



**FRESENIUS  
KIDNEY CARE**

# #18-045 Application for Permit

**Fresenius Kidney Care**

3500 Lacey Road, Downers Grove, IL 60515  
T 630-960-6807 F 630-960-6812  
Email: lori.wright@fmc-na.com

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November 5, 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 Medical Care West Belmont

Dear Ms. Avery,

I am submitting the attached application for consideration by the Illinois Health Facilities and Services Review Board. A filing fee of \$2500.00 payable to the Illinois Department of Public Health will be submitted via overnight delivery to arrive November 6, 2018.

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

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

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

**This Section must be completed for all projects.**

**Facility/Project Identification**

Facility Name: Fresenius Medical Care West Belmont			
Street Address: 4943 West Belmont			
City and Zip Code: Chicago 60641			
County:	Cook	Health Service Area:	6 Health Planning Area:

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

Exact Legal Name: Fresenius Medical Care Chicagoland, LLC d/b/a Fresenius Medical Care West Belmont	
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 Applicants**

<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 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 |

- 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 Medical Care North America
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: Teri Gurchiek
Title: Vice President of Operations
Company Name: Fresenius Medical Care North America
Address: 3500 Lacey Road, Suite 900, Downers Grove, IL 60515
Telephone Number: 630-960-6806
E-mail Address: teri.gurchiek@fmc-na.com
Fax Number: 630-960-6812

**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 Medical Care North America
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: 4935 West Belmont, Inc.
Address of Site Owner: 4935 W. Belmont, Chicago, IL 60641
Street Address or Legal Description of the Site: 4935 West Belmont, Chicago, IL 60641
<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 Chicagoland, LLC d/b/a Fresenius Medical Care West Belmont						
Address: 920 Winter Street, Waltham, MA 02451						
<table> <tr> <td><input type="checkbox"/> Non-profit Corporation</td> <td><input type="checkbox"/> Partnership</td> </tr> <tr> <td><input type="checkbox"/> For-profit Corporation</td> <td><input type="checkbox"/> Governmental</td> </tr> <tr> <td><input checked="" type="checkbox"/> Limited Liability Company</td> <td><input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other</td> </tr> </table> <ul style="list-style-type: none"> <li>○ Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li> <li>○ 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>○ <b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li> </ul>	<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
<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					
<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.]

**NOT APPLICABLE – STATION ADDITION ONLY**

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.]

**NOT APPLICABLE – STATION ADDITION ONLY**

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 1110.20 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 Chicagoland, LLC proposes to add 4 stations to its 17-station West Belmont ESRD facility in existing space. Along with modernization to existing expansion space of 1,466 SF, an additional 2,936 SF of non-reviewable existing space will be modernized. A new water treatment system will also be installed.

The facility is located at 4943 West Belmont, Chicago and is in HSA 6. As of the October 2018 station inventory update there is a determined need for an additional 9 stations in this HSA.

This project is "non-substantive" under Planning Board rule 1110.40 as it entails the addition of 4 stations to an existing in-center hemodialysis facility.

**Project Costs and Sources of Funds**

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

<b>Project Costs and Sources of Funds</b>			
<b>USE OF FUNDS</b>	<b>Expansion/Clinical</b>	<b>Non-Expansion</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	237,492	475,632	713,124
Contingencies	23,244	47,188	70,432
Architectural/Engineering Fees	22,250	50,250	72,500
Consulting and Other Fees	N/A	N/A	N/A
Movable or Other Equipment (not in construction contracts)	46,000	230,000	276,000
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	57,300	N/A	57,300
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>\$386,286</b>	<b>\$803,070</b>	<b>\$1,189,356</b>
<b>SOURCE OF FUNDS</b>	<b>Expansion/Clinical</b>	<b>Non-Expansion</b>	<b>TOTAL</b>
Cash and Securities	328,986	803,070	1,132,056
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)	57,300	N/A	57,300
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>\$386,286</b>	<b>\$803,070</b>	<b>\$1,189,356</b>

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

**Related Project Costs**

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

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

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

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

Estimated start-up costs and operating deficit cost is \$ 295,244.

**Project Status and Completion Schedules**

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

Indicate the stage of the project's architectural drawings:

None or not applicable  Preliminary  
 Schematics  Final Working

Anticipated project completion date (refer to Part 1130.140): 03/31/2020

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

Purchase orders, leases or contracts pertaining to the project have been executed.  
 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  
 Financial Commitment will occur after permit issuance.

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

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

Are the following submittals up to date as applicable:

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

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

### Cost Space Requirements

Provide in the following format, the **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 Expansion Space	\$386,286	1,466			1,466		
Total Reviewable	\$386,286	1,466			1,466		
<b>NON REVIEWABLE</b>							
Existing non-Expansion space Renovations	\$803,070	2,936			2,936		
Total Non-Reviewable	\$803,070	2,936			2,936		
<b>TOTAL</b>	<b>\$1,189,356</b>	<b>4,402</b>			<b>4,402</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 Chicagoland, 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

Vice President of Operations  
PRINTED NAME

Teri Gourchiek  
PRINTED TITLE

  
SIGNATURE

Grant Asay  
PRINTED NAME

General Manager  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 22nd day of August, 2018

Notarization:  
Subscribed and sworn to before me  
this 22nd day of August, 2018

  
Signature of Notary

Seal  
OFFICIAL SEAL  
CANDACE M TUROSSKI  
NOTARY PUBLIC - STATE OF ILLINOIS  
MY COMMISSION EXPIRES: 12/09/21

  
Signature of Notary

Seal  
OFFICIAL SEAL  
CANDACE M TUROSSKI  
NOTARY PUBLIC - STATE OF ILLINOIS  
MY COMMISSION EXPIRES: 12/09/21

\*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:

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

Thomas D. Brouillard, Jr.  
 SIGNATURE

Thomas D. Brouillard, Jr.  
 PRINTED NAME  
 Assistant Treasurer

PRINTED TITLE

Bryan Mello  
 SIGNATURE

Bryan Mello  
 PRINTED NAME  
 Assistant Treasurer

PRINTED TITLE

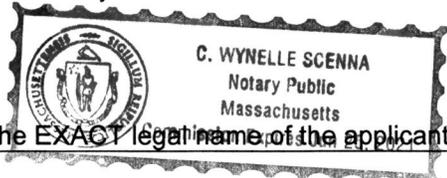
Notarization:  
 Subscribed and sworn to before me  
 this 10 day of July 2018

Notarization:  
 Subscribed and sworn to before me  
 this 2 day of July 2018

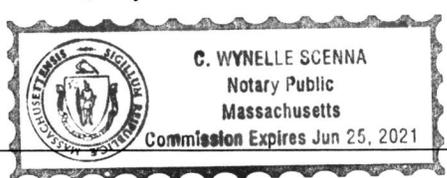
C Wynelle Scenna  
 Signature of Notary

C Wynelle Scenna  
 Signature of Notary

Seal



Seal



**SECTION II. DISCONTINUATION****NOT APPLICABLE STATION ADDITION ONLY**

This Section is applicable to the discontinuation of a health care facility maintained by a State agency.

**NOTE:** If the project is solely for discontinuation and if there is no project cost, the remaining Sections of the application are not applicable.

