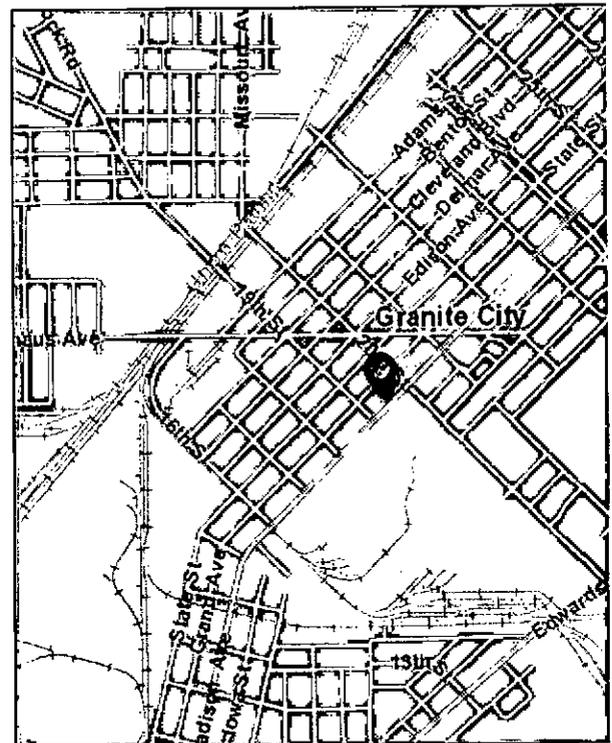
**In a Mental Health HPSA: Yes**

HPSA Name: Catchment Area 04-01-01  
 ID: 7179220439  
 Designation Type: Hpsa Geographic  
 Status: Designated  
 Score: 8  
 Designation Date: 06/29/2001  
 Last Update Date: 10/28/2017

**In a Primary Care HPSA: No**

**In a MUA/P: Yes**

Service Area Name: Madison Service Area  
 ID: 00923  
 Designation Type: Medically Underserved Area  
 Designation Date: 05/20/1994  
 Last Update Date: 05/20/1994



Click on the image to see an expanded map of Service Accessibility - MUA  
**ATTACHMENT 24e5**

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DP05

**ACS DEMOGRAPHIC AND HOUSING ESTIMATES**  
**2012-2016 American Community Survey 5-Year Estimates**

Tell us what you think. Provide feedback to help make American Community Survey data more useful for you.

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

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

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

Versions of this table are available for the following years:  
**2016**  
**2015**  
**2014**  
**2013**  
**2012**  
**2011**  
**2010**

1 84 of 84	Subject	Granite City city, Illinois		
		Estimate	Margin of Error	Percent Margin of Error
	<b>SEX AND AGE</b>			
	Total population	29,662	+/-475	(X)
	Male	14,890	+/-579	+/-1.7
	Female	14,772	+/-511	+/-1.7
	Under 5 years	1,901	+/-285	+/-1.0
	5 to 9 years	2,007	+/-288	+/-0.9
	10 to 14 years	1,639	+/-356	+/-1.2
	15 to 19 years	1,367	+/-289	+/-1.0
	20 to 24 years	1,791	+/-359	+/-1.2
	25 to 34 years	3,823	+/-445	+/-1.5
	35 to 44 years	3,621	+/-433	+/-1.4
	45 to 54 years	3,976	+/-391	+/-1.3
	55 to 59 years	2,303	+/-329	+/-1.1
	60 to 64 years	1,945	+/-315	+/-1.0
	65 to 74 years	2,745	+/-227	+/-0.8
	75 to 84 years	1,549	+/-217	+/-0.7
	85 years and over	995	+/-169	+/-0.6
	Median age (years)	41.1	+/-1.8	(X)
	18 years and over	23,126	+/-554	+/-1.4
	21 years and over	22,453	+/-558	+/-1.5
	62 years and over	6,409	+/-441	+/-1.5
	65 years and over	5,289	+/-358	+/-1.2
	18 years and over	23,126	+/-554	(X)
	Male	10,957	+/-519	+/-1.8
	Female	12,169	+/-476	+/-1.8
	65 years and over	5,289	+/-358	(X)
	Male	2,193	+/-211	+/-2.9
	Female	3,096	+/-266	+/-2.9
	<b>RACE</b>			
	Total population	29,662	+/-475	(X)
	One race	29,026	+/-538	+/-1.1
	Two or more races	636	+/-331	+/-1.1
	One race	29,026	+/-538	+/-1.1

Service Accessibility  
**ATTACHMENT 24C - 5**

Subject	Granite City city, Illinois			
	Estimate	Margin of Error	Percent	Percent Margin of Error
White	26,683	+/-712	90.0%	+/-2.0
Black or African American	1,746	+/-407	5.9%	+/-1.4
American Indian and Alaska Native	113	+/-107	0.4%	+/-0.4
Cherokee tribal grouping	0	+/-20	0.0%	+/-0.1
Chippewa tribal grouping	60	+/-84	0.2%	+/-0.3
Navajo tribal grouping	0	+/-20	0.0%	+/-0.1
Sioux tribal grouping	0	+/-20	0.0%	+/-0.1
Asian	204	+/-130	0.7%	+/-0.4
Asian Indian	0	+/-20	0.0%	+/-0.1
Chinese	75	+/-84	0.3%	+/-0.3
Filipino	0	+/-20	0.0%	+/-0.1
Japanese	7	+/-11	0.0%	+/-0.1
Korean	117	+/-116	0.4%	+/-0.4
Vietnamese	5	+/-8	0.0%	+/-0.1
Other Asian	0	+/-20	0.0%	+/-0.1
Native Hawaiian and Other Pacific Islander	25	+/-37	0.1%	+/-0.1
Native Hawaiian	0	+/-20	0.0%	+/-0.1
Guamanian or Chamorro	0	+/-20	0.0%	+/-0.1
Samoa	0	+/-20	0.0%	+/-0.1
Other Pacific Islander	25	+/-37	0.1%	+/-0.1
Some other race	255	+/-151	0.9%	+/-0.5
Two or more races	636	+/-331	2.1%	+/-1.1
White and Black or African American	381	+/-258	1.3%	+/-0.9
White and American Indian and Alaska Native	78	+/-71	0.3%	+/-0.2
White and Asian	124	+/-156	0.4%	+/-0.5
Black or African American and American Indian and Alaska Native	0	+/-20	0.0%	+/-0.1
Race alone or in combination with one or more other races				
Total population	29,662	+/-475	29,662	(X)
White	27,280	+/-631	92.0%	+/-1.5
Black or African American	2,166	+/-504	7.3%	+/-1.7
American Indian and Alaska Native	191	+/-147	0.6%	+/-0.5
Asian	328	+/-211	1.1%	+/-0.7
Native Hawaiian and Other Pacific Islander	25	+/-37	0.1%	+/-0.1
Some other race	308	+/-182	1.0%	+/-0.6
HISPANIC OR LATINO AND RACE				
Total population	29,662	+/-475	29,662	(X)
Hispanic or Latino (of any race)	1,732	+/-435	5.8%	+/-1.5
Mexican	1,556	+/-393	5.2%	+/-1.3
Puerto Rican	49	+/-59	0.2%	+/-0.2
Cuban	64	+/-105	0.2%	+/-0.4
Other Hispanic or Latino	63	+/-67	0.2%	+/-0.2
Not Hispanic or Latino	27,930	+/-578	94.2%	+/-1.5
White alone	25,293	+/-726	85.3%	+/-2.3
Black or African American alone	1,746	+/-407	5.9%	+/-1.4
American Indian and Alaska Native alone	79	+/-88	0.3%	+/-0.3
Asian alone	204	+/-130	0.7%	+/-0.4
Native Hawaiian and Other Pacific Islander alone	25	+/-37	0.1%	+/-0.1
Some other race alone	0	+/-20	0.0%	+/-0.1
Two or more races	583	+/-312		
Two races including Some other race	0			

Service Accessibility  
ATTACHMENT 24C - 5

DP03

**SELECTED ECONOMIC CHARACTERISTICS**  
**2012-2016 American Community Survey 5-Year Estimates**

Tell us what you think. Provide feedback to help make American Community Survey data more useful for you.

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

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

		Granite City city, Illinois			
Subject		Estimate	Margin of Error	Percent	Percent Margin of Error
1	EMPLOYMENT STATUS				
137	Population 16 years and over	23,834	+/-586	23,834	(X)
137	In labor force	14,233	+/-585	59.7%	+/-2.1
	Civilian labor force	14,233	+/-585	59.7%	+/-2.1
	Employed	12,893	+/-530	54.1%	+/-2.0
	Unemployed	1,340	+/-289	5.6%	+/-1.2
	Armed Forces	0	+/-20	0.0%	+/-0.1
	Not in labor force	9,601	+/-576	40.3%	+/-2.1
	Civilian labor force	14,233	+/-585	14,233	(X)
	Unemployment Rate	(X)	(X)	9.4%	+/-1.9
	Females 16 years and over	12,445	+/-462	12,445	(X)
	In labor force	6,965	+/-430	56.0%	+/-2.9
	Civilian labor force	6,965	+/-430	56.0%	+/-2.9
	Employed	6,359	+/-438	51.1%	+/-3.1
	Own children of the householder under 6 years	2,187	+/-309	2,187	(X)
	All parents in family in labor force	1,289	+/-269	58.9%	+/-9.7
	Own children of the householder 6 to 17 years	3,855	+/-430	3,855	(X)
	All parents in family in labor force	3,177	+/-436	82.4%	+/-6.7
	COMMUTING TO WORK				
	Workers 16 years and over	12,708	+/-538	12,708	(X)
	Car, truck, or van -- drove alone	10,816	+/-561	85.1%	+/-2.4
	Car, truck, or van -- carpooled	918	+/-206	7.2%	+/-1.6
	Public transportation (excluding taxicab)	441	+/-181	3.5%	+/-1.4
	Walked	74	+/-51	0.6%	+/-0.4
	Other means	134	+/-73	1.1%	+/-0.6
	Worked at home	325	+/-133	2.6%	+/-1.0
	Mean travel time to work (minutes)	22.9	+/-1.4	(X)	(X)
	OCCUPATION				
	Civilian employed population 16 years and over	12,893	+/-530	12,893	(X)
	Management, business, science, and arts occupations	3,189	+/-378	24.7%	+/-2.6
	Service occupations	2,704	+/-351	Service Accessibility	
	Sales and office occupations	3,077	ATTACHMENT 240		

Versions of this table are available for the following years:

2016  
2015  
2014  
2013  
2012  
2011  
2010

Subject	Granite City city, Illinois			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Natural resources, construction, and maintenance occupations	1,062	+/-254	8.2%	+/-1.9
Production, transportation, and material moving occupations	2,861	+/-387	22.2%	+/-3.0
<b>INDUSTRY</b>				
Civilian employed population 16 years and over	12,893	+/-530	12,893	(X)
Agriculture, forestry, fishing and hunting, and mining	26	+/-40	0.2%	+/-0.3
Construction	569	+/-178	4.4%	+/-1.3
Manufacturing	1,987	+/-340	15.4%	+/-2.6
Wholesale trade	258	+/-103	2.0%	+/-0.8
Retail trade	1,396	+/-287	10.8%	+/-2.2
Transportation and warehousing, and utilities	989	+/-200	7.7%	+/-1.5
Information	198	+/-91	1.5%	+/-0.7
Finance and insurance, and real estate and rental and leasing	635	+/-196	4.9%	+/-1.5
Professional, scientific, and management, and administrative and waste management services	1,257	+/-268	9.7%	+/-2.1
Educational services, and health care and social assistance	2,574	+/-422	20.0%	+/-3.0
Arts, entertainment, and recreation, and accommodation and food services	1,604	+/-282	12.4%	+/-2.2
Other services, except public administration	739	+/-229	5.7%	+/-1.8
Public administration	661	+/-159	5.1%	+/-1.2
<b>CLASS OF WORKER</b>				
Civilian employed population 16 years and over	12,893	+/-530	12,893	(X)
Private wage and salary workers	10,788	+/-513	83.7%	+/-2.6
Government workers	1,690	+/-303	13.1%	+/-2.2
Self-employed in own not incorporated business workers	388	+/-179	3.0%	+/-1.4
Unpaid family workers	27	+/-40	0.2%	+/-0.3
<b>INCOME AND BENEFITS (IN 2016 INFLATION-ADJUSTED DOLLARS)</b>				
Total households	12,517	+/-376	12,517	(X)
Less than \$10,000	1,103	+/-307	8.8%	+/-2.4
\$10,000 to \$14,999	828	+/-165	6.6%	+/-1.3
\$15,000 to \$24,999	1,562	+/-250	12.5%	+/-2.0
\$25,000 to \$34,999	1,433	+/-234	11.4%	+/-1.8
\$35,000 to \$49,999	1,668	+/-279	13.3%	+/-2.1
\$50,000 to \$74,999	2,722	+/-329	21.7%	+/-2.6
\$75,000 to \$99,999	1,522	+/-266	12.2%	+/-2.1
\$100,000 to \$149,999	1,131	+/-210	9.0%	+/-1.7
\$150,000 to \$199,999	414	+/-129	3.3%	+/-1.0
\$200,000 or more	134	+/-75	1.1%	+/-0.6
Median household income (dollars)	46,679	+/-2,799	(X)	(X)
Mean household income (dollars)	55,465	+/-2,496	(X)	(X)
<b>With earnings</b>				
Mean earnings (dollars)	8,632	+/-365	69.0%	+/-2.8
Mean earnings (dollars)	58,188	+/-3,555	(X)	(X)
<b>With Social Security</b>				
Mean Social Security income (dollars)	4,829	+/-361	38.6%	+/-2.5
Mean Social Security income (dollars)	18,291	+/-855	(X)	(X)
<b>With retirement income</b>				
Mean retirement income (dollars)	3,133	+/-286	25.0%	+/-2.1
Mean retirement income (dollars)	18,732	+/-1,903	(X)	(X)
<b>With Supplemental Security Income</b>				
Mean Supplemental Security Income (dollars)	1,010	+/-139	10.0%	+/-1.3

