ORIGINAL 11-061



# ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD APPLICATION FOR PERMIT

RECEIVED
JUL 21 2011
HEALTH FACILITIES & SERVICES REVIEW BOARD

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

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

### Facility/Project Identification

| | | |
|---|---|---|
| Facility Name: Satellite Dialysis of Glenview | | |
| Street Address: 2601 Compass Road | | |
| City and Zip Code: Glenview, 60026 | | |
| County: Cook | Health Service Area 7 | Health Planning Area: |

### Applicant /Co-Applicant Identification
**[Provide for each co-applicant [refer to Part 1130.220].**

| |
|---|
| Exact Legal Name: Satellite Dialysis of Glenview, LLC |
| Address: 2601 Compass Road, Glenview, IL 60026 |
| Name of Registered Agent: Illinois Corporation Service Company |
| Name of Chief Executive Officer: Mark I Burke |
| CEO Address: 300 Santana Row, Suite 300, San Jose, CA 95128 |
| Telephone Number: 650-404-3600 |

### Type of Ownership of Applicant/Co-Applicant

- ☐ Non-profit Corporation
- ☐ For-profit Corporation
- ☒ Limited Liability Company
- ☐ Partnership
- ☐ Governmental
- ☐ Sole Proprietorship
- ☐ Other

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

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

### Primary Contact
[Person to receive all correspondence or inquiries during the review period]

| |
|---|
| Name: Robert Lunbeck |
| Title: VP of Business Development |
| Company Name: Satellite Healthcare, Inc. |
| Address: 300 Santana Row, Suite 300, San Jose, CA 95128 |
| Telephone Number: (650) 404-3762 |
| E-mail Address: lunbeckr@satellitehealth.com |
| Fax Number: (650) 625-6062 |

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

| |
|---|
| Name: Ishrag Khababa |
| Title: Executive Assistant |
| Company Name: Satellite Healthcare, Inc. |
| Address: 300 Santana Row, Suite 300, San Jose, CA 95128 |
| Telephone Number: (650) 404-3657 |
| E-mail Address: khababai@satellitehealth.com |
| Fax Number: (650) 625-6008 |

## 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: Anita Lipman |
| Title: Regional Director |
| Company Name: Satellite Healthcare, Inc. |
| Address: 300 Santana Row, Suite 300, San Jose, CA 95128 |
| Telephone Number: (650) 404-3600 |
| E-mail Address: lipmana@wellbound.com |
| Fax Number: (650) 404-3601 |

## Site Ownership

[Provide this information for each applicable site]

| |
|---|
| Exact Legal Name of Site Owner: AUG Six, LLC |
| Address of Site Owner: 2591 Compass Road Glenview, IL 60026 |
| Street Address or Legal Description of Site:<br>**Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.** |
| **APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.** |

## Operating Identity/Licensee

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

| |
|---|
| Exact Legal Name: Satellite Dialysis of Glenview, LLC d/b/a Satellite Dialysis of Glenview |
| Address: 2601 Compass Road, Glenview, IL 60026 |

| | | | | | |
|---|---|---|---|---|---|
| ☐ | Non-profit Corporation | ☐ | Partnership | | |
| ☐ | For-profit Corporation | ☐ | Governmental | | |
| ☒ | Limited Liability Company | ☐ | Sole Proprietorship | ☐ | Other |

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

**APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

## Organizational Relationships

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

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

## Flood Plain Requirements

[Refer to application instructions.]

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

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

## Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

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

## DESCRIPTION OF PROJECT

### 1. Project Classification

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

| Part 1110 Classification: | Part 1120 Applicability or Classification: [Check one only.] |
|---|---|
| ☒ Substantive | ☐ Part 1120 Not Applicable |
| ☐ Non-substantive | ☐ Category A Project |
| | ☒ Category B Project |
| | ☐ DHS or DVA Project |

## 2. Narrative Description

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

The Applicants (Satellite Dialysis of Glenview, LLC a Delaware limited liability company and Satellite Healthcare, Inc., a California not-for-profit corporation) are proposing to establish a 16 station End Stage Renal Disease ("ESRD") facility, to be located at 2601 Compass Road, Glenview, Illinois 60026. The ESRD facility will be located in 7,000 GSF of leased space in a single tenant building. The interior of the leased space will be built out by the applicant. The total cost of the project is $ 4,112,506. This project is before the State Board because the project proposes to establish a health care facility as defined by Illinois Health Facilities Planning Act.

The ESRD facility will be in Health Service Area ("HSA") 7. According to the most recent Inventory of Health Care Services published on June, 2011, HSA 7 has a stated need for eight (8) dialysis stations.

This project is "substantive" under State Board rule 77 Ill. Adm. Code § 1110.10(b) as it entails the establishment of a health care facility under the In-Center Hemodialysis Category of Service.

The estimated project completion date is 8/31/2012.

## Project Costs and Sources of Funds

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

| Project Costs and Sources of Funds | | | |
|---|---|---|---|
| **USE OF FUNDS** | **CLINICAL** | **NONCLINICAL** | **TOTAL** |
| Preplanning Costs | | | |
| Site Survey and Soil Investigation | | | |
| Site Preparation | | | |
| Off Site Work | | | |
| New Construction Contracts | | | |
| Modernization Contracts | 1,026,824 | | 1,026,824 |
| Contingencies | 102,682 | | 102,682 |
| Architectural/Engineering Fees | 62,000 | | 62,000 |
| Consulting and Other Fees | | | |
| Movable or Other Equipment (not in construction contracts) | 758,000 | | 758,000 |
| Bond Issuance Expense (project related) | | | |
| Net Interest Expense During Construction (project related) | | | |
| Fair Market Value of Leased Space or Equipment | 2,163,000 | | 2,163,000 |
| Other Costs To Be Capitalized | | | |
| Acquisition of Building or Other Property (excluding land) | | | |
| **TOTAL USES OF FUNDS** | 4,112,506 | | 4,112,506 |
| **SOURCE OF FUNDS** | **CLINICAL** | **NONCLINICAL** | **TOTAL** |
| Cash and Securities | 4,112,506 | | 4,112,506 |
| Pledges | | | |
| Gifts and Bequests | | | |
| Bond Issues (project related) | | | |
| Mortgages | | | |
| Leases (fair market value) | | | |
| Governmental Appropriations | | | |
| Grants | | | |
| Other Funds and Sources | | | |
| **TOTAL SOURCES OF FUNDS** | 4,112,506 | | 4,112,506 |

**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 $ 723,381.

**Project Status and Completion Schedules**

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): 8/31/2012

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

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

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

**State Agency Submittals**

Are the following submittals up to date as applicable:

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

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

## Cost Space Requirements

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

| | | Gross Square Feet | | Amount of Proposed Total Gross Square Feet That Is: | | | |
|---|---|---|---|---|---|---|---|
| Dept. / Area | Cost | Existing | Proposed | New Const. | Modernized | As Is | Vacated Space |
| **REVIEWABLE** | | | | | | | |
| Medical Surgical | | | | | | | |
| Intensive Care | | | | | | | |
| Diagnostic Radiology | | | | | | | |
| MRI | | | | | | | |
| Total Clinical | | | | | | | |
| | | | | | | | |
| **NON REVIEWABLE** | | | | | | | |
| Administrative | | | | | | | |
| Parking | | | | | | | |
| Gift Shop | | | | | | | |
| | | | | | | | |
| Total Non-clinical | | | | | | | |
| **TOTAL** | | | | | | | |

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

## Facility Bed Capacity and Utilization

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

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

**NOT APPLICABLE** – ***The proposed project relates to the establishment of a health care facility; therefore, this chart is not applicable.***

## CERTIFICATION

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

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manger 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 for Permit is filed on the behalf of** Satellite Dialysis of Glenview, LLC **in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.**

Mark Burke
SIGNATURE

Mark Burke
PRINTED NAME

President & CEO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 5th day of July, 2011

Signature of Notary

Seal

KENDALL R. SUMMERS
COMM. # 1920488
NOTARY PUBLIC - CALIFORNIA
SANTA CLARA COUNTY
COMM. EXPIRES JAN. 31, 2015

SIGNATURE

PRINTED NAME

PRINTED TITLE

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

Signature of Notary

Seal

*Insert EXACT legal name of the applicant

## CERTIFICATION

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

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

Mark Bunke
SIGNATURE

Mark Bunke
PRINTED NAME

President and CEO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 15th day of July, 2011

Signature of Notary

Seal

KENDALL R. SUMMERS
COMM. # 1920488
NOTARY PUBLIC - CALIFORNIA
SANTA CLARA COUNTY
COMM. EXPIRES JAN. 31, 2015

SIGNATURE

PRINTED NAME

PRINTED TITLE

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

Signature of Notary

Seal

*Insert EXACT legal name of the applicant

## CERTIFICATION

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

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

| | |
|---|---|
| SIGNATURE | SIGNATURE |
| PRINTED NAME | MARC BRAWSON<br>PRINTED NAME |
| PRINTED TITLE | EXECUTIVE V.P.<br>PRINTED TITLE |
| Notarization:<br>Subscribed and sworn to before me<br>this _____ day of _____ | Notarization:<br>Subscribed and sworn to before me<br>this _____ day of _____<br>PLEASE SEE ATTACHED NOTARY CERTIFICATE |
| Signature of Notary | Signature of Notary |
| Seal | Seal |

*Insert EXACT legal name of the applicant

**STATE OF CALIFORNIA**

**ss.**

**COUNTY OF ORANGE**

Subscribed and sworn to (or affirmed) before me on this 18TH day July of 2011, by MARC BRANSON, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

BARBARA CITTY
Commission # 1755500
Notary Public - California
Orange County
My Comm. Expires Aug 2, 2011

Barbara Citty
Signature of Notary Public

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Title or description of attached document: CERTIFICATION

Number of pages 1 plus Notary certificate

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

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

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

READ THE REVIEW CRITERION and provide the following required information:

**BACKGROUND OF APPLICANT**

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

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

**PURPOSE OF PROJECT**

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project. [See 1110.230(b) for examples of documentation.]
4. Cite the sources of the information provided as documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals **as appropriate**.

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

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

**UNFINISHED OR SHELL SPACE: NOT APPLICABLE – *There is no unfinished or shell space.***

Provide the following information:

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

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

**ASSURANCES: NOT APPLICABLE – *There is no unfinished or 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.**

## G. Criterion 1110.1430 - In-Center Hemodialysis

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

2. Indicate station capacity changes by Service: Indicate # of stations changed by action(s):

| Category of Service | # Existing Stations | # Proposed Stations |
|---|---|---|
| ☒ **In-Center Hemodialysis** | 0 (New) | 16 |

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

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

**APPEND DOCUMENTATION AS ATTACHMENT-26, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

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

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

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

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

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

| | | |
|---|---|---|
| 4,112,506 | a) | Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:<br>1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and<br>2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion; |
| | b) | Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience. |
| | c) | Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts; |
| | d) | Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:<br>1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated;<br>2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;<br>3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.;<br>4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment;<br>5) For any option to lease, a copy of the option, including all terms and conditions. |
| | e) | Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent; |
| | f) | Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt; |
| | g) | All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project. |
| 4,112,506 | TOTAL FUNDS AVAILABLE | |

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

IX. 1120.130 - Financial Viability

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

**Financial Viability Waiver**

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

1. **All of the projects capital expenditures are completely funded through internal sources**
2. **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**
3. **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-40, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

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

| Provide Data for Projects Classified as: | Category A or Category B (last three years) | | | Category B (Projected) |
|---|---|---|---|---|
| Enter Historical and/or Projected Years: | | | | |
| Current Ratio | | | | |
| Net Margin Percentage | | | | |
| Percent Debt to Total Capitalization | | | | |
| Projected Debt Service Coverage | | | | |
| Days Cash on Hand | | | | |
| Cushion Ratio | | | | |

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

2. Variance

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

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

NOT APPLICABLE -- *The Applicants meet the financial viability waiver criteria in that the project's capital expenditures are completely funded through internal resources; therefore, rations are not required. Accordingly, the variance below is also not applicable to this project.*

## X. 1120.140 - Economic Feasibility

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

**A. Reasonableness of Financing Arrangements**

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

1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or

2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:

A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or

B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

**B. Conditions of Debt Financing**

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

1) That the selected form of debt financing for the project will be at the lowest net cost available;

2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;

3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

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

Read the criterion and provide the following:

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

**COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE**

| Department (list below) | A | B | C | D | E | F | G | H | Total Cost (G + H) |
|---|---|---|---|---|---|---|---|---|---|
| | Cost/Square Foot New | Cost/Square Foot Mod. | Gross Sq. Ft. New | Gross Sq. Ft. Circ.* | Gross Sq. Ft. Mod. | Gross Sq. Ft. Circ.* | Const. $ (A x C) | Mod. $ (B x E) | |
| | | | | | | | | | |
| Contingency | | | | | | | | | |
| TOTALS | | | | | | | | | |

* Include the percentage (%) of space for circulation

**D. Projected Operating Costs**

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

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

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

**APPEND DOCUMENTATION AS ATTACHMENT -42, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

## XI. Safety Net Impact Statement

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

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.

2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.

3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

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

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.

2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaidpatients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.

3. Any Information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

**A table in the following format must be provided as part of Attachment 43.**

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

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

**APPEND DOCUMENTATION AS ATTACHMENT-43, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

## XII. Charity Care Information

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

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.

2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.

3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

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

**A table in the following format must be provided for all facilities as part of Attachment 44.**

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

**APPEND DOCUMENTATION AS ATTACHMENT-44, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

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

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| | **Service Specific:** | |
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| 21 | Comprehensive Physical Rehabilitation | |
| 22 | Acute Mental Illness | |
| 23 | Neonatal Intensive Care | |
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## ATTACHMENT 1

**Applicant Ownership Information**

Please find attached information related to a second Applicant – Satellite Healthcare, Inc.

Please find attached information for two additional persons authorized to discuss this CON permit application.

Please find enclosed the Certificate of Good Standing for Satellite Dialysis of Glenview, LLC from the Delaware Secretary of State and the Illinois Secretary of State.

Please find enclosed the Certificate of Good Standing for Satellite Healthcare, Inc. from the California Secretary of State.

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

### Applicant /Co-Applicant Identification

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

| |
|---|
| Exact Legal Name: Satellite Healthcare, Inc. |
| Address: 300 Santana Row, Suite 300, San Jose, CA 95128 |
| Name of Registered Agent: Mark I Burke |
| Name of Chief Executive Officer: Mark I Burke |
| CEO Address: 300 Santana Row, Suite 300, San Jose, CA 95128 |
| Telephone Number: 650-404-3600 |

### Type of Ownership of Applicant/Co-Applicant

| | | | | | |
|---|---|---|---|---|---|
| ☒ | Non-profit Corporation | ☐ | Partnership | | |
| ☐ | For-profit Corporation | ☐ | Governmental | | |
| ☐ | Limited Liability Company | ☐ | Sole Proprietorship | ☐ | Other |

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

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

### Additional Contact

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

| |
|---|
| Name: Jeffrey C. Clark |
| Title: Attorney at Law |
| Company Name: McGuireWoods, LLP |
| Address: 77 West Wacker Drive, Suite 4100, Chicago, Illinois 60601-1818 |
| Telephone Number: (312) 750-8636 |
| E-mail Address: jclark@mcguirewoods.com |
| Fax Number: (312) 698-4509 |

### Additional Contact

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

| |
|---|
| Name: Joseph J. Hylak-Reinholtz |
| Title: Attorney at Law |
| Company Name: McGuireWoods, LLP |
| Address: 77 West Wacker Drive, Suite 4100, Chicago, Illinois 60601-1818 |
| Telephone Number: (312) 641-2088 |
| E-mail Address: jhreinholtz@mcguirewoods.com |
| Fax Number: (312) 698-4509 |

*File Number* 0357584-5

# STATE OF ILLINOIS
## OFFICE OF
## THE SECRETARY OF STATE

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

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

SATELLITE DIALYSIS OF GLENVIEW, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON JUNE 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* 28TH *day of* JUNE *A.D.* 2011 .

Jesse White

SECRETARY OF STATE

SEAL OF THE STATE OF ILLINOIS
AUG. 26TH 1818

Authentication #: 1117901668

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

**ATTACHMENT 1**

# Delaware



*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SATELLITE DIALYSIS OF GLENVIEW, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF JUNE, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SATELLITE DIALYSIS OF GLENVIEW, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF JUNE, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

Jeffrey W. Bullock, Secretary of State

5001376 8300

110758048

AUTHENTICATION: 8859359

DATE: 06-24-11

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

**ATTACHMENT 1**

# State of California
## Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

SATELLITE HEALTHCARE, INC.

| | |
|---|---|
| FILE NUMBER: | C0687080 |
| FORMATION DATE: | 08/10/1973 |
| TYPE: | DOMESTIC NONPROFIT CORPORATION |
| JURISDICTION: | CALIFORNIA |
| STATUS: | ACTIVE (GOOD STANDING) |

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of June 29, 2011.

Debra Bowen

**DEBRA BOWEN**
**Secretary of State**

**ATTACHMENT 1**

## ATTACHMENT 2

**Site Ownership**

Please find enclosed the executed Letter of Intent.

**Voit**
REAL ESTATE SERVICES

Real People. Real Solutions.™

4370 La Jolla Village Dr., Ste. 990
San Diego, CA 92122
PH (858) 453-0505
FX (858) 453-1981
Lic. #01333376
voitco.com

June 21, 2011

**VIA E-MAIL**

Mr. Jeff Clousing
Director of Leasing
Waveland Property Group
1100 Jorie Blvd. Suite 368
Oak Brook, IL 60523

**RE: LETTER OF INTENT TO LEASE**

Dear Jeff:

On behalf of my client, Satellite Healthcare, Inc. ("Satellite"), I have been authorized to submit the following Letter of Intent to Lease ("LOI"). Satellite Healthcare will consider entering into lease negotiations upon the following general terms and conditions:

1. **Premises:** Commonly known as Compass Road Medical Offices, 2601 Compass Road, including approximately 7,000-8,000 contiguous rentable square feet located in the approximate location depicted in Exhibit "A-1" attached hereto. Exact location and square footage is subject to Tenant's approval of actual space plan. Prior to the Commencement Date (as defined below), Tenant shall have the right to independently measure and calculate the area of the Premises. Should Tenant's independent measurement identify a discrepancy between the actual rentable area and the rentable area defined in the lease to be contemplated, Landlord and Tenant would cooperate to determine a mutually agreeable square footage calculation.

2. **Landlord:** AUG Six, LLC

3. **Tenant:** Satellite Healthcare, Inc.

4. **Primary Lease Term:** Ten (10) years, commencing the earlier of one hundred twenty (120) days after the Tenant receives its Certificate of Need and the date Landlord delivers possession of the Premises to Tenant, (the "Possession Date") or upon receipt of Certificate of Occupancy (the "**Commencement Date**").

5. **Option Lease Term:** Three (3) 5-year option periods to renew. The rent schedule for each option is listed in Exhibit D.

6. **Annual Rent:** $25.75 per square foot per year, NNN. The full rent schedule is listed in Exhibit D.

7. **Annual Rent Increases:** See rent schedule included in Exhibit D.

8. **Advance Rent and Security Deposit:** Tenant shall provide first month's rent upon lease execution. Subject to actual entity listed as Tenant on the signed lease, a Corporate Guaranty will be waived or required

9. **Rent Commencement Date:** The sooner of one hundred twenty (120) days after the Tenant receives its Certificate of Need and Possession Date or receipt of Certificate of Occupancy.

10. **Early Access:** Tenant will have access to the Premises from the Possession Date forward until the Rent Commencement Date, without the obligation to pay Annual Rent or Operating Expenses (defined below), subject to lease requirements (ie: insurance, permits, etc.), for the purposes of

designing, planning, constructing and installing all tenant improvements, furniture, fixtures and equipment necessary for its operations that are not part of Landlord's Work.

11. **Use:** Tenant shall use and occupy the Premises for the practice of the medical specialty of dialysis treatment, supplemental services, related medical offices and for no other purpose. Without limiting the foregoing, Tenant shall not use the Premises for any purpose which violates any "exclusive" use listed on Exhibit G attached hereto. Landlord reserves the right to supplement Exhibit G from time to time and any such supplement shall become part of this Lease . Landlord shall not lease to any occupant (or approve a sublease or an assignment of lease) in the building or in any contiguous property owned or controlled by Landlord, whose use involves dialysis, dialysis treatment or related training without Tenant's prior written approval.

12. **Impositions ("NNN"):** Tenant shall pay its pro-rata share of real estate taxes for the building and the actual operating expenses of the building. Landlord and Tenant to agree on a list of operating exclusions prior to lease execution which shall include, without limitation, the operating expenses exclusions listed in Exhibit "C" attached hereto. **To be further defined in the Lease document.**

**To be further defined in the Lease document**

13. **Tenant Improvement Allowance:** Landlord shall provide Tenant a Tenant Improvement Allowance of Fifty-five Dollars ($55.00) per rentable square foot for actual Tenant Improvements and architectural fees incurred.

~~Tenant shall have full control over the selection of the General Contractor for the tenant improvement work, subject to the Landlord's review and approval of selected General Contractor, which approval shall not be unreasonably withheld. To be further defined in the Tenant Work Exhibit of the Lease, Tenant must provide plans for Landlord's approval, as-built plans, all Final lien and material waivers, including final waivers, all sworn statements, final schedule of values, general liability insurance naming Landlord and its Lender as additional insureds, copies of all building permits and final Certificate of Occupancy with request for reimbursement of Tenant Improvements. Upon lease execution, Tenant shall commence its Tenant Improvement drawings and make submissions to the City of Glenview for necessary permits. Permit and Construction schedule to be defined in the lease.~~ **To be further defined in the Lease.**

14. **Landlord's Work:** Landlord will deliver Premises with the Base Building Improvements described in Exhibit A. **To be further defined in the Lease.** All other work to prepare space for occupancy to be completed by Tenant.

15. **Condition of Premises and Building Systems:** Landlord shall deliver the Premises in the present condition.

In addition, Landlord will deliver the Premises professionally cleaned, in good working order, condition and repair, including, but not limited to, landscaping, landscaping sprinklers, exterior lighting, roof membrane, HVAC units, plumbing, electrical (including panels and outlets), sprinklers, fire, safety, security, ~~interior lighting, ceiling tiles, window coverings,~~ parking lot, ~~elevators,~~ and all other mechanical and building systems, (collectively, the "Building Systems") and all other items for which Tenant shall have repair and maintenance reimbursement responsibilities during the Lease Term. Furthermore, the roof shall be water tight and the Premises shall be in compliance with all applicable laws and codes, to the best of Landlord's knowledge, and free of Hazardous Materials. During the initial [twelve (12)] months of the Lease Term, should a problem occur with any of the Building Systems serving Tenant's Premises, then Tenant will notify Landlord of such problem and Landlord will promptly repair such problem at Landlord's sole cost and expense. Landlord will be responsible on an ongoing basis during the Lease Term for the structural elements of the roof, (including but not limited to, the structural portions of the roof, roof screens, roof screen penetrations), foundation, footings, floor slab, load

bearing walls and exterior walls and any necessary improvements to the Building to comply with all governmental laws, rules, regulations orders, building codes and/or ADA requirements, costs associated with such will be part of Impositions. (~~excluding existing restroom in the Premises;~~ Tenant will be building new ADA restrooms).

Such code compliance costs, for compliance before Tenant's occupancy, will not be included as part of the Operating Expenses (defined below) of the Building or passed through to Tenant. Landlord shall keep the exterior walls and windows maintained in good, clean condition.

**To be further defined in the Lease document**

Upon mutual execution of this letter of intent, Landlord will grant Tenant permission to access the Premises, at Tenant's option and sole cost and expense, in order to perform inspections on the roof and mechanical systems by third party contractors. All third party vendors must provide satisfactory evidence of insurance as required by Landlord and register with the property manager. Further, Landlord agrees to provide Tenant with any inspection reports in its possession that have been performed on the Premises within the prior two (2) years.

15. **Alterations:** Landlord grants Tenant permission to perform nonstructural alterations to the Premises without Landlord's consent provided the amount of said alteration work does not exceed $10,000 per occurrence. Tenant will not be required to remove said alterations unless Landlord designates in writing at least ninety (90) days before the end of the Lease Term or any exercised Option Term that Tenant removes such alterations. For all other alterations, Landlord's consent shall be required provided such consent shall not be unreasonably withheld, conditioned or delayed. For alterations which require Landlord's consent, Tenant will not be required to remove such alterations at the end of the Lease Term or any exercised Option Term unless otherwise designated by Landlord in writing at the time such alterations were approved by Landlord.

16. **Parking:** Landlord shall provide Tenant, per City code, but not less than 3/1,000 square feet of rentable space for staff and patient use. All parking provided to Tenant shall be at no charge to Tenant. Landlord shall allow Tenant to designate two (2) parking spaces located near the dialysis center's main entrance and mark them as "Drop Off" or "Patients Only" as required by Tenant, however, the spaces shall not be designated specifically for Tenant's patients.

17. **Loading Access:** Landlord and Tenant to mutually agree upon third party delivery access to the Premises, including installation of a standard double access door for Tenant deliveries.

18. **Building Compliance:** Landlord represents to the best of its knowledge that the building and parking areas are in full compliance with any governmental laws, ordinances, regulations and ADA requirements. Landlord is in possession of the Village of Glenview's Certificate of Occupancy for the Base Building, along with numerous Certificate of Occupancy documents for related tenant improvements. **To be further defined in the Lease.**

19. **Sublease/Assignment:** Tenant shall have the right at any time to sublease any portion (but not all) of its space to any subsidiary, parent company or affiliate of Tenant without Landlord's approval. This shall include sublease(s) to related physicians. Additionally, Tenant may sublease or assign all or any portion of the Premises during the initial term or option periods to a third party sub-tenant with Landlord's prior written consent. There shall be a 50/50 recapture of revenue sharing by Landlord. Tenant in all events shall remain primarily liable for its lease obligations. **To be further defined in the Lease.**

20. **Services/Utilities:** Tenant shall pay for service of all separately metered utilities.

21. **Occupancy Requirements:** Tenant shall require full access and use of the Premises seven (7) days per week, twenty-four (24) hours per day. Landlord shall have non-emergency access to

the Premises upon twenty-four (24) hours written notice and in compliance with Health Insurance Portability and Accountability Act of 1996 (HIPAA).

22. **Signage:** Landlord will provide Tenant $300 for exterior and interior signage, subject to covenants and restrictions of Prairie Glen Corporate Center and the City of Glenview, IL. Typical locations for signage are on the exterior window near Tenant entrance and directional signage outside the building. Landlord to approve all exterior signage, which approval will not be unreasonably withheld (subject to review of signage criteria).

23. **Real Estate Brokerage and Commissions:** Landlord acknowledges that Mark Caston, Voit Real Estate Services, represents Tenant and Jeff Clousing, Waveland Property Group represents Landlord. Landlord and Tenant represent that no other broker is a party to this transaction. Landlord shall pay to Voit a Tenant Representation commission in accordance to the Listing agreement with Waveland Property Group. Brokers shall execute a separate cooperation agreement.

24. **Financial Information:** Tenant shall provide Landlord a copy of its financial statement prior to lease preparation.

25. **Certificate of Need:** Tenant shall have one hundred twenty (120) days from lease execution to prepare, submit and obtain a Certificate of Need ("CON") from the State of Illinois, if required. Landlord, at no additional cost, shall reasonably cooperate with Tenant in obtaining such CON. Provided Tenant has made application for said Certificate of Need and has not yet received governmental approval, Tenant shall have two (2) thirty (30) day periods to extend said contingency, with prior written notice to Landlord. If approvals are not obtained within the aforementioned contingency period, Tenant may cancel the lease with no further obligations on either party, except that Landlord shall return the deposit and any prepaid rent to Tenant within ten (10) days of lease termination. No brokerage commissions shall be released until this contingency has been waived. Tenant will, at its expense, submit within 10 business days upon the execution of this Letter of Intent.

26. **Construction Permit:** Landlord, at no additional expense, shall reasonably cooperate with Tenant in obtaining such approvals.

27. **Non-Disclosure:** For a twenty (20) day period following a full execution of this Letter of Intent, Landlord and Tenant agree to keep the terms of this Letter of Intent, the transaction, and the negotiations confidential; and negotiate diligently and in good faith a mutually acceptable lease agreement; and agree not to actually market the Premises for lease or engaging in negotiations with any other party toward the leased Premises.

28. **Lease:** Landlord shall deliver to Tenant a draft of the lease within ten business (10) days from acceptance of the Letter of Intent for Tenant's review and approval. Each party agrees to work diligently and in good faith towards a final lease agreement.

29. **Right of First Offer:** Tenant would be given right of first offer on for adjacent space that is not subject to Town and Country Pediatrics' existing right of first offer for adjacent space to its suite. **To be further defined in the Lease.**

30. **Landlord's Books and Records:** Tenant shall have the right, at Tenant's expense, to inspect Landlord's books and records relating to any CAM statements or charges, which expenses will be borne by Tenant unless it is determined that Tenant has overpaid its share of any CAM charges by more than five percent (5%), in which case Landlord shall reimburse Tenant for its overpayment.

31. **Tenant Insurance:** Tenant shall purchase and maintain insurance during the entire Term for the benefit of Tenant and Landlord (as their interests may appear) with terms, coverage. **To be further defined in the Lease.** ~~and in companies satisfactory to Landlord, (i) commercial general~~

~~liability insurance on an occurrence basis covering claims of bodily injury, personal injury and property damage arising out of Tenant's operations, assumed liabilities or use and occupancy of the Premises (which insurance shall name Landlord, the owner of the Land and Building if other Landlord and any Mortgagee designated by Landlord or Ground Lessor, as additional insureds under CG 20 11 01 96 or equivalent) and (ii) physical damage insurance covering all Alterations and other improvements to the Premises other than the improvements provided by Landlord, and all office furniture, trade fixtures, office equipment, merchandise and all other items of Tenant's property on the Premises. Notwithstanding anything herein to the contrary, Landlord and its Mortgagee will only be named as additional insured for the liability coverage and not Tenant's property and Alterations.~~

~~All liability insurance shall initially have combined single limits of at least $2,000,000, which limits shall be subject to increase from time to time as Landlord may reasonably request. All physical damage insurance shall be written on a "causes of loss – special form" basis, shall be in amounts at least equal to the full replacement cost of the covered items, and shall not be subject to the application of any coinsurance clauses or requirements. Each policy of insurance shall be endorsed to provide that it will not be cancelled or changed without at least 10 days notice to Landlord if cancellation is for failure to pay premiums and at least 30 days notice to Landlord if cancellation is for any other reason.~~

~~Tenant shall prior to the commencement of the Term and from time to time thereafter, at least 30 days prior to the expiration of any of Tenant's insurance, furnish to Landlord satisfactory evidence of the coverages required by this paragraph.~~

~~During any period of construction of Improvements by Tenant, Tenant shall maintain in full force and effect, (i) worker's compensation insurance as may be required by the statutes of the State of Illinois or any applicable federal or municipal laws or regulations and (ii) on a completed value basis, insurance coverage on the Improvements through "builder's risk" insurance, an installation floater, or other comparable coverage.~~ **~~To be further defined in the Lease.~~**

32. **Landlord Insurance**: Landlord shall obtain and continuously maintain in full force and effect at all times during the Term policies of insurance covering the Improvements on the Land. **To be further defined in the Lease**, ~~which insurance shall be for the benefit of and shall name (i) Landlord as insureds and (ii) Landlord's designated mortgagee, if any, as mortgagee under a standard New York Mortgagee Clause against the "special form" causes of loss and loss of rent coverage for at least one year, and such other risks or hazards which are now or may hereafter be customarily insured against with respect to improvements similar in construction, design, general location, use and occupancy to the Improvements (hereinafter referred to as "Property Insurance"). Tenant shall pay Tenant's Pro Rata Share of the costs of such insurance as part of Impositions hereunder.~~

~~At all times the Property Insurance coverage shall be in an amount equal to 100% of the then "Full Replacement Cost" of the Improvements and shall include a so called "Agreed Value Endorsement." Full Replacement Cost shall mean the cost of replacing the Improvements without deduction for depreciation, obsolescence, or wear and tear, and it shall include reasonable sums for demolition, architectural, engineering, legal, interest charges, administrative and supervisory fees connected with the restoration or replacement of the Improvements in the event of damages thereto or destruction thereof and shall cover any added cost of restoring the Improvements in compliance with then current laws and codes. Full Replacement Cost shall be determined from time to time, at the request of Tenant or of Landlord or its mortgagee, by an appraiser, engineer, architect or contractor designated by the party requesting such determination and at such party's expense.~~

33. **Landlord Default**: If Landlord fails in performing any of its non-structural obligations and as a result of such failure to repair represents a clear and imminent danger of personal injury or substantial property damage to Premises, and such default continues for ten (10) business days after written notice, Tenant may perform the non-structural repairs and the amount of such

reasonable costs and expenses incurred by Tenant shall be paid by Landlord within thirty (30) days after written demand.

34. **Hazardous Materials:** Landlord will deliver copies of all the hazardous material reports in its possession addressing the condition of the Building, including, without limitation, any mold or asbestos, the land and groundwater under and about the Building to Tenant prior to Lease execution. To the best of its knowledge, Landlord represents that there is no: (i) asbestos in or about the Premises and (ii) Hazardous Material in or about the Premises or the Building. Should Tenant be the cause for such hazardous materials or asbestos at the Property or in the Premises, Tenant will indemnify and hold Landlord harmless for Claims caused by Tenant. **To be further defined in the Lease.**

35. **Dispute Resolution: To be further defined in the Lease.**

36. **Additional Terms:**
a) Landlord shall provide shell building drawings of the Premises within thirty (30) days of Letter of Intent execution.
b) Landlord shall provide plans, CC&R's and related documents for the Building, upon mutual execution of this Letter of Intent.

37. **Time is of the Essence:** Please respond to this Letter of Intent on or before June 18, 2011.

38. **Exhibits:**

| | | |
|---|---|---|
| Exhibit "A" | Condition of Premises – Building Shell Exhibit "A-1" | Site Plan |
| Exhibit "B" | Tenant Floor Plan/Site Plan | |
| Exhibit "C" | Exclusions to Operating Expenses | |
| Exhibit "D" | Rent Schedule | |
| Exhibit "E" | Existing Tenant Exclusives | |

**THIS LETTER OF INTENT IS AN INVITATION TO NEGOTIATE AND IS NOT INTENDED TO CONSTITUTE A BINDING AGREEMENT. UNTIL THIS LETTER OF INTENT IS SIGNED BY THE PARTIES, LANDLORD AND TENANT RESERVE THE RIGHT TO NEGOTIATE WITH OTHER PARTIES. NO PARTY SHALL HAVE ANY LEGAL RIGHTS OR OBLIGATIONS WITH RESPECT TO ANY OTHER PARTY AND NO PARTY SHOULD TAKE ANY ACTION OR FAIL TO TAKE ANY ACTION IN DETRIMENTAL RELIANCE UNTIL DEFINITIVE WRITTEN AGREEMENTS AND LEASE ARE PREPARED AND SIGNED BY ALL PARTIES INVOLVED.**

Should you have any questions regarding this Letter of Intent, please contact me at your earliest convenience.

Regards,

VOIT REAL ESTATE SERVICES

Mark A. Caston
Senior Vice President
License #00883791
858.458.3323 [Direct]
mcaston@voitco.com

**Acknowledged and Approved:**

**Tenant: Satellite Healthcare, Inc.**

**By:** _____ **Date:** 6/21/11

**Its:** Director of Real Estate Facilities

**Landlord: AUG Six, LLC**

By: Titan Development Co, its General Partner

**By:** _____ **Date:** 6/21/11

**Its:** Exec VP

**Exhibit "A"**
**BUILDING SHELL EXHIBIT**

"Shell Building" Landlord to deliver possession of the existing improvements as they currently exist. Tenant shall pay for all "Tenant Improvements" and other improvements for the Premises that are in excess of or modify those items specified below. Where more than one type of material or structure is indicated, Landlord will have the option of using any one of them.

(a) **Walls.** Exposed perimeter walls with glass windows per final building elevations approved by City. ~~. All exposed walls will have 5/8 drywall taped and ready for finish. Any demising walls shall be fire rated according to use of occupancy.~~ **To be further defined in the Lease.**

(b) **Ceiling.** Exposed to roof/floor structure above with a minimum of 14' of clear height. **To be further defined in the Lease.**

(c) **Floor.** Ground floor concrete slab~~; upper floors concrete slab on steel deck~~. Floor slab condition to be determined.

(d) **Electrical.** Building: 1200 AMPS 277/480V building service at ground floor common electrical room with main electrical switch gear and one house meter for building shell and outside common areas. **To be further defined in the Lease.**

(e) **Telephone.** Main service provided to telephone backboard in ground floor common electrical or telephone room.

(f) **Sprinklers.** Automatic fire protection system (upright heads only) and fire alarm system for building shell only.

(g) **HVAC.** Landlord will furnish and install package roof mounted units.. All ductwork, distribution, air returns, thermostats, controls, wiring, dampers, balance, etc. will be by Tenant. HVAC shall have manufacturer warranty. **To be further defined in the Lease.**

(h) **Water.** Overhead water piping for Tenant's use. **To be further defined in the Lease.**

(i) **Sewer.** 6" main stubbed to a ground floor location with two 4" line stubbed within Premises. ~~within the Premises.~~ **To be further defined in the Lease.**

~~(j) Elevator. One 2 stop, hydraulic elevator. (Size, if applicable)~~

~~(k) Entry Lobby Finish. Ground floor entry lobby walls to be drywall and painted, flooring to be ceramic tile or equivalent, ceiling to be 2x2 regular acoustic tiles, entry doors to be glass, and lighting to be 2x2 parabolic light fixtures or equivalent. Mailboxes to be provided, if applicable.~~

(l) **Stairwells.** Interior exit stairwells to be metal framed. Walls to be drywall or concrete and painted. Fire sprinkler drops and lighting installed, if applicable.

(m) **Loading Doors. To be further defined in the Lease.**

**Exhibit "A-1"**
**Site Plan**

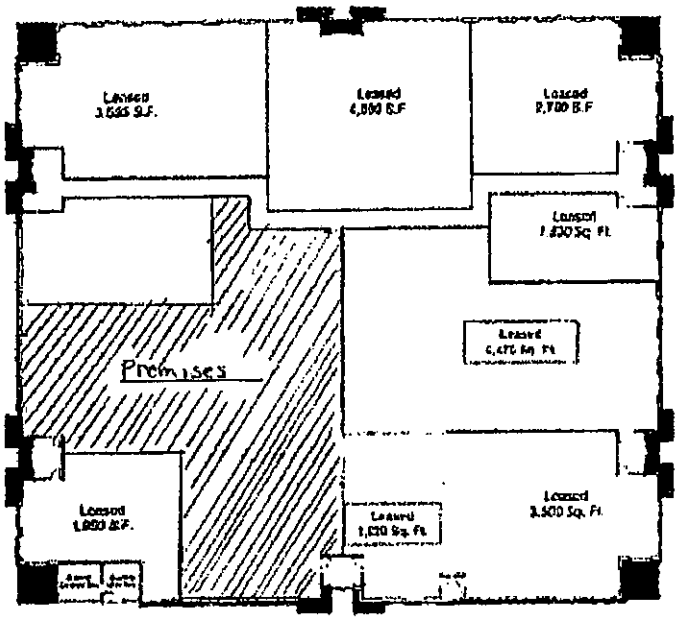


**Exhibit "B"**
**TENANT**
**FLOOR PLAN/SITE PLAN**

**To Be Determined**

**Exhibit "C"**

**Exclusions to Operating Expenses**

1. Depreciation, interest, or amortization on mortgages or ground or master lease payments;

2. Legal fees incurred in negotiating tenant leases, and in enforcing tenant leases other than this Lease;

3. Real estate brokers' leasing commissions;

4. The cost of improvements or alterations to tenant spaces;

5. The cost of providing any service directly to and/or paid directly by any tenant (as opposed to services provided to all tenants);

6. Any costs expressly excluded from Common Area Operating Expenses elsewhere in this Lease;

7. Costs of any items for which Landlord receives reimbursement from insurance proceeds or a third party;

8. Interest, principle, depreciation, attorney fees, costs of environmental investigations or reports, points, fees, and other lender costs and closing costs associated with any mortgage or mortgages, or refinance of mortgage, ground lease payments, or other debt instrument encumbering the Real Property.

9. Insurance premiums to the extent of any refunds of those premiums;

10. Any bad debt loss, rent loss, or reserves for bad debt or rent loss;

11. Interest or penalties resulting from:
    (i) Landlord's negligence or willful misconduct; or

12. Costs, fees, and compensation paid to Landlord, or to Landlord's subsidiaries or affiliates, for services rendered to the extent the same exceeds the cost of such services rendered by an unaffiliated third party of comparable skill, competence, stature, and reputation;

13. Costs associated with:
    (i) Management fees and salaries of building management personnel who perform services solely connected with management, operations, repair, or maintenance of Building shall not exceed 5% of the annual gross revenue for Building; during the initial lease term.
    (ii) Salaries of services personnel to the extent that such personnel perform services not solely in connection with the management, operation, repair, or maintenance of the Building; or
    (iii) Compensation paid to officer or executives of Landlord;

**Exhibit "C"**

**Exclusions to Operating Expenses**
**Page Two**

14. Costs incurred because the Building, or Common Area violate any valid, applicable building code, regulation, or law in effect and as interpreted by government authorities before the date on which this Lease is signed. This exclusion from Common Expenses shall include fines, penalties, interest, and the cost of repairs, replacements, alterations, or improvements necessary to make the Building, or Common Area, comply with applicable past laws in effect and as interpreted by government authorities before the date on which this Lease is signed, such as sprinkler installation;

15. Costs of:
    (i) Initial construction of the Building or any additional buildings;
    (ii) Reconstruction of the Building or any additional buildings, except for deductibles;
    (iii) Modification, alteration, repair, additions, improvements or replacements of any portion of the Building due to faulty construction (other than by Tenant) defects in the design, construction, materials or workmanship of the Building or Common Area; or

16. Costs incurred in installing, operating, and maintaining any specialty service that is not necessary for Landlord's provision, management, maintenance, and repair of required services for the operation of the Building or any associated parking facilities. The following are examples of these specialty services: observatory; broadcasting facilities (other than the life-support and security system for the Building); luncheon club; cafeteria; or other dining facility; newsstand; flower service; shoeshine service; carwash; athletic or recreational club; and helicopter (other than the Building's emergency and life-safety helicopter facilities); provided that this exclusion shall not apply to such improvements as are required by any governmental agency;

17. Charitable or political contributions or fees or dues payable to trade associations, industry associations, or similar associations;

18. All items and services for which a contractor, manufacturer or supplier or Tenant or any other tenant in the Building is required to reimburse Landlord (other than through Tenant's share or any other tenant's share of "Common Area Operating Expenses";

19. Costs for sculpture, paintings or other objects of art or the insuring, repair or maintenance thereof in excess of $1,000.00;

20. Any costs, fees, dues, contributions or similar expenses for industry associations or similar organizations;

21. Any compensation paid to clerks, attendants or other persons in commercial concessions operated by Landlord in the Building;

22. The entertainment expenses and travel expenses of Landlord, its employees, agents, partners and affiliates;

23. Costs to traffic studies, environmental impact reports, transportation systems management plans and reports, and traffic mitigation measures or due to any studies or reports; and

**Exhibit "D"**

**Rent Schedule**

| Initial Term | Lease Year | NNN Rent PSF |
|---|---|---|
| | 1 | $ 25.75 |
| | 2 | $ 25.75 |
| | 3 | $ 25.75 |
| | 4 | $ 26.50 |
| | 5 | $ 26.50 |
| | 6 | $ 26.50 |
| | 7 | $ 27.75 |
| | 8 | $ 27.75 |
| | 9 | $ 27.75 |
| | 10 | $ 27.75 |
| Renewal Term 1 | 11 | $ 30.59 |
| | 12 | $ 31.35 |
| | 13 | $ 32.14 |
| | 14 | $ 32.94 |
| | 15 | $ 33.77 |
| Renewal Term 2 | 16 | $ 34.61 |
| | 17 | $ 35.48 |
| | 18 | $ 36.36 |
| | 19 | $ 37.27 |
| | 20 | $ 38.20 |
| Renewal Term 3 | 21 | $ 39.16 |
| | 22 | $ 40.14 |
| | 23 | $ 41.14 |
| | 24 | $ 42.17 |
| | 25 | $ 43.23 |

**Exhibit "E"**

**Existing Tenant Exclusives**

| COMPASS ROAD MEDICAL OFFICES | | | |
|---|---|---|---|
| TENANT | BUILDING | PERMITTED USE | EXCLUSIVE RIGHTS IN BUILDING(S) |
| Brodsky Dermatology LLC | 1 | Dermatology | 1 |

| PRAIRIE GLEN MEDICAL CENTER | | | |
|---|---|---|---|
| TENANT | BUILDING | PERMITTED USE | EXCLUSIVE RIGHTS IN BUILDING(S) |
| Lake Forest Hospital | A | Diagnostic Radiology through the use of CT Scans and MRI | The Land |

## ATTACHMENT 3

**Operating Entity/Licensee Information**

### I. Certificate of Good Standing

The operating entity of the in-center end stage renal disease ("ESRD") facility will be Satellite Dialysis of Glenview, LLC, a Delaware limited liability company registered and in good standing with the Illinois Secretary of State ("Satellite Dialysis of Glenview"). Satellite Dialysis of Glenview is wholly-owned by its parent corporation Satellite Healthcare, Inc. ("Satellite"), a California not-for-profit 501(c)(3) corporation registered and in good standing with the California Secretary of State.

Please refer to Attachment 1 for a copy of each entity's Certificate of Good Standing.

### II. Ownership Disclosures

#### A. Satellite Dialysis of Glenview

The following persons have an ownership interest of five percent (5%) or greater in the operating entity:

Direct Interest:

100.0% Satellite Healthcare, Inc., a California not-for-profit corporation

Indirect Interest:

None

#### B. Satellite Healthcare, Inc.

Satellite Dialysis of Glenview is a wholly-owned subsidiary of Satellite (its parent company). The following persons have an ownership interest of five percent (5%) or greater in the parent entity Satellite:

Ownership Interest:

Satellite, the parent company of Satellite Dialysis of Glenview, is one of the nation's first and leading not-for-profit providers of dialysis services and kidney disease care. Satellite has been organized as a not-for-profit, nonstock corporation in California since 1973. Because Satellite is a not-for-profit, nonstock corporation, Satellite does not have stockholders or owners. Accordingly, Satellite does not distribute its profits or net income to persons or individuals who control the organization (such as officers and directors); rather, the organization utilizes any profits to fund the mission for which it was formed.

*File Number* 0357584-5


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

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

SATELLITE DIALYSIS OF GLENVIEW, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON JUNE 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.


Authentication #: 1117901668

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

***In Testimony Whereof,*** *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 28TH *day of* JUNE *A.D.* 2011 .

Jesse White

SECRETARY OF STATE

**ATTACHMENT 3**

# Delaware



*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SATELLITE DIALYSIS OF GLENVIEW, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF JUNE, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SATELLITE DIALYSIS OF GLENVIEW, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF JUNE, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

Jeffrey W. Bullock, Secretary of State

5001376 8300

110758048

AUTHENTICATION: 8859359

DATE: 06-24-11

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

**ATTACHMENT 3**

# State of California
## Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

SATELLITE HEALTHCARE, INC.

| | |
|---|---|
| FILE NUMBER: | C0687080 |
| FORMATION DATE: | 08/10/1973 |
| TYPE: | DOMESTIC NONPROFIT CORPORATION |
| JURISDICTION: | CALIFORNIA |
| STATUS: | ACTIVE (GOOD STANDING) |

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of June 29, 2011.

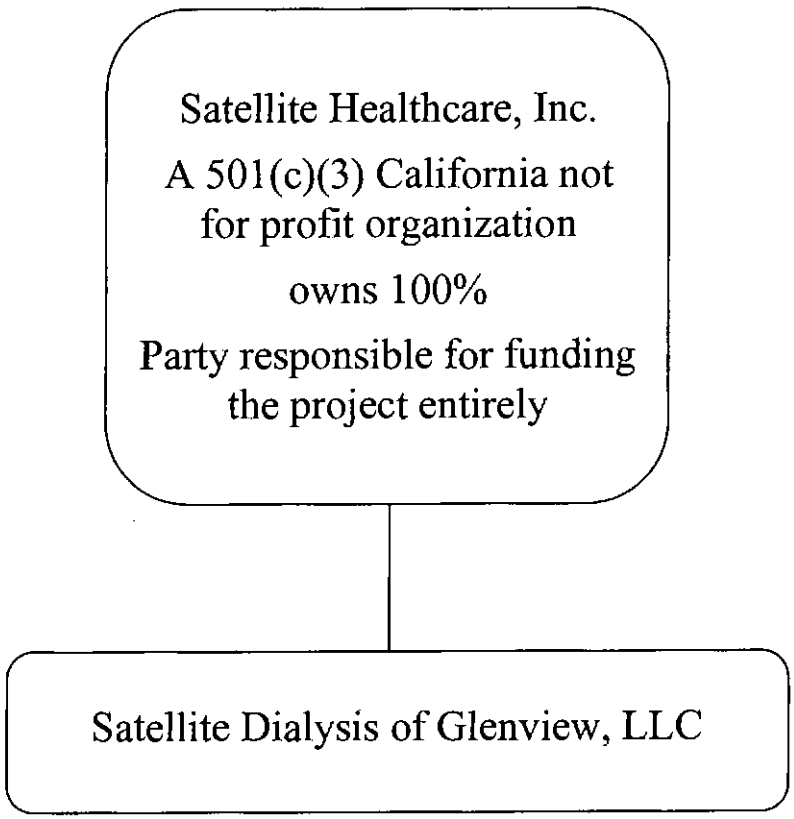
Debra Bowen

**DEBRA BOWEN**
**Secretary of State**

**ATTACHMENT 3**

**ATTACHMENT 4**

**Organizational Relationship**

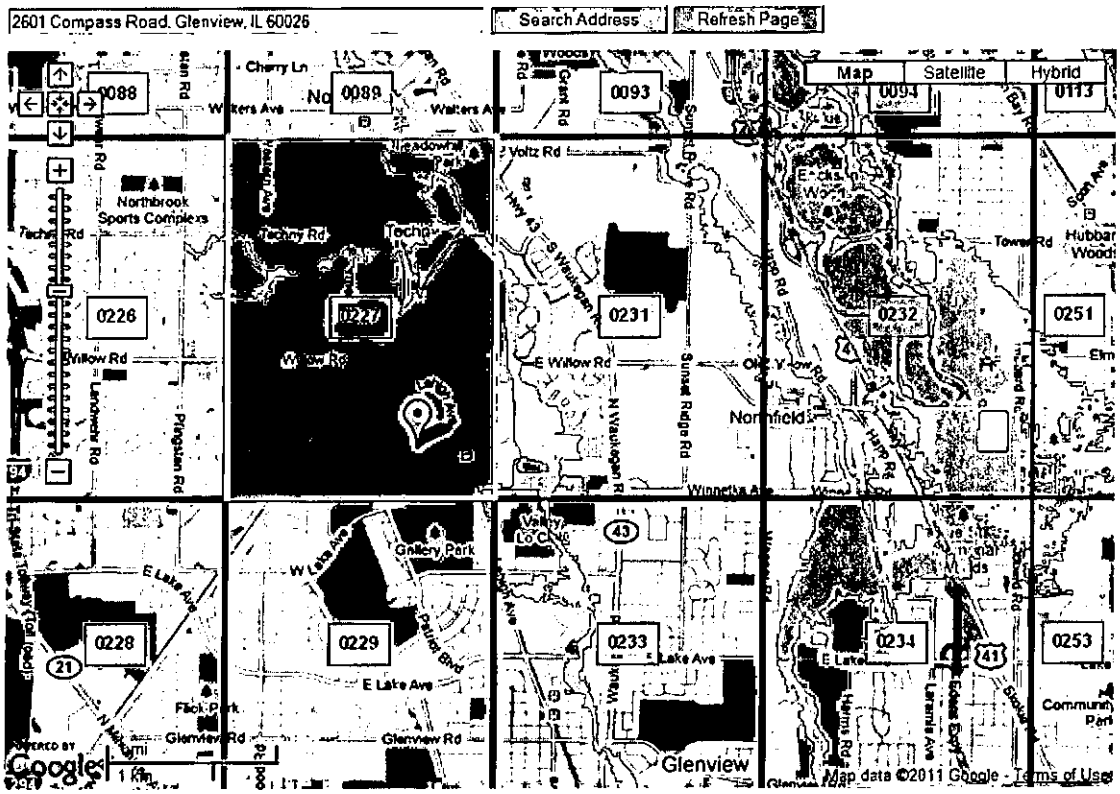


## ATTACHMENT 5

### Flood Plain requirements

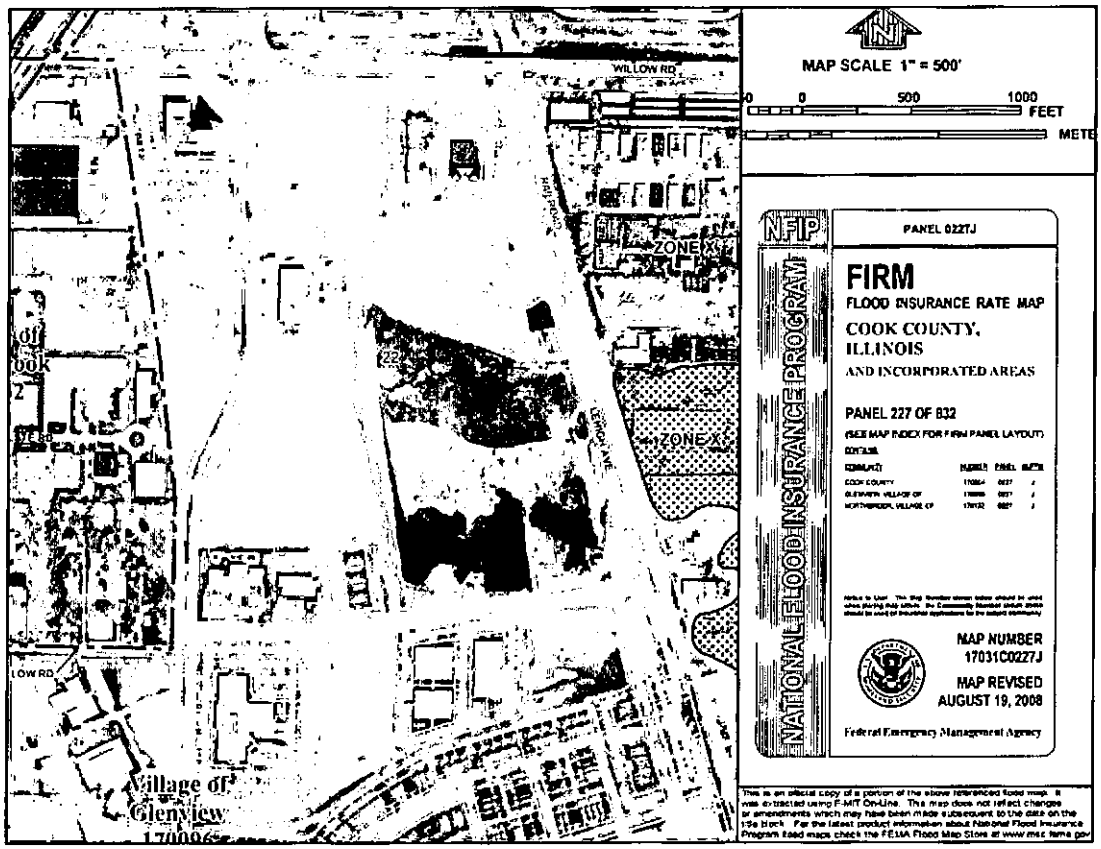
The proposed project is not in a flood plain and is in compliance with the requirements of Illinois Executive Order #2005-5.

**Overview**:




**Legend:** DFIRM panel numbers are shown in red. Special Flood Hazard Areas are shown as light blue. DFIRM Panels with salmon or blue dashed hatching have Multiple Panel Revisions available to review. DFIRM Panels with black cross-hatching are not printed and have no DFIRM available for download.

**Zoom**:




**ATACHMENT 5**
**Flood Plain Requirements**

## ATTACHMENT 6

**Illinois Historical Preservation Letter**

Please find enclosed a letter from the Illinois Historic Preservation Agency clearing the project site.

Illinois Historic
Preservation Agency

FAX (217) 782-8161

1 Old State Capitol Plaza • Springfield, Illinois 62701-1512 • www.illinois-history.gov

Cook County
Glenview
CON - Establish a 16 Station End Stage Renal Dialysis Facility
2601 Compass Road
IHPA Log #007062711

July 12, 2011

Joseph Hylak-Reinholtz
McGuireWoods LLP
77 W. Wacker Dr., Suite 4100
Chicago, IL 60601-1818

Dear Mr. Hylak-Reinholtz:

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

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

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

If you have any further questions, please contact me at 217/785-5027.

Sincerely,

Anne E. Haaker

Anne E. Haaker
Deputy State Historic
Preservation Officer



**ATTACHMENT 6**

## ATTACHMENT 7

**Project Costs and Sources of Funds**

**Modernization contracts**

| | |
|---|---|
| General Conditions | $50,000 |
| Temp Facilities, Controls, Cleaning, Waste Management | $28,165 |
| Concrete | $6,200 |
| Masonry | $20,000 |
| Metal Fabrications | $10,729 |
| Carpentry | $27,320 |
| Thermal, Moisture & Fire Protection | $30,000 |
| Doors, Frames, Hardware, Glass & Glazing | $73,257 |
| Walls, Ceiling, Floors, Painting | $202,794 |
| Specialties | $27,673 |
| Casework, Fl mats & Window Treatments | $14,857 |
| Piping, Sanitary Waste, HVAC, Ductwork, Roof Penetrations | $347,725 |
| Wiring, Fire Alarm System, Lighting | $188,104 |
| Miscellaneous Construction Coasts | -- |
| **TOTAL** | **$1,026,824** |

**Contingencies**

| | |
|---|---|
| Contingencies | $102,682 |

**Architectural/Engineering**

| | |
|---|---|
| Architecture/Engineering Fees | $62,000 |

**Movable or Other Equipment**

| | |
|---|---|
| Dialysis Chairs | $25,000 |
| Dialysis Machines | $336,000 |
| Misc. Clinical Equipment | $25,000 |
| Computers | $7,000 |
| Clinical Furniture & Equipment | $33,000 |
| Office Equipment & Other Furniture | $30,000 |
| Water Treatment | $180,000 |
| TVs & Accessories | $25,000 |
| Telephones | $12,000 |
| Generator | $60,000 |
| Facility Automation | $20,000 |
| Other Miscellaneous | $5,000 |
| **TOTAL** | **$758,000** |

**Fair Market Value Leased Space & Equipment**

| | |
|---|---|
| Leased space 7000 GSF | $2,163,000 |
| **TOTAL** | **$2,163,000** |

## ATTACHMENT 8

**Project Status and Completion Schedules**

Project obligation will occur after permit issuance.

## ATTACHMENT 9

**Cost Space Requirements**

| | | Gross Square Feet | | Amount of Proposed Total Gross Square Feet That IS: | | | |
|---|---|---|---|---|---|---|---|
| **Dept. / Area** | **Cost** | **Existing** | **Proposed** | **New Const.** | **Modernized** | **As Is** | **Vacated Space** |
| **Reviewable** | | | | | | | |
| In-Center Hemodialysis | $4,112,506 | 7,000 | | | 7,000 | | |
| Total Clinical | $4,112,506 | 7,000 | | | 7,000 | | |
| **Non Reviewable** | | | | | | | |
| Administrative | | | | | | | |
| Parking | | | | | | | |
| Gift Shop | | | | | | | |
| Total Nonclinical | | | | | | | |
| **Total** | $4,112,506 | 7,000 | | | 7,000 | | |

## ATTACHMENT 11

**Criterion 1110.230 > Background of Applicants**
**Satellite Dialysis of Glenview, LLC & Satellite Healthcare, Inc.**

### I. Facilities Owned or Operated by Applicants

Satellite Dialysis of Glenview, LLC ("Satellite Dialysis Glenview") does not own or operate any health care facilities; therefore, it has no current licensing, certification or accreditation. Satellite Dialysis Glenview is a wholly-owned subsidiary of its parent corporation Satellite Healthcare, Inc., a California not-for-profit corporation ("Parent"). Parent owns or operates dialysis facilities in several states. Please find attached the required licensure and certification information for all facilities owned and/or operated by Parent. For the purposes of this certification and authorization, Satellite Dialysis Glenview and Parent shall collectively be referred to herein as the "Applicants."

### II. No Adverse Action Certification

Pursuant to 77 Ill. Adm. Code 1110.230(b), the Applicants hereby certify that no adverse actions have been taken against any healthcare facility owned or operated by the Applicants during the three (3) years prior to filing of this Certificate of Need application.

### III. Authorization

Pursuant to 77 Ill. Adm. Code 1110.230(b), the Applicants authorize the Illinois Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") to access any documents necessary to verify the information submitted, including, but not limited to: official records of IDPH or other State of Illinois agencies; the licensing or certification of records of other states, where applicable; and the records of nationally recognized accreditation organizations.

### IV. Prior Applications

The Applicants have not submitted a prior application for permit this calendar year.

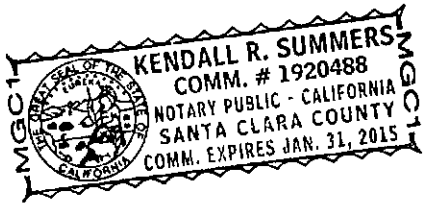
Mark Buche
Name of Application Representative

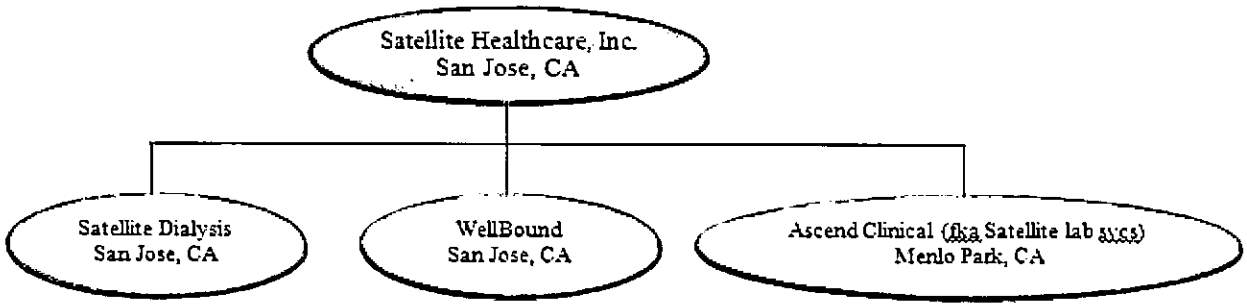
President and CEO
Title

Subscribed and sworn to before me this 15th day of July, 2011.