**Criterion 1110.290 – Discontinuation (State-Owned Facilities and All Relocations)**

READ THE REVIEW CRITERION and provide the following information:

**GENERAL INFORMATION REQUIREMENTS**

1. Identify the categories of service and the number of beds, if any that is to be discontinued.
2. Identify all of the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued and the length of time the records will be maintained.
6. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation.

**REASONS FOR DISCONTINUATION**

The applicant shall state the reasons for the discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.290(b) for examples.

**IMPACT ON ACCESS**

1. Document whether or not the discontinuation of each service or of the entire facility will have an adverse effect upon access to care for residents of the facility's market area.
2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within 45 minutes travel time of the applicant facility.

**APPEND DOCUMENTATION AS ATTACHMENT 10, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

### 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.

#### 1110.110(a) – Background of the Applicant

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 1110.110(b) & (d)

##### 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 1110.120 - 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 – THERE IS NO UNFINISHED SHELL SPACE**

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 – THERE IS NO UNFINISHED SHELL SPACE**

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.**

**APPEND DOCUMENTATION AS ATTACHMENT 18, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**SECTION V. SERVICE SPECIFIC**

**F. Criterion 1110.230 - 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	17	21

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

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.230(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.230(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.230(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.230(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.2300(b)(5) - Planning Area Need - Service Accessibility	X		
1110.230(c)(1) - Unnecessary Duplication of Services	X		
1110.230(c)(2) - Maldistribution	X		
1110.230(c)(3) - Impact of Project on Other Area Providers	X		
1110.230(d)(1), (2), and (3) - Deteriorated Facilities and Documentation			X
1110.230(e) - Staffing	X	X	
1110.230(f) - Support Services	X	X	X
1110.230(g) - Minimum Number of Stations	X		
1110.230(h) - Continuity of Care	X		
1110.230(i) - Relocation (if applicable)	X		
1110.230(j) - 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 1110.230(i) - Relocation of an in-center hemodialysis facility.



# #18-045 Application for Permit

<u>N/A</u>	5) For any option to lease, a copy of the option, including all terms and conditions.
<u>N/A</u>	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;
<u>N/A</u>	f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
<u>N/A</u>	g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
<u>\$1,189,356</u>	<b>TOTAL FUNDS AVAILABLE</b>

\*Dialysis machine lease only. No additional space is being leased for expansion.

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

## SECTION VII. 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 VIII.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).

<b>COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE</b>									
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 Expansion		162.00			1,466			237,492	237,492
Contingency		16.00			1,466			23,456	23,456
<b>Total Expansion</b>		<b>\$178.00</b>			<b>1,466</b>			<b>\$260,948</b>	<b>\$260,948</b>
Existing Non-Expansion		162.00			2,936			475,632	475,632
Contingency		16.00			2,936			46,976	46,976
<b>Total Non-Reviewable</b>		<b>\$178.00</b>			<b>2,936</b>			<b>\$522,608</b>	<b>\$522,608</b>
<b>TOTALS</b>		<b>\$178.00</b>			<b>4,402</b>			<b>\$783,556</b>	<b>\$783,556</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 IX. 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)			
Charity (# of patients) (Self-Pay)	2015	2016	2017
Out-patient Only	195	233	280
<b>Total Charity (cost in dollars)</b>	\$3,204,986	\$3,269,127	\$4,552,654
MEDICAID			
Medicaid (# of patients)	2015	2016	2017
Out-patient Only	396	320	328
<b>Medicaid (revenue)</b>	\$7,310,484	\$4,383,383	\$6,630,014
<b>Total</b>			

\*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:**

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 X. 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.**

CHARITY CARE			
	Year	Year	Year
<b>Net Patient Revenue</b>	\$438,247,352	\$449,611,441	\$460,678,799
Amount of Charity Care (self-pay charges)	\$3,204,986	\$3,269,127	\$4,552,654
Cost of Charity Care (Self-Pay)	\$3,204,986	\$3,269,127	\$4,552,654

\*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:

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 private insurance however, in 2017, of our commercial patients, we had 1,230 Medicaid Risk patients with Revenues of \$22,664,352

# #18-045 Application for Permit

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

<b>INDEX OF ATTACHMENTS</b>		
<b>ATTACHMENT NO.</b>		<b>PAGES</b>
1	Applicant Identification including Certificate of Good Standing	25-26
2	Site Ownership	27
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	28
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	29
5	Flood Plain Requirements	30
6	Historic Preservation Act Requirements	
7	Project and Sources of Funds Itemization	
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15	Project Service Utilization	45
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17	Assurances for Unfinished/Shell Space	
18	Master Design Project	
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20	Comprehensive Physical Rehabilitation	
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25	Non-Hospital Based Ambulatory Surgery	
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28	Subacute Care Hospital Model	
29	Community-Based Residential Rehabilitation Center	
30	Long Term Acute Care Hospital	
31	Clinical Service Areas Other than Categories of Service	
32	Freestanding Emergency Center Medical Services	
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	<b>Financial and Economic Feasibility:</b>	
34	Availability of Funds	
35	Financial Waiver	60
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37	Economic Feasibility	62-66
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39	Charity Care Information	68-69

# #18-045 Application for Permit

## Applicant Identification

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

Exact Legal Name:	Fresenius Medical Care Chicagoland, LLC d/b/a Fresenius Medical Care West Belmont
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 Applicants**

<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 Chicagoland, LLC on following page.**

## **Co - Applicant Identification**

### **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

- 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.

File Number

0364338-7



**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*

FRESENIUS MEDICAL CARE CHICAGOLAND, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON AUGUST 24, 2011, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 26TH day of JUNE A.D. 2018 .***

*Jesse White*

SECRETARY OF STATE

Authentication #: 1817702124 verifiable until 06/26/2019  
Authenticate at: <http://www.cyberdriveillinois.com>

# #18-045 Application for Permit

## Site Ownership

Exact Legal Name of Site Owner: 4935 West Belmont, Inc.
Address of Site Owner: 4935 W. Belmont, Chicago, IL 60641
Street Address or Legal Description of Site: 4935 W. Belmont, Chicago, IL 60641
<b>Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.</b>

# #18-045 Application for Permit

## Operating Identity/Licensee

Exact Legal Name: Fresenius Medical Care Chicagoland, LLC d/b/a Fresenius Medical Care West Belmont			
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>			