Service Accessibility

ATTACHMENT 24C - 5

Subject	Granite City city, Illinois			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Mean Supplemental Security Income (dollars)	10,191	+/-1,250	(X)	(X)
With cash public assistance income	229	+/-95	1.8%	+/-0.8
Mean cash public assistance income (dollars)	2,611	+/-1,349	(X)	(X)
With Food Stamp/SNAP benefits in the past 12 months	2,130	+/-332	17.0%	+/-2.5
<b>Families</b>	7,464	+/-267	7,464	(X)
Less than \$10,000	429	+/-150	5.7%	+/-2.0
\$10,000 to \$14,999	305	+/-121	4.1%	+/-1.6
\$15,000 to \$24,999	552	+/-157	7.4%	+/-2.1
\$25,000 to \$34,999	687	+/-179	9.2%	+/-2.3
\$35,000 to \$49,999	987	+/-192	13.2%	+/-2.5
\$50,000 to \$74,999	1,783	+/-306	23.9%	+/-4.0
\$75,000 to \$99,999	1,199	+/-252	16.1%	+/-3.4
\$100,000 to \$149,999	1,023	+/-208	13.7%	+/-2.7
\$150,000 to \$199,999	379	+/-125	5.1%	+/-1.7
\$200,000 or more	120	+/-71	1.6%	+/-0.9
Median family income (dollars)	59,983	+/-4,907	(X)	(X)
Mean family income (dollars)	67,882	+/-3,555	(X)	(X)
<b>Per capita income (dollars)</b>	24,169	+/-987	(X)	(X)
<b>Nonfamily households</b>	5,053	+/-450	5,053	(X)
Median nonfamily income (dollars)	27,136	+/-4,570	(X)	(X)
Mean nonfamily income (dollars)	35,227	+/-2,909	(X)	(X)
Median earnings for workers (dollars)	30,822	+/-1,570	(X)	(X)
Median earnings for male full-time, year-round workers (dollars)	47,018	+/-4,538	(X)	(X)
Median earnings for female full-time, year-round workers (dollars)	37,227	+/-3,617	(X)	(X)
<b>HEALTH INSURANCE COVERAGE</b>				
Civilian noninstitutionalized population	29,463	+/-489	29,463	(X)
With health insurance coverage	27,204	+/-580	92.3%	+/-1.4
With private health insurance	18,785	+/-1,077	63.8%	+/-3.5
With public coverage	12,974	+/-983	44.0%	+/-3.3
No health insurance coverage	2,259	+/-404	7.7%	+/-1.4
Civilian noninstitutionalized population under 18 years	6,536	+/-442	6,536	(X)
No health insurance coverage	80	+/-68	1.2%	+/-1.0
Civilian noninstitutionalized population 18 to 64 years	17,785	+/-528	17,785	(X)
In labor force:	13,369	+/-594	13,369	(X)
Employed:	12,148	+/-545	12,148	(X)
With health insurance coverage	10,835	+/-565	89.2%	+/-2.6
With private health insurance	9,322	+/-599	76.7%	+/-3.2
With public coverage	1,825	+/-355	15.0%	+/-2.9
No health insurance coverage	1,313	+/-319	10.8%	+/-2.6
Unemployed:	1,221	+/-270	1,221	(X)
With health insurance coverage	936	+/-258	76.7%	+/-10.3
With private health insurance	441	+/-168	36.1%	+/-11.7
With public coverage	525	+/-195	Service Accessibility	
No health insurance coverage	285			

ATTACHMENT 240 - 5

Subject	Granite City city, Illinois			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Not in labor force:	4,416	+/-444	4,416	(X)
With health insurance coverage	3,865	+/-398	87.5%	+/-4.1
With private health insurance	1,665	+/-264	37.7%	+/-5.8
With public coverage	2,467	+/-369	55.9%	+/-5.7
No health insurance coverage	551	+/-199	12.5%	+/-4.1
PERCENTAGE OF FAMILIES AND PEOPLE WHOSE INCOME IN THE PAST 12 MONTHS IS BELOW THE POVERTY LEVEL				
All families	(X)	(X)	13.4%	+/-3.1
With related children of the householder under 18 years	(X)	(X)	21.4%	+/-5.6
With related children of the householder under 5 years only	(X)	(X)	24.4%	+/-11.6
Married couple families	(X)	(X)	5.2%	+/-2.2
With related children of the householder under 18 years	(X)	(X)	9.7%	+/-5.0
With related children of the householder under 5 years only	(X)	(X)	6.6%	+/-8.7
Families with female householder, no husband present	(X)	(X)	35.1%	+/-10.1
With related children of the householder under 18 years	(X)	(X)	42.3%	+/-13.8
With related children of the householder under 5 years only	(X)	(X)	49.1%	+/-27.6
All people	(X)	(X)	17.3%	+/-2.8
Under 18 years	(X)	(X)	23.7%	+/-6.3
Related children of the householder under 18 years	(X)	(X)	22.5%	+/-6.2
Related children of the householder under 5 years	(X)	(X)	20.9%	+/-7.0
Related children of the householder 5 to 17 years	(X)	(X)	23.2%	+/-7.7
18 years and over	(X)	(X)	15.5%	+/-2.4
18 to 64 years	(X)	(X)	17.9%	+/-2.8
65 years and over	(X)	(X)	7.1%	+/-2.7
People in families	(X)	(X)	14.3%	+/-3.4
Unrelated individuals 15 years and over	(X)	(X)	27.4%	+/-4.7

Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates

Explanation of Symbols:

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

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

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

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

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

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

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

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

Data are based on a sample and are subject to sampling variability. The degree of uncertainty for an estimate arising from sampling variability is represented through the use of a margin of error. The value shown here is the 90 percent margin of error. The margin of error can be interpreted roughly as providing a 90 percent probability that the interval defined by the estimate minus the margin of error and the estimate plus the margin of error (the lower and upper confidence bounds) contains the true value. Service Accessibility  
ATTACHMENT 24C - 5

DP03

**SELECTED ECONOMIC CHARACTERISTICS**  
**2012-2016 American Community Survey 5-Year Estimates**

Tell us what you think. Provide feedback to help make American Community Survey data more useful for you.

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

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

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

Subject	Madison County, Illinois			
	Estimate	Margin of Error	Percent	Percent Margin of Error
<b>EMPLOYMENT STATUS</b>				
Population 16 years and over	214,346	+/-258	214,346	(X)
In labor force	136,664	+/-1,390	63.8%	+/-0.6
Civilian labor force	136,501	+/-1,392	63.7%	+/-0.6
Employed	125,316	+/-1,439	58.5%	+/-0.7
Unemployed	11,185	+/-747	5.2%	+/-0.3
Armed Forces	163	+/-68	0.1%	+/-0.1
Not in labor force	77,682	+/-1,394	36.2%	+/-0.6
Civilian labor force	136,501	+/-1,392	136,501	(X)
Unemployment Rate	(X)	(X)	8.2%	+/-0.5
<b>Females 16 years and over</b>				
In labor force	65,999	+/-1,018	59.3%	+/-0.9
Civilian labor force	65,959	+/-1,021	59.3%	+/-0.9
Employed	61,035	+/-1,021	54.8%	+/-0.9
Own children of the householder under 6 years	18,521	+/-467	18,521	(X)
All parents in family in labor force	12,822	+/-695	69.2%	+/-2.9
Own children of the householder 6 to 17 years	37,203	+/-556	37,203	(X)
All parents in family in labor force	28,588	+/-833	76.8%	+/-2.0
<b>COMMUTING TO WORK</b>				
Workers 16 years and over	123,390	+/-1,493	123,390	(X)
Car, truck, or van -- drove alone	105,337	+/-1,608	85.4%	+/-0.7
Car, truck, or van -- carpooled	8,475	+/-696	6.9%	+/-0.6
Public transportation (excluding taxicab)	2,080	+/-383	1.7%	+/-0.3
Walked	1,332	+/-226	1.1%	+/-0.2
Other means	1,191	+/-249	1.0%	+/-0.2
Worked at home	4,975	+/-528	4.0%	+/-0.4
Mean travel time to work (minutes)	25.0	+/-0.4	(X)	(X)
<b>OCCUPATION</b>				
Civilian employed population 16 years and over	125,316	+/-1,439	125,316	(X)
Management, business, science, and arts occupations	43,665	+/-1,304	34.8%	+/-1.0
Service occupations	21,877	+/-1,082	Service Accessibility	
Sales and office occupations	30,955	+/-1,240	24.7%	+/-1.0

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Versions of this table are available for the following years:

2016  
2015  
2014  
2013  
2012  
2011  
2010

Subject	Madison County, Illinois			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Natural resources, construction, and maintenance occupations	10,851	+/-653	8.7%	+/-0.5
Production, transportation, and material moving occupations	17,968	+/-840	14.3%	+/-0.6
<b>INDUSTRY</b>				
Civilian employed population 16 years and over	125,316	+/-1,439	125,316	(X)
Agriculture, forestry, fishing and hunting, and mining	918	+/-210	0.7%	+/-0.2
Construction	7,158	+/-600	5.7%	+/-0.5
Manufacturing	16,524	+/-824	13.2%	+/-0.6
Wholesale trade	2,961	+/-271	2.4%	+/-0.2
Retail trade	14,459	+/-761	11.5%	+/-0.6
Transportation and warehousing, and utilities	7,663	+/-612	6.1%	+/-0.5
Information	2,299	+/-316	1.8%	+/-0.2
Finance and insurance, and real estate and rental and leasing	7,468	+/-616	6.0%	+/-0.5
Professional, scientific, and management, and administrative and waste management services	12,245	+/-588	9.8%	+/-0.5
Educational services, and health care and social assistance	28,889	+/-953	23.1%	+/-0.7
Arts, entertainment, and recreation, and accommodation and food services	13,216	+/-815	10.5%	+/-0.6
Other services, except public administration	5,884	+/-536	4.7%	+/-0.4
Public administration	5,632	+/-521	4.5%	+/-0.4
<b>CLASS OF WORKER</b>				
Civilian employed population 16 years and over	125,316	+/-1,439	125,316	(X)
Private wage and salary workers	104,395	+/-1,561	83.3%	+/-0.7
Government workers	15,754	+/-811	12.6%	+/-0.7
Self-employed in own not incorporated business workers	5,079	+/-456	4.1%	+/-0.4
Unpaid family workers	88	+/-58	0.1%	+/-0.1
<b>INCOME AND BENEFITS (IN 2016 INFLATION-ADJUSTED DOLLARS)</b>				
Total households	107,014	+/-1,072	107,014	(X)
Less than \$10,000	6,907	+/-555	6.5%	+/-0.5
\$10,000 to \$14,999	5,051	+/-466	4.7%	+/-0.4
\$15,000 to \$24,999	11,001	+/-614	10.3%	+/-0.6
\$25,000 to \$34,999	10,801	+/-590	10.1%	+/-0.5
\$35,000 to \$49,999	14,853	+/-829	13.9%	+/-0.7
\$50,000 to \$74,999	20,281	+/-837	19.0%	+/-0.8
\$75,000 to \$99,999	14,286	+/-643	13.3%	+/-0.6
\$100,000 to \$149,999	15,111	+/-684	14.1%	+/-0.6
\$150,000 to \$199,999	5,063	+/-395	4.7%	+/-0.4
\$200,000 or more	3,660	+/-399	3.4%	+/-0.4
Median household income (dollars)	54,573	+/-967	(X)	(X)
Mean household income (dollars)	70,956	+/-1,417	(X)	(X)
With earnings	80,427	+/-1,079	75.2%	+/-0.7
Mean earnings (dollars)	72,639	+/-1,907	(X)	(X)
With Social Security	34,837	+/-611	32.6%	+/-0.6
Mean Social Security income (dollars)	18,820	+/-312	(X)	(X)
With retirement income	24,884	+/-788	23.3%	+/-0.7
Mean retirement income (dollars)	23,772	+/-865	(X)	(X)
With Supplemental Security Income	5,625			