Signature of Notary Public

Seal






| Provider Number | State License Number | Facility Name | First Line Of Address | City | St | Zip Code | County | Cert. Date |
|---|---|---|---|---|---|---|---|---|
| 52629 | 140000642 | Satellite Dialysis | 40 Penny Lane, Suite 1 | Watsonville | CA | 95076 | Santa Cruz | 8/29/85 |
| 552559 | 550000264 | Satellite Dialysis | 1860 Milmont Drive | Milpitas | CA | 95035 | Santa Clara | 8/3/06 |
| 552536 | 110000527 | Satellite Dialysis Central Modesto | 1315 10th Street, Suite 300 | Modesto | CA | 95354 | Stanislaus | 12/17/04 |
| 52751 | 140000645 | Satellite Dialysis Center | 7800 Arroyo Circle #B | Gilroy | CA | 95020 | Santa Clara | 8/17/94 |
| 52514 | 140000633 | Satellite Dialysis Cupertino | 10596 N Tantau Avenue | Cupertino | CA | 95014 | Santa Clara | 8/10/77 |
| 52526 | 110000444 | Satellite Dialysis Greenbrae | 565 Sir Francis Drake Blvd. | Greenbrae | CA | 94904 | Marin | 8/18/77 |
| 552653 | 550001236 | Satellite Dialysis Merced | 3376 North Highway 59 Suite I | Merced | CA | 95348 | Merced | 6/16/10 |
| 452790 | 008451 | Satellite Dialysis Metric | 10000 Metric Blvd Suite 100 | Austin | TX | 78758 | Travis | 1/22/99 |
| 552670 | 550001412 | Satellite Dialysis Menlo Park | 1040 Hamilton Ct | Menlo Park | CA | 94025 | Santa Clara | 3/14/11 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 52531 | 110000447 | Satellite Dialysis Modesto | 3500 Coffee Road #21 | Modesto | CA | 95355 | Stanislaus | 8/10/77 |
| 552609 | 630011846 | Satellite Dialysis Of Orange | 1518 W. La Veta Avenue | Orange | CA | 92868 | Orange | 12/29/08 |
| 552577 | 550000468 | Satellite Dialysis Of Stockton | 1801 East March Lane Suite A100 | Stockton | CA | 95210 | San Joaquin | 5/23/07 |
| 452789 | 008453 | Satellite Dialysis Of Manor | 3607 Manor Road | Austin | TX | 78723 | Travis | 1/15/99 |
| 52793 | 140000628 | Satellite Dialysis Redwood City | 1410 Marshall Street | Redwood City | CA | 94063 | San Mateo | 7/25/96 |
| 452881 | 008459 | Satellite Dialysis Round Rock | 16010 Park Valley Drive, Suite 100 | Round Rock | TX | 78681 | Williamson | 4/8/04 |
| 52572 | 140000636 | Satellite Dialysis San Jose | 2121 Alexian Drive 118a | San Jose | CA | 95116 | Santa Clara | 5/25/81 |
| 52600 | 140000639 | Satellite Dialysis San Jose | 393 Blossom Hill Road Suite 110 | San Jose | CA | 95123 | Santa Clara | 9/14/84 |
| 552629 | 550001149 | Satellite Dialysis San Leandro | 801 Davis Street | San Leandro | CA | 94577 | Alameda | 10/30/09 |
| 452788 | 008452 | Satellite Dialysis San Marcos | 900 Bugg Lane, Suite 220 | San Marcos | TX | 78666 | Hays | 12/10/98 |
| 52819 | 140000630 | Satellite Dialysis San Mateo | 2000 South El Camino Real | San Mateo | CA | 94403 | San Mateo | 3/10/98 |
| 52555 | 140000635 | Satellite Dialysis Santa Cruz | 2128 Soquel Avenue | Santa Cruz | CA | 95062 | Santa Cruz | 1/26/79 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 52630 | 110000439 | Satellite Dialysis Santa Rosa | 2301 Circadian Way #C | Santa Rosa | CA | 95407 | Sonoma | 9/23/85 |
| 52609 | 110000453 | Satellite Dialysis Sonora | 136 East Columbia Way | Sonora | CA | 95370 | Tuolumne | 11/5/84 |
| 52874 | 140000650 | Satellite Dialysis So. San Francisco | 205 Kenwood Way | South San Francisco | CA | 94080 | San Mateo | 1/16/02 |
| 452797 | 008458 | Satellite Dialysis Southwood | 1635 W. Ben White Blvd. | Austin | TX | 78704 | Travis | 3/17/99 |
| 52870 | 140000632 | Satellite Dialysis Sunnyvale | 155 North Wolfe Rd | Sunnyvale | CA | 94086 | Santa Clara | 1/4/01 |
| 552632 | 550001187 | Satellite Dialysis Tracy | 2156 West Grant Line Road #150 | Tracy | CA | 95377 | San Joaquin | 10/14/09 |
| 52647 | 110000454 | Satellite Dialysis Turlock | 1729 North Olive #9 | Turlock | CA | 95382 | Stanislaus | 3/20/86 |
| 552652 | 550001276 | Satellite Dial. White Road | 1450 S White Road #30 | San Jose | CA | 95127 | Santa Clara | 7/8/10 |
| 52887 | 110000494 | Satellite Dialysis Windsor | 911 Medical Center Plaza, Ste.16 | Windsor | CA | 95492 | Sonoma | 9/4/02 |
| 552635 | 550001181 | Satellite Santa Teresa | 7019 Realm Drive | San Jose | CA | 95119 | Santa Clara | 1/5/10 |
| 672651 | 110006 | Wellbound Of Austin | 12176 N Mo Pac Expressway, Suite A | Austin | TX | 78758 | Travis | 7/26/10 |
| 552539 | N/A | Wellbound Of Emeryville | 2000 Powell Street Suite 140 | Emeryville | CA | 94608 | Alameda | 3/9/05 |
| 142687 | N/A | Wellbound Of Evanston | 8950 Gross Point Road, Ste 300 | Skokie | IL | 60077 | Cook | 10/10/07 |
| 212661 | E2661 | Wellbound Of Frederick Llc | 45 Thomas Johnson Dr Ste 211 | Frederick | MD | 21702 | Frederick | 9/3/09 |
| 672613 | 008556 | Wellbound Of Houston | 7505 S Main, Suite 120 | Houston | TX | 77030 | Harris | 10/19/09 |
| 152597 | N/A | Wellbound Of Lafayette | 2 Executive Drive, Suite B | Lafayette | IN | 47905 | Tippecanoe | 12/12/06 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 552514 | N/A | Wellbound Of Menlo Park Llc | 927 Hamilton Avenue | Menlo Park | CA | 94025 | San Mateo | 10/29/03 |
| 312591 | 24145 | Wellbound Of Mercer | 3836 Quakerbridge Road, Suite 300 | Hamilton | NJ | 8619 | Mercer | 7/11/08 |
| 552558 | N/A | Wellbound Of Milpitas Llc | 1850 Milmont Drive | Milpitas | CA | 95035 | Santa Clara | 8/2/06 |
| 552524 | N/A | Wellbound Of Modesto | 1315 Tenth Street #100 | Modesto | CA | 95354 | Stanislaus | 7/13/04 |
| 552587 | N/A | Wellbound Of Sacramento | 2610 El Paseo Lane Suite F19 | Sacramento | CA | 95821 | Sacramento | 10/4/07 |
| 552621 | N/A | Wellbound Of San Francisco | 1166 Post Street #201 | San Francisco | CA | 94109 | San Francisco | 7/3/09 |
| 52891 | N/A | Wellbound Of San Jose Llc | 1525 Meridian Avenue Suite 101 | San Jose | CA | 95125 | Santa Clara | 12/20/02 |
| 552600 | N/A | Wellbound Of San Leandro | 1040 Davis Street Suite 101 | San Leandro | CA | 95477 | Alameda | 7/17/08 |
| 552582 | N/A | Wellbound Of San Mateo | 2000 S. El Camino Real 2nd Floor | San Mateo | CA | 94403 | San Mateo | 7/12/07 |
| 552550 | N/A | Wellbound Of Santa Rosa | 2301 Circadian Way Suite B | Santa Rosa | CA | 95407 | Sonoma | 2/24/06 |
| 552555 | N/A | Wellbound Of Stockton Llc | 3555 Deer Park Drive Suite 140 | Stockton | CA | 95219 | San Joaquin | 7/5/06 |
| 552560 | N/A | Wellbound Of Vallejo | 480 Redwood Street Suite 40 | Vallejo | CA | 94590 | Solano | 10/18/06 |

## ATTACHMENT 12

**Criterion 1110.230 -- Purpose of the Project**

1. This project will accomplish three objectives: (1) ensure access to high-quality dialysis care in Chicago's northwest suburbs, a region with a growing end stage renal disease ("ESRD") population, (2) raise the quality of care and increase access to individualized dialysis treatments in the vicinity of the proposed facility and (3) advance in this Health Service Area ("HSA") the charitable mission of Satellite Healthcare, Inc. ("Satellite"), a California not-for-profit entity, which through its WellBound of Evanston home dialysis center of excellence is already providing dialysis services in HSA 7.

   The first purpose of this project is to increase access to high-quality dialysis care for the growing institutionally treated ESRD population in HSA 7 (projected in 2015 to be 5,288, a forty-two percent (42%) increase over 2005). The Applicants have identified 86 pre-ESRD patients residing in the immediate area who are expected to start dialysis in the two years following facility completion and who are expected to be referred to the proposed facility for treatment. Treating these pre-ESRD patients would cause the proposed facility to operate at or above its targeted occupancy of eighty percent (80%) within two years of its opening.

   The Glenview area has a large number of senior living communities. Because the senior population is affected by end-stage renal disease, opening a high-quality dialysis facility centrally located among these senior living properties will greatly improve access for elderly patients dialyzing, as is standard of care, three times each week. Improved access will significantly improve their lives.

   Following are some of the many senior living communities in Glenview and neighboring suburbs:

   - Abbington of Glenview, Glenview
   - Arden Courts of Northbrook, Northbrook
   - Belmont Village of Glenview Senior Living, Glenview
   - Bethany Terrace, Morton Grove
   - Chestnut Square at the Glen, Glenview
   - CJE Senior Life, Deerfield
   - Covenant Retirement Village, Northbrook
   - Glen Oaks Home, Northbrook
   - Lake Shore Care, Northbrook
   - Maryhaven Nursing and Rehabilitation Center, Glenview
   - Orchard Village, Glenview
   - Partners in Healthcare, Glenview
   - Rosewood Care Center, Northbrook
   - Seasons at Glenview Place, Northbrook
   - Vi at the Glen, Glenview
   - Whitehall Home, Deerfield

The second purpose of the project is to increase the quality of care in Glenview and the surrounding area by offering the patient-focused care model of Satellite Healthcare at the proposed facility As a not-for-profit corporation, and as such having no shareholders, Satellite answers only to the communities it serves, most particularly its patients. Satellite believes its patient-centric philosophy will better serve the dialysis needs of area residents and also provide community benefits, including chronic-kidney-disease-related education, to the area's pre-ESRD community.

Satellite, one of the nation's largest not-for-profit dialysis providers, is singularly focused on providing superior and personalized clinical care services to its patients. Twenty-three percent (23%) of Satellite's dialysis patients, a percentage about three times the national average, are on home dialysis, a treatment option associated with improved quality of life and superior clinical outcomes for ESRD patients. Among Satellite's in-center hemodialysis patients, eight percent (8%) receive "more frequent" dialysis (meaning that owing to their individual clinical requirements, they dialyze more frequently than the conventional three times per week). In addition, two percent (2%) are on Satellite's recently introduced and rapidly growing in-center nocturnal dialysis program. Five of Satellite's in-center dialysis facilities now offer nocturnal dialysis; two more will add nocturnal this year, underscoring the personalized approach characteristic of Satellite and its referring physicians.

Because of Satellite's patient-centric care model, Satellite Dialysis of Glenview will offer these personalized, cutting-edge dialysis treatment options to its patients despite the added operational challenges these programs bring. Furthermore, Satellite continues to exceed quality benchmarks set by the Federal Centers for Medicare and Medicaid Services. Better patient outcomes result in fewer complications related to dialysis treatment. Apart from benefiting patients' health status, having fewer complications also restrains overall health care costs.

*Satellite's quality of care is discussed further in Attachment 13.*

The third purpose of the project is to advance Satellite's charitable mission, which is to make life better for those living with kidney disease. Satellite's charitable efforts extend beyond its patients, employees and their families to the broader chronic kidney disease ("CKD") and ESRD communities and to the academic medical and research communities:

- Satellite has created the Norman S. Coplon Extramural Grant Program, under which Satellite spends over one million dollars annually to advance research into kidney disease and its treatment. Since inception, Satellite has donated nearly $9 million under this program to support extramural medical research.

- Satellite has donated millions of dollars to Stanford University School of Medicine to create the Norman S. Coplon/Satellite Healthcare Professorship in

Medicine.

- Satellite supports an internal Clinical Research department, which conducts applied research for academic publication and broad dissemination to improve the delivery of dialysis care to all dialysis patients.

- Satellite is a national team sponsor for the National Kidney Foundation ("NKF") walks and donates over one hundred thousand dollars ($100,000) to the foundation annually. Satellite's generous giving through the NKF and other charities supports research, raises awareness and educates area residents about kidney disease, treatment options and proper care (as detailed in the Satellite 2010 Annual Community Benefit Report, a copy of which is included with this application following Attachments 43 and 44).

2. The Satellite Dialysis of Glenview facility will be located in Glenview, Illinois. The market area that the facility will serve includes Glenview, Wheeling, Prospect Heights, Mt. Prospect, Des Plaines, Park Ridge, Niles, Morton Grove, Golf, Northfield and Glencoe. All of these communities are all located entirely within HSA 7.

3. The proposed ESRD facility is needed to serve the pre-ESRD patients identified in this application who will require dialysis services in the two years following project completion. Of the eleven dialysis centers within thirty minutes travel time (as determined by the independent travel study, a copy of which is provided with this CON permit application) from the proposed facility location, the four nearest existing facilities to the proposed facility are all owned by Fresenius Medical Care, a large for-profit dialysis provider. The three Fresenius sites in closest proximity to Glenview are nearing the Illinois Health Facilities and Services Review Board's ("HFSRB") 80% target occupancy standard. The fourth facility, Fresenius-Deerfield, presently has a low utilization rate; however, this facility has only been operational since February 2010. Based on assertions made to the HFSRB, Fresenius-Deerfield should reach the HFSRB's occupancy targets by calendar year 2012. The remaining seven facilities (within 30 minutes) are each over eight miles and at least 23 or more minutes away from the proposed location. As a result, the proposed facility will address the future patient needs identified by the referring physicians herein without adversely affecting existing providers.

   Very importantly, the proposed facility will provide area residents with an alternate choice for their dialysis care – a not-for-profit provider with a proven record of providing superior dialysis care solely dedicated for nearly 40 years to serving the ESRD community. Of the eleven existing ESRD facilities within thirty minutes of the proposed facility, nine (9) are owned by two very large for-profit providers (Fresenius and DaVita/DSI) and just two (2) are "independent" providers (one, Highland Park Hospital; the other, an independent for-profit entity). Highland Park Hospital (with 78% occupancy) is the only not-for-profit dialysis provider within thirty minutes travel time of the proposed facility.

4. The projected Institutional ESRD Patient number was obtained from the Inventory of Health Care Facilities and Services and Need Determinations 2008 Report provided by the Illinois Health Facilities Planning Board.

   The utilization rates of existing ESRD facilities identified in this application were obtained from The Renal Network and represent the most current data through March 31, 2011.

   The population of relevant pre-ESRD patients was obtained from Drs. Stuart M. Sprague, Louisa T. Ho, Neenoo Khosla, Kevin W. Nash, Norman M. Simon and George Kim, all of whom are nephrologists practicing in the Glenview area. Such patient numbers are consistent with the information provided to The Renal Network each year.

5. Satellite has three principal goals for this project, which are (i) to increase access to dialysis services and accommodate the anticipated needs of pre-ESRD patients in the area, (ii) provide personalized and superior patient care to the ESRD population and (iii) to advance Satellite's charitable mission in the local area, which will support local education and awareness of kidney disease. Achieving these goals will dramatically improve the lives of those in the area living with kidney disease, reduce health complications and diminish the overall cost of healthcare to this population.

6. Satellite emphasizes high quality; therefore, it is expected that the proposed ESRD facility would deliver the superior quality of care found at Satellite's dialysis facilities nationwide. The quality outcomes delivered by Satellite for the most recent quarter (that ending June 2011) are listed below, together with their most recent quality benchmarks:

   - 95% of patients had Kt/V $\geq$ 1.2 (CMS 2008 benchmark: $\geq$91%)
   - 83% of patients had albumin $\geq$ 3.5 g/dL (CMS 2008 benchmark: $\geq$82%)
   - 76% of patients had hemoglobin within the 10 to 12 g/dL target range (CMS 2008 benchmark: $\geq$50%)
   - Catheter prevalence was 11% (CMS 2008 benchmark: $\leq$21%)
   - Fistula prevalence was 63% (CMS 2008 benchmark: $\geq$49%)

## ATTACHMENT 13

**Criterion 1110.230 -- Alternatives**

Pursuant to 77 Ill. Adm. Code § 1110.230(c), Satellite Dialysis of Glenview, LLC ("Satellite Dialysis of Glenview") and its parent corporation Satellite Healthcare, Inc., a California not-for-profit corporation ("Satellite"), collectively referred to in this Attachment 13 as the "Applicants", considered the following alternatives to the proposed project:

**1. Proposing a project of greater or lesser scope and cost.**

During the initial planning stage, the Applicants considered establishing a new End Stage Renal Disease ("ESRD") facility with the minimum number of in-center hemodialysis stations for a new dialysis facility located in a metropolitan statistical area ("MSA"). According to the HFSRB rules, the minimum number of stations that an applicant can request is 4 dialysis stations for facilities outside of an MSA or 8 dialysis stations for a facility within an MSA. The proposed facility is in suburban Cook County and is therefore within an MSA. Accordingly, the Applicants examined anticipated patient need and whether an 8 station ESRD facility could meet patient need. However, the Applicants identified 86 pre-ESRD patients who are likely to require in-center dialysis services within the next two years. As a result, the Applicants determined that a 16 station ESRD facility is the most appropriate size to fully meet the anticipated needs of the patients identified in this application. Anything less than 16 stations would only temporarily relieve high utilization percentages seen in the area and will not be able to accommodate the anticipated need of the identified pre-ESRD patients. However, once the pre-ESRD patients identified in this application become ESRD patients requiring dialysis treatment, a 16 station facility will be able to accommodate them.

**Total Project Cost:** $2,056,253

**Reason(s) for Rejecting Alternative:** The Applicants recognize that Health Service Area ("HSA") 7, as of the most recent update to the HFSRB Inventory of Health Care Services, has an estimated need for 8 dialysis stations; however, an 8 station facility is not adequate to meet anticipated patient need within the next two years. As a result, the Applicants submitted the proposed project to establish a new in-center ESRD facility with a total of 16 stations to address the anticipated need and to ensure that the pre-ESRD patients identified herein do not encounter access to care issues in the coming years.

**2. 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.**

The Applicants seriously considered pursuing a joint venture with another area provider to meet all or a portion of the project's intended purposes. However, Satellite is one of the nation's first not-for-profit providers of dialysis services and kidney disease care and remains a recognized leader in the provision of health care services. Because of its well respected not-for-profit focus and mission, the Applicants were willing to consider entering into a joint venture or

similar arrangement with another entity but only if the other entity has a vision and mission substantially similar to the Applicants' vision and mission as a not-for-profit. Since Satellite was founded in 1973, it continues to believe in serving the community and providing high-quality dialysis care in a manner that will not only advance the standard of chronic kidney disease care so patients can achieve a better life but to also ensure that high quality care is available without regard to a person's income level or ability to access to health insurance coverage. Moreover, the Applicants wanted to ensure that any joint venture or similar arrangement with an outside entity would maintain (or preferably improve upon) the full spectrum of dialysis care that Satellite presently provides to its patients, such as early patient wellness education, personalized clinical services and a complete range of dialysis therapy choices.

The Applicants recognize that collaborations with other entities present major opportunities, but also create certain challenges for the not-for-profit organization or organizations directly involved in any joint venture or similar arrangement. The Applicants understand that such opportunities have the potential to enhance capacity to deliver needed services, expand the geographic reach of the involved providers, and create less competition for scarce resources to support similar missions. However, the Applicants also recognize that certain challenges exist in such collaborations, including, but not limited to, the difficulty of integrating often disparate organizational cultures into one healthy, productive organization and the possibility that integrating different approaches to care may lead to lower quality care.

There are four central questions that a not-for-profit provider must ask when assessing a potential joint venture or similar arrangement: (1) whether the mission of a potential partner is compatible with the vision and existing mission of the not-for-profit provider, (2) whether the potential partner is highly effective in carrying out its own not-for-profit vision and mission, (3) whether any differences in philosophy or approach to fulfilling each entity's respective vision and mission would require the not-for-profit provider to change or eliminate programs or its philosophy, and if so, to what extent, and (4) whether any identified differences between the potential partners could create problems before and/or during the new joint effort, and if so, to what extent?

**Total Project Cost:** Undetermined

*Note: A joint venture or similar arrangement would result in certain transaction costs on one hand and would generate cost savings on another. However, no joint venture or similar arrangement was considered to the extent that the Applicants could measure costs and savings, and compare such costs and savings to the proposed project. As a result, identifying costs for this alternative is not easily quantifiable and cannot be determined.*

**Reason(s) for Rejecting Alternative:** At this time, the Applicants were not able to find a partner for the proposed facility that would share Satellite's vision and advance its not-for-profit mission. However, the Applicants will consider a joint venture or similar arrangement in the future if the Applicants locate an acceptable partner.

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

The Applicants considered utilizing other health care resources that already exist in the market area to serve all or a portion of the anticipated patient need for the proposed project; however, the Applicants were not able to find an area provider with a business plan compatible with the vision and not-for-profit mission of the Applicants. For example, the Applicants identified eleven (11) facilities within a thirty minute drive time (as determined by an independent travel study) of the proposed location for its in-center ESRD facility, and of these facilities, six (6) are owned by Fresenius and three (3) are owned by DaVita (collectively, 82% of the 11 facilities), both for-profit ESRD providers. When accounting for all dialysis providers within the identified drive time, ninety-one percent (90.9%) are owned by for-profit companies and only one, representing nine percent (9.1%), is owned by a not-for-profit provider. The only not-for-profit provider in this defined geography is the Highland Park Hospital in Highland Park.

*The following chart identifies the ownership status of each ESRD facility within the project's projected service area.*

**Existing Facilities Within 30-Minute Drive of the Proposed Facility's Location**

| Facility & City | Drive time per Independent Travel Study (minutes) | Ownership | FP/NFP Status | Stations | Occupancy % | Met Occupancy Standard? |
|---|---|---|---|---|---|---|
| FMC - GLENVIEW DIALYSIS CENTER | 14.3 | Fresenius | For Profit | 20 | 79.2% | No |
| FMC - SKOKIE DIALYSIS | 15.5 | Fresenius | For Profit | 14 | 70.2% | No |
| FMC – NILES | 16.8 | Fresenius | For Profit | 32 | 66.7% | No |
| FMC - DEERFIELD DIALYSIS CENTER | 16.8 | Fresenius | For Profit | 12 | 31.9% | No |
| DAVITA - BIG OAKS DIALYSIS | 23.0 | DSI (DaVita) | For Profit | 12 | 15.3% | No |
| FMC - MIDAMERICA EVANSTON | 24.8 | Fresenius | For Profit | 20 | 56.7% | No |
| HIGHLAND PARK HOSPITAL DIALYSIS | 24.8 | Hospital | Nonprofit | 20 | 78.3% | No |
| RESURRECTION MEDICAL CENTER | 25.2 | Independent | For Profit | 14 | 65.5% | No |
| DSI - EVANSTON RENAL CENTER | 26.8 | DSI (DaVita) | For Profit | 18 | 53.7% | No |
| BUFFALO GROVE DIALYSIS | 27.3 | DSI (DaVita) | For Profit | 16 | 65.6% | No |
| FMC - NEOMEDICA - ROLLING MEADOWS | 30.0 | Fresenius | For Profit | 24 | 71.5% | No |

Moreover, Fresenius and DaVita, in most cases, are not willing to enter a joint venture or similar arrangement with competing dialysis providers, and if these companies do, their corporate model requires that they remain in control of the ESRD facility. The Applicants would be very apprehensive about a potential inability to control the management of an ESRD facility because the lack of control could conceivably endanger the Applicants' not-for-profit mission. For example, Fresenius declares that its "typical . . . model of ownership is for [its] facilities to be wholly owned . . . ." See Application for Fresenius Medical Care Woodridge, Project 11-007, Attachment 13, Page 41. DaVita comments that "it is open to joint venture relationships . . . the company enables *minority* partnership with physicians." See Application for Barrington Creek Dialysis, Project 11-010, Attachment 13, Page 87 (emphasis added). Although it has been Satellite's practice to partner from time-to-time with physician practices that may be for-profit, Satellite has never entered into partnership with a for-profit dialysis provider and has never relinquished control of its wholly or partially owned ESRD facilities. Satellite has maintained control over every wholly owned and partially owned ESRD facility in order to maintain its vision and not-for-profit mission.

Based on the corporate model for major companies operating within the proposed market area and the significant potential for loss of control over the operations and directing the focus and priorities of an ESRD facility, the Applicants rejected any plan that would involve partnering with for-profit companies.

**Total Project Cost:** Undetermined

**Reason(s) for Rejecting Alternative:** The Applicants rejected any plan that would utilize other health care resources that already exist in the proposed market area to serve all or a portion of the anticipated patient need for the proposed project because the market area is dominated by for-profit providers that do not share the same vision and mission as the not-for-profit Applicants. Moreover, the Applicants firmly believe that HSA 7 and many other HSA's have an extreme shortage of not-for-profit ESRD providers that are dedicated to serving persons who are financially challenged or uninsured. Moreover, the Applicants were concerned about pursuing relationships that would create a loss of control over the operations and directing the focus of an ESRD facility because the consequent loss of control could adversely affect the Applicants' mission to provide high-quality care to all persons in need, including persons without adequate health care insurance coverage.

**4. Other considerations.**

The Applicants were interested in purchasing existing dialysis stations from one or more presently underutilized ESRD facilities in the proposed market area and to then use the purchased stations to create a new, freestanding ESRD facility. However, the Health Facilities Planning Act and accompanying HFSRB rules allow only for a complete change of ownership of an existing ESRD facility. A purchase of individual dialysis stations from an existing ESRD facility numbering any fewer than the existing ESRD facility's total number of approved stations is explicitly prohibited. For example, the Applicants cannot lawfully purchase 10 stations from an existing 20-station ESRD facility, even in cases where existing stations are not being fully utilized.

The Applicants also considered purchasing an existing ESRD facility and contemporaneously relocating the existing stations to a new location. Once again, the Health Facilities Planning Act and accompanying regulations significantly limit this type of transaction. Under the HFSRB exemption rules, an applicant may acquire an ESRD facility through a change of ownership, but the applicant must verify that the categories of service and number of beds as reflected in the Inventory of Health Care Facilities will not substantially change for at least twelve (12) months following the project's completion date. See 77 Ill. Adm. Code § 1130.520(b)(5). This requirement has been interpreted by HFSRB staff to prohibit the immediate relocation of an existing health care facility to a new location once a change of ownership has been approved. The Applicants understand that this requirement, although found only in the HFSRB exemption rules, is likely to be applied even in the context of a CON application. To be sure, the Applicants may have needed to obtain a declaratory ruling from the HFSRB to determine whether the relocation prohibition applies only in the context of an exemption request or whether the HFSRB would extend the same twelve month prohibition to a CON permit request (77 Ill. Adm. Code § 1110.240, governing change of ownerships under CON rules, provides that an applicant must submit an impact statement which details any proposed changes in the beds or services currently offered but must also document that no reductions in access to care will result from the transaction – the language infers that an applicant is allowed to alter an acquired health care facility (including an immediate relocation) so long as access to care is not diminished following the transaction).

**Total Project Cost:** Not applicable

**Reason(s) for Rejecting Alternative:** Seeking a declaratory ruling would have created substantial additional delays for the proposed project and resulted in substantial additional legal costs for the Applicants. Accordingly, this alternative was rejected by the Applicants.

## Documentation and Evidence

*Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of cost, 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.*

As discussed in alternatives narrative provided above, the Applicants considered several alternative options before filing the present application to establish a 16 station in-center ESRD facility in HSA 7. The following chart compares the various concepts examined by the Applicants by cost and other factors set forth in the state board's rules. In some cases, the Applicants were not able to determine the cost of a stated alternative option because a reliable valuation of such alternative could not be reached or because the alternative option was not viable owing to a statutory or regulatory prohibition.

| **Proposed Project** | Establish Satellite Dialysis of Glenview - 16 station ESRDF | Establish Satellite Dialysis of Glenview - 16 station ESRDF | Establish Satellite Dialysis of Glenview - 16 station ESRDF | Establish Satellite Dialysis of Glenview - 16 station ESRDF |
|---|---|---|---|---|
| **Alternative** | Proposing a project of greater or lesser scope and cost | Joint venture or similar arrangement | Utilizing existing ESRD facility resources for some/all of the anticipated need | Acquire/relocate an existing/underutilized ESRD facility |
| **Cost** | $2,056,253 | Undetermined | Undetermined | Not applicable |
| **Patient Access** | An 8 station ESRD facility would be able to satisfy initial demand; however, the 8 stations would quickly become insufficient as anticipated patient need will require 16 stations within two years of operation. Moreover, an 8 station facility would hinder the Applicant's ability to provide charity care to persons in need of such care | The Applicants concluded that under this option, charity care cases would likely be negatively affected as the Applicants would find it difficult to locate a partner that shared its vision and mission of providing dialysis care as a not-for-profit provider. Thus, charity care access would not be as robust under a facility solely-owned by the Applicants | The Applicants concluded that under this option, charity care cases would likely be negatively affected as the Applicants would find it difficult to locate a partner that shared its vision and mission of providing dialysis care as a not-for-profit provider. Thus, charity care access would not be as robust as under a facility solely-owned by the Applicants | Not applicable |

| | | | | |
|---|---|---|---|---|
| **Quality** | Quality suffers as patient demand cannot be satisfied by an 8 station facility and facility is able to provide less charity care at a smaller center | Quality suffers if any arrangement where the Applicants are required to move away from its care mode and scope of benefits—most arrangements would require the Applicants to move away from its well-regarded model of care. Often, not-for-profit providers find difficulty in integrating often disparate organizational cultures into one healthy, productive organization | Quality suffers if any arrangement where the Applicants are required to move away from its care mode and scope of benefits—most arrangements would require the Applicants to move away from its well-regarded model of care. Often, not-for-profit providers find difficulty in integrating often disparate organizational cultures into one healthy, productive organization | Not applicable |
| **Financial Benefits (Short Term)** | Lower cost to develop the ESRD facility at the onset, but cost savings would be temporary as additional stations would be necessary in the future | Potential to enhance capacity to deliver needed services, expand the geographic reach of the involved providers, and create less competition for scarce resources to support similar missions. | Potential to enhance capacity to deliver needed services, expand the geographic reach of the involved providers, and create less competition for scarce resources to support similar missions. | Not applicable |
| **Financial Benefits (Long Term)** | No long-term financial benefits were identified under this option | Undetermined | Undetermined | Not applicable |

## Empirical Evidence & Data

*The applicant shall provide empirical evidence, including quantified outcome data which verifies improved quality of care, as available.*

### (i) Outcomes of In-Center Hemodialysis Patients

Patients served by Satellite Healthcare, Inc ("Satellite") enjoy better outcomes and greater health compared to the recommended Clinical Performance Measures outcomes published by the Centers for Medicare & Medicaid Services in 2008.

Please find attached a detailed report immediately following this Attachment 13 that demonstrates:

- More Satellite HD patients achieve target levels of dialysis treatment
- More Satellite HD patients reach recommended hemoglobin levels
- More Satellite HD patients dialyze with the preferred vascular access
- Satellite HD patients have fewer days in the hospital

### (ii) Outcomes of Patients on Home Dialysis Therapies

Satellite's patients enjoy better outcomes and greater health compared to the recommended Clinical Performance Measures outcomes, published by the Centers for Medicare & Medicaid Services in 2008.

Please find attached a detailed report immediately following this Attachment 13 that demonstrates

- More Peritoneal Dialysis (PD) patients achieve target levels of dialysis treatment
- More patients on home dialysis modalities reach recommended hemoglobin levels
- Satellite WellBound PD patients achieve a low Peritonitis rate
- Satellite WellBound PD patients have a lower rate of Exit Site Infections
- Satellite WellBound PD patients have fewer days in the hospital

### (iii) Optimal Start

Satellite is one of the nation's first and leading providers of dialysis services and kidney disease care. With its affiliated services – Satellite WellBound, Satellite Dialysis and Satellite Research, Satellite provides early patient wellness education, personalized clinical services and a

complete range of dialysis therapy choices. This comprehensive offering allows Satellite to advance the standard of chronic kidney disease care so patients can achieve a better life. This patient care model is replicated at every dialysis facility owned and operated by Satellite.

Satellite is committed to providing the highest level of quality care for its patients. Satellite also knows that providing quality care is dependent upon patient education and training. When starting dialysis, patients often feel overwhelmed and scared. Everything is new and different: new information, new words, new things to remember and new people to meet. It's natural to feel confused, nervous, and even a little angry or sad. Therefore, Satellite created an industry-leading program called Optimal Start. This 90-day program targets patients who are new to dialysis and helps these patients start their dialysis care with a good foundation by educating them about what is going on and helping them adjust to dialysis.

Optimal Start includes:

- A nurse specializing in patient education and care coordination who acts as a single point of contact for each patient. The nurse helps answer patient questions and communicates patient needs to each patient's entire care team.

- Personalized one-on-one sessions with a dialysis expert who explains kidney disease, how hemodialysis works, and treatment options for each patient.

- Easy access to resources and support to help each patient and their family adjust to a new lifestyle, including:

    1. Communicating with insurance companies;
    2. Transportation to and from dialysis centers;
    3. Diet ideas and shopping and cooking tips;
    4. Employment and dialysis;
    5. Travel or vacationing on dialysis; and
    6. Support groups for each patient and/or their caregiver.

Satellite's patients experience a number of benefits from this very successful program. Patients always have a dedicated person available to answer questions, talk about concerns, and discuss options for care. Patients also have access to resources to learn more about ways to stay healthy as well as ideas of how to adjust to dialysis and continue to live life to its fullest. Optimal Start makes starting dialysis easier for patients and helps them start feeling better fast.

**(iv) Satellite Invests in Technology That Improves Patient Outcomes and Clinical Efficiency**

The effective use of advanced information technologies helps Satellite maximize clinician-patient interaction and increase favorable patient outcomes. Year after year, Satellite Healthcare invests significant resources to advance its information systems and technology tools.

These tools help centers run efficiently and allow facility staff to dedicate more time to patients and their needs.

- **SPIN Center™.** This is Satellite's proprietary clinical information software that was designed to minimize administrative tasks so more time can be dedicated to direct patient care. This application guides staff workflow, facilitates documentation, interfaces with Satellite's lab, and provides robust reporting capabilities. It also helped Satellite successfully fulfill CMS-mandated outcomes monitoring and reporting as well as comply with Conditions for Coverage and more recent MIPPA requirements.

- **SPIN-MD®.** This application connects Satellite's physicians, medical directors, case managers and physician office staff to Satellite patient information from any Internet connection. SPIN-MD helps its staff stay connected with physician partners and ensures timely coordination of patient care.

- **SPIN Station™.** Used in every one of Satellite's ESRD facilities, this chair-side application facilitates real-time data entry with individual computer modules and touch screens at each machine. A bar code scanner tracks staff-specific delivery of care and enhances patient safety with the scanning of dialyzer and medication bar codes. The machine interface allows automatic upload of patient and treatment information without manual data entry.

- **SPIN Data Warehouse.** This clinical data repository protects and manages the ever-expanding volume of patient and treatment related data resulting from growth, research and outcomes monitoring. The warehouse allows each ESRD facility to store, correlate and retrieve data for a multitude of uses – from establishing best practices to complying with oversight requirements.

**Patient Care Tools.** Satellite's development team has incorporated many tools to facilitate patient-specific nutrition, medical and dialysis treatment care plans. These include computerized decision-support applications to help professionals develop dialysis prescriptions tailored to a patient's body size, composition and residual urine output. The Anemia Management Program provides clinicians with comprehensive, at-a-glance anemia-related laboratory data, historical medication data, and protocol-generated recommendations to ensure appropriate and efficient use of Erythropoietic Stimulating Agents (i.e., ESAs) and iron. Other care maps and protocols are also supported by our computerized clinical system, ensuring efficient use of resources, minimizing medical error risk and maximizing patient safety and positive outcomes.

SATELLITE

## Satellite Dialysis – Outcomes of In-center Hemodialysis Patients

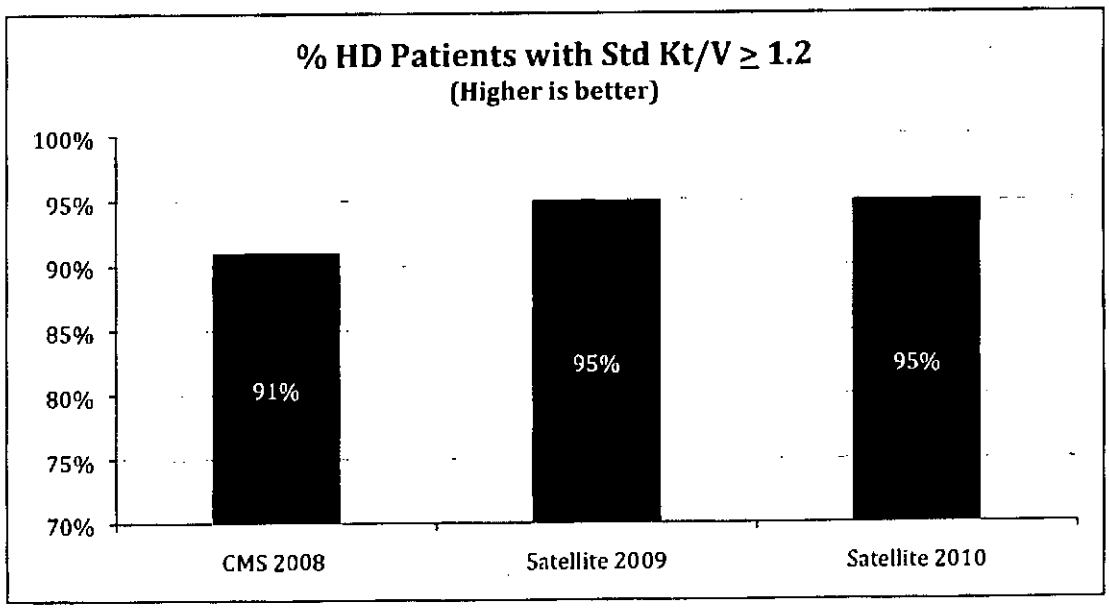
Satellite Healthcare patients enjoy better outcomes and greater health compared to the recommended Clinical Performance Measures outcomes, published by the Centers for Medicare & Medicaid Services (CMS) in 2008.

For more information, please refer to:

Centers for Medicare & Medicaid Services. 2008 Annual Report. End Stage Renal Disease Clinical Performance Measures Project. Department of Health and Human Services, Centers for Medicare & Medicaid Services, Office of Clinical Standards & Quality, Baltimore, Maryland, December 2008.

### More Satellite HD patients achieve target levels of dialysis treatment.

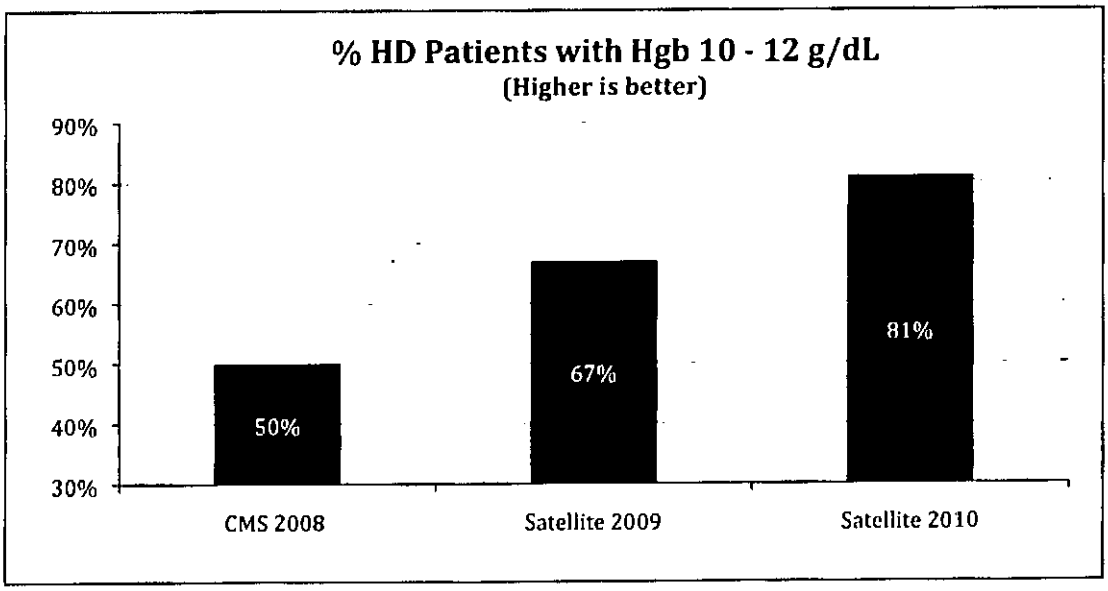
Kt/V is a unit-less measure to quantify dialysis treatment adequacy. The percentage of Satellite HD patients who achieved the target Kt/V exceeds the CMS 2008 benchmark.




ATTACHMENT 13

**More Satellite HD patients reach recommended hemoglobin levels.**

Anemia is a troublesome condition for many people on dialysis. Hemoglobin (Hgb) is the iron-containing protein in the red blood cells that transports oxygen from the lungs to the rest of the body. Low Hgb levels are associated with tiredness, lack of energy, heart disorders, shortness of breath, and other physical symptoms. Hgb levels for those who dialyze at Satellite surpass the CMS 2008 benchmark.

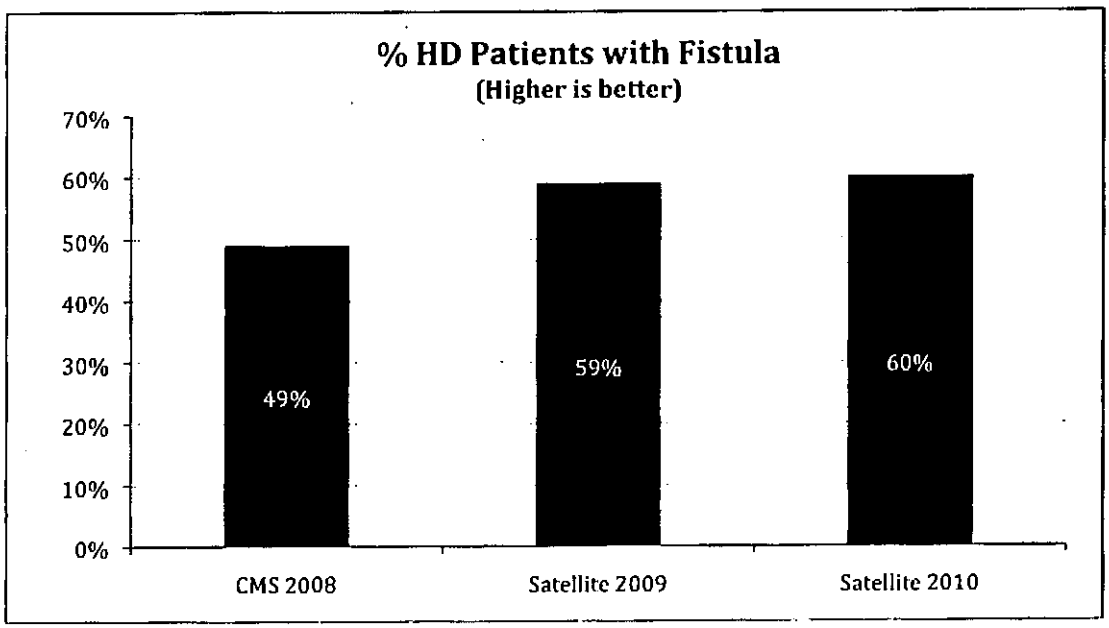



**ATTACHMENT 13**

**More Satellite HD patients dialyze with the preferred vascular access.**

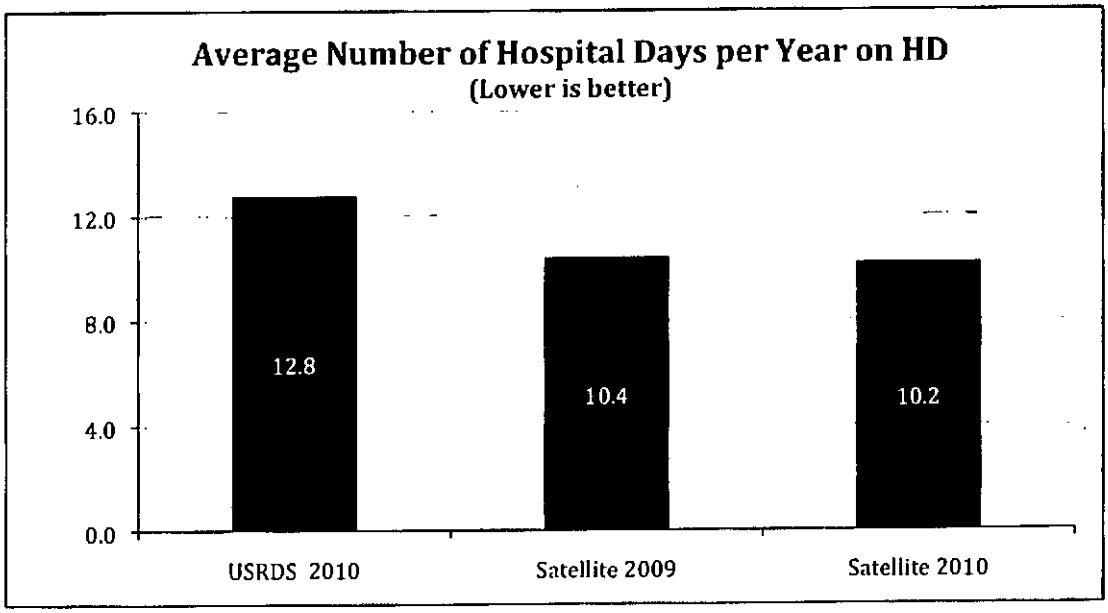
The type of vascular access that is used for hemodialysis can significantly affect patient outcomes. When commencing dialysis, the preferred vascular access choice is a fistula or graft. Because catheters are more prone to infection-related complications and more frequent hospitalization, they should be avoided if at all possible.

When dialysis is started using a catheter, it is preferable to replace that catheter with a permanent (fistula or graft) access as quickly as possible. Satellite Dialysis performs better than the CMS 2008 benchmark, having more HD patients dialyzing with a fistula.



**Satellite HD patients have fewer days in the hospital.**

Hospitalization rates represent an average number of days that each patient spends in the hospital each year. Lower hospitalization rates are associated with better health and fewer serious medical problems. Satellite HD patients consistently spend fewer days in the hospital each year than the national average.




(Ref.: U.S. Renal Data System USRDS 2010 Annual Data Report. Atlas of End-Stage Renal Disease in the United States, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Disease. Division of Kidney, Urologic and Hematologic Disease, Bethesda, MD, 2010. Figure 6.3)

SATELLITE

## Satellite WellBound – Outcomes of Patients on Home Dialysis Therapies

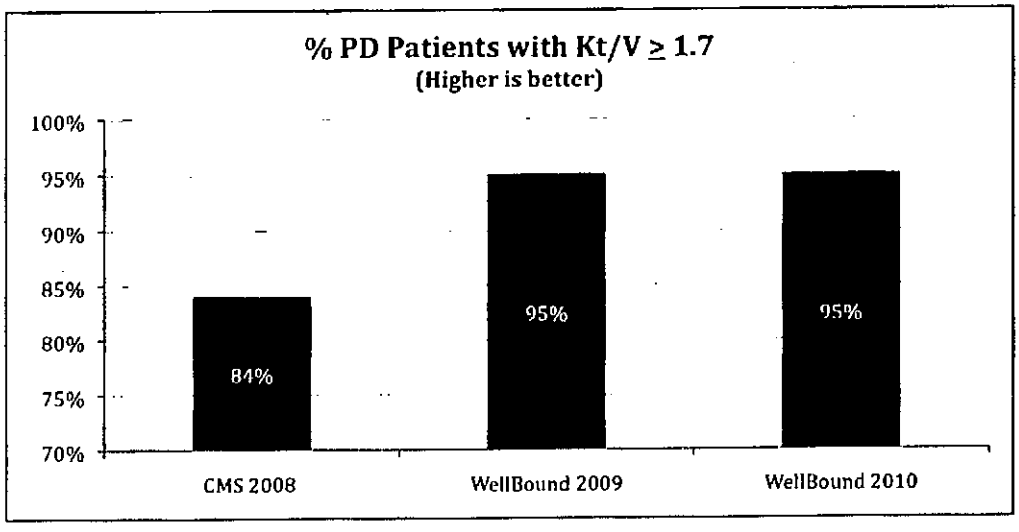
Satellite Healthcare patients enjoy better outcomes and greater health compared to the recommended Clinical Performance Measures outcomes, published by the Centers for Medicare & Medicaid Services (CMS) in 2008.

*For more information, please refer to:*

Centers for Medicare & Medicaid Services. 2008 Annual Report. End Stage Renal Disease Clinical Performance Measures Project. Department of Health and Human Services, Centers for Medicare & Medicaid Services, Office of Clinical Standards & Quality, Baltimore, Maryland, December 2008.

### More Peritoneal Dialysis (PD) patients achieve target levels of dialysis treatment.

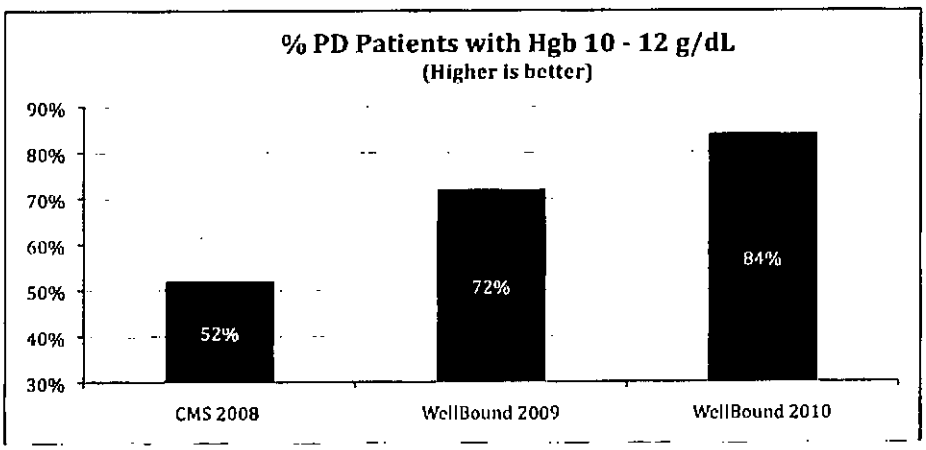
Kt/V is a unit-less measure to quantify dialysis treatment adequacy. The percentage of Satellite WellBound PD patients who achieved the target Kt/V exceeds the CMS 2008 benchmark.

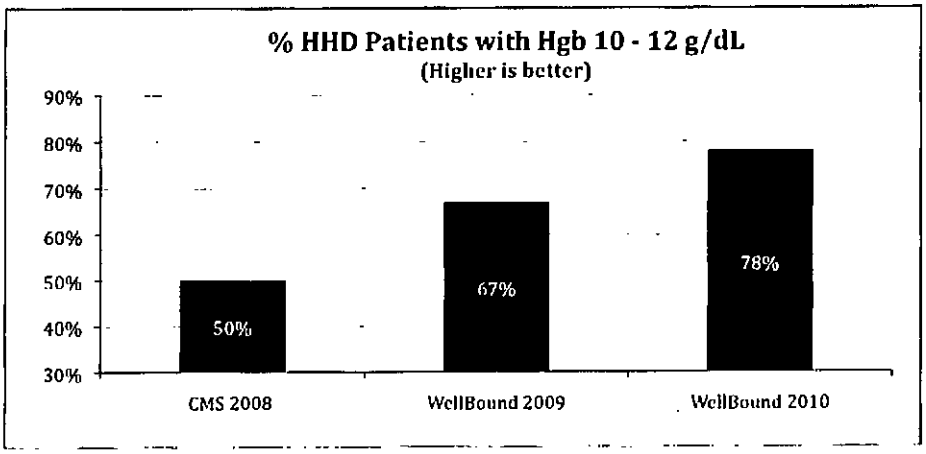



**ATTACHMENT 13**

**More patients on home dialysis modalities reach recommended hemoglobin levels.**

Anemia is a troublesome condition for many people on dialysis. Hemoglobin (Hgb) is the iron-containing protein in the red blood cells that transports oxygen from the lungs to the rest of the body. Low Hgb levels are associated with tiredness, lack of energy, heart disorders, shortness of breath, and other physical symptoms. Hgb levels for both Satellite WellBound Peritoneal Dialysis (PD) and Home Hemodialysis (HHD) patients surpass the CMS 2008 benchmark.

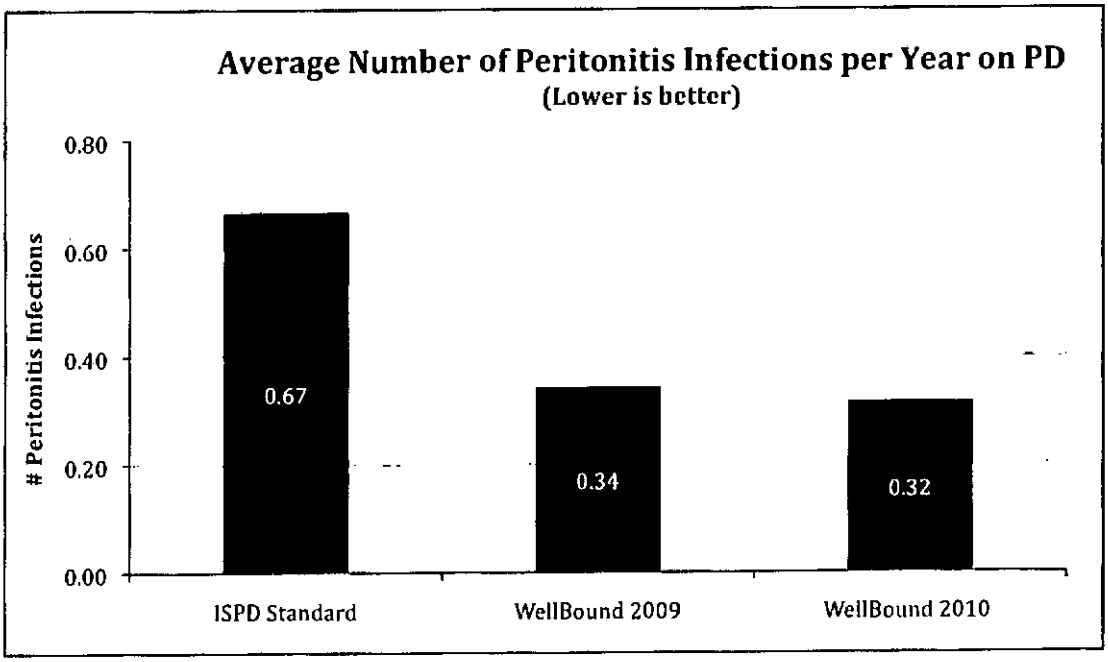


**Satellite WellBound PD patients achieved a low Peritonitis rate.**

One of the potential side effects for PD patients is the development of peritonitis, a serious infection. The International Society for Peritoneal Dialysis (ISPD) recommends that there should be no more than 0.67 episodes per year on PD (equal to 1 episode every 18 months on PD treatment).

Satellite WellBound PD patients have a low peritonitis rate which is about 50% below the rate recommended by ISPD.

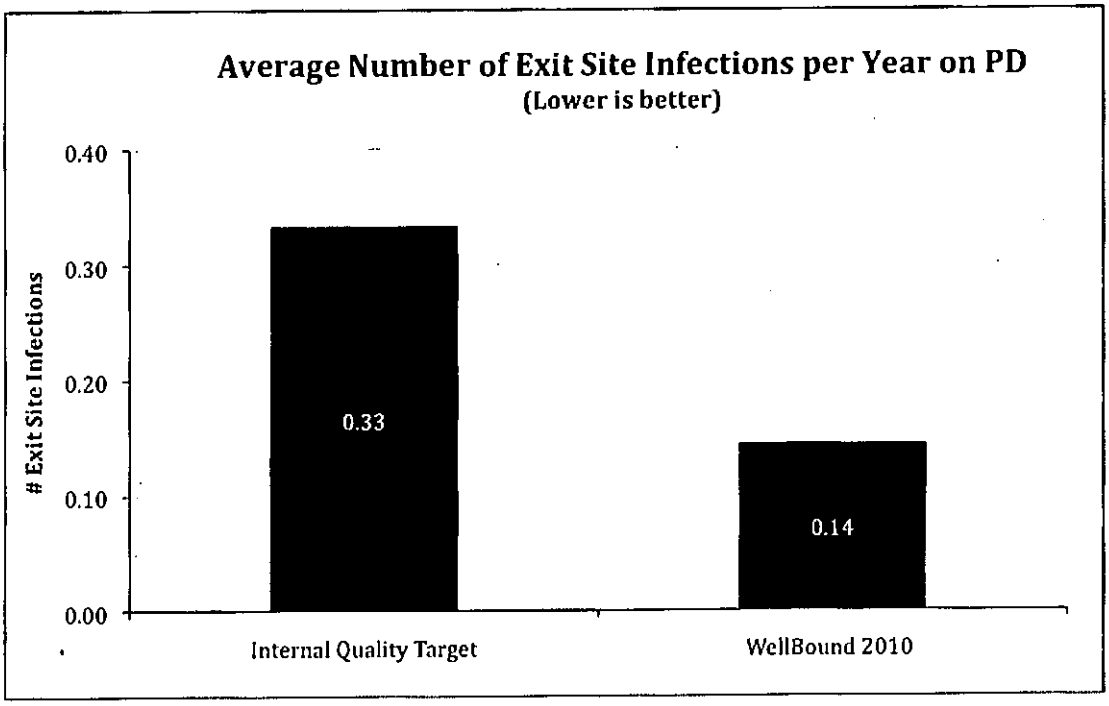



(Ref.: Li et al. ISPD Guidelines/Recommendations. Peritoneal-Dialysis-Related Infections Recommendations: 2010 Update. Perit Dial Int 2010; 30:393-423)

**ATTACHMENT 13**

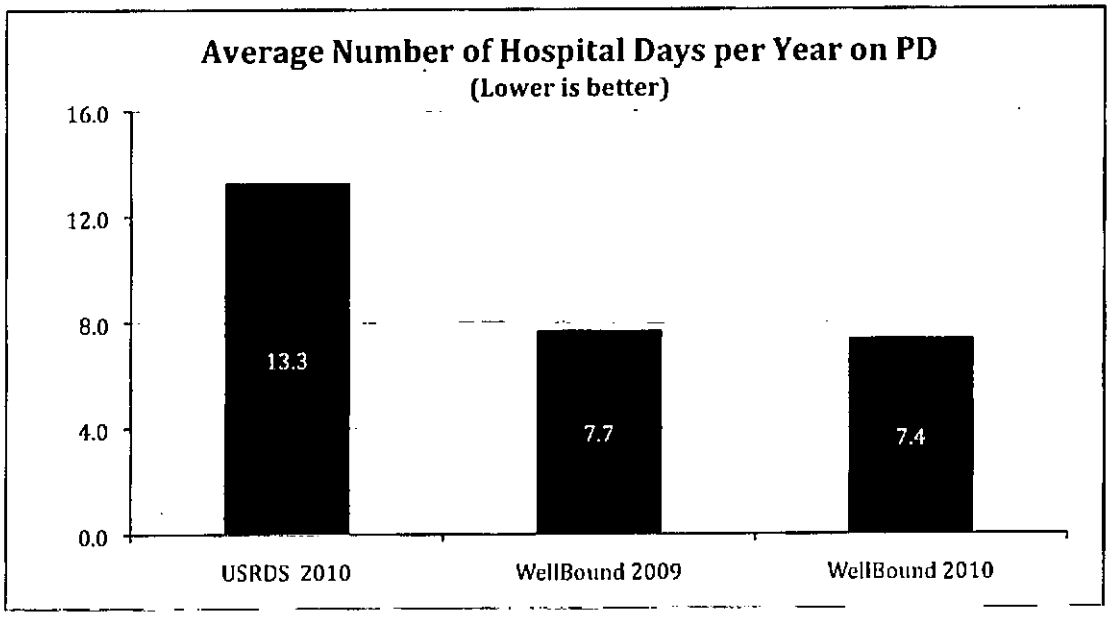
**Satellite WellBound PD patients have a lower rate of Exit Site Infections.**

Exit Site Infections (ESI) are a complication of peritoneal dialysis. Through its patient training protocols, Satellite WellBound has demonstrated success in preventing exit site infections. Our internal quality target is to achieve less than 0.33 exit site infections per year on PD (equal to 1 ESI for every 36 months on PD treatment). In 2010, Satellite WellBound exceeded this goal by having less than half of the targeted ESI rate.



**Satellite WellBound PD patients have fewer days in the hospital.**

Hospitalization rates represent an average number of days that each patient spends in the hospital each year. Lower hospitalization rates are associated with better health and fewer serious medical problems. Satellite PD patients consistently spend fewer days in the hospital each year than the national average.




(Ref.: U.S. Renal Data System USRDS 2010 Annual Data Report. Atlas of End-Stage Renal Disease in the United States, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Disease. Division of Kidney, Urologic and Hematologic Disease, Bethesda, MD, 2010. Figure 6.3)

## ATTACHMENT 14

**Criterion 1110.234 -- Project Scope**

| Size Of Project | | | | |
|---|---|---|---|---|
| **Department/ Service** | **Proposed BGSF/DGSF** | **State Standard** | **Difference** | **Met Standard?** |
| ESRD In-Center Hemodialysis | 7,000 (16 Stations) | 360-520 DGSF | None | Yes |

As seen in the chart above, the state standard for ESRD In-Center Hemodialysis is between 360-520 department gross square feet ("DGSF") per station. This project is being accomplished in leased space with the interior to be built out by the applicant; therefore, the standard being applied is expressed in departmental gross square feet. The proposed 7,000 DGSF amounts to 438 DGSF per station and falls within the Illinois Health Facilities and Services Review Board's per station standard.

## ATTACHMENT 15

**Criterion 1110.234 > Utilization**

| Utilization | | | | | |
|---|---|---|---|---|---|
| | **Dept./ Service** | **Historical Utilization (Patient Days) (Treatments) Etc.** | **Projected Utilization** | **State Standard** | **Met Standard?** |
| | In-Center Hemodialysis | N/A (New Facility) | 0% | 80% | N/A |
| **Year 1** | In-Center Hemodialysis | | 52%* | 80% | No |
| **Year 2** | In-Center Hemodialysis | | 81%* | 80% | Yes |

* After accounting for anticipated patient attrition

Drs. Stuart M. Sprague, Louisa T. Ho, Neenoo Khosla, Kevin W. Nash, Norman M. Simon and George Kim, in the aggregate, expect to refer for dialysis treatment 86 patients now in stages 3 and 4 of kidney failure to Satellite Dialysis of Glenview's in-center dialysis facility in its first the two years of operation following project completion.

Owing to patient attrition, these referring physicians expect that of the 86 identified patients, 78 will be dialyzing at the proposed facility at the end of the second year following project completion. A patient census of 78 will bring the utilization of the proposed facility to 81%, exceeding the Illinois Health Facilities and Services Review Board's 80% utilization standard.

## ATTACHMENT 26

**Criterion 1110.1430(b)(1) -- Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)**

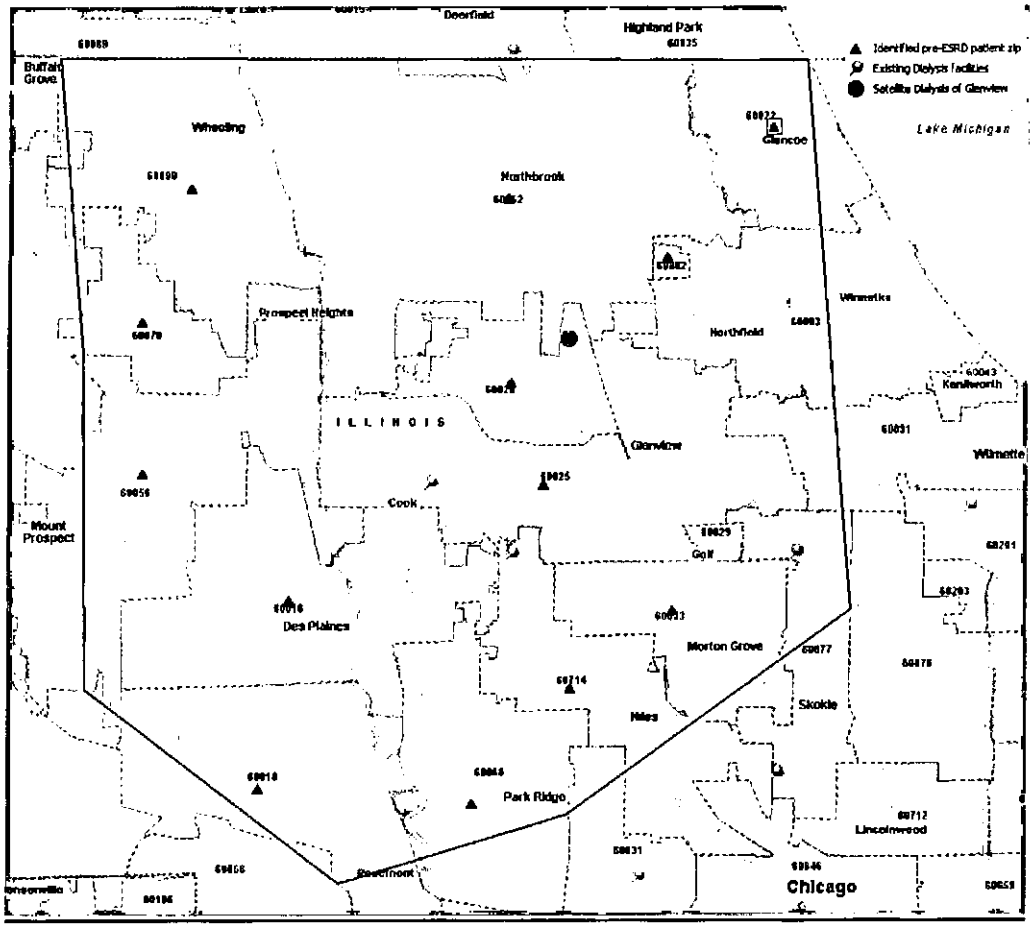
The proposed in-center end stage renal disease facility will be located in the Village of Glenview, Cook County, Illinois. The proposed site of this facility will be within Health Service Area ("HSA") 7. According to the most recent Inventory of Other Health Services, dated June 23, 2011, HSA 7 has a stated need for 8 dialysis stations.