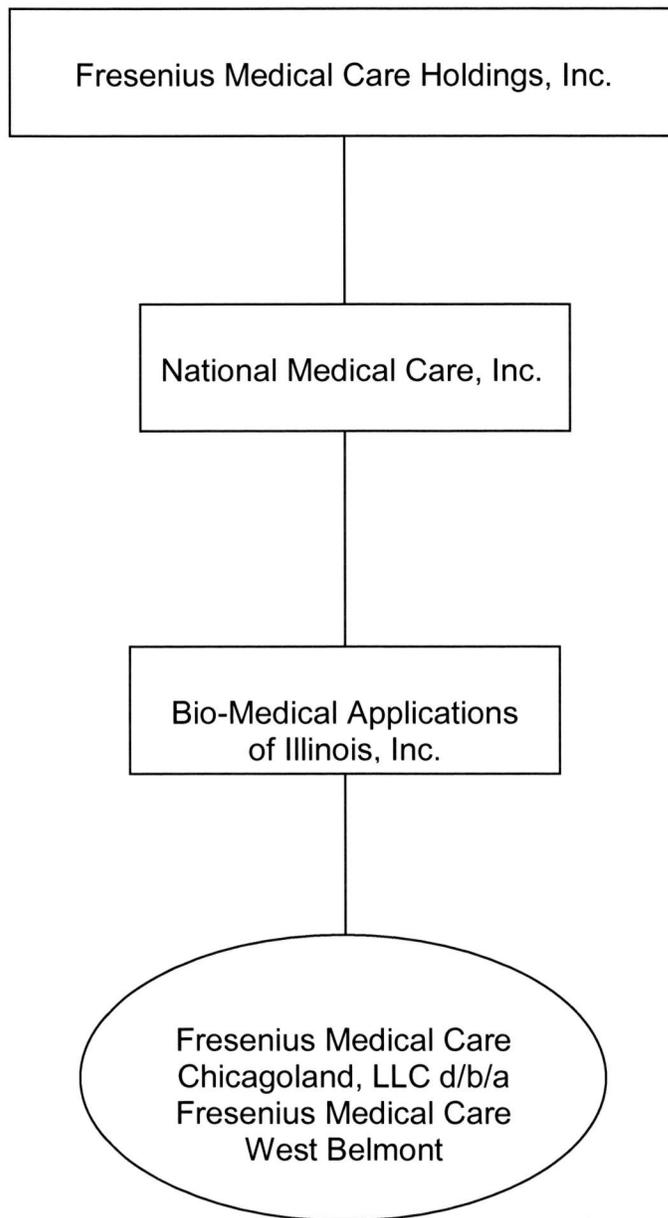
**\*Certificate of Good Standing at Attachment – 1.**

### Ownership

Bio-Medical Applications of Illinois, Inc. has a 60% membership interest in Fresenius Medical Care Chicagoland, LLC.

AIN Ventures, LLC has a 40% membership interest in Fresenius Medical Care Chicagoland, LLC. Its address is 210 S. Des Plaines Street, Chicago, IL 60661.

# #18-045 Application for Permit

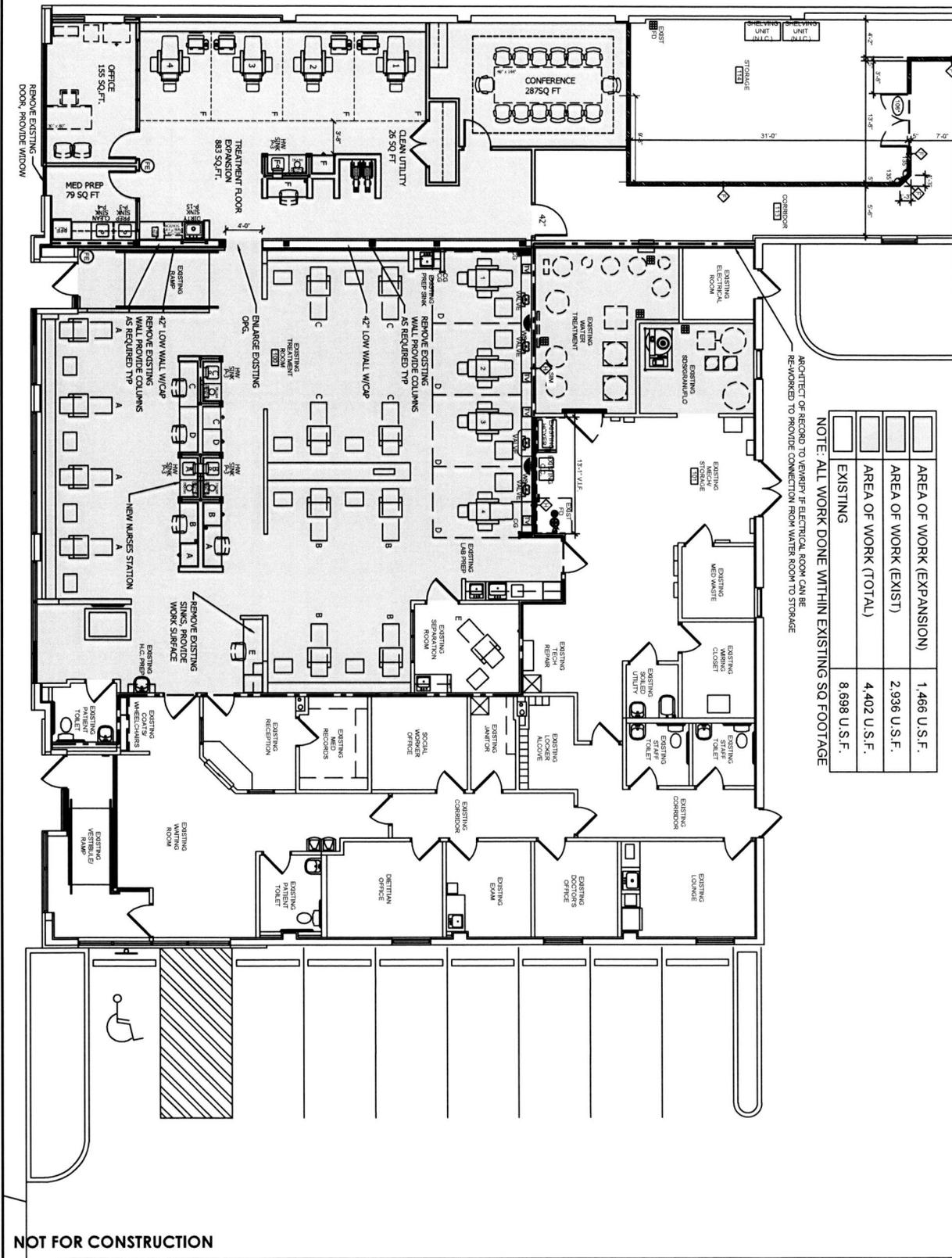


# #18-045 Application for Permit

## SUMMARY OF PROJECT COSTS

<b>Modernization</b>	
Concrete	13,990
Doors & Windows	18,698
Electrical Work	140,045
Finishes	70,628
General Conditions	134,247
Indirect Costs	59,415
Masonry	5,165
Mechanical Work	120,769
Metals	14,339
Specialities	15,873
Thermal & Moisture Protection	15,362
Woods & Plastics	104,593
<b>Total</b>	<b>713,124</b>
<b>Contingencies</b>	<b>\$70,432</b>
<b>Architecture/Engineering Fees</b>	<b>\$75,000</b>
<b>Moveable or Other Equipment</b>	
Dialysis Chairs	7,500
Clinical Furniture & Equipment	12,000
Office Equipment & Other Furniture	8,000
Water Treatment	230,000
TVs & Accessories	10,000
Telephones	1,000
Other miscellaneous	5,000
<b>Total</b>	<b>\$273,500</b>
<b>Fair Market Value of Leased Space and Equipment</b>	
FMV Leased Dialysis Machines	57,300
	<b>\$57,300</b>
<b>Grand Total</b>	<b>\$1,189,356</b>

Itemized Costs  
ATTACHMENT - 7



NOT FOR CONSTRUCTION

DATE	BY	STATUS
07/27/18	DN	PLAN REVISION
08/05/18	DN	PLAN REVISION
08/06/18	DN	PLAN REVISION

REVISIONS:

DRAWN BY: C. ASKEY  
 SCALE: 3/32" = 1'  
 USABLE AREA: AS NOTED

2022  
 WEST BELMONT  
 CHICAGO, IL

RECS APPROVED SPACE PLAN  
 02/16/18

900 Circle 75 Parkway, Suite 1080  
 Atlanta, GA 30339  
 Phone: 770.955.2075



**FRESENIUS  
 MEDICAL CARE**

Real Estate and Construction Services  
 Atlanta (Design)

# #18-045 Application for Permit

## Current Fresenius CON Permits and Status

Project Number	Project Name	Project Type	Completion Date	Comment
#16-029	Fresenius Medical Care Ross Dialysis - Englewood	Relocation/ Expansion	09/30/2018	Obligated/Permit Renewal Approved 10/30/18, Construction begun 10/2018
#16-034	Fresenius Kidney Care Woodridge	Establishment	03/31/2019	Opening November 2018
#16-042	Fresenius Kidney Care Paris Community	Establishment	09/30/2018	Permit Renewal/Financial Commitment Extension Request Approved 10/30/18
#17-004	Fresenius Kidney Care Mount Prospect	Establishment	12/31/2018	Certified, Will be closing CON Permit
#17-025	Fresenius Kidney Care Crestwood	Relocation	09/30/2019	Open August 2018, waiting for Certification
#17-038	Fresenius Kidney Care South Elgin	Establishment	12/31/2019	Shell Construction Complete, Interior Build-out Begun
#17-024	Fresenius Kidney Care Springfield East	Establishment	03/31/2019	Construction End Date 11/2018
#17-056	Fresenius Medical Care Galesburg	Relocation	12/31/2019	Construction Complete Opening December 2018
#17-065	Fresenius Kidney Care New Lenox	Establishment	12/31/2019	Permitted April 17, 2018
#18-006	Fresenius Kidney Care Madison County	Establishment	06/30/2020	Permitted October 30, 2018

# #18-045 Application for Permit

## 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.**

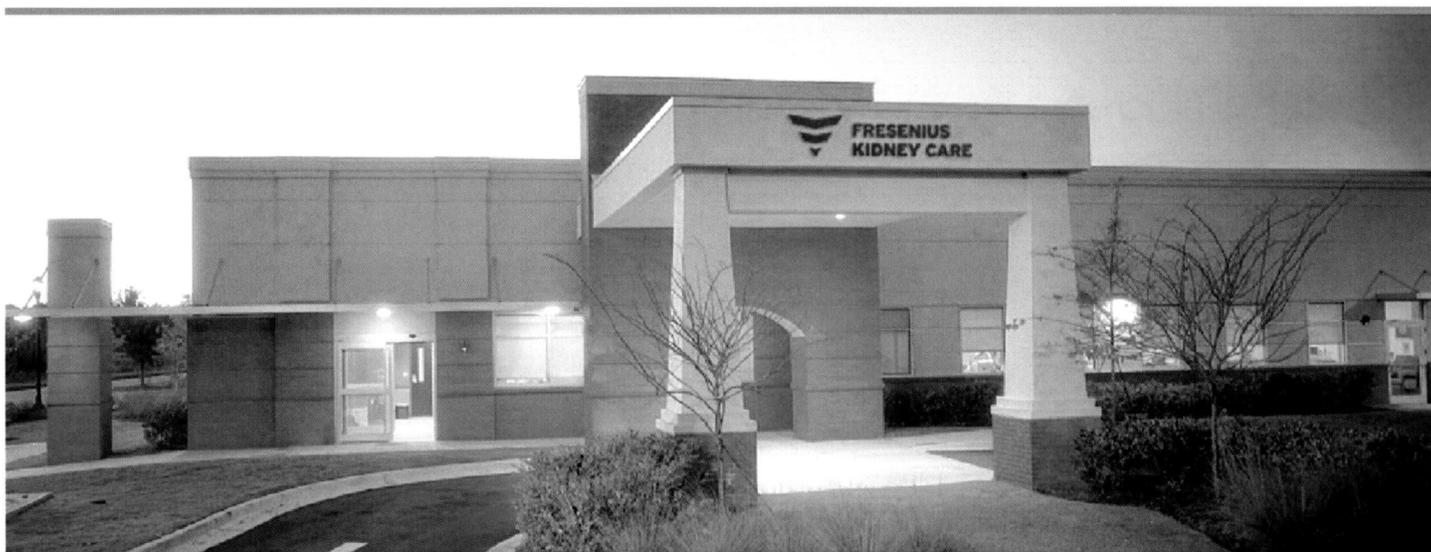
Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
<b>REVIEWABLE</b>							
In-Center Hemodialysis Expansion Space	\$386,286	1,466			1,466		
Total Reviewable	\$386,286	1,466			1,466		
<b>NON REVIEWABLE</b>							
Existing non-Expansion space Renovations	\$803,070	2,936			2,936		
Total Non-Reviewable	\$803,070	2,936			2,936		
<b>TOTAL</b>	\$1,189,356	4,402			4,402		
<b>APPEND DOCUMENTATION AS <u>ATTACHMENT-9</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>							



## About Us

Fresenius Kidney Care, a division of Fresenius Medical Care North America (FMCNA), provides dialysis treatment and services to over 190,000 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 that include Springfield and the St. Louis area.

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.

Background



## Five Star Quality Rated by CMS

Fresenius Kidney Care achieved the largest number of top-rated, Five Star dialysis centers in 2017, 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 \$21,000 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.

Background

ATTACHMENT - 11

**Thrive On**

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	14-2839	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
Bolingbrook	14-2605	329 Remington	Bolingbrook	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 Heights	14-2832	15 E. Independence Drive	Chicago Heights	60411
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	14-2837	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 Biesterfeld 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
Madison County	-	1938 -1946 Grand Ave.	Granite City	62040
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

# #18-045 Application for Permit

Clinic	Provider #	Address	City	Zip
Naperbrook	14-2765	2451 S Washington	Naperville	60565
Naperville North	14-2678	516 W. 5th Ave.	Naperville	60563
New City	14-2815	4622 S. Bishop Street	Chicago	60609
New Lenox	-	Cedar Crossing Development	New Lenox	60451
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	-	770 N. McLean Blvd.	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. Neltnor	West Chicago	60185
West Metro	14-2536	1044 North Mozart Street	Chicago	60622
West Suburban	14-2530	518 N. Austin Blvd., 5th Floor	Oak Park	60302
West Willow	14-2730	1444 W. Willow	Chicago	60620
Westchester	14-2520	2400 Wolf Road, Ste. 101A	Westchester	60154
Williamson County	14-2627	900 Skyline Drive, Ste. 200	Marion	62959
Willowbrook	14-2632	6300 S. Kingery Hwy, Ste. 408	Willowbrook	60527
Zion	14-2841	1920-1920 N. Sheridan Road	Zion	60099

# #18-045 Application for Permit

## Certification & Authorization

Fresenius Medical Care Chicagoland, 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 Chicagoland, 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 regard 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: *Deirdre Sullivan*

ITS: Vice President of Operations

By: *Scott J. Long*

ITS: General Manager

Notarization:

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

*Candace M. Turosski*

Signature of Notary

Seal



Notarization:

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

*Candace M. Turosski*

Signature of Notary

Seal



# #18-045 Application for Permit

## Certification & Authorization

Fresenius Medical Care Holdings, Inc.