Service Accessibility

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Subject	Madison County, Illinois			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Mean Supplemental Security Income (dollars)	9,834	+/-436	(X)	(X)
With cash public assistance income	1,927	+/-241	1.8%	+/-0.2
Mean cash public assistance income (dollars)	2,897	+/-484	(X)	(X)
With Food Stamp/SNAP benefits in the past 12 months	13,820	+/-792	12.9%	+/-0.7
<b>Families</b>	69,843	+/-975	69,843	(X)
Less than \$10,000	3,020	+/-279	4.3%	+/-0.4
\$10,000 to \$14,999	1,751	+/-285	2.5%	+/-0.4
\$15,000 to \$24,999	4,158	+/-395	6.0%	+/-0.6
\$25,000 to \$34,999	5,463	+/-413	7.8%	+/-0.6
\$35,000 to \$49,999	8,838	+/-594	12.7%	+/-0.8
\$50,000 to \$74,999	13,916	+/-697	19.9%	+/-1.0
\$75,000 to \$99,999	11,518	+/-686	16.5%	+/-0.9
\$100,000 to \$149,999	13,381	+/-635	19.2%	+/-0.9
\$150,000 to \$199,999	4,527	+/-366	6.5%	+/-0.5
\$200,000 or more	3,271	+/-363	4.7%	+/-0.5
Median family income (dollars)	70,077	+/-1,557	(X)	(X)
Mean family income (dollars)	84,106	+/-1,581	(X)	(X)
<b>Per capita income (dollars)</b>	29,100	+/-579	(X)	(X)
<b>Nonfamily households</b>	37,171	+/-1,076	37,171	(X)
Median nonfamily income (dollars)	31,311	+/-1,022	(X)	(X)
Mean nonfamily income (dollars)	43,660	+/-3,279	(X)	(X)
Median earnings for workers (dollars)	32,343	+/-670	(X)	(X)
Median earnings for male full-time, year-round workers (dollars)	54,752	+/-1,259	(X)	(X)
Median earnings for female full-time, year-round workers (dollars)	39,992	+/-1,100	(X)	(X)
<b>HEALTH INSURANCE COVERAGE</b>				
Civilian noninstitutionalized population	264,272	+/-285	264,272	(X)
With health insurance coverage	246,715	+/-1,074	93.4%	+/-0.4
With private health insurance	191,020	+/-2,296	72.3%	+/-0.9
With public coverage	91,599	+/-1,948	34.7%	+/-0.7
No health insurance coverage	17,557	+/-1,043	6.6%	+/-0.4
Civilian noninstitutionalized population under 18 years	59,274	+/-49	59,274	(X)
No health insurance coverage	1,301	+/-336	2.2%	+/-0.6
Civilian noninstitutionalized population 18 to 64 years	164,615	+/-228	164,615	(X)
In labor force:	128,226	+/-1,223	128,226	(X)
Employed:	117,942	+/-1,282	117,942	(X)
With health insurance coverage	108,559	+/-1,349	92.0%	+/-0.6
With private health insurance	99,788	+/-1,521	84.6%	+/-1.0
With public coverage	11,369	+/-894	9.6%	+/-0.7
No health insurance coverage	9,383	+/-700	8.0%	+/-0.6
Unemployed:	10,284	+/-701	10,284	(X)
With health insurance coverage	7,306	+/-556	71.0%	+/-3.5
With private health insurance	3,974	+/-443	38.6%	+/-4.1
With public coverage	3,618	+/-463	35.2%	+/-3.8
No health insurance coverage	2,978	+/-411	29.0%	+/-3.5

Service Accessibility  
ATTACHMENT 240 - 5

Subject	Madison County, Illinois			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Not in labor force:	36,389	+/-1,203	36,389	(X)
With health insurance coverage	32,591	+/-1,166	89.6%	+/-1.4
With private health insurance	20,365	+/-1,067	56.0%	+/-2.2
With public coverage	14,882	+/-809	40.9%	+/-1.9
No health insurance coverage	3,798	+/-539	10.4%	+/-1.4
PERCENTAGE OF FAMILIES AND PEOPLE WHOSE INCOME IN THE PAST 12 MONTHS IS BELOW THE POVERTY LEVEL				
All families	(X)	(X)	9.4%	+/-0.7
With related children of the householder under 18 years	(X)	(X)	15.5%	+/-1.5
With related children of the householder under 5 years only	(X)	(X)	19.4%	+/-3.8
Married couple families	(X)	(X)	3.3%	+/-0.5
With related children of the householder under 18 years	(X)	(X)	4.7%	+/-1.0
With related children of the householder under 5 years only	(X)	(X)	2.9%	+/-1.8
Families with female householder, no husband present	(X)	(X)	31.1%	+/-3.2
With related children of the householder under 18 years	(X)	(X)	40.3%	+/-4.5
With related children of the householder under 5 years only	(X)	(X)	57.7%	+/-11.2
All people	(X)	(X)	13.2%	+/-0.7
Under 18 years	(X)	(X)	17.1%	+/-1.6
Related children of the householder under 18 years	(X)	(X)	16.5%	+/-1.6
Related children of the householder under 5 years	(X)	(X)	20.9%	+/-2.7
Related children of the householder 5 to 17 years	(X)	(X)	14.9%	+/-1.7
18 years and over	(X)	(X)	12.1%	+/-0.6
18 to 64 years	(X)	(X)	13.4%	+/-0.7
65 years and over	(X)	(X)	6.7%	+/-0.8
People in families	(X)	(X)	9.8%	+/-0.7
Unrelated individuals 15 years and over	(X)	(X)	26.7%	+/-1.3

Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates

**Explanation of Symbols:**

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

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

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

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**Unnecessary Duplication/Maldistribution**

**Population Within  
30-Minutes Travel Time**

<b>ZIP Code</b>	<b>Population</b>
62002	32,704
62024	9,775
62025	33,748
62034	13,819
62040	43,735
62048	1,459
62060	4,847
62062	7,658
62084	1,606
62087	2,087
62090	1,189
62095	11,237
62201	7,547
62203	8,209
62204	7,960
62205	9,329
62206	16,509
62207	9,329
62208	17,376
62223	17,560
62226	29,744
62232	7,260
62234	33,430
62239	4,954
62240	1,966
62269	31,348
62294	14,367
<b>Total</b>	<b>380,752</b>

(A-B-C) The ratio of ESRD stations to population in the zip codes within a 30-minute radius of Fresenius Kidney Care Madison County is 1 station per 1,715 residents according to the 2016 census estimates. The State ratio is 1 station per 2,740 residents (based on 2017 census projections and the January 2018 Board station inventory).

This ratio shows an excess of stations, however, what this ratio does not show is that patients in the Granite City area are restricted to dialyzing at a DaVita clinic leaving them no choice of provider unless they want to travel out of State or long distances outside of their community and health care market, diminishing continuity of care and raising patient travel issues and costs.

2. There is not an absence of dialysis services in Granite City. However, there is an absence of providers for patients to choose from. DaVita Granite City is at 80% and DaVita will be opening the Foxpoint facility soon, also in Granite City. Dr. Cheema supported the Foxpoint facility with his patient base, however withdrew that support after approval due to business issues and DaVita is now working with another physician. Dr. Cheema will still refer patients there, if that is the patient's choice. Dr. Cheema as well as Dr. Polack, from a separate practice, are supporting the FKC Madison County facility to give their patients a choice of providers for their dialysis treatments. This facility will not be fully operational for approximately 2 more years at which time new clinics in the area will be well on their

way to reaching the 80% target utilization as Dr. Cheema and Dr. Polack will continue to refer patients to both Granite City facilities during this time and will offer patients a choice of providers after the Madison County facility is operating.

Providing access to a choice of provider and a FKC facility will not create a maldistribution of services or unnecessary duplication but will eliminate the current maldistribution and duplication of services by only one provider and will give patients a much-needed choice not only of provider but the option to participate in the CMS ESRD Seamless Care Organization (described previously in this application) of which Fresenius is the only dialysis provider participant in Illinois.

**Facilities within 30-Minutes of FKC Madison County**

Name	Address	City	Zip Code	MapQuest		12/31/2017		
				Miles	Time	Stations	Patients	Utilization
DaVita Granite City	9 American Village	Granite City	62040	2.4	8	20	95	79.17%
DaVita Foxpoint <sup>1</sup>	1300 Schaefer Road	Granite City		4.8	9	12	0	0
DaVita Collinsville <sup>2</sup>	101 Lanter Court	Collinsville	62234	7.6	14	8	11	22.92%
DaVita Edgemont <sup>3</sup>	8 Vieux Carre Dr	East St Louis	62203	12.9	19	12	0	0
DaVita Maryville	2102 Vadalabene Dr	Maryville	62062	12.2	22	14	62	73.81%
DaVita Sauget <sup>4</sup>	2300 Goose Lake Rd	East St. Louis		15.8	22	24	83	57.64%
FKC Regency Park	124 Regency Park Drive	O'Fallon	62269	17.8	24	20	107	89.17%
FKC Belleville <sup>5</sup>	6525 W. Main Street	Belleville	62223	14.6	25	12	0	0
DaVita Metro East	5105 W Main St	Belleville	62226	15.5	27	36	177	81.94%
FKC Southwestern IL	7 Professional Drive	Alton		16.9	27	19	80	70.18%
DaVita O'Fallon <sup>6</sup>	1941 Frank Scott Parkway E	O'Fallon	62269	19.5	27	12	22	30.56%
DaVita Shiloh	1095 N Green Mount Road	Belleville		22.6	29	12	32	86.11%
DaVita Edwardsville	235 S Buchanan St	Edwardsville	62025	15.5	30	8	37	77.08%
DaVita Alton	309 Homer Adams Parkway	Alton	62002	19.3	30	16	65	67.71%
						<b>225</b>	<b>771</b>	<b>52.29%</b>

	Stations
1) #16-037 DaVita Foxpoint facility approved March 2017	12
2) #16-009 DaVita Collinsville certified September 2017 in early stage of 2-year ramp up	8
3) #17-040 DaVita Edgemont Facility approved January 2018	12
4) #15-052 DaVita Sauget 8-station expansion certified April 2017	8
5) #15-062 Fresenius Belleville facility approved March 2016 opening 2018	12
6) #16-004 DaVita O'Fallon certified August 2017 in early stage of 2-year ramp up	12

- 3 A. Fresenius Kidney Care Madison County will not have an adverse effect on any other area ESRD provider in that the new patients identified for this facility are pre-ESRD patients from two separate practices and will be referred to a facility of choice. No patients have been identified to be transferred from any other facility.
- B. Not applicable – the applicant is not a hospital; however, the utilization will not be lowered at any other ESRD facility due to the establishment of the Madison County facility. No patients have been identified to transfer to the new facility and the physicians supporting this project will continue to refer patients to clinics near their homes and to a facility of choice.

Criterion 1110.1430 (e)(1) – Staffing

2) A. Medical Director

Dr. Anahit Cheema be the Medical Director of the proposed Madison County facility. Attached is his curriculum vitae.

B. All Other Personnel

All Other Personnel

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

Upon opening we will also employ:

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

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

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

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

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

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

## Anahit Cheema, MD

7325 Stanford Avenue, University City MO 63130  
Phone: 309-550-4749 • E-Mail: anahit.cheema@gmail.com

### Certification

American Board of Internal Medicine - Diplomate in Nephrology (2013)  
American Board of Internal Medicine - Diplomate in Internal Medicine (2011)

### Medical Licenses

Missouri License No. - 2013018204  
Illinois License No. - 036.133483

### Fellowship and Residency Training

Nephrology - Montefiore Medical Center, Albert Einstein College of Medicine, NY (2011 - 2013)  
Internal Medicine - University of Illinois College of Medicine at Peoria, IL (2008 - 2011)  
BCFMG certification (2008)  
MBBS - Bachelors of Medicine and Surgery, Government Medical College, Amritsar, India (1994-99)

### Current Position

- Consultant Nephrologist 10/2013 - Current  
Christian Northeast Hospital, St. Louis, MO  
DePaul Medical Center, Bridgeton, MO  
Gateway Regional Medical Center, Granite City, IL  
Mercy Jefferson Hospital, Festus, MO  
St. Anthony's Medical Center, St. Louis, MO

### Prior Experience

- Bajwa Hospital, Amritsar, India 03/2006 - 02/2007  
Registrar, General Medicine
- P. D. Hinduja National Hospital & Research Centre, Mumbai, India 05/2005 - 02/2006  
Clinical Assistant, Surgery
- Barnet General Hospital, London, United Kingdom 11/2004 - 02/2005  
Senior House Officer, Trauma & Orthopedics
- Barnet General Hospital, London, United Kingdom 08/2004 - 11/2004  
Clinical Observer, Trauma & Orthopedics