## ATTACHMENT 26

**Criterion 1110.1430(b)(2) -- Planning Area Need - Service to Planning Area Residents**

One purpose of this project is to increase access to care for patients residing in Cook County, allowing the pre-ESRD patients identified in this application to receive high quality in-center hemodialysis treatment. Satellite Dialysis of Glenview, LLC will serve patients from HSA 7.

| County | HSA | # Pre-ESRD patients who will be referred to Satellite Dialysis of Glenview, LLC |
|---|---|---|
| Cook | 7 | 86 pts |



## ATTACHMENT 26

**Criterion 1110.1430(b)(3) -- Planning Area Need - Service Demand - Establishment of Category of Service**

Please find enclosed signed and notarized letters from Drs. Stuart M. Sprague, Louisa T. Ho, Neenoo Khosla, Kevin W. Nash, Norman M. Simon and George Kim, all of whom fully support building the new Satellite Dialysis of Glenview facility to increase access to care for the growing ESRD community in the area and to bring Satellite's patient-centric, not-for-profit driven mission to the area of the proposed facility.

*The data in support of these physicians' assertions immediately follows this specific attachment.*

July 14, 2011

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

Dear Ms. Avery:

We, Stuart M. Sprague, M.D., Louisa T. Ho, M.D., Neenoo Khosla, M.D., Kevin W. Nash, M.D. and Norman M. Simon, M.D. are writing in support of the proposed 16 station center known as Satellite Dialysis of Glenview, LLC ("Satellite Dialysis of Glenview"). We are practicing nephrologists in northern Cook County, Illinois. Over the past few years, we have seen this area grow not only in overall population but also in its population of End Stage Renal Disease ("ESRD") patients. Existing in-center hemodialysis facilities are operating at utilization such that it is difficult to place our patients on shifts that accommodate their needs. Moreover, the growth in pre-ESRD patients in our practice has been so substantial that we do not feel there will be adequate access to dialysis services for our patients in the coming years.

We were treating 109 in-center hemodialysis patients at the end of 2008, 133 in-center hemodialysis patients at the end of 2009 and 110 such patients at the end of 2010, as reported to The Renal Network. As of the end of the most recent quarter (June 30, 2011), we were treating 123 hemodialysis patients. Moreover, over the past twelve months (July 1, 2010 through June 30, 2011) we referred 45 new patients for hemodialysis services to FMC Evanston, FMC Glenview, DSI Evanston, FMC Niles, FMC Deerfield and FMC Norridge. We have 58 pre-ESRD patients who live in the vicinity of the proposed facility that we expect to refer to it within 2 years after completion of the facility. These patients are showing lab values that indicate they are in stages 3 & 4 of chronic kidney disease ("CKD") and are expected to require dialysis therapy starting in the two years after completion of the proposed project. Owing to anticipated patient attrition, at two years after facility completion, we expect 53 patients of the 58 patients we anticipate referring will be receiving dialysis at the proposed facility.

We respectfully ask the Board to approve the 16 station Satellite Dialysis of Glenview in order to keep access available to evidenced growing number of patients presenting with CKD in northern Cook County. Thank you for your consideration.

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

Sincerely,

Stuart M. Sprague, M.D.

Louisa T. Ho, M.D.

Neenoo Khosla, M.D.

Kevin W. Nash, M.D.

Norman M. Simon, M.D.

Notarization:

Subscribed and sworn to before me this 15 day of July, 2011

OFFICIAL SEAL
GAIL E. LINDBERG
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 1-7-2012

Signature of Notary

| Recipient facility: Satellite Dialysis of Glenview | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Zip of Residence | Dr. Kim (Nephrologist) | Dr. Ho (Nephrologist) | Dr. Khosla (Nephrologist) | Dr. Nash (Nephrologist) | Dr. Simon (Nephrologist) | Dr. Sprague (Nephrologist) | **Total** |
| Pre-ESRD patients that will be referred to the facility within 2 years of opening date | 60025 | 8 | 1 | 2 | 4 | | 1 | 16 |
| | 60026 | 5 | 1 | 1 | 3 | | 1 | 11 |
| | 60053 | 4 | 2 | 1 | 3 | | | 10 |
| | 60016 | 3 | 1 | 1 | 2 | 1 | | 8 |
| | 60056 | 3 | | | 2 | | | 5 |
| | 60070 | 3 | 1 | 1 | 3 | | | 8 |
| | 60062 | 2 | 2 | 1 | 4 | | 1 | 10 |
| | 60018 | | 1 | | | | | 1 |
| | 60068 | | 1 | | 1 | | | 2 |
| | 60714 | | 1 | 1 | 2 | | 1 | 5 |
| | 60090 | | 2 | 1 | 2 | | 1 | 6 |
| | 60082 | | | | 1 | | 1 | 2 |
| | 60022 | | 1 | | 1 | | | 2 |
| | **Total** | 28 | 14 | 9 | 28 | 1 | 6 | 86 |

## Admissions in current centers for the past year (7/1/2010-6/30/2011)

| ZIP of Residence | FMC Evanston | | | | | DSI Evanston | | | | | FMC Glenview | | | Center for Renal Replacement Lincolnwood | FMC Norridge | FMC Niles | FMC Deerfield | | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Dr. Kim | Dr. Ho | Dr. Khosla | Dr. Nash | Dr. Sprague | Dr. Kim | Dr. Ho | Dr. Khosla | Dr. Simon | Dr. Sprague | Dr. Kim | Dr. Khosla | Dr. Nash | Dr. Kim | Dr. Nash | Dr. Nash | Dr. Kim | Dr. Nash | |
| 60025 | | 1 | | 1 | | | | | | | 2 | 1 | 5 | | | | | | **10** |
| 60091 | | | | | | 1 | | | | | | | | | | | | | **1** |
| 60714 | | | | | | | | | | | | | | 1 | | | | | **1** |
| 60062 | | | | | | | | | | | | | | | | | 1 | 1 | **2** |
| 60201 | 2 | 2 | 3 | | | 4 | 2 | | | 1 | | | | | | | | | **14** |
| 60202 | | | 2 | | 1 | 1 | 2 | | | | | | | 1 | | | | | **7** |
| 60082 | | | | | | | | | | | 1 | | | | | | | | **1** |
| 60045 | | | | | | 1 | | | | | | | | | | | | | **1** |
| 60411 | | | | | | 1 | | | | | | | | | | | | | **1** |
| 60076 | 1 | 2 | 1 | | | 1 | 1 | | | | | | | | | | | | **6** |
| 60659 | | | | | | | | | | | | | | 1 | | | | | **1** |
| 60015 | | | | | | | | | 1 | | | | | | | | | 1 | **2** |
| 60017 | | | | | | | | 1 | | | | | | | | | | | **1** |
| 60053 | | | | | | | | 1 | | | | | | | | 1 | | | **2** |
| 60426 | | | | | | | | 1 | | | | | | | | | | | **1** |
| 60645 | | | | | | | | 1 | | | | | | | | | | | **1** |
| 60712 | | 1 | | | | | | | | 1 | | | | | | | | | **2** |
| 60093 | | | 1 | | | | | | | | | | | | | | | | **1** |
| 60059 | | | 1 | | | | | | | | | | | | | | | | **1** |
| 60056 | | | | | | | | | | | | | 1 | | 1 | | | | **2** |
| 60026 | | | | | | | | | | | | | 1 | | | | | | **1** |
| 60070 | | | | | | | | | | | | | 1 | | | | | | **1** |
| 60084 | | | | | | | | | | | | 1 | | | | | | | **1** |
| 60004 | | | | | | | | | | | | | | | | 1 | | | **1** |
| 60631 | | | | | | | | | | | | | | | | 1 | | | **1** |
| 60706 | | | | | | | | | | | | | | | | 1 | | | **1** |
| **Total** | **3** | **6** | **8** | **1** | **1** | **9** | **5** | **4** | **1** | **2** | **3** | **2** | **8** | **3** | **1** | **4** | **1** | **2** | **64** |

5b

ATTACHMENT 26

**In-center patient as of 12/31/2008**

| | FMC Evanston | | | | FMC Glenview | | FMC Niles | | | DSI Evanston | | | FMC Big Oaks | FM C Deer | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Zip code of residence | Dr. Kim | Dr. Ho | Dr. Simon | Dr. Sprague | Dr. Nash | Dr. Kim | Dr. Nash | Dr. Simon | Dr. Sprague | Dr. Kim | Dr. Ho | Dr. Sprague | Dr. Nash | Dr. Nash | |
| 60026 | | | | | 2 | | | | | | | 1 | | | 3 |
| 60077 | 1 | 2 | | | 1 | | | | | | | 1 | | | 5 |
| 60090 | | | | | 4 | | | | | | | 1 | | | 5 |
| 60091 | | 2 | 2 | 1 | | | | | | | 1 | | | | 6 |
| 60201 | 3 | 8 | 3 | 3 | 1 | | | | | | 1 | 1 | | | 20 |
| 60202 | | 10 | | 1 | | | | 1 | | 1 | 1 | | | | 14 |
| 60626 | | 1 | 1 | 1 | | | | | | | | 1 | | | 4 |
| 60053 | | | | 1 | | | 2 | | 1 | | | | 1 | | 5 |
| 60015 | | | | | 1 | | | | | | | | | 1 | 2 |
| 60062 | | | 1 | | 5 | 1 | | | | | | | | 2 | 9 |
| 60025 | 1 | 1 | | | 8 | 3 | | | | 1 | | | | | 14 |
| 60056 | | 1 | | | 3 | 2 | | | | | | | | | 6 |
| 60076 | 1 | 4 | 1 | | | | | | | | | | | | 6 |
| 60093 | | 1 | 2 | | 1 | | | | | | | | | | 4 |
| 60099 | | 1 | | | | | | | | | | | | | 1 |
| 60203 | | | 1 | | | | | | | | | | | | 1 |
| 60204 | | 1 | | | | | | | | | | | | | 1 |
| 60618 | | 1 | | | | | | | | | | | | | 1 |
| 60625 | | 1 | | | | | | | | | | | | | 1 |
| 60045 | | 1 | | | | | | | | | | | | | 1 |
| 60640 | | 1 | | | | | | | | 1 | | | | | 2 |
| 60059 | 1 | | 1 | | | | | | | | | | | | 2 |
| 60645 | | 1 | | | | | | | | 1 | | | | | 2 |
| 60060 | 1 | | | 1 | | | | | | | | | | | 2 |
| 60712 | | 2 | 1 | | | | | | | | | | | | 3 |
| 60016 | | | | | 1 | | | | | | | | | | 1 |
| 60068 | | | | | 1 | | | | | | | | | | 1 |
| 60070 | | | | | 2 | 1 | | | | | | | | | 3 |
| 60656 | | | | | 1 | | | | | | | | | | 1 |
| 60706 | | | | | | | 1 | | | | | | | | 1 |
| 60714 | | | | | | | 1 | | | | | | | | 1 |
| 60084 | | | | | | 1 | | | | | | | | | 1 |
| 60018 | | | | | | 2 | | | | | | | | | 2 |
| 60082 | | | | | | 2 | | | | | | | | | 2 |
| **Total** | **8** | **39** | **13** | **8** | **31** | **12** | **4** | **1** | **1** | **4** | **3** | **5** | **1** | **3** | **133** |

EXHIBIT 26

**In-center patient as of 12/31/2009**

| ZIP of Residence | DSI Evanston | | | | | FMC Big Oaks | FMC Deerfield | FMC Evanston | | | | | FMC Glenview | | | FMC Niles | | DSI Buffalo Grove | DSI Arlington | Round Lake | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Dr. Ho | Dr. Khosla | Dr. Simon | Dr. Sprague | Dr. Kim | Dr. Nash | Dr. Nash | Dr. Ho | Dr. Khosla | Dr. Simon | Dr. Sprague | Dr. Kim | Dr. Khosla | Dr. Nash | Dr. Sprague | Dr. Nash | Dr. Simon | Dr. Kim | Dr. Kim | Dr. Simon | |
| 60015 | | | | 1 | | | 1 | | | | | | | 1 | 1 | | | | | | 4 |
| 60022 | | | | 1 | | | | | | | | | | | | | | | | | 1 |
| 60026 | | | | 1 | | | | | | 1 | | | | 2 | | | | | | | 4 |
| 60041 | | | | | | | | | | | | | | | | | | | | 1 | 1 |
| 60053 | | | | 1 | | 1 | | | | | 1 | | | | | 2 | | | | | 5 |
| 60059 | | | | | | | | 1 | | | | | | | | | | | | | 1 |
| 60062 | | | | 1 | | | 2 | | | | | | | 6 | | | | | | | 9 |
| 60070 | | | | | | | | | | | | | | 3 | | | | 1 | | | 4 |
| 60076 | | | | 1 | 1 | | | 7 | | 1 | | 2 | | | | | | | | | 12 |
| 60077 | 1 | | | | | | | | | | | 2 | | 1 | | | | | | | 4 |
| 60089 | | | | | | | | | | | | | | | | | | 1 | | | 1 |
| 60090 | | | | 1 | | | | | | | | | 1 | 5 | | | | 1 | | | 8 |
| 60091 | 1 | | | | 1 | | | 2 | | 2 | | 2 | | | | | | | | | 8 |
| 60093 | | | | | | | | 2 | | 1 | | 1 | | | | | | | | | 4 |
| 60201 | 3 | 1 | 4 | 2 | | | | 7 | | 2 | 2 | 4 | | | | | | | | | 25 |
| 60202 | 6 | 1 | | | | | | 9 | | | | 4 | | | | | 1 | | | | 21 |
| 60203 | | | | | | | | | | 1 | | 1 | | | | | | | | | 2 |
| 60625 | | | | 1 | | | | 2 | | | | | | | | | | | | | 3 |
| 60626 | | | | 2 | 1 | | | 1 | | | | 3 | | | | | | | | | 7 |
| 60630 | | | | 1 | | | | | | | | 1 | | | | | | | | | 2 |
| 60645 | | | | | | | | 1 | | | | | | | | | | | | | 1 |
| 60647 | | 1 | | | | | | | | | | | | | | | | | | | 1 |
| 60652 | | | | | | | | | | | 1 | | | | | | | | | | 1 |
| 60659 | | | | 1 | 1 | | | | | | | 1 | | | | | | | | | 3 |
| 60660 | | | | 1 | | | | | 1 | | 1 | | | | | | | | | | 3 |
| 60712 | | 1 | | 1 | | | | | | | | | | | | | | | | | 2 |
| 60610 | | | | | 1 | | | | | | | | | | | | | | | | 1 |
| 60060 | | | | | | | | 1 | | | | | | | | | | | | | 1 |
| 60056 | | | | | | | | 1 | | | | | | 3 | | | | | 1 | | 5 |
| 60082 | | | | | | | | | | | | 2 | | | | | | | | | 2 |
| 60016 | | | | | | | | | | | | | | 2 | | | | | | | 2 |
| 60018 | | | | | | | | | | | | | 1 | | | | | | | | 1 |
| 60025 | | | | | | | | | | | | | 1 | 8 | | | | | | | 9 |
| 60039 | | | | | | | | | | | | | | 1 | | | | | | | 1 |
| 60069 | | | | | | | | | | | | | 1 | | | | | | | | 1 |
| 60084 | | | | | | | | | | | | | 1 | | | | | | | | 1 |
| 60004 | | | | | | | | | | | | | | | | 1 | | | | | 1 |
| 60068 | | | | | | | | | | | | | | | | 1 | | | | | 1 |
| 60706 | | | | | | | | | | | | | | | | 1 | | | | | 1 |
| 60714 | | | | | | | | | | | | | | | | 1 | | | | | 1 |
| Total | 11 | 4 | 4 | 16 | 5 | 1 | 3 | 34 | 1 | 8 | 5 | 23 | 5 | 32 | 1 | 6 | 1 | 3 | 1 | 1 | 165 |

## In-center patient census as of 12/31/2010

| ZIP of Residence | DSI Evanston | | | | | FMC Evanston | | | | | | FMC Big Oaks | FMC Deerfield | | FMC Glenview | | FMC Niles | | DSI Buffalo Grove | DSI Arlington Heights | Center for Renal Replacement Lincolnwo | Brentwood North | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Dr. Ho | Dr. Khosla | Dr. Simon | Dr. Sprague | Dr. Kim | Dr. Ho | Dr. Khosla | Dr. Nash | Dr. Simon | Dr. Sprague | Dr. Kim | Dr. Nash | Dr. Nash | Dr. Kim | Dr. Nash | Dr. Khosla | Dr. Nash | Dr. Simon | Dr. Kim | Dr. Kim | Dr. Kim | Dr. Kim | |
| 60015 | | | 1 | | | | | | | | | | | | | | | | | | | 1 | 2 |
| 60016 | | | | 1 | | | | | | | | | | | 1 | | | | | | | | 2 |
| 60018 | | | | | | | | | | | | | | | 1 | | | | | | | | 1 |
| 60026 | | | | | | | | | | | | | | | 4 | | | | | | | | 4 |
| 60025 | | | | | | | | | | | | | | | 5 | 1 | | | | | | | 6 |
| 60053 | | | | 1 | | | | | | 1 | | 1 | | | | | 1 | | | | | | 4 |
| 60060 | | | | | | | 1 | | | 1 | | | | | | | | | | | | | 2 |
| 60062 | | | | | | | | 1 | | | | | 2 | 1 | 4 | | | | | | | | 8 |
| 60066 | | | | | | | • | | 1 | | | | | | | | | | | | | | 1 |
| 60070 | | | | | | | | | | | | | | | 1 | | | | | | | | 1 |
| 60076 | | 1 | | 1 | 1 | 4 | 1 | | 1 | | 1 | | | | | | | | | | | | 10 |
| 60077 | | | | 1 | | | | | | | 2 | | | | 1 | | | | | | | | 4 |
| 60089 | | | | | | | | | | | | | | | | | | | 1 | | | | 1 |
| 60090 | | | | 1 | | | | | | | | | | | 3 | | | | | | | | 4 |
| 60091 | 1 | | | | 1 | 2 | | | 1 | | 2 | | | | | | | | | | | | 7 |
| 60093 | | | | | | 2 | | | 1 | | 1 | | | | | | | | | | | | 4 |
| 60099 | | | | | | 1 | | | | | | | | | | | | | | | | | 1 |
| 60201 | 3 | 1 | | 1 | | 9 | 2 | | 4 | 1 | 4 | | | | | | | | | | | | 25 |
| 60202 | 8 | | 1 | | | 6 | 1 | | | 1 | 2 | | | | | | | 1 | | | 1 | 1 | 22 |
| 60203 | | 1 | | | | | | | | | | | | | | | | | | | | | 1 |
| 60618 | | | | | | 1 | | | | | | | | | | | | | | | | | 1 |
| 60626 | | | | 4 | 1 | 1 | | | | | 2 | | | | | | | | | | | | 8 |
| 60630 | | | | | | | | | | | 1 | | | | | | | | | | | | 1 |
| 60645 | | | | 1 | | | | | | | | | | | | | | | 1 | | | | 2 |
| 60646 | | | | | | | | | | | 1 | | | | | | | | | | | | 1 |
| 60652 | | | | | | | | | | 1 | | | | | | | | | | | | | 1 |
| 60659 | | | | | 1 | | | | 1 | | | | | | | | | | | | | | 2 |
| 60082 | | | | | | | | | | | 2 | | | | | | | | | | | | 2 |
| 60610 | | | | | 1 | | | | | | | | | | | | | | | | | | 1 |
| 60045 | | | | | | 1 | | | | | | | | | | | | | | | | | 1 |
| 60056 | | | | | | | 1 | | | | | | | | 3 | | | | | 1 | | | 5 |
| 60004 | | | | | | | | | | | | | | | | | 1 | | | | | | 1 |
| 60706 | | | | | | | | | | | | | | | | | 1 | | | | | | 1 |
| 60712 | | | | 1 | | | | | 1 | | | | | | | | | | | | | | 2 |
| 60714 | | | | | | | | | | | | | | | | | 1 | | | | | | 1 |
| Total | 12 | 3 | 2 | 12 | 5 | 27 | 6 | 1 | 10 | 5 | 18 | 1 | 2 | 1 | 23 | 1 | 4 | 1 | 2 | 1 | 1 | 2 | 140 |

96

EXHIBIT NO. 26

## In-center patient census as of 6/30/2011

| ZIP of Residence | FMC Evanston | | | | | | DSI Evanston | | | | | FMC Glenview | | | DSI Buffalo Grove | DSI Arlington Heights | Center for Renal Replacement Lincolnwood | FNC Niles | | FMC Big Oaks | FMC Deerfield | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Dr. Kim | Dr. Ho | Dr. Khosla | Dr. Nash | Dr. Simon | Dr. Sprague | Dr. Kim | Dr. Ho | Dr. Khosla | Dr. Simon | Dr. Sprague | Dr. Kim | Dr. Khosla | Dr. Nash | Dr. Kim | Dr. Kim | Dr. Kim | Dr. Nash | Dr. Simon | Dr. Nash | Dr. Nash | |
| 60626 | 2 | 1 | | | 1 | | 1 | | | | 4 | | | | | | | | | | | 9 |
| 60630 | 1 | | | | | | | | | | 1 | | | | | | | | | | | 2 |
| 60082 | 1 | | | | | | | | | | | 1 | | | | | | | | | | 2 |
| 60202 | 2 | 7 | 1 | | | 1 | 1 | 8 | 2 | 1 | | | | | | | 1 | | 1 | | | 25 |
| 60646 | 1 | | | | | | | | | | | | | | | | | | | | | 1 |
| 60201 | 3 | 9 | 2 | | 4 | 1 | 2 | 3 | 1 | | 2 | | | | | | | | | | | 27 |
| 60077 | 2 | | | | | | | | | | 2 | | | 1 | | | | | | | | 5 |
| 60091 | 2 | 2 | | | 2 | | 2 | 1 | | | | | | | | | | | | | | 9 |
| 60076 | 1 | 4 | 1 | | | | | | 1 | | | | | | | | | | | | | 7 |
| 60093 | 1 | 2 | | | 2 | | | | | | 1 | | | | | | | | | | | 6 |
| 60659 | | | | | | | 1 | | | | | | | | | | | | | | | 1 |
| 60645 | | | | | | | 1 | | | | 1 | | | | | | | | | | | 2 |
| 60089 | | | | | | | | | | | | | | | 1 | | | | | | | 1 |
| 60090 | | | | | | | | | | | 1 | | | 3 | 1 | | | | | | | 5 |
| 60025 | | 1 | | | | | | | | | | 2 | 1 | 6 | | | | | | | | 10 |
| 60056 | | | | | | | | | | | | | | 3 | | 1 | | | | | | 4 |
| 60714 | | | | | | | | | | | | | | | | | 1 | 1 | | | | 2 |
| 60053 | | | | | | 1 | | | | | 1 | | | | | | | 2 | | 1 | | 5 |
| 60706 | | | | | | | | | | | | | | | | | | 1 | | | | 1 |
| 60016 | | | | | | | | | | | | | | 1 | | | | | | | | 1 |
| 60018 | | | | | | | | | | | | | | 1 | | | | | | | | 1 |
| 60026 | | | | | | | | | | | 1 | | | 3 | | | | | | | | 4 |
| 60062 | | | | 1 | 1 | | | | | | | | | 4 | | | | | | | 2 | 8 |
| 60070 | | | | | | | | | | | | | | 2 | | | | | | | | 2 |
| 60084 | | | | | | | | | | | | | 1 | | | | | | | | | 1 |
| 60039 | | | | | | | | | | | | | | | | | | | | | | 0 |
| 60099 | | 1 | | | | | | | | | | | | | | | | | | | | 1 |
| 60618 | | 1 | | | | | | | | | | | | | | | | | | | | 1 |
| 60625 | | 1 | | | | | | | | | 1 | | | | | | | | | | | 2 |
| 60045 | | 1 | | | | | | | | | | | | | | | | | | | | 1 |
| 60059 | | | 1 | | 1 | | | | | | | | | | | | | | | | | 2 |
| 60060 | | | 1 | | | 1 | | | | | | | | | | | | | | | | 2 |
| 60712 | | 1 | | | | | | | | | 1 | | | | | | | | | | | 2 |
| 60015 | | | | | | | | | | 1 | | | | | | | | | | | 1 | 2 |
| 60203 | | | | | | | | | 1 | | | | | | | | | | | | | 1 |
| **Total** | **16** | **31** | **6** | **1** | **11** | **4** | **8** | **12** | **5** | **2** | **16** | **3** | **2** | **24** | **2** | **1** | **2** | **4** | **1** | **1** | **3** | **155** |

July 13, 2011

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

Dear Ms. Avery:

I, George Kim, M.D., am writing in support of the proposed 16 station center known as Satellite Dialysis of Glenview, LLC ("Satellite Dialysis of Glenview"). I am a practicing nephrologist in northern Cook County, Illinois. Over the past few years, I have seen this area grow not only in overall population but also in its population of End Stage Renal Disease (ESRD) patients. Existing in-center hemodialysis facilities are operating at utilization such that it is difficult to place my patients on shifts that accommodate their needs. Moreover, the growth in pre-ESRD patients in my practice has been so substantial that I do not feel there will be adequate access to dialysis services for my patients in the coming years.

I was treating 24 in-center hemodialysis patients at the end of 2008, 32 in-center hemodialysis patients at the end of 2009 and 30 such patients at the end of 2010, as reported to The Renal Network. As of the end of most recent quarter (June 30, 2011), I was treating 32 hemodialysis patients. Over the past twelve months (July 1, 2010 through June 30, 2011) I referred 19 new patients for hemodialysis services to DSI Evanston, FMC Evanston, FMC Glenview, Center for Renal Replacement Lincolnwood and FMC Deerfield. I have 28 pre-ESRD patients who live in the vicinity of the proposed facility that I expect to refer to the proposed facility within 2 years after completion of the facility. These patients are showing lab values that indicate they are in stages 3 & 4 of chronic kidney disease ("CKD") and are expected to start dialysis therapy in the two years after completion of the proposed project. Owing to anticipated patient attrition, at two years after facility completion, I expect 25 patients of the 28 patients I anticipate referring will be receiving dialysis at the proposed facility.

I respectfully ask the Board to approve the 16 station center known as Satellite Dialysis of Glenview in order to maintain access to the growing number of patients presenting with CKD in northern Cook County. Thank you for your consideration.

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

Sincerely,

George Kim, M.D.

Notarization:

Subscribed and sworn to before me this 14 day of July, 2011

Signature of Notary

"OFFICIAL SEAL"
SAJU PHILIP
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 7/23/2015

ATTACHMENT 26

| Recipient facility: Satellite Dialysis of Glenview | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Zip of Residence | Dr. Kim (Nephrologist) | Dr. Ho (Nephrologist) | Dr. Khosla (Nephrologist) | Dr. Nash (Nephrologist) | Dr. Simon (Nephrologist) | Dr. Sprague (Nephrologist) | **Total** |
| Pre-ESRD patients that will be referred to the facility within 2 years of opening date | 60025 | 8 | 1 | 2 | 4 | | 1 | 16 |
| | 60026 | 5 | 1 | 1 | 3 | | 1 | 11 |
| | 60053 | 4 | 2 | 1 | 3 | | | 10 |
| | 60016 | 3 | 1 | 1 | 2 | 1 | | 8 |
| | 60056 | 3 | | | 2 | | | 5 |
| | 60070 | 3 | 1 | 1 | 3 | | | 8 |
| | 60062 | 2 | 2 | 1 | 4 | | 1 | 10 |
| | 60018 | | 1 | | | | | 1 |
| | 60068 | | 1 | | 1 | | | 2 |
| | 60714 | | 1 | 1 | 2 | | 1 | 5 |
| | 60090 | | 2 | 1 | 2 | | 1 | 6 |
| | 60082 | | | | 1 | | 1 | 2 |
| | 60022 | | 1 | | 1 | | | 2 |
| | **Total** | 28 | 14 | 9 | 28 | 1 | 6 | 86 |

ATTACHMENT 26

## Admissions in current centers for the past year (7/1/2010-6/30/2011)

| ZIP of Residence | FMC Evanston | | | | | DSI Evanston | | | | | FMC Glenview | | | Center for Renal Replacement Lincolnwood | FMC Norridge | FMC Niles | FMC Deerfield | | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Dr. Kim | Dr. Ho | Dr. Khosla | Dr. Nash | Dr. Sprague | Dr. Kim | Dr. Ho | Dr. Khosla | Dr. Simon | Dr. Sprague | Dr. Kim | Dr. Khosla | Dr. Nash | Dr. Kim | Dr. Nash | Dr. Nash | Dr. Kim | Dr. Nash | |
| 60025 | | 1 | | 1 | | | | | | | 2 | 1 | 5 | | | | | | **10** |
| 60091 | | | | | | 1 | | | | | | | | | | | | | **1** |
| 60714 | | | | | | | | | | | | | | 1 | | | | | **1** |
| 60062 | | | | | | | | | | | | | | | | | 1 | 1 | **2** |
| 60201 | 2 | 2 | 3 | | | 4 | 2 | | | 1 | | | | | | | | | **14** |
| 60202 | | | 2 | | 1 | 1 | 2 | | | | | | | 1 | | | | | **7** |
| 60082 | | | | | | | | | | | 1 | | | | | | | | **1** |
| 60045 | | | | | | 1 | | | | | | | | | | | | | **1** |
| 60411 | | | | | | 1 | | | | | | | | | | | | | **1** |
| 60076 | 1 | 2 | 1 | | | 1 | 1 | | | | | | | | | | | | **6** |
| 60659 | | | | | | | | | | | | | | 1 | | | | | **1** |
| 60015 | | | | | | | | | 1 | | | | | | | | | 1 | **2** |
| 60017 | | | | | | | | 1 | | | | | | | | | | | **1** |
| 60053 | | | | | | | | 1 | | | | | | | | 1 | | | **2** |
| 60426 | | | | | | | | 1 | | | | | | | | | | | **1** |
| 60645 | | | | | | | | 1 | | | | | | | | | | | **1** |
| 60712 | | 1 | | | | | | | | 1 | | | | | | | | | **2** |
| 60093 | | | 1 | | | | | | | | | | | | | | | | **1** |
| 60059 | | | 1 | | | | | | | | | | | | | | | | **1** |
| 60056 | | | | | | | | | | | | | 1 | | 1 | | | | **2** |
| 60026 | | | | | | | | | | | | | 1 | | | | | | **1** |
| 60070 | | | | | | | | | | | | | 1 | | | | | | **1** |
| 60084 | | | | | | | | | | | | 1 | | | | | | | **1** |
| 60004 | | | | | | | | | | | | | | | | 1 | | | **1** |
| 60631 | | | | | | | | | | | | | | | | 1 | | | **1** |
| 60706 | | | | | | | | | | | | | | | | 1 | | | **1** |
| **Total** | **3** | **6** | **8** | **1** | **1** | **9** | **5** | **4** | **1** | **2** | **3** | **2** | **8** | **3** | **1** | **4** | **1** | **2** | **64** |

ATTACHMENT 26

102

**In-center patient as of 12/31/2008**

| | FMC Evanston | | | | FMC Glenview | | FMC Niles | | | DSI Evanston | | | FMC Big Oaks | FM C Deer | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Zip code of residence | Dr. Kim | Dr. Ho | Dr. Simon | Dr. Sprague | Dr. Nash | Dr. Kim | Dr. Nash | Dr. Simon | Dr. Sprague | Dr. Kim | Dr. Ho | Dr. Sprague | Dr. Nash | Dr. Nash | |
| 60026 | | | | | 2 | | | | | | | 1 | | | 3 |
| 60077 | 1 | 2 | | | 1 | | | | | | | 1 | | | 5 |
| 60090 | | | | | 4 | | | | | | | 1 | | | 5 |
| 60091 | | 2 | 2 | 1 | | | | | | | 1 | | | | 6 |
| 60201 | 3 | 8 | 3 | 3 | 1 | | | | | | 1 | 1 | | | 20 |
| 60202 | | 10 | | 1 | | | | 1 | | 1 | 1 | | | | 14 |
| 60626 | | 1 | 1 | 1 | | | | | | | | 1 | | | 4 |
| 60053 | | | | 1 | | | 2 | | 1 | | | | 1 | | 5 |
| 60015 | | | | | 1 | | | | | | | | | 1 | 2 |
| 60062 | | | 1 | | 5 | 1 | | | | | | | | 2 | 9 |
| 60025 | 1 | 1 | | | 8 | 3 | | | | 1 | | | | | 14 |
| 60056 | | 1 | | | 3 | 2 | | | | | | | | | 6 |
| 60076 | 1 | 4 | 1 | | | | | | | | | | | | 6 |
| 60093 | | 1 | 2 | | 1 | | | | | | | | | | 4 |
| 60099 | | 1 | | | | | | | | | | | | | 1 |
| 60203 | | | 1 | | | | | | | | | | | | 1 |
| 60204 | | 1 | | | | | | | | | | | | | 1 |
| 60618 | | 1 | | | | | | | | | | | | | 1 |
| 60625 | | 1 | | | | | | | | | | | | | 1 |
| 60045 | | 1 | | | | | | | | | | | | | 1 |
| 60640 | | 1 | | | | | | | | 1 | | | | | 2 |
| 60059 | 1 | | 1 | | | | | | | | | | | | 2 |
| 60645 | | 1 | | | | | | | | 1 | | | | | 2 |
| 60060 | 1 | | | 1 | | | | | | | | | | | 2 |
| 60712 | | 2 | 1 | | | | | | | | | | | | 3 |
| 60016 | | | | | 1 | | | | | | | | | | 1 |
| 60068 | | | | | 1 | | | | | | | | | | 1 |
| 60070 | | | | | 2 | 1 | | | | | | | | | 3 |
| 60656 | | | | | 1 | | | | | | | | | | 1 |
| 60706 | | | | | | | 1 | | | | | | | | 1 |
| 60714 | | | | | | | 1 | | | | | | | | 1 |
| 60084 | | | | | | 1 | | | | | | | | | 1 |
| 60018 | | | | | | 2 | | | | | | | | | 2 |
| 60082 | | | | | | 2 | | | | | | | | | 2 |
| **Total** | **8** | **39** | **13** | **8** | **31** | **12** | **4** | **1** | **1** | **4** | **3** | **5** | **1** | **3** | **133** |

ATTACHMENT 26

103

**In-center patient as of 12/31/2009**

| ZIP of Residence | DSI Evanston | | | | | FMC Big Oaks | FMC Deerfield | FMC Evanston | | | | | FMC Glenview | | | FMC Niles | | DSI Buffalo Grove | DSI Arlington | Round Lake | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Dr. Ho | Dr. Khosla | Dr. Simon | Dr. Sprague | Dr. Kim | Dr. Nash | Dr. Nash | Dr. Ho | Dr. Khosla | Dr. Simon | Dr. Sprague | Dr. Kim | Dr. Khosla | Dr. Nash | Dr. Sprague | Dr. Nash | Dr. Simon | Dr. Kim | Dr. Kim | Dr. Simon | |
| 60015 | | | | 1 | | | 1 | | | | | | | 1 | 1 | | | | | | 4 |
| 60022 | | | | 1 | | | | | | | | | | | | | | | | | 1 |
| 60026 | | | | 1 | | | | | | 1 | | | | 2 | | | | | | | 4 |
| 60041 | | | | | | | | | | | | | | | | | | | | 1 | 1 |
| 60053 | | | | 1 | | 1 | | | | | 1 | | | | | 2 | | | | | 5 |
| 60059 | | | | | | | | 1 | | | | | | | | | | | | | 1 |
| 60062 | | | | 1 | | | 2 | | | | | | | 6 | | | | | | | 9 |
| 60070 | | | | | | | | | | | | | | 3 | | | | 1 | | | 4 |
| 60076 | | | | 1 | 1 | | | 7 | | 1 | | 2 | | | | | | | | | 12 |
| 60077 | 1 | | | | | | | | | | | 2 | | 1 | | | | | | | 4 |
| 60089 | | | | | | | | | | | | | | | | | | 1 | | | 1 |
| 60090 | | | | 1 | | | | | | | | | 1 | 5 | | | | 1 | | | 8 |
| 60091 | 1 | | | | 1 | | | 2 | | 2 | | 2 | | | | | | | | | 8 |
| 60093 | | | | | | | | 2 | | 1 | | 1 | | | | | | | | | 4 |
| 60201 | 3 | 1 | 4 | 2 | | | | 7 | | 2 | 2 | 4 | | | | | | | | | 25 |
| 60202 | 6 | 1 | | | | | | 9 | | | | 4 | | | | | 1 | | | | 21 |
| 60203 | | | | | | | | | | 1 | | 1 | | | | | | | | | 2 |
| 60625 | | | | 1 | | | | 2 | | | | | | | | | | | | | 3 |
| 60626 | | | | 2 | 1 | | | 1 | | | | 3 | | | | | | | | | 7 |
| 60630 | | | | 1 | | | | | | | | 1 | | | | | | | | | 2 |
| 60645 | | | | | | | | 1 | | | | | | | | | | | | | 1 |
| 60647 | | 1 | | | | | | | | | | | | | | | | | | | 1 |
| 60652 | | | | | | | | | | | 1 | | | | | | | | | | 1 |
| 60659 | | | | 1 | 1 | | | | | | | 1 | | | | | | | | | 3 |
| 60660 | | | | 1 | | | | | 1 | | 1 | | | | | | | | | | 3 |
| 60712 | | 1 | | 1 | | | | | | | | | | | | | | | | | 2 |
| 60610 | | | | | 1 | | | | | | | | | | | | | | | | 1 |
| 60060 | | | | | | | | 1 | | | | | | | | | | | | | 1 |
| 60056 | | | | | | | | 1 | | | | | | 3 | | | | | 1 | | 5 |
| 60082 | | | | | | | | | | | | 2 | | | | | | | | | 2 |
| 60016 | | | | | | | | | | | | | | 2 | | | | | | | 2 |
| 60018 | | | | | | | | | | | | | 1 | | | | | | | | 1 |
| 60025 | | | | | | | | | | | | | 1 | 8 | | | | | | | 9 |
| 60039 | | | | | | | | | | | | | | 1 | | | | | | | 1 |
| 60069 | | | | | | | | | | | | | 1 | | | | | | | | 1 |
| 60084 | | | | | | | | | | | | | 1 | | | | | | | | 1 |
| 60004 | | | | | | | | | | | | | | | | 1 | | | | | 1 |
| 60068 | | | | | | | | | | | | | | | | 1 | | | | | 1 |
| 60706 | | | | | | | | | | | | | | | | 1 | | | | | 1 |
| 60714 | | | | | | | | | | | | | | | | 1 | | | | | 1 |
| **Total** | **11** | **4** | **4** | **16** | **5** | **1** | **3** | **34** | **1** | **8** | **5** | **23** | **5** | **32** | **1** | **6** | **1** | **3** | **1** | **1** | **165** |

ATTACHMENT 26

**In-center patient census as of 12/31/2010**

| ZIP of Residence | DSI Evanston | | | | | FMC Evanston | | | | | | FMC Big Oaks | FMC Deerfield | | FMC Glenview | | FMC Niles | | DSI Buffalo Grove | DSI Arlington Heights | Center for Renal Replacement Lincolnwo | Brentwood North | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Dr. Ho | Dr. Khosla | Dr. Simon | Dr. Sprague | Dr. Kim | Dr. Ho | Dr. Khosla | Dr. Nash | Dr. Simon | Dr. Sprague | Dr. Kim | Dr. Nash | Dr. Nash | Dr. Kim | Dr. Nash | Dr. Khosla | Dr. Nash | Dr. Simon | Dr. Kim | Dr. Kim | Dr. Kim | Dr. Kim | |
| 60015 | | | 1 | | | | | | | | | | | | | | | | | | | 1 | 2 |
| 60016 | | | | 1 | | | | | | | | | | | 1 | | | | | | | | 2 |
| 60018 | | | | | | | | | | | | | | | 1 | | | | | | | | 1 |
| 60026 | | | | | | | | | | | | | | | 4 | | | | | | | | 4 |
| 60025 | | | | | | | | | | | | | | | 5 | 1 | | | | | | | 6 |
| 60053 | | | | 1 | | | | | | 1 | | 1 | | | | | 1 | | | | | | 4 |
| 60060 | | | | | | | 1 | | | 1 | | | | | | | | | | | | | 2 |
| 60062 | | | | | | | | 1 | | | | | 2 | 1 | 4 | | | | | | | | 8 |
| 60066 | | | | | | | | | 1 | | | | | | | | | | | | | | 1 |
| 60070 | | | | | | | | | | | | | | | 1 | | | | | | | | 1 |
| 60076 | | 1 | | 1 | 1 | 4 | 1 | | 1 | | 1 | | | | | | | | | | | | 10 |
| 60077 | | | | 1 | | | | | | | 2 | | | | 1 | | | | | | | | 4 |
| 60089 | | | | | | | | | | | | | | | | | | | 1 | | | | 1 |
| 60090 | | | | 1 | | | | | | | | | | | 3 | | | | | | | | 4 |
| 60091 | 1 | | | | 1 | 2 | | | 1 | | 2 | | | | | | | | | | | | 7 |
| 60093 | | | | | | 2 | | | 1 | | 1 | | | | | | | | | | | | 4 |
| 60099 | | | | | | 1 | | | | | | | | | | | | | | | | | 1 |
| 60201 | 3 | 1 | | 1 | | 9 | 2 | | 4 | 1 | 4 | | | | | | | | | | | | 25 |
| 60202 | 8 | | 1 | | | 6 | 1 | | | 1 | 2 | | | | | | | 1 | | | 1 | 1 | 22 |
| 60203 | | 1 | | | | | | | | | | | | | | | | | | | | | 1 |
| 60618 | | | | | | 1 | | | | | | | | | | | | | | | | | 1 |
| 60626 | | | | 4 | 1 | 1 | | | | | 2 | | | | | | | | | | | | 8 |
| 60630 | | | | | | | | | | | 1 | | | | | | | | | | | | 1 |
| 60645 | | | | 1 | | | | | | | | | | | | | | | 1 | | | | 2 |
| 60646 | | | | | | | | | | | 1 | | | | | | | | | | | | 1 |
| 60652 | | | | | | | | | | 1 | | | | | | | | | | | | | 1 |
| 60659 | | | | | 1 | | | | 1 | | | | | | | | | | | | | | 2 |
| 60082 | | | | | | | | | | | 2 | | | | | | | | | | | | 2 |
| 60610 | | | | | 1 | | | | | | | | | | | | | | | | | | 1 |
| 60045 | | | | | | 1 | | | | | | | | | | | | | | | | | 1 |
| 60056 | | | | | | | 1 | | | | | | | | 3 | | | | | 1 | | | 5 |
| 60004 | | | | | | | | | | | | | | | | | 1 | | | | | | 1 |
| 60706 | | | | | | | | | | | | | | | | | 1 | | | | | | 1 |
| 60712 | | | | 1 | | | | | 1 | | | | | | | | | | | | | | 2 |
| 60714 | | | | | | | | | | | | | | | | | 1 | | | | | | 1 |
| **Total** | **12** | **3** | **2** | **12** | **5** | **27** | **6** | **1** | **10** | **5** | **18** | **1** | **2** | **1** | **23** | **1** | **4** | **1** | **2** | **1** | **1** | **2** | **140** |

ATTACHMENT 26

105

## In-center patient census as of 6/30/2011

| ZIP of Residence | FMC Evanston | | | | | | DSI Evanston | | | | | FMC Glenview | | | DSI Buffalo Grove | DSI Arlington Heights | Center for Renal Replacement Lincolnwood | FNC Niles | | FMC Big Oaks | FMC Deerfield | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Dr. Kim | Dr. Ho | Dr. Khosla | Dr. Nash | Dr. Simon | Dr. Sprague | Dr. Kim | Dr. Ho | Dr. Khosla | Dr. Simon | Dr. Sprague | Dr. Kim | Dr. Khosla | Dr. Nash | Dr. Kim | Dr. Kim | Dr. Kim | Dr. Nash | Dr. Simon | Dr. Nash | Dr. Nash | |
| 60626 | 2 | 1 | | | 1 | | 1 | | | | 4 | | | | | | | | | | | 9 |
| 60630 | 1 | | | | | | | | | | 1 | | | | | | | | | | | 2 |
| 60082 | 1 | | | | | | | | | | | 1 | | | | | | | | | | 2 |
| 60202 | 2 | 7 | 1 | | | 1 | 1 | 8 | 2 | 1 | | | | | | | 1 | | 1 | | | 25 |
| 60646 | 1 | | | | | | | | | | | | | | | | | | | | | 1 |
| 60201 | 3 | 9 | 2 | | 4 | 1 | 2 | 3 | 1 | | 2 | | | | | | | | | | | 27 |
| 60077 | 2 | | | | | | | | | | 2 | | | 1 | | | | | | | | 5 |
| 60091 | 2 | 2 | | | 2 | | 2 | 1 | | | | | | | | | | | | | | 9 |
| 60076 | 1 | 4 | 1 | | | | | | 1 | | | | | | | | | | | | | 7 |
| 60093 | 1 | 2 | | | 2 | | | | | | 1 | | | | | | | | | | | 6 |
| 60659 | | | | | | | 1 | | | | | | | | | | | | | | | 1 |
| 60645 | | | | | | | 1 | | | | 1 | | | | | | | | | | | 2 |
| 60089 | | | | | | | | | | | | | | | 1 | | | | | | | 1 |
| 60090 | | | | | | | | | | | 1 | | | 3 | 1 | | | | | | | 5 |
| 60025 | | 1 | | | | | | | | | | 2 | 1 | 6 | | | | | | | | 10 |
| 60056 | | | | | | | | | | | | | | 3 | | 1 | | | | | | 4 |
| 60714 | | | | | | | | | | | | | | | | | 1 | 1 | | | | 2 |
| 60053 | | | | | | 1 | | | | | 1 | | | | | | | 2 | | 1 | | 5 |
| 60706 | | | | | | | | | | | | | | | | | | 1 | | | | 1 |
| 60016 | | | | | | | | | | | | | | 1 | | | | | | | | 1 |
| 60018 | | | | | | | | | | | | | | 1 | | | | | | | | 1 |
| 60026 | | | | | | | | | | | 1 | | | 3 | | | | | | | | 4 |
| 60062 | | | | 1 | 1 | | | | | | | | | 4 | | | | | | | 2 | 8 |
| 60070 | | | | | | | | | | | | | | 2 | | | | | | | | 2 |
| 60084 | | | | | | | | | | | | | 1 | | | | | | | | | 1 |
| 60039 | | | | | | | | | | | | | | | | | | | | | | 0 |
| 60099 | | 1 | | | | | | | | | | | | | | | | | | | | 1 |
| 60618 | | 1 | | | | | | | | | | | | | | | | | | | | 1 |
| 60625 | | 1 | | | | | | | | | 1 | | | | | | | | | | | 2 |
| 60045 | | 1 | | | | | | | | | | | | | | | | | | | | 1 |
| 60059 | | | 1 | | 1 | | | | | | | | | | | | | | | | | 2 |
| 60060 | | | 1 | | | 1 | | | | | | | | | | | | | | | | 2 |
| 60712 | | 1 | | | | | | | | | 1 | | | | | | | | | | | 2 |
| 60015 | | | | | | | | | | 1 | | | | | | | | | | | 1 | 2 |
| 60203 | | | | | | | | | 1 | | | | | | | | | | | | | 1 |
| **Total** | **16** | **31** | **6** | **1** | **11** | **4** | **8** | **12** | **5** | **2** | **16** | **3** | **2** | **24** | **2** | **1** | **2** | **4** | **1** | **1** | **3** | **155** |

## ATTACHMENT 26

**Criterion 1110.1430(b)(5) -- Planning Area Need - Service Accessibility**

Satellite Dialysis of Glenview, LLC ("Satellite Dialysis of Glenview") will be located in Chicago's northwest suburbs in Cook County. The market area for the proposed facility includes Glenview, Wheeling, Prospect Heights, Mt. Prospect, Des Plaines, Park Ridge, Niles, Morton Grove, Golf, Northfield and Glencoe. All of these communities are located within Health Service Area ("HSA") 7.

Owing to the area's growing ESRD population, current, and especially future, choice by patients of dialysis facility and shift may be sharply reduced. The four ESRD facilities (of the eleven located within 30 minutes of the proposed location, as defined by the independent travel study) nearest the proposed location are owned by Fresenius Medical Care, a large for-profit dialysis provider. Although the aggregate utilization of these four facilities is 65%, one of these facilities, FMC-Deerfield, is newly certified. Its utilization is expected to be at or near the targeted 80% occupancy percentage by early 2012. Excluding this newly certified facility, the aggregate utilization percentage of these four nearest facilities is now 71%. Such utilization will not permit these nearest facilities to take on the pre-ESRD patients of Dr. Sprague and the other nephrologists identified in this application.

For the elderly population in the area, shift choice is particularly important. High utilization may leave elderly patients with only unsatisfactory shifts from which to choose. The predominant shift of choice is the mid-day shift because it allows patients enough time to get ready and arrange transportation to the facility. The second choice is the early morning shift. The last shift, which generally starts in the mid to late afternoon and extends into the evening, is typically patients' last choice. When facilities operate at high utilization percentages, new patients are often obligated to choose the last shift because it is the only shift with vacancy. Dialyzing on the last shift imposes additional burdens on patients as their transportation options become fewer. County or township medical car-transportation services generally do not operate after 4:00 pm. Public transportation, which may require one to two hours of travel time three times each week, and driving at night three times a week, especially in inclement weather, are each far-from-ideal alternatives for the population of ill and elderly dialysis patients.

The other six facilities within 30 minutes of the proposed facility (excluding the newly certified DaVita-Big Oaks facility) have an aggregate utilization of 66%. These facilities are over 8 miles and least 23 minutes away from the proposed location.

Ten of the eleven facilities within 30 minutes of the proposed location are owned by for-profit dialysis providers. Area patients now have extremely limited access to not-for-profit dialysis care. The proposed facility will provide these patients with a not-for-profit alternative for their dialysis care. Satellite has been dedicated solely to serving the ESRD community for nearly 40 years.

## Facilities within 30 minutes travel time of Satellite Dialysis of Glenview

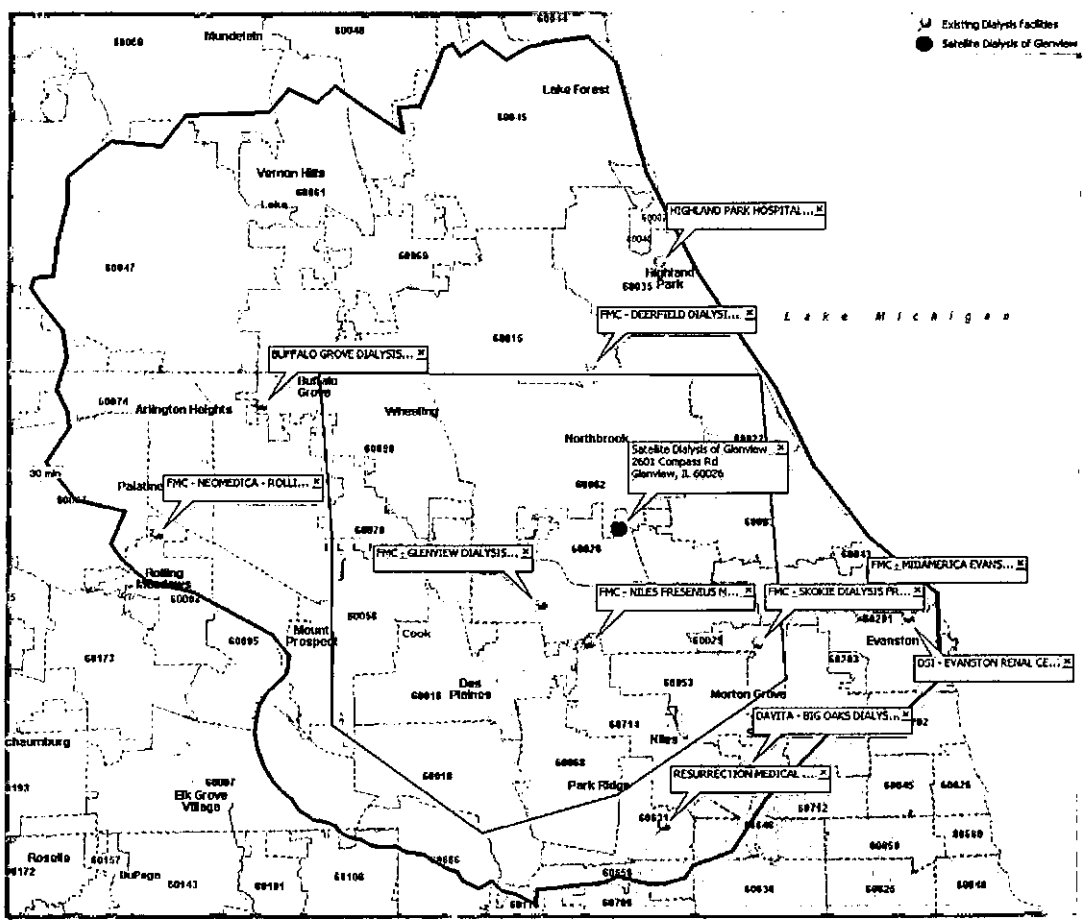
| Facility Name | Street Address | City | ZIP Code | MapQuest | | Adjusted MapQuest X 1.15 (Minute) | Independent Travel Study Time | Stations | 1st Qtr 2011 Patients | UTL as of Qtr 1 2011 |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Distance (Miles) | Travel Time (Minutes) | | | | | |
| FMC - Glenview | 4248 Commercial Way | Glenview | 60025 | 4.49 | 11 | 13 | 14.3 | 20 | 95 | 79.2% |
| FMC - Skokie | 9801 Woods Dr | Skokie | 60077 | 6.89 | 13 | 15 | 15.5 | 14 | 59 | 70.2% |
| FMC - Niles | 9371 Milwaukee Ave. | Niles | 60714 | 5.07 | 12 | 14 | 16.8 | 32 | 128 | 66.7% |
| FMC - Deerfield | 405 Lake Cook Rd. Suite A13 | Deerfield | 60015 | 6.13 | 12 | 14 | 16.8 | 12 | 23 | 31.9% |
| DaVita - Big Oaks | 5623 W. Touhy Avenue | Niles | 60714 | 11.19 | 18 | 21 | 23.0 | 12 | 11 | 15.3% |
| FMC - Midamerica Evanston | 2953 Central St 1st Floor | Evanston | 60201 | 8.61 | 18 | 21 | 24.8 | 20 | 68 | 56.7% |
| Highland Park Hospital | 777 Park Ave West | Highland Park | 60035 | 9.08 | 19 | 22 | 24.8 | 20 | 94 | 78.3% |
| Resurrection Medical Center | 7435 W Talcott Ave | Chicago | 60631 | 15.17 | 24 | 28 | 25.2 | 14 | 55 | 65.5% |
| DSI - Evanston Renal Center | 1715 Central Street | Evanston | 60201 | 8.68 | 22 | 25 | 26.8 | 18 | 58 | 53.7% |
| Buffalo Grove Dialysis | 1291 W. Dundee Road | Buffalo Grove | 60089 | 10.86 | 18 | 21 | 27.3 | 16 | 63 | 65.6% |
| FMC - Neomedica - Rolling Meadows | 4180 Winnetka Ave. | Rolling Meadows | 60008 | 12.82 | 20 | 23 | 30.0 | 24 | 103 | 71.5% |

* Facility certified on 2/3/2010
** Facility certified on 3/1/2010

**ATTACHMENT 26**
**Criterion 1110.1430(b)(5)**

## Facilities shown to be over 30 minutes according to Independent Travel Study

| Facility Name | Street Address | City | ZIP Code | MapQuest | | Adjusted MapQuest X 1.15 (Minute) | Independent Travel Study Time | Stations | 1st Qtr 2011 Patients |
|---|---|---|---|---|---|---|---|---|---|
| | | | | Distance (Mile) | Travel Time (Minute) | | | | |
| Center For Renal Replacement | 7301 N. Lincoln Ave., Ste 205 | Lincolnwood | 60712 | 11.51 | 19 | 22 | 30.3 | 16 | 72.92% |
| DSI - Arlington Heights | 17 W Golf Road | Arlington Heights | 60005 | 13.12 | 26 | 30 | 32.0 | 18 | 58.33% |
| FMC - Neomedica - North Kilpatrick | 4800 North Kilpatrick | Chicago | 60630 | 13.7 | 22 | 25 | 33.5 | 28 | 73.21% |
| FMC - Lake Bluff | 101 Waukegan Road, Suite 700 | Lake Bluff | 60044 | 17.29 | 25 | 29 | 33.7 | 16 | 84.38% |
| DaVita - Lake County Dialysis | 918 S Milwaukee Ave | Libertyville | 60048 | 17.7 | 26 | 30 | 34.2 | 16 | 67.71% |
| FMC - Norridge | 4701 North Cumberland Avenue, Ste 15/18a | Norridge | 60706 | 14.12 | 22 | 25 | 34.3 | 16 | 64.58% |




**ATTACHMENT 26**
**Criterion 1110.1430(b)(5)**

**MEMORANDUM TO:** Mr. Robert Lunbeck
VP of Business Development
Satellite Healthcare, Inc.

**FROM:** Stephen Corcoran, P.E., PTOE

**DATE:** July 15, 2011

**SUBJECT:** Travel Time Surveys
Proposed Dialysis Center
2601 Compass Road
Glenview, Illinois

This memorandum summarizes the travel time surveys conducted for a proposed in-center dialysis facility, known as Satellite Dialysis of Glenview, LLC, to be located in an existing medical office building at 2601 Compass Road in Glenview, Illinois. The purpose of the study was to determine the average one-way travel times between existing dialysis centers and the proposed location pursuant to the methodology required by the Illinois Health Facilities & Services Review Board. The travel surveys were to and from the following facilities:

| | Facility | Street Address | City |
|---|---|---|---|
| 1) | FMC - Rogers Park | 2277 W. Howard St. | Chicago |
| 2) | DaVita - Lake County Dialysis | 918 S. Milwaukee Ave. | Libertyville |
| 3) | DSI - Arlington Heights | 17 W. Golf Road | Arlington Heights |
| 4) | FMCNA - Lake Bluff | 101 Waukegan Road | Lake Bluff |
| 5) | Resurrection Medical Center | 7435 W. Talcott Ave. | Chicago |
| 6) | DSI - Evanston Renal Center | 1715 Central Street | Evanston |
| 7) | FMC – Norridge | 4701 N. Cumberland Ave. | Norridge |
| 8) | FMC - Neomedica - Rolling Meadows | 4180 Winnetka Ave. | Rolling Meadows |
| 9) | Highland Park Hospital Dialysis | 777 Park Ave. West | Highland Park |
| 10) | Center For Renal Replacement, LLC | 7301 N. Lincoln Ave. | Lincolnwood |
| 11) | FMC - Midamerica Evanston | 2953 Central Street | Evanston |
| 12) | Buffalo Grove Dialysis | 1291 W. Dundee Road | Buffalo Grove |
| 13) | DaVita - Big Oaks Dialysis | 5623 W. Touhy Avenue | Niles |
| 14) | FMC - Skokie Dialysis | 9801 Woods Drive | Skokie |
| 15) | FMC - Niles | 9371 Milwaukee Ave. | Niles |
| 16) | FMC - Deerfield Dialysis Center | 405 Lake Cook Road | Deerfield |
| 17) | FMC – Glenview Dialysis Center | 4248 Commercial Way | Glenview |
| 18) | FMC – Neomedica – N. Kilpatrick | 4800 N. Kilpatrick Ave. | Chicago |

The surveys were conducted between the hours of 6:30 AM and 6:30 PM. Three travel runs were conducted for each facility with two runs occurring in the midday period from 9:30 AM to 3:30 PM. The third run was conducted in the evening peak period from 3:30 PM to 6:30 PM.



**ATTACHMENT 26**

The average one-way travel times for each facility are summarized below in **Table 2**.

**Table 3** (attached) provides a detailed listing of each travel run.

**Table 2**
**Average Travel Time Surveys**

| | Facility | Average Travel Time (One-Way) |
|---|---|---|
| 1) | FMC - Rogers Park | 35.0 minutes |
| 2) | DaVita - Lake County Dialysis | 34.2 minutes |
| 3) | DSI - Arlington Heights | 32.0 minutes |
| 4) | FMCNA - Lake Bluff | 33.7 minutes |
| 5) | Resurrection Medical Center | 25.2 minutes |
| 6) | DSI - Evanston Renal Center | 26.8 minutes |
| 7) | FMC – Norridge | 34.3 minutes |
| 8) | FMC - Neomedica - Rolling Meadows | 30.0 minutes |
| 9) | Highland Park Hospital Dialysis | 24.8 minutes |
| 10) | Center For Renal Replacement, LLC | 30.3 minutes |
| 11) | FMC - Midamerica Evanston | 24.8 minutes |
| 12) | Buffalo Grove Dialysis | 27.3 minutes |
| 13) | DaVita - Big Oaks Dialysis | 23.0 minutes |
| 14) | FMC - Skokie Dialysis | 15.5 minutes |
| 15) | FMC - Niles | 16.8 minutes |
| 16) | FMC - Deerfield Dialysis Center | 16.8 minutes |
| 17) | FMC – Glenview Dialysis Center | 14.3 minutes |
| 18) | FMC – Noemedica – N. Kilpatrick | 33.4 minutes |

**Professional Certification**
I hereby certify that these documents were prepared or approved by me, and that I am a duly licensed professional engineer under the laws of the State of Illinois.
License No. 062.046487, and Expiration Date: November 30, 2011.

I am Professional Traffic Operations Engineer - No. 380 Expiration Date: November 2011.