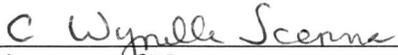
In accordance with Section III, A (2) of the Illinois Health Facilities & Services Review Board Application for Certificate of Need; I do hereby certify that no adverse actions have been taken against Fresenius Medical Care Holdings, Inc. by either Medicare or Medicaid, or any State or Federal regulatory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

In regard 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.

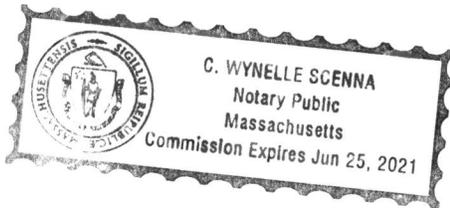
By:   
ITS: Thomas D. Brouillard, Jr.  
Assistant Treasurer

By:   
ITS: Bryan Mello  
Assistant Treasurer

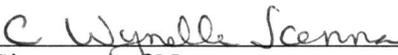
Notarization:  
Subscribed and sworn to before me  
this 10 day of July, 2018

  
Signature of Notary

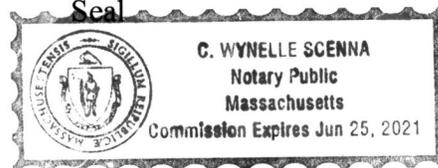
Seal



Notarization:  
Subscribed and sworn to before me  
this 2 day of July, 2018

  
Signature of Notary

Seal



# #18-045 Application for Permit

## Criterion 1110.230 – Purpose of Project

1. The purpose of this project is to maintain life-sustaining dialysis services in the Federally Designated Medically Underserved Area/Population of the Cragin Neighborhood of Chicago in the most cost-effective way, by adding 4 ESRD stations in existing space at the CMS 4-star rated Fresenius West Belmont facility. As of September 2018, the facility was operating at 86% utilization with 17 stations. The result of the expansion will be a 21-station ESRD facility.
2. The Fresenius West Belmont facility is located in the Cragin Neighborhood of Chicago, which is in Cook County and HSA 6. This is a Medically Underserved Area/Population.
3. Fresenius West Belmont has been operating at an average 89% utilization rate over the past 12 months and 87% over the past 24 months. High utilization rates restrict access to treatment schedule times for patients new to dialysis causing conflicts with their work or family responsibilities. At high utilization rates, new patients generally are scheduled on the 3<sup>rd</sup> shift of the day which ends around 8 p.m. There are fewer transportation options for patients going home from treatment at this time of night causing hardship for the patient and family members who must transport them.
4. Not Applicable
5. Increasing the capacity at the Fresenius West Belmont facility will maintain access to dialysis services in the medically underserved Cragin neighborhood of Chicago. The additional stations will enable patients to remain in their community for treatment instead of travelling out of their market, which can result in a loss of continuity of care and transportation problems. The additional stations will also provide patients with a choice of treatment shift times that would better coordinate with their home life, employment and transportation options.
6. The goal of Fresenius Medical Care is to keep dialysis access available to this underserved patient population that it has served for well over 20 years. 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. This facility participates in the Value Based CMS ESRD Seamless Care Organization (ESCO) which increases patient monitoring resulting in higher quality, fewer hospitalizations/readmissions and significant cost savings to Medicare. It is expected that this facility would continue to have similar quality outcomes after the expansion. The West Belmont facility has a 4-star CMS Quality rating, and the patients have the quality values as listed below:
  - 97% of patients had a URR  $\geq$  65%
  - 98% of patients had a Kt/V  $\geq$  1.2

# #18-045 Application for Permit

## Alternatives

### 1) All Alternatives

A-C.

- The alternative of doing nothing will not address patient access issues due to the high utilization currently and historically at the Fresenius West Belmont clinic and therefore was not considered. There is no cost to this alternative.
- The physician's supporting this project admit patients to several area clinics also operating at high utilization rates. Fresenius West Belmont has been operating at an average 89% for the past 12 months and at 87% for the past two years. Additional access is needed for Associates in Nephrology (AIN) patients, as well as from other area nephrologists, and it is more cost effective and reasonable to add stations to an existing clinic if there is available space. There is no cost to referring patients to other area facilities.
- The alternative of adding fewer stations was already acted upon. Three stations were added in 2010 and an additional four in 2012. These additions had a short-term impact on the overutilization and the clinic remains highly utilized at 86%. The cost of these two additions was approximately \$900,000.
- The facility is already joint venture which does not impact the overall project costs.
- The chosen alternative for addressing high utilization at the West Belmont facility, located in a medically underserved area, is the most cost effective by adding four stations in existing space. The cost of this project is \$1,189,356.

### 2) Comparison of Alternatives

	Total Cost	Patient Access	Quality	Financial
Do Nothing	Rejected – won't address patient access issues in Craigin			
Admit patients to other area facilities.	Associates in Nephrology physicians already admit patients to clinics spread all over Chicago and the near the near suburbs.			
Establish a Joint Venture	The facility is already a joint venture.			
Expand Fresenius West Belmont by 4stations.	\$1,189,356	Access to dialysis treatment will be maintained in the medically underserved Craigin area of Chicago. New ESRD patients will have treatment shift scheduling options with additional stations.	Fresenius Medical Care West Belmont has a 4-star CMS rating for 2017. Patient quality is above standards and it is expected to remain so. This facility also participates in the Value Based CMS ESCO.  With access to treatment patient's transportation problems will decrease and thus missed treatments.	This cost is to Fresenius only.

# #18-045 Application for Permit

### **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. This facility participates in the Value Based CMS ESRD Seamless Care Organization which increases patient monitoring resulting in higher quality, fewer hospitalizations/readmissions and significant cost savings to Medicare. It is expected that this facility would continue to have similar quality outcomes after the expansion. The West Belmont facility has a 4-star CMS Quality rating, and the patients have the quality values as listed below:

- 97% of patients had a URR  $\geq$  65%
- 98% of patients had a Kt/V  $\geq$  1.2

# #18-045 Application for Permit

## Criterion 1110.234, Size of Project

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD 450-650 BGSF Per Station	DIFFERENCE	MET STANDARD?
ESRD IN-CENTER HEMODIALYSIS Expansion Space	1,466 (4 Stations)	1,800 – 2,600 BGSF	None	Yes
Non-Expansion Existing Renovated Space	2,936	N/A	N/A	N/A

The State Standard for the space being expanded is between 450 - 650 BGSF per station or 1,800 – 2,600 BGSF thereby meeting the standard.

# #18-045 Application for Permit

## 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>
	IN-CENTER HEMODIALYSIS	86% Sept. 2018 17 Stations		80%	Yes
<b>YEAR 1*</b>	IN-CENTER HEMODIALYSIS	21 Stations	81%	80%	Yes
<b>YEAR 2*</b>	IN-CENTER HEMODIALYSIS	21 Stations	86%	80%	Yes

\*With additional 4 stations.

This facility has already met the State standard utilization target of 80%. After the addition of the 4 stations and after the first year of their operation the facility will be above 80% utilization, even after accounting for patient attrition due to death, transplant, modality change or transfer.

One of the stations at this facility is an isolation station and can only be used to treat patients who are Hepatitis B positive.

# #18-045 Application for Permit

## 2. Planning Area Need – Service To Planning Area Residents:

- A. The primary purpose of this project is to provide access to in-center hemodialysis services to the residents of the Craigin Neighborhood of Chicago, in HSA 6. 100% of current ESRD and pre-ESRD patients identified to be referred to the West Belmont facility reside in HSA 6, thereby meeting this requirement.