- Dr. Karam Singh Memorial Orthopedic Hospital, Amritsar, India  
Junior Resident, Orthopedics 02/2004 - 07/2004
- St. Bartholomews Hospital, London, United Kingdom  
Clinical Observer - Endocrinology 10/2003 - 01/2004
- Princess Royal University Hospital, Kent, United Kingdom  
Clinical Observer - General Surgery 09/2003 - 10/2003
- Jaslok Hospital, Mumbai, India  
Casualty Medical Officer 11/2002 - 12/2002
- Dr. Karam Singh Memorial Orthopedic Hospital, Amritsar, India  
Junior Resident, Orthopedics 12/2001 - 07/2002
- Guru Nanak Dev Hospital, Amritsar, India  
House Surgeon - Cardiovascular and Thoracic Surgery 01/2001 - 07/2001
- Bajwa Hospital, Amritsar, India  
House Physician - General Medicine 01/2000 - 12/2000
- Guru Nanak Dev Hospital, Amritsar, India  
Internship - Government Medical College, Amritsar 01/1999 - 12/1999

**Publications/Presentations**

- Cheema AS, Abramowitz M, Folkert V. Optimal Timing of Hemodialysis in End Stage Renal Disease Patients after Exposure to IV Contrast  
NY Society of Nephrology, New York, May 2013
- Cheema AS, Kurtzman CP, Farrell JJ. Saccharomyces fungemia associated with esophageal disease Identified by D1/D2 Ribosomal RNA gene sequence.  
International Congress of Infectious Diseases, Miami, March 2010
- Cheema AS, Malhotra K, Aiyer M - *The curse of Medusa - An unusual presentation.*  
Society of Hospital Medicine, Washington DC, April 2010
- Cheema AS, Gerstner GJ, Rogers JD - *Rare case of small cell carcinoma of the anal canal.*  
ACP Downstate IL, Urbana-Champagne, IL, October 2009
- Malhotra K, Rosborough D, Cheema AS, Nace S. *Thrombotic thrombocytopenia purpura (TTP) in a Jehovah's witness.* ACP Downstate IL, Urbana-Champagne, IL, October 2009

- Malhotra K, Sader S, Cheema AS, Fischer J. A case of steroid and MMF (mycophenolate) resistant neuromyelitis optica (NMO) exacerbation treated with plasma exchange.  
ACP Downstate IL, Urbana-Champaign, IL, October 2009
- Vijayappa MB, Manchanda U, Cheema A, Singh G, Nahata A, Malhotra K, Oguh O, Talkad A. *Time of onset of ischemic stroke does not affect the outcome.*  
XIX European Stroke Conference, May 2010, Barcelona, Spain
- Vijayappa MB, Singh G, Nahata A, Malhotra K, Cheema A, Manchanda U, Talkad A, Clemson B. *A 10 Year Experience with Thoratec and Heartmate Ventricular Assist Devices.*  
15th world congress on heart disease, July 2010, Vancouver, B.C., Canada
- Cheema AS. *Management of facial fractures.*  
Annual Surgical Conference; Mumbai, India, November 2005
- Cheema AS. *Re-emerging Infectious Diseases in AIDS.*  
Department of Social & Preventive Medicine; Amritsar, India, 1998

**Research Experience**

- Cheema AS, Abramowitz M - Association between Frailty and Protein Energy Wasting in End Stage Renal Disease
- Cheema AS, Abramowitz M, Folkert V. - Optimal Timing of Hemodialysis in End Stage Renal Disease Patients after Exposure to IV Contrast
- Cheema AS, Aiyer M - Identifying and Streamlining Quality Issues during Patient Discharge
- Nahata A, Cheema AS - Electrolyte Abnormalities and Parathyroidectomy - Retrospective chart Study

**Teaching Experience**

- Resident and Medical student teaching and evaluation 2011-2013  
Albert Einstein College of Medicine
- Instructor in Clinical Medicine 2008-2011  
University of Illinois College of Medicine at Peoria

**Experience Language Fluency (Other than English)**

- Hindi and Punjabi

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

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

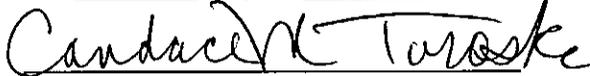
Fresenius Kidney Care Madison County will be an "open" unit with regards to medical staff Any Board Licensed nephrologist may apply for privileges at the Madison County, facility, just as they currently are able to at all Fresenius Medical Care facilities.

  
Signature

Patrice Komoroski  
Printed Name

Regional Vice President  
Title

Subscribed and sworn to before me  
this 19th day of Jan, 2018

  
Signature of Notary

Seal



Criterion 1110.1430 (f) – Support Services

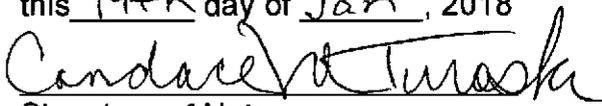
I am the Regional Vice President at Fresenius Medical Care who will oversee the proposed Fresenius Kidney Care Madison County ESRD facility. In accordance with 77 Il. Admin Code 1110.1430, I certify to the following:

- Fresenius Medical Care utilizes a patient data tracking system in all of its facilities.
- These support services will be available at Fresenius Kidney Care Madison County:
  - Nutritional Counseling
  - Psychiatric/Social Services
  - Home/self training
  - Clinical Laboratory Services – provided by Spectra Laboratories
- The following services will be provided via referral to Gateway Regional Medical Center, Granite City:
  - Blood Bank Services
  - Rehabilitation Services
  - Psychiatric Services

  
Signature

Patrice Komoroski/Regional Vice President  
Name/Title

Subscribed and sworn to before me  
this 19<sup>th</sup> day of Jan, 2018

  
Signature of Notary



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

Fresenius Kidney Care Madison County will be located in the St. Louis-St. Charles-Farmington Metropolitan Statistical Area (MSA). A minimum of eight dialysis stations is required to establish an in-center hemodialysis center in an MSA. Fresenius Kidney Care Madison County will have 9 dialysis stations thereby meeting this requirement.

## AFFILIATION AGREEMENT

This AGREEMENT made as of this 23<sup>rd</sup> day of October, 2017 ("Effective Date"), between Granite City Illinois Hospital Company, LLC dba Gateway Regional Medical Center (hereinafter referred to as "**Hospital**") and Fresenius Medical Care Madison County, LLC d/b/a Fresenius Kidney Care Madison County (hereinafter referred to as "**Company**").

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

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

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

4. The Hospital shall accept any patient of Company referred to the Hospital for elective reasons, subject to the availability of appropriate facilities, after the Company attending physician has arranged for inpatient hospital physician coverage,
5. In addition to the services described above, the Hospital shall make the following services available to patients referred by Company either at the Hospital or at an affiliated hospital:
  - a. Availability of a surgeon capable of vascular access insertion and long-term maintenance;
  - b. Inpatient care for any patient who develops complications or renal disease-related conditions that require hospital admission;
  - d. Blood Bank services to be performed by the Hospital.
6. Company shall have no responsibility for any inpatient care rendered by the hospital. Once a patient has been referred by Company to the Hospital, Hospital agrees to indemnify Company against, and hold it harmless from any claims, expenses, or liability based upon or arising from anything done or omitted, or allegedly done or omitted, by the Hospital, its agents, or employees, in relation to the treatment or medical care rendered at the Hospital.
7. Company agrees to develop, maintain and operate, in all aspects, an outpatient hemodialysis facility, providing all physical facilities, equipment and personnel necessary to treat patients suffering from chronic renal diseases. Company shall conform to standards not less than those required by the applicable laws and regulations of any local, state or federal regulatory body, as the same may be amended from time to time. In the absence of applicable laws and regulations, Company shall conform to applicable standards of professional practice. Company shall treat such commitment as its primary responsibility and shall devote such time and effort as may be necessary to attain these objectives. Admission to Company, and the continued treatment by Company, shall be provided regardless of the patient's race, color, creed, sex, age, disability, or national origin. The cost of such facilities, equipment and personnel shall be borne by Company.
8. The cost of such facilities, equipment and personnel shall be borne by Company. The location of such facilities shall be selected by Company, but shall be sufficiently close to the proximity to the Hospital to facilitate the transfer of patients, and communication between the faculties.
9. Company shall engage a medical director of Company's outpatient hemodialysis facility who shall have the qualifications specified in 42 C.F.R. 405.2102. This individual must

be a physician properly licensed in the profession by the state in which such facility is located.

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

10. The Hospital, acting through its appropriate medical staff members, shall, from time to time, evaluate its patients with chronic renal failure in accordance with its standard operating procedures. With the recommendation and approval of the patient, the patient's physician shall consult with the Company Medical Director. If outpatient treatment is considered appropriate by the patient's physician and the Company Medical Director, said patient may be referred to Company for outpatient treatment at a facility operated by Company which is most convenient for the patient (or, in the event space is not available, to an affiliated unit). There will be an interchange, within one working day, of the Patient Long-Term Program and Patient Care Plan, and of medical and other information necessary or useful in the care and treatment of patients referred to Company from the Hospital, or in determining whether such patients can be adequately cared for otherwise than in either of the facilities.
11. With respect to all work, duties, and obligations hereunder, it is mutually understood and agreed that the parties shall own and operate their individual facilities wholly independent of each other. All patients treated at the facilities of Hospital or Company shall be patients of that facility. Each party shall have the sole responsibility for the treatment and medical care administered to patients in their respective facilities.
12. Company and Hospital shall each maintain in full force and effect throughout the term of this Agreement, at its own expense, a policy of comprehensive general liability insurance and professional liability insurance covering it and Company's Staff and Hospital staff and physicians, respectively, each having a combined single limit of not less than \$1,000,000 per occurrence, \$3,000,000 annual aggregate for bodily injury and property damage to insure against any loss, damage or claim arising out of the performance of each party's respective obligations under this Agreement. Each will provide the other with certificates evidencing said insurance, if and as requested. Company and Hospital further agree to maintain, for a period of not less than three (3) years following the termination of this Agreement, any insurance required hereunder if underwritten on a claims-made basis. Either party may provide for the insurance coverage set forth in this Section through self-insurance.
13. Each party agrees to indemnify and hold harmless the other, their officers, directors, shareholders, agents and employees against all liability, claims, damages, suits, demands, expenses and costs (including but not limited to, court costs and reasonable attorneys' fees) of every kind arising out of or in consequence of the party's breach of this Agreement, and of the negligent errors and omissions or willful misconduct of the indemnifying party, its agents, servants, employees and independent contractors (excluding the other party) in the performance of or conduct related to this Agreement.

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

To the Hospital:

Gateway Regional Medical Center  
2100 Madison Avenue  
Granite City, IL 62040  
Attn: CEO

With a copy to:

QHCCS, LLC  
1573 Mallory Lane; Suite 100  
Brentwood, TN 37027  
Attn: Legal Counsel

To Company:

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

With a copy to:

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

16. If any provisions of this agreement shall, at any time, conflict with any applicable state or federal law, or shall conflict with any regulation or regulatory agency having jurisdiction with respect thereto, this Agreement shall be modified in writing by the parties hereto to conform to such regulation, law, guideline, or standard established by such regulatory agency.
17. This Agreement contains the entire understanding of the parties with respect to the subject matter hereof and supersedes all negotiations, prior discussions, agreements or understandings, whether written or oral, with respect to the subject matter hereof, as of the Effective Date. This Agreement shall bind and benefit the parties, their respective successors and assigns.
18. This Agreement shall be governed by and construed and enforced in accordance with the laws of the State of Illinois, without respect to its conflicts of law rules.
19. The term of this Agreement is for one (1) year, beginning on the Effective Date, and will automatically renew for successive one year periods unless either party gives the other notice prior to an expiration date. Either party may terminate this Agreement, at any

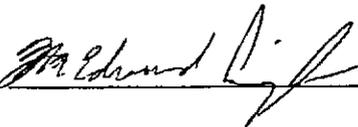
time, with or without cause, upon thirty (30) days written notice to the non-terminating party.

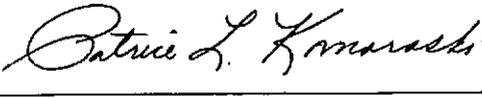
20. The parties agree to cooperate with each other in the fulfillment of their respective obligations under the terms of this Agreement and to comply with the requirements of the law and with all applicable ordinances, statutes, regulations, directives, orders, or other lawful enactments or pronouncements of any federal, state, municipal, local or other lawful authority.

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

**Hospital:**

**Company:**

By: 

By: 

Name: M. Edward Cunningham

Name: Patrice Komoroski

Title: CEO

Title: RVP

10/23/17

10/23/17

Criterion 1110.1430 (j) – Assurances

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

1. As supported in this application through expected referrals to Fresenius Kidney Care Madison County in the first two years of operation, the facility is expected to achieve and maintain the utilization standard, specified in 77 Ill. Adm. Code 1100, of 80% and;
2. Fresenius Medical Care Illinois hemodialysis patients have achieved adequacy outcomes of:
  - o 91% of patients had a URR  $\geq$  65%
  - o 96% of patients had a Kt/V  $\geq$  1.2

and same or higher is expected for Fresenius Kidney Care Madison County.