Stephen B. Corcoran, P.E., PTOE

7/15/11

**Table 3**
**Glenview Travel Run Data**

**2601 Compass Road; Glenview, Illinois**

| Direction | Date | Day | Time Start | Time End | One-Way Travel Times (minutes) Run | Average |
|---|---|---|---|---|---|---|
| **1 - FMC Rogers Park** | | | | | | |
| **(2277 W. Howard Street: Chicago, IL)** | | | | | | |
| To Rogers Park | 7/11/2011 | Monday | 9:52 AM | 10:22 AM | 30 | |
| To Glenview | 7/11/2011 | Monday | 10:23 AM | 10:53 AM | 30 | |
| To Rogers Park | 7/11/2011 | Monday | 10:55 AM | 11:29 AM | 34 | |
| To Glenview | 7/11/2011 | Monday | 11:30 AM | 12:05 PM | 35 | |
| To Rogers Park | 7/11/2011 | Monday | 3:30 PM | 4:05 PM | 35 | |
| To Glenview | 7/11/2011 | Monday | 4:06 PM | 4:52 PM | 46 | 35.0 |
| **2 - DAVITA - Lake County Dialysis Services, Inc.** | | | | | | |
| **(918 S. Milwaukee Avenue; Libertyville, IL)** | | | | | | |
| To Libertyville | 7/13/2011 | Wed. | 11:56 AM | 12:29 PM | 33 | |
| To Glenview | 7/13/2011 | Wed. | 12:31 PM | 1:05 PM | 34 | |
| To Libertyville | 7/13/2011 | Wed. | 2:17 PM | 2:51 PM | 34 | |
| To Glenview | 7/13/2011 | Wed. | 2:53 PM | 3:29 PM | 36 | |
| To Libertyville | 7/13/2011 | Wed. | 3:33 PM | 4:08 PM | 35 | |
| To Glenview | 7/13/2011 | Wed. | 4:09 PM | 4:42 PM | 33 | 34.2 |
| **3 - DSI - Arlington Heights** | | | | | | |
| **(17 W. Golf Road; Arlington Heights, IL)** | | | | | | |
| To Arlington Heights | 7/8/2011 | Friday | 10:21 AM | 10:49 AM | 28 | |
| To Glenview | 7/8/2011 | Friday | 9:45 AM | 10:14 AM | 29 | |
| To Arlington Heights | 7/8/2011 | Friday | 11:37 AM | 12:10 PM | 33 | |
| To Glenview | 7/8/2011 | Friday | 10:51 AM | 11:24 AM | 33 | |
| To Arlington Heights | 7/8/2011 | Friday | 5:20 PM | 5:58 PM | 38 | |
| To Glenview | 7/8/2011 | Friday | 4:49 PM | 5:20 PM | 31 | 32.0 |
| **4 - FMCNA - Lake Bluff** | | | | | | |
| **(101 Waukegan Road, Suite 700; Lake Bluff, IL)** | | | | | | |
| To Lake Bluff | 7/12/2011 | Tuesday | 10:24 AM | 10:58 AM | 34 | |
| To Glenview | 7/12/2011 | Tuesday | 11:02 AM | 11:35 AM | 33 | |
| To Lake Bluff | 7/12/2011 | Tuesday | 12:30 PM | 1:04 PM | 34 | |
| To Glenview | 7/12/2011 | Tuesday | 1:05 PM | 1:36 PM | 31 | |
| To Lake Bluff | 7/12/2011 | Tuesday | 4:40 PM | 5:16 PM | 36 | |
| To Glenview | 7/12/2011 | Tuesday | 5:18 PM | 5:52 PM | 34 | 33.7 |
| **5 - Resurrection Medical Center** | | | | | | |
| **(7435 Talcott Avenue; Chicago, IL)** | | | | | | |
| To Chicago | 7//11/11 | Monday | 11:33 AM | 11:59 AM | 26 | |
| To Glenview | 7//11/11 | Monday | 12:00 PM | 12:24 PM | 24 | |
| To Chicago | 7//11/11 | Monday | 12:41 PM | 1:07 PM | 26 | |
| To Glenview | 7//11/11 | Monday | 1:11 PM | 1:36 PM | 25 | |
| To Chicago | 7//11/11 | Monday | 4:29 PM | 4:54 PM | 25 | |
| To Glenview | 7//11/11 | Monday | 4:55 PM | 5:20 PM | 25 | 25.2 |
| **6 - DSI - Evanston Renal Center** | | | | | | |
| **(1715 Central Street; Evanston, IL)** | | | | | | |
| To Evanston | 7//11/11 | Monday | 9:45 AM | 10:10 AM | 25 | |
| To Glenview | 7//11/11 | Monday | 10:11 AM | 10:39 AM | 28 | |
| To Evanston | 7//11/11 | Monday | 10:40 AM | 11:04 AM | 24 | |
| To Glenview | 7//11/11 | Monday | 11:05 AM | 11:32 AM | 27 | |
| To Evanston | 7//11/11 | Monday | 3:30 PM | 3:56 PM | 26 | |
| To Glenview | 7//11/11 | Monday | 3:57 PM | 4:28 PM | 31 | 26.8 |
| **7 - FMC - Norridge** | | | | | | |
| **(4701 N. Cumberland Avenue; Norridge, IL)** | | | | | | |
| To Norridge | 7/13/2011 | Wed. | 10:45 AM | 11:20 AM | 35 | |
| To Glenview | 7/13/2011 | Wed. | 11:21 AM | 11:55 AM | 34 | |
| To Norridge | 7/13/2011 | Wed. | 1:06 PM | 1:39 PM | 33 | |
| To Glenview | 7/13/2011 | Wed. | 1:41 PM | 2:16 PM | 35 | |
| To Norridge | 7/13/2011 | Wed. | 4:44 PM | 5:20 PM | 36 | |
| To Glenview | 7/13/2011 | Wed. | 5:21 PM | 5:54 PM | 33 | 34.3 |
| **8 - FMC Neomedica - Rolling Meadows** | | | | | | |
| **(4180 Winnetka Avenue; Rolling Meadows, IL)** | | | | | | |
| To Rolling Meadows | 7/8/2011 | Friday | 12:59 PM | 1:33 PM | 34 | |
| To Glenview | 7/8/2011 | Friday | 12:31 PM | 12:58 PM | 27 | |
| To Rolling Meadows | 7/8/2011 | Friday | 2:12 PM | 2:45 PM | 33 | |
| To Glenview | 7/8/2011 | Friday | 1:34 PM | 2:01 PM | 27 | |
| To Rolling Meadows | 7/8/2011 | Friday | 3:55 PM | 4:29 PM | 34 | |
| To Glenview | 7/8/2011 | Friday | 3:30 PM | 3:55 PM | 25 | 30.0 |
| **9 - Highland Park Hospital Dialysis** | | | | | | |
| **(777 Park Avenue Est; Highland Park, IL)** | | | | | | |
| To Highland Park | 7/12/2011 | Tuesday | 11:36 AM | 11:59 PM | 23 | |
| To Glenview | 7/12/2011 | Tuesday | 12:01 PM | 12:26 PM | 25 | |
| To Highland Park | 7/12/2011 | Tuesday | 1:37 PM | 2:01 PM | 24 | |
| To Glenview | 7/12/2011 | Tuesday | 2:02 PM | 2:28 PM | 26 | |
| To Highland Park | 7/12/2011 | Tuesday | 3:41 PM | 4:08 AM | 27 | |
| To Glenview | 7/12/2011 | Tuesday | 4:09 PM | 4:33 PM | 24 | 24.8 |
| **10 - Center for Renal Replacement, LLC** | | | | | | |
| **(7301 N Lincoln Avenue; Lincolnwood, IL)** | | | | | | |
| To Lincolnwood | 7/8/2011 | Friday | 11:20 AM | 11:40 AM | 20 | |
| To Glenview | 7/8/2011 | Friday | 11:45 AM | 12:14 PM | 29 | |
| To Lincolnwood | 7/8/2011 | Friday | 1:44 PM | 2:15 PM | 31 | |
| To Glenview | 7/8/2011 | Friday | 2:16 PM | 2:54 PM | 38 | |
| To Lincolnwood | 7/8/2011 | Friday | 3:30 PM | 4:07 PM | 37 | |
| To Glenview | 7/8/2011 | Friday | 4:08 PM | 4:35 PM | 27 | 30.3 |
| **11 - FMC Midamerica Evanston** | | | | | | |
| **(2953 Central Street; Evanston, IL)** | | | | | | |
| To Evanston | 7/11/2011 | Monday | 12:15 PM | 12:45 PM | 30 | |
| To Glenview | 7/11/2011 | Monday | 12:50 PM | 1:12 PM | 22 | |
| To Evanston | 7/11/2011 | Monday | 1:13 PM | 1:32 PM | 19 | |
| To Glenview | 7/11/2011 | Monday | 1:33 PM | 1:55 PM | 22 | |
| To Evanston | 7/11/2011 | Monday | 4:54 PM | 5:20 PM | 26 | |
| To Glenview | 7/11/2011 | Monday | 5:21 PM | 5:51 PM | 30 | 24.8 |
| **12 - Buffalo Grove Dialysis** | | | | | | |
| **(1291 W. Dundee Road; Buffalo Grove, IL)** | | | | | | |
| To Buffalo Grove | 7/8/2011 | Friday | 11:45 AM | 12:10 PM | 25 | |
| To Glenview | 7/8/2011 | Friday | 11:18 AM | 11:44 AM | 26 | |
| To Buffalo Grove | 7/8/2011 | Friday | 1:55 PM | 2:19 PM | 24 | |
| To Glenview | 7/8/2011 | Friday | 12:15 PM | 12:40 PM | 25 | |
| To Buffalo Grove | 7/8/2011 | Friday | 4:40 PM | 5:12 PM | 32 | |
| To Glenview | 7/8/2011 | Friday | 3:31 PM | 4:03 PM | 32 | 27.3 |
| **13 - Davita - Big Oaks Dialysis** | | | | | | |
| **(5623 W. Touhy Avenue; Niles, IL)** | | | | | | |
| To Niles | 7/8/2011 | Friday | 12:36 PM | 1:04 PM | 28 | |
| To Glenview | 7/8/2011 | Friday | 1:05 PM | 1:32 PM | 27 | |
| To Niles | 7/8/2011 | Friday | 1:33 PM | 1:51 PM | 18 | |
| To Glenview | 7/8/2011 | Friday | 1:52 PM | 2:14 PM | 22 | |
| To Niles | 7/8/2011 | Friday | 3:30 PM | 3:54 PM | 24 | |
| To Glenview | 7/8/2011 | Friday | 3:55 PM | 4:14 PM | 19 | 23.0 |
| **14 - FMC - Skokie Dialysis** | | | | | | |
| **(9801 Woods Drive; Skokie, IL)** | | | | | | |
| To Skokie | 7/8/2011 | Friday | 10:02 AM | 10:16 AM | 14 | |
| To Glenview | 7/8/2011 | Friday | 10:18 AM | 10:33 AM | 15 | |
| To Skokie | 7/8/2011 | Friday | 10:38 AM | 10:55 AM | 17 | |
| To Glenview | 7/8/2011 | Friday | 10:58 AM | 11:14 AM | 16 | |
| To Skokie | 7/8/2011 | Friday | 4:35 PM | 4:52 PM | 17 | |
| To Glenview | 7/8/2011 | Friday | 4:53 PM | 5:07 PM | 14 | 15.5 |
| **15 - FMC - Niles** | | | | | | |
| **(9371 Milwaukee Avenue; Niles, IL)** | | | | | | |
| To Niles | 7/8/2011 | Friday | 10:45 AM | 11:01 AM | 16 | |
| To Glenview | 7/8/2011 | Friday | 11:04 AM | 11:20 AM | 16 | |
| To Niles | 7/8/2011 | Friday | 11:53 AM | 12:13 PM | 20 | |
| To Glenview | 7/8/2011 | Friday | 12:14 PM | 12:34 PM | 20 | |
| To Niles | 7/8/2011 | Friday | 4:15 PM | 4:30 PM | 15 | |
| To Glenview | 7/8/2011 | Friday | 4:31 PM | 4:45 PM | 14 | 16.8 |
| **16 - FMC - Deerfield Dialysis Center** | | | | | | |
| **(405 Lake Cook Road, Suite A13; Deerfield, IL)** | | | | | | |
| To Deerfield | 7/8/2011 | Friday | 12:42 PM | 1:04 PM | 22 | |
| To Glenview | 7/8/2011 | Friday | 1:05 PM | 1:19 PM | 14 | |
| To Deerfield | 7/8/2011 | Friday | 1:19 PM | 1:36 PM | 17 | |
| To Glenview | 7/8/2011 | Friday | 1:38 PM | 1:52 PM | 14 | |
| To Deerfield | 7/8/2011 | Friday | 4:04 PM | 4:22 PM | 18 | |
| To Glenview | 7/8/2011 | Friday | 4:23 PM | 4:39 PM | 16 | 16.8 |
| **17 - FMC - Glenview Dialysis Center** | | | | | | |
| **(4248 Commercial Way; Glenview, IL)** | | | | | | |
| To Glenview FMC | 7/14/2011 | Thursday | 12:08 PM | 12:24 PM | 16 | |
| To Glenview | 7/14/2011 | Thursday | 12:25 PM | 12:37 PM | 12 | |
| To Glenview FMC | 7/14/2011 | Thursday | 1:12 PM | 1:27 PM | 15 | |
| To Glenview | 7/14/2011 | Thursday | 1:28 PM | 1:42 PM | 14 | |
| To Glenview FMC | 7/14/2011 | Thursday | 4:01 PM | 4:16 PM | 15 | |
| To Glenview | 7/14/2011 | Thursday | 4:18 PM | 4:32 PM | 14 | 14.3 |
| **18 - FMC Neomedica - North Kilpatrick** | | | | | | |
| **(4800 N. Kilpatrick Ave.; Chicago, IL)** | | | | | | |
| To Deerfield | 7/15/2011 | Friday | 1:11 PM | 1:32: PM | 31 | |
| To Glenview | 7/15/2011 | Friday | 1:33 PM | 2:03 PM | 30 | |
| To Deerfield | 7/15/2011 | Friday | 2:05 PM | 2:38 PM | 33 | |
| To Glenview | 7/15/2011 | Friday | 2:40 PM | 3:12 PM | 32 | |
| To Deerfield | 7/15/2011 | Friday | 3:36 PM | 4:12 PM | 36 | |
| To Glenview | 7/15/2011 | Friday | 4:13 PM | 4:52 PM | 39 | 33.5 |

## ATTACHMENT 26

**Criterion 1110.1430(c)(1) - Criterion 1110.1430(c)(3) -- Unnecessary Duplication of Services, Maldistribution, Impact of Project on Other Area Providers**

| Zip | Population | Station | Facility |
|---|---|---|---|
| 60004 | 52,735 | | |
| 60008 | 23,318 | 24 | FMC - Neomedica Rolling Meadows |
| 60015 | 27,224 | 12 | FMC - Deerfield Dialysis Center |
| 60016 | 58,611 | | |
| 60018 | 29,440 | | |
| 60022 | 8,444 | | |
| 60025 | 49,574 | 20 | FMC - Glenview Dialysis Center |
| 60026 | n/a | | |
| 60029 | 345 | | |
| 60035 | 29,772 | 20 | Highland Park Hospital Dialysis |
| 60037 | 901 | | |
| 60043 | 2,617 | | |
| 60045 | 22,248 | | |
| 60047 | 38,168 | | |
| 60053 | 21,668 | | |
| 60056 | 56,625 | | |
| 60060 | 37,027 | | |
| 60061 | 20,328 | | |
| 60062 | 40,392 | | |
| 60067 | 50,825 | | |
| 60068 | 37,732 | | |
| 60069 | 7,204 | | |
| 60070 | 16,126 | | |
| 60074 | 23,963 | | |
| 60076 | 34,263 | | |
| 60077 | 25,040 | 14 | FMC - Skokie Dialysis |
| 60089 | 42,115 | 16 | Buffalo Grove Dialysis |
| 60090 | 36,736 | | |
| 60091 | 27,386 | | |
| 60093 | 19,528 | | |
| 60201 | 41,977 | 38 | FMC - Midamerica Evanston And DSI - Evanston Renal Center |
| 60202 | 32,208 | | |
| 60203 | 4,691 | | |
| 60631 | 28,832 | 14 | Resurrection Medical Center |
| 60646 | 27,016 | | |
| 60656 | 27,129 | | |
| 60666 | n/a | | |
| 60714 | 31,051 | 44 | DaVita - Big Oaks And FMC - Niles |
| **Total** | 1,033,259 | 202 | 1/5115 |

The ratio of ESRD stations to population in the zip codes within thirty minute radius of Satellite Dialysis of Glenview, LLC ("Satellite Dialysis of Glenview") is 1 station per 5,115 residents according to the 2000 Census (based on 1,033,259 residents and 202 stations). The current (2010) state ratio is 1 station per 3,711 residents (based on Department of Economic and Economic Opportunity (DECO) 2010 projection of 13,279,091 Illinois residents).

According to these data, then, the number of stations available per residents within the thirty minute travel zone is below the statewide ESRD station to population ratio.

Note that the local census data are ten years old (there are no projected zip code data available for this area) and are being compared to the current station count. Chicago's northwestern suburbs have seen considerable growth over the past ten years and the ratio of stations to population within 30 minutes would very likely be substantially higher showing an even greater disparity between the local and statewide ratios, exhibiting an even greater need in the area.

The market area to be served by the proposed project has seen constant growth of ESRD for many years. In Health Service Area ("HSA") 7, it is expected that there will be an increase from 2005 to 2015 of 42% in institutionally treated ESRD patients (comparing ESRD patient

census of 2005 and 2015 projections). In addition, the Illinois Health Facilities Planning Board has determined a need for additional stations in HSA 7 based on its June 23, 2011 inventory.

Many of the facilities nearest to the proposed facility are near their target occupancy and will not be able to accommodate all the pre-ESRD patients identified by the Applicants as needing to start dialysis in the two years following facility completion. Therefore, Satellite Dialysis of Glenview will not create excess availability and, therefore, will not create a maldistribution of services.

Moreover, Satellite Dialysis of Glenview will not have an adverse effect on any other area ESRD provider since all of the patients identified as being expected to be referred to the proposed facility within two years of project completion are pre-ESRD patients not yet dialyzing. As such none of these identified patients is expected to be transferred from any existing facility. Also Drs. Stuart M. Sprague, Louisa T. Ho, Neenoo Khosla, Kevin W. Nash, Norman M. Simon and George Kim will continue to refer patients to existing facilities depending on their patients' residence location, facility capacity and availability of preferred shifts.

## ATTACHMENT 26

**Criterion 1110.1430(e) -- Staffing Availability**

**Medical Director**

Dr. Sprague will be the Medical Director of Satellite Dialysis of Glenview. He is currently on the Medical Staff of Satellite Healthcare and refers patients to WellBound of Evanston, a subsidiary of Satellite Healthcare. A copy of Dr. Sprague's curriculum vitae is attached hereto, immediately following this attachment.

**Medical Staff**

Physicians and allied health professionals currently referring and caring for patients in WellBound of Evanston may refer patients to the proposed in-center facility (Satellite Dialysis of Glenview). Other physicians and allied health professionals may apply for privileges to admit and care for chronic dialysis patients in the Satellite Dialysis of Glenview. Medical Staff are required to abide by the Medical Staff bylaws as well as by State of Illinois and federal regulations.

**Other personnel**

Upon opening the facility, a Clinical Manager who is a registered nurse (RN) will be hired. A Patient Care Technician (PCT) will also be hired. Moreover, we will employ: (i) a part-time dietitian with appropriate training and expertise, (ii) part-time social worker with appropriate training and expertise, (iii) a part-time equipment technician and (iv) a part-time secretary. These positions will go to full time as the facility's census increases.

Furthermore, the patient care staff will increase to include the aforementioned Clinical Manager (Registered Nurse), four additional Registered Nurses and ten Patient Care Technicians. This staffing model is required to maintain a 3 to 1 or lower patient-staff ratio at all times on the treatment floor.

All patient care staff and other licensed/registered professionals employed by the facility will meet State of Illinois requirements. Any additional staff hired must also meet these requirements. All RNs and PCTs must obtain certification in nephrology as soon as eligible to maintain employment.

Furthermore, owing to Satellite Healthcare's mission and vision and to the nature of its business, Satellite Healthcare and all of its subsidiaries seek certain characteristics in hiring clinical employees. Satellite Dialysis of Glenview, a subsidiary of Satellite Healthcare is interested in those candidates who demonstrate a caring and compassionate nature, have strong work ethic, are team oriented, are enthusiastic and have a positive outlook, are respectful of patients and other employees, are able to learn and grow and are able to successfully complete

screening tests. In short, Satellite Dialysis of Glenview will seek those individuals who exemplify the company's core values summarized in the Acronym "ICARE".

ICARE stands for:

| | | |
|---|---|---|
| I | INNOVATION | I look for creative ways to achieve the best quality care for our patients. |
| C | COMMUNITY | I am part of the Satellite family dedicated to CKD care. |
| A | ACCOUNTABILITY | I take personal responsibility for the services we provide. |
| R | RESPECT | I treat others as I would like to be treated. |
| E | EXCELLENCE | I strive to do my absolute best in caring for our patients. |

Annually, all clinical staff must complete OSHA training, Compliance training, CPR certification, skills competency, CVC competency and Water Quality training and pass the competency program. Learning goals are established based on the results of annual testing. Satellite has a comprehensive training program in which all staff is required to participate in both when first hired and ongoing on a quarterly basis. We have specifically developed a staff development training program that has been created by our nursing and practice management staff to provide initial staff training and ongoing staff development. The training program addresses all core topics of patient care and administrative tasks required by nephrology staff. We now offer both in-person training with our educational director and also a web-based educational module for staff testing and ongoing reference. The training fundamentals curriculum enables us to bring staff up to speed and maintain high levels of training even when employee turnover occurs. Our training program is updated quarterly to account for reform, revisions, updated standards and so forth. Furthermore, professional development is encouraged and rewarded for those RNs who publish or present posters or talks at national industry meetings or seek advanced certification.

In addition, mock surveys are conducted in each center annually to ensure regulatory compliance with State of Illinois standards.

Two addition items immediately follow this particular attachment, including:

1. Curriculum Vitae for Dr. Sprague

2. Medical Staff Certification Letter



**ATTACHMENT 26**
**Criterion 1110.1430(e)**

# Dr. STUART M. SPRAGUE CURRICULUM VITAE

**NAME:**

Stuart Michael Sprague, D.O., FASN
Chief, Division of Nephrology and Hypertension
NorthShore University HealthSystem
Professor of Medicine
University of Chicago Pritzker School of Medicine

**DATE AND PLACE OF BIRTH:** August 31, 1955; Sturgis, Michigan

**MARITAL STATUS:** Married; Denise Lynn Olender

**CHILDREN:**

Shoshana Faith, January 30, 1987
Ariella Maia, August 17, 1988
Nadav Lev, March 7, 1995

**BUSINESS ADDRESS:**

Section of Nephrology and Hypertension
NorthShore University HealthSystem
2650 Ridge Avenue
Evanston, Illinois 60201
(847) 570-2512
Fax (847) 570-1696
E-mail stuartmsprague@gmail.com

**HOME ADDRESS:**

3650 North Magnolia
Chicago, Illinois 60613
(773) 975-9322

**CERTIFICATION:**

National Board of Medical Examination
Diplomate, May 1983
American Board of Internal Medicine
Diplomate, September 1986
Subspecialty Nephrology
Diplomate, November 1988



**ATTACHMENT 26**
**Criterion 1110.1430(e)**

**EDUCATION:**

| | |
|---|---|
| UNDERGRADUATE: | Michigan State University<br>East Lansing, Michigan<br>1977 with honors |
| PROFESSIONAL: | Michigan State University<br>College of Osteopathic Medicine<br>East Lansing, Michigan, 1982 |
| GRADUATE TRAINING: | Research Nephrology Fellow<br>University of Chicago<br>Chicago, Illinois, 1987-1989 |
| | Clinical Nephrology Fellow<br>University of Chicago<br>Chicago, Illinois, 1986-1987 |
| | Medical Resident<br>Rush-Presbyterian-St. Lukes Medical Center,<br>Chicago, Illinois, 1983-1986 |
| | Intern<br>Chicago College of Osteopathic Medicine<br>Chicago, Illinois, 1982-1983 |

**APPOINTMENTS:**

Chief
Division of Nephrology and Hypertension
NorthShore University HealthSystem
Evanston, Illinois, 2003-present

Professor (Clinical) of Medicine
Department of Medicine
University of Chicago Pritzker School of Medicine
Chicago, Illinois, 2009- present

Professor of Medicine
Department of Medicine
Feinberg School of Medicine
Northwestern University
Chicago, Illinois, 2004-2009

Associate Professor
Department of Medicine
Feinberg School of Medicine



**ATTACHMENT 26**
**Criterion 1110.1430(e)**

Northwestern University
Chicago, Illinois, 1995-2004

Senior Attending Physician
Division of Nephrology
NorthShore University HealthSystem
Evanston, Illinois, 1995-present

Assistant Professor
Department of Medicine
University of Chicago
Pritzker School of Medicine
Chicago, Illinois, 1990-1995

Visiting Fulbright Professor
Department of Medicine
Hadassah-Hebrew University
Jerusalem, Israel, 1993-1994

Instructor
Department of Medicine
University of Chicago
Pritzker School of Medicine
Chicago, Illinois, 1989-1990

Teaching Assistant
College of Osteopathic Medicine
Michigan State University
East Lansing, Michigan, 1979-1980

Graduate Research Assistant
Department of Medicine
Michigan State University
East Lansing, Michigan, 1977-1979

**HOSPITAL APPOINMENTS:**

Evanston Hospital
Glenbrook Hospital
Highland Park Hospital
Skokie Hospital

**ADMINISTRATIVE APPOINTMENTS AND COMMITTEES:**

Chief, Division of Nephrology & Hypertension, NorthShore University HealthSystem, 2003- present

Co-Chair, Osteoporosis in Chronic Kidney Disease Group, Global Bone and Mineral Initiative, National Kidney Foundation and the European Renal Association, 2004-present

Director, Metabolic Bone Disease Program and Renal Stone Disease Clinic, NorthShore University HealthSystem-Northwestern University, Chicago, Illinois, 1995-present

Director Nephrology Research, NorthShore University HealthSystem, 1995-present

Executive Committee, Scientific Advisory Board of the National Kidney Foundation of Illinois, 2011-present

Data Safety Monitoring Board, Rockwell Medical CRUISE Study, 2011- present

American Society of Nephrology Conflict of Interest Management Committee, 2010-present

Chairperson, End-Stage Renal Disease (ESRD) Quality Measure Development and Maintenance, Centers for Medicare & Medicaid Services, Technical Expert Panel (CMS-TEP), Mineral Metabolism, 2010

Scientific Advisory Board, Litholink Corporation, 2008-present

Executive Committee, Scientific Advisory Board of the National Kidney Foundation of Illinois 2006-2009

Resident Recruitment Committee, Evanston Northwestern Healthcare, 1995-2000

Program Committee, National Kidney Foundation 2008 Annual Meeting

Program Committee, National Kidney Foundation 2007 Annual Meeting

Community Leadership Award, National Kidney Foundation of Illinois, 2006

Chairperson, Executive Committee of the Medical Advisory Board of the National Kidney Foundation of Illinois 2003-2006

Scientific Advisory Board
Suntory Water Group, 1998-2005

Secretary-Treasurer, Post Transplantation Working Group of the American Society for Bone & Mineral Research, 2000-2004

Chairperson, Osteoporosis in Chronic Kidney Disease Group, Controversies in Mineral Metabolism and Bone Disease in Chronic Kidney Disease, National Kidney Foundation and the European Renal Association, 2003-2004

Research and Education Committee
Vice Chairman, 1998-2000
Evanston Northwestern Healthcare, 1997-2007

Postgraduate Education Committee, American Society of Nephrology, 2000-2003

Deputy Head, Division of Nephrology
Department of Medicine, Evanston Northwestern Healthcare, 1998-2003

Member, Advisory Committee of the International Working Group on Post Transplantation Bone Disease, 1999-2002

Medical Student Research Committee, Northwestern University Medical School, 1999-2002

Councilor

Midwestern American Federation for Medical Research, 1999-2001
Research Committee
Northwestern University Medical School, 1996-1997
Medical Review Board of the End Stage Renal Disease Network 10, Illinois, 1994-1996
Advisory Committee of the Clinical Research Center
University of Chicago, Chicago, Illinois, 1992-1995
Medical Director
University of Chicago Hospitals Chronic Hemodialysis Unit, Chicago, Illinois, 1991-1995
Director
Renal Bone Program, University of Chicago, Chicago, Illinois, 1989-1995
Board of Trustees
Anshe Emet Synagogue, 1991-1996
Scientific Advisory Board
United States-Israel BiNational Science Foundation, 1994
Medical Advisory Board
Home Intensive Care of Illinois, Inc., 1991-1993
College Advisory Committee
College of Osteopathic Medicine, Michigan State University, 1979-1980

**DOCTORAL COMMITTEES:**

Cynthia Daniels; Field of Interdepartmental Biological Sciences Program, Thesis "Developing and Characterization of Bioadsorbents for Extracorporeal Blood Purification", DOCTOR OF PHILOSOPHY awarded June 2007

**PROFESSIONAL SOCIETIES:**

American Association for the Advancement of Science
American College of Physicians
American Diabetes Association
American Federation for Medical Research
American Heart Association Council on Kidney Diseases
American Physicians Fellowship for Medicine in Israel
American Society for Bone and Mineral Research
American Society of Nephrology (Fellow, American Society of Nephrology)
Central Society for Clinical Research
International Society of Nephrology
International Bone and Mineral Society
Israel Medical Association
J. William Fulbright Alumni Association
National Kidney Foundation
National Kidney Foundation of Illinois
Physicians for Social Responsibility
Renal Physicians Association

**EDITORIAL BOARDS:**

**Associate Editor**

American Journal of Nephrology
Clinical Journal of the American Society of Nephrology
Clinical Nephrology
Hemodialysis and Clinical Nephrology (electronic journal)
Journal of the American Society of Nephrology
Kidney International
WebMD-Nephrology

**Manuscript Referee:**

American Journal of Kidney Diseases
American Journal of Nephrology
American Journal of Physiology - Renal Physiology
Annals of Internal Medicine
Archives of Internal Medicine
Calcified Tissue International
Clinical Journal of the American Society of Nephrology
Clinical Nephrology
Hemodialysis and Clinical Nephrology
Journal of the American Medical Association
Journal of the American Society of Nephrology
Journal of Bone and Mineral Research
Journal of Clinical Investigation
Journal of Clinical Endocrinology & Metabolism
Journal of Laboratory and Clinical Medicine
Journal of Pharmacology and Experimental Therapeutics
Kidney International
Nature Clinical Practice Endocrinology & Metabolism
Nephron
Nephrology Dialysis Transplantation
New England Journal of Medicine
Osteoporosis International
Peritoneal Dialysis International
Transplantation

**PATENTS:**

Receptor-based blood detoxification system. US Patent Application U50703392, February 15, 2006



**ATTACHMENT 26**
**Criterion 1110.1430(e)**

**CORPORATE POSITIONS:**

Co-Founder, Vice-President and Chief Medical Officer. ProSorb BioTech, Inc, Evanston, Illinois.

**SCIENTIFIC SESSIONS CHAIRED:**

Clinical Fluid and Electrolyte Disorders; 27th Annual Meeting of the American Society of Nephrology, Orlando, Florida, October 26-29, 1994.

Dialysis Amyloidosis; Renal Bone Disease, Parathyroid Hormone, and Vitamin D Satellite Symposium to the XIIIth International Congress of Nephrology, Seville, Spain, July 7-10, 1995.

Metabolic Bone Diseases; Xth International Workshop on Calcified Tissues, Jerusalem, Israel, March 10-14, 1996.

Post Transplant Bone Disease; 30th Annual Meeting of the American Society of Nephrology, San Antonio, Texas, November 2-5, 1997.

New Approaches to the Treatment of Parathyroid Disease in ESRD Patients; 8th Annual National Kidney Foundation Clinical Nephrology Meetings, Washington D.C., April 29-May 2, 1999.

Therapeutic Strategies; Transplant Bone Disease Meetings, Barcelona, Spain, August 25-26, 2000.

Post Transplantation Working Group of the American Society for Bone & Mineral Research, Toronto, Canada, September 22, 2000

Bone and Mineral Complications of Renal Transplantation: 33rd Annual Meeting of the American Society of Nephrology, Toronto, Ontario, Canada, October 10-16, 2000.

Basic Science for Clinical Nephrologists: Basic Concepts in Calcium Physiology and Pathophysiology: 34th Annual Meeting of the American Society of Nephrology, San Francisco, California, October 14-17, 2001.

Current Concepts in Vitamin D Therapy: 35th Annual Meeting of the American Society of Nephrology, Philadelphia, Pennsylvania, October 30-November 4, 2002.

Divalent Ions, Bones and Stones: Principles and Practices: Postgraduate Education Course of American Society of Nephrology, Philadelphia, Pennsylvania, October 30-31, 2002.

Old and New Optimal PTH Targets: Actions of the New PTH Inhibitor and Implications for its use in Guiding Vitamin D Therapy. 23rd Annual Dialysis Conference, Seattle Washington, March 2-4, 2003.

Vitamin D and the Prevention of Morbidity and Mortality in Dialysis Patients: 36th Annual Meeting of the American Society of Nephrology, San Diego, California, November 12-17, 2003.

Hormones, FGF23, and Fetuin in Mineral Metabolism: 36th Annual Meeting of the American Society of Nephrology, San Diego, California, Pennsylvania, November 12-17, 2003.

Vitamin D and the Prevention of Morbidity and Mortality in Dialysis Patients: 1st Annual Regional Meeting of the American Society of Nephrology, Chicago, Illinois February 7, 2004 and Los Angeles, California, February 21, 2004.

Modulation of PTH Synthesis, Secretion and Action. American Society of Nephrology Renal Week 2004, St. Louis , Missouri, October 27-November 1, 2004.

Chairperson of the 2nd Annual Regional Meeting of the American Society of Nephrology, Chicago, Illinois, February 11-13, 2005.

Managing Renal Osteodystrophy. Renal Week 2005 of the American Society of Nephrology, Philadelphia, Pennsylvania, November 8-13, 2005.

Controversies in Managing Hyperphosphatemia in CKD and ESRD. Renal Week 2005 of the American Society of Nephrology, Philadelphia, Pennsylvania, November 8-13, 2005.

Chairperson of the 3rd Annual Regional Meeting of the American Society of Nephrology, Chicago, Illinois, February 11-12, 2006.

Complications: Metabolic Disease. World Transplant Congress. The First Joint International Transplant Meeting, Boston, Massachusetts, July 2-27, 2006.

Nephrology in the 21st Century. National Kidney Foundation of Illinois, Chicago, Illinois, September 10, 2006.

Course Director, Clinical Application of Bone Biopsy. American Society of Nephrology, San Diego, California, November 15, 2006.

Vitamin D Deficiency and Early CKD. American Society of Nephrology, San Diego, California, November 16, 2006.

Literature review-The Year in Nephrology: Osteodystrophy and Vascular Calcification and Chronic Kidney Disease. American Society of Nephrology, San Diego, California, November 16, 2006.

Midwest Nephrology Fellows Research Day. Renal Network, ESRD Network 9/10. Chicago, Illinois, March 14, 2007.

Extending the Controversy: Answers to Managing Bone, Vascular and Mineral Metabolism in Chronic Kidney Disease. National Kidney Foundation 2007 Spring Clinical Meetings, Orlando, Florida, April 10-14, 2007.

Pleiotropic Actions of Vitamin D: Beyond Bone Disease. American Society of Nephrology Renal Week 2007. San Francisco, California, November 2, 2007.

Chairperson of the 2008 Renal Weekends of the American Society of Nephrology, Chicago, Illinois, March, 8-9, 2008.

Workshop: Management of Hyperphosphatemia Using Calcium vs. Non-Calcium Based Binders. National Kidney Foundation 2008 Spring Clinical Meetings, Gaylord, Texas, April 12-16, 2008.

Pathogenesis and Features of CKD Related Bone Disease. American Society of Nephrology, San Diego, California, October 31, 2009.

An Update on Vitamin D and Vitamin D Analogues: Rationale for Treatment. National Kidney Foundation 2011 Spring Clinical Meetings, Las Vegas, Nevada, April 28, 2011.

**PUBLICATIONS**

1. Mayor, G.H., Hook, J.B., Rech, R.H., Noordewier, B., Sprague, S.M., Keiser, J.A., McCormack, K.M.: Study of PTH, vitamin D, calcium and aluminum kinetics and dialysis encephalopathy. In: Proceedings of the 12th Annual Contractor's Conferences, Department of Health, Education and Welfare, Bethesda, Maryland, pp 36-40, 1978.

2. Mayor, G.H., Keiser, J.A., Sanchez, T.V., Sprague, S.M., Hook, J.B.: Factors effecting tissue aluminum concentration. Journal of Dialysis, 2:471-481, 1978.

3. McCormack, K.M., Ottosen, L.D., Sanger, V.L., Sprague, S.M., Mayor, G.H., Hook, J.B.: Effect of prenatal administration of aluminum and parathyroid hormone on fetal development in the rat. Proceedings of the Society for Experimental Biology and Medicine, 161:74-77, 1979.

4. Sprague, S.M., Carrick, J.T., Wilkinson, B.W., Mayor, G.H.: Determination of nanogram quantities of gold in biological tissues by nondestructive neutron activation analysis. Journal of Radioanalytical Chemistry, 52:419-424, 1979.

5. Mayor, G.H., Sprague, S.M., Hourani, M.R., Sanchez, T.V.: Parathyroid hormone mediated aluminum deposition and egress in the rat. Kidney International, 17:40-44, 1980.

6. Mayor, G.H., Remedi, R.F., Sprague, S.M., Lovell, K.: Central nervous system manifestations of oral aluminum: Effect of parathyroid hormone. Neurotoxicology, 1:33-42, 1980.

7. Mayor, G.H., Sprague, S.M., Sanchez, T.V.: Determinants of tissue aluminum concentration. American Journal of Kidney Diseases, 1:141-145, 1981.

8. Commissaris, R.L., Cordon, J.J., Sprague, S.M., Keiser, J.A., Mayor, G.H., Rech, R.H.: Behavioral changes in rats after chronic aluminum and parathyroid hormone administration. Neurobehavioral Toxicology and Teratology, 4:403-410, 1982.

9. Shore, D., Sprague, S.M., Mayor, G.H., Moreno, E.C., Wyatt, R.J.: Aluminum-fluoride complexes: Preclinical studies. Journal of Environmental Pathology, Toxicology and Oncology, 6:9-14, 1985.

10. Sprague, S.M., Corwin, H.L., Wilson, R.S., Mayor, G.H., Tanner, C.M.: Encephalopathy in chronic renal failure responsive to deferoxamine: Another manifestation of aluminum neurotoxicity. Archives of Internal Medicine, 146:2063-2064, 1986.

11. Sprague, S.M., Umans, J.G.: Aluminum and dihydropteridine reductase in dialysis patients. New England Journal of Medicine, 317:1604-1605, 1987 (Letter).

12. Sprague, S.M.: Aluminum: Its measurement and metabolism. Seminars in Dialysis, 1:103-111, 1988.

13. Warren, G.V., Sprague, S.M., Corwin, H.L.: Sarcoidosis presenting as acute renal failure during pregnancy. American Journal of Kidney Diseases, 12:161-163, 1988.

14. Sprague, S.M., Corwin, H.L., Tanner, C.M., Wilson, R.S., Green, B.J., Goetz, C.G.: Relationship of aluminum to neurocognitive dysfunction in chronic dialysis patients. Archives of Internal Medicine, 148:2169-2172, 1988.

15. Corwin, H.L., Sprague, S.M., DeLaria, G.A., Norusis, M.J.: Acute renal failure associated with open heart surgery: A case-controlled study. Journal of Thoracic and Cardiovascular Surgery, 98:1107-1112, 1989.

16. Sprague, S.M., Bushinsky, D.A.: Mechanism of aluminum induced calcium efflux from cultured neonatal mouse calvariae. American Journal of Physiology 258 (Renal, Fluid and Electrolyte Physiology 27):F583-F588, 1990.

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19. Sprague, S.M., Moe, S.M.: Safety and efficacy of long-term treatment of secondary hyperparathyroidism by low-dose intravenous calcitriol. American Journal of Kidney Diseases, 19:532-539, 1992.

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21. Moe, S.M., Barrett, S.A., Sprague, S.M.: $\beta_2$-microglobulin stimulates osteoclastic mediated bone mineral dissolution from neonatal mouse calvariae. Calcium Regulating Hormones and Bone Metabolism, 11:302-306, 1992.

22. Josephson, M.A., Sprague, S.M., Thisthlethwaite, J.R., Stuart, F.P., Dasgupta, A.: Lipid peroxidation products in recipients of renal transplants. Transplant Monitoring, 10:56-60, 1992.

23. Sprague, S.M., Krieger, N.S., Bushinsky, D.A.: Aluminum inhibits formation of bone nodules *in vitro*. American Journal of Physiology 264 (Renal, Fluid and Electrolyte Physiology 33):F882-890, 1993.

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fracture in patients receiving solid organ transplants. Journal of Bone and Mineral Research, 14:456-463, 1999.

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62. Dzido, G., Sprague, S.M.: Dialysis-related amyloidosis. Minerva Urologica e Nefrologica 55:121-129, 2003.

63. Sprague, S.M., Josephson, M.J.: Bone disease after kidney transplantation. Seminars in Nephrology, 24:82-90, 2004.

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patients with secondary hyperparathyroidism associated with chronic kidney disease, stages 3 & 4. American Journal of Kidney Diseases, 43:877-890, 2004.

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74. Gal-Moscovici, A., Sprague, S.M.: The role of calcimimetics in chronic kidney disease. Kidney International. 70:S68-S72, 2006.

75. Gal-Moscovici, A., Sprague, S.M: Bone health in chronic kidney disease-mineral and bone disease. Advances in Chronic Kidney Disease. 14:27-36, 2007.

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77. Gal-Moscovici, A., Sprague, S.M: Which of the K/DOQI Guidelines for Bone Disease in Dialysis Patients Should be Changed? Seminars in Dialysis. 20:24-26, 2007.



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**Criterion 1110.1430(e)**

78. Sprague, S.M.: Renal function and risk of hip and vertebral fractures among older women. Is it always osteoporosis? Archives of Internal Medicine. 167:115-116, 2007.

79. Gal-Moscovici, A., Sprague, S.M.: Comparative effectiveness of paricalcitol and calcitriol in stage 4 CKD from the perspective of a health plan. Clinical Drug Investigation. 27:105-113, 2007.

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81. Sprague, S.M.: Mortality risk among hemodialysis patients receiving different vitamin D analogs. Kidney International 72:895, 2007.

82. Gal-Moscovici, A, Sprague, S.M.: Osteoporosis and chronic kidney disease. Seminars in Dialysis 20:423-430, 2007.

83. Sprague, S.M.: A Comparative Review of the Efficacy and Safety of Established Phosphate Binders: Calcium, Sevelamer, and Lanthanum Carbonate. Current Medical Research and Opinion 23:3167-3175, 2007.

84. Gal-Moscovici, A, Sprague, S.M.: Role of vitamin D deficiency in chronic kidney disease. Journal of Bone and Mineral Research. 22:91-94, 2007.

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89. Andress, D.L., Coyne, D.W., Kalantar-Zadeh, K., Molitch, M.E., Zangeneh, F., Sprague, S.M.: Management of Secondary Hyperparathyroidism in Stages 3 and 4 Chronic Kidney Disease. Endocrine Practice 14:1-10, 2008.

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**Criterion 1110.1430(e)**

91. Finkelstein, F.O., Sprague, S.M.: Chronic kidney disease: mineral bone disorders and the peritoneal dialysis patient. Peritoneal Dialysis International 28:S3-S4, 2008.

92. Banks, M., Sprague, S.M.: Vitamin D and peritoneal dialysis. Peritoneal Dialysis International 28:S33-S37, 2008.

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95. Huang, M., Sprague, S.M.: Bone Disease in Kidney Transplant Patients. Seminars in Nephrology. 29:166-173, 2009.

96. Barnato, S., Sprague, S.M.: Advances in Renal Bone Disease: Osteoporosis and Chronic Kidney Disease. Current Rheumatology Reports. 11:185-190, 2009.

97. Khosla, N., Sprague, S.M.: When is Vitamin D Contraindicated in Dialysis Patients? Seminars in Dialysis. 22:249-251, 2009.

98. Khosla, N., Sprague, S.M.: Phosphate binders and effects on bone in chronic kidney disease. Renal and Urology News. July 2009.

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101. Sprague, S.M., Coyne, D.: Control of secondary hyperparathyroidism by vitamin D receptor activators in chronic kidney disease. Clinical Journal of the American Society of Nephrology. 5:512-518, 2010.

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103. Gal-Moscovici, A., Sprague, S.M.: Use of vitamin D in chronic kidney disease patients. Kidney International. 78:146-151, 2010.

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**ATTACHMENT 26**
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95. Ho, L.T., Sprague, S.M.: Pamidronate may facilitate calcitriol therapy in advanced

secondary hyperparathyroidism. Presented to the National Kidney Foundation 2003 Clinical Meetings, Dallas, Texas, April 2-6, 2003.

96. Melnick, J., Amdahl, M., Mathes, A., Koch, C., Williams, L., Tian, J., Dobrez, D., Sprague, S.: Improved hospitalization outcomes in hemodialysis patients treated with paricalcitol. Presented to the World Congress of Nephrology, Berlin, Germany, June 8-12, 2003.

97. Moe, S.M., Sprague, S.M., Cunningham, J., Drueke, T., Adler, S., Rosansky, S.J., Albizem, M.B., Guo, M.D., Zani, V., Goodman, W.G.: Long-term treatment of secondary hyperparathyroidism (HPT) with the calcimimetic Cinacalcet HCl. Presented to the 36th Annual Meeting of the American Society of Nephrology, San Diego, California, November 12-17, 2003.

98. Marx, S., Mathes, A., Koch, C., Melnick, J.Z., Kommala, D.R., Dobrez, D, Sprague, S.M.: Treatment with Paricalcitol may result in significant cost savings compared to Calcitriol in chronic hemodialysis patients. Presented to the 36th Annual Meeting of the American Society of Nephrology, San Diego, California, November 12-17, 2003.

99. Tian, J., Dobrez, D., Amdahl, M., Marx, S., Echlin, D., Melnick, J.Z., Sprague, S.M.: Therapy with Paricalcitol was associated with fewer days in the hospital than either Calcitriol or no vitamin D in chronic hemodialysis patients. Presented to the 36th Annual Meeting of the American Society of Nephrology, San Diego, California, November 12-17, 2003.

100. Quarles, L.D., Zeig, S., Spiegel, D.M., Silver, M.R., Vokes, T., Gokal, R., Ölgaard, K., Jadoul, M., Zani, V., Klassen, P., Olson, K.A., Turner, S.A., Sprague, S.M.: Cinacalcet HCl (AMG 073) controls secondary hyperparathyroidism (HPT) in dialysis patients regardless of disease severity. Presented to the 36th Annual Meeting of the American Society of Nephrology, San Diego, California, November 12-17, 2003.

101. Menaa, C., Corr, M., Froelich, C.J., Sprague, S.M.: NF-□B and P38 cross-talk is critical for osteoclast differentiation. Presented to the Combined Annual Meeting of the Central Society for Clinical Research and the Midwestern Section American Federation for Medical Research, Chicago, Illinois, April 14-

102. Frazão, J., Nicolini, M., Torregrossa, V., Kerr, P., Jaeger, P., Sprague, S.M., Jadoul, M., Mellotte, G., Neyer, U., Geiger, H., Hagen, E.C., McCary, L., Baker, N., Turner, S., Quarles, L.D.: Cinacalcet HCl Effectively Reduces Intact Parathyroid Hormone (iPTH) and Ca x P Irrespective of the Severity of Secondary Hyperparathyroidism (HPT). Presented to XLI Congress of the European Renal Association/European Dialysis and Transplantation Society, Lisbon, Portugal, May 15-18, 2004.

103. Menaa, C., Corr, M., Froelich, C.J. Sprague, S.M.: NF-□B and not p38 MAPK is essential for expression and secretion of osteoclastogenic factors by breast cancer cells. Presented to the 26th Annual Meeting American Society of Bone and Mineral

Metabolism, Seattle, Washington, October 1-5, 2004.

104. Menaa, C., Corr, M., Froelich, C.J., Sprague, S.M.: NF-kappa B and p38 cross-talk is critical for osteoclast differentiation. Presented to the 26th Annual Meeting American Society of Bone and Mineral Metabolism, Seattle, Washington, October 1-5, 2004.

105. Tian, J., Moe, S.M., Dobrez, D., Amdahl, M., Melnick, J., Williams, L., Sprague, S.M.: The association of baseline lab values and hospitalization outcomes in hemodialysis patients receiving or not receiving vitamin D. Presented to the 37th Annual Meeting of the American Society of Nephrology, St. Louis Missouri, October 29- November 1, 2004.

106. Sprague, S.M., Nicolini, M., Evenepoel, P., Curzi, M., González, T., Husserl, F., Kopyt, N., Abboud, H., Culleton, B., Albizem, M.A., Zani, V., Guo, M.G., Klassen, P.S., Wong, G.K.T.: Maintenance of NKF-K/DOQI™ goals for parathyroid hormone and Ca x P with cinacalcet HCl. Presented to the 37th Annual Meeting of the American Society of Nephrology, St. Louis Missouri, October 29- November 1, 2004.

107. Marx, S.E., Brown, L.M., Ashraf, T., Amdahl, M., Melnick, J.Z., Williams, L.A., Sprague, S.M.: Evaluation of annualized dosing ratio of paricalcitol to calcitriol in hemodialyisis patients. Presented to the 37th Annual Meeting of the American Society of Nephrology, St. Louis Missouri, October 29- November 1, 2004.

108. Mittman, N., Finkelstein, F., Cullerton, B., Charytan, C., Agarwal, A., Albizem, M.A., Guo, M.G., Klassen, P.S., Sprague, S.M.: Cinacalcet HCl for the management of secondary hyperparathyroidism in patients receiving peritoneal dialysis. Presented to the 37th Annual Meeting of the American Society of Nephrology, St. Louis Missouri, October 29- November 1, 2004.

109. Coyne, D., Martin, K.J., Qui, P., Acharya, M., Batlle, D., Rosansky, S., Abboud, H., Fadem, S., Levine, L., Smolenski, O., Kaplan, M., Williams, L., Sprague, S.M.: Paricalcitol (Zemplar) Capsule Controls Secondary Hyperparathyroidism (SHPT) in Chronic Kidney Disease (CKD) Stages 3 and 4 Patients. Presented to the 37th Annual Meeting of the American Society of Nephrology, St. Louis Missouri, October 29-November 1, 2004.

110. Ghantous, W, Schinleber, P, Roberts, L, Sprague, SM.: Inhibition of parathyroid hormone: Dose equivalency study between paricalcitol and doxercalciferol. Presented to the National Kidney Foundation 2005 Spring Clinical Meetings, Washington, D.C., May 4-8, 2005.

111. Coyne, D., Melnick, J.Z., Tian, J., Williams, L.A., Andress, D., Sprague, S.M.: Paricalcitol therapy has no adverse effect on kidney function. Presented to the National Kidney Foundation 2005 Spring Clinical Meetings, Washington, D.C., May 4-8, 2005.

112. Josephson, M.A., Sprague, S.M.: Cinacalcet use after kidney transplant. Presented to the

American Transplant Congress 2005, Seattle, Washington, May 21-25, 2005.

113. Coyne, D., Martin, K.J., Acharya, M., Andress, D., Qiu, P., Melnick, J.Z., Williams, L.A., Sprague, S.M.: Safety and efficacy of paricalcitol capsule for the treatment of secondary hyperparthyroidism in early stage CKD patients. Presented to the XLII ERA-EDTA Congress, Istanbul Turkey, June 4-7, 2005.

114. Menaa, C., Abdouelaziz, A., Lebovitz, J., Froelich, C.J., Sprague, S.M.: NF-□B p65 subunit is critical for the osteoclastogenic effect of RANKL. Presented to the 27th Annual Meeting American Society of Bone and Mineral Metabolism, Nashville, Tennessee, September 23-27, 2005.

115. Menaa, C., Abdouelaziz, A., Froelich, C.J., Sprague, S.M.: p65 subunit is essential for osteoclastogenic factors expression in breast cancer cells. Presented to the 27th Annual Meeting American Society of Bone and Mineral Metabolism, Nashville, Tennessee, September 23-27, 2005.

116. Pramanik, R., Asplin, J., Lindeman, C., Donahue, S., Sprague, S.M., Favus, M., Coe, F.: CSF-1R in the pathogenesis of osteoporosis in idiopathic hypercalciuria. Presented to the 27th Annual Meeting American Society of Bone and Mineral Metabolism, Nashville, Tennessee, September 23-27, 2005.

117. Tang, I., Josephson, M.A., Kopyt, N., Sprague, S.M.: Cinacalcet in Post-Transplant Hyperparathyroidism. Presented to the American Society of Nephrology Renal Week 2005, Philadelphia, Pennsylvania, November 8-13, 2005.

118. Moe, S.M., Goodman, W.G., Cunningham, J., Drueke, T., Adler, S., Rosansky, S.J., Albizem, M.B., Olson, K.A., Addison, J., Sprague, S.M.: Cinacalcet HCl Sustains Long-Term Control of Secondary Hyperparathyroidism. Presented to the American Society of Nephrology Renal Week 2005, Philadelphia, Pennsylvania, November 8-13, 2005.

119. Sprague, S.M., Nicolini, M., Evenepoel, P., Curzi, M., Gonzalez, T., Husserl, F., Kopyt, N., Abboud, H., Culleton, B., Albizem, M.B., Addison, J., Olson, K.A., Klassen, P.S., Wong, G.K.T.: Simultaneous Control of PTH and CA x P Is Sustained over 2 Years of Treatment with Sensipar®/Mimpara® (Cinacalcet HCL). Presented to the American Society of Nephrology Renal Week 2005, Philadelphia, Pennsylvania, November 8-13, 2005.

120. Shirsat, S., Josephson, M.A., Sprague, S.M.: Vitamin D deficiency following renal transplantation. Presented to the American Society of Nephrology Renal Week 2005, Philadelphia, Pennsylvania, November 8-13, 2005.

121. Hristova, M., Ho, L.T., Kim, E., Oliva, R., Sprague, S.M.: Prevalence of 25-Hydroxyvitamin D Insufficiency and Deficiency in CKD Patients. Presented to the American Society of Nephrology Renal Week 2005, Philadelphia, Pennsylvania, November 8-13, 2005.

122. Zisman, A., Hristova, M., Degraf, J., Ho, L.T., Sprague, S.M.: Effects of Treatment of 25-Hydroxyvitamin D Deficiency in CKD Patients. Presented to the American Society of Nephrology Renal Week 2005, Philadelphia, Pennsylvania, November 8-13, 2005.

123. Funes, I., Nash, K., Sprague S.M.: Improved health status in end-stage cardiac patients with congestive heart failure (CHF) using icodextrin. Presented to the Annual Conference on Dialysis. San Francisco, California, February 26-28, 2006.

124. Sprague, S., Charytan, C., Horowitz, J., Tucker, K., Tharpe, D., Lad, P., Wang, O., Turner, S., Block, G.: A prosepctive observational registry assessing the management and progression of secondary HPT in patients with chronic kidney disease (CKD): Methods and objectives. Presented to the National Kidney Foundation 2006 Spring Clinical Meetings, Chicago, Illinois, April 19-23, 2006.

125. Copley, J., Germain, M., Stern, L., Pankewyckz, O., Katznelson, S., Wang, O., Turner, S., Sprague, S.: Retrospective evaluation of cinacalcet HCl in subjects following renal transplantation. Presented to the XLIII Congress of the European Renal Association-European Dialysis and Transplant Association. Glasgow, United Kingdom, July 15-18, 2006.

126. Sprague, S.M., Germain, M., Stern, L., Pankewyckz, O., Katznelson, S., Wang, O., Turner, S., Copley, J.: Retrospective evaluation of cinacalcet HCl in patients following renal transplantation. Presented to the World Transplant Congress, Boston, Massachusetts, July 22-27, 2006.

127. Menaa, C., Abdouelaziz, A., Gal-Moscovici, A., Froelich, C.,Sprague, S.M.: The I□B-p65 complex controls breast cancer bone metastatic lesions *in vivo*. Presented to the 28th Annual Meeting American Society of Bone and Mineral Metabolism, Philadelphia, Pennsylvania, September 15-19, 2006.

128. Gal-Moscovici, A., Menaa, C., Tarjan, S., Sprague, S.M.: The inhibitory effect of cyclosporine on osteoclast formation *in vitro* may be reversed by the in *vivo* production of osteoclastogenic factors. Presented to the American Society of Nephrology Renal Week 2006, San Diego, California, November 14-20, 2006.

129. Ross, E., Tian, J., Abboud, H., Hippensteel, R., Melnick, J.Z., Williams, L.A., Hamm, L.L., Sprague, S.M.: Paricalcitol Capsules for the Treatment of Secondary Hyperparathyroidism in Patients on HD or PD. Presented to the American Society of Nephrology Renal Week 2006, San Diego, California, November 14-20, 2006.

130. Shapiro, W., Martinez, C., Charytan, C., Horowitz, J., Tharpe, D., Droge, J., Ling, X., Belozeroff, V., Block, G., Sprague, S.M.: A Prospective Observational Registry Assessing the Management and Progression of Secondary Hyperparathyroidism (HPT) in Patients with Chronic Kidney Disease (CKD): Baseline Data. Presented to the American Society of Nephrology Renal Week 2006, San Diego, California, November 14-20, 2006.

131. Mehrotra, B., Martin, K., Fishbane, S., Sprague, S.M., Zeig, S.: Reformulated higher Dosage strength lanthanum carbonate demonstrates efficacy and tolerability. Presented to the Annual Conference on Dialysis. Denver, Colorado, February 18-20, 2007.

132. Floege, J., Sprague, S.M., Droge, J., Banos, A., Chertow, G.: Advance: the effect of cinacalcet plus low-dose vitamin d on vascular calcification in hemodialysis patients – methods. Presented to the National Kidney Foundation 2007 Spring Clinical Meetings, Orlando, Florida, April 10-15, 2007.

133. Mehrotra, R., Martin, K., Anger, M. , Fishbane, S., Sprague, S.M., Zeig, S.: Reformulated lanthanum carbonate: An analysis of efficacy and safety. Presented to the National Kidney Foundation 2007 Spring Clinical Meetings, Orlando, Florida, April 10-15, 2007.

134. Sprague, S.M., Melnick, J., Tian, J., Hippensteel, R.: Treatment with paricalcitol capsules reduces total and bone-specific alkaline phosphatase in dialysis patients. Presented to the National Kidney Foundation 2007 Spring Clinical Meetings, Orlando, Florida, April 10-15, 2007.

135. Ross, E., Abboud, H., Tian, J., Hippensteel, R., Melnick, J.Z., Hamm, L.L., Sprague, S.M.: Optimized dosing regimen of paricalcitol capsule for treatment of secondary hyperparathyroidism in dialysis patients. Presented to the XLIV ERA-EDTA Congress, Barcelona, Spain, June 21-24, 2007.

136. Shannon, Y.M., Khambati, N., Ho, L.T., Sprague, S.M.: Effects of Ergocalciferol on ESA Requirements in Non-dialysis CKD Patients. American Society of Nephrology Renal Week 2007, San Francisco, California, October 31-November 5, 2007.

137. Khambati, N., Ho, L.T., Sprague, S.M.: Treatment with ergocalciferol and active vitamin D for hyperparathyroidism in CKD. American Society of Nephrology Renal Week 2007, San Francisco, California, October 31-November 5, 2007.

138. Sprague, S.M., Finn, W.F., Qiu, P.: Hyperphosphatemia in chronic kidney disease stages 3 and 4: Findings from a randomized, multi-center trial. Presented at the American Society of Nephrology Renal Week 2007, San Francisco, California, October 31-November 5, 2007.

139. Sprague, S.M., Finn, W., Abboud, H., Qiu, P.: Lanthanum carbonate reduces phosphate burden in patients with CKD stages 3 and 4: Results from a randomized multicenter trial. Presented to the National Kidney Foundation 2008 Spring Clinical Meetings, Dallas, Texas, April 2-6, 2008.

140. Shapiro, W., Martinez, C., Charytan, C., Horowitz, J., Tharpe, D., Droge, J., Ling, X., Belozeroff, V., Goodman, W., Block, G., Sprague, S.M.: Treatment patterns in patients progressing through later-stage chronic kidney disease (CKD): Baseline data from a

prospective observational registry. Presented to the National Kidney Foundation 2008 Spring Clinical Meetings, Dallas, Texas, April 2-6, 2008.

141. Shannon, Y., Khambati, N., Katsulis, Stutz, L., Ho, L.T., Sprague, S.M.: Effects of vitamin D on ESA requirements in CKD stage 3-4. Presented to the National Kidney Foundation 2008 Spring Clinical Meetings, Dallas, Texas, April 2-6, 2008.

142. Ho, L.T., Khambati, N., Sprague, S.M.: Ergocalciferol and active vitamin D for hyperparathyroidism in CKD. Presented to the National Kidney Foundation 2008 Spring Clinical Meetings, Dallas, Texas, April 2-6, 2008.

143. Zhang, E., Daniels, C., Ameer, G., Sprague, S.M.: Removal of advanced glycation end products with a novel extracorporeal bioadsorbent reduces the monocyte inflammatory response. Presented to the National Kidney Foundation 2008 Spring Clinical Meetings, Dallas, Texas, April 2-6, 2008.

144. Finn, W., Sprague, S.M., Abboud, H., Qiu, P.: 25-Hydroxyvitamin D and 1,25-dihydroxyvitamin D levels in patients with CKD stages 3 and 4 are not affected by lanthanum carbonate: Results from a randomized multicentre trial. Presented to the XLV ERA-EDTA Congress, Stockholm, Sweden, May 10-13, 2008.

145. Sprague, S.M., Finn, W., Abboud, H., Qiu, P.: Lanthanum carbonate reduces phosphate burden in patients with CKD stages 3 and 4: Results from a randomized multicentre trial. Presented to the XLV ERA-EDTA Congress, Stockholm, Sweden, May 10-13, 2008.

146. Belen, C., Amdahl, M., Weatherill, A.R., Andress, D., Sprague, S.M.: Treatment with oral paricalcitol reduces bone specific alkaline phosphatase and serum osteocalcin levels in CKD stage 3-5. Presented to the XIV International Congress on Nutrition and Metabolism in Renal Disease, Marseilles, France, June 11-15, 2008.

147. Rambod, M., Sprague, S.M., Kalantar-Zadeh, K.: Association of the marker of adynamic bone disease with malnutrition-inflammation complex in hemodialysis patients. Presented to the 30th American Society of Bone and Mineral Annual Research Meeting, Montreal, Quebec, Canada, September 12-16, 2008.

148. Rambod, M., Sprague, S.M., Kalantar-Zadeh, K.: Serum intact PTH of 100 to 150 pg/ml is associated with greatest survival in maintenance hemodialysis patients. Presented to the 30th American Society of Bone and Mineral Annual Research Meeting, Montreal, Quebec, Canada, September 12-16, 2008.

149. Shannon, Y., Du, H., Ho, L.T., Sprague, S.M.: The use of phosphate binders in non-dialysis CKD patients. Presented to the American Society of Nephrology Renal Week 2008, Philadelphia, Pennsylvania, November 4-9, 2008.

150. Gal-Moscovici, A., Frishman, M., Scherzer, P., Sprague, S.M.: Low turn-over bone disease in early CKD: A potential role of FGF-23. Presented to the American Society of

Nephrology Renal Week 2008, Philadelphia, Pennsylvania, November 4-9, 2008.

151. Belen, C., Du, H., Ho, L.T., Sprague, S.M.: Calcium and Risk of Mortality in Chronic Kidney Disease. Presented to the American Society of Nephrology Renal Week 2008, Philadelphia, Pennsylvania, November 4-9, 2008.

152. Arora, A., Du, H., Ho, L.T., Sprague, S.M.: Association of ergocalciferol treatment and mortality in chronic kidney disease. Presented to the American Society of Nephrology Renal Week 2008, Philadelphia, Pennsylvania, November 4-9, 2008.

153. Huang, M., F., Du, H., Ho, L.T., Sprague, S.M., Kim, G., C.: Outcome differences in a chronic kidney disease management clinic. Presented to the American Society of Nephrology Renal Week 2008, Philadelphia, Pennsylvania, November 4-9, 2008.

154. Sprague, S.M., Zhang, P. Qiu, P.: Lanthanum carbonate vs. sevelamer hydrochloride for the reduction of serum phosphorus in patients on dialysis. Presented to the National Kidney Foundation 2009 Spring Clinical Meetings, Nashville, Tennessee, March 25-29, 2009.

155. Finn, W., Sprague, S.M., Abboud, H., Qiu, P.: Lanthanum carbonate treatment does not affect 25-hydroxyvitamin D (25-OH D) and 1,25-dihydroxyvitamin D ($1,25\text{-}(OH)_2$ D) levels in patients with CKD stages 3 and 4: A randomized trial. Presented to the National Kidney Foundation 2009 Spring Clinical Meetings, Nashville, Tennessee, March 25-29, 2009.

156. Krause, R., Sprague, S.M., Zhang, P., Qiu, P., Ross. E.: Lanthanum carbonate provides greater phosphate reduction than sevelamer hydrochloride over a 4 week treatment period in patients on dialysis. Presented to the World Congress of Nephrology 2009, Milan, Italy, May 22-26, 2009.

157. Fishbane, S., Sprague, S.M., Audhya, P., Andress, D.: A randomized controlled trial to evaluate survival benefits of paricalcitol compared to calcitriol in hemodialysis patients: Futility as a cause for early termination. Presented to the World Congress of Nephrology 2009, Milan, Italy, May 22-26, 2009.

158. Sprague, S.M., Poole, L., Smyth, M.: Greater reduction of serum phosphorus with lanthanum compared with sevelamer hydrochloride in hemodialysis patients. Presented to the American Society of Nephrology Renal Week 2009, San Diego, California, October 27- November 1, 2009.

159. Zhang, E., Lapidos, K., Ameer, G.A., Sprague, S.M.: A novel extracorporeal therapy approach to remove advanced glycation end products. Presented to the American Society of Nephrology Renal Week 2009, San Diego, California, October 27- November 1, 2009.

160. Streja, E., Kovesdy, C.P., Kim, Y., Rambod, M., Sprague, S.M., Nissenson, A.R., Kalantar-Zadeh, K.: Higher serum total alkaline phosphatase is associated with lower bone mineral density in hemodialysis patients. Presented to the American Society of Nephrology Renal Week 2009, San Diego, California, October 27- November 1, 2009.

161. DeGraf, J., Larson, D., Du, H., Kirshenbaum, S., Sprague, S.M., Khosla, N., Ho, L.T.: Effect of ergocalciferol treatment on mineral metabolism in chronic hemodialysis patients. Presented to the National Kidney Foundation 2010 Spring Clinical Meetings, Orlando, Florida, April 13 - 17, 2010.

162. Larson, D., DeGraf, J., Du, H., Kirshenbaum, S., Sprague, S.M., Khosla, N., Ho, L.T.: Administration of oral 25-hydroxyvitamin D: Effects on anemia management in end stage renal disease. Presented to the National Kidney Foundation 2010 Spring Clinical Meetings, Orlando, Florida, April 13 - 17, 2010.

163. Knight, M., Du, H., Ho, L.T., Sprague, S.M.: Effects of IV iron use in non dialysis CKD. American Society of Nephrology Renal Week 2010, Denver, Colorado, November 16 - 21, 2010.

164. Moe, S.M., Bellorin-Font, E.R., Carvalho, A.B., D'Haese, P.C., Drucke, T.B., Du H., Ferreira, M.A., Malluche, H.H., Sprague, S.M., Jorgetti, V.: Sensitivity and specificity of guideline PTH targets to differentiate high and low bone turnover. Presented to the American Society of Nephrology Renal Week 2010, Denver, Colorado, November 16 - 21, 2010.

165. Sprague, S.M. Du, H., Manley, T.L., Carvalho, A.B., D'Haese, P.C., Drueke, T.B. Ferreira, M.A., Jorgetti, V., Moe, S.M., Malluche, H.H., Bellorin-Font, E.R: International assessment of TMV classification of bone biopsy in ESKD. Presented to the American Society of Nephrology Renal Week 2010, Denver, Colorado, November 16 - 21, 2010.

166. Malluche, H.H, Bellorin-Font, E.R., Rojas, E., Carvalho, A.B., D'Haese, P.C., Drueke, T.B., Ferreira, M.A., Jorgetti, V., Moe, S.M., Sprague, S.M.: Predictive Value of Biomarkers for Bone Turnover in ESKD. Presented to the American Society of Nephrology Renal Week 2010, Denver, Colorado, November 16 - 21, 2010.

167. Khosla, N., Degraf, J.D., Du, H., Sua, J.N., Ho, L.T., Sprague, S.M.: Effect of different ergocalciferol dosing on mineral metabolism and anemia management in end stage kidney disease. Presented to the American Society of Nephrology Renal Week 2010, Denver, Colorado, November 16 - 21, 2010.

168. Khosla, N., Du, H., Patel, N.N., Ho, L.T., Degraf, J.D., Sprague, S.M.: Effect of ergocalciferol on anemia, management in end stage kidney disease. Presented to the American Society of Nephrology Renal Week 2010, Denver, Colorado, November 16 - 21, 2010.

169. Funes, I., Sprague, S.M., Khosla, N.: It can work: Daily hemodialysis in a rehabilitation facility. To be presented to the Annual Dialysis Conference, Phoenix, Arizona, February 20-22, 2011.