HSA	Pre-ESRD Patients Who Will Be Referred to Fresenius Medical Care West Belmont	
6	38 Pts.	100%

HSA	ESRD Patients of Fresenius Medical Care West Belmont	
6	89 Pts.	100%

# #18-045 Application for Permit

## Service Demand – Expansion of In-center Hemodialysis Service

### A. Historical Service Demand

- i) The Fresenius West Belmont 17-station dialysis facility, located in a Medically Underserved Area/Population, has been operating at an average utilization rate of 89% for the past 12 months and 87% over the past two years. The clinic was at 86% utilization as of September 2018 with 88 patients.

See attached physician support/referral letter on following page.

# #18-045 Application for Permit

## ASSOCIATES IN NEPHROLOGY, S.C.

NEPHROLOGY AND HYPERTENSION

210 S DESPLAINES ST.

CHICAGO, IL 60661

July 11, 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 practicing in northwest Chicago with Associates in Nephrology. (AIN). I am the Medical Director of the Fresenius Medical Care West Belmont dialysis center. I am writing to support the proposed addition of 4 stations to this facility. Over the years, despite station additions, the West Belmont facility continues to operate at high utilization rates due to the ever-increasing incidence of End Stage Renal Disease, especially in underserved areas. The facility has room for 4 more stations that can provide access for an additional 24 patients. Adding these stations will quickly meet the immediate need here.

AIN nephrologists in this region were treating 297 in-center hemodialysis patients at the end of 2015, 322 at the end of 2016, 336 at the end of 2017, and 327 as of March 2018 in the northwest Chicago area. In the most recent 12-month period we referred 91 new ESRD patients for dialysis services to area facilities including Fresenius West Belmont. We currently see over 300 chronic kidney disease (CKD) patients that reside in the zip codes immediately surrounding the West Belmont facility. Of these I expect approximately 38 to be referred to the facility in the first two years the new stations are operating.

I respectfully ask for approval of the 3-station expansion for Fresenius Medical Care West Belmont to alleviate high utilization. Thank you for your consideration.

# #18-045 Application for Permit

I attest that to the best of my knowledge, all the information contained in this letter is true and correct and that the projected patient referrals listed in this document have not been used to support any other pending or approved CON application.

Sincerely,

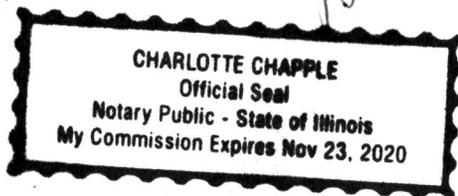
Neetha S Dhananjaya, M.D.  
Dr. Neetha Dhananjaya, M.D.

Notarization:

Subscribed and sworn to before me  
this 12th day of July, 2018

Charlotte Chapple  
Signature of Notary

Seal



# #18-045 Application for Permit

## CURRENT ESRD PATIENTS AT FRESENIUS WEST BELMONT

Zip Code	Patients
60639	37
60641	28
60634	11
60651	3
60625	1
60652	1
60622	1
60624	2
60618	1
60607	1
60647	3
60644	2
<b>Total</b>	<b>91</b>

## PRE-ESRD PATIENTS IDENTIFIED FOR FRESENIUS WEST BELMONT

Zip Code	Patients
60639	12
60641	12
60647	14
<b>Total</b>	<b>38</b>

## NEW ESRD REFERRALS OF AIN IN THE NW CHICAGO AREA 6/2017 – 5/2018

Zip Code	Nephron Dialysis	DaVita Logan Square	Fresenius Kidney Care						Total	
			Logan Square	Polk	Lakeview	No Kilpatrick	Northcenter	Uptown		W Belmont
60103				1						1
60126							1			1
60131								1		1
60199							1			1
60438							1			1
60608				1				1		2
60610				1					1	2
60612			1	1						2
60613					2					2
60618	1		4			1				6
60619			1							1
60620				1						1
60621				1						1
60622			1			1				2
60624				1						1
60625	2		1			3		1		7
60626					1					1
60629				1						1
60630	2					4				6
60634			2			4			3	9
60639						2			8	10
60640	1			1	3	1		1		7
60641			1			4			3	8
60646						1				1
60647			4							4
60651		1							1	2
60656						2				2
60657	1		1						1	3
60660						1		2		3
60707									1	1
63112					1					1
<b>Total</b>	<b>7</b>	<b>1</b>	<b>16</b>	<b>9</b>	<b>7</b>	<b>27</b>	<b>2</b>	<b>5</b>	<b>17</b>	<b>81</b>

Service Demand





## HRSA Data Warehouse

Health Resources & Services Administration

[Topic Areas](#) [Tools](#) [Data](#) [FAQs & Resources](#) [About HDW](#) [HRSA.gov](#)

[Home](#) > [Tools](#) > [Analyzers](#) > Find Shortage Areas by Address

### Find Shortage Areas by Address Results

Input address: 4935 W. Belmont, Chicago, Illinois 60641  
Geocoded address: 4935 W Belmont Ave, Chicago, Illinois, 60641

[Start Over](#)

HRSA Data as of 7/6/2018

MUA Data as of 7/6/2018

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

**In a Dental Health HPSA: No**

**In a Mental Health HPSA: Yes**

HPSA Name: Low Income - Chicago Northeast (1-8,13-22)  
ID: 7172628215  
Designation Type: Hpsa Population  
Status: Designated  
Score: 12  
Designation Date: 01/15/2010  
Last Update Date: 10/28/2017

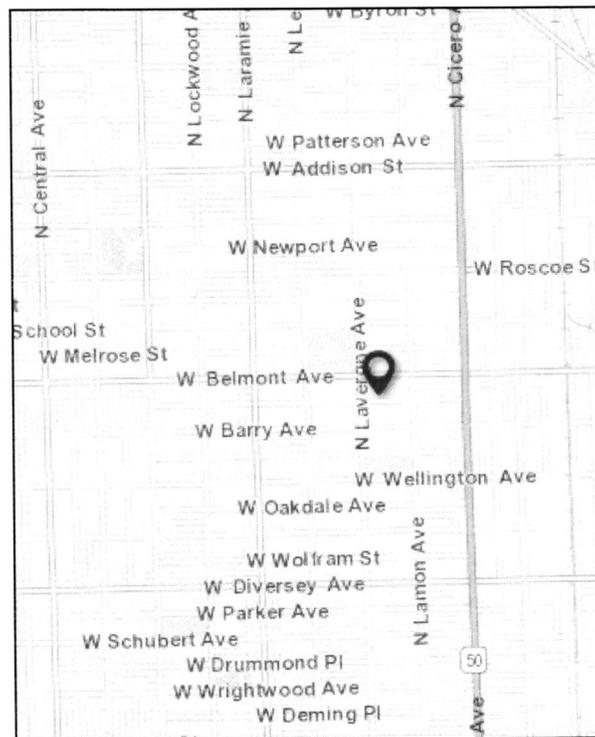
**In a Primary Care HPSA: Yes** [\[Additional result analysis\]](#)

HPSA Name: Low Income-Logan Square  
ID: 1173639865  
Designation Type: Hpsa Population  
Status: Designated  
Score: 14  
Designation Date: 09/15/2017  
Last Update Date: 09/15/2017

**In a MUA/P: Yes**

Service Area Name: Low Inc - Logan Square/ Hermosa  
ID: 07486  
Designation Type: Medically Underserved Population  
Designation Date: 06/27/2005  
Last Update Date: 06/27/2005

Service Area Name: Communities Asian-American Population  
ID: 00801



Click on the image to see an expanded map

# #18-045 Application for Permit

Criterion 1110.1430 (f)(1) – Staffing

2) A. Medical Director

Dr. Neetha Dananjaya is the Medical Director for Fresenius Medical Care West Belmont and will continue to be the Medical Director. Attached is her curriculum vitae.