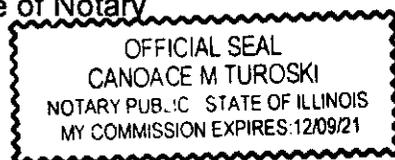
Patrice Komoroski  
Signature

Patrice Komoroski/Regional Vice President  
Name/Title

Subscribed and sworn to before me  
this 19th day of Jan, 2018

Candace M. Turoski  
Signature of Notary

Seal





January 8, 2018

**Fresenius Medical Care**

Attn: Mr. Bill Popken

(781) 699-9994

Via email: [William.Popken@fmc-na.com](mailto:William.Popken@fmc-na.com)

**RE: 1938 & 1946 Grand Avenue, Granite City, IL 62040  
Fresenius Medical Care- Letter of Intent**

Dear Bill:

We are pleased to present to you this letter of intent. Net3 (Granite City), LLC ("Landlord") is willing to negotiate a lease for the premises in the referenced location. This letter is not intended to be a binding contract, a lease, or an offer to lease, but is intended only to provide the basis for negotiations of a lease document between Landlord and Fresenius Medical Care of Illinois, LLC ("Tenant").

**Premises:** 6,001 SF square foot building located at:  
1938 & 1946 Grand Avenue, Granite, City, IL 62040  
Parcel #: 22-2-20-19-05-102-008  
22-2-20-19-05-102-007

**Landlord:** Net3 (Granite City), LLC

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

**Guarantor:** Fresenius Medical Care Holdings, Inc.

**Lease:** The Lease shall be on Tenant's standard form to be platformed on the Crestwood, IL lease.

**Use:** Tenant shall use and occupy the Premises for the purpose of an outpatient dialysis facility and related office uses and for no other purposes except those authorized in writing by Landlord, which shall not be unreasonably withheld, conditioned or delayed. Tenant may operate on the Premises, at Tenant's option, on a seven (7) days a week, twenty-four (24) hours a day basis, subject to zoning and other regulatory requirements.

**Primary Term:** 15 years



95



**Option Term(s):**

Three (3) Five (5) year options to renew the lease at 1.7% annual increase in base rent.

**Base Rent over initial Term:**

Annual Rent: Starts at \$25.77/sq. ft. and increases by 1.7% in Year 2 of the Primary Term

<u>Years</u>	<u>Annual Base Rent</u>	<u>Monthly Base Rent</u>
1	\$154,645.77	\$12,887.15
2	\$157,274.75	\$13,106.23
3	\$159,948.42	\$13,329.03
4	\$162,667.54	\$13,555.63
5	\$165,432.89	\$13,786.07
6	\$168,245.25	\$14,020.44
7	\$171,105.42	\$14,258.78
8	\$174,014.21	\$14,501.18
9	\$176,972.45	\$14,747.70
10	\$179,980.98	\$14,998.42
11	\$183,040.66	\$15,253.39
12	\$186,152.35	\$15,512.70
13	\$189,316.94	\$15,776.41
14	\$192,535.33	\$16,044.61
15	\$195,808.43	\$16,317.37

**Taxes, Insurance & CAM:**

Tenant will pay.

**Utilities:**

Tenant will be responsible to pay for all of their own utilities.

**Tenant's Share:**

100%

**Condition of Premises Upon Delivery:**

Landlord shall, at Landlord's sole cost and expense, deliver the Premises to Tenant in substantial accordance with the Landlord's Work exhibit to be negotiated with the lease. In addition to Landlord's Work, Landlord shall, at Tenant's sole cost and expense, construct the interior work shown and detailed on Tenant's Work Letter attached to the Lease. In addition, Landlord shall be responsible for all civil costs, parking infrastructure and any other development costs.

**Rent Commencement Date:**

Tenant will not pay rent until the date that is the earlier of (a) that day that is ninety (90) days after the Substantial Completion of the Shell Building Work, or (b) the date Tenant commences to treat patients at the Premises.

- Delivery Date:*** The date upon which Landlord's Work is substantially completed which is estimated to be 180 days from the date that Landlord obtains the building permit and all other applicable permits required to achieve substantial completion.
- Construction Drawings For Landlord's Work:*** Landlord will agree upon issuance of the CON to have construction drawings no later than 90 days after CON is awarded and apply for building permits immediately thereafter.
- Tenant's Work:*** Tenant shall install Tenant's trade fixtures, equipment and personal property in order to make the Premises ready for Tenant's initial occupancy and use. All of which shall be purchased and installed by Tenant.
- Security Deposit:*** None, subject to Landlord's review of current Tenant financial statements.
- Landlord Maintenance:*** Landlord shall without expense to Tenant, maintain and make all necessary repairs to the structural portions of the Building to keep the building weather and water tight and structurally sound including, without limitation: foundations, structure, load bearing walls, exterior walls, the roof and roof supports, columns, structural retaining walls, gutters, downspouts, flashings and footings.
- Signage:*** Tenant may, at its sole cost and expense, install and maintain signs in and on the Premises to the maximum extent permitted by local law and subject to Tenant obtaining (i) all necessary private party approvals, if any, and governmental approvals, permits and licenses; and (ii) Landlord's prior written approval which will not be unreasonably withheld, and in accordance with Landlord's sign criteria (if applicable).
- Confidentiality:*** Except in connection with the CON, the parties hereto acknowledge the sensitive nature of the terms and conditions of this letter and hereby agree not to disclose the terms and conditions of this letter or the fact of the existence of this letter to any third parties and instead agree to keep said terms and conditions strictly confidential, disclosing them only to their respective agents, lenders, attorneys, accountants and such other directors, officers, employees, affiliates, and representatives who have a reason to receive such information and have been advised of the sensitive nature of this letter and as otherwise required to be disclosed by law.

***Zoning and Restrictive Covenants:***

Landlord will represent that the current property zoning is acceptable for use as outpatient dialysis facility and there is no other restrictive covenants imposed on the land, owner, and/or municipality.

**CON Contingency**

Landlord and FMC 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, FMC cannot establish a dialysis facility on the Premises or execute a binding real estate lease in connection therewith unless FMC obtains a Certificate of Need (CON) permit from the Illinois Health Facilities Planning Board (the "Planning Board"). FMC agrees to proceed using its commercially reasonable best efforts to submit an application for a CON permit and to prosecute said application to obtain the CON permit from the Planning Board. Based on the length of the Planning Board review process, FMC does not expect to receive a CON permit prior to June 2018. 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 the approval of the CON permit and the lease agreement shall contain a contingency clause indicating that the lease agreement is not effective pending CON approval. Assuming CON permit 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 Planning Board does not award FMC a CON permit to establish a dialysis center on the Premises by June 2018, 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.

***Acquisition Contingency:***

Tenant acknowledges that Landlord is not the owner of the Land. Accordingly, the parties agree that the lease agreement shall contain a contingency provision which provides that Landlord's obligations under the lease agreement shall be subject to and contingent upon Landlord obtaining fee title to the Land and in the event that Landlord does not acquire fee title to the Land on or before the date which is 100 days after the Lease execution then either Landlord or Tenant may elect to terminate the lease agreement; provided, however, that in



the event Tenant elects to terminate the lease agreement then Landlord shall have thirty (30) days from the date of Tenant's notice of election to terminate to satisfy the contingency at its election in which event Tenant's election to terminate shall be null and void. In the event the lease is terminated under this provision then each of the parties shall be released from its obligations and liability under the lease agreement.

The parties agree that this letter shall not be binding on the parties and does not address all essential terms of the lease agreement contemplated by this letter. Neither party may claim any legal right against the other by reason of any action taken in reliance upon this non-binding letter. A binding agreement shall not exist between the parties unless and until a lease agreement has been executed and delivered by both parties.

If you are in agreement with the foregoing terms, please execute and date this letter in the space provided below and return same to Landlord within five (5) business days from the date above.

Sincerely,

NET 3 REAL ESTATE, L.L.C.,  
As Agent for Purchaser

David E. Cunningham  
Manager

AGREED TO AND ACCEPTED BY:

Fresenius Medical Care of Illinois, LLC

1/26/2018

Date



**Criterion 1120.310 Financial Viability**

Financial Viability Waiver

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

2015 Financial Statements for Fresenius Medical Care Holdings, Inc. were submitted previously to the Board with #16-023, Fresenius Kidney Care East Aurora. 2016 Financial Statements for Fresenius Medical Care Holdings, Inc. were submitted to the Board with #17-027, Fresenius Medical Care Sandwich. These are the same financials that pertain to this application. In order to reduce bulk these financials can be referred to if necessary.

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

Read the criterion and provide the following:

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

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New Mod.		Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod. Circ.*		Const. \$ (A x C)	Mod. \$ (B x E)	
ESRD		182.00			4,454			810,628	810,628
Contingency		18.00			4,454			80,172	80,172
<b>Total Clinical</b>		<b>\$200.00</b>			<b>4,454</b>			<b>890,800</b>	<b>890,800</b>
Non Clinical		182.00			1,547			281,554	281,554
Contingency		18.00			1,547			27,846	27,846
<b>Total Non</b>		<b>\$200.00</b>			<b>1,547</b>			<b>309,400</b>	<b>309,400</b>
<b>TOTALS</b>		<b>\$200.00</b>			<b>6,001</b>			<b>1,200,200</b>	<b>1,200,200</b>

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

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

#### Year 2019

Estimated Personnel Expense:	\$787,968
Estimated Medical Supplies:	\$160,165
Estimated Other Supplies (Exc. Dep/Amort):	\$671,846
	<u>\$1,619,979</u>
 Estimated Annual Treatments:	 8,294
Cost Per Treatment:	\$195.31

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

#### Year 2019

Depreciation/Amortization:	\$160,000
Interest	<u>\$0</u>
Capital Costs:	\$160,000
 Treatments:	 8,294
Capital Cost per Treatment	\$19.29

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

Fresenius Medical Care of Illinois, LLC

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

By: [Signature]  
ITS: Str. VP + Secretary

By: [Signature]  
ITS: Bryan Mello  
Assistant Treasurer

Notarization:  
Subscribed and sworn to before me  
this 12<sup>th</sup> day of October, 2017

[Signature]  
Signature of Notary

Seal



Notarization:  
Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 2017

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

Seal

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

Fresenius Medical Care Holdings, Inc.

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

By: [Signature]  
Title: Sr. VP & Secretary

By: [Signature]  
Title: Bryan Mello  
Assistant Treasurer

Notarization:  
Subscribed and sworn to before me  
this 12<sup>th</sup> day of October, 2017

[Signature]  
Signature of Notary

Seal



Notarization:  
Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 2017

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

Seal

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

Fresenius Medical Care of Illinois, LLC

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

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

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

By: *TDJ*  
ITS: Thomas D. Brouillard, Jr.  
Assistant Treasurer

By: *B Mello*  
ITS: Bryan Mello  
Assistant Treasurer

Notarization:  
Subscribed and sworn to before me  
this 16<sup>th</sup> day of October, 2017

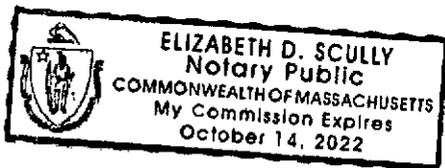
*Elizabeth D. Scully*  
Signature of Notary

Seal

Notarization:  
Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 2017

Signature of Notary

Seal



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

Fresenius Medical Care Holdings, Inc.

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

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

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

By: [Signature]  
ITS: Sr VP + Secretary

By: [Signature]  
ITS: Bryan Mello  
Assistant Treasurer

Notarization:  
Subscribed and sworn to before me  
this 12<sup>th</sup> day of October, 2017

[Signature]  
Signature of Notary

Seal



Notarization:  
Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 2017

Signature of Notary

Seal

## Safety Net Impact Statement

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

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

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

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

<b>Safety Net Information per PA 96-0031</b>			
<b>CHARITY CARE* (self-pay)</b>			
	<b>2014</b>	<b>2015</b>	<b>2016</b>
<b>Charity (# of patients)</b>	251	195	233
<b>(self-pay)</b>			
<b>Charity (cost In dollars)</b>	\$5,211,664	\$3,204,986	\$3,269,127
<b>(self-pay)</b>			
<b>MEDICAID</b>			
	<b>2014</b>	<b>2015</b>	<b>2016</b>
<b>Medicaid (# of patients)</b>	750	396	320
<b>Medicaid (revenue)</b>	\$22,027,882	\$7,310,484	\$4,383,383
*As a for-profit corporation Fresenius does not provide charity care per the Board's definition. Numbers reported are self-pay.			