170. Kirshenbaum, J., Du, H., Sprague, S.M.: Vitamin D status and calciuria in calcium oxalate nephrolithiasis. Presented to the National Kidney Foundation 2011 Spring Clinical Meetings, Las Vegas, Nevada, April 26-30, 2011.

171. Haquel, M.E., Bokhary, U., Fettman, S., Sprague, S.M., Prasad P.: Preliminary evaluation of renal BOLD MRI for monitoring progression in CKD patients. Submitted to the 19th Annual Meeting of the International Society for Magnetic Resonance in Medicine, Montreal, Canada, May 7-13, 2011.

**SELECTED INVITED SEMINARS**

1. Aluminum Bone Disease. National Kidney Foundation of Illinois Annual Meeting, Chicago, Illinois, October 11, 1990.

2. Aluminum Toxicity Syndrome in Dialysis Patients. Medical Grand Rounds, University of Chicago, Chicago, Illinois, December 4, 1990.

3. Therapy of Secondary Hyperparathyroidism. Kansas City, Missouri, April 18, 1991.

4. Mechanism of Aluminum Associated Bone Mineral Dissolution. Northwestern University, Chicago, Illinois, September 5, 1991.

5. Pathologic Mechanisms in Aluminum Associated Bone Disease. Yale University, New Haven, Connecticut, October 18, 1991.

6. Low Dose Intravenous Calcitriol. Experts Roundtable on the Prevention and Management of Renal Osteodystrophy. Phoenix, Arizona, December 7, 1991.

7. Cellular Basis for Aluminum Associated Bone Disease. University of Chicago, Chicago, Illinois, December 10, 1991.

8. Overview of Renal Osteodystrophy. Renal Network of Illinois Annual Meeting, Chicago, Illinois, January 24, 1992.

9. Secondary Hyperparathyroidism. Medical Grand Rounds, Loyola University Medical School, Maywood, Illinois, February 26, 1992.

10. Bone Disease in Renal Failure. Lunch with the Experts session of the Clinical Nephrology Meetings of the National Kidney Foundation, Chicago, Illinois, April 10-12, 1992.

11. Renal Bone Disease. Medical Grand Rounds, Evanston Hospital, Evanston, Illinois, May 6, 1992.

12. Calcium Balance in Dialysis Patients. The 2nd Annual University of Wisconsin Nephrology Forum, Madison, Wisconsin, May 28, 1992.

13. Renal Osteodystrophy. The National Center for Advanced Medical Education. Specialty Review in Nephrology. Chicago, Illinois, September 13-17, 1992.

14. Long Term Complications of Renal Failure. Medical Grand Rounds, Christ Hospital and Medical Center, Oak Lawn, Illinois, October 15, 1992.

15. Bone Disease after Kidney Transplantation. National Education Meeting of the National Kidney Foundation of Illinois, Chicago, Illinois, October 17, 1992.

16. $\square_2$-Microglobulin Amyloidosis Associated Bone Disease. Rush Presbyterian St. Lukes Medical Center, Chicago, Illinois, April 19, 1993.

17. Serum PTH: What Are We Aiming For and Why? Second Annual Spring Clinical Nephrology Meetings of The National Kidney Foundation, Inc., Chicago, Illinois, April 23, 1993.

18. Role of Bone Biopsy in Patients with Renal Failure. Lunch with the Experts session of the Second Annual Spring Clinical Nephrology Meetings of the National Kidney Foundation, Chicago, Illinois, April 22-25, 1993.

19. Mechanism of $\square_2$-microglobulin Induced Bone Mineral Dissolution. Hebrew University-Hadassah Medical Center, Jerusalem, Israel, September 7, 1993.

20. Renal Osteodystrophy. The National Center for Advanced Medical Education. Specialty Review in Nephrology. Chicago, Illinois, September 25-29, 1994.

21. Overview of Renal Bone Disease. Medical Grand Rounds. Lutheran General Hospital, Park Ridge, Illinois, February 1, 1995.

22. The Role of $\square_2$-Microglobulin in Dialysis Associated Amyloidosis. Advances In Mineral Metabolism, Snowmass, Colorado, April 2-6, 1995.

23. Bone Manifestations of Dialysis Amyloidosis; Renal Bone Disease, Parathyroid Hormone, and Vitamin Satellite Symposium to the XIIIth International Congress of Nephrology, Seville, Spain, July 7-10, 1995.

24. Pathogenesis of $\square_2$-microglobulin Bone Disease. Hebrew University-Hadassah Medical Center, Jerusalem, Israel, July 17, 1995.

25. Bone Disease Post Transplantation. X$^{th}$ International Workshop on Calcified Tissues, Jerusalem, Israel, March 11, 1996.

26. Renal Osteodystrophy. The National Center for Advanced Medical Education. Specialty Review in Nephrology. Chicago, Illinois, October 7-11, 1996.

27. Osteoporosis and Renal Disease. Saint Mary's Health Center-Michigan State University College of Human Medicine, Grand Rapids, Michigan, June 20, 1997.

28. Bone Effects of Immunosuppressive and Anti-Neoplastic Agents. Meet-The-Professor Session of the 19$^{th}$ Annual Meeting of the American Society for Bone and Mineral Research. Cincinnati, Ohio, September 10-14, 1997.

29. Dialysis Amyloidosis. Renal Grand Rounds, Loyola University Medical School, Maywood, Illinois, October 9, 1997.

30. $\square_2$-Microglobulin Amyloidosis. Renal Grand Rounds, University of Michigan, Ann Arbor, Michigan, February 4, 1998.

31. Post-Transplant Bone Disease. Division of Nephrology, University of Michigan, Ann Arbor, Michigan, February 5, 1998.

32. Renal Osteodystrophy and Divalent Ion Metabolism. Clinical Nephrology Symposium, 31$^{st}$ Annual Meeting of the American Society of Nephrology, Philadelphia, Pennsylvania, October 27, 1998.

33. Mechanisms of Transplantation-Associated Bone Loss. The 6$^{th}$ Symposium on Growth and Development in Children with Chronic Renal Failure "Molecular Basis of Skeletal Growth" of the International Pediatric Nephrology Association, New York, New York, March 12, 1999.

34. Overview of Bone Disease in Dialysis Patients and Indications for Bone Biopsy. 8$^{th}$ Annual National Kidney Foundation Clinical Nephrology Meetings, Washington D.C., April 30, 1999.

35. Malignancies and Disorders of Divalent Cations. 4$^{th}$ Annual Board Review Course & Update. American Society of Nephrology, San Francisco, California, August 28 – September 3, 1999.

36. Nephrolithiasis: Pathogenesis, Diagnosis and Treatment. 4$^{th}$ Annual Board Review Course & Update. American Society of Nephrology, San Francisco, California, August 28 – September 3, 1999.

37. Advanced Issues in Nephrolithiasis. 4$^{th}$ Annual Board Review Course & Update. American Society of Nephrology, San Francisco, California, August 28 – September 3, 1999.

38. Update on Disturbances of Calcium and Phosphorus and Renal Osteodystrophy. Italian Nephrological Congress, Chicago, Illinois October 4-7, 1999.

39. Post-Transplant Bone Disease. Clinical Nephrology Symposium, 32nd Annual Meeting of the American Society of Nephrology, Miami Beach, Florida, November 6, 1999.

40. Overview of Therapeutic Strategies for Transplant Bone Disease. Transplant Bone Disease Meeting, Barcelona, Spain, August 25-26, 2000.

41. Nephrolithiasis: Pathogenesis, Diagnosis and Treatment. 5th Annual Board Review Course & Update. American Society of Nephrology, San Francisco, California, August 26 – September 1, 2000.

42. Advanced Issues in Nephrolithiasis. 5th Annual Board Review Course & Update. American Society of Nephrology, San Francisco, California, August 26 – September 1, 2000.

43. Electrolyte Disturbances in the ICU: Calcium, Magnesium and Phosphate. Postgraduate Education Course of the 33rd Annual Meeting of the American Society of Nephrology, Toronto, Ontario, Canada, October 11-12, 2000.

44. Short and Long Term Histologic and Densitometric Abnormalities Post-Transplantation. Clinical Nephrology Symposium, 33rd Annual Meeting of the American Society of Nephrology, Toronto, Ontario, Canada, October 14, 2000.

45. Overview of transplant associated bone disease. Medical Grand Rounds, Loyola University Medical School, Maywood, Illinois, October 31, 2000.

46. Role of $\square_2$-microglobulin in causing osteoarthropathy in dialysis amyloidosis. Nephrology Research Conference, University of Texas Southwestern Medical Center, Dallas, Texas, January 8, 2001.

47. Phosphate control: Achieving the right balance. NephroAsia, Singapore, June 15, 2001.

48. Role of phosphate binders and calcimimetics in renal osteodystrophy. NephroAsia, Singapore, June 16, 2001.

49. Healthy bones for a satisfying life. National Kidney Foundation of Illinois, Chicago, Illinois, June 21, 2001.

50. Nephrolithiasis: Pathogenesis, Diagnosis and Treatment. 6th Annual Board Review Course & Update. American Society of Nephrology, Chicago, Illinois, August 25 – 31, 2001.

51. Advanced Issues in Nephrolithiasis. 6th Annual Board Review Course & Update.

American Society of Nephrology, Chicago, Illinois, August 25 – 31, 2001.

52. Low bone turnover. 34th Annual Meeting of the American Society of Nephrology, San Francisco, California, October 15, 2001.

53. Post transplant bone disease. Grand Rounds, University of Western Ontario, London, Ontario, Canada, December 4, 2001.

54. Bone disease in hypercalciuric stone formers. Clinical Nephrology Meetings 2002, National Kidney Foundation, Chicago, Illinois, April 17-21, 2002.

55. Epidemiology of osteoporotic fractures after organ transplantation. XIX International Congress of the Transplantation Society, Miami, Florida, August 25-30, 2002.

56. Bone biopsy. Interventional Nephrology: A hands-on approach; Postgraduate Education Course of American Society of Nephrology, Philadelphia, Pennsylvania, October 31, 2002.

57. What are optimal parathyroid hormone values for dialysis patients? 23rd Annual Dialysis Conference, Seattle Washington, March 2-4, 2003.

58. Transplant associated bone disease. The Ethics and Science of Transplantation. Kidney and Urology Foundation of America, New York, New York, September 12, 2003.

59. The role of newer agents to suppress parathyroid hormone release. 36th Annual Meeting of the American Society of Nephrology, San Diego, California, Pennsylvania, November 12-17, 2003.

60. Kidney stone disease. Update –Nephrology, Genesys Regional Medical Center, Grand Blanc, Michigan, December 10, 2003.

61. Calcium sensing receptor: A target for new therapeutic agents. 15th Annual Meeting and Clinical care Conference, ESRD Network #12, Kansas City, Missouri, January 15, 2004.

62. Vitamin D and the prevention of morbidity and mortality in dialysis patients. Regional Meeting of the American Society of Nephrology, Chicago, Illinois, February 6, 2004.

63. Cardiovascular effects of vitamin D. Regional Meeting of the American Society of Nephrology, Los Angeles, California, February 20, 2004.

64. New vitamin D analogs: Utility in patients undergoing dialysis. Sociedad Espanola de Nefrologia, Barcelona, Spain, March 12-13, 2004.

65. Hyperparathyroid bone disease: Vitamin D or Calcimimetics? Renal Grand Rounds, Vanderbilt University Medical Center, Nashville, Tennessee, March 31, 2004.

66. D-Receptor activation: Mechanism of action and clinical implications. National Kidney Foundation 2004 Clinical Meetings, Chicago, Illinois, April 28-May 2, 2004.

67. Transplant bone disease. National Kidney Foundation 2004 Clinical Meetings, Chicago, Illinois, April 28-May 2, 2004.

68. Osteoporosis verse renal osteodystrophy. National Kidney Foundation 2004 Clinical Meetings, Chicago, Illinois, April 28-May 2, 2004.

69. Renal bone disease:A new paradigm. Medical Grand Rounds, Chicago Medical School, North Chicago, Illinois, May 12, 2004.

70. Vitamin D analogs and the treatment of secondary hyperparathyroidism. Presented to XLI Congress of the European Renal Association/European Dialysis and Transplantation Society, Lisbon, Portugal, May 17, 2004.

71. Management of secondary hyperparathyroidism. The Renal Network 2004 Nephrology Conference, Chicago, Illinois June 10-11, 2004.

72. Disorders of calcium and phosphorus metabolism. 9th Annual Board Review Course & Update. American Society of Nephrology, San Francisco, California, August 28 – September 3, 2004.

73. Renal osteodystrophy. 9th Annual Board Review Course & Update. American Society of Nephrology, San Francisco, California, August 28 – September 3, 2004.

74. Bone and mineral management following renal transplantation. Combined Renal and Endocrine Grand Rounds, Columbia University, College of Physicians & Surgeons, New York, New York, October 18, 2004.

75. Chronic Kidney Disease: Early diagnosis, staging and treatment. Illinois Primary Health Care Association 22nd Annual Leadership Conference. St. Louis, Missouri, November 5, 2004.

76. Review of disorders of bone and mineral metabolism. 2nd Annual Regional Meetings of the American Society of Nephrology, Washington DC, February 5-6, 2005, Chicago, Illinois, February 12-13, 2005 & Seattle, Washington, February 26-27, 2005.

77. Meeting therapeutic goals with vitamin D therapy. Annual Dialysis Conference. Tampa, Florida, February 28-March 2, 2005.

78. New Phosphate Binders. Dialysis Annual Dialysis Conference. Tampa, Florida, February 28-March 2, 2005.

79. Addressing the Therapeutic Goals in the Management of Renal Bone Disease. Renal Grand Rounds, Brigham and Women's Hospital/Massachusetts General Hospital,

Harvard Medical School, March 29, 2005.Controversies in Bone and Mineral Metabolism: To D or not to D—That is the Question? Which vitamin D to use? National Kidney Foundation 2005 Spring Clinical Meetings, Washington, D.C., May 4-8, 2005.

81. Screening for the Prevention and Treatment of Secondary Hyperparathyroidism in Patients with CKD. ENDO 2005, The Endocrine Society's 87th Annual Meeting, San Diego, California, June 4-7, 2005.

82. Renal Stones-New Concepts in Kidney Stone Formation. Workshop on Mineral Metabolism, Israel Society of Nephrology and Hypertension and Hadassah Hebrew University Medical Center, Tel Aviv, Israel, July 28-29, 2005.

83. Which Vitamin D Metabolite. Workshop on Mineral Metabolism, Israel Society of Nephrology and Hypertension and Hadassah Hebrew University Medical Center, Tel Aviv, Israel, July 28-29, 2005.

84. Bone and Mineral Consequences of Impaired Renal Function. Ashland Endocrine Conference 2005. Ashland, Oregon, August 3-6, 2005.

85. New Therapeutic Options for the Treatment of Secondary Hyperparathyroidism. How do we Improve Clinical Outcomes in Chronic Kidney Disease Patients? London, England, September 14, 2005.

86. Treating Renal Osteodystrophy in Chronic Kidney Disease (CKD). Bone and Mineral Complications of Chronic Kidney Disease Symposium. 27th Annual Meeting American Society of Bone and Mineral Metabolism, Nashville, Tennessee, September 23-27, 2005.

87. Chronic Kidney Disease: Early diagnosis, staging and treatment. Illinois Primary Health Care Association 23rd Annual Leadership Conference. Galena, Illinois, November 3, 2005.

88. Managing Renal Osteodystrophy: A Therapeutic Challenge in Stage III CKD. Renal Week 2005 of the American Society of Nephrology, Philadelphia, Pennsylvania, November 8-13, 2005.

89. Osteoporosis in Dialysis Patients: Diagnosis and Therapy. Renal Week 2005 of the American Society of Nephrology, Philadelphia, Pennsylvania, November 8-13, 2005.

90. Review of Disorders of Bone and Mineral Metabolism. Annual Regional Meetings of the American Society of Nephrology, Chicago, Illinois, February 11-12, 2006 & New York, New York, March 11-12, 2006.

91. Redefining Outcomes in CKD. Annual Regional Meetings of the American Society of Nephrology, Chicago, Illinois, February 11-12, 2006 & New York, New York, March 11-12, 2006.

92. Which Vitamin D Analogues are Best for Patients? Annual Conference on Dialysis, San Francisco, California, February 26-28, 2006.

93. Mechanism of Transplant Associated Bone Disease. Renal Grand Rounds, University of Colorado Renal, February 28, 2006.

94. Chronic Kidney disease Around the World: KDIGO. The Global Bone and Mineral Initiative. National Kidney Foundation 2006 Spring Clinical Meetings, Chicago, Illinois, April 19-23, 2006.

95. The Role of Vitamin D in Cardiovascular Disease. New Therapeutic Approaches to the Management of Renal Diseases 2006. The New York Symposium Long Island College Hospital, Brooklyn, New York, May 5-6, 2006.

96. New Approaches to Managing Secondary Hyperparathyroidism. Vitamin D Recpetor Activators: What is their Role in CKD. Prague, Czech Republic, May 13, 2006.

97. Management of Secondary Hyperparathyroidism. Royal Society of Medicine. London, England, June 26, 2006.

98. New Concepts in Renal Bone Disease. North West Kidney Club. Manchester, England, June 28, 2006.

99. Mechanisms of Transplant Associated Bone Loss. The Spectrum of Bone Disorders in CKD-2006. Kidney and Urology Foundation of North America, Boston Massachusetts, September 12, 2006.

100. Cardiovascular Risks, Complications and Survival: Role of Vitamin D. Humber River Regional Medical Center Grand Rounds. Toronto, Ontario, October 31, 2006.

101. Bone and Mineral Metabolism in CKD: Medical Crossfire. American Society of Nephrology Renal Week, San Diego, California, November 16, 2006.

102. Review of Disorders of Bone and Mineral Metabolism. Annual Renal Weekends 2007 Meetings of the American Society of Nephrology, Chicago, Illinois, March 31-April 1, 2007.

103. Current Approach to Earlier use of Vitamin D Receptor Activators in Chronic Kidney Disease. National Kidney Foundation 2007 Spring Clinical Meetings, Orlando, Florida, April 10-14, 2007.

104. Comorbidities Associated with Chronic Kidney Disease. National Kidney Foundation 2007 Spring Clinical Meetings, Orlando, Florida, April 10-14, 2007.

105. Vitamin D in Chronic Kidney Disease. Symposium entitled, Vitamin D: Classical and

Emerging Roles in Health, Wake Forest University School of Medicine, Asheville, North Carolina, May 18, 2007.

106. Management of Post-Transplant Renal Bone Disease. ENDO 2007, The Endocrine Society's 89th Annual Meeting, Toronto, Ontario, Canada, June 2-5, 2007.

107. Pathophysiology of Post-transplant Bone Disease. University of Alabama Medical Center., Birmingham, Alabama, October 8, 2007.

108. CKD and Osteoporosis. 2007 Chronic Kidney Disease Symposium. University of Minnesota, Minneapolis, Minnesota, November 27, 2007.

109. Renal Transplant Bone Disease. Spectrum of Renal Bone Disease. Brigham and Women's Hospital, Harvard Medical School, Boston, Massachusetts, November 28, 2007.

110. Review of Disorders of Bone and Mineral Metabolism. Annual Renal Weekends 2008 Meetings of the American Society of Nephrology, Washington, D.C., February 9-10, 2008.

111. Vitamin D and CKD. Annual Renal Weekends 2008 Meetings of the American Society of Nephrology, Chicago, March 8-9, 2008.

112. Phosphate Balance in Chronic Kidney Disease. National Kidney Foundation 2008 Spring Clinical Meetings, Gaylord, Texas, April 2-6, 2008.

113. Does Direct Modulation of the Calcium Sensor Affect Survival? National Kidney Foundation 2008 Spring Clinical Meetings, Gaylord, Texas, April 2-6, 2008.

114. The Importance of Phosphate Management and the Role of Phosphate Binders in CKD. XLV European Renal Association-European Dialysis and Transplant Association Congress 2008, Stockholm, Sweden, May 10-13, 2008.

115. Pathophysiology of Transplant Associated Bone Loss. University of Chicago, May 16, 2008.

116. Management of Transplant Associated Bone Disease. Bay State Medical Center, Springfield, Massachusetts, September 11, 2008.

117. Osteoporosis in Chronic Kidney Disease. University of Nebraska, Omaha, Nebraska, September 18, 2008.

118. Phosphorus Balance in Chronic Kidney Disease. Combined Renal and Endocrine Grand Rounds, Columbia University, College of Physicians & Surgeons, New York, New York, October 27, 2008.

119. Vitamin D: Panacea for the Long-Term Dialysis Patient? Third North American Chapter Meeting of the International Society of Peritoneal Dialysis. Vancouver, B.C., Canada, August 27-29, 2009.

120. Disorders of Mineral Metabolism in Chronic Kidney Disease. Endocrine Grand Rounds, Medical College of Wisconsin, Milwaukee, Wisconsin, October 1, 2009.

121. Pathophysiology of Phosphate Retention in CKD: A Comparative Review of the Efficacy and Safety of Phosphate Binders. Cork University, Cork, Ireland, October 22, 2009.

122. Pathophysiology and Management of Phosphate Retention in CKD. Renal Grand Rounds, St. John Hospital & Medical Center, Detroit, Michigan, December 17, 2009.

123. Phosphate Binder Therapy: Making an Informed Choice. Royal College of Physicians. London, England, February 26, 2010.

124. CKD-MBD: A New Paradigm for 2010. Renal Grand Rounds, Henry Ford Hospital, Detroit, Michigan, May 5, 2010.

125. Improving Outcomes in CKD-MBD Through Current Treatments; Effects on Bone Parameters with Lanthanum Carbonate. 16th Pan Hellenic Nephrology Congress, Kos, Greece, June 2-5, 2010.

126. Treatment of Metabolic Bone Disease. 15th Annual Board Review Course & Update. American Society of Nephrology, San Francisco, California, August 28 – September 3, 2010.

127. Renal Osteodystrophy. 15th Annual Board Review Course & Update. American Society of Nephrology, San Francisco, California, August 28 – September 3, 2010.

128. Atypical Fractures in Osteoporotic Patient. Medicine Grand Rounds. NorthShore University HealthSystem, Evanston, Illinois, October 8, 2010

129. Quality Indicators in Chronic Dialysis. First Annual Meeting of NxStage Users. Las Vegas, Nevada, October 10-12, 2010.

130. Management of Mineral and Bone Disorders in the Transplant Patient. American Society of Nephrology Renal Week 2010, Denver, Colorado, November 19, 2010.

131. The Evolution of Bone Disease in CKD-MBD. The 2010 Clinical Research Meeting of the Israeli Society of Nephrology and Hypertension. Jerusalem, Israel, December 9-11, 2010.

132. An Update on Vitamin D and Vitamin D Analogues: Rationale for Treatment: Case Studies. National Kidney Foundation 2011 Spring Clinical Meetings, Las Vegas, Nevada, April 26-30, 2011.

133. Diagnostic Approaches to Post-Transplant Bone Disease. American Transplant Congress, Philadelphia, Pennsylvania, May 4, 2011.

134. Regulating Mineral Disorders Post-transplant: Vitamin D, Calcium and Cinacalcet Use. American Transplant Congress, Philadelphia, Pennsylvania, May 4, 2011.

**CHAPTERS, SYMPOSIUM and MONOGRAPHS**

1. Shaw, H.L., DeOreo, P., Sprague, S., Heyka, R., Mattern, W., Llach, F., Macon, E.: Calcijex® Grand Rounds: Proceedings of a roundtable discussion. Abbott Laboratories, North Chicago, Illinois, 1989.

2. Moe, S.M., Sprague, S.M.: Evaluating and treating renal osteodystrophy. Clinical Comment 7:5-8, University of Chicago Medical Center, Chicago, Illinois, 1991.

3. Sprague, S.M., Moe, S.M.: Neurological accompaniments of renal failure. In *Handbook of Clinical Neurology*; Volume 19, Goetz, C.G., Tanner, C.M., Aminoff, M.J., Klawans, H.L., editors. Chapter 22. North Holland Publishing Co., Amsterdam, Holland. pp. 503-521, 1993.

4. Sprague, S.M., Balint, E.: □$_2$-Microglobulin and Dialysis Related Amyloidosis. In *Renal Osteodystrophy*, Bushinsky, D.A., editor. Chapter 14. Lippincott-Raven Publishers, Philadelphia, Pennsylvania. pp. 347-380, 1998.

5. Sprague, S.M.: Renal and Electrolyte Disorders. Monograph, Edition 236, American Academy of Family Physicians. Kansas City, Missouri. 1999.

6. Lindberg, J., Sprague, S.M.: Nephrolithiasis. In □*ndocrinology*4th Edition, EditorsL.J. DeGrootJ.L. Jameson, Chapter 83. W.B. Saunders Company, Philadelphia, Pennsylvania. ppıı□□ıı□□ı

7. Sprague, S.M.: A Symposium□□$_2$-Microglobulin and Amyloidosis in Chronic Dialysis Patients, Editor, Seminars in Dialysis Vol 14(2) pp. 79-135, 2001.

8. Cohen, A., Ebeling, P., Sprague, S.M., Shane, E.: Transplantation Osteoporosis. In *Primer on the Metabolic Bone Diseases and Disorders of Mineral Metabolism*, 5th Edition, Editor, M.J.Favus, Lippincott Williams & Wilkins, Philadelphia, Pennsylvania. pp. 370-378, 2003.

9. Sprague, S.M.: Bone Disease after Kidney-Pancreas and Pancreas Transplantation. In *Bone Disease of Organ Transplantation*, Editors, E. Shane, J. Compston, Elsevier Academic Press, San Diego, California. pp. 255-270, 2005.

10. Olgaard, K., Sprague, S.M.: Post-Transplant Bone Disease. In *Clinical Guide to Bone*

*and Mineral Metabolism*, Editor, K Olgaard, National Kidney Foundation, Inc., New York, New York. pp. 141-154, 2006.

11. Cohen, A., Ebeling, P., Sprague, S.M., Shane, E.: Transplantation Osteoporosis. In *Primer on the Metabolic Bone Diseases and Disorders of Mineral Metabolism*, 6th Edition, Editor, M.J.Favus, Lippincott Williams & Wilkins, Philadelphia, Pennsylvania. pp. 302-309, 2006.

12. Moe, S.M., Sprague, S.M.: Mineral Bone Disorders in Chronic Kidney Disease. In *Brenner & Rector's, The Kidney* 8th Edition, Editor, B.M. Brenner, Saunders Elsevier, Philadelphia, Pennsylvania. pp. 1784-1814, 2008.

13. West, B, Sprague, S.M., Josephson, M.A.: Bone Disease in Renal Transplantation. In *Kidney Transplantation: a guide to the care of transplant recipients*. Editors, D. McKay and S. Steinberg, In Press. Springer, New York, N.Y. pp 327- 341, 2010.

14. Sprague, S.M., Olgaard, K.: Bone Disease in Renal Transplant Recipients. In *The Spectrum of Renal Osteodystrophy and Vascular Calcifications in Uremia* 2nd Edition, Editors, K. Olgaard, J. Silver, I. Salusky, Oxford University Press, Oxford, United Kingdom, 0X2 6DP. pp 509-526, 2010.

15. Moe, S.M., Sprague, S.M.: Mineral Bone Disorders in Chronic Kidney Disease. In *Brenner & Rector's, The Kidney* 9th Edition, Editor, B.M. Brenner, G. Chertow, P. Marsden, K. Skorecki, M. Taal, and A.S.L. Yu. Saunders Elsevier, Philadelphia, Pennsylvania. (In press)

16. Sprague, S.M.: Renal Osteodystrophy. In *Nephrology Secrets*, Editor E.V. Lerma and A.R. Nissenson. Elsevier, Philadelphia, Pennsylvania. (In press)

July 15, 2011

Ms. Courtney Avery
Administrator
Illinois Health Facilities & Services Review Board
525 West Jefferson Street
Second Floor
Springfield, Illinois 62761

RE: Medical Staff Certification Letter: Satellite Dialysis of Glenview, LLC

Dear Ms. Avery:

Pursuant to 77 Ill. Adm. Code § 1110.1430(e)(5), an applicant is required to provide a letter certifying whether a proposed dialysis facility will or will not maintain an open medical staff. Satellite Dialysis of Glenview, LLC and its parent company Satellite Healthcare, Inc. submit this certified letter, which hereby attests that the proposed dialysis facility will maintain an open medical staff.

Mark Bunke
Signature

Mark Bunke
Name of Application representative

President and CEO
Title

Subscribed and sworn to before me this 15th day of July, 2011.

Signature of Notary Public

Seal

KENDALL R. SUMMERS
COMM. # 1920488
NOTARY PUBLIC - CALIFORNIA
SANTA CLARA COUNTY
COMM. EXPIRES JAN. 31, 2015

**ATTACHMENT 26**
**Criterion 1110.1430(e)**

## ATTACHMENT 26

**Criterion 1110.1430(f) > Support Services**

In accordance with 77 Ill. Adm. Code § 1110.1430(f) and with respect to the Satellite Dialysis of Glenview ESRD facility, the Applicant Representative named below hereby certifies the following:

1. Applicant certifies that it will utilize Satellite Partners Information Network system, ("SPIN®"), for the provision of care to its patients;

2. Applicant certifies that support services consisting of clinical laboratory service, blood bank, nutrition, rehabilitation, psychiatric and social services will be available to its patients; and

3. Applicant certifies that provision of home and home-assisted dialysis, and home training will be provided by the WellBound of Evanston facility, a subsidiary of Satellite Healthcare.

Mark Buls
Name of Application Representative

President and CEO
Title

Subscribed and sworn to before me this 15th day of July, 2011.

Signature of Notary Public

Seal

KENDALL R. SUMMERS
COMM. # 1920488
NOTARY PUBLIC - CALIFORNIA
SANTA CLARA COUNTY
COMM. EXPIRES JAN. 31, 2015

## ATTACHMENT 26

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

Satellite Dialysis of Glenview will be located in a Metropolitan Statistical Area ("MSA"). A minimum of 8 dialysis stations is required to establish an in-center hemodialysis center in an MSA. Satellite Dialysis of Glenview is seeking state board approval for 16 dialysis stations thereby meeting this requirement.

## ATTACHMENT 26

**Criterion 1110.1430(h) -- Continuity of Care**

Please find enclosed the fully executed Patient Transfer Agreement NorthShore University Health System and Satellite Dialysis of Glenview, LLC. This Patient Transfer Agreement is contingent upon the approval of this CON application.

## PATIENT TRANSFER AGREEMENT

This **PATIENT TRANSFER AGREEMENT** (the "Agreement") is made as of the last date of execution of this Agreement (the "Effective Date"), by and between NorthShore University HealthSystem ("NorthShore") and Satellite Dialysis of Glenview, LLC ("Satellite").

### RECITALS

**WHEREAS,** NorthShore is a company that owns and operates Glenbrook Hospital, Skokie Hospital, Highland Park Hospital and Evanston Hospital, which are general acute care hospitals providing health care services to residents of Glenview, Highland Park, Evanston and surrounding areas; and

**WHEREAS,** Satellite owns and operates a free-standing dialysis facility in Glenview, Illinois (the "Facility"); and

**WHEREAS,** Facility, from time to time, has patients who are in need of specialty medical care not available at the Facility; and

**WHEREAS,** in order to facilitate the continuity of care and the timely transfer of patients in need of specialty care not available at the Facility to an acute care hospital, Satellite desires to enter into an agreement for the transfer of such patients and their records; and

**WHEREAS,** NorthShore is willing to provide such medical care to Facility's patients in need of specialty care not available at the Facility; and

**WHEREAS,** the parties hereto desire to enter into this Agreement in order to specify the rights and duties of each of the parties, and to specify the procedure for ensuring the timely transfer of patients between the Facility and one of NorthShore's four hospitals, which are identified herein;

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

1. NorthShore understands that Satellite will provide in-center hemodialysis treatments and other services for patients suffering from end-stage renal disease ("ESRD") at the Facility located in Glenview, Illinois. Evanston, a company that owns and operates Glenbrook Hospital, Skokie Hospital, Highland Park Hospital and Evanston Hospital, hereby agrees to provide hospital-based services for patients from the Facility in need of routine and emergency dialysis services and, if necessary, inpatient hospitalization including, but not limited to, inpatient dialysis care. These services shall be available to Facility's patients twenty-four (24) hours a day, seven (7) days a week.

2. In the event that any patient from the Facility requires hospitalization, whether or not the patient's illness is associated with ESRD, such patient may be transferred by a method of transportation appropriate to the patient's clinical condition to one of NorthShore's four hospitals identified herein for treatment in accordance with NorthShore's admission policies and procedures. In the event of an admission to one of the four NorthShore hospitals, patient shall no longer be under Satellite's care.

3. Satellite shall notify NorthShore as far in advance as possible of an impending transfer of a patient. With respect to any transfer, Facility will formally discharge the patient from its care and will provide, within one (1) working day of the transfer, all medical and administrative records and information necessary or useful for the care and treatment of the transferred patient. This information includes, but is not limited to, (i) a reason or reasons for the transfer, (ii) current medical findings, (iii) the patient's diagnosis and rehabilitation potential, (iv) a brief summary of the course of treatment followed to date, (v) nursing and dietary information, (vi) pertinent administrative and social information, and (vii) information related to the patient's plan of care. If the transfer is necessary for the patient's welfare, Facility will ensure that the patient's medical record includes documentation of the medical need and reasons why the Facility can no longer meet that patient's needs.

4. NorthShore and Satellite agree that the patient shall be solely responsible for transportation to the accommodating hospital. NorthShore shall not be responsible for patient care at any time that the patient is not under the direct control of one of NorthShore's four hospitals identified herein, including but not limited to, the period of time when the patient is being transported to the accommodating hospital.

5. NorthShore's policy is to admit and treat all patients equally, without regard to race, color, national origin, ancestry, sex, age, religious creed, disability, handicap or any other protected status. NorthShore will honor a transferred patient's advanced directives, if any, when such patient is being transferred from Facility.

6. Nothing in this Agreement shall in any way affect that autonomy of either Satellite or NorthShore. Satellite's and NorthShore's respective governing bodies shall have exclusive control of the management and affairs of their respective organizations. NorthShore does not assume by virtue of this Agreement any liabilities for any debts or obligations of Satellite. Nothing in this Agreement precludes the right of patients or physicians from obtaining services from another facility of their choice.

7. This Agreement will take effect upon the approval of Satellite's certificate of need ("CON") application by the Illinois Health Facilities and Services Review Board ("HFSRB"). However, if Satellite's CON permit application is not approved by

2. In the event that any patient from the Facility requires hospitalization, whether or not the patient's illness is associated with ESRD, such patient may be transferred by a method of transportation appropriate to the patient's clinical condition to one of NorthShore's four hospitals identified herein for treatment in accordance with NorthShore's admission policies and procedures. In the event of an admission to one of the four NorthShore hospitals, patient shall no longer be under Satellite's care.

3. Satellite shall notify NorthShore as far in advance as possible of an impending transfer of a patient. With respect to any transfer, Facility will formally discharge the patient from its care and will provide, within one (1) working day of the transfer, all medical and administrative records and information necessary or useful for the care and treatment of the transferred patient. This information includes, but is not limited to, (i) a reason or reasons for the transfer, (ii) current medical findings, (iii) the patient's diagnosis and rehabilitation potential, (iv) a brief summary of the course of treatment followed to date, (v) nursing and dietary information, (vi) pertinent administrative and social information, and (vii) information related to the patient's plan of care. If the transfer is necessary for the patient's welfare, Facility will ensure that the patient's medical record includes documentation of the medical need and reasons why the Facility can no longer meet that patient's needs.

4. NorthShore and Satellite agree that the patient shall be solely responsible for transportation to the accommodating hospital. NorthShore shall not be responsible for patient care at any time that the patient is not under the direct control of one of NorthShore's four hospitals identified herein, including but not limited to, the period of time when the patient is being transported to the accommodating hospital.

5. NorthShore's policy is to admit and treat all patients equally, without regard to race, color, national origin, ancestry, sex, age, religious creed, disability, handicap or any other protected status. NorthShore will honor a transferred patient's advanced directives, if any, when such patient is being transferred from Facility.

6. Nothing in this Agreement shall in any way affect that autonomy of either Satellite or NorthShore. Satellite's and NorthShore's respective governing bodies shall have exclusive control of the management and affairs of their respective organizations. NorthShore does not assume by virtue of this Agreement any liabilities for any debts or obligations of Satellite. Nothing in this Agreement precludes the right of patients or physicians from obtaining services from another facility of their choice.

7. This Agreement will take effect upon the approval of Satellite's certificate of need ("CON") application by the Illinois Health Facilities and Services Review Board ("HFSRB"). However, if Satellite's CON permit application is not approved by

the HFSRB and therefore a CON permit is not granted to Satellite, this Agreement shall become null and void.

**[Remainder of Page Left Intentionally Blank]**

**IN WITNESS WHEREOF,** the parties hereto have executed this Agreement as of the last date of execution.

| **NORTHSHORE UNIVERSITY HEALTHSYSTEM** | **SATELLITE DIALYSIS OF GLENVIEW, LLC** |
|---|---|
| By: Gerald P. Gallagher | By: Mark Burke |
| Name: Gerald P. Gallagher | Name: Mark Burke |
| Its: President - Evanston Hosp. | Its: President and CEO |
| Date: 7/19/11 | Date: 7/14/2011 |

## ATTACHMENT 26(j)

**Criterion 1110.1430(i) > Assurances**

In accordance with 77 Ill. Adm. Code § 1110.1430(j) and with respect to the Satellite Dialysis of Glenview ESRD facility, the Applicant Representative named below hereby certifies the following:

1. By the second year of operation after the project has been completed, the ESRD facility will achieve and maintain the utilization standards specified in 77 Ill. Adm. Code § 1100.630 for the In-Center Hemodialysis Category of Service as requested in this application; and

2. That the ESRD facility will achieve and maintain compliance with hemodialysis quality measures. The following data compares favorably to the most recent benchmarks set by the Federal Centers of Medicare and Medicaid Services and USRDS data. The same is expected for Satellite Dialysis of Glenview.

    - 95% of patients had a Kt/V ≥1.2
    - 83% of patients had Albumin ≥ 3.5 g/dL
    - 77% of patients had hemoglobin within the 10-12 g/dL target range
    - Catheter prevalence companywide was 10%
    - Fistula prevalence companywide was 63%
    - Overall hospital utilization was 10 days per patient year

Mark Brauer
Name of Application Representative

President and CEO
Title

KENDALL R. SUMMERS
COMM. # 1920488
NOTARY PUBLIC - CALIFORNIA
SANTA CLARA COUNTY
COMM. EXPIRES JAN. 31, 2015

Subscribed and sworn to before me this 6th day of July, 2011.

Signature of Notary Public

Seal

KENDALL R. SUMMERS
COMM. # 1920488
NOTARY PUBLIC - CALIFORNIA
SANTA CLARA COUNTY
COMM. EXPIRES JAN. 31, 2015

## ATTACHMENT 39

**Criterion 1120.120 -- Availability of Funds**

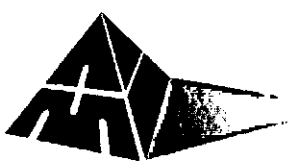
A copy of Satellite's financial statements immediately follows this Attachment 39.

**SATELLITE HEALTHCARE, INC.**
**AND SUBSIDIARIES**

**CONSOLIDATED FINANCIAL STATEMENTS**

**DECEMBER 31, 2010 AND 2009**

ARMANINO McKENNA LLP
Certified Public Accountants & Consultants



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**ATTACHMENT 39**

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# INDEPENDENT AUDITORS' REPORT

Audit Committee
Satellite Healthcare, Inc.
San Jose, California

We have audited the accompanying consolidated balance sheets of Satellite Healthcare, Inc. (a California not-for-profit corporation) and Subsidiaries as of December 31, 2010 and 2009 and the related consolidated statements of operations and changes in net assets, and cash flows for the years then ended. These consolidated financial statements are the responsibility of the Company's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Satellite Healthcare, Inc. and Subsidiaries as of December 31, 2010 and 2009 and the results of their operations and their cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Our audits were performed for the purpose of forming an opinion on the consolidated financial statements taken as a whole. The consolidating information included in the supplemental schedules is presented for purposes of additional analysis of the consolidated financial statements rather than to present financial position and results of operation of the individual organizations. The consolidating information has been subjected to the auditing procedures applied in our audits of the consolidated financial statements and, in our opinion, is fairly stated in all material respects in relation to the consolidated financial statements taken as a whole.

Satellite Healthcare, Inc. and subsidiaries retrospectively adopted Accounting Standards Codification (ASC) 958-810, *Consolidation*. ASC 958 alters the presentation of the consolidated change in net assets to include amounts attributable to both the Company and non-controlling interests. The adoption of ASC 958 did not alter the consolidated unrestricted net asset balances.

Satellite Healthcare, Inc. and subsidiaries adopted Accounting Standards Codification ("ASC") 350-10, *Intangibles - Goodwill and Other,* on January 1, 2010. Goodwill is no longer amortized, but is reduced if management determines that its implied fair value has been impaired; no determination of impairment was made as of December 31, 2010 and, consequently, no impairment loss was recognized.

Armanino McKenna LLP

ARMANINO McKENNA LLP

June 16, 2011

SATELLITE HEALTHCARE, INC. AND SUBSIDIARIES
Consolidated Balance Sheets
December 31, 2010 and 2009
(In thousands)

## ASSETS

| | 2010 | 2009 |
|---|---|---|
| Current assets | | |
| Cash and cash equivalents | $ 61,449 | $ 48,524 |
| Investments in marketable securities | 106,897 | 95,935 |
| Patient accounts receivable, net of allowance for doubtful accounts of $13,243 in 2010 and $11,979 in 2009 | 32,153 | 31,585 |
| Other receivables | 2,068 | 1,887 |
| Medical supplies inventory | 2,436 | 7,370 |
| Other current assets | 3,798 | 3,564 |
| Total current assets | 208,801 | 188,865 |
| Property and equipment, net | 58,336 | 48,323 |
| Investments in nonmarketable securities | 13,338 | 14,637 |
| Goodwill, net of accumulated amortization | 37,485 | 37,485 |
| Intangible assets, net of accumulated amortization of $1,415 in 2010 and $1,021 in 2009 | 2,509 | 2,903 |
| Other assets | 56 | 56 |
| Total assets | $ 320,525 | $ 292,269 |

## LIABILITIES AND NET ASSETS

| | | |
|---|---|---|
| Current liabilities | | |
| Accounts payable | $ 8,365 | $ 9,779 |
| Accrued expenses | 23,773 | 21,550 |
| Contribution payable, current portion | 500 | 1,000 |
| Notes payable, current portion | 8,303 | 5,802 |
| Total current liabilities | 40,941 | 38,131 |
| Contribution payable, net of current portion | - | 466 |
| Notes payable, net of current portion | 14,306 | 17,628 |
| Other long-term liabilities | 1,629 | 1,872 |
| Total liabilities | 56,876 | 58,097 |
| Unrestricted net assets: | | |
| Satellite Healthcare Inc. | 257,101 | 226,682 |
| Noncontrolling ownership interest in subsidiaries | 6,548 | 7,490 |
| Total unrestricted net assets | 263,649 | 234,172 |
| Total liabilities and net assets | $ 320,525 | $ 292,269 |

The accompanying notes are an integral part of these consolidated financial statements.

SATELLITE HEALTHCARE, INC. AND SUBSIDIARIES
Consolidated Statements of Operations and Changes in Net Assets
For the Years Ended December 31, 2010 and 2009
(In thousands)

| | 2010 | 2009 |
|---|---|---|
| Revenues and gains | | |
| Dialysis and ancillary services revenue, net | $ 205,829 | $ 187,378 |
| Laboratory services | 51,984 | 46,296 |
| Investment income (loss), realized gains and losses, net | (8,451) | (8,825) |
| Other income | - | 30 |
| Total revenues and gains | 249,362 | 224,879 |
| Expenses and losses | | |
| Patient care costs | 122,702 | 111,730 |
| General and administrative | 85,169 | 76,038 |
| Depreciation and amortization | 11,905 | 14,044 |
| Contributions and other | 6,973 | 4,452 |
| Total expenses and losses | 226,749 | 206,264 |
| Operating income | 22,613 | 18,615 |
| Net change in unrealized gain on marketable and nonmarketable securities | 19,820 | 26,318 |
| Purchase of SLS units from noncontrolling owners | (9,289) | - |
| Distributions to noncontrolling interest owners | (3,667) | (3,434) |
| Change in net assets | 29,477 | 41,499 |
| Unrestricted net assets, beginning of year | 234,172 | 192,673 |
| | $ 263,649 | $ 234,172 |

The accompanying notes are an integral part of these consolidated financial statements.



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SATELLITE HEALTHCARE, INC. AND SUBSIDIARIES
Consolidated Statements of Cash Flows
For the Years Ended December 31, 2010 and 2009
(In thousands)

| | 2010 | 2009 |
|---|---|---|
| Cash flows from operating activities | | |
| Change in net assets | $ 29,477 | $ 41,499 |
| Adjustments to reconcile change in net assets to net cash provided by operating activities | | |
| Unrealized gain on marketable and nonmarketable securities | (19,820) | (26,318) |
| Distributions to non-controlling interest owners | 12,956 | 3,434 |
| Realized losses on marketable and nonmarketable securities | 8,527 | 9,141 |
| Depreciation and amortization | 11,905 | 14,044 |
| Gain on disposal of fixed assets | - | (30) |
| Changes in operating assets and liabilities | | |
| Patient accounts receivable, net | (568) | (2,010) |
| Other receivables | (181) | 696 |
| Medical supplies inventory | 4,934 | (4,899) |
| Other current assets | (234) | (339) |
| Other assets | - | (56) |
| Accounts payable | (1,414) | 2,608 |
| Accrued expenses | 2,223 | 4,403 |
| Contribution payable | (966) | 83 |
| Other long-term liabilities | (243) | 98 |
| Net cash provided by operating activities | 46,596 | 42,354 |
| Cash flows from investing activities | | |
| Sale of affiliate | - | 313 |
| Proceeds from sales of marketable securities | 23,850 | 23,385 |
| Purchases of marketable securities | (22,466) | (21,458) |
| Purchases of nonmarketable securities | (1,672) | (1,763) |
| Proceeds from sales of nonmarketable securities | 1,919 | 94 |
| Acquisition of property and equipment | (21,525) | (16,680) |
| Net cash used in investing activities | (19,894) | (16,109) |
| Cash flows from financing activities | | |
| Long-term debt borrowings | 5,000 | 750 |
| Repayments of long-term debt | (5,821) | (5,516) |
| Purchase of noncontrolling interest ownership units in SLS | (9,289) | |
| Net capital contributions by minority interests | (4,479) | 817 |
| Net capital distributions to minority interests | 812 | (4,564) |
| Net cash used in financing activities | (13,777) | (8,513) |
| Net increase in cash and cash equivalents | 12,925 | 17,732 |
| Cash and cash equivalents, beginning of year | 48,524 | 30,792 |
| Cash and cash equivalents, end of year | $ 61,449 | $ 48,524 |
| Supplemental disclosures of cash flow information | | |
| Cash paid for interest | $ 503 | $ 784 |
| Cash paid for unrelated business income taxes | $ 4,120 | $ 1,936 |

The accompanying notes are an integral part of these consolidated financial statements.



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1. Description of Organization

Satellite Healthcare, Inc.

Satellite Healthcare, Inc. (the "Company"), a California not-for-profit corporation, provides dialysis treatment, peritoneal dialysis, and home dialysis treatment support services. Revenues for services provided are collected primarily under governmental reimbursement programs, predominantly Medicare. Additional revenues are collected from private insurance companies and individual patients. The Company operates dialysis units throughout Northern California and has investments in companies that provide dialysis services in California as well as in several other states.

Ascend Clinical

Ascend Clinical, LLC (formerly Satellite Laboratory Services, LLC) ("Ascend") is a Delaware limited liability company engaged in the business of providing laboratory services for end stage renal disease patients. The Company has an 89% and 83% ownership in Ascend as of December 31, 2010 and 2009, respectively. Certain key employees of the Company and Ascend own 11% and 17% of the ownership units in Ascend as of December 31, 2010 and 2009, respectively. The ownership interest increase by SHI, and corresponding decrease in interest owned by the non-controlling shareholders, is a result of the redemption of units during 2010 by the non-controlling shareholders; see footnote 18.

In March 2011, Satellite Laboratory Services, LLC changed its name to Ascend Clinical, LLC. It was determined by management that the name Ascend Clinical, LLC better suits the Company's desire to expand to a broader client base.

As an LLC, Ascend does not record a provision for income taxes. Its results are allocated to its owners for inclusion in their respective tax returns.

Dialysis LLCs

The Company has a 100% ownership interest in Satellite Healthcare Central States, LLC ("SHCS") which operates seven dialysis facilities located in the Austin, Texas area. It also has an ownership percentage interest in the following companies: Satellite Dialysis of Orange, LLC, 50%, Satellite Dialysis of Central Modesto, LLC, 65%, Satellite Dialysis of Sunnyvale, LLC, 60%, Satellite Dialysis of Tracy, LLC, 50%, Satellite Dialysis of Stockton, LLC, 40%,Satellite Dialysis of San Leandro, LLC, 75%, Satellite Dialysis of White Road, LLC, 70%, Satellite Dialysis of Lynwood, LLC, 50%, and Satellite Dialysis of Merced, LLC, 50%. Also, the Company has a 50% general partnership interest in South County Dialysis.

In 2010 the Company formed Satellite Dialysis of Morgan Hill, LLC in which it has a 50% ownership interest.

1. Description of Organization (continued)

Wellbound

The Company formed Wellbound, LLC (WBL), in which it has a 100% ownership interest, for the purpose of providing management services to all other Wellbound entities (see below) for a management fee. The other Wellbound entities have been formed for the purpose of providing home-based hemodialysis and peritoneal dialysis treatment to patients.

The Company has formed Wellbound of Houston, LLC, Wellbound of Milpitas, LLC, Wellbound of San Jose, LLC, and Wellbound of Menlo Park, LLC (all with 100% ownership by the Company). It has also formed Wellbound of Modesto, LLC and Wellbound of Santa Rosa, LLC (both with an 80% ownership interest by the Company).

Wellbound, LLC has a 100% ownership interest in Wellbound of Emeryville, LLC, and Wellbound of Vallejo, LLC, an 80% ownership interest in Wellbound of Mercer, LLC, and a 50% ownership interest in Wellbound of Evanston, LLC, Wellbound of Stockton, LLC, Wellbound San Leandro, LLC, Wellbound of Frederick, LLC, and Wellbound of Lafayette, LLC.

Physician groups typically own the non-controlling ownership interest in the Wellbound LLCs in their respective local communities.

The activities of WBL and its subsidiaries are reported in the accompanying supplemental schedules in total as "WBL and Subsidiaries". The activities of the other Wellbound LLCs are reported in total in the accompanying supplemental schedules as "Wellbound LLCs".

Satellite Trinity

The Company has entered into an agreement with a local physician to form Satellite Trinity 10100, LLC ("ST"). ST was formed for the purpose of acquiring real property in Stockton, California, and is owned 50% by the Company and 50% by the physician.

Satellite Capital

The Company has contributed investments in nonmarketable securities for a 99% limited partnership interest in Satellite Capital, L.P. ("SC"), which was formed for the purpose of buying, holding, and selling capital investments in healthcare-related businesses, whether readily marketable or nonmarketable. Satellite Ventures, LLC ("SV") has a 1% interest in SC and is the General Partner ("GP"). No additional parties may be admitted to SC, either as a limited or general partner, without the prior written consent of the Company and GP. The GP has the sole and exclusive rights to manage, control, and conduct business on the behalf of SC. However, because the Company is providing essentially all of the capital financing for SC, and because the owners of SV are officers of the Company, the Company has determined that it controls SC for accounting purposes and has consolidated SC in these consolidated financial statements.

## 2. Summary of Significant Accounting Policies

### Principles of consolidation

All of the entities that are more than 50% owned by the Company are considered to be controlled by the Company and are included in the consolidated financial statements as of December 31, 2010 and 2009. Those entities owned 50% or less by the Company are all considered variable interest entities of the Company whereby a variable interest exists in the form of contractual, ownership or other pecuniary interests. These entities have also been included in the consolidated financial statements as of December 31, 2010 and 2009 because the Company is the primary beneficiary of these entities. All material intercompany accounts and transactions have been eliminated.

The December 31, 2010 and 2009 consolidated financial statements include the accounts of the Company, Satellite Laboratory Services LLC, Satellite Capital, L.P., the Dialysis LLCs, the Wellbound entities and Satellite Trinity, LLC.

The Company retrospectively adopted Accounting Standards Codification (ASC) 958-810, *Consolidation*. ASC 958 alters the presentation of the consolidated change in net assets to include amounts attributable to both the Company and non-controlling interests. Under previous standards, the change in net assets attributable to non-controlling interests was reported as a deduction in arriving at the change in net assets. The consolidated change in net assets attributable to the Company would have not have been significantly different if ASC 958 had not been applied.

### Use of estimates

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities at the dates of the financial statements and the reported amounts of revenues and expenses during the reporting periods. Actual results could differ from those estimates.

### Cash and cash equivalents

The Company considers all highly liquid instruments purchased with an original maturity of three months or less to be cash equivalents. Financial instruments that potentially subject the Company to concentrations of credit risk include cash equivalents and investments. The Company places its cash in banks that are federally insured in limited amounts and in investment-grade commercial paper and money market mutual funds. Periodically, cash equivalents and investments may be in excess of federally insured limits.

2. Summary of Significant Accounting Policies (continued)

Fair value of financial instruments

The estimated fair value amounts of the Company's financial instruments have been determined by the Company using available market information and commonly accepted valuation methodologies. The use of different assumptions and/or estimation methodologies may have a material effect on the estimated fair values. The fair value estimates presented herein are based on information available to management as of December 31, 2010 and 2009. Such amounts have not been revalued since those dates, and current estimates of fair value may differ significantly from the amounts presented herein.

The carrying values of cash and cash equivalents, investments in marketable securities, patient accounts receivable, trade accounts payable and other financial instruments included in other assets or other liabilities are estimated to approximate their fair values principally because of the short-term maturities of these instruments. The notes payable as reported in the Company's consolidated balance sheets approximate their fair value primarily due to their floating interest rate terms.

Fair value measurements

Fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. The Company determines the fair values of its assets and liabilities based on a fair value hierarchy that includes three levels of inputs that may be used to measure fair value (Level 1, Level 2 and Level 3). Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Company has the ability to access at the measurement date. An active market is a market in which transactions occur with sufficient frequency and volume to provide pricing information on an ongoing basis. Level 2 inputs are inputs other than quoted prices that are observable for the asset or liability, either directly or indirectly. Level 3 inputs are unobservable inputs for the asset or liability. Unobservable inputs reflect the Company's own assumptions about the assumptions market participants would use in pricing the asset or liability (including assumptions about risk). Unobservable inputs are developed based on the best information available in the circumstances and may include the Company's own data.

Medical supplies inventory

Medical supplies inventory is stated at the lower of cost (first-in, first-out basis) or market.

2. Summary of Significant Accounting Policies (continued)

Property and equipment

Property and equipment are recorded at cost. Depreciation is provided using the straight-line method over the following estimated useful lives:

| | |
|---|---|
| Buildings | 30 years |
| Medical equipment | 5 - 10 years |
| Furniture and fixtures | 7 years |
| Computer equipment | 3 years |
| Vehicles and office equipment | 5 years |

Amortization of leasehold improvements is provided using the straight-line method over the lesser of the term of the lease or the useful life of the improvement. Construction-in-progress is not depreciated until the related asset is placed into service.

Goodwill

The Company adopted Accounting Standards Codification ("ASC") 350-10, *Intangibles - Goodwill and Other,* on January 1, 2010. ASC 350 alters the measurement of goodwill arising from business combinations of not-for-profit entities requiring an impairment assessment to determine if the carrying amount of goodwill exceeds its implied fair value. The Company determines implied fair value through forecasted future operations using an undiscounted cash flow methodology. Goodwill arising from business combinations prior to January 1, 2010 is carried net of accumulated amortization as of December 31, 2009 and is measured for any impairment at that net book value.

Intangible assets

Intangible assets are identified upon acquisition of a new company, or upon the purchase of a specific intangible asset, and are primarily amounts paid for existing contracts, patient lists and covenants not to compete. Intangible assets are amortized on the straight-line method over the lives of the underlying assets. Useful lives of the underlying assets were assessed in accordance with the adoption of ASC 350 as of January 1, 2010 and no changes were identified.

Long-lived assets

The Company reviews the carrying value of property and equipment and intangible assets for impairment whenever events and circumstances indicate that the carrying value of an asset may not be recoverable from the estimated future cash flows expected to result from its use and eventual disposition. In cases where the expected future cash flows are less than the carrying value, an impairment loss is recognized equal to an amount by which the carrying value exceeds the fair value of the assets. As of December 31, 2010 and 2009, no impairment loss is recognized by the Company.

2. Summary of Significant Accounting Policies (continued)

Net patient service revenues

Dialysis and ancillary service and laboratory service revenues include amounts for services reimbursable by Medicare, Medi-Cal, Medicaid and other third-party payors under contracted reimbursement formulas. Revenues are recognized when services are provided at the amount expected to be realized from governmental payors, third-party payors, and patients based on reimbursement contracts in place when the services were provided.

Charity care

The Company has a policy of providing necessary care to patients regardless of third-party reimbursement status or the patient's ability to pay. Uninsured or underinsured patients that meet certain criteria can qualify to have all fees, or a portion of fees based on a sliding scale, forgiven. Since management does not expect payment for charity care provided, those estimated charges are excluded from revenue. Costs associated with charity care services provided for the years ended December 31, 2010 and 2009 were approximately $1,200,000 and $624,000, respectively.

Investments in marketable and nonmarketable securities

Investments are recorded at fair value in the accompanying consolidated balance sheets. Realized gains and losses are recognized as operating income in the period incurred. The Company uses the first-in, first-out method to compute realized gains and losses. Unrealized gains and losses incurred for the period are excluded from operating income and are presented as a change in unrestricted net assets.

Patient accounts receivable, net

Patient accounts receivable represent amounts due primarily from third-party payors under contracted reimbursement formulas. Allowances for contractual adjustments and for doubtful accounts are established based upon management's estimates of uncollectible accounts receivable considering contractual arrangements, current aging statistics and historical collection trends. Patient accounts receivable are written-off when all third-party payor options have been exhausted.

Contribution expense

The Company provides contributions to individuals and institutions engaged in kidney research in the United States and Canada. Contribution expense is recognized at fair value at the time the contributions is made and is discounted to present value over the period in which the promise is to be paid.

2. Summary of Significant Accounting Policies (continued)

Income taxes

The Company is a not-for-profit organization and, accordingly, is exempt from income taxes under Internal Revenue Code Section 501(c)(3) and California Revenue and Taxation Code Section 23701(d); however, the Company is subject to income taxes on its unrelated business income. The Company has recorded a provision for unrelated business income tax for laboratory services provided by Ascend to other dialysis facilities as of December 31, 2010 and 2009. The Dialysis and Wellbound LLCs are limited liability companies and as such any taxable income or loss is allocated to members in accordance with their respective ownership percentage.

Therefore, no provision or liability for income taxes has been recorded other than the California minimum franchise tax of $800 and the required LLC fees based on total annual income. The provision for the unrelated business income tax and the LLC fee for all entities was approximately $4,200,000 and $1,600,000 for the years 2010 and 2009, respectively, and is included in Contributions and other expense in the consolidated statements of operations.

The Company has evaluated its current tax positions and has concluded that as of December 31, 2010 and 2009, the Company does not have any significant uncertain tax positions for which a reserve would be necessary.

The Company files U.S. federal, and U.S. state tax returns. For U.S. state tax returns, the Company is generally no longer subject to tax examinations for years prior to 2006. For U.S. federal tax returns, the Company is no longer subject to tax examination for years prior to 2007.

Subsequent events

The Company has evaluated subsequent events through June 16, 2011, the date the financial statements were available to be issued. No subsequent events have occurred that would have a material impact on the presentation of the Company's financial statements.

3. Medicare and Medicaid Programs and Health Care Reform

Revenues from the Medicare and Medi-Cal/Medicaid programs accounted for approximately 68% and 53% of the Company's net patient service revenue for the year ended December 31, 2010 and 2009, respectively. Revenue from contracts with Kaiser Permanente accounted for approximately 21% and 19% of the Company's net patient service revenues for the years ended December 31, 2010 and 2009, respectively.

3. Medicare and Medicaid Programs and Health Care Reform (continued)

Laws and regulations governing the Medicare and Medi-Cal/Medicaid programs are complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. The Company believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing. While no such regulatory inquiries have been made, compliance with such laws and regulations can be subject to future government review and interpretation as well as significant regulatory action including fines, penalties, and exclusion from the Medicare and Medi-Cal/Medicaid programs.

Governmental funding for healthcare programs is subject to statutory and regulatory changes, administrative rulings, interpretations of policy, intermediary determinations, and governmental funding restrictions, all of which may materially affect program reimbursement to healthcare facilities. Changes in the reimbursement policies of the Medicare and Medicaid programs, as a result of legislative and regulatory actions, could adversely affect the Company's revenues.

4. Property and Equipment

Property and equipment consist of the following (in thousands):

| | 2010 | 2009 |
|---|---|---|
| Leasehold improvements | $43,397 | $34,554 |
| Buildings | 11,766 | 11,737 |
| Equipment, furniture, and fixtures | 64,653 | 51,650 |
| | 119,816 | 97,941 |
| Less accumulated depreciation and amortization | (61,672) | (52,058) |
| Construction in progress | 192 | 2,440 |
| | $58,336 | $48,323 |

Depreciation and amortization expense amounted to $11,511,000 and $10,217,000 in 2010 and 2009, respectively.

5. Functional Expenses

Expenses related to providing dialysis and related services are as follows (in thousands):

| | 2010 | 2009 |
|---|---|---|
| Health care services | $130,963 | $121,131 |
| General and administrative | 95,786 | 85,133 |
| | $226,749 | $206,264 |

## 6. Investments

The Company's investments in marketable securities consist of units owned in several different investment funds that are managed by Commonfund, a large nonprofit investment manager. The fair value of the Company's investments in these funds is $106,897 and $95,935 as of December 31, 2010 and 2009, respectively.

Investments in nonmarketable securities are comprised of venture funds held by the Company and in early-stage companies held by SC. All funds held by the Company, with the exception of Venture Investment Associates IV, L.P., Alere, Inc. (formerly Inverness Medical Innovations) and Lipomed, Inc., are managed by Commonfund. Investments in nonmarketable securities are comprised of the following at December 31 (in thousands):

| | 2010 | 2009 |
|---|---|---|
| Held by the Company | | |
| Venture Investment Associates IV, L.P. | $ 2,495 | $ 2,693 |
| Real Estate Venture | - | 2,263 |
| Natural Resources VI | 4,037 | 3,716 |
| Global Distressed Partners III | 4,034 | 3,586 |
| Global Absolute Alpha | - | 720 |
| Global Distressed Investors LLC | 883 | 769 |
| Global Absolute Alpha Company A12 | 194 | - |
| Global Absolute Alpha Company A13 | 106 | - |
| Global Absolute Alpha Company A25 | 245 | - |
| Global Absolute Alpha Company A01 | 469 | - |
| Held by SC | | |
| Alere Inc (formerly Inverness Medical Innovations) | 207 | 234 |
| Lipomed, Inc. | 668 | 656 |
| | $13,338 | $14,637 |

The Company has made various commitments to invest additional funds in certain of these nonmarketable securities (see Note 16).

Investment income (loss) consists of the following (in thousands):

| | 2010 | 2009 |
|---|---|---|
| Interest income | $ 76 | $ 316 |
| Realized losses on sales of securities | (8,527) | (9,141) |
| | $(8,451) | $(8,825) |
| Other changes in unrestricted net assets | | |
| Unrealized gain on investments | $19,820 | $26,318 |

7. Fair Value Disclosures

The following are the major categories of assets and liabilities measured at fair value on a recurring basis during the year ended December 31, 2010 and 2009, using quoted prices in active markets for identical assets (Level 1); significant other observable inputs (Level 2); and significant unobservable inputs (Level 3) (in thousands):

December 31, 2010:

| | Level 1: Quoted Prices in Active Markets For Identical Assets | Level 2: Significant Other Observable Inputs | Level 3: Significant Unobservable Inputs | Total at December 31, 2010 |
|---|---|---|---|---|
| Investments in marketable securities | | | | |
| US equities | $ - | $ 51,363 | $ - | $ 51,363 |
| International equities | - | 12,849 | - | 12,849 |
| Fixed income | - | 28,354 | - | 28,354 |
| Alternatives | - | 14,331 | - | 14,331 |
| Investments in nonmarketable securities | | | | |
| Fixed income | - | - | 4,915 | 4,915 |
| Alternatives | - | - | 1,015 | 1,015 |
| Private capital | - | - | 7,408 | 7,408 |
| Total | $ - | $106,897 | $13,338 | $120,235 |

7. Fair Value Disclosures (continued)

December 31, 2009:

| | Level 1: Quoted Prices in Active Markets For Identical Assets | Level 2: Significant Other Observable Inputs | Level 3: Significant Unobservable Inputs | Total at December 31, 2009 |
|---|---|---|---|---|
| Investments in marketable securities | | | | |
| US equities | $ - | $52,905 | $ - | $ 52,905 |
| International equities | - | 7,484 | - | 7,484 |
| Fixed income | - | 22,310 | - | 22,310 |
| Alternatives | - | 13,236 | - | 13,236 |
| Investments in nonmarketable securities | | | | |
| Fixed income | - | - | 4,354 | 4,354 |
| Alternatives | - | - | 2,983 | 2,983 |
| Private capital | - | - | 7,300 | 7,300 |
| Total | $ - | $95,935 | $14,637 | $110,572 |

The following is a reconciliation of the beginning and ending balances for assets and liabilities measured at fair value on a recurring basis using significant unobservable inputs (Level 3) during the year ended December 31, 2010 (in thousands):

| | Investments in Nonmarketable Securities |
|---|---|
| Beginning balance | $14,637 |
| Total income (losses) (realized and unrealized) | (1,052) |
| Purchases, sales, net | (247) |
| Ending balance | $13,338 |

7. Fair Value Disclosures (continued)

The fair values of all investments held with Commonfund are estimated based on established valuation procedures performed by the fund managers considering the underlying investments. Independent third-party pricing sources are used to price all securities for which a readily determinable market price is available. Securities for which a third-party pricing source is not available are valued internally by Commonfund. Investments held by the Company and SC which are not held by Commonfund, are stated at fair value as determined by management using the most recent available financial information. Because these securities are not freely traded on open markets, the valuation of these securities involves a significant degree of estimation and it is at least reasonably possible that these estimates may be subject to material change in future periods.