B. All Other Personnel

The West Belmont facility currently employs the following staff:

- Clinic Manager who is a Registered Nurse
- 3 Registered Nurses
- 9 Patient Care Technicians
- Full-time Registered Dietitian
- Full-time Licensed Master Level Social Worker
- Part-time Equipment Technician
- Full-time Secretary

Two additional patient care technicians' will be hired after the 4-station expansion.

- 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.

# #18-045 Application for Permit

## CURRICULUM VITAE Neetha Dhananjaya, M.D.

### PERSONAL:

**Date of Birth:** June 22, 1971  
**Place of Birth:** Bangalore, India  
**Citizenship Status:** U.S.A.  
**Marital Status:** Married  
**Spouse Name:** Nandish Dhananjaya

### EMPLOYMENT:

**Associates in Nephrology**  
210 South Des Plaines Street  
Chicago, Illinois 60661  
Phone: 312-654-2700

### EDUCATION:

**Pre-Medical:** **Jyothia Nivas College**  
Bangalore, India

**Medical School:** **University of Mysore**  
08/01//1989-01/31/1994 **J.J.M. Medical College**  
Karnataka, India

**Rotating Resident Internship** **University of Mysore**  
03/21/1994 – 03/21/1995 **J.J.M. Medical College**  
Karnataka, India

### Residency:

**Internal Medicine** **Finch University of Health Sciences**  
07/01/2000-06/30/2003 **The Chicago Medical School**  
North Chicago, Illinois

07/01/2003 – 09/30/2003 *Relocation from Chicago, Illinois to  
Louisville, KY for Fellowship*

### Fellowship:

**Nephrology** **University of Louisville**  
10/01/2003-09/30/2005 Louisville, KY

**Neetha Dhananjaya, M.D.**  
**Curriculum VITAE (continued)**

### TIME GAPS SINCE MEDICAL SCHOOL

02/1994 – 03/20/1994 **Traveling, Family Vacation**

03/1995 - 07/1995 **Preparing for State Post Graduation Entrance Exams  
India**

07/1995 - 02/1997 **Junior Medical Officer, C.S.I. RM Hospital  
Hassan, India**

02/1997 - 06/1997 **Resident Doctor, City Medical Center  
Davangere, India**

07/1997 - 08/1999 **Preparing for USMLE and relocation to USA**

09/1999 – 06/2000 **Clinical Observer, Premcare Medical Center while  
On Maternity Leave**

10/01/05 – 02/20/06 **Vacation and relocation from Kentucky to Chicago**

### CERTIFICATIONS:

**Nephrology**  
2005 – 2015

**American Board of Internal Medicine**  
Certificate Number: 220010

**Internal Medicine**  
2003 – 2013

**American Board of Internal Medicine**  
Certificate Number: 220010

**ECFMG**  
01/24/2000

**USMLE**  
Steps I, II, III  
Certificate Number: 0-583-726-5

### LICENSE:

**Kentucky**  
12/18/2003  
**Illinois**  
07/31/2005  
**Illinois**  
07/31/2005  
**DEA**  
10/18/2005

**License to Practice Medicine**  
#38333  
**Physician and Surgeon**  
036-108649  
**Control Substance**  
336-075478  
**Federal Control Substance**  
BD9503752

**Neetha Dhananjaya, M.D.**  
**CURRICULUM VITAE (continued)**

**RESEARCH:**

Measurement of urinary peptides, with Dr. Ashok Singh, Ph.D. Senior Scientist, UIC – August 2002.

Effect of water purification on erythropoietin dose in HD Patients. Dr. Ward, Dr. Ouseph.

Association of Inflammatory markers and markers of Iron status in Hemodialysis patients: accepted for Poster Presentation at NKF 2005 at Washington DC.

**MEMBERSHIPS:**

2003 – Present  
2003 – Present  
2008-Present

**American Society of Nephrology**  
**Renal Physicians Association**  
**Illinois State Medical Society**

# #18-045 Application for Permit

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

I am the Vice President of Operations at Fresenius Kidney Care who oversees the West Belmont facility and in accordance with 77 Il. Admin Code 1110.230, I certify the following:

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



Signature

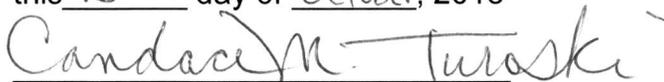
Teri Gurchiek

Printed Name

Vice President of Operations

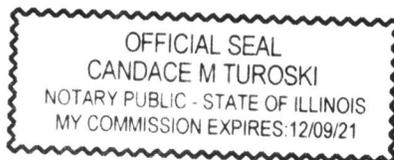
Title

Subscribed and sworn to before me  
this 15<sup>th</sup> day of October, 2018



Signature of Notary

Seal



# #18-045 Application for Permit

## Criterion 1110.1430 (f) – Support Services

I am the Vice President of Operations at Fresenius Kidney Care who oversees the West Belmont facility. In accordance with 77 Il. Admin Code 1110.230, and with regards to Fresenius Medical Care West Belmont, I certify to the following:

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

Teri A Gurchiek  
Signature

Teri Gurchiek/Vice President of Operations  
Name/Title

Subscribed and sworn to before me  
this 15th day of October, 2018

Candace M. Turosski  
Signature of Notary

Seal



# #18-045 Application for Permit

## Criterion 1110.1430 (j) – Assurances

I am the Vice President of Operations at Fresenius Kidney Care who oversees the West Belmont facility. In accordance with 77 Il. Admin Code 1110.230, and with regards to Fresenius Medical Care West Belmont, I certify the following:

1. As supported in this application through expected referrals to Fresenius Medical Care West Belmont in the first two years of operation of the additional 4 stations, 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 West Belmont is a 4-star rated facility. Hemodialysis patients have achieved adequacy outcomes of:
  - o 97% of patients had a URR  $\geq$  65%
  - o 98% of patients had a Kt/V  $\geq$  1.2

and same is expected after the expansion.



Signature

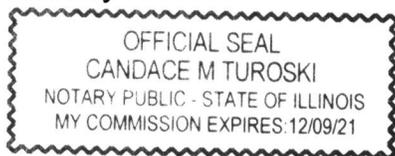
Teri Gurchiek/Vice President of Operations  
Name/Title

Subscribed and sworn to before me  
this 15th day of October, 2018



Signature of Notary

Seal



# #18-045 Application for Permit

## 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.

# #18-045 Application for Permit

2016 Financial Statements for Fresenius Medical Care Holdings, Inc. were submitted previously to the Board with #17-027, Fresenius Medical Care Sandwich. 2017 Financial Statements for Fresenius Medical Care Holdings, Inc. were submitted to the Board via email on August 14, 2018.