**Note:**

- 1) Charity (self-pay) and Medicaid patient numbers continue to decrease as Fresenius Financial Coordinators assist patients in signing up for health insurance in the Healthcare Marketplace. This provides the patient with insurance coverage not only for dialysis but for other needed healthcare services. Patients who cannot afford the premiums have them paid by the American Kidney Fund.
- 2) Medicaid reported numbers are also impacted by the large number of patients who switched from Medicaid to a Medicaid Risk insurance (managed care plan) which pays similar to Medicaid. These patients are reported under commercial insurance however, in 2016 of our commercial patients we had 1,230 Medicaid Risk patients with Revenues of \$22,664,352

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## Charity Care Information

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

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

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

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

### Uncompensated Care For All Fresenius Facilities in Illinois

<b>CHARITY CARE* (self-pay)</b>			
	<b>2014</b>	<b>2015</b>	<b>2016</b>
<b>Net Patient Revenue</b>	\$411,981,839	\$438,247,352	\$449,611,441
<b>Amount of Charity Care (self-pay charges)</b>	\$5,211,664	\$3,204,986	\$3,269,127
<b>Cost of Charity Care (self-pay)</b>	\$5,211,664	\$3,204,986	\$3,269,127
*As a for-profit corporation Fresenius does not provide charity care per the Board's definition. Numbers reported are self-pay			

Note:

- 1) Charity (self-pay) and Medicaid patient numbers continue to decrease as Fresenius Financial Coordinators assist patients in signing up for health insurance in the Healthcare Marketplace. This provides the patient with insurance coverage not only for dialysis but for other needed healthcare services. Patients who cannot afford the premiums have them paid by the American Kidney Fund.
- 2) Medicaid reported numbers are also impacted by the large number of patients who switched from Medicaid to a Medicaid Risk insurance (managed care plan) which pays similar to Medicaid. These patients are reported under commercial insurance however, in 2016 of our commercial patients we had 1,230 Medicaid Risk patients with Revenues of \$22,664,352

108

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

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

### **American Kidney Fund**

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

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

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

### **Indigent Waiver Program**

FMCNA has established an indigent waiver program to assist patients who are unable to obtain insurance coverage or who lack the financial resources to pay for medical services.

In order to qualify for an indigent waiver, a patient must satisfy eligibility criteria for both annual income and net worth.

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

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

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

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

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

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

### **FMCNA Collection policy**

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

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

### **Medicare and Medicaid Eligibility**

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

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

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

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

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

### **Self-Pay**

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

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

# YOUR TRIP TO:



9 American Vlg

**8 MIN | 2.4 MI**

**Est. fuel cost: \$0.24**

Trip time based on traffic conditions as of 12:44 PM on January 17, 2018. Current Traffic: Light



Print a full health report of your car with HUM vehicle diagnostics (800) 906-2501

TO DAVITA GRANITE CITY



1. Start out going **northeast** on Grand Ave toward E 20th St.

Then 0.09 miles

0.09 total miles



2. Take the 1st **right** onto E 20th St.

*If you reach Niedringhaus Ave you've gone about 0.1 miles too far.*

Then 0.06 miles

0.15 total miles



3. Take the 1st **left** onto Madison Ave.

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

Then 1.83 miles

1.98 total miles



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

Then 0.37 miles

2.35 total miles



5. Turn **left** onto American Vlg.

*American Vlg is just past Nameoki Vlg.*

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

Then 0.08 miles

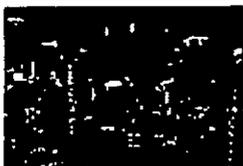
2.43 total miles



6. 9 American Vlg, Granite City, IL 62040-3706, 9 AMERICAN VLG is on the **left**.

*Your destination is at the end of American Vlg.*

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MapQuest Travel Times

**APPENDIX - 1**

# YOUR TRIP TO:



1300 Schaeffer Rd, Granite City, IL, 62040

**9 MIN | 4.8 MI**

**Est. fuel cost: \$0.48**

Trip time based on traffic conditions as of 11:44 AM on January 17, 2018. Current Traffic: Moderate



Print a full health report of your car with HUM vehicle diagnostics (800) 906-2501

TO DAVITA FOXPOINT



1. Start out going **southwest** on Grand Ave toward 19th St.

Then 0.04 miles

0.04 total miles



2. Take the 1st **right** onto 19th St.

*If you reach 18th St you've gone about 0.1 miles too far.*

Then 0.73 miles

0.77 total miles



3. 19th St becomes Rock Rd.

Then 0.60 miles

1.38 total miles



4. Turn **right** onto IL-3/Lewis and Clark Blvd. Continue to follow IL-3.

*IL-3 is just past Division St.*

Then 3.24 miles

4.62 total miles



5. Turn **left** onto Schaefer Rd.

*Schaefer Rd is 0.3 miles past Northgate Industrial Dr.*

*If you reach Saint Thomas Rd you've gone about 0.2 miles too far.*

Then 0.21 miles

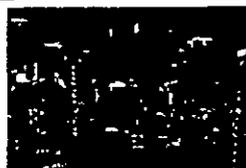
4.82 total miles



6. 1300 Schaeffer Rd, Granite City, IL 62040, 1300 SCHAEFFER RD.

*If you reach the end of Schaefer Rd you've gone a little too far.*

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MapQuest Travel Times

APPENDIX - 1

112

# YOUR TRIP TO:



101 Lanter Ct

**14 MIN | 7.6 MI**

**Est. fuel cost: \$0.75**

Trip time based on traffic conditions as of 11:32 AM on January 17, 2018. Current Traffic: Light



Print a full health report of your car with HUM vehicle diagnostics (800) 906-2501

TO DAVITA COLLINSVILLE



1. Start out going **northeast** on Grand Ave toward E 20th St.

Then 0.03 miles 0.03 total miles



2. Take the 1st **right** onto E 20th St.

*If you reach Niedringhaus Ave you've gone about 0.1 miles too far.*

Then 0.77 miles 0.79 total miles



3. Turn **left** onto Edwardsville Rd/IL-203. Continue to follow Edwardsville Rd.

Then 1.25 miles 2.04 total miles



4. Stay **straight** to go onto State Route 162/IL-162. Continue to follow IL-162.

Then 1.39 miles 3.44 total miles



5. Turn **right** onto Horseshoe Lake Rd.

*Horseshoe Lake Rd is just past Mockingbird Ln.*

Then 4.05 miles 7.49 total miles



6. Turn **right** onto Eastport Plaza Dr.

*Eastport Plaza Dr is 0.7 miles past Grays Ln.*

*If you reach McDonough Lake Rd you've gone about 0.2 miles too far.*

Then 0.09 miles 7.58 total miles



7. Take the 2nd **right** onto Lanter Ct.

*Lanter Ct is just past Schoolhouse Trl.*

*If you reach Regency Plaza Dr you've gone about 0.1 miles too far.*

Then 0.04 miles 7.61 total miles



8. 101 Lanter Ct, Collinsville, IL 62234-6124, 101 LANTER CT is on the left.

*If you reach the end of Lanter Ct you've gone a little too far.*

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MapQuest Travel Times

APPENDIX - 1

113

# YOUR TRIP TO:



8 Vieux Carre Dr

**19 MIN | 12.9 MI**

**Est. fuel cost: \$1.27**

Trip time based on traffic conditions as of 1:01 PM on January 17, 2018. Current Traffic: Light



Print a full health report of your car with HUM vehicle diagnostics (800) 906-2501

TO DAVITA EDMONT



1. Start out going **northeast** on Grand Ave toward E 20th St.

Then 0.09 miles 0.09 total miles



2. Take the 1st **right** onto E 20th St.

*If you reach Niedringhaus Ave you've gone about 0.1 miles too far.*

Then 0.74 miles 0.83 total miles



3. Turn **right** onto Edwardsville Rd/IL-203. Continue to follow IL-203.

*IL-203 is just past Sherman St.*

*If you are on Edwardsville Rd and reach E 21st St you've gone about 0.1 miles too far.*

Then 3.40 miles 4.23 total miles



4. Merge onto I-55 S/US-40 W toward **St Louis**.

Then 1.17 miles 5.40 total miles

5. Take the **IL-3 N/St Clair Ave** exit, EXIT 3A, on the **left** toward I-64 E/Louisville.

Then 0.25 miles 5.65 total miles



6. Merge onto I-64 E via the ramp on the **left** toward **Louisville**.

Then 5.44 miles 11.09 total miles



7. Take the **IL-157** exit, EXIT 9, toward **Caseyville**.

Then 0.38 miles 11.47 total miles



8. Merge onto State Highway 157/IL-157 toward **Centreville/Our Lady of the Snows Shrine**.

Then 1.34 miles 12.81 total miles

114



9. Turn **right** onto Vieux Carre Dr.

*Vieux Carre Dr is 0.1 miles past Church Ln.*

*If you reach Boul Ave you've gone about 0.3 miles too far.*

Then 0.06 miles

12.86 total miles



10. 8 Vieux Carre Dr, East Saint Louis, IL 62203-1923, 8 VIEUX CARRE DR is on the left.

*Your destination is just past Loisel Vlg.*

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

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115

# YOUR TRIP TO:



2102 Vadalabene Dr

**22 MIN | 12.2 MI**

**Est. fuel cost: \$1.20**

Trip time based on traffic conditions as of 11:37 AM on January 17, 2018. Current Traffic: Light



Print a full health report of your car with HUM vehicle diagnostics (800) 906-2501

TO DAVITA MARYVILLE



1. Start out going **northeast** on Grand Ave toward E 20th St.

Then 0.09 miles 0.09 total miles



2. Take the 1st **right** onto E 20th St.

*If you reach Niedringhaus Ave you've gone about 0.1 miles too far.*

Then 0.77 miles 0.85 total miles



3. Turn **left** onto Edwardsville Rd/IL-203. Continue to follow Edwardsville Rd.

Then 1.25 miles 2.10 total miles



4. Stay **straight** to go onto State Route 162/IL-162. Continue to follow IL-162.

Then 6.89 miles 9.00 total miles



5. Turn **right** onto N Bluff Rd/IL-157/IL-162.

Then 0.05 miles 9.05 total miles



6. Take the 1st **left** onto State Route 162/IL-162.

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

Then 2.47 miles 11.52 total miles



7. Turn **right** onto N Center St/IL-159.

*N Center St is 0.3 miles past Valley Dr.*

*If you are on State Route 162 and reach Professional Park Dr you've gone a little too far.*

Then 0.47 miles 11.99 total miles



8. Turn **left** onto Vadalabene Dr.

*Vadalabene Dr is just past Bauer Ln.*

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

Then 0.24 miles 12.23 total miles

116



9. 2102 Vadalabene Dr, Maryville, IL 62062-5632, 2102 VADALABENE DR is on the left.

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

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117

# YOUR TRIP TO:



2300 Goose Lake Rd

**22 MIN | 15.8 MI**

**Est. fuel cost: \$1.56**

Trip time based on traffic conditions as of 11:29 AM on January 17, 2018. Current Traffic: Light



Print a full health report of your car with HUM vehicle diagnostics (800) 906-2501

TO DAVITA SAUGET



1. Start out going **northeast** on Grand Ave toward E 20th St.

Then 0.03 miles ..... 0.03 total miles



2. Take the 1st **right** onto E 20th St.

*If you reach Niedringhaus Ave you've gone about 0.1 miles too far.*

Then 0.74 miles ..... 0.77 total miles



3. Turn **right** onto Edwardsville Rd/IL-203. Continue to follow IL-203.

*IL-203 is just past Sherman St.*

*If you are on Edwardsville Rd and reach E 21st St you've gone about 0.1 miles too far.*

Then 3.40 miles ..... 4.17 total miles



4. Merge onto i-55 S/US-40 W toward **St Louis**.

Then 1.17 miles ..... 5.34 total miles

5. Take the **IL-3 N/St Clair Ave** exit, EXIT 3A, on the **left** toward I-64 E/Louisville.

Then 0.25 miles ..... 5.59 total miles



6. Merge onto I-64 E via the ramp on the **left** toward **Louisville**.

Then 3.83 miles ..... 9.42 total miles



7. Merge onto I-255 S/US-50 W via EXIT 7 toward **Memphis**.

Then 5.03 miles ..... 14.45 total miles



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

Then 0.32 miles ..... 14.77 total miles



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

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

Then 0.03 miles ..... 14.80 total miles

MapQuest Travel Times

**APPENDIX - 1**

118



10. Merge onto Mousette Ln.

Then 0.10 miles 14.90 total miles



11. Turn left onto Goose Lake Rd.

If you are on Sauget Business Blvd and reach Sauget Industrial Pkwy you've gone about 1.1 miles too far.

Then 0.94 miles 15.84 total miles



12. 2300 Goose Lake Rd, East Saint Louis, IL 62206, 2300 GOOSE LAKE RD is on the left.

Your destination is just past Carol St.

If you reach Jerome Ln you've gone about 0.4 miles too far.

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Book a hotel tonight and save with some great deals!