8. Goodwill

Goodwill resulted from acquisitions for an amount in excess of the fair value of the net assets acquired. Goodwill, net of accumulated amortization through December 31, 2009, is as follows:

| | 2010 | 2009 |
|---|---|---|
| SHCS - Texas facility acquisitions | $30,344 | $30,344 |
| The Company - San Mateo and South San Francisco facility acquisitions | 5,793 | 5,793 |
| The Company - Redwood City and Santa Cruz facility acquisitions | 982 | 982 |
| Wellbound Menlo Park acquisition | 366 | 366 |
| | $37,485 | $37,485 |

Subsequent to the adoption of ASC 350-10 on January 1, 2010, goodwill is no longer amortized, but is reduced if management determines that its implied fair value has been impaired; no determination of impairment was made as of December 31, 2010 and, consequently, no impairment loss was recognized. Prior to January 1, 2010, amortization expense was being recorded over the estimated useful lives of the assets and totaled approximately $3,396,000.

9. Intangible Assets

The Company's intangible assets are as follows (in thousands):

| | 2010 | 2009 |
|---|---|---|
| SHCS - Texas facility acquisitions | $1,349 | $1,349 |
| Ascend - purchase of client base and covenant not to compete | 2,500 | 2,500 |
| The Company - San Mateo and South San Francisco facility acquisitions | 75 | 75 |
| | 3,924 | 3,924 |
| Less accumulated amortization | (1,415) | (1,021) |
| | $2,509 | $2,903 |

Amortization expense was $394,000 and $431,000 in 2010 and 2009, respectively.

10. Concentration of Credit Risk

Patient accounts receivable

The Company grants credit without collateral to its patients, most of who are insured under third-party payor agreements.

Significant concentrations of gross patient accounts receivable are as follows:

| | 2010 | 2009 |
|---|---|---|
| Medicare | 31% | 28% |
| Kaiser Permanente | 19% | 22% |
| Medical / Medicaid | 15% | 15% |

11. Notes Payable

The Company's credit agreements are as follows (in thousands):

| | 2010 | 2009 |
|---|---|---|
| The Company: | | |
| Note payable to a bank dated November 2006, original note amount is $35,000,000; principal payments of $424,000 are due on the second day of each month beginning February 2007; final payment of $10,000,000 due in January 2012. Interest is payable on the last day of each month, commencing January 2007, at the LIBOR rate plus 1.5% (2.28% as of December 31, 2010). The maturity date is January 2, 2012; secured by assets of the Company. | $15,085 | $20,170 |
| Satellite Trinity: | | |
| Note payable to a bank dated February 2006, total loan amount is $2,160,000; secured by real property. Principal payments of $11,016 are due on the first day of each month beginning June 2007. Interest is payable on the first day of each month, commencing June 2007, at the LIBOR rate plus 1.5% (2.28% as of December 31, 2010). The maturity date is April 1, 2021. | 1,687 | 1,820 |
| Stockton Dialysis | | |
| Revolving credit agreement with a bank, which terminated on March 31, 2009, and was renewed with a maturity date of March 31, 2011. The credit agreement provides for borrowings of up to $800,000 for general working capital purposes. The Company is the guarantor for this line of credit. Interest on borrowings is payable monthly at LIBOR plus 1.5% (2.28% at December 31, 2010). | 200 | 200 |
| Note payable to a bank dated January 2008, original note amount is $650,000, principal payments of $10,833 due on the last day of each month beginning January 31, 2008. The Company is the guarantor for this note payable. Interest is payable monthly along with principal, at LIBOR plus 1.5% (2.28% as of December 31, 2010). The maturity date is December 31, 2012. | 260 | 390 |

11. Notes Payable (continued)

| | 2010 | 2009 |
|---|---|---|
| Satellite Dialysis of Orange<br>Note payable to a bank dated October 2009, total loan amount is $750,000; secured by real property. Principal payments of $12,500 are due on the last day of each month beginning January 2010. Interest is payable on the last day of each month, commencing November 2009, at the LIBOR rate plus 1.5% (2.28% as of December 31, 2010). The maturity date is December 31, 2014. | $ 600 | $ 750 |
| Revolving credit agreement dated August 2010, total available amount is $500,000; guaranteed by the Company. Principal and interest is payable on the last day of each month, commencing September 2010, at the LIBOR rate plus 1.5% (2.28% as of December 31, 2010). The maturity date is July 31, 2012. | 500 | - |
| Satellite Dialysis of Merced<br>Note payable to a bank dated August 2010, total loan amount is $750,000; secured by real property. Principal and interest payments of $12,500 are due on the last day of each month beginning September 2010. Interest is payable at the LIBOR rate plus 1.5% (2.28% as of December 31, 2010). The maturity date is August 31, 2015. | 700 | - |
| Satellite Dialysis of Tracy<br>Note payable to a bank dated March 2010, total loan amount is $750,000; guaranteed by the Company. Principal payments of $12,500 are due on the last day of each month beginning April 2010. Interest is payable on the last day of each month, commencing April 2010, at the LIBOR rate plus 1.5% (2.28% as of December 31, 2010). The maturity date is March 31, 2015. | 638 | - |
| Revolving credit agreement dated August 2010, total amount available is $500,000; guaranteed by the Company. Principal and interest is payable on the last day of each month, commencing August 2010, at the LIBOR rate plus 1.5% (2.28% as of December 31, 2010). The maturity date is July 31, 2012. | 500 | - |

11. Notes Payable (continued)

| | 2010 | 2009 |
|---|---|---|
| Satellite Dialysis of San Leandro<br>Revolving credit agreement dated August 2010, total amount available is $500,000; guaranteed by the Company. Principal and interest is payable on the last day of each month, commencing September 2010, or when funds are drawn, at the LIBOR rate plus 1.5% (2.28% as of December 31, 2010). The maturity date is July 31, 2012. | $ 500 | $ - |
| Note payable to a bank dated August 2010, total loan amount is $750,000; guaranteed by the Company. Principal payments of $12,500 are due on the last day of each month beginning September 2010. Interest is payable on the last day of each month, commencing September 2010, at the LIBOR rate plus 1.5% (2.28% as of December 31, 2010). The maturity date is August 31, 2015. | 700 | - |
| Satellite Dialysis of White Road<br>Revolving credit agreement dated August 2010, total amount available is $500,000; guaranteed by the Company. Principal and interest is payable on the last day of each month, commencing August 2010, or when funds are drawn, at the LIBOR rate plus 1.5% (2.28% as of December 31, 2010). The maturity date is July 31, 2012. | 500 | - |
| Note payable to a bank dated August 2010, total loan amount is $750,000; guaranteed by the Company. Principal payments of $12,295 are due on the last day of each month beginning September 2010. Interest is payable on the last day of each month, commencing September 2010, at the LIBOR rate plus 1.5% (2.28% as of December 31, 2010). The maturity date is August 31, 2015. | 739 | - |

11. Notes Payable (continued)

| | 2010 | 2009 |
|---|---|---|
| Satellite Dialysis Central Modesto: | | |
| Note payable to a bank dated October 2005, original note amount is $500,000, principal payments of $25,000 due on the first day of each calendar quarter beginning February 1, 2006. The Company is the guarantor for this note payable. Interest is payable quarterly, along with principal, at LIBOR plus 1.5% (2.28% as of December 31, 2010). The note matured in November 2010 and was paid in full. | $ - | $ 100 |
| Total notes payable | 22,609 | 23,430 |
| Less: current portion of notes payable | (8,303) | (5,802) |
| | $14,306 | $17,628 |

Future maturities of long-term debt as of December 31, 2010 are as follows (in thousands):

| | |
|---|---|
| 2011 | $ 8,303 |
| 2012 | 11,020 |
| 2013 | 892 |
| 2014 | 895 |
| 2015 | 534 |
| Thereafter | 965 |
| | $22,609 |

Some agreements contain certain covenants and restrictions. The Company was out of compliance with a dividend payment limitation covenant contained within two of their loan agreements and obtained a waiver from the bank regarding the breach. All other financial covenants and reporting requirements were met as of December 31, 2010.

12. Related-Party Transactions

The Company has a note receivable from an officer of the Company with an outstanding balance of $250,000 as of December 31, 2010 and 2009. The note is secured by a deed of trust and accrues interest at 2% per year, with a maturity date of June 15, 2012. Interest on this note is payable on the last day of each calendar month. The difference between the note's stated rate of 2%, and the market rate of 5.5%, is reported as compensation to the officer.

## 13. Lease Commitments

The Company leases certain of its dialysis facilities under noncancelable operating lease agreements. These leases are to expire at various dates from 2010 through 2020. The leases require the Company to pay insurance and property taxes on improvements. Rent expense on office and facility space under such agreements was approximately $8,785,000 and $7,142,000 in 2010 and 2009, respectively.

The following is a schedule of the future minimum lease payments under all leases as of December 31, 2010 (in thousands):

| | |
|---|---|
| 2011 | $ 8,284 |
| 2012 | 8,054 |
| 2013 | 7,615 |
| 2014 | 6,564 |
| 2015 | 5,053 |
| Thereafter | 18,861 |
| | $54,431 |

## 14. Employee Benefit Plan

The Company has a retirement tax annuity plan and several 401(k) plans that cover substantially all permanent employees who work at least 20 hours per week and have been employed for one year. The Company matches employee contributions of up to 6% of the employee's salary subject to federal limitations. Benefits are payable upon the normal retirement date of the participant. The Company made matching contributions to the plans of approximately $2,404,000 and $1,873,000 in 2010 and 2009, respectively. The fair value of the assets in the plans is approximately $47,333,000 as of December 31, 2010.

## 15. Phantom Option Plan

The Company established a Phantom Option Plan ("plan") under which it had awarded phantom stock units ("units") to certain members of management for performance resulting in increased value of the Company. The award value of the units issued was determined by the performance of the Company in the year prior to a vesting event. The vesting dates for units issued in 2007 are January 1, 2009, 2010, 2011 and 2012; the units vest 25% on each vesting date. In April 2009, the Company elected to terminate the Phantom Option Plan. No additional units will be issued; however, the 445,370 units awarded in 2007 will continue to be paid out according to the stated vesting schedule. The value of the units that become vested will be recognized as expense upon each of the future vesting dates. For the year ended December 31, 2010, the value of vested units paid out was approximatcly $571,000.

## 16. Commitments and Contingencies

### Laws and regulations

The healthcare industry is subject to numerous laws and regulations of federal, state, and local governments. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, government healthcare program participation requirements, reimbursements, reimbursement for patient services, and Medicare and Medi-Cal fraud and abuse. Recently, government activity has increased with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by healthcare providers.

Violations of these laws and regulations could result in expulsion from government healthcare programs, together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed. Management believes that the Company is in compliance with the fraud and abuse regulations as well as other applicable government laws and regulations. Compliance with such laws and regulations can be subject to future government review and interpretation as well as regulatory actions unknown or unasserted at this time.

### Risk management

The Company is insured under a claims-made insurance policy for professional liability claims whereby insurance premiums only cover those claims actually reported during the policy term. The Company also maintains tail coverages that would cover any claims made outside the policy term. Management is not aware of any asserted or unasserted professional liability claims whose settlement, if any, would be in excess of amounts covered by insurance or would otherwise have a material adverse effect on the Company's financial position.

The Company is insured for workers' compensation, employee health benefits, directors and officers coverage, property, earthquake, and auto insurance through third party insurers. The Company's workers' compensation program includes an element of self-insured exposure with a per claim deductible of $250,000. The Company records claim reserves equal to its estimated self-insured exposure. The Company is required to maintain a $955,000 Letter of Credit with a bank as collateral for all potential obligations under the workers' compensation insurance policy. The Company maintains a reserve for potential future claims of $1,250,000 and $1,100,000 for the years ending December 31, 2010 and 2009, respectively.

### Investment commitments

The Company has made a commitment to invest a total of $5,000,000 with Global Distressed Partners III with a remaining commitment of $765,000 at December 31, 2010. The Company has made a commitment to invest a total of $5,000,000 with Natural Resources with a remaining commitment of $757,500. The Company made a commitment to invest a total of $1,000,000 with Global Distressed Partners LLC with a remaining commitment of $476,700 at December 31, 2010. The Company has a remaining commitment to fund $162,500 with Venture Investment Associates as of December 31, 2010.

16. Commitments and Contingencies (continued)

Revolving loan

In November 2006, the Company obtained a $5,000,000 revolving loan with a bank for general working capital purposes that expires on May 31, 2011. The balance on this line of credit was zero at both December 31, 2010 and 2009.

During 2010, Satellite Dialysis of Merced, LLC obtained a $500,000 revolving loan with a bank for general working capital purposes that expires on July 31, 2012. The balance on this line of credit was zero at December 31, 2010.

Litigation

The Company is involved in litigation and regulatory investigations arising in the normal course of business. After consultation with legal counsel, management will establish accruals for any material estimated losses deemed probable. At December 31, 2010, management believes that these matters will be resolved without any material adverse effect on the Company's future financial position or results of operations.

17. Contributions

The Company entered into an agreement to award an educational institution a total of $2,500,000 over a period of five years commencing in 2007. Contributions due in excess of one year are recorded at their present value using an approximate discount rate of 3.63%. Contributions payable in one year are $500,000 at December 31, 2010.

18. Unit Redemption Plan

Ascend Clinical, LLC executed a unit redemption plan for its unit owners that allows them to redeem a predetermined percentage of their total shares during a specified redemption period. On or prior to each December 1 during the term of this plan, Aseend will provide to each unit owner a written notice of the Annual Per Unit Price for each annual redemption period. Unit owners may elect to redeem up to the applicable annual percentage of their units, as determined by the plan, by submitting a signed written notice on or before the end of the annual redemption period. The first annual redemption period was December 1, 2009 through January 31, 2010; all unit holders submitted signed redemption notices in January 2010, and the full redemption price was paid in equal installments during 2010. The total unit redemption value paid to unit owners in 2010 was $9,289,000.

18. Unit Redemption Plan (continued)

The result of this redemption by the non-controlling shareholders in 2010 was a decrease in their ownership interest in Ascend, with the Company's interest increasing by a corresponding percentage. The redemption payments to the non-controlling shareholders, and resulting ownership changes in 2010 required a revaluation of the December 31, 2010 equity interests in Ascend. The Company's recorded equity interest in Ascend decreased by $6,484,000, while the non-controlling shareholders equity interest increased by a corresponding amount.

19. Transfers of non-controlling interests

The change in consolidated unrestricted net assets attributed to non-controlling interests is as follows:

| | SHI | Non-controlling Interest | Total |
|---|---|---|---|
| Balance January 1, 2009 | $186,283 | $6,390 | $192,673 |
| Change in net assets | 40,399 | 4,534 | 44,933 |
| Distributions to non-controlling owners | - | (3,434) | (3,434) |
| Balance - December 31, 2009 | 226,682 | 7,490 | 234,172 |
| Change in net assets | 38,200 | 4,233 | 42,433 |
| Distributions to non-controlling owners | - | (3,667) | (3,667) |
| Purchase of Ascend units from non-controlling owners | (7,781) | (1,508) | (9,289) |
| Balance - December 31, 2010 | $257,101 | $6,548 | $263,649 |

SUPPLEMENTAL SCHEDULES



**ATTACHMENT 39**

SATELLITE HEALTHCARE, INC. AND SUBSIDIARIES
Supplemental Schedule - Balance Sheet Consolidating Information
December 31, 2010
(In thousands)

| ASSETS | Satellite Healthcare, Inc. | Satellite Laboratory Services, LLC | Dialysis LLCs | WB LLC and Subsidiaries | Wellbound LLCs | Satellite Capital L.P. | Trinity LLC | Eliminations | Total |
|---|---|---|---|---|---|---|---|---|---|
| Current assets | | | | | | | | | |
| Cash and cash equivalents | $ 42,010 | $ 10,279 | $ 4,114 | $ 2,905 | $ 2,078 | $ 13 | $ 50 | $ - | $ 61,449 |
| Marketable securities | 106,897 | - | - | - | - | - | - | - | 106,897 |
| Patient accounts receivable, net | 12,506 | 3,650 | 10,779 | 2,453 | 2,765 | - | - | - | 32,153 |
| Due to/from affiliates | 5,924 | 186 | (4,071) | (8,697) | 6,457 | 41 | 160 | - | - |
| Other receivables | 1,289 | 3 | 540 | 193 | 314 | - | - | (271) | 2,068 |
| Medical supplies inventory | 833 | 551 | 671 | 185 | 196 | - | - | - | 2,436 |
| Other current assets | 1,487 | 942 | 942 | 201 | 209 | - | 17 | - | 3,798 |
| Total current assets | 170,946 | 15,611 | 12,975 | (2,760) | 12,019 | 54 | 227 | (271) | 208,801 |
| Property and equipment, net | 31,937 | 5,614 | 13,356 | 3,625 | 1,436 | - | 2,368 | - | 58,336 |
| Investments in unconsolidated affiliates | (507) | - | - | (606) | - | - | - | 1,113 | - |
| Investments in nonmarketable securities | 13,360 | - | - | - | - | 876 | - | (898) | 13,338 |
| Goodwill, net | 6,775 | - | 30,344 | - | 366 | - | - | - | 37,485 |
| Intangible assets, net | - | 1,600 | 909 | - | - | - | - | - | 2,509 |
| Other assets | 1,381 | - | - | - | - | - | - | (1,325) | 56 |
| Total assets | $ 223,892 | $ 22,825 | $ 57,584 | $ 259 | $ 13,821 | $ 930 | $ 2,595 | $ (1,381) | $ 320,525 |
| LIABILITIES AND NET ASSETS | | | | | | | | | |
| Current liabilities | | | | | | | | | |
| Accounts payable | $ 4,878 | $ 912 | $ 1,741 | $ 310 | $ 514 | $ 271 | $ 10 | $ (271) | $ 8,365 |
| Accrued expenses | 10,549 | 3,850 | 4,701 | 2,143 | 2,528 | - | 2 | - | 23,773 |
| Contribution payable | 500 | - | - | - | - | - | - | - | 500 |
| Notes payable, current portion | 5,083 | - | 3,080 | - | - | - | 140 | - | 8,303 |
| Total current liabilities | 21,010 | 4,762 | 9,522 | 2,453 | 3,042 | 271 | 152 | (271) | 40,941 |
| Notes payable, net of current portion | 10,000 | - | 2,755 | - | - | 1,327 | 1,549 | (1,325) | 14,306 |
| Other long-term liabilities | 1,018 | - | 117 | 220 | 274 | - | - | - | 1,629 |
| Total liabilities | 32,028 | 4,762 | 12,394 | 2,673 | 3,316 | 1,598 | 1,701 | (1,596) | 56,876 |
| Unrestricted net assets (deficit): | | | | | | | | | |
| Satellite Healthcare Inc and Subsidiaries | 191,864 | 14,774 | 42,501 | (2,868) | 10,839 | (672) | 448 | 215 | 257,101 |
| Noncontrolling ownership interest in subsidiaries | - | 3,289 | 2,689 | 454 | (334) | 4 | 446 | - | 6,548 |
| | 191,864 | 18,063 | 45,190 | (2,414) | 10,505 | (668) | 894 | 215 | 263,649 |
| Total liabilities and net assets (deficit) | $ 223,892 | $ 22,825 | $ 57,584 | $ 259 | $ 13,821 | $ 930 | $ 2,595 | $ (1,381) | $ 320,525 |

SATELLITE HEALTHCARE, INC. AND SUBSIDIARIES
Supplemental Schedule - Operations and Changes in Net Assets Consolidating Information
For the Year Ended December 31, 2010
(In thousands)

| | Satellite Healthcare, Inc. | Satellite Laboratory Services, LLC | Dialysis LLCs | WBLLC and Subsidiaries | Wellbound LLCs | Satellite Capital L.P. | Trinity LLC | Eliminations | Total |
|---|---|---|---|---|---|---|---|---|---|
| Revenues and gains | | | | | | | | | |
| Dialysis and ancillary services revenue, net | $ 98,557 | $ - | $ 64,954 | $ 19,424 | $ 22,894 | $ - | $ - | $ - | $ 205,829 |
| Laboratory services | (1,157) | 54,088 | (482) | (219) | (246) | - | - | - | 51,984 |
| Investment income (loss) | (8,468) | 1 | 1 | (2) | 7 | 10 | - | - | (8,451) |
| Other income | 21,603 | - | - | 1,883 | - | - | 421 | (23,907) | - |
| Total revenues and gains | 110,535 | 54,089 | 64,473 | 21,086 | 22,655 | 10 | 421 | (23,907) | 249,362 |
| Expenses | | | | | | | | | |
| Patient care costs | 51,799 | 14,972 | 36,356 | 8,811 | 10,764 | - | - | - | 122,702 |
| General and administrative | 40,365 | 21,718 | 13,949 | 5,917 | 3,596 | - | 45 | (421) | 85,169 |
| Depreciation and amortization | 5,968 | 3,048 | 1,831 | 563 | 347 | - | 148 | - | 11,905 |
| Management fees | 13,165 | - | 5,237 | 2,193 | 2,891 | - | - | (23,486) | - |
| Contributions and other | 5,984 | 233 | 654 | 19 | 37 | 15 | 31 | - | 6,973 |
| Total expenses | 117,281 | 39,971 | 58,027 | 17,503 | 17,635 | 15 | 224 | (23,907) | 226,749 |
| Income (loss) in consolidated subsidiaries | (6,746) | 14,118 | 6,446 | 3,583 | 5,020 | (5) | 197 | - | 22,613 |
| Net change in unrealized gain on marketable and nonmarketable securities | 19,848 | - | - | - | - | (28) | - | - | 19,820 |
| Purchase of SLS units from noncontrolling owners | - | (9,289) | - | - | - | - | - | - | (9,289) |
| Distributions to noncontrolling interest owners | - | (4,555) | (3,879) | (2,380) | (3,250) | - | (190) | 10,587 | (3,667) |
| Change in net assets | 13,102 | 274 | 2,567 | 1,203 | 1,770 | (33) | 7 | 10,587 | 29,477 |
| Unrestricted net assets (deficit), beginning of year | 178,762 | 17,789 | 42,623 | (3,617) | 8,735 | (635) | 887 | (10,372) | 234,172 |
| Unrestricted net assets (deficit), end of year | $ 191,864 | $ 18,063 | $ 45,190 | $ (2,414) | $ 10,505 | $ (668) | $ 894 | $ 215 | $ 263,649 |

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ATTACHMENT 39

## ATTACHMENT 40

**Criterion 1120.130 -- Financial Viability Waiver**

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

## ATTACHMENT 42

**Criterion 1120.140 -- Economic Feasibility**

**Reasonableness of Project and Related Costs**

| 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. $ (AXC) | Mod. $ (BXE) | |
| ESRD | | 146.69 | | | 7,000 | | | 1,026,824 | 1,026,824 |
| Contingency | | 14.67 | | | 7,000 | | | 102,682 | 102,682 |
| TOTAL | | 161.36 | | | 7,000 | | | 1,129,506 | 1,129,506 |
| * Include the percentage (%) of space for circulation | | | | | | | | | |

**Projected Operating Costs**

Year 2013

Salaries: $453,574
Benefits: $158,751
Supplies:* $498,810 * "supplies" includes all pharmaceuticals

Total $1,111,135

Annual Treatments: 5,988

Cost per Treatment: $185.56

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

Year 2013

Depreciation/Amortization: $270,756
Interest: $0

CAPITAL COSTS $270,756

Annual Treatments: 5,988

Capital Cost per treatment: $45.22

**Reasonableness of Project and Related Costs**

The Applicants are paying for the project with cash on hand and is 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 Applicants 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.

Mark Buch
Name of Application Representative

President and CEO
Title

Subscribed and sworn to before me this 5th day of July, 2011.

Signature of Notary Public

Seal

KENDALL R. SUMMERS
COMM. # 1920488
NOTARY PUBLIC - CALIFORNIA
SANTA CLARA COUNTY
COMM. EXPIRES JAN. 31, 2015

**Conditions of Debt Financing**

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 are less costly than constructing a new facility.

Mark Burke
Name of Application Representative

President & CEO
Title

Subscribed and sworn to before me this 15th day of July, 2011.

Signature of Notary Public

Seal

KENDALL R. SUMMERS
COMM. # 1920488
NOTARY PUBLIC - CALIFORNIA
SANTA CLARA COUNTY
COMM. EXPIRES JAN. 31, 2015

## ATTACHMENT 43

**Safety Net Impact Statement**

### I. Overview

Outpatient dialysis services have not been considered as health care services falling within the scope of "safety net" services. Nevertheless, the Applicants welcome the opportunity to discuss its mission as a not-for-profit provider of dialysis services and its robust charity care program that has helped many low income or uninsured patients obtain life saving dialysis care. Satellite Healthcare, Inc. ("Satellite") provides all of its patients across the nation the opportunity to be assessed for qualification for financial assistance. Satellite pursues this effort to help reach more patients who are in need of assistance. Directly, and indirectly through donations to organizations making direct grants to dialysis patients, such as the American Kidney Fund, in 2010 Satellite provided more than $2.3 million in financial assistance to its patients. If the Illinois Health Facilities and Services Review Board ("HFSRB") approves this application, Satellite will extend its not-for-profit charitable mission to the Glenview in-center dialysis facility. As a result, area residents will gain increased access to dialysis and pre-ESRD care and education, with a positive effect on the community.

This Safety Net Impact Statement provides information to:

- Demonstrate how the proposed project will have a positive impact on access to health care services within the community that will be served by the Applicants if its ESRD facility is approved; and

- Specifically detail how Satellite's charity care policy will benefit the community to be served by the proposed ESRD facility.

### II. Background

Pursuant to the Illinois Health Facilities Planning Act, 20 ILCS 3960/5.4 (the "Act"), any application related to a substantive project or that proposes to discontinue a category of service must include a Safety Net Impact Statement ("Statement"). As a result, Satellite and Satellite Dialysis of Glenview, LLC (the "Applicants") are required to submit this Statement because the Act deems an application proposing to establish a new ESRD facility as a substantive project.

For the purposes of this Statement, the Act provides that "safety net services" are services provided by health care providers or organizations that deliver health care services to persons with barriers to mainstream health care due to lack of insurance, inability to pay, special needs, ethnic or cultural characteristics, or geographic isolation. Safety net service providers include, but are not limited to, hospitals and private practice physicians that provide charity care, school-based health centers, migrant health clinics, rural health clinics, federally qualified health centers, community health centers, public health departments, and community mental health

centers. As noted above, outpatient dialysis services typically have not been considered as health care services that fall within the scope of "safety net" services.

Satellite, the parent company of Satellite Dialysis of Glenview, LLC, is one of the nation's first and leading not-for-profit providers of dialysis services and kidney disease care. With its affiliated services -- Satellite WellBound, Satellite Dialysis and Satellite Research -- Satellite provides early patient wellness education, personalized clinical services and a complete range of dialysis therapy choices for the patients it serves. This comprehensive offering allows Satellite, through its in-center and home dialysis locations, to advance the standard of chronic kidney disease care so its patients can achieve a better life.

## III. Analysis

Section 5.4(c) of the Act provides that each applicant presenting either a discontinuation application or a substantive application must include a Statement with its application for permit. The Statement must describe all of the following: (i) 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, (ii) 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 and (iii) 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. Each of these review criteria are discussed below.

### 1. Impact on Essential Safety Net Services in the Community

Section 5.4(c)(1) of the Act requires an applicant to address whether the project will have a material impact on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge. For the following reasons, the Applicants firmly believe that the proposed project will not have an adverse impact on essential safety net services in the community. First, dialysis services have not been considered safety net services; therefore, any changes that impact this category of service should not affect the types of providers typically considered as safety net providers (e.g., Federally qualified health centers, rural health clinics, school-based health centers and local health department clinics) and impinge on the scope of services that such providers offer to their communities. Second, notwithstanding a determination of whether providing dialysis care is within the scope of safety net services, existing ESRD providers that are for-profit entities are not required to provide free or reduced-cost care to persons who are low income or uninsured. In fact, for-profit providers may turn away such persons at any time, which means that existing for-profit providers may not be meeting the dialysis-care needs of the fragile ESRD population. Third, the Applicants believe that a new ESRD facility owned and operated by a not-for-profit provider will increase access to care for vulnerable population groups and provide a stronger safety net to persons in need.

## 2. Impact on the Ability of Other Providers or Health Care Systems to Cross-Subsidize Safety Net Services.

Section 5.4(c)(2) of the Act adds that an applicant must discuss 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. In this sense, cross subsidization is the practice of charging higher prices to one group of consumers in order to subsidize lower prices for another group (i.e., cost shifting to paying populations to offset losses incurred from assistance programs like charity care). As noted above, the Applicants believe that a new ESRD facility owned and operated by a not-for-profit provider will result in a stronger safety net in the market area being served. The Applicants know of no reason why the proposed facility would impair the ability of other providers or health care systems to cross-subsidize any safety net services they may provide.

## 3. No Discontinuation of Safety Net Services

Section 5.4(c)(3) of the Act provides that an applicant must describe 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. In this permit request, the Applicants are proposing to establish a new ESRD facility, and no discontinuation is being contemplated as part of the proposed project; therefore, this criterion is not applicable.

## 4. Additional Safety Net Impact Statement Information

The Act also declares that a Statement shall include all of the following: (i) for the three (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 HFSRB), (ii) for the three (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 HFSRB under Section 13 of the Act and published in the Annual Hospital Profile), and (iii) and information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

### (i) Charity Care

The Applicants do not track charity care data in the same manner as the HFSRB. In accordance with technical assistance provided to the Applicants during a pre-filing conference related to this CON application, the Applicants are not including the charity care data chart normally included in a Safety Net Impact Statement. In the alternative, the Applicants were instructed to include information on expected charity care to be provided at the new in-center dialysis facility.

The Applicants accept any patient regardless of the person's ability to pay for their dialysis treatments. Although most dialysis patients have Medicare or private insurance, or less frequently Medicaid, in some cases the Applicants encounter persons who are uninsured and have no ability to pay. The Applicants take on every patient with the expectation of some payment from some payor source; however, when a patient cannot pay, the Applicants will work with these persons and ensure that they receive their dialysis treatments. However, because patients may pay for a portion of their costs, the Applicants charity care program does not fall within the strict definition of charity care used by the HFSRB. Nevertheless, the Applicants have a robust community benefits program that not only covers patients who cannot pay for their care, but also funds patient education and research efforts. This program is discussed below in greater detail.

**(ii) Medicaid**

| **MEDICAID** | | | |
|---|---|---|---|
| **Medicaid (# of patients)** | **Year 2008** | **Year 2009** | **Year 2010** |
| In-Centers | 275 | 335 | 420 |
| PD & Home | 40 | 43 | 45 |
| **Total** | 315 | 378 | 465 |
| **Medicaid (revenue)** | | | |
| In-Centers | 10,045,841 | 11,680,122 | 14,718,961 |
| PD & Home | 1,270,369 | 1,399,749 | 1,218,207 |
| **Total** | 11,316,209 | 13,079,871 | 15,937,168 |

**(iii) Other Information**

The establishment of an ESRD facility owned by a not-for-profit provider will have a positive impact on the community's essential safety net services because additional charity care services will be made available to persons in financial need or who are uninsured. Although the charity care services provided by Satellite at each of its ESRD facilities are not "safety net" services per se, the assistance programs offered by or through Satellite and/or the ESRD facility will increase access to health care services for vulnerable population groups, strengthen the safety net as a whole, and provide other value added benefits to the community such as patient education programs and wellness training.

For example, as a not-for-profit provider, Satellite is involved in a number of community benefit programs and activities that help it fulfill its mission towards its patients and the ESRD community as a whole. The Applicants are proud that this community benefit program includes activities that stretch across many areas of the ESRD community, including direct patient care, financial assistance for eligible patients, patient education and research, as well as state and federal advocacy efforts to advance high-quality dialysis care.

The Applicants' community benefits program not only funds direct patient care for persons without health insurance, but provides benefits that affect the ESRD community as a whole. For example, the program funds the following efforts:

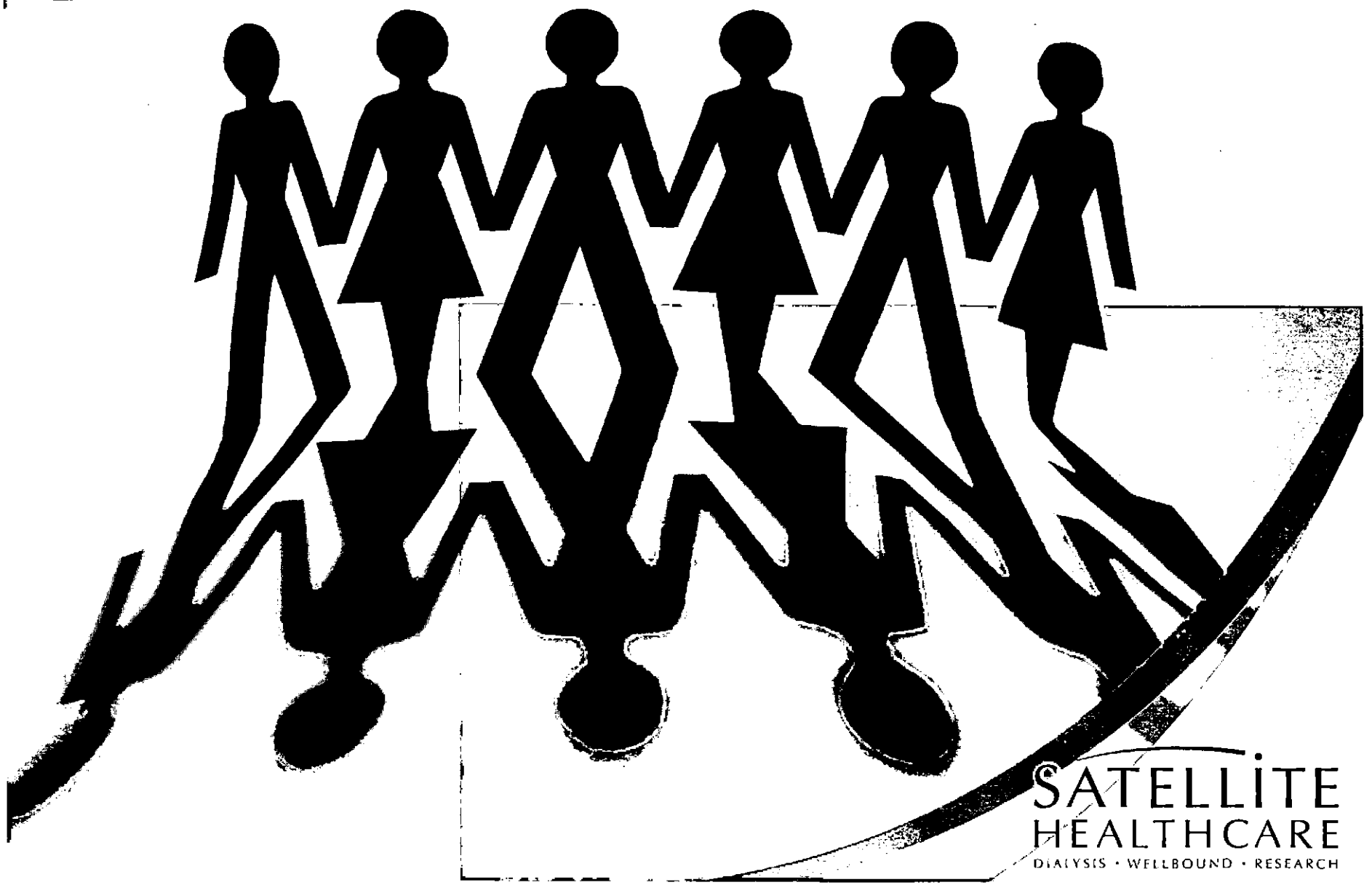
- Research to improve the care of patients with ESRD.
- Norman S. Coplon Extramural Grant Program that provides financial grants to support private research efforts focused on chronic kidney disease. As of 2010, nearly $9 million has been granted, supporting more than 40 different research projects in the United States and Canada.
- Hans Wolf Fellowship Program, which provides funding for a selected Stanford Medical Nephrology Fellow whose focus is related to CKD or ESRD.
- Optimal Start – a program focusing on the first 90 days of dialysis care to ensure that new dialysis patients understand the importance of dialysis treatment and are educated on related health conditions prevalent in ESRD patients.
- Better Life Wellness Education and Dialysis Options Education programs to educate the community about ESRD and CKD.
- Support of the National Kidney Foundation and the American Kidney Fund.

*The Applicants' 2010 Community Benefit Report is provided herein, immediately following this Attachment 43.*

ATTACHMENT 43

2010 CC

BENEFIT



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SATELLITE HEALTHCARE

DIALYSIS · WELLBOUND · RESEARCH

This Community Benefit Report provides an overview of some programs and activities that allow Satellite Healthcare to meet and exceed our organization's heritage as a not-for-profit dialysis provider.

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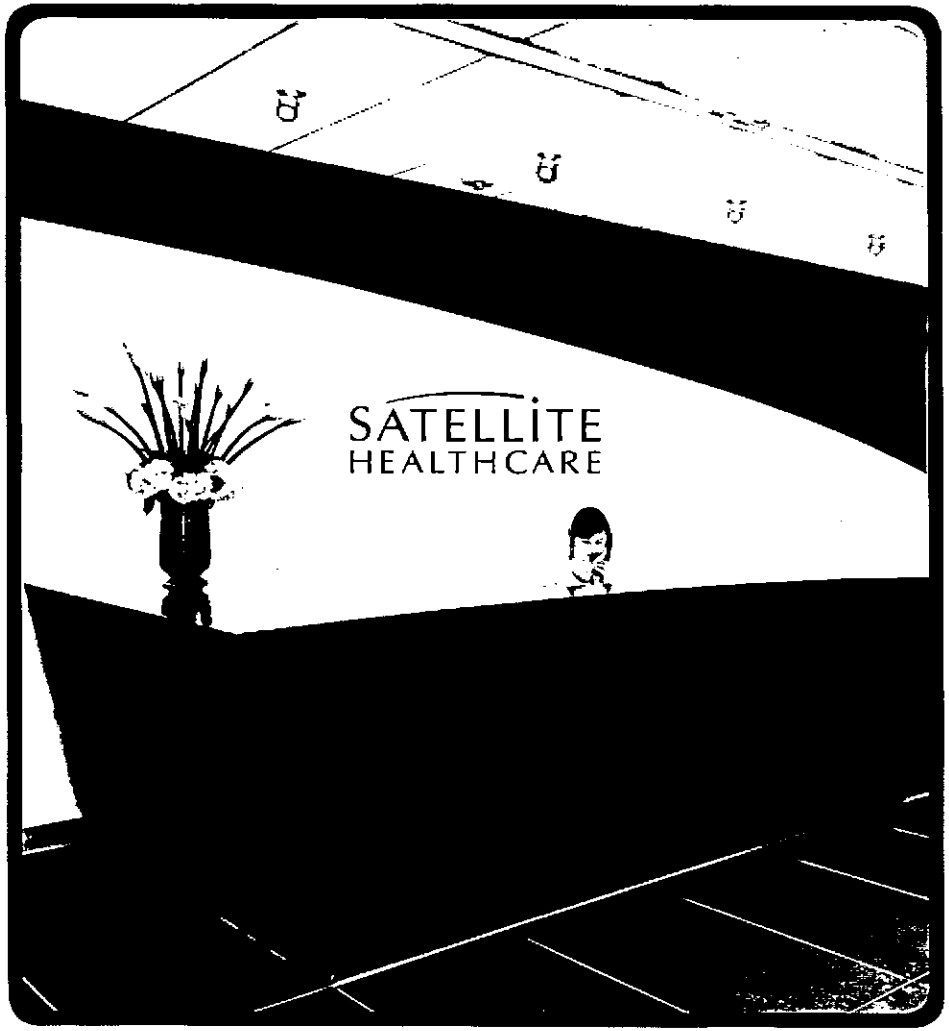
ATTACHMENT 43

# Corporate Headquarters

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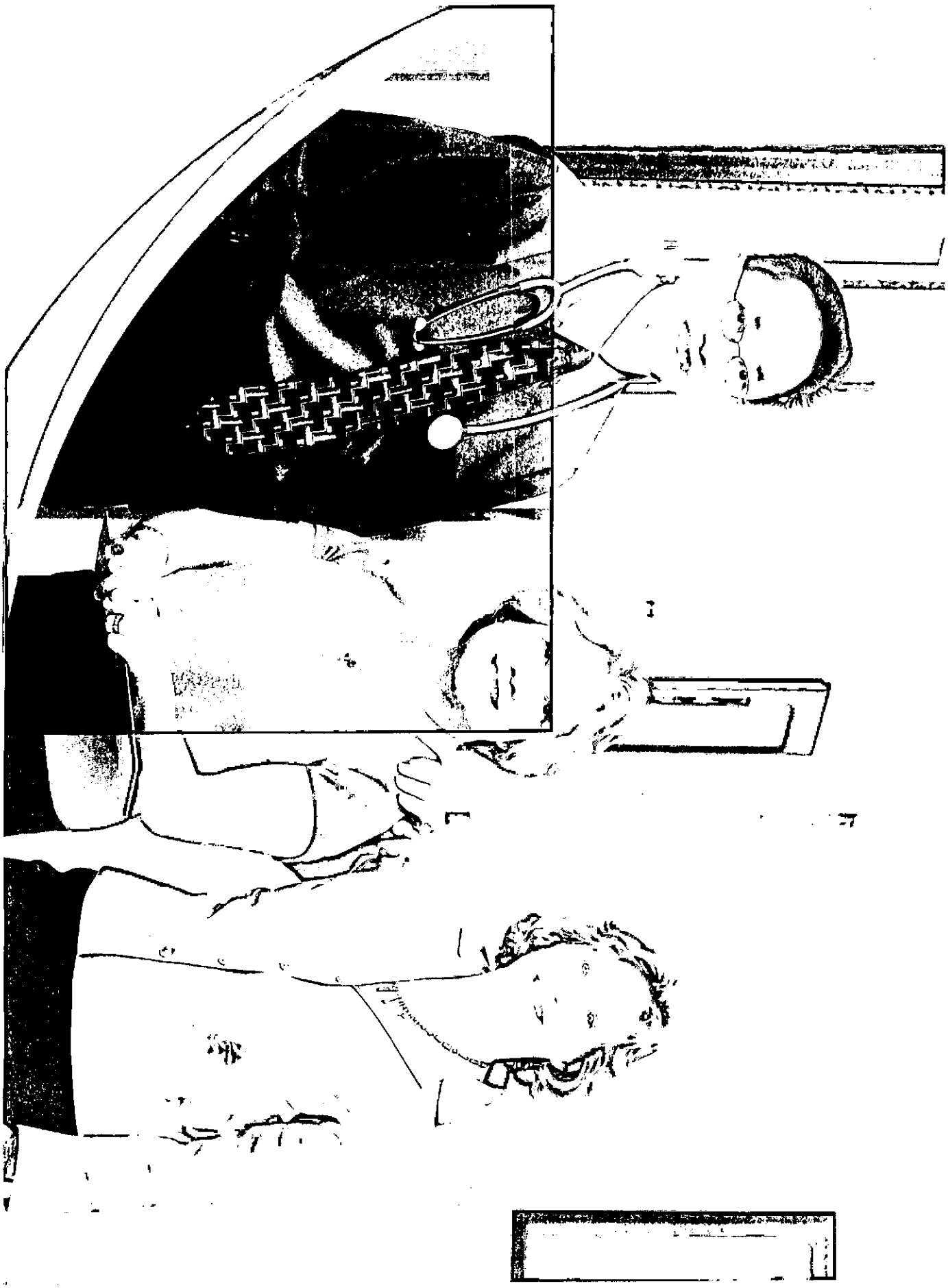

# Our Mission

## Making life better

for those living with kidney disease

## We accomplish this by:

- Supporting research
- Providing education
- Ensuring access to care for all patients with kidney disease



# Our Values

| | | |
|---|---|---|
| I | INNOVATION | I look for creative ways to achieve the best quality care for our patients. |
| C | COMMUNITY | I am part of the Satellite family dedicated to CKD care. |
| A | ACCOUNTABILITY | I take personal responsibility for the services we provide. |
| R | RESPECT | I treat others as I would like to be treated. |
| E | EXCELLENCE | I strive to do my absolute best in caring for our patients. |

ATTACHMENT 43

# Overview of Chronic Kidney Disease and the End Stage Renal Disease Community

Chronic Kidney Disease (CKD) is a public health problem in the United States that impacts approximately 26 million Americans. It is well known that hypertension and diabetes are the two leading causes of kidney failure.

Various factors have contributed to improved patient outcomes and have strengthened the End Stage Renal Disease (ESRD) community:

- High-quality dialysis services
- An increase of successful kidney transplants
- More effective drugs and drug therapies
- The availability of more dialysis treatment options
- Information gained and used by research studies
- Targeted patient education efforts
- Patient support groups
- ESRD community advocacy

The 2010 United States Renal Data System Report[1] shows that of the 547,982 Americans who live with ESRD, more than 375,000 are treated by dialysis services.

[1]www.usrds.org/adr.htm

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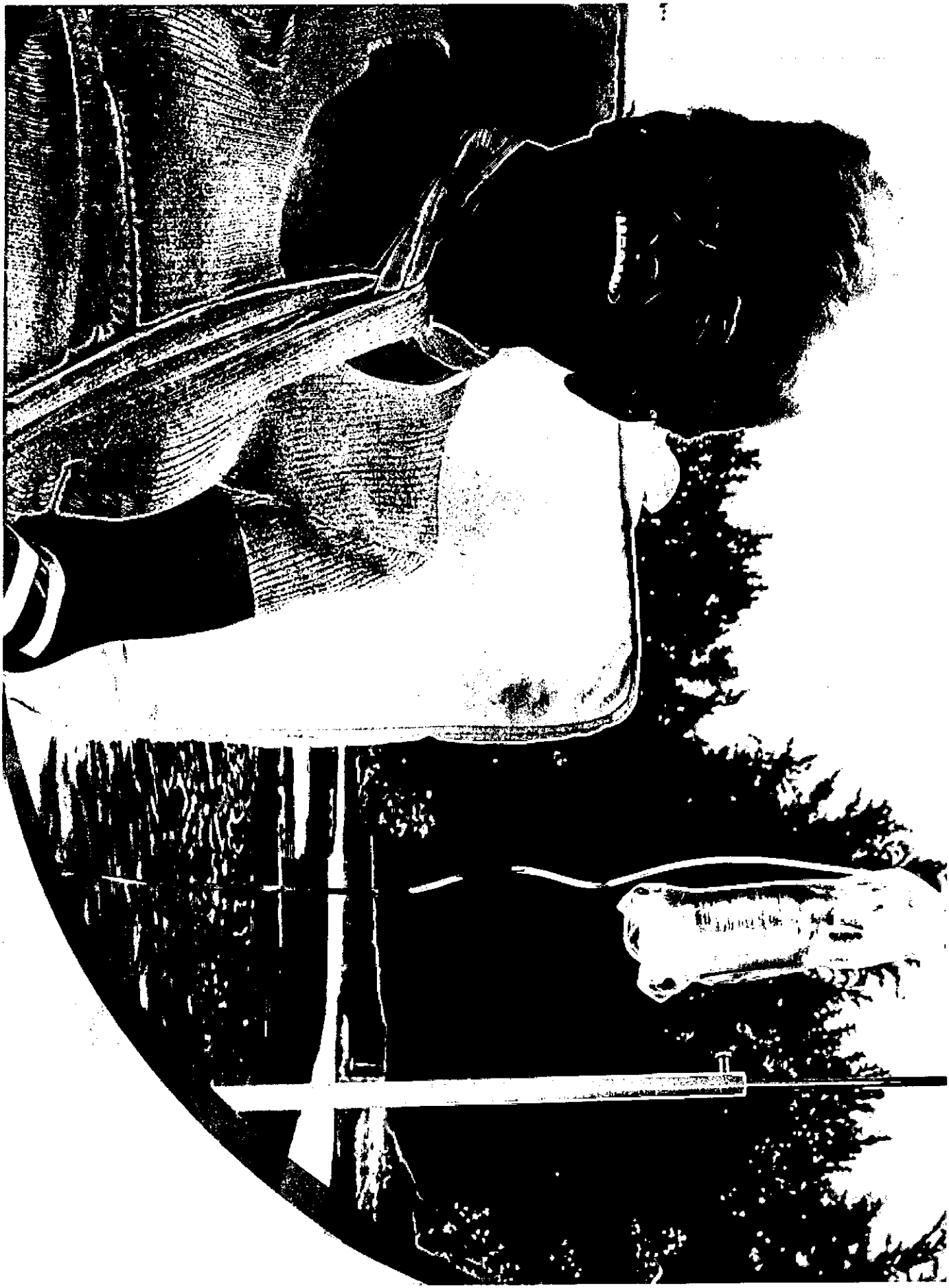


# Satellite Healthcare Locations


● Satellite WellBound
● Satellite Dialysis

# Satellite Healthcare

Satellite Healthcare is built on a legacy spanning more than three and half decades and is recognized for leadership in:

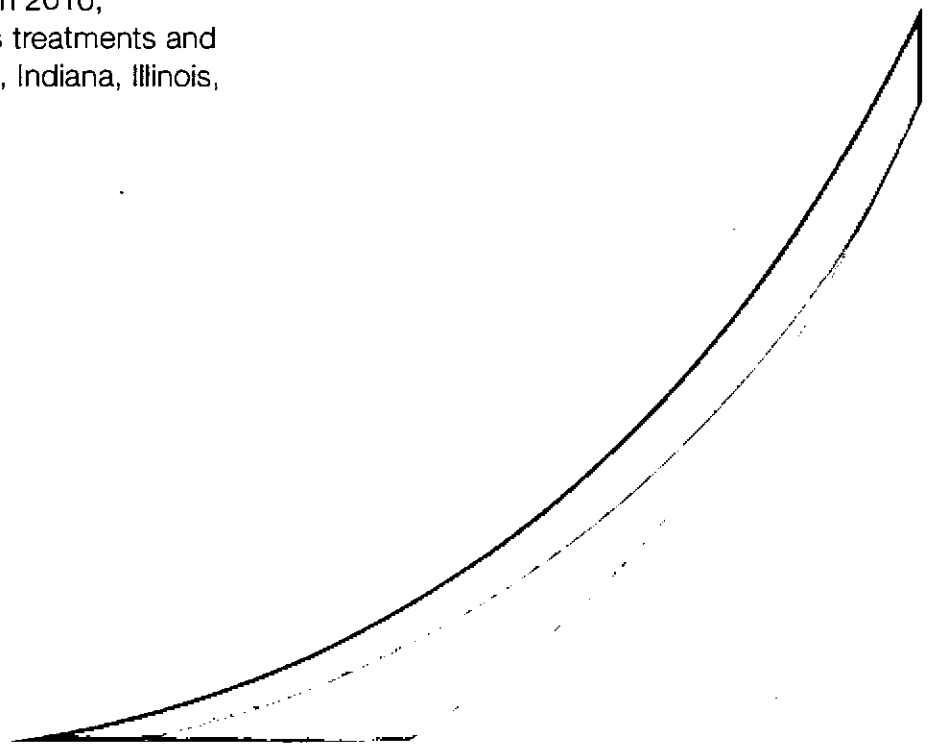
1. Achieving clinical excellence
2. Delivering innovative services and therapies
3. Fostering research and charitable giving

Satellite Healthcare owns and operates 49 in-center hemodialysis facilities (Satellite Dialysis) and home dialysis training centers (Satellite WellBound), providing a variety of treatment options to our patients. In 2010, Satellite Healthcare provided more than 815,000 dialysis treatments and services to more than 4,400 patients in California, Texas, Indiana, Illinois, New Jersey and Maryland.



## Our goal

is to enable the chronic kidney disease community to achieve clinical excellence and improved quality of life.



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# Satellite Philanthropy

As a not-for-profit dialysis provider, Satellite Healthcare is involved in a number of community benefit programs and activities that help us in fulfilling our mission toward our patients and the ESRD community.

Satellite Healthcare is proud that our community benefit program includes activities that stretch across many areas of the ESRD community, including direct patient care, financial assistance for eligible patients, patient education and research, as well as state and federal level advocacy.

Community benefit programs are an integral part of the Satellite culture.


THE JAMES F. BOCCARDO
REGIONAL RECEPTION CENTER

ATTACHMENT 43

# Community Benefit Activities and Programs

- Satellite Patient Assistance Program
- Satellite Patient Trust Fund
- Satellite Research
- Contract Research
- Hans Wolf Fellowship Program
- Norman S. Coplon Grant Program
- Optimal Start®
- Better LIFE™ Wellness Education and Dialysis Options Education
- Satellite Advocacy
- Satellite Healthcare Children's Scholarship Fund
- Internships
- Support of the National Kidney Foundation
- American Kidney Fund
- The Norman S. Coplon/Satellite Healthcare Professorship in Medicine

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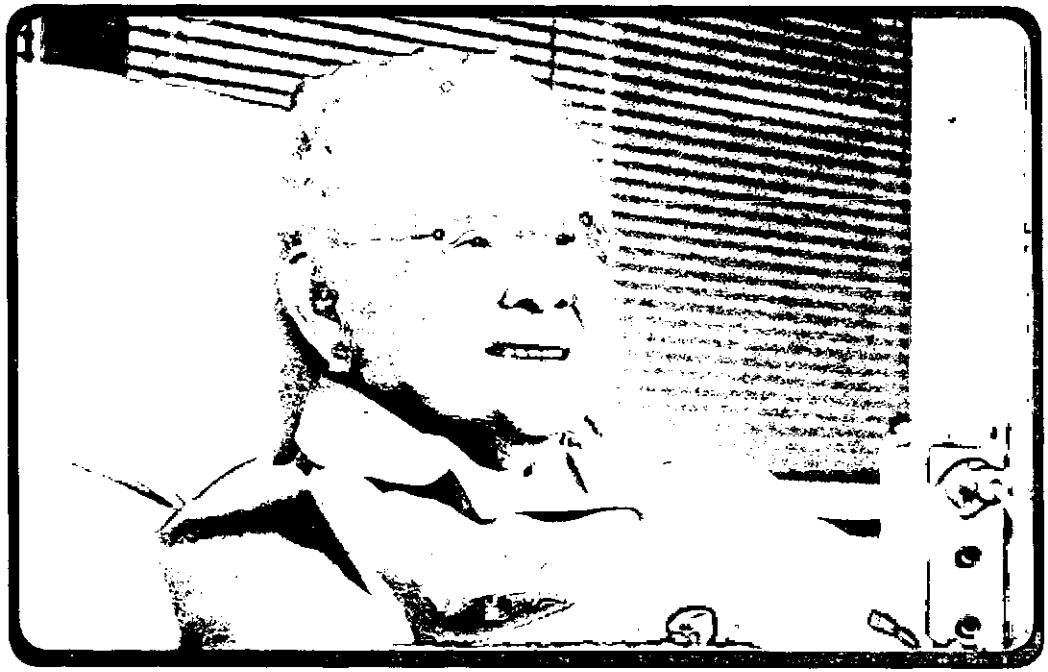
# Satellite Patient Assistance Program[2]

In 2010, Satellite Healthcare provided all patients the opportunity to be assessed for possible qualification for financial assistance. This was done in an effort to help reach more patients who were in need of assistance.



Through direct financial assistance and organizations such as the American Kidney Fund, in 2010 Satellite Healthcare provided more than $2.3 million in financial assistance to our patients.

[2]The Satellite Financial Assistance Program was initially created to provide financial assistance to our low-income patients.

# Satellite Patient Trust Fund

Satellite Healthcare is aware that emergency circumstances arise for our patients that may require assistance. The Satellite Patient Trust Fund has been utilized to assist patients on a case by case basis, as needed.

Donations are accepted for an individual Satellite Dialysis or WellBound Center's Patient Trust Fund. Individuals can make a tax-deductible donation to the Patient Trust Fund. Additional funding comes from donations from the National Kidney Foundation (NKF), private companies, Satellite staff, medical directors and referring physicians.

The following are examples of how this program was utilized in 2010:

- Purchasing of household essentials and nutritional supplements
- Providing funds for medical transportation
- Assistance with utility and phone bills

Each Satellite Dialysis and WellBound facility has access to a Patient Trust Fund which is initially funded by Satellite Healthcare at the beginning of each year.

# Satellite Research

## The mission

of Satellite Research is to stimulate, support and carry out research with emphasis on improving clinical outcomes in patients with kidney disease. Our research is guided by an independent Scientific Advisory Board of leading researchers and our Satellite Healthcare Board of Directors. Satellite Research is conducting research in various areas with the aim to directly improve the care of patients with ESRD. The primary focus of Research has been directed toward the following areas.

Home dialysis therapies allow for a more independent and flexible schedule of renal replacement therapy, thereby allowing the patients to achieve full rehabilitation for active lives. Peritoneal dialysis has been available since the 1980s and home hemodialysis (HHD) has emerged over the last few years as a new alternative for providing renal replacement therapy to the growing patient population. As of 2007, the literature about the frequency of home hemodialysis is limited. Offering a range of frequency from every other day to four and six times per week, as well as nightly, allows the study of clinical and laboratory parameters with special emphasis on adequacy, anemia and phosphate management, quality of life, medication patterns, and removal of middle molecules.

Internal studies are designed to help evaluate various schedules for delivery of this therapy. Clinical concerns of adequate dialysis as well as lifestyle concerns and resulting quality of life are critical in establishing therapies which allow as many patients as possible to undergo this type of renal replacement therapy.

CKD is addressed earlier through our WellBound centers, targeting early stage-4 CKD education in an effort to delay the onset of ESRD and improve the health literacy related to treatment modality selection.

Of the patients participating in CKD options education, approximately 40% choose a home treatment modality, more than four times the national average.

Research to study the opportunities and barriers existing in the current system of ESRD care delivery is vital to allow patients to benefit from the advantages home therapies provide for patients.

Patients suffering from ESRD have multiple co-morbidities and it has become evident that addressing these co-morbidities is vital for improving outcomes.

Depression has been identified as a significant burden in this patient population and studies are aimed at evaluating improved screening for the disease and its subsequent treatment.

# Satellite Research

While in-center hemodialysis therapy has been the standard of care for more than 30 years, optimization of this modality based on new data and concepts is critical for improvement of care and patients' wellbeing.

Hypertension and fluid overload are a major problem in patients undergoing hemodialysis. Intradialytic weight gain is thought to directly influence both blood pressure and the adverse events that occur during dialysis therapies. The importance of salt intake is well recognized in this respect; however, the emphasis has always focused on salt intake by patients when not on dialysis. Satellite Research is in the process of shedding some light on current dialysis prescriptions and their potential impact on these issues.

Studies to optimize the Na dialysate prescriptions with individualized Na dialysate have been conducted in patients undergoing in-center nocturnal HD and are exposed to dialysate sodium for a prolonged period of time.

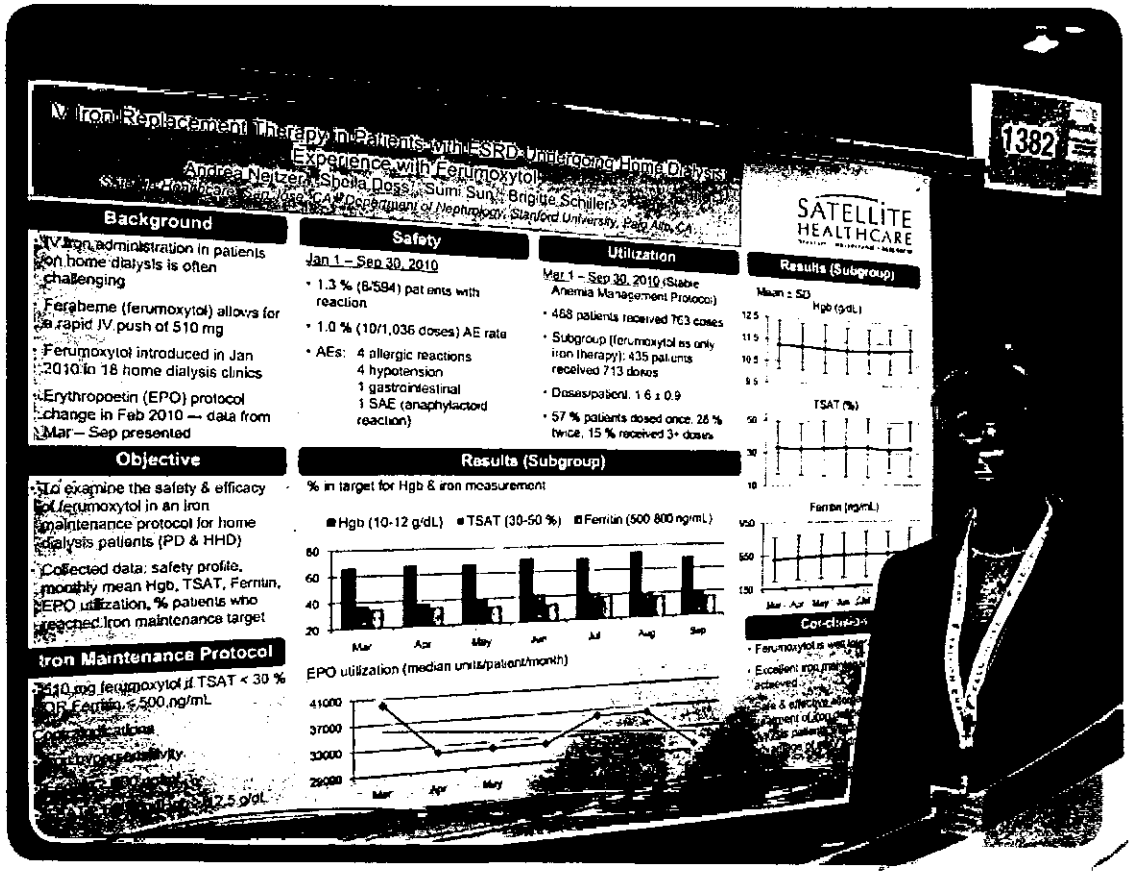
Furthermore, collaboration with colleagues at Stanford's Department of Nephrology creates a strong basis for mutually beneficial and complementary research studies.

All research projects are aimed at improving outcomes and quality of life for patients on dialysis. Results of these research projects have been presented at a variety of national meetings, including the American Society of Nephrology meeting (ASN), the Annual Dialysis Conference (ADC), the Annual Nephrology Nurses Association (ANNA) and the National Kidney Foundation (NKF) meeting.

ATTACHMENT 43

# Contract Research

An integral part of Satellite Research continues to be participating in phase II and III clinical trials with new promising products in the process of achieving FDA approval. Trials are chosen according to their applicability and likelihood to improve patient morbidity and mortality rates.

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# Norman S. Coplon Extramural Grant Program

Satellite Healthcare's extramural grant program is one of the nation's largest private research grant programs focused on chronic kidney disease. Grant awards are given to individuals and institutions engaged in promising kidney disease research in the United States and Canada. Approximately one-third of the awards are for basic science research, with the remaining two-thirds aimed at applied science. Each year, Satellite Healthcare funds approximately 24 grants totaling nearly $1,200,000.