# #18-045 Application for Permit

## 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 Expansion		162.00			1,466			237,492	237,492
Contingency		16.00			1,466			23,456	23,456
<b>Total Expansion</b>		<b>\$178.00</b>			<b>1,466</b>			<b>\$260,948</b>	<b>\$260,948</b>
Existing Non- Expansion		162.00			2,936			475,632	475,632
Contingency		16.00			2,936			46,976	46,976
<b>Total Non- Reviewable</b>		<b>\$178.00</b>			<b>2,936</b>			<b>\$522,608</b>	<b>\$522,608</b>
<b>TOTALS</b>		<b>\$178.00</b>			<b>4,402</b>			<b>\$783,556</b>	<b>\$783,556</b>

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

## Criterion 1120.310 (d) – Projected Operating Costs

### Year 2020

Estimated Personnel Expense:	\$1,393,092
Estimated Medical Supplies:	\$291,277
Estimated Other Supplies (Exc. Dep/Amort):	\$1,871,883
	<u>\$3,556,253</u>
Estimated Annual Treatments:	13,824
Cost Per Treatment:	\$257.25

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

### Year 2020

Depreciation/Amortization:	\$179,351
Interest	<u>\$0</u>
Capital Costs:	\$179,351
Treatments:	13,824
Capital Cost per Treatment	\$12.97

## Criterion 1120.310(a) Reasonableness of Financing Arrangements

Fresenius Medical Care Chicagoland, 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: *Deirdre Gurecki*

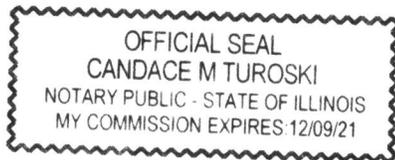
ITS: Vice President of Operations/Manager

Notarization:

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

*Candace M. Turosski*  
Signature of Notary

Seal



# #18-045 Application for Permit

## 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: *TD*

Title: Thomas D. Brouillard, Jr.  
Assistant Treasurer

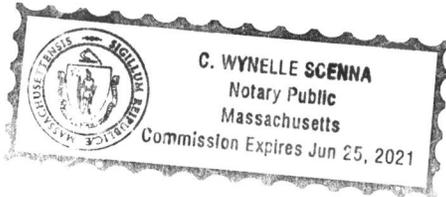
By: *B Mello*

Title: Bryan Mello  
Assistant Treasurer

Notarization:  
Subscribed and sworn to before me  
this 10 day of July, 2018

*C Wynelle Scenna*  
Signature of Notary

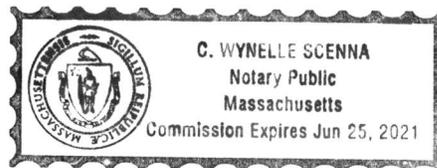
Seal



Notarization:  
Subscribed and sworn to before me  
this 2 day of July, 2018

*C Wynelle Scenna*  
Signature of Notary

Seal



## Criterion 1120.310(b) Conditions of Debt Financing

Fresenius Medical Care Chicagoland, 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: *Devi A. Green*

ITS: Vice President of Operations, Manager

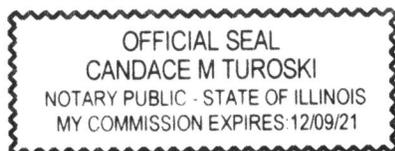
Notarization:

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

*Candace M. Turoski*

Signature of Notary

Seal



# #18-045 Application for Permit

## 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.

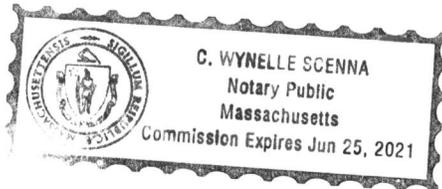
By: *Thomas D. Brouillard, Jr.*  
ITS: Thomas D. Brouillard, Jr.  
Assistant Treasurer

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

Notarization:  
Subscribed and sworn to before me  
this 10 day of July, 2018

*C. Wynelle Scenna*  
Signature of Notary

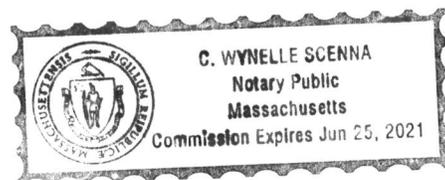
Seal



Notarization:  
Subscribed and sworn to before me  
this 2 day of July, 2018

*C. Wynelle Scenna*  
Signature of Notary

Seal



The addition of 3 ESRD stations to the 17-station Fresenius Medical Care West Belmont facility will not have any impact on safety net services in the Craigin area of Chicago. 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 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 Fresenius Kidney Care facilities in Illinois.

Safety Net Information per PA 96-0031			
CHARITY CARE (Self-Pay)			
Charity (# of patients) (Self-Pay)	2015	2016	2017
Out-patient Only	195	233	280
<b>Total Charity (cost in dollars)</b>	\$3,204,986	\$3,269,127	\$4,552,654
MEDICAID			
Medicaid (# of patients)	2015	2016	2017
Out-patient Only	396	320	328
<b>Medicaid (revenue)</b>	\$7,310,484	\$4,383,383	\$6,630,014
<b>Total</b>			
*As a for-profit corporation Fresenius does not provide charity care per the Board's definition. Numbers reported are self-pay			

Note:

Medicaid reported numbers are impacted by the large number of patients who switch 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.

# #18-045 Application for Permit

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

Fresenius Medical Care North America is a for-profit publicly traded company and is not required to provide charity care, nor does it do so according to the CON Board's definition. However, Fresenius Kidney Care provides care to patients who do not qualify for any type of coverage for dialysis services. The following will document all the programs available to FMCNA patients to assist with any financial need for the provision of dialysis care.

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

### **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. This program is not advertised to patients, but is discussed with patients who have indicated a financial hardship and a need for Indigent Waiver consideration and have not qualified for any other available programs

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 four (4) times the Federal Poverty Standard in effect at the time. Patients whose annual income is greater than two (4) 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 an amount of thirteen (13) times the Federal Poverty Standard (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 (or excuses a portion of the charges if patient qualifies for sliding scale discount when annual income is between 5 and 13 times the Federal Poverty Guideline). Patients may have dual coverage of AKF assistance (or other insurance coverage) and an Indigent Waiver if their financial status qualifies them for multiple 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 their healthcare needs, including transportation to their appointments. Patients who are not found to qualify may apply for the Indigent Waiver Program.

### **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.

# #18-045 Application for Permit

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.

Patient Accounts are reviewed periodically for consideration of patient liability and to determine if the account meets criteria to be written off as bad debt (uncollected revenue).

## 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) provided they have met the government work credit requirements.

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.

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 they meet AKF eligibility requirements.

Patients who are self-pay are eligible to apply for the Indigent Wavier Program or any other insurance assistance. Self-pay patient accounts are reviewed on a periodic basis for consideration of patient liability and to determine if the account meets the criteria to be written off to bad debt (uncollected revenue).

CHARITY CARE			
	2015	2016	2017
<b>Net Patient Revenue</b>	\$438,247,352	\$449,611,441	\$460,678,799
Amount of Charity Care (charges)	\$3,204,986	\$3,269,127	\$4,552,654
Cost of Charity Care	\$3,204,986	\$3,269,127	\$4,552,654

\*As a for-profit corporation Fresenius does not provide charity care per the Board's definition. Numbers reported are self-pay. Self-pay balances are written off to bad debt. Medicare may reimburse a portion of bad debt as part of cost reporting.

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