(1-877-577-5766)



Car trouble mid-trip? MapQuest Roadside Assistance is here:

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119

# YOUR TRIP TO:



124 Regency Park, O Fallon, IL, 62269-1879

**24 MIN | 17.8 MI**

**Est. fuel cost: \$1.75**

Trip time based on traffic conditions as of 11:36 AM on January 17, 2018. Current Traffic: Light



Print a full health report of your car with HUM vehicle diagnostics (800) 906-2501

TO FKC REGENCY PARK



1. Start out going **northeast** on Grand Ave toward E 20th St.

Then 0.09 miles 0.09 total miles



2. Take the 1st **right** onto E 20th St.

*If you reach Niedringhaus Ave you've gone about 0.1 miles too far.*

Then 0.74 miles 0.83 total miles



3. Turn **right** onto Edwardsville Rd/IL-203. Continue to follow IL-203.

*IL-203 is just past Sherman St.*

*If you are on Edwardsville Rd and reach E 21st St you've gone about 0.1 miles too far.*

Then 3.40 miles 4.23 total miles



4. Merge onto I-55 S/US-40 W toward **St Louis**.

Then 1.17 miles 5.40 total miles

5. Take the **IL-3 N/St Clair Ave** exit, EXIT 3A, on the **left** toward **I-64 E/Louisville**.

Then 0.25 miles 5.65 total miles



6. Merge onto I-64 E via the ramp on the **left** toward **Louisville**.

Then 11.14 miles 16.79 total miles



7. Take EXIT 14 toward **O'Fallon**.

Then 0.35 miles 17.14 total miles



8. Keep **left** at the fork in the ramp.

Then 0.04 miles 17.18 total miles



9. Keep **left** at the fork in the ramp.

Then 0.02 miles 17.20 total miles

120



10. Turn **left** onto W US Highway 50.

Then 0.38 miles

17.58 total miles



11. Turn **right** onto Schantz Dr.

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

Then 0.08 miles

17.66 total miles



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

Then 0.11 miles

17.77 total miles



13. 124 Regency Park, O Fallon, IL 62269-1879, 124 REGENCY PARK is on the left.

*If you reach N Green Mount Rd you've gone about 1 mile too far.*

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Car trouble mid-trip? MapQuest Roadside Assistance is here:

(1-888-461-3625)

# YOUR TRIP TO:



6525 W Main St

**25 MIN | 14.6 MI**

**Est. fuel cost: \$1.44**

Trip time based on traffic conditions as of 12:40 PM on January 17, 2018. Current Traffic: Light



Print a full health report of your car with HUM vehicle diagnostics (800) 906-2501

TO FKC BELLEVILLE



1. Start out going **northeast** on Grand Ave toward E 20th St.

Then 0.09 miles

0.09 total miles



2. Take the 1st right onto E 20th St.

*If you reach Niedringhaus Ave you've gone about 0.1 miles too far.*

Then 0.74 miles

0.83 total miles



3. Turn right onto Edwardsville Rd/IL-203. Continue to follow IL-203.

*IL-203 is just past Sherman St.*

*If you are on Edwardsville Rd and reach E 21st St you've gone about 0.1 miles too far.*

Then 3.40 miles

4.23 total miles



4. Merge onto I-55 S/US-40 W toward St Louis.

Then 1.17 miles

5.40 total miles

5. Take the IL-3 N/St Clair Ave exit, EXIT 3A, on the left toward I-64 E/Louisville.

Then 0.25 miles

5.65 total miles



6. Merge onto I-64 E via the ramp on the left toward Louisville.

Then 2.84 miles

8.49 total miles



7. Take the IL-111/Kingshighway exit, EXIT 6.

Then 0.33 miles

8.81 total miles



8. Merge onto Kings Hwy/IL-111 toward Frank Holten State Park/Golf Course.

Then 1.45 miles

10.26 total miles



9. Turn left onto Lake Dr/IL-111.

Then 1.65 miles

11.91 total miles

MapQuest Travel Times

APPENDIX - 1

122



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

Then 2.34 miles

14.24 total miles



11. Keep left at the fork to continue on Foley Dr.

Then 0.16 miles

14.40 total miles



12. Turn right onto W Main St.

*If you are on N 70th St and reach W A St you've gone a little too far.*

Then 0.24 miles

14.64 total miles



13. 6525 W Main St, Belleville, IL 62223-3703, 6525 W MAIN ST is on the left.

*Your destination is just past N 66th St.*

*If you reach S 65th St you've gone a little too far.*

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Car trouble mid-trip? MapQuest Roadside Assistance is here:

(1-888-461-3625)

123

# YOUR TRIP TO:



5105 W Main St

**27 MIN | 15.5 MI**

**Est. fuel cost: \$1.52**

Trip time based on traffic conditions as of 11:30 AM on January 17, 2018. Current Traffic: Light



Print a full health report of your car with HUM vehicle diagnostics (800) 906-2501

TO DAVITA METRO EAST



1. Start out going **northeast** on Grand Ave toward E 20th St.

Then 0.03 miles ..... 0.03 total miles



2. Take the 1st **right** onto E 20th St.

*If you reach Niedringhaus Ave you've gone about 0.1 miles too far.*

Then 0.74 miles ..... 0.77 total miles



3. Turn **right** onto Edwardsville Rd/IL-203. Continue to follow IL-203.

*IL-203 is just past Sherman St.*

*If you are on Edwardsville Rd and reach E 21st St you've gone about 0.1 miles too far.*

Then 3.40 miles ..... 4.17 total miles



4. Merge onto I-55 S/US-40 W toward **St Louis**.

Then 1.17 miles ..... 5.34 total miles

5. Take the **IL-3 N/St Clair Ave** exit, EXIT 3A, on the **left** toward **I-64 E/Louisville**.

Then 0.25 miles ..... 5.59 total miles



6. Merge onto I-64 E via the ramp on the **left** toward **Louisville**.

Then 2.84 miles ..... 8.43 total miles



7. Take the **IL-111/Kingshighway** exit, EXIT 6.

Then 0.33 miles ..... 8.75 total miles



8. Merge onto Kings Hwy/IL-111 toward **Frank Holten State Park/Golf Course**.

Then 1.45 miles ..... 10.20 total miles



9. Turn **left** onto Lake Dr/IL-111.

Then 1.65 miles ..... 11.85 total miles

124



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

Then 2.34 miles 14.19 total miles



11. Keep left at the fork to continue on Foley Dr.

Then 0.16 miles 14.35 total miles



12. Turn right onto W Main St.

*If you are on N 70th St and reach W A St you've gone a little too far.*

Then 1.11 miles 15.45 total miles



13. 5105 W Main St, Belleville, IL 62226-4728, 5105 W MAIN ST is on the left.

*Your destination is just past S 52nd St.*

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

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Car trouble mid-trip? MapQuest Roadside Assistance is here:  
(1-888-461-3625)

125

# YOUR TRIP TO:



7 Professional Dr

**27 MIN | 16.9 MI**

**Est. fuel cost: \$1.67**

Trip time based on traffic conditions as of 10:29 AM on January 17, 2018. Current Traffic: Light



Print a full health report of your car with HUM vehicle diagnostics (800) 906-2501

TO FKC SOUTH WEST ILLINOIS



1. Start out going **northeast** on Grand Ave toward E 20th St.

Then 0.03 miles ..... 0.03 total miles



2. Take the 1st **left** onto E 20th St.

*If you are on Grand Ave and reach Niedringhaus Ave you've gone about 0.1 miles too far.*

Then 0.13 miles ..... 0.16 total miles



3. Turn **slight left** onto Niedringhaus Ave.

*If you are on E 20th St and reach Delmar Ave you've gone a little too far.*

Then 0.17 miles ..... 0.33 total miles



4. Turn **slight right** onto 19th St.

*19th St is just past Delmar Ave.*

*If you are on Niedringhaus Ave and reach Benton St you've gone a little too far.*

Then 0.49 miles ..... 0.81 total miles



5. 19th St becomes Rock Rd.

Then 0.60 miles ..... 1.42 total miles



6. Turn **right** onto IL-3/Lewis and Clark Blvd. Continue to follow IL-3.

*IL-3 is just past Division St.*

Then 13.18 miles ..... 14.60 total miles



7. Turn **left** onto W Saint Louis Ave/IL-3. Continue to follow IL-3.

Then 1.54 miles ..... 16.14 total miles



8. Turn **slight right** onto ramp.

Then 0.33 miles ..... 16.47 total miles



9. Keep **left** at the fork in the ramp.

Then 0.02 miles ..... 16.50 total miles

MapQuest Travel Times

**APPENDIX - 1**

126



10. Turn left onto IL-140/College Ave.

Then 0.23 miles

16.73 total miles



11. Turn right onto Professional Dr.

*Professional Dr is 0.1 miles past IL-111.*

*If you are on IL-140 and reach Kendall St you've gone about 0.2 miles too far.*

Then 0.20 miles

16.93 total miles



12. 7 Professional Dr, Alton, IL 62002-5067, 7 PROFESSIONAL DR is on the left.

*Your destination is 0.1 miles past N Rodgers Ave.*

*If you reach the end of Professional Dr you've gone a little too far.*

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127

# YOUR TRIP TO:



1940 Frank Scott Pkwy E

**27 MIN | 19.5 MI**

**Est. fuel cost: \$1.92**

Trip time based on traffic conditions as of 11:35 AM on January 17, 2018. Current Traffic: Light



Print a full health report of your car with HUM vehicle diagnostics (800) 906-2501

TO DAVITA O'FALLON



1. Start out going **northeast** on Grand Ave toward E 20th St.

Then 0.09 miles ..... 0.09 total miles



2. Take the 1st right onto E 20th St.

*If you reach Niedringhaus Ave you've gone about 0.1 miles too far.*

Then 0.74 miles ..... 0.83 total miles



3. Turn right onto Edwardsville Rd/IL-203. Continue to follow IL-203.

*IL-203 is just past Sherman St.*

*If you are on Edwardsville Rd and reach E 21st St you've gone about 0.1 miles too far.*

Then 3.40 miles ..... 4.23 total miles



4. Merge onto I-55 S/US-40 W toward **St Louis**.

Then 1.17 miles ..... 5.40 total miles

5. Take the **IL-3 N/St Clair Ave** exit, EXIT 3A, on the left toward I-64 E/Louisville.

Then 0.25 miles ..... 5.65 total miles



6. Merge onto I-64 E via the ramp on the left toward **Louisville**.

Then 12.73 miles ..... 18.38 total miles



7. Take EXIT 16 toward **Shiloh**.

Then 0.45 miles ..... 18.83 total miles



8. Turn slight right onto N Green Mount Rd/County Hwy-R18.

Then 0.25 miles ..... 19.08 total miles

128



9. Turn **left** onto Frank Scott Pkwy E.  
*Frank Scott Pkwy E is just past Green Mount Crossing Dr.*

*If you reach Cascade Lake Dr you've gone about 0.3 miles too far.*

Then 0.42 miles - ..... 19.50 total miles



10. 1940 Frank Scott Pkwy E, O Fallon, IL 62269, 1940 FRANK SCOTT PKWY E  
is on the **left**.

*Your destination is just past Fortune Blvd.*

*If you reach Parkland Blvd you've gone about 0.6 miles too far.*

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Car trouble mid-trip?  
MapQuest Roadside  
Assistance is here:  
(1-888-461-3625)

129

# YOUR TRIP TO:



5 N Green Mount Rd

**29 MIN | 22.6 MI**

**Est. fuel cost: \$1.59**

Trip time based on traffic conditions as of 11:46 AM on January 17, 2018. Current Traffic: Light



Print a full health report of your car with HUM vehicle diagnostics (800) 906-2501

TO DAVITA SHILOH



1. Start out going **northeast** on Grand Ave toward E 20th St.

Then 0.09 miles ..... 0.09 total miles



2. Take the 1st **right** onto E 20th St.

*If you reach Niedringhaus Ave you've gone about 0.1 miles too far.*

Then 0.74 miles ..... 0.83 total miles



3. Turn **right** onto Edwardsville Rd/IL-203. Continue to follow IL-203.

*IL-203 is just past Sherman St.*

*If you are on Edwardsville Rd and reach E 21st St you've gone about 0.1 miles too far.*

Then 3.40 miles ..... 4.23 total miles



4. Merge onto I-55 S/US-40 W toward **St Louis**.

Then 1.17 miles ..... 5.40 total miles

5. Take the **IL-3 N/St Clair Ave** exit, EXIT 3A, on the **left** toward I-64 E/Louisville.

Then 0.25 miles ..... 5.65 total miles



6. Merge onto I-64 E via the ramp on the **left** toward **Louisville**.

Then 12.73 miles ..... 18.38 total miles



7. Take EXIT 16 toward **Shiloh**.

Then 0.45 miles ..... 18.83 total miles



8. Turn **slight right** onto N Green Mount Rd/County Hwy-R18.

Then 3.77 miles ..... 22.59 total miles



9. 5 N Green Mount Rd, Belleville, IL 62221-6725, 5 N GREEN MOUNT RD is on the **left**.