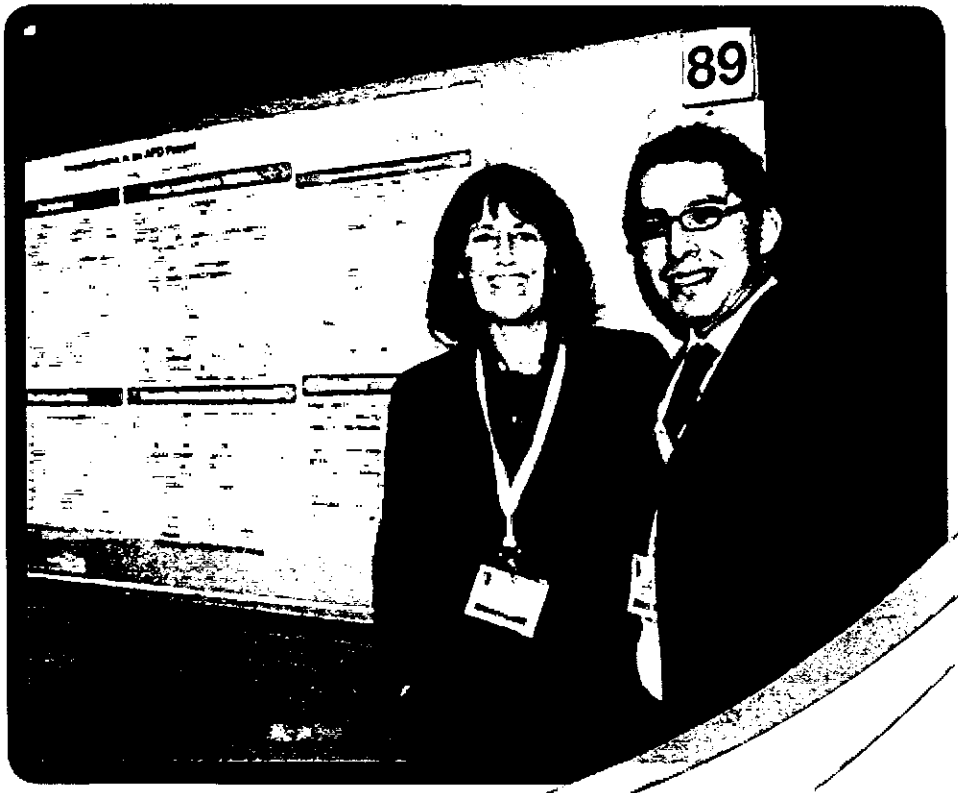
## As of 2010

nearly $9,000,000 has been granted, supporting more than 40 different research projects in the United States and Canada.

ATTACHMENT 43

# Hans Wolf Fellowship Program

Satellite Healthcare provides funding for a selected Stanford Medical Nephrology Fellow whose focus is related to CKD or ESRD. The fellow is given the opportunity to better understand the issues related to this community.

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# Optimal Start®

There are many essential components which contribute to a positive dialysis experience and better outcomes for ESRD patients. These factors include improved health literacy about ESRD, making the necessary dietary changes and compliance with dialysis treatments and services.

Satellite's Optimal Start® program is a patient empowerment program targeted at the first 90 days of a patient's experience with dialysis treatment. The program continues to enable Satellite Healthcare to work closely with new patients to provide them the best opportunity for successful dialysis treatment.

The Optimal Start staff ensures that patients understand the importance of dialysis treatment. Patients also are educated on related health conditions prevalent in ESRD patients. The added one-on-one support for the first 90 days is one way Satellite is able to assist and educate new patients about healthy ways of living and treating their disease.

During the first 90 days the program provides interventions:

- To assist, support, and educate patients who have chosen in-center hemodialysis as the modality to treat their kidney failure and to assure that they have a full understanding of the other options available to them should they decide to make a change
- To reduce hospitalizations and missed dialysis treatments by providing understanding of the importance of being compliant with their new prescription drug therapy, dietary changes and adherence to a schedule for treatment
- To monitor patient Clinical Performance Measures (CPM) to see that they are within the target range and to ensure a better state of health during the first 90 days
- To foster a team approach by engaging everyone involved with the patient's care in the Optimal Start process, thus giving them the opportunity to better understand how each person's discipline impacts the success of the patient's ability to adapt to stage-5 kidney failure

The Optimal Start program's goal is to achieve the best possible outcomes for new patients.

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# Better LIFE™ Wellness Education and Dialysis Options Education

Through the WellBound Centers of Excellence, Satellite Healthcare provides comprehensive dialysis options education programs as a way to improve the clinical and quality of life outcomes of CKD patients. These programs are designed as an adjunct to the care provided by community nephrologists and are focused in two specific areas: CKD wellness education and renal replacement therapy education.

Studies have shown that pre-dialysis education affects the involvement of CKD patients in their healthcare. A patient that is well-versed in the details of CKD is more likely to establish behaviors that are consistent with maintaining their health and deferring disease progression. This can take the form of embracing exercise, altering diets or monitoring and addressing important contributors to their disease. At the same time, increasing a patient's health literacy at an earlier stage also helps them to delay their need for dialysis therapy.

WellBound's Better LIFE™ wellness education programs cover a variety of key topics relevant to CKD patients, including hypertension management, exercise, nutrition, stress reduction and cardiovascular risk assessment. Patients who take part in these classes have greater health literacy and are more engaged in their care, better prepared for choosing and starting a dialysis therapy, and more able to maintain a healthy lifestyle.

When it comes to selecting a treatment modality, WellBound provides CKD patients with the education so that they, in collaboration with their physicians, can make informed decisions regarding their dialysis options. By proactively preparing patients to make educated therapy decisions, Satellite Healthcare aims to reduce the persistently high rate of patients who begin dialysis in an emergency
hospital setting.

WellBound's renal replacement therapy education programs expose patients to all treatment **options** including transplant, in-center hemodialysis and self-care therapies.

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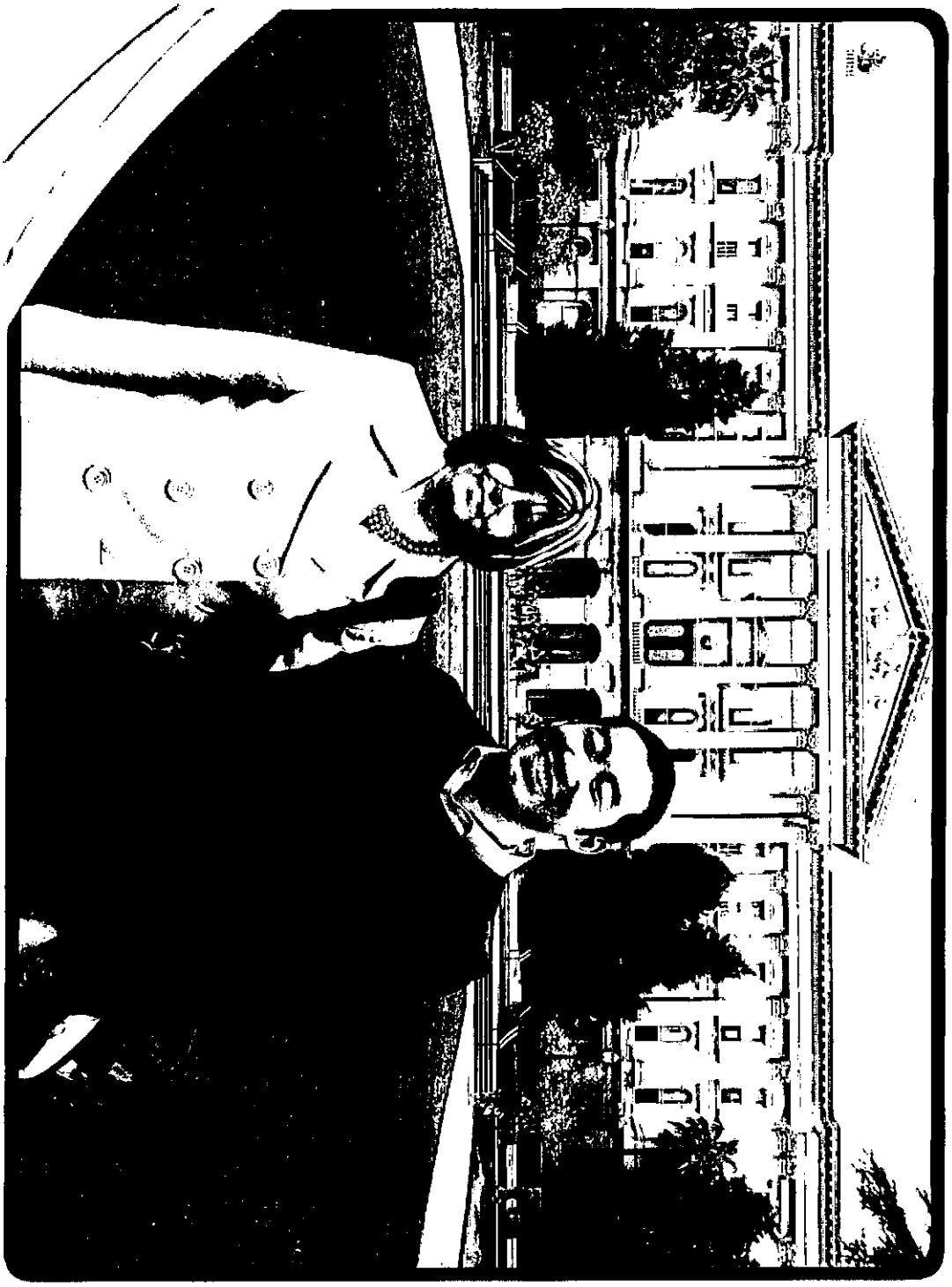

# Satellite Advocacy

Satellite Healthcare actively participates in a number of state and federal coalitions to better understand and provide input on issues related to the kidney community.

In October of 2010, the Centers for Medicare and Medicaid Services released their final rule for the ESRD Prospective Payment System (PPS) as required by the Medicare Improvements for Patients and Provider Act of 2008 (MIPPA). Throughout 2010, Satellite Healthcare met with our elected officials and their staff to discuss issues and concerns in the proposed and final rule.

In 2010, Satellite Healthcare participated in a number of meetings with state and federal elected officials discussing a variety of topics including:

- Raising financial and operational concerns with the inclusion of ESRD specific oral only drugs in the new proposed ESRD bundled payment system
- Discussing the importance of creating a patient education initiative to increase awareness about CKD and to help patients learn self-management skills
- Providing insight on the establishment of a quality initiative or incentive program that would reward quality improvement based on measures developed in cooperation with the kidney care community
- Continued education and awareness of advantages of home dialysis or more frequent dialysis for our patients

As a not-for-profit organization, it is essential that we inform and educate state and federal elected officials and government agencies about issues impacting our patients.

ATTACHMENT 43

# Satellite Healthcare Children's Scholarship Fund

Satellite Healthcare Children's Scholarship Fund was created to assist the children of our employees achieve their goals of higher education. In 2010, Satellite Healthcare awarded 15 scholarships from this newly created fund.

Our Children's Scholarship Fund rewards and assists in the education of many of the deserving children of our talented employees. By supporting our future leaders during their educational development, we will contribute to a better future for all.

In recognition of our employees we offer this benefit of $500 to ten deserving children for both the Spring and Fall terms.

These scholarships are awarded for full-time undergraduate study at any accredited two- or four-year college or university. Recipients are selected based on academic record, demonstrated leadership, participation in school and community activities, honors, work experience, and goals and aspirations as stated in the 500-word essay component of the application.

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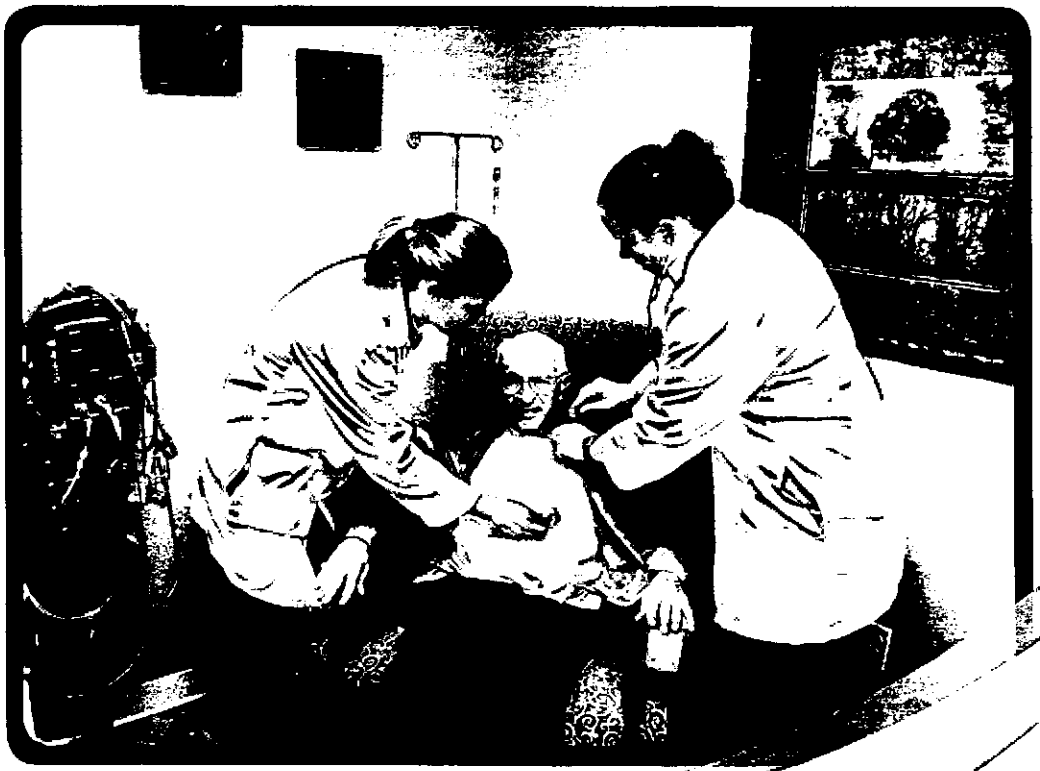
The Satellite Healthcare Children's
**Scholarship Fund**
awarded $5,000 for the Spring term and $5,000 for the Fall term in 2010.

# Internships

Satellite provides a number of internship opportunities for nurses studying for careers in nephrology. These internships were created to support our clinical ladder model from PCT to RN careers. In our centers, interns receive the mentorship of highly experienced nephrology nurses. They are exposed to the continuum of CKD patient treatment options and develop the experience and knowledge to achieve their career goals of becoming professional nephrology nurses.



ATTACHMENT 43

# Support of the National Kidney Foundation

Satellite Healthcare historically has been a leading supporter of the National Kidney Foundation (NKF).

The NKF has been one of the key drivers in improving the quality of care for CKD patients in the United States. Our donations have been used for a number of NKF programs and activities, including promoting basic research through the NKF grant program, sponsoring major clinical practice guidelines, and playing an integral role in the Kidney Early Evaluation Program (KEEP).

Finally, Satellite Healthcare was the primary sponsor of the Kidney Disease Outcomes Quality Initiative (K/DOQI), which provides evidence-based clinical practice guidelines developed by volunteer physicians and healthcare providers for all phases of kidney disease and related complications, from diagnosis to monitoring and management of cardiovascular guidelines which are widely used in the dialysis community today.

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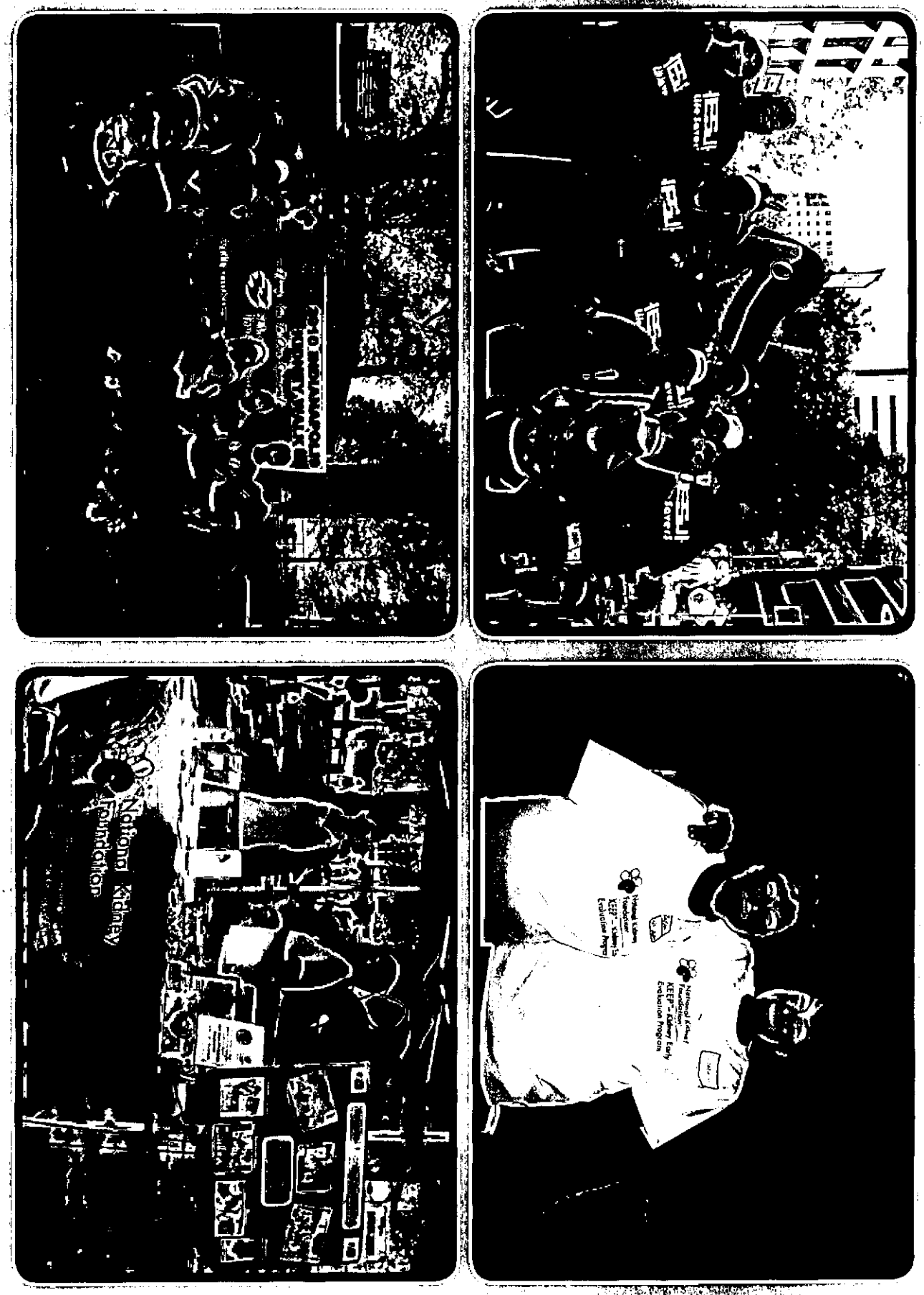
Throughout our

35-plus

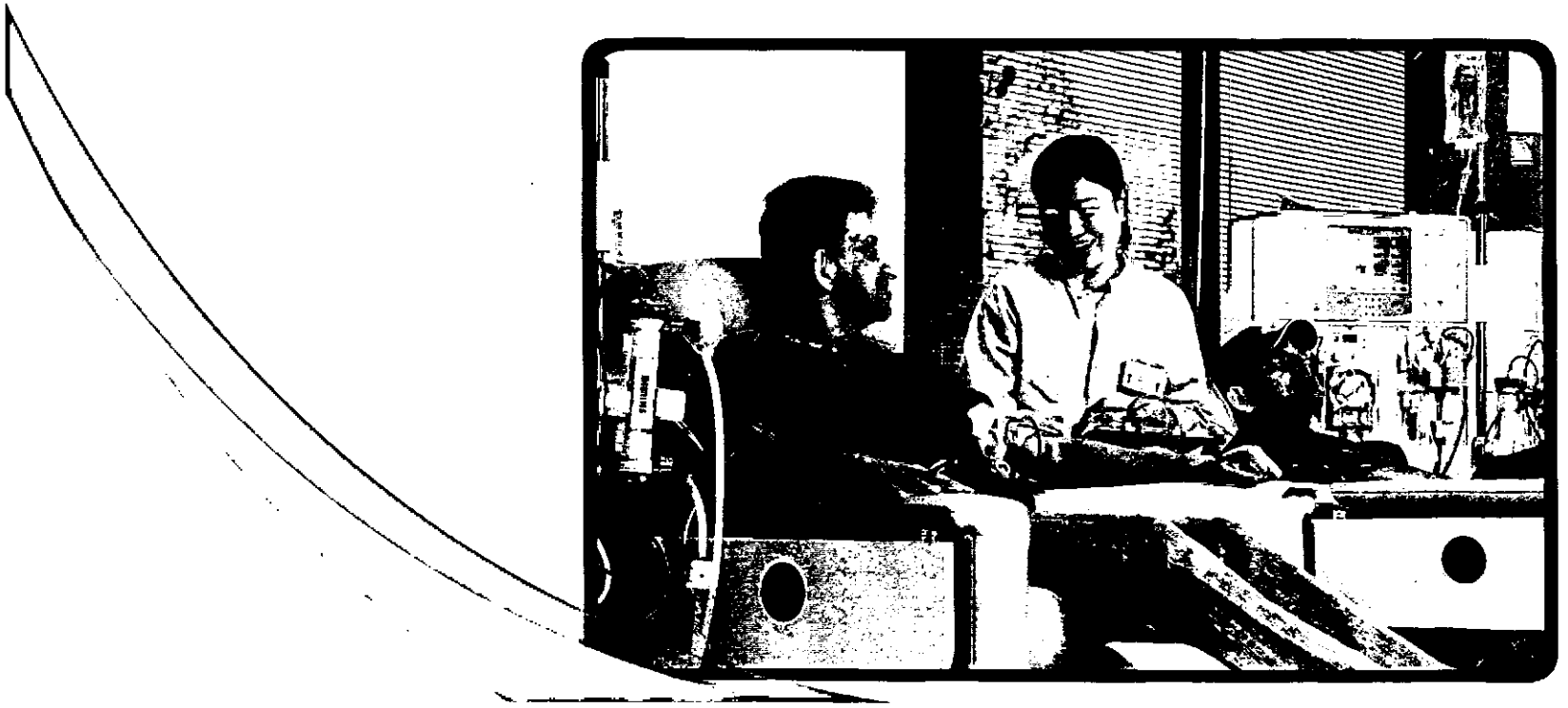
years of service, Satellite has donated more than $2 million to NKF national and state programs.


National Kidney Foundation
National Kidney Foundation
KEEP – Kidney Early Evaluation Program

# American Kidney Fund

The American Kidney Fund (AKF) was founded in 1971 to help a single individual with kidney failure pay for dialysis. Today, AKF is the leading source of direct financial aid to chronic kidney disease patients across the nation. In 2010, the American Kidney Fund provided more than $221 million in treatment-related financial assistance to more than 90,000 dialysis patients nationwide.

Satellite Healthcare supports the AKF with regular annual donations to support AKF programs.



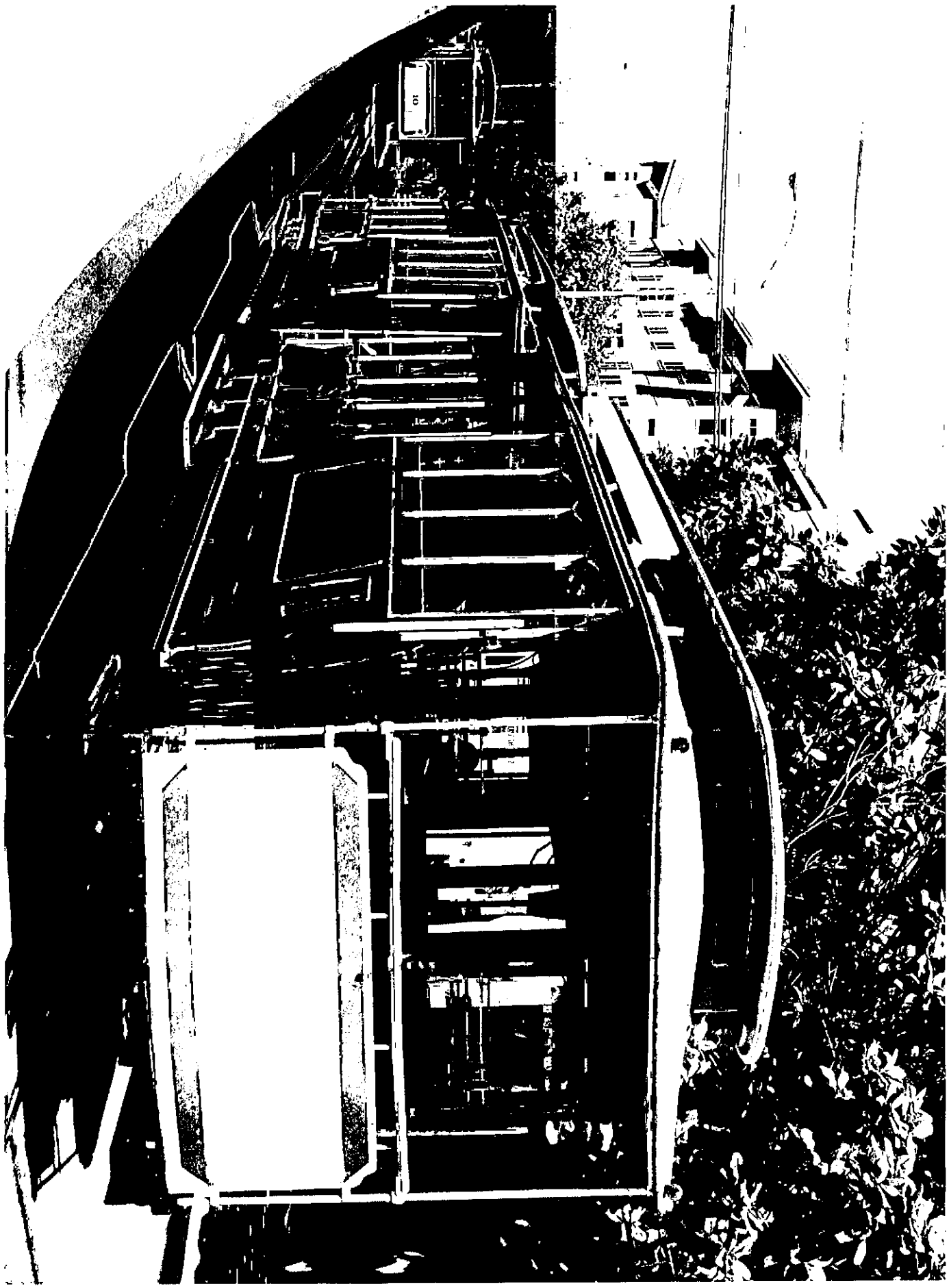
ATTACHMENT 43

# The Norman S. Coplon/Satellite Healthcare Professorship in Medicine

Satellite Healthcare has honored its founder, Norman S. Coplon, MD, with an endowed chair at Stanford University School of Medicine. A total gift of $2.5 million dollars will be granted from 2007-2011.

The Norman S. Coplon/Satellite Healthcare Professorship in Medicine was established on June 12, 2008 with a gift from Satellite Healthcare, which Dr. Coplon founded in 1974 as a not-for-profit organization. His vision was to fulfill the growing need for dialysis services as well as to fund research and provide education for patients with end stage renal disease (ESRD). The company aims to advance the standard of chronic kidney disease care while optimizing patient wellness and quality of life.

245



ATTACHMENT 43

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Hui Cai, MD

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**"The Role of a Novel WNK Signaling Pathway in Sodium Chloride Cotransporter (NCC) Regulation"**

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**"Novel Urine Biomarkers of Progressive Interstitial Fibrosis/ Tubular Atrophy and Renal Allograft Dysfunction"**

Shuta Ishibe, MD

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**"The Role of Synaptojanin-1 in Podocyte Homeostasis"**

Anne Murray, MD

Minneapolis Medical Research Foundation

**"Decline in Physical Function and Independence in theTransition Zone"**

Ranhani Moorthi, MD

Indiana University

**"The Use of Plant Based Diet to Treat Patients with Chronic Kidney Disease-Mineral Bone Disorder"**

Darius Mason, Pharm.D., BCPS

Albany College of Pharmacy and Health Sciences

**"Sustainability of Serum [250HD] Levels, Inflammatory Reduction, and Endothelial Dysfunction after Repletion with Ergocalciferol in CKD Stage 5D"**

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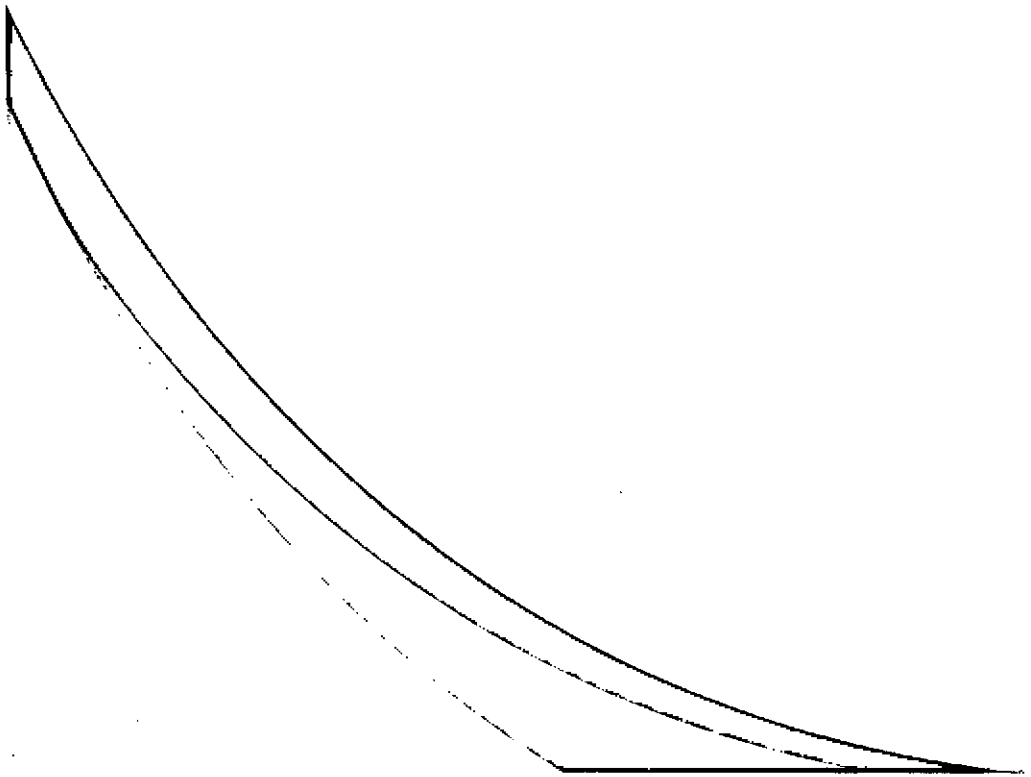
ATTACHMENT 43

# www.satellitehealth.com



SATELLITE
HEALTHCARE
DIALYSIS • WELLBOUND • RESEARCH
Better Care. Better Life. Better Choice.®

## ATTACHMENT 44

**Charity Care and Medicaid Participation**

Pursuant to the Illinois Health Facilities Planning Act, "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.

All applicants and co-applicants are required to indicate the amount of charity care provided for the latest three audited fiscal years, the cost of such charity care and the ratio of that charity care cost to net patient revenue. However, if an applicant is not an existing facility, the applicant is required to 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. 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.

I. Satellite Dialysis of Glenview (Proposed ESRD facility)

The first co-applicant, Satellite Dialysis of Glenview, LLC ("Satellite Dialysis of Glenview"), is not an existing facility. However, the dialysis facility will accept any patient regardless of the person's ability to pay for their dialysis treatments. Although most dialysis patients have Medicare or private insurance, or less frequently Medicaid, in some cases the facility will encounter persons who are uninsured and have no ability to pay. The Applicants take on every patient with the expectation of payment from some payor source; however, when a patient cannot pay, the Applicants will work with these persons and ensure that they receive their dialysis treatments. However, because patients may pay for a portion of their costs, the Applicants charity care program does not fall within the strict definition of charity care used by the HFSRB. Nevertheless, the Applicants have a robust community benefits program that not only covers patients who cannot pay for their care, but also funds patient education and research efforts. Satellite Healthcare, Inc. ("Satellite"), the parent company of Satellite Dialysis of Glenview, provided nearly $2.3 million in financial assistance to its patients in 2010, nearly $1 million in research grants to external groups ($9 million in total since the grant program's inception), financial support of Satellite's own research programs, and support of several other programs that benefit the dialysis community as a whole. Because the Applicants have a robust community benefits program that not only covers patients who cannot pay for their care, but also funds patient education and research efforts, patients of Satellite Dialysis of Glenview will benefit from the Applicants' charity care program. This program is discussed below in greater detail.

II. Satellite Healthcare, Inc.

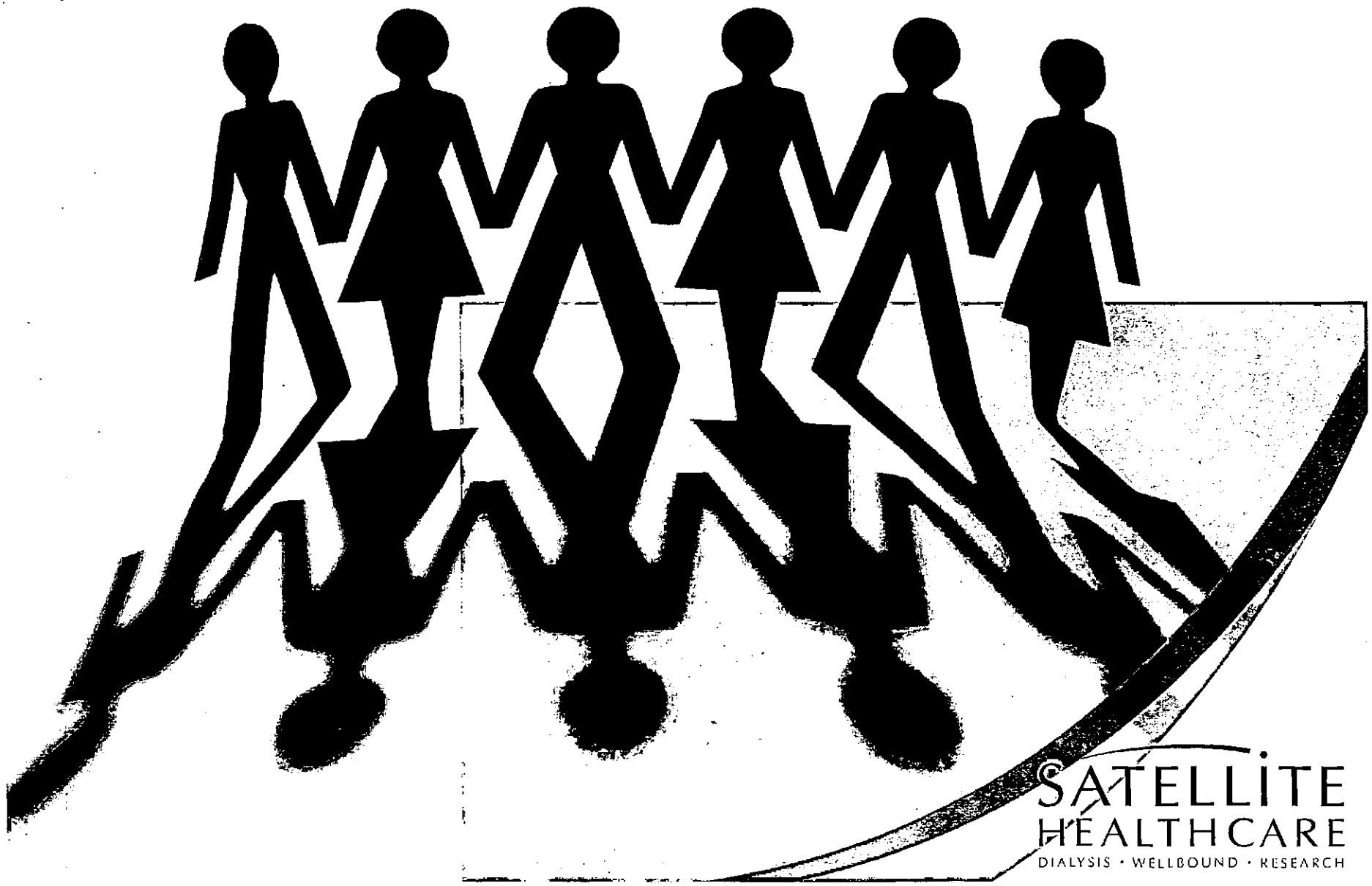
The second co-applicant, Satellite, a California not-for-profit corporation, has a robust community benefits program that has helped many low income or uninsured patients obtain life saving dialysis care. In 2010, Satellite provided all of its patients the opportunity to be assessed for possible qualification for financial assistance. This was done in an effort to help reach more patients who were in need of assistance. The Applicants are proud that its community benefit program includes activities that stretch across many areas of the ESRD community, including direct patient care, financial assistance for eligible patients, patient education and research, as well as state and federal advocacy efforts to advance high-quality dialysis care. Through direct financial assistance and organizations such as the American Kidney Fund, as noted above, in 2010 Satellite provided more than $2.3 million in financial assistance to its patients. As of 2010, nearly $9 million has been awarded to researchers to fund over 40 research projects in the United States and Canada.

*The Applicants' 2010 Community Benefit Report is provided herein, immediately following this Attachment 44.*

ATTACHMENT 44

2010

BENS



SATELLITE HEALTHCARE

DIALYSIS • WELLBOUND • RESEARCH

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This Community Benefit Report provides an overview of some programs and activities that allow Satellite Healthcare to meet and exceed our organization's heritage as a not-for-profit dialysis provider.

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# Corporate Headquarters


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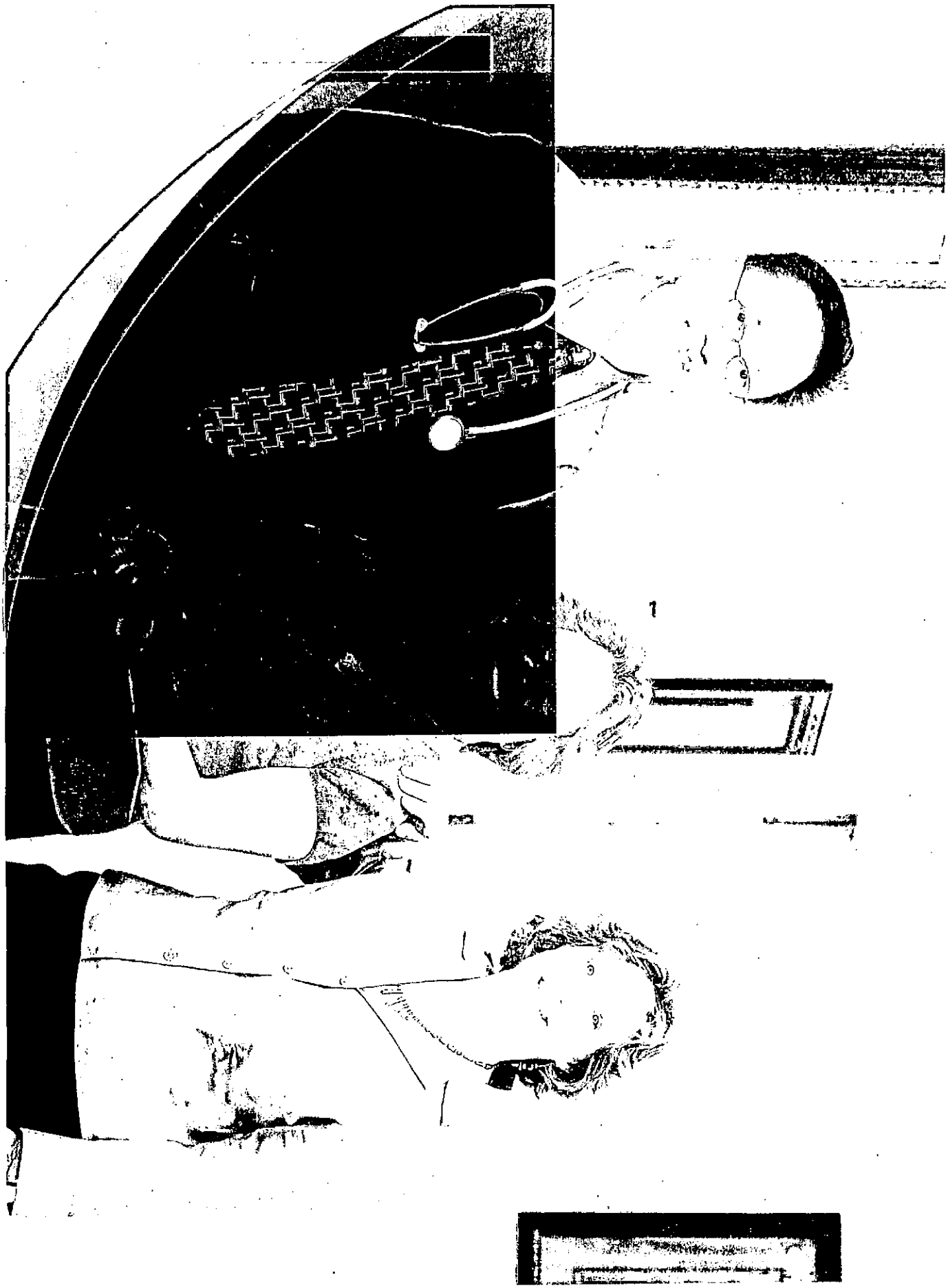


# Our Mission

## Making life better

for those living with kidney disease

## We accomplish this by:

- Supporting research
- Providing education
- Ensuring access to care for all patients with kidney disease.


# Our Values

| | | |
|---|---|---|
| I | INNOVATION | I look for creative ways to achieve the best quality care for our patients. |
| C | COMMUNITY | I am part of the Satellite family dedicated to CKD care. |
| A | ACCOUNTABILITY | I take personal responsibility for the services we provide. |
| R | RESPECT | I treat others as I would like to be treated. |
| E | EXCELLENCE | I strive to do my absolute best in caring for our patients. |

# Overview of Chronic Kidney Disease and the End Stage Renal Disease Community

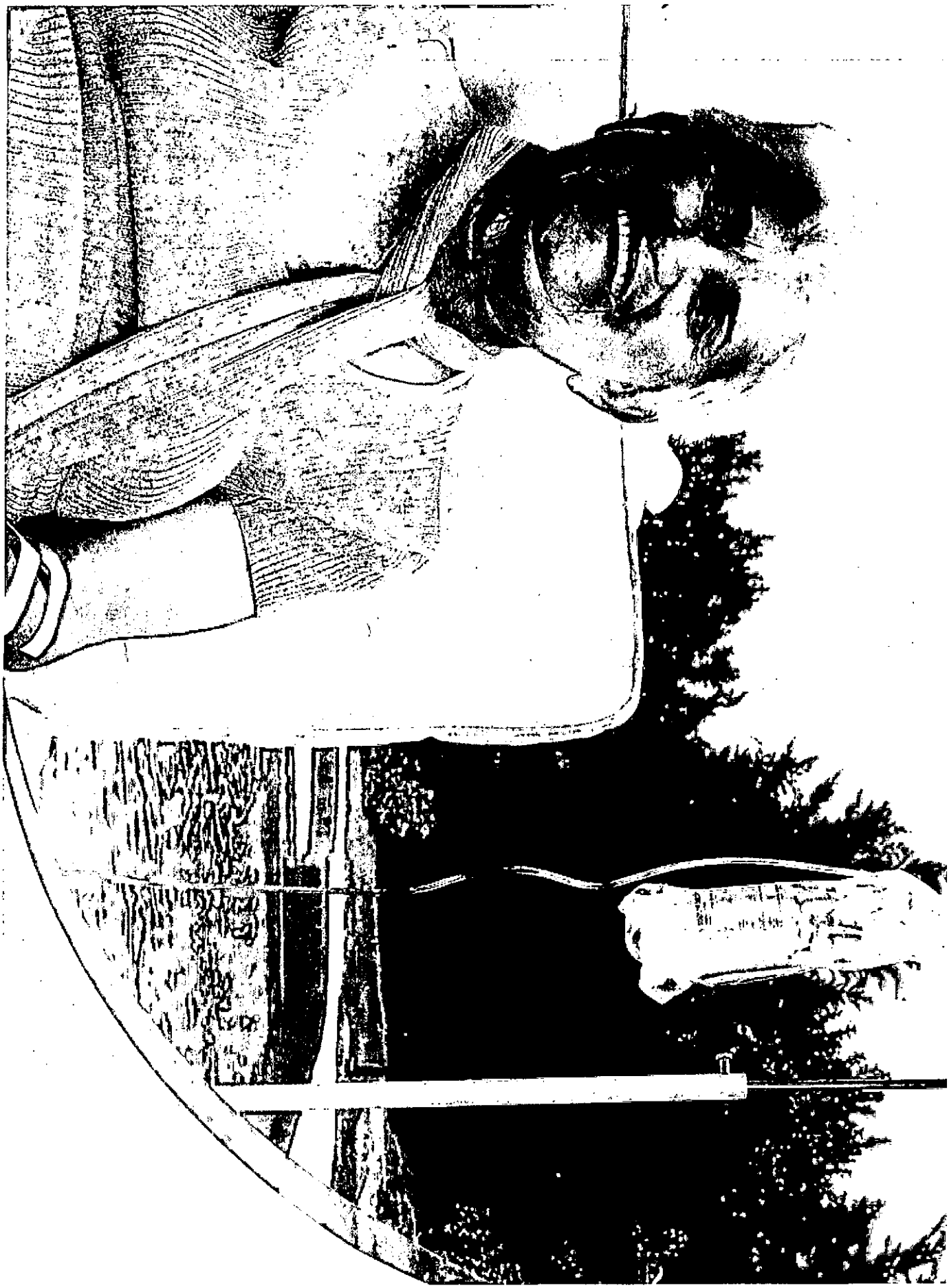
Chronic Kidney Disease (CKD) is a public health problem in the United States that impacts approximately 26 million Americans. It is well known that hypertension and diabetes are the two leading causes of kidney failure.

Various factors have contributed to improved patient outcomes and have strengthened the End Stage Renal Disease (ESRD) community:

- High-quality dialysis services
- An increase of successful kidney transplants
- More effective drugs and drug therapies
- The availability of more dialysis treatment options
- Information gained and used by research studies
- Targeted patient education efforts
- Patient support groups
- ESRD community advocacy

**The 2010** United States Renal Data System Report[1] shows that of the 547,982 Americans who live with ESRD, more than 375,000 are treated by dialysis services.

[1]www.usrds.org/adr.htm



# Satellite Healthcare Locations


- Satellite WellBound
- Satelllite Dialysis

ATTACHMENT 44

# Satellite Healthcare

Satellite Healthcare is built on a legacy spanning more than three and half decades and is recognized for leadership in:

1. Achieving clinical excellence
2. Delivering innovative services and therapies
3. Fostering research and charitable giving

Satellite Healthcare owns and operates 49 in-center hemodialysis facilities (Satellite Dialysis) and home dialysis training centers (Satellite WellBound), providing a variety of treatment options to our patients. In 2010, Satellite Healthcare provided more than 815,000 dialysis treatments and services to more than 4,400 patients in California, Texas, Indiana, Illinois, New Jersey and Maryland.

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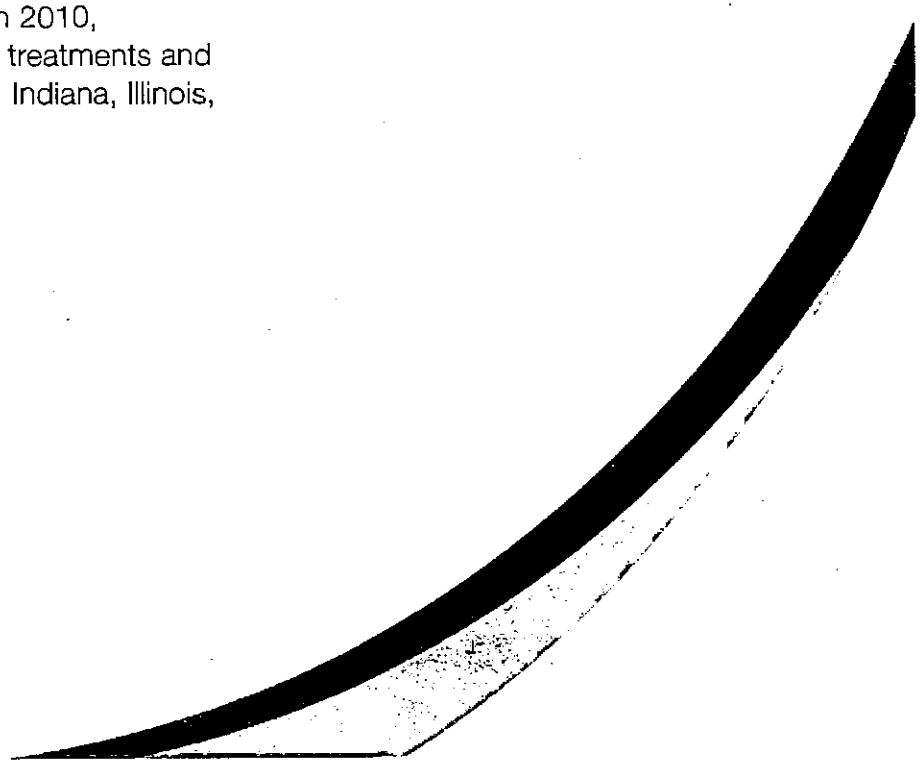
## Our goal

is to enable the chronic kidney disease community to achieve clinical excellence and improved quality of life.



ATTACHMENT 44

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# Satellite Philanthropy

As a not-for-profit dialysis provider, Satellite Healthcare is involved in a number of community benefit programs and activities that help us in fulfilling our mission toward our patients and the ESRD community.

Satellite Healthcare is proud that our community benefit program includes activities that stretch across many areas of the ESRD community, including direct patient care, financial assistance for eligible patients, patient education and research, as well as state and federal level advocacy.

Community benefit programs are an integral part of the Satellite culture.


THE JAMES F. BOCCARDO
REGIONAL RECEPTION CENTER
Throw

ATTACHMENT 44

# Community Benefit Activities and Programs

- Satellite Patient Assistance Program
- Satellite Patient Trust Fund
- Satellite Research
- Contract Research
- Hans Wolf Fellowship Program
- Norman S. Coplon Grant Program
- Optimal Start®
- Better LIFE™ Wellness Education and Dialysis Options Education
- Satellite Advocacy
- Satellite Healthcare Children's Scholarship Fund
- Internships
- Support of the National Kidney Foundation
- American Kidney Fund
- The Norman S. Coplon/Satellite Healthcare Professorship in Medicine

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# Satellite Patient Assistance Program[2]

In 2010, Satellite Healthcare provided all patients the opportunity to be assessed for possible qualification for financial assistance. This was done in an effort to help reach more patients who were in need of assistance.

Through direct financial assistance and organizations such as the American Kidney Fund, in 2010 Satellite Healthcare provided more than $2.3 million in financial assistance to our patients.

[2]The Satellite Financial Assistance Program was initially created to provide financial assistance to our low-income patients.

# Satellite Patient Trust Fund

Each Satellite Dialysis and WellBound facility has access to a Patient Trust Fund which is initially funded by Satellite Healthcare at the beginning of each year.

Satellite Healthcare is aware that emergency circumstances arise for our patients that may require assistance. The Satellite Patient Trust Fund has been utilized to assist patients on a case by case basis, as needed.

Donations are accepted for an individual Satellite Dialysis or WellBound Center's Patient Trust Fund. Individuals can make a tax-deductible donation to the Patient Trust Fund. Additional funding comes from donations from the National Kidney Foundation (NKF), private companies, Satellite staff, medical directors and referring physicians.

The following are examples of how this program was utilized in 2010:

- Purchasing of household essentials and nutritional supplements
- Providing funds for medical transportation
- Assistance with utility and phone bills

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# Satellite Research

## The mission

of Satellite Research is to stimulate, support and carry out research with emphasis on improving clinical outcomes in patients with kidney disease. Our research is guided by an independent Scientific Advisory Board of leading researchers and our Satellite Healthcare Board of Directors. Satellite Research is conducting research in various areas with the aim to directly improve the care of patients with ESRD. The primary focus of Research has been directed toward the following areas.

1 Home dialysis therapies allow for a more independent and flexible schedule of renal replacement therapy, thereby allowing the patients to achieve full rehabilitation for active lives. Peritoneal dialysis has been available since the 1980s and home hemodialysis (HHD) has emerged over the last few years as a new alternative for providing renal replacement therapy to the growing patient population. As of 2007, the literature about the frequency of home hemodialysis is limited. Offering a range of frequency from every other day to four and six times per week, as well as nightly, allows the study of clinical and laboratory parameters with special emphasis on adequacy, anemia and phosphate management, quality of life, medication patterns, and removal of middle molecules.

Internal studies are designed to help evaluate various schedules for delivery of this therapy. Clinical concerns of adequate dialysis as well as lifestyle concerns and resulting quality of life are critical in establishing therapies which allow as many patients as possible to undergo this type of renal replacement therapy.

2 CKD is addressed earlier through our WellBound centers, targeting early stage-4 CKD education in an effort to delay the onset of ESRD and improve the health literacy related to treatment modality selection.

Of the patients participating in CKD options education, approximately 40% choose a home treatment modality, more than four times the national average.

Research to study the opportunities and barriers existing in the current system of ESRD care delivery is vital to allow patients to benefit from the advantages home therapies provide for patients.

3 Patients suffering from ESRD have multiple co-morbidities and it has become evident that addressing these co-morbidities is vital for improving outcomes.

Depression has been identified as a significant burden in this patient population and studies are aimed at evaluating improved screening for the disease and its subsequent treatment.

# Satellite Research

4 While in-center hemodialysis therapy has been the standard of care for more than 30 years, optimization of this modality based on new data and concepts is critical for improvement of care and patients' wellbeing.

Hypertension and fluid overload are a major problem in patients undergoing hemodialysis. Intradialytic weight gain is thought to directly influence both blood pressure and the adverse events that occur during dialysis therapies. The importance of salt intake is well recognized in this respect; however, the emphasis has always focused on salt intake by patients when not on dialysis. Satellite Research is in the process of shedding some light on current dialysis prescriptions and their potential impact on these issues.

5 Studies to optimize the Na dialysate prescriptions with individualized Na dialysate have been conducted in patients undergoing in-center nocturnal HD and are exposed to dialysate sodium for a prolonged period of time.

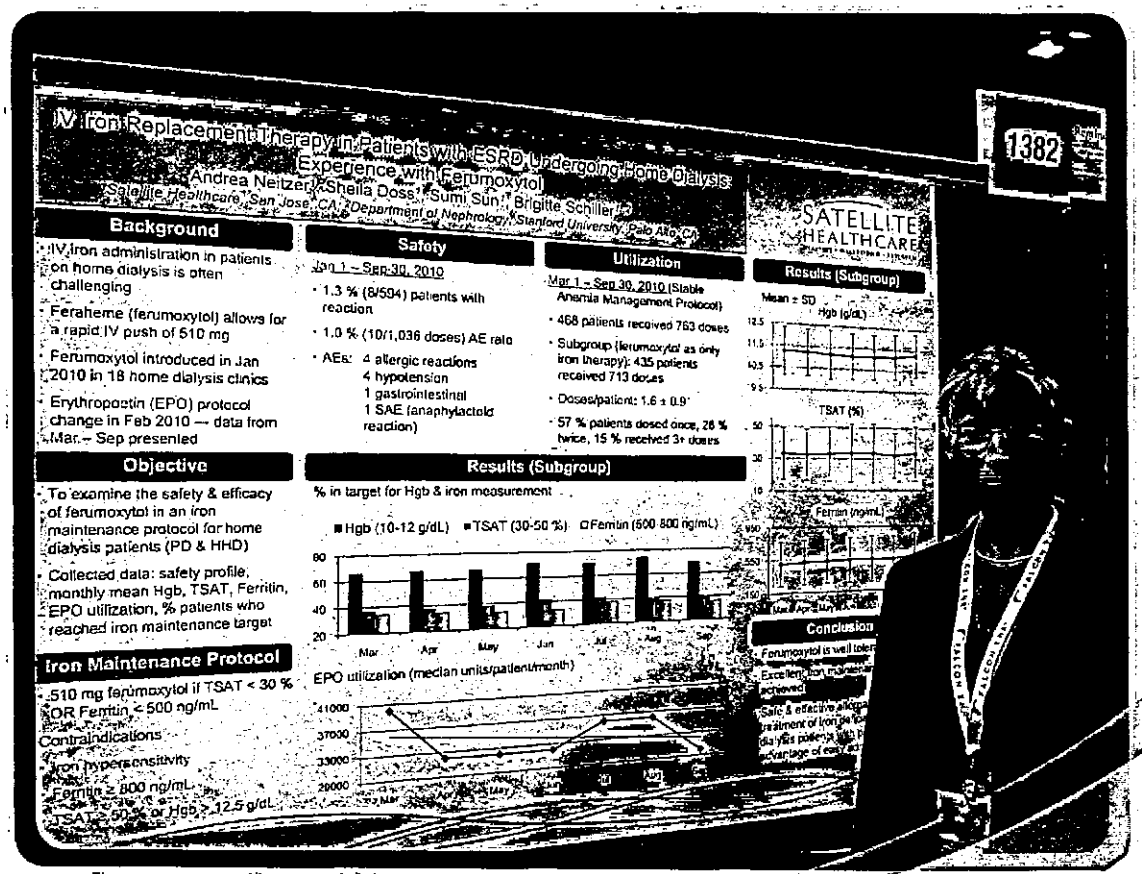
Furthermore, collaboration with colleagues at Stanford's Department of Nephrology creates a strong basis for mutually beneficial and complementary research studies.

All research projects are aimed at improving outcomes and quality of life for patients on dialysis. Results of these research projects have been presented at a variety of national meetings, including the American Society of Nephrology meeting (ASN), the Annual Dialysis Conference (ADC), the Annual Nephrology Nurses Association (ANNA) and the National Kidney Foundation (NKF) meeting.

ATTACHMENT 44

# Contract Research

An integral part of Satellite Research continues to be participating in phase II and III clinical trials with new promising products in the process of achieving FDA approval. Trials are chosen according to their applicability and likelihood to improve patient morbidity and mortality rates.

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# Norman S. Coplon Extramural Grant Program

Satellite Healthcare's extramural grant program is one of the nation's largest private research grant programs focused on chronic kidney disease. Grant awards are given to individuals and institutions engaged in promising kidney disease research in the United States and Canada. Approximately one-third of the awards are for basic science research, with the remaining two-thirds aimed at applied science. Each year, Satellite Healthcare funds approximately 24 grants totaling nearly $1,200,000.

## As of 2010

nearly $9,000,000 has been granted, supporting more than 40 different research projects in the United States and Canada.

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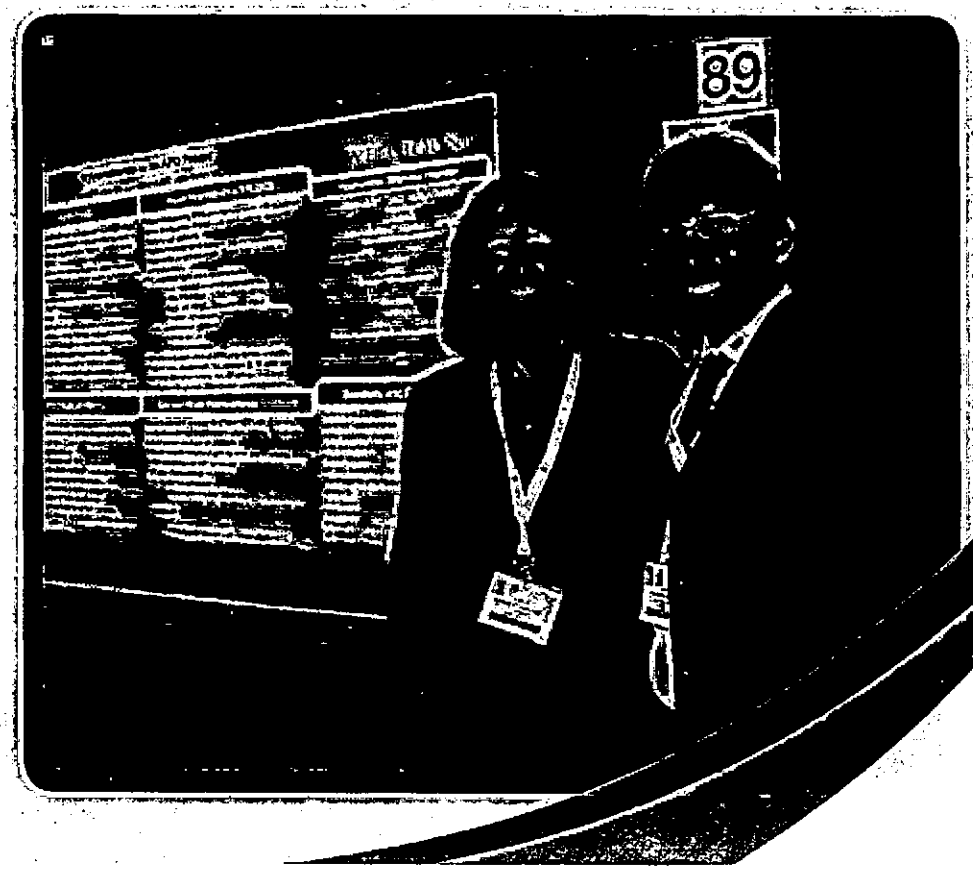
ATTACHMENT 44

# Hans Wolf Fellowship Program

Satellite Healthcare provides funding for a selected Stanford Medical Nephrology Fellow whose focus is related to CKD or ESRD. The fellow is given the opportunity to better understand the issues related to this community.

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# Optimal Start®

There are many essential components which contribute to a positive dialysis experience and better outcomes for ESRD patients. These factors include improved health literacy about ESRD, making the necessary dietary changes and compliance with dialysis treatments and services.

Satellite's Optimal Start® program is a patient empowerment program targeted at the first 90 days of a patient's experience with dialysis treatment. The program continues to enable Satellite Healthcare to work closely with new patients to provide them the best opportunity for successful dialysis treatment.

The Optimal Start staff ensures that patients understand the importance of dialysis treatment. Patients also are educated on related health conditions prevalent in ESRD patients. The added one-on-one support for the first 90 days is one way Satellite is able to assist and educate new patients about healthy ways of living and treating their disease.

During the first 90 days the program provides interventions:

- To assist, support, and educate patients who have chosen in-center hemodialysis as the modality to treat their kidney failure and to assure that they have a full understanding of the other options available to them should they decide to make a change
- To reduce hospitalizations and missed dialysis treatments by providing understanding of the importance of being compliant with their new prescription drug therapy, dietary changes and adherence to a schedule for treatment
- To monitor patient Clinical Performance Measures (CPM) to see that they are within the target range and to ensure a better state of health during the first 90 days
- To foster a team approach by engaging everyone involved with the patient's care in the Optimal Start process, thus giving them the opportunity to better understand how each person's discipline impacts the success of the patient's ability to adapt to stage-5 kidney failure

The Optimal Start program's goal is to achieve the best possible outcomes for new patients.

# Better LIFE™ Wellness Education and Dialysis Options Education

Through the WellBound Centers of Excellence, Satellite Healthcare provides comprehensive dialysis options education programs as a way to improve the clinical and quality of life outcomes of CKD patients. These programs are designed as an adjunct to the care provided by community nephrologists and are focused in two specific areas: CKD wellness education and renal replacement therapy education.

Studies have shown that pre-dialysis education affects the involvement of CKD patients in their healthcare. A patient that is well-versed in the details of CKD is more likely to establish behaviors that are consistent with maintaining their health and deferring disease progression. This can take the form of embracing exercise, altering diets or monitoring and addressing important contributors to their disease. At the same time, increasing a patient's health literacy at an earlier stage also helps them to delay their need for dialysis therapy.

WellBound's Better LIFE™ wellness education programs cover a variety of key topics relevant to CKD patients, including hypertension management, exercise, nutrition, stress reduction and cardiovascular risk assessment. Patients who take part in these classes have greater health literacy and are more engaged in their care, better prepared for choosing and starting a dialysis therapy, and more able to maintain a healthy lifestyle.

When it comes to selecting a treatment modality, WellBound provides CKD patients with the education so that they, in collaboration with their physicians, can make informed decisions regarding their dialysis options. By proactively preparing patients to make educated therapy decisions, Satellite Healthcare aims to reduce the persistently high rate of patients who begin dialysis in an emergency
hospital setting.

WellBound's renal replacement therapy education programs expose patients to all treatment **options** including transplant, in-center hemodialysis and self-care therapies.

# Satellite Advocacy

Satellite Healthcare actively participates in a number of state and federal coalitions to better understand and provide input on issues related to the kidney community.

In October of 2010, the Centers for Medicare and Medicaid Services released their final rule for the ESRD Prospective Payment System (PPS) as required by the Medicare Improvements for Patients and Provider Act of 2008 (MIPPA). Throughout 2010, Satellite Healthcare met with our elected officials and their staff to discuss issues and concerns in the proposed and final rule.

In 2010, Satellite Healthcare participated in a number of meetings with state and federal elected officials discussing a variety of topics including:

- Raising financial and operational concerns with the inclusion of ESRD specific oral only drugs in the new proposed ESRD bundled payment system
- Discussing the importance of creating a patient education initiative to increase awareness about CKD and to help patients learn self-management skills
- Providing insight on the establishment of a quality initiative or incentive program that would reward quality improvement based on measures developed in cooperation with the kidney care community
- Continued education and awareness of advantages of home dialysis or more frequent dialysis for our patients

As a not-for-profit organization, it is essential that we inform and educate state and federal elected officials and government agencies about issues impacting our patients.

ATTACHMENT 44

# Satellite Healthcare Children's Scholarship Fund

Satellite Healthcare Children's Scholarship Fund was created to assist the children of our employees achieve their goals of higher education. In 2010, Satellite Healthcare awarded 15 scholarships from this newly created fund.

Our Children's Scholarship Fund rewards and assists in the education of many of the deserving children of our talented employees. By supporting our future leaders during their educational development, we will contribute to a better future for all.

In recognition of our employees we offer this benefit of $500 to ten deserving children for both the Spring and Fall terms.