*If you reach IL-161 you've gone a little too far.*

130

# YOUR TRIP TO:



235 S Buchanan St

**30 MIN | 15.5 MI**

**Est. fuel cost: \$1.53**

Trip time based on traffic conditions as of 11:38 AM on January 17, 2018. Current Traffic: Moderate



Print a full health report of your car with HUM vehicle diagnostics (800) 906-2501

TO DAVITA EDWARDSVILLE



1. Start out going **northeast** on Grand Ave toward E 20th St.

Then 0.09 miles ... 0.09 total miles



2. Take the 1st **right** onto E 20th St.

*If you reach Niedringhaus Ave you've gone about 0.1 miles too far.*

Then 0.77 miles ... 0.85 total miles



3. Turn **left** onto Edwardsville Rd/IL-203. Continue to follow Edwardsville Rd.

Then 1.25 miles ... 2.10 total miles



4. Stay **straight** to go onto State Route 162/IL-162. Continue to follow IL-162.

Then 6.89 miles ... 9.00 total miles



5. Turn **left** onto N Bluff Rd/IL-157/IL-162. Continue to follow N Bluff Rd/IL-157.

Then 1.35 miles ... 10.34 total miles



6. Turn **slight right** onto S State Route 157/IL-157.

*S State Route 157 is 0.6 miles past Heritage Crossing Dr.*

Then 4.47 miles ... 14.81 total miles



7. Turn **right** onto W Schwarz St.

*W Schwarz St is 0.1 miles past Dude Pl.*

*If you are on West St and reach Saint Louis St you've gone about 0.1 miles too far.*

Then 0.64 miles ... 15.46 total miles



8. Turn **left** onto S Buchanan St.

*S Buchanan St is just past S Kansas St.*

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

Then 0.04 miles ... 15.50 total miles

MapQuest Travel Times

APPENDIX - 1

131



9. 235 S Buchanan St, Edwardsville, IL 62025-2108, 235 S BUCHANAN ST is on the left.

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

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Car trouble mid-trip? MapQuest Roadside Assistance is here:

(1-888-461-3625)

132

# YOUR TRIP TO:



309 Homer M Adams Pkwy

**30 MIN | 19.3 MI**

**Est. fuel cost: \$1.90**

Trip time based on traffic conditions as of 10:28 AM on January 17, 2018. Current Traffic: Moderate



Print a full health report of your car with HUM vehicle diagnostics (800) 906-2501

TO DAVITA ALTON DIALYSIS



1. Start out going **northeast** on Grand Ave toward E 20th St.

Then 0.03 miles 0.03 total miles



2. Take the 1st **left** onto E 20th St.

*If you are on Grand Ave and reach Niedringhaus Ave you've gone about 0.1 miles too far.*

Then 0.13 miles 0.16 total miles



3. Turn **slight left** onto Niedringhaus Ave.

*If you are on E 20th St and reach Delmar Ave you've gone a little too far.*

Then 0.17 miles 0.33 total miles



4. Turn **slight right** onto 19th St.

*19th St is just past Delmar Ave.*

*If you are on Niedringhaus Ave and reach Banton St you've gone a little too far.*

Then 0.49 miles 0.81 total miles



5. 19th St becomes Rock Rd.

Then 0.60 miles 1.42 total miles



6. Turn **right** onto IL-3/Lewis and Clark Blvd. Continue to follow IL-3.

*IL-3 is just past Division St.*

Then 13.18 miles 14.60 total miles



7. Turn **left** onto W Saint Louis Ave/IL-3. Continue to follow IL-3.

Then 4.59 miles 19.19 total miles



8. Make a **U-turn** at Alton Square Mall Dr onto Homer M Adams Pkwy/IL-111/IL-3.

Then 0.11 miles 19.30 total miles

133



9. 309 Homer M Adams Pkwy, Alton, IL 62002-5929, 309 HOMER M ADAMS PKWY.

Your destination is just past Homer M Adams Pkwy.

If you reach Buckmaster Ln you've gone about 0.2 miles too far.

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(1-888-461-3625)

# GATEWAY NEPHROLOGY

IJ SINGH M.D., F.A.C.P., F.A.S.N.

ANAHIT CHEEMA, M.D.

11155 Dunn Road Suite 207 N, POB 1 St. Louis, MO 63136

Ph 314-736-6590 Fax 314-736-4359

gatewaynephrology.com



January 16, 2018

Ms. Courtney Avery

Administrator

Illinois Health Facilities & Services Review Board

525 W. Jefferson St., 2<sup>nd</sup> Floor

Springfield, IL 62761

Dear Ms. Avery,

I am a nephrologist with a large practice in St. Louis, Missouri that branches out into southwest Illinois. I am writing to support the proposed Fresenius Kidney Care Madison County dialysis facility. I have a large number of ESRD patients residing in Granite City where I refer them to DaVita Granite City and it is quite full. I see a need for additional access not only to dialysis services right in Granite City, where my patients live, but for a choice of providers as well.

Fresenius Medical Care Madison County will improve access as well as options for our Illinois patients and the quality of care that we prefer for them.

My practice was treating 39 Illinois hemodialysis patients end of 2014, 34 patients at the end of 2015, 35 patients at the end of 2016 and 37 as of 9/30/2017. Over the past twelve months I have referred 10 new patients for dialysis services in Illinois. I also treat many patients in the St. Louis area of Missouri.

I have identified 236 patients in my practice who live in the immediate Granite City area in different stages of chronic kidney disease. With a conservative estimate, I expect at least 33 of these to begin dialysis at the Fresenius Madison County facility in the first two years of operation. There are also patients I refer for dialysis who I have not followed until they appear in the emergency room already in kidney failure.

I respectfully ask that you approve this project to give my patients treatment options where they live. Thank you for your time in considering my comments.

I attest to the fact that to the best of my knowledge, all the information contained in this letter is true and correct and that the projected referrals in this document were not used to support any other CON application since I withdrew my support letter for DaVita Foxpoint, #16-037.

Sincerely,

A.S. Cheema

Anahit S. Cheema, M.D.

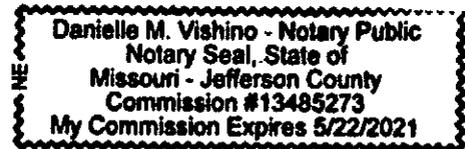
Notarization:

Subscribed and sworn to before me

this 18 day of January, 2018

Danielle M. Vishino  
Signature of Notary

Seal



**PRE-ESRD PATIENTS THAT WILL BEGIN DIALYSIS AT  
FRESENIUS KIDNEY CARE MADISON COUNTY**

<b>Gateway Nephrology CKD</b>	
<b>Zip Code</b>	<b>Patients</b>
<b>62040</b>	<b>30</b>
<b>62060</b>	<b>3</b>
<b>Total</b>	<b>33</b>

**GATEWAY NEPHROLOGY NEW REFERRALS  
FOR THE PAST TWELVE MONTHS**

<b>DaVita Granite City</b>		
<b>City</b>	<b>Zip Code</b>	<b>Patients</b>
<b>Granite City</b>	<b>62040</b>	<b>9</b>
<b>Glen Carbon</b>	<b>62034</b>	<b>1</b>
	<b>Total</b>	<b>10</b>

**GATEWAY NEPHROLOGY HEMODIALYSIS PATIENTS AS OF  
DECEMBER 31, 2014**

<b>Zip Code</b>	<b>DaVita Dialysis</b>	
	<b>Granite City</b>	<b>Maryville</b>
<b>62040</b>	<b>27</b>	<b>1</b>
<b>62060</b>	<b>4</b>	
<b>62062</b>	<b>1</b>	
<b>62087</b>	<b>1</b>	
<b>62201</b>		<b>1</b>
<b>62207</b>	<b>1</b>	
<b>62234</b>	<b>1</b>	
<b>62239</b>	<b>1</b>	
<b>63114</b>	<b>1</b>	
<b>Total</b>	<b>37</b>	<b>2</b>

**GATEWAY NEPHROLOGY HEMODIALYSIS PATIENTS AS OF  
DECEMBER 31, 2015**

Zip Code	DaVita Dialysis	
	Granite City	Maryville
62040	23	
62059	1	
62060	3	
62062	2	
62087	1	
62201		1
62207	1	
62234		1
63114	1	
<b>Total</b>	<b>32</b>	<b>2</b>

**GATEWAY NEPHROLOGY HEMODIALYSIS PATIENTS AS OF  
DECEMBER 31, 2016**

Zip Code	Fresenius Kidney Care		DaVita Dialysis			Total
	Breese	Southwest Illinois	Granite City	Maryville	Sauget	
62040			26			26
62059			1			1
62060			3			3
62087			1			1
62095		1				1
62206				1		1
62232					1	1
62246	1					1
<b>Total</b>	<b>1</b>	<b>1</b>	<b>31</b>	<b>1</b>	<b>1</b>	<b>35</b>

**GATEWAY NEPHROLOGY HEMODIALYSIS PATIENTS AS OF  
SEPTEMBER 30, 2017**

Zip Code	DaVita Dialysis	
	Granite City	Maryville
62040	29	
62060	4	
62061	1	
62087	1	
62234		1
62239	1	
<b>Total</b>	<b>36</b>	<b>1</b>

ST. LOUIS  
**KIDNEY CARE**

11155 Dunn Rd., Suite 211N | St. Louis, MO 63136  
O 314.741.1600 F 314.741.1677  
StLouisKidneyCare.com

January 16, 2018

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

Dear Ms. Avery,

Fresenius Kidney Care is proposing a 9-station ESRD facility in Granite City and I am writing to voice my strong support. I have been practicing nephrology in the St. Louis area for over 20 years, mostly in Missouri. I currently have 26 dialysis patients who go to the DaVita Granite City facility. The number of chronic kidney disease patients I see in Illinois is continually increasing and I am pleased to support the proposed Fresenius Madison County facility along with Dr. Cheema.

St. Louis Kidney Care primarily refers patients to Fresenius Kidney Care facilities in St. Louis and feel there is a need to continue this level of care for our patients across the border into Illinois, however the Fresenius clinic options in that area are few and too far for our patients from Granite City to travel to. A Fresenius facility in Madison County will allow our patients to dialyze with a provider of choice.

St. Louis Kidney Care was treating 26 Illinois hemodialysis patients at the end of 2014, 33 patients at the end of 2015, 33 patients at the end of 2016 and 36 as of 9/30/2017. Over the past twelve months we have referred 16 new patients for dialysis services in Illinois. We currently have 26 patients expected to be referred to the proposed Fresenius Madison County facility in the first two years of operation.

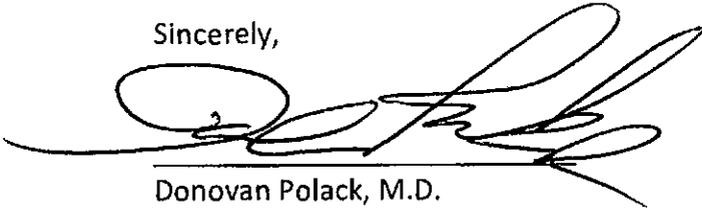
I urge you to provide access to a Fresenius Kidney Care clinic on the Illinois side of St. Louis for our patients in the Granite City area.

ST. LOUIS  
**KIDNEY CARE**

11155 Dunn Rd., Suite 211N | St. Louis, MO 63136  
O 314.741.1600 F 314.741.1677  
StLouisKidneyCare.com

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

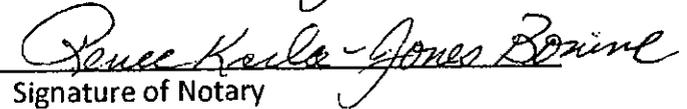
Sincerely,



Donovan Polack, M.D.

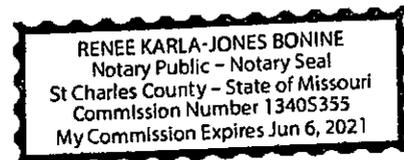
Notarization:

Subscribed and sworn to before me  
this 22 day of January 2018



Signature of Notary

Seal



**PRE-ESRD PATIENTS THAT WILL BEGIN DIALYSIS AT  
FRESENIUS KIDNEY CARE MADISON COUNTY**

<b>St. Louis Kidney Care CKD</b>	
<b>Zip Code</b>	<b>Patients</b>
62025	2
62040	16
62207	4
62034	4
<b>TOTAL</b>	<b>26</b>

**ST. LOUIS KIDNEY CARE NEW REFERRALS  
FOR THE PAST TWELVE MONTHS**

<b>Zip Code</b>	<b>Patients</b>
62025	3
62040	9
62207	2
62034	2
<b>Total</b>	<b>16</b>

**ST. LOUIS KIDNEY CARE HEMODIALYSIS PATIENTS AS OF  
DECEMBER 31, 2014, 2015, 2016 and SEPTEMBER 30, 2017**

<b>St. Louis Kidney Care Historical ESRD</b>				
<b>Zip Code</b>	<b>DaVita Granite City</b>			
	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>Sep-17</b>
62025	3	5	4	3
62040	14	18	19	22
62207	3	3	4	5
62034	6	7	6	6
<b>TOTAL</b>	<b>26</b>	<b>33</b>	<b>33</b>	<b>36</b>



January 30, 2018

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

Re: Fresenius Kidney Care Madison County

Dear Ms. Avery,

I am submitting the enclosed application for consideration by the Illinois Health Facilities and Services Review Board. Please find the following:

1. An original and 1 copy of an application for permit to establish Fresenius Kidney Care Madison County; and
2. A filing fee of \$2500.00 payable to the Illinois Department of Public Health.

Upon your staff's initial review of the enclosed application, please notify me of the total fee and the remaining fee due in connection with this application and I will arrange for payment of the remaining balance.

I believe this application conforms with the applicable standards and criteria of Part 1110 and 1120 of the Board's regulations. Please advise me if you require anything further to deem the enclosed application complete.

Sincerely,

Lori Wright  
Senior CON Specialist

Enclosures