These scholarships are awarded for full-time undergraduate study at any accredited two- or four-year college or university. Recipients are selected based on academic record, demonstrated leadership, participation in school and community activities, honors, work experience, and goals and aspirations as stated in the 500-word essay component of the application.

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The Satellite Healthcare Children's

## Scholarship Fund

awarded $5,000 for the Spring term and $5,000 for the Fall term in 2010.

# Internships

Satellite provides a number of internship opportunities for nurses studying for careers in nephrology. These internships were created to support our clinical ladder model from PCT to RN careers. In our centers, interns receive the mentorship of highly experienced nephrology nurses. They are exposed to the continuum of CKD patient treatment options and develop the experience and knowledge to achieve their career goals of becoming professional nephrology nurses.

ATTACHMENT 44

# Support of the National Kidney Foundation

Satellite Healthcare historically has been a leading supporter of the National Kidney Foundation (NKF).

The NKF has been one of the key drivers in improving the quality of care for CKD patients in the United States. Our donations have been used for a number of NKF programs and activities, including promoting basic research through the NKF grant program, sponsoring major clinical practice guidelines, and playing an integral role in the Kidney Early Evaluation Program (KEEP).

Finally, Satellite Healthcare was the primary sponsor of the Kidney Disease Outcomes Quality Initiative (K/DOQI), which provides evidence-based clinical practice guidelines developed by volunteer physicians and healthcare providers for all phases of kidney disease and related complications, from diagnosis to monitoring and management of cardiovascular guidelines which are widely used in the dialysis community today.

Throughout our

**35-plus**

years of service, Satellite has donated more than $2 million to NKF national and state programs.

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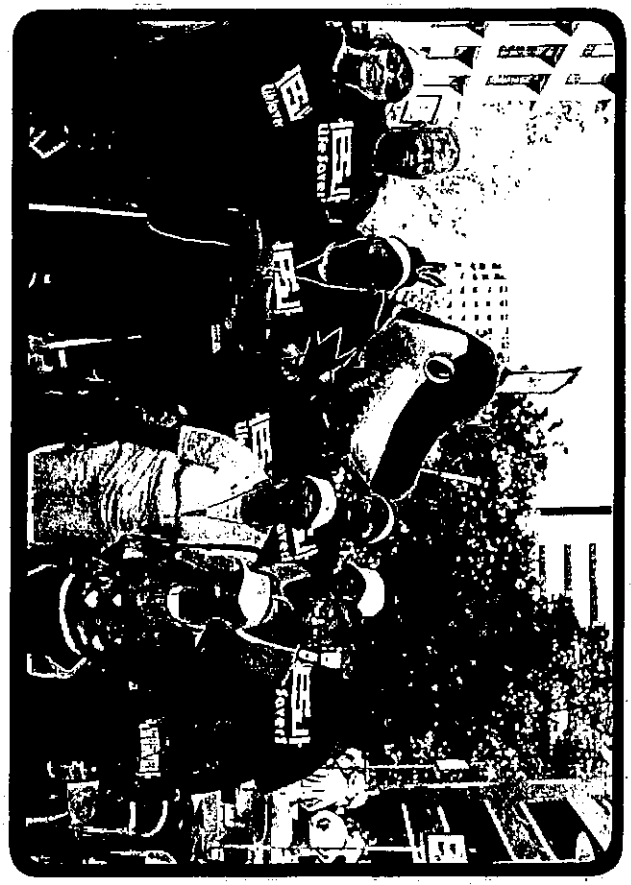
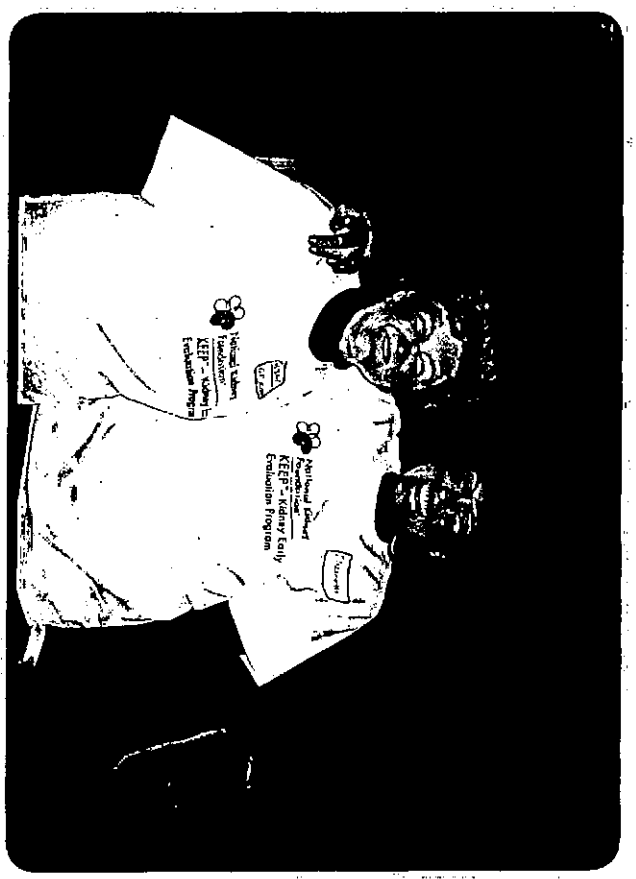
2010 INDIANAPOLIS
KIDNEY WALK




National Kidney Foundation



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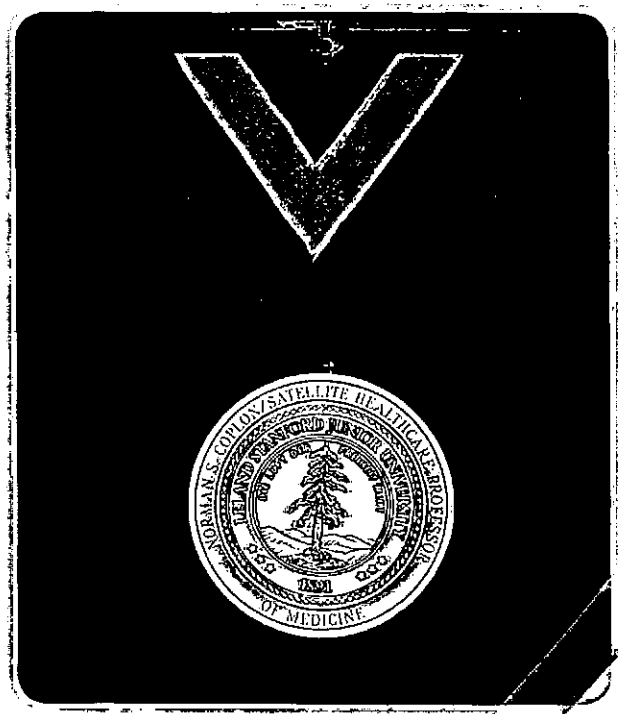

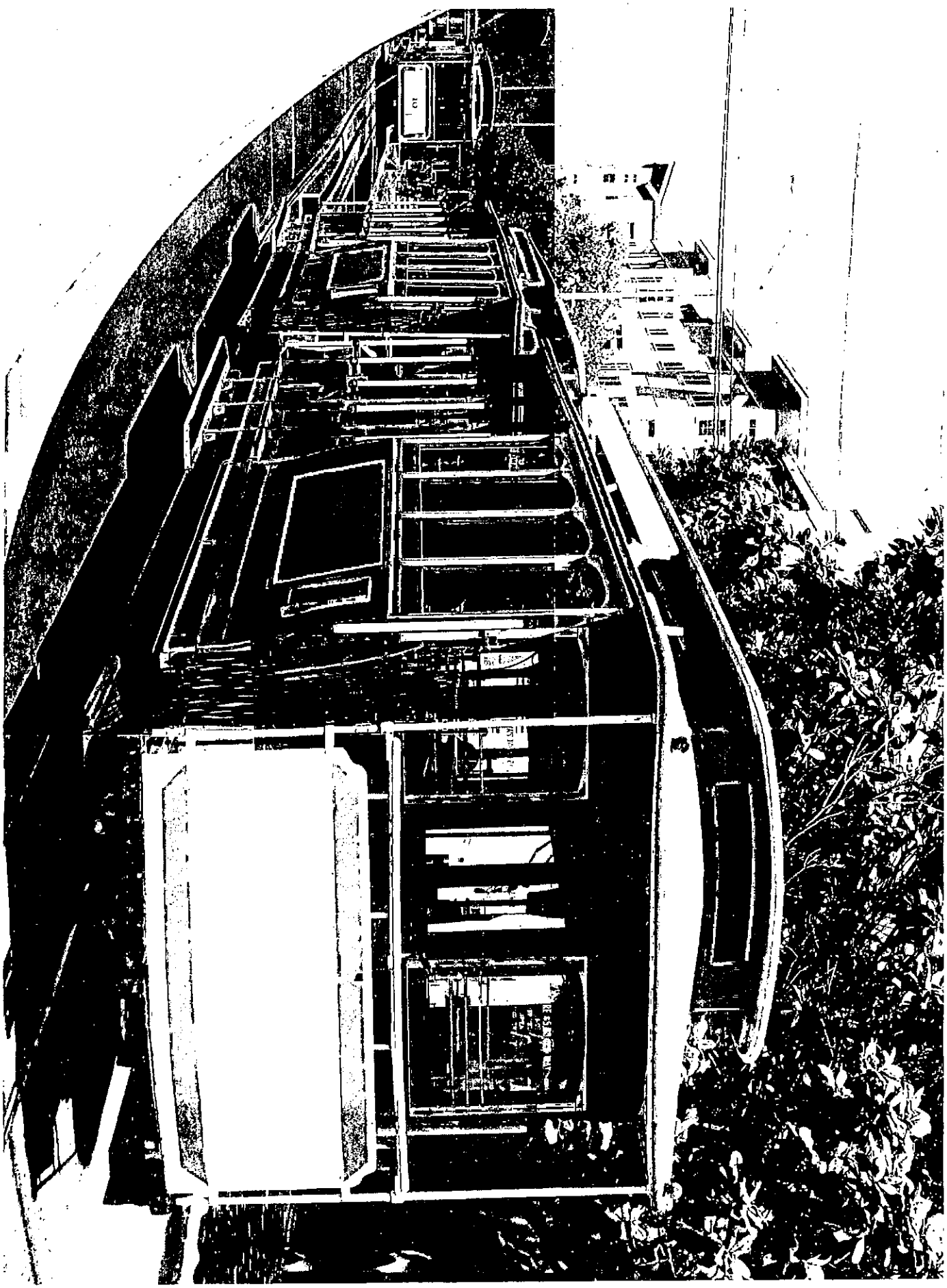

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**"Decline in Physical Function and Independence in theTransition Zone"**

Ranhani Moorthi, MD

Indiana University

**"The Use of Plant Based Diet to Treat Patients with Chronic Kidney Disease-Mineral Bone Disorder"**

Darius Mason, Pharm.D., BCPS

Albany College of Pharmacy and Health Sciences

**"Sustainability of Serum [250HD] Levels, Inflammatory Reduction, and Endothelial Dysfunction after Repletion with Ergocalciferol in CKD Stage 5D"**

283

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**ATTACHMENT 44**

# APPENDIX 1

## MapQuest Maps

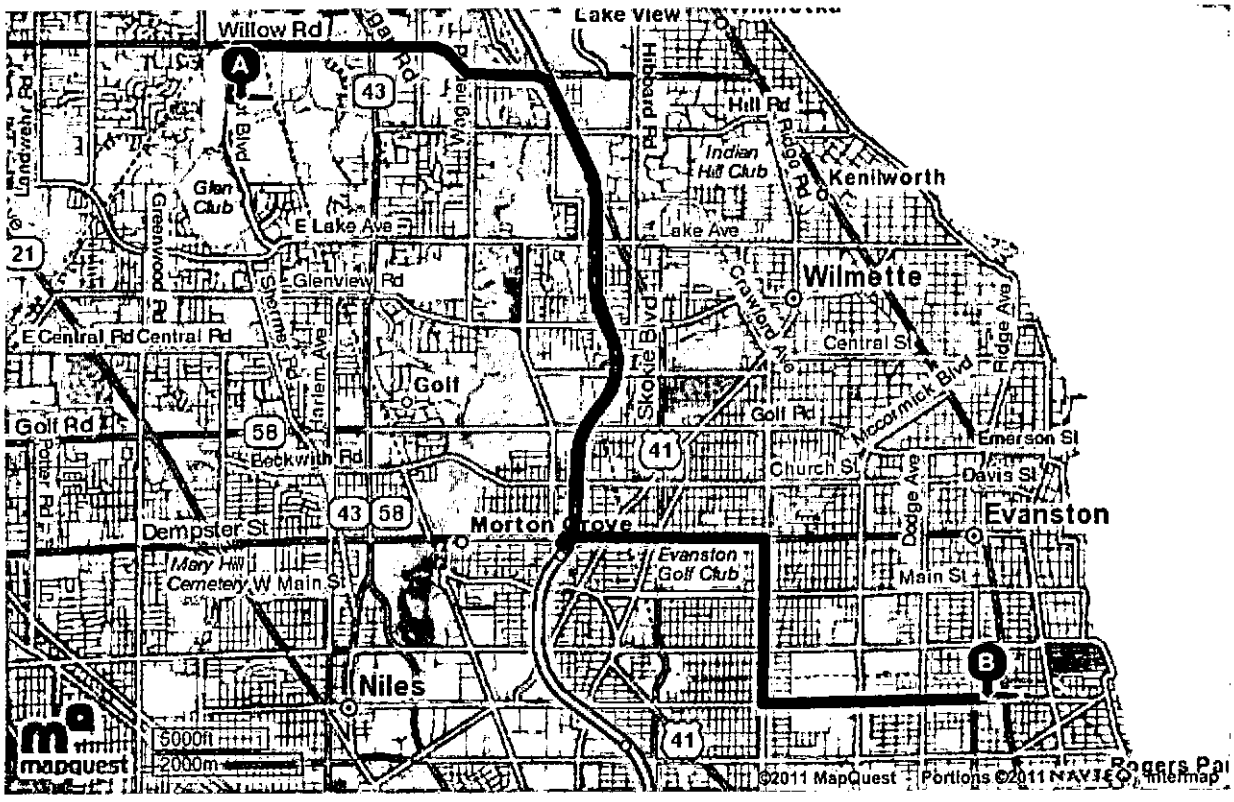
mapquest

Notes

**Trip to:**
2277 W Howard St
Chicago, IL 60645-1922
**13.68 miles**
**26 minutes**

| | | Miles Per Section |
|---|---|---|
| A | **2601 Compass Rd**<br>Glenview, IL 60026-8077 | |
| ● | 1. Start out going WEST on COMPASS RD toward PATRIOT BLVD. | **Go 0.1 Mi** |
| ↱ | 2. Take the 1st RIGHT onto PATRIOT BLVD.<br>*If you are on PATRIOT BLVD and reach MINT LN you've gone about 0.2 miles too far* | **Go 0.5 Mi** |
| ↱ | 3. Turn RIGHT onto WILLOW RD.<br>*WILLOW RD is 0.1 miles past LEHIGH AVE* | **Go 2.9 Mi** |
| EAST 94 | 4. Merge onto I-94 E / EDENS EXPY E toward CHICAGO. | **Go 4.5 Mi** |
| 37B EXIT | 5. Merge onto DEMPSTER ST via EXIT 37B. | **Go 2.0 Mi** |
| ↱ | 6. Turn RIGHT onto CRAWFORD AVE.<br>*CRAWFORD AVE is just past KEYSTONE AVE* | **Go 1.5 Mi** |
| ↰ | 7. Turn LEFT onto W HOWARD ST.<br>*W HOWARD ST is just past DOBSON ST* | **Go 2.1 Mi** |
| ■ | 8. 2277 W HOWARD ST.<br>*Your destination is just past N OAKLEY AVE*<br>*If you reach N BELL AVE you've gone a little too far* | |
| B | **2277 W Howard St**<br>Chicago, IL 60645-1922 | **13.7 mi** |

Total Travel Estimate: **13.68 miles - about 26 minutes**



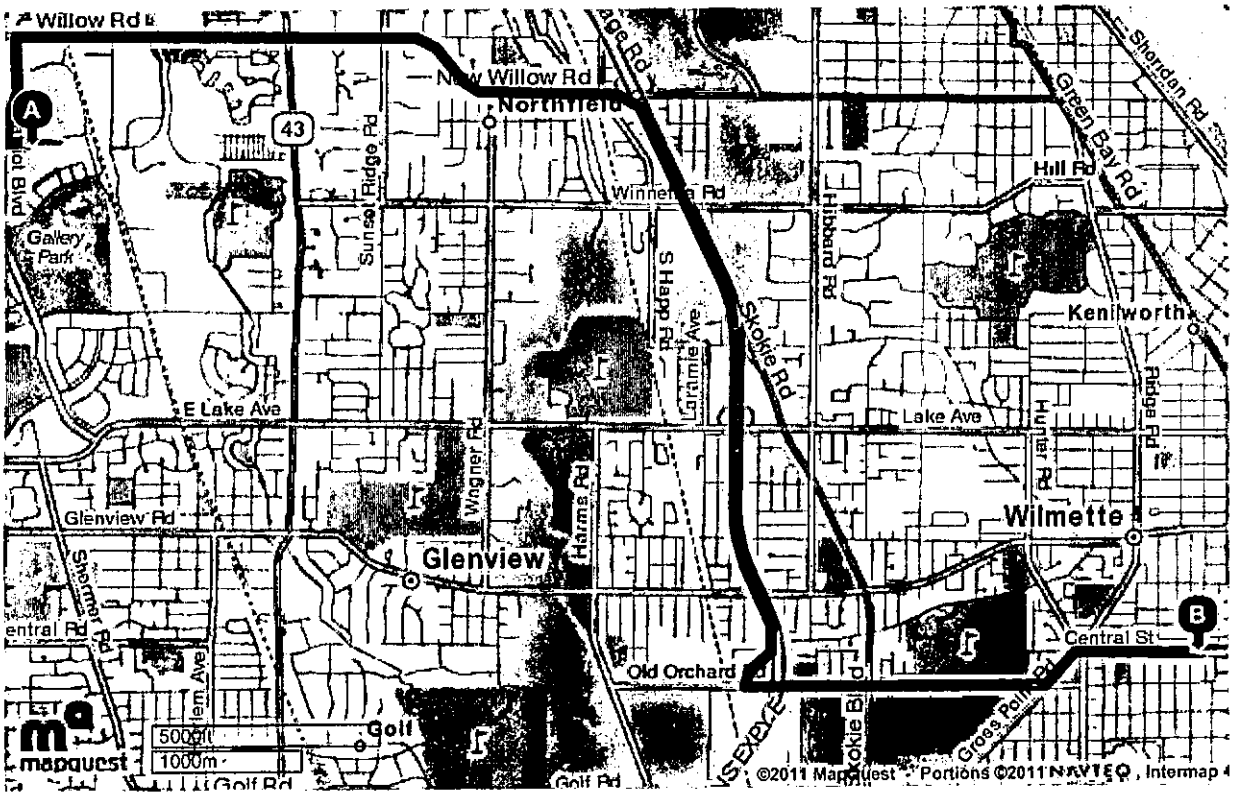
mapquest

Notes

**Trip to:**
2953 Central St 1st Fl
Evanston, IL 60201-1245
**8.61 miles**
**18 minutes**

| | | Miles Per Section |
|---|---|---|
| A | **2601 Compass Rd**<br>Glenview, IL 60026-8077 | |
| ● | 1. Start out going WEST on COMPASS RD toward PATRIOT BLVD. | **Go 0.1 Mi** |
| ↱ | 2. Take the 1st RIGHT onto PATRIOT BLVD.<br>*If you are on PATRIOT BLVD and reach MINT LN you've gone about 0.2 miles too far* | **Go 0.5 Mi** |
| ↱ | 3. Turn RIGHT onto WILLOW RD.<br>*WILLOW RD is 0.1 miles past LEHIGH AVE* | **Go 2.9 Mi** |
| EAST 94 | 4. Merge onto I-94 E / EDENS EXPY E toward CHICAGO. | **Go 2.6 Mi** |
| 35 EXIT | 5. Take the OLD ORCHARD RD exit, EXIT 35. | **Go 0.3 Mi** |
| ↰ | 6. Turn LEFT onto OLD ORCHARD RD. | **Go 1.4 Mi** |
| ↖ | 7. Turn SLIGHT LEFT onto GROSS POINT RD.<br>*GROSS POINT RD is just past PRINCETON AVE* | **Go 0.2 Mi** |
| ↗ | 8. Turn SLIGHT RIGHT onto CENTRAL ST.<br>*CENTRAL ST is just past WELLINGTON CT* | **Go 0.6 Mi** |
| ■ | 9. 2953 CENTRAL ST 1ST FL is on the LEFT.<br>*Your destination is just past CENTRAL PARK AVE*<br>*If you reach HURD AVE you've gone a little too far* | |
| B | **2953 Central St 1st Fl**<br>Evanston, IL 60201-1245 | **8.6 mi** |

Total Travel Estimate: **8.61 miles - about 18 minutes**



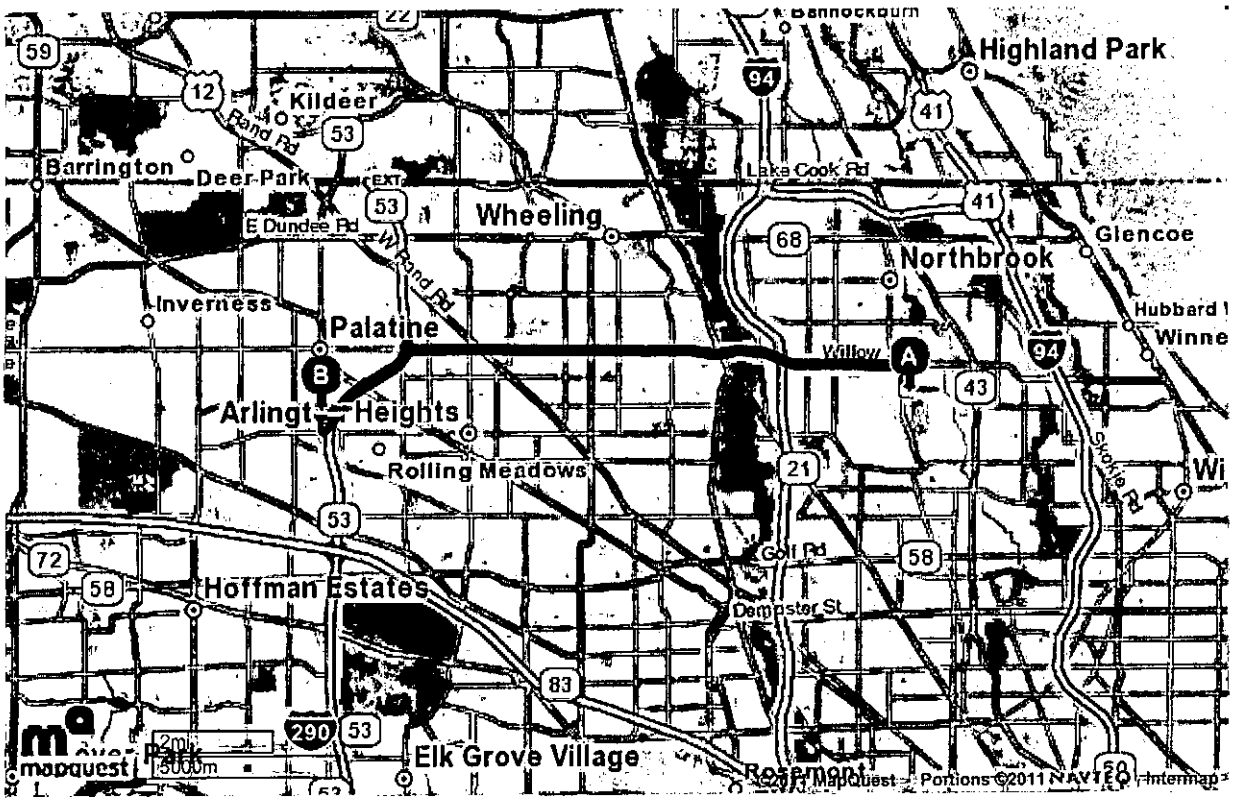
mapquest

Notes

**Trip to:**
4180 Winnetka Ave
Rolling Meadows, IL 60008-1375
**12.82 miles**
**20 minutes**

| | | Miles Per Section |
|---|---|---|
| A | **2601 Compass Rd**<br>Glenview, IL 60026-8077 | |
| ● | 1. Start out going WEST on COMPASS RD toward PATRIOT BLVD. | **Go 0.1 Mi** |
| ↱ | 2. Take the 1st RIGHT onto PATRIOT BLVD.<br>*If you are on PATRIOT BLVD and reach MINT LN you've gone about 0.2 miles too far* | **Go 0.5 Mi** |
| ↰ | 3. Turn LEFT onto WILLOW RD.<br>*WILLOW RD is 0.1 miles past LEHIGH AVE* | **Go 3.2 Mi** |
| ↑ | 4. WILLOW RD becomes PALATINE RD EXPRESS LN. | **Go 4.6 Mi** |
| ↑ | 5. PALATINE RD EXPRESS LN becomes E PALATINE RD. | **Go 1.6 Mi** |
| ⇡ SOUTH 53 | 6. Merge onto IL-53 S. | **Go 2.2 Mi** |
| ⇡ | 7. Merge onto W EUCLID AVE. | **Go 0.4 Mi** |
| ↱ | 8. Turn RIGHT onto HICKS RD.<br>*If you reach VERMONT ST you've gone about 0.1 miles too far* | **Go 0.3 Mi** |
| ↱ | 9. Turn RIGHT onto WINNETKA AVE.<br>*WINNETKA AVE is 0.1 miles past LINCOLN AVE* | **Go 0.02 Mi** |
| ■ | 10. 4180 WINNETKA AVE is on the LEFT.<br>*If you reach WINNETKA CIR you've gone about 0.1 miles too far* | |
| B | **4180 Winnetka Ave**<br>Rolling Meadows, IL 60008-1375 | **12.8 mi** |

Total Travel Estimate: **12.82 miles - about 20 minutes**



mapquest

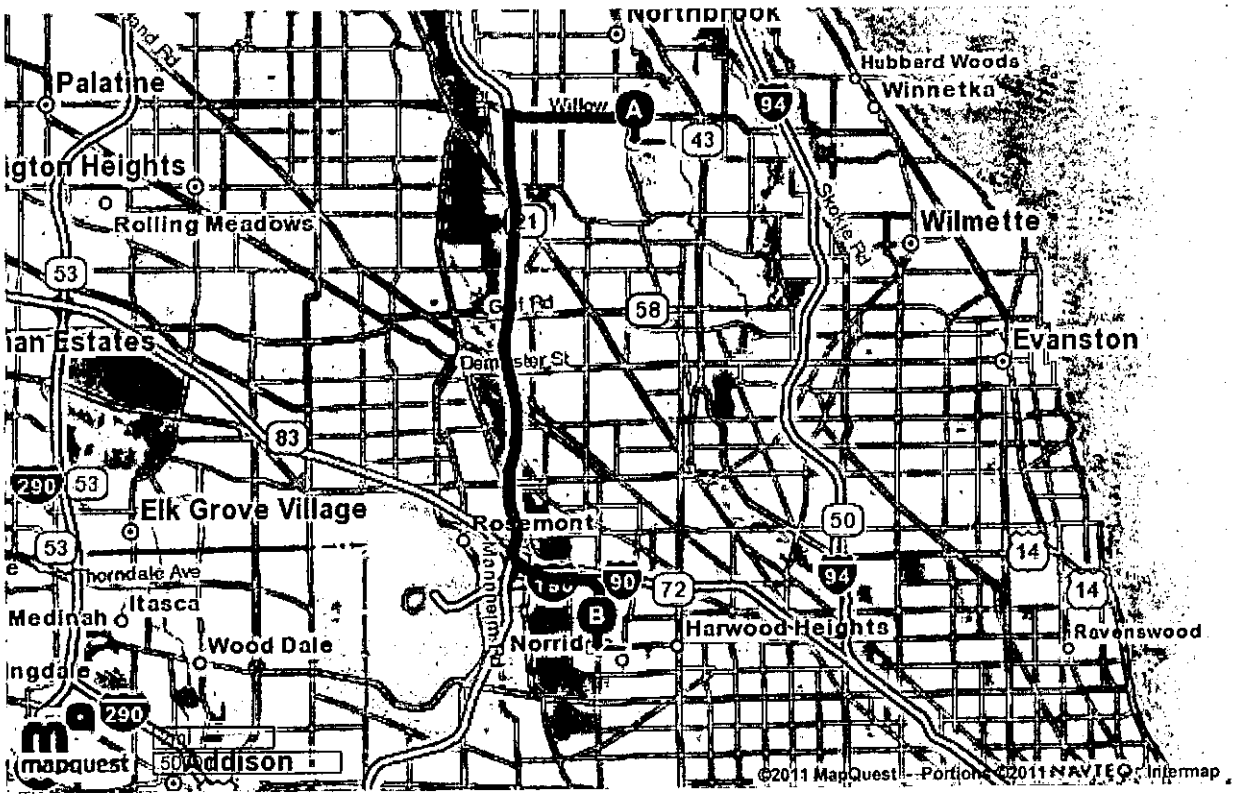
Notes

**Trip to:**
4701 N Cumberland Ave
Norridge, IL 60706-2905
**14.12 miles**
**22 minutes**

| | | Miles Per Section |
|---|---|---|
| A | **2601 Compass Rd**<br>Glenview, IL 60026-8077 | |
| ● | 1. Start out going WEST on COMPASS RD toward PATRIOT BLVD. | **Go 0.1 Mi** |
| ↱ | 2. Take the 1st RIGHT onto PATRIOT BLVD.<br>*If you are on PATRIOT BLVD and reach MINT LN you've gone about 0.2 miles too far* | **Go 0.5 Mi** |
| ↰ | 3. Turn LEFT onto WILLOW RD.<br>*WILLOW RD is 0.1 miles past LEHIGH AVE* . | **Go 2.3 Mi** |
| SOUTH 294 | 4. Merge onto I-294 S via the ramp on the LEFT (Portions toll).<br>*If you reach NIELSEN PLZ you've gone about 0.2 miles too far* | **Go 7.8 Mi** |
| EAST 90 | 5. Merge onto I-90 E toward KENNEDY EXPY / CHICAGO (Portions toll). | **Go 1.8 Mi** |
| 79A EXIT / SOUTH 171 | 6. Merge onto N CUMBERLAND AVE / IL-171 S via EXIT 79A. | **Go 1.5 Mi** |
| ↰ | 7. Turn LEFT onto W LELAND AVE.<br>*W LELAND AVE is 0.1 miles past W LAWRENCE AVE* | **Go 0.01 Mi** |
| ■ | 8. 4701 N CUMBERLAND AVE.<br>*If you reach N CUMBERLAND AVE you've gone a little too far* | |
| B | **4701 N Cumberland Ave**<br>Norridge, IL 60706-2905 | **14.1 mi** |

292

Total Travel Estimate: **14.12 miles - about 22 minutes**



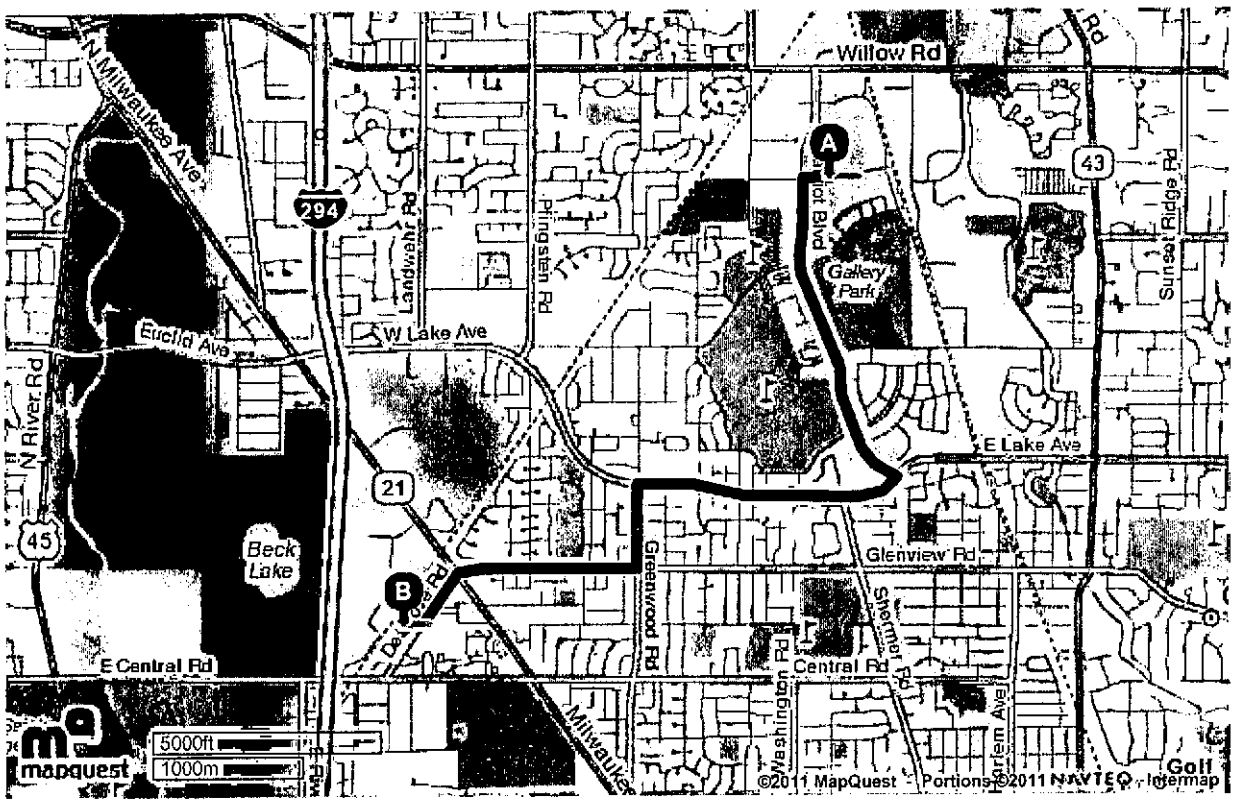
mapquest

Notes

**Trip to:**
4248 Commercial Way
Glenview, IL 60025-3573
**4.49 miles**
**11 minutes**

| | | Miles Per Section |
|---|---|---|
| A | **2601 Compass Rd**<br>Glenview, IL 60026-8077 | |
| ● | 1. Start out going WEST on COMPASS RD toward PATRIOT BLVD. | **Go 0.1 Mi** |
| ↰ | 2. Turn LEFT onto PATRIOT BLVD. | **Go 1.5 Mi** |
| ↱ | 3. Turn RIGHT onto E LAKE AVE. | **Go 1.2 Mi** |
| ↰ | 4. Turn LEFT onto GREENWOOD RD.<br>*GREENWOOD RD is 0.2 miles past HUBER LN* | **Go 0.4 Mi** |
| ↱ | 5. Take the 2nd RIGHT onto GLENVIEW RD.<br>*If you reach LINNEMAN ST you've gone about 0.2 miles too far* | **Go 0.8 Mi** |
| ↑ | 6. GLENVIEW RD becomes DEARLOVE RD. | **Go 0.3 Mi** |
| ↱ | 7. Turn RIGHT onto COMMERCIAL WAY.<br>*If you reach DI PAOLO CTR you've gone about 0.1 miles too far* | **Go 0.1 Mi** |
| ■ | 8. 4248 COMMERCIAL WAY is on the LEFT.<br>*Your destination is 0.1 miles past COMMERCIAL WAY*<br>*If you reach DEARLOVE RD you've gone about 0.1 miles too far* | |
| B | **4248 Commercial Way**<br>Glenview, IL 60025-3573 | **4.5 mi** |

Total Travel Estimate: **4.49 miles - about 11 minutes**



mapquest

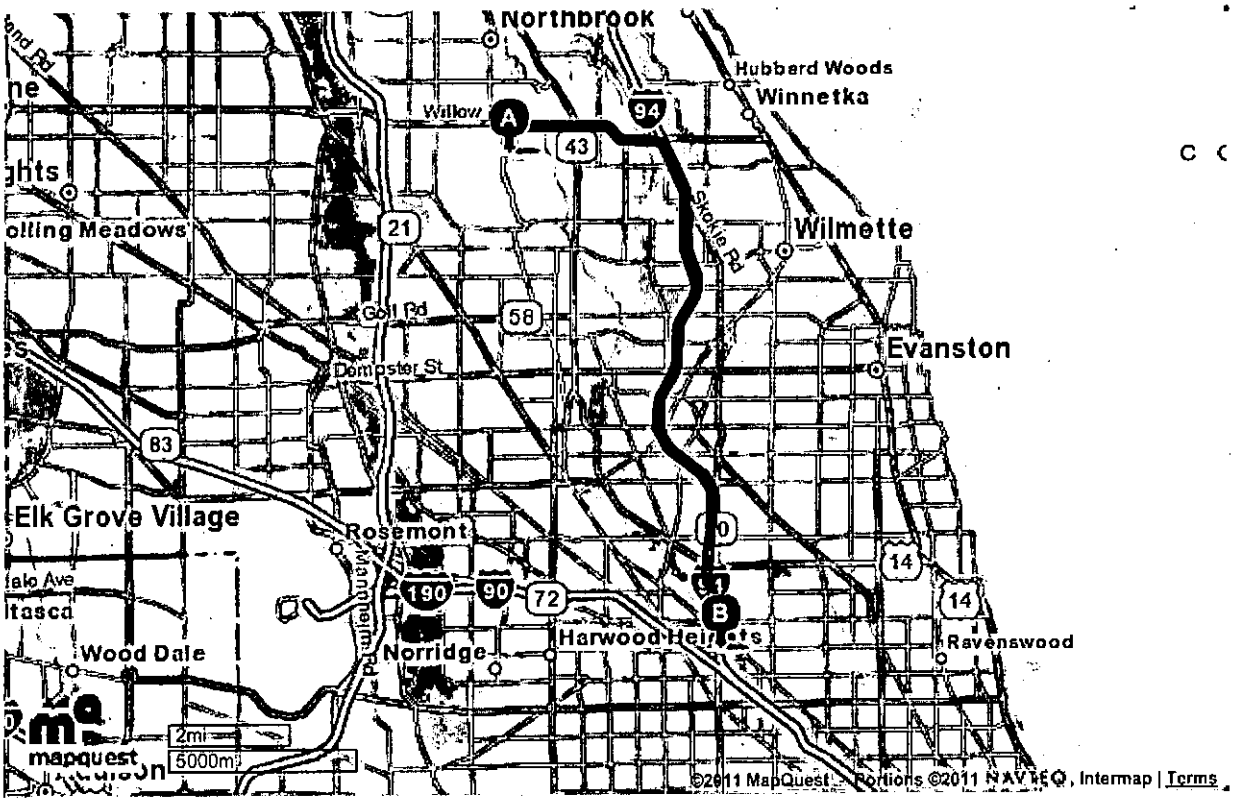
Notes

**Trip to:**
4800 N Kilpatrick Ave
Chicago, IL 60630-1725
**13.70 miles**
**22 minutes**

| | | Miles Per Section |
|---|---|---|
| A | **2601 Compass Rd**<br>Glenview, IL 60026-8077 | |
| ● | 1. Start out going WEST on COMPASS RD toward PATRIOT BLVD. | **Go 0.1 Mi** |
| ↱ | 2. Take the 1st RIGHT onto PATRIOT BLVD.<br>*If you are on PATRIOT BLVD and reach MINT LN you've gone about 0.2 miles too far* | **Go 0.5 Mi** |
| ↱ | 3. Turn RIGHT onto WILLOW RD.<br>*WILLOW RD is 0.1 miles past LEHIGH AVE* | **Go 2.9 Mi** |
| EAST 94 | 4. Merge onto I-94 E / EDENS EXPY E toward CHICAGO. | **Go 9.0 Mi** |
| 41C EXIT | 5. Take the IL-50 S / CICERO AVE exit, EXIT 41C. | **Go 0.2 Mi** |
| 50 | 6. Turn SLIGHT RIGHT onto N CICERO AVE / IL-50. | **Go 0.6 Mi** |
| ↰ | 7. Turn LEFT onto N ELSTON AVE.<br>*N ELSTON AVE is 0.1 miles past W FOSTER AVE* | **Go 0.3 Mi** |
| ↱ | 8. Turn RIGHT onto N KILPATRICK AVE.<br>*N KILPATRICK AVE is just past N KOLMAR AVE* | **Go 0.2 Mi** |
| ■ | 9. 4800 N KILPATRICK AVE is on the RIGHT.<br>*If you reach W LAWRENCE AVE you've gone a little too far* | |
| B | **4800 N Kilpatrick Ave**<br>Chicago, IL 60630-1725 | **13.7 mi** |

296

Total Travel Estimate: **13.70 miles - about 22 minutes**



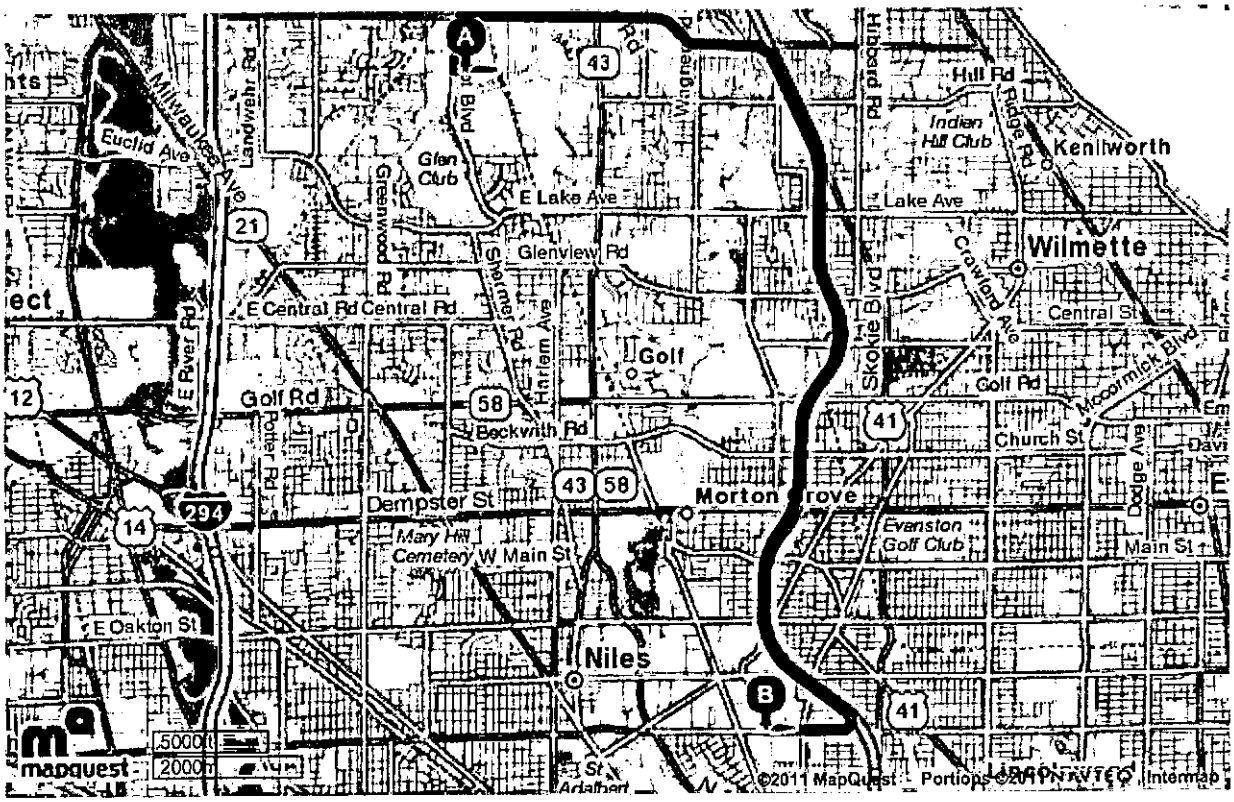
mapquest

Notes

**Trip to:**
5623 W Touhy Ave
Niles, IL 60714-4019
**11.19 miles**
**18 minutes**

| | | Miles Per Section |
|---|---|---|
| A | **2601 Compass Rd**<br>Glenview, IL 60026-8077 | |
| ● | 1. Start out going WEST on COMPASS RD toward PATRIOT BLVD. | **Go 0.1 Mi** |
| ↱ | 2. Take the 1st RIGHT onto PATRIOT BLVD.<br>*If you are on PATRIOT BLVD and reach MINT LN you've gone about 0.2 miles too far* | **Go 0.5 Mi** |
| ↱ | 3. Turn RIGHT onto WILLOW RD.<br>*WILLOW RD is 0.1 miles past LEHIGH AVE* | **Go 2.9 Mi** |
| EAST 94 | 4. Merge onto I-94 E / EDENS EXPY E toward CHICAGO. | **Go 6.8 Mi** |
| 39A EXIT | 5. Take the WEST TOUHY AVE exit, EXIT 39A. | **Go 0.2 Mi** |
| ↰ | 6. Turn SLIGHT RIGHT onto TOUHY AVE. | **Go 0.7 Mi** |
| ■ | 7. 5623 W TOUHY AVE is on the LEFT.<br>*Your destination is just past N CENTRAL AVE*<br>*If you reach N AUSTIN AVE you've gone about 0.1 miles too far* | |
| B | **5623 W Touhy Ave**<br>Niles, IL 60714-4019 | **11.2 mi** |

Total Travel Estimate: **11.19 miles - about 18 minutes**



mapquest

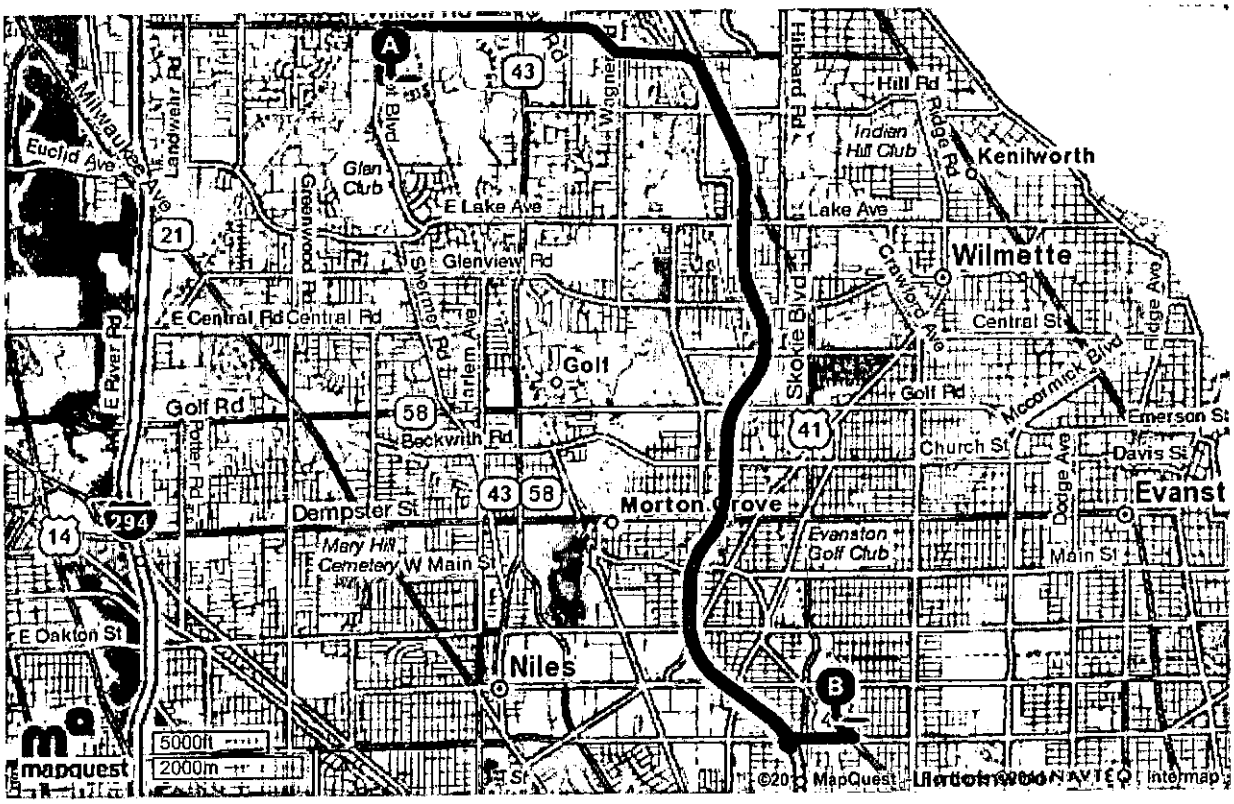
Notes

**Trip to:**
7301 N Lincoln Ave Ste 205
Lincolnwood, IL 60712-1735
**11.51 miles**
**19 minutes**

| | | Miles Per Section |
|---|---|---|
| A | **2601 Compass Rd**<br>Glenview, IL 60026-8077 | |
| ● | 1. Start out going WEST on COMPASS RD toward PATRIOT BLVD. | **Go 0.1 Mi** |
| ↱ | 2. Take the 1st RIGHT onto PATRIOT BLVD.<br>*If you are on PATRIOT BLVD and reach MINT LN you've gone about 0.2 miles too far* | **Go 0.5 Mi** |
| ↱ | 3. Turn RIGHT onto WILLOW RD.<br>*WILLOW RD is 0.1 miles past LEHIGH AVE* | **Go 2.9 Mi** |
| EAST 94 | 4. Merge onto I-94 E / EDENS EXPY E toward CHICAGO. | **Go 7.0 Mi** |
| 39B EXIT | 5. Take the EAST TOUHY AVE exit, EXIT 39B. | **Go 0.2 Mi** |
| ↱ | 6. Turn SLIGHT RIGHT onto TOUHY AVE. | **Go 0.6 Mi** |
| 41 | 7. Turn SHARP LEFT onto N LINCOLN AVE / US-41.<br>*N LINCOLN AVE is just past N KILBOURN AVE* | **Go 0.2 Mi** |
| ■ | 8. 7301 N LINCOLN AVE STE 205 is on the RIGHT.<br>*Your destination is just past W CHASE AVE*<br>*If you reach W JARVIS AVE you've gone about 0.1 miles too far* | |
| B | **7301 N Lincoln Ave Ste 205**<br>Lincolnwood, IL 60712-1735 | **11.5 mi** |

300

Total Travel Estimate: **11.51 miles - about 19 minutes**



mapquest

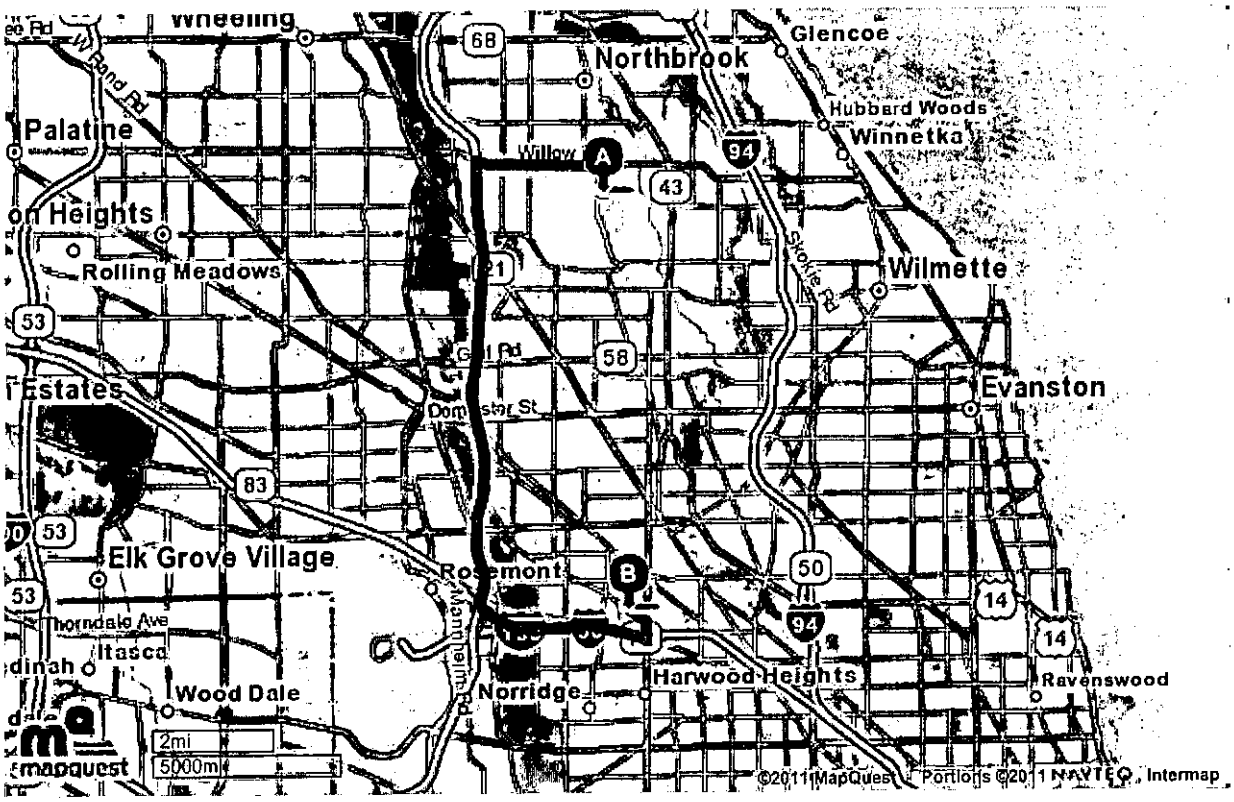
Notes

**Trip to:**
7435 W Talcott Ave
Chicago, IL 60631-3707
**15.17 miles**
**24 minutes**

| | | Miles Per Section |
|---|---|---|
| A | **2601 Compass Rd**<br>Glenview, IL 60026-8077 | |
| ● | 1. Start out going WEST on COMPASS RD toward PATRIOT BLVD. | **Go 0.1 Mi** |
| ↱ | 2. Take the 1st RIGHT onto PATRIOT BLVD.<br>*If you are on PATRIOT BLVD and reach MINT LN you've gone about 0.2 miles too far* | **Go 0.5 Mi** |
| ↰ | 3. Turn LEFT onto WILLOW RD.<br>*WILLOW RD is 0.1 miles past LEHIGH AVE* | **Go 2.3 Mi** |
| ⇡ SOUTH 294 | 4. Merge onto I-294 S via the ramp on the LEFT (Portions toll).<br>*If you reach NIELSEN PLZ you've gone about 0.2 miles too far* | **Go 7.8 Mi** |
| ⇡ EAST 90 | 5. Merge onto I-90 E toward KENNEDY EXPY / CHICAGO (Portions toll). | **Go 3.3 Mi** |
| 81A EXIT | 6. Take EXIT 81A toward IL-43 / HARLEM AVE. | **Go 0.2 Mi** |
| ↑ EAST 72 | 7. Stay STRAIGHT to go onto W HIGGINS AVE / IL-72 E. | **Go 0.2 Mi** |
| ↰ 43 | 8. Turn LEFT onto N HARLEM AVE / IL-43.<br>*If you reach N NEVA AVE you've gone a little too far* | **Go 0.3 Mi** |
| ↰ | 9. Turn LEFT onto W TALCOTT AVE.<br>*W TALCOTT AVE is 0.1 miles past W SEMINOLE ST* | **Go 0.4 Mi** |
| ■ | 10. 7435 W TALCOTT AVE is on the LEFT.<br>*Your destination is just past N OKETO AVE*<br>*If you reach N ORIOLE AVE you've gone about 0.2 miles too far* | |
| B | **7435 W Talcott Ave**<br>Chicago, IL 60631-3707 | **15.2 mi** |

302

Total Travel Estimate: **15.17 miles - about 24 minutes**



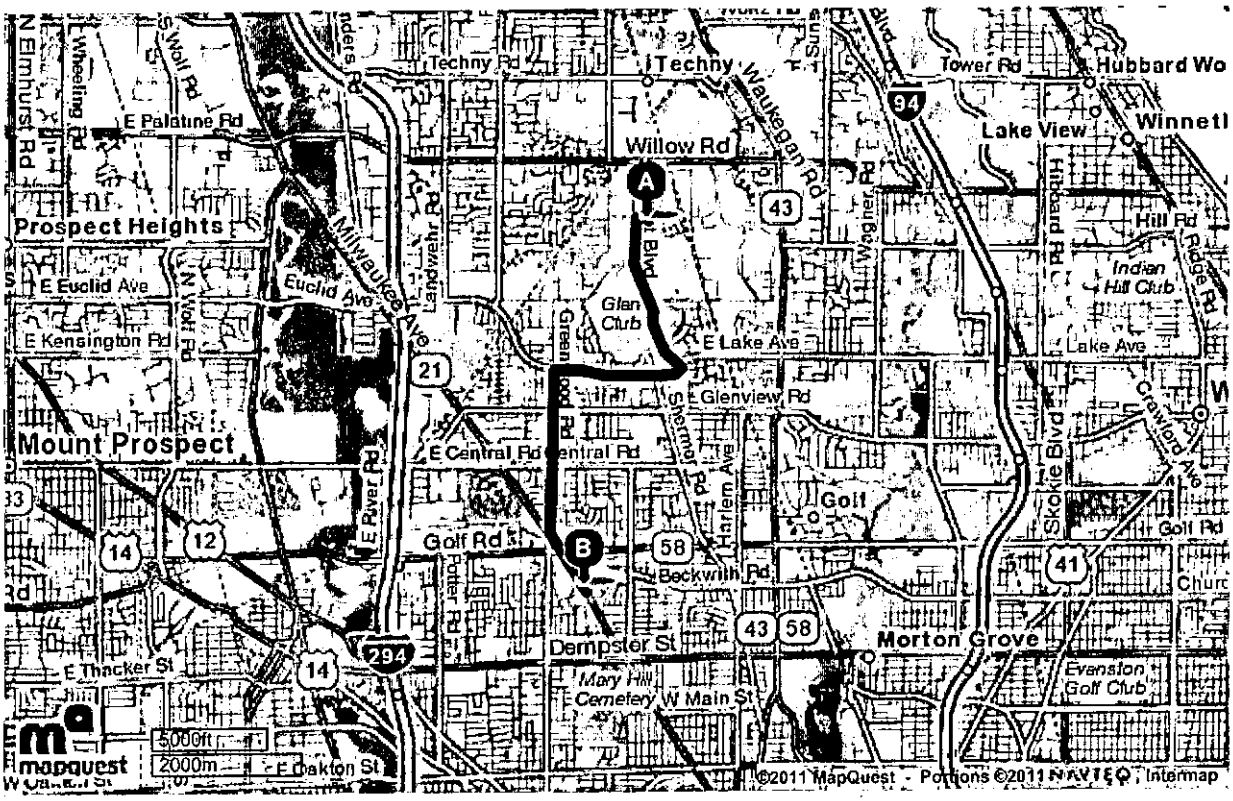
mapquest

Notes

**Trip to:**
9371 N Milwaukee Ave
Niles, IL 60714-1303
**5.07 miles**
**12 minutes**

| | | Miles Per Section |
|---|---|---|
| A | **2601 Compass Rd**<br>Glenview, IL 60026-8077 | |
| ● | 1. Start out going WEST on COMPASS RD toward PATRIOT BLVD. | **Go 0.1 Mi** |
| ↰ | 2. Turn LEFT onto PATRIOT BLVD. | **Go 1.5 Mi** |
| ↱ | 3. Turn RIGHT onto E LAKE AVE. | **Go 1.2 Mi** |
| ↰ | 4. Turn LEFT onto GREENWOOD RD.<br>*GREENWOOD RD is 0.2 miles past HUBER LN* | **Go 0.9 Mi** |
| ↑ | 5. GREENWOOD RD becomes N GREENWOOD AVE. | **Go 0.6 Mi** |
| ↖ 21 | 6. Turn SLIGHT LEFT onto MILWAUKEE AVE / N MILWAUKEE AVE / IL-21. Continue to follow MILWAUKEE AVE / IL-21.<br>*MILWAUKEE AVE is 0.1 miles past W MAYNARD RD* | **Go 0.6 Mi** |
| ↶ 21 | 7. Make a U-TURN onto N MILWAUKEE AVE / IL-21.<br>*If you reach N MARYLAND ST you've gone a little too far* | **Go 0.07 Mi** |
| ■ | 8. 9371 N MILWAUKEE AVE is on the RIGHT.<br>*If you reach W GOLF RD you've gone about 0.3 miles too far* | |
| B | **9371 N Milwaukee Ave**<br>Niles, IL 60714-1303 | **5.1 mi** |

Total Travel Estimate: **5.07 miles - about 12 minutes**



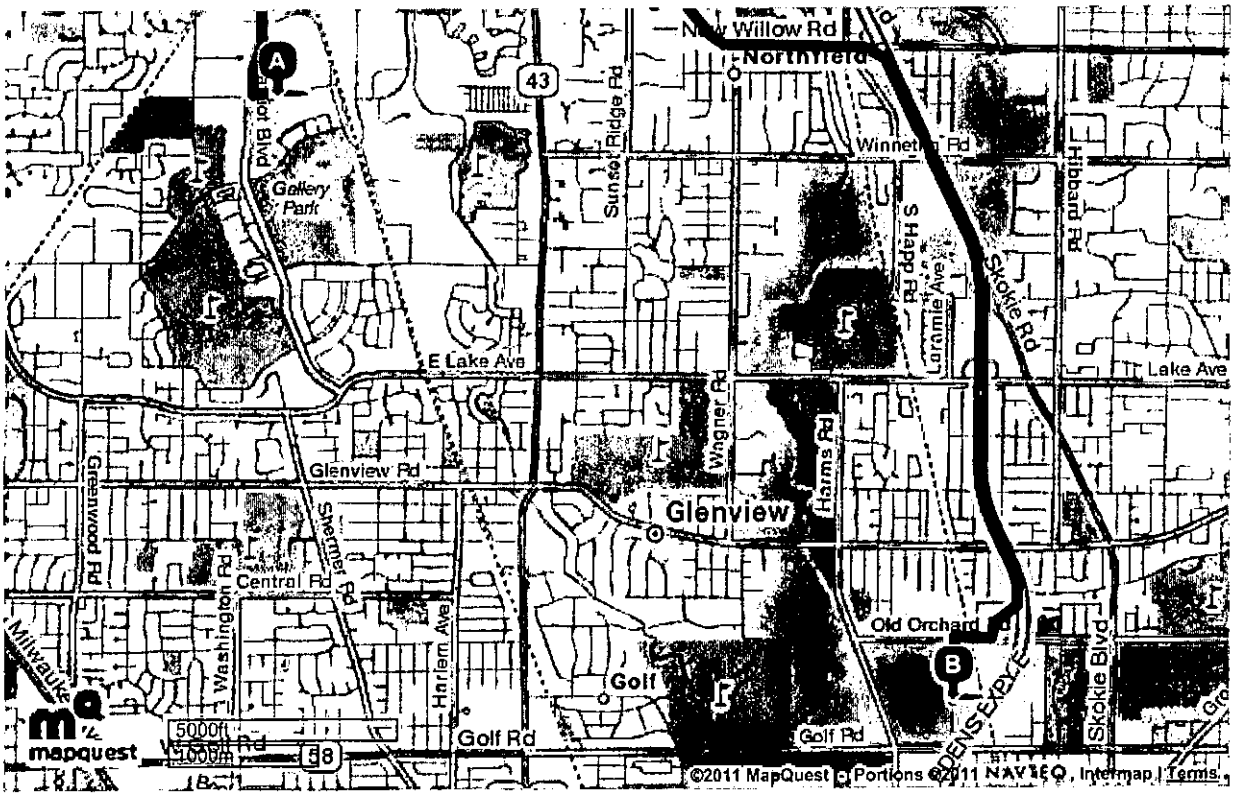
mapquest

Notes

**Trip to:**
9801 Woods Dr
Skokie, IL 60077-1074
**6.89 miles**
**13 minutes**

| | | Miles Per Section |
|---|---|---|
| A | **2601 Compass Rd**<br>Glenview, IL 60026-8077 | |
| ● | 1. Start out going WEST on COMPASS RD toward PATRIOT BLVD. | **Go 0.1 Mi** |
| ↱ | 2. Take the 1st RIGHT onto PATRIOT BLVD.<br>*If you are on PATRIOT BLVD and reach MINT LN you've gone about 0.2 miles too far* | **Go 0.5 Mi** |
| ↱ | 3. Turn RIGHT onto WILLOW RD.<br>*WILLOW RD is 0.1 miles past LEHIGH AVE* | **Go 2.9 Mi** |
| EAST 94 | 4. Merge onto I-94 E / EDENS EXPY E toward CHICAGO. | **Go 2.6 Mi** |
| 35 EXIT | 5. Take the OLD ORCHARD RD exit, EXIT 35. | **Go 0.3 Mi** |
| ↱ | 6. Turn RIGHT onto OLD ORCHARD RD.<br>*If you are on OLD ORCHARD RD and reach LAWLER AVE you've gone about 0.2 miles too far* | **Go 0.2 Mi** |
| ↰ | 7. Turn LEFT onto WOODS DR.<br>*WOODS DR is 0.1 miles past LOCKWOOD AVE* | **Go 0.3 Mi** |
| ■ | 8. 9801 WOODS DR is on the LEFT.<br>*If you reach GOLF RD you've gone about 0.2 miles too far* | |
| B | **9801 Woods Dr**<br>Skokie, IL 60077-1074 | **6.9 mi** |

Total Travel Estimate: **6.89 miles - about 13 minutes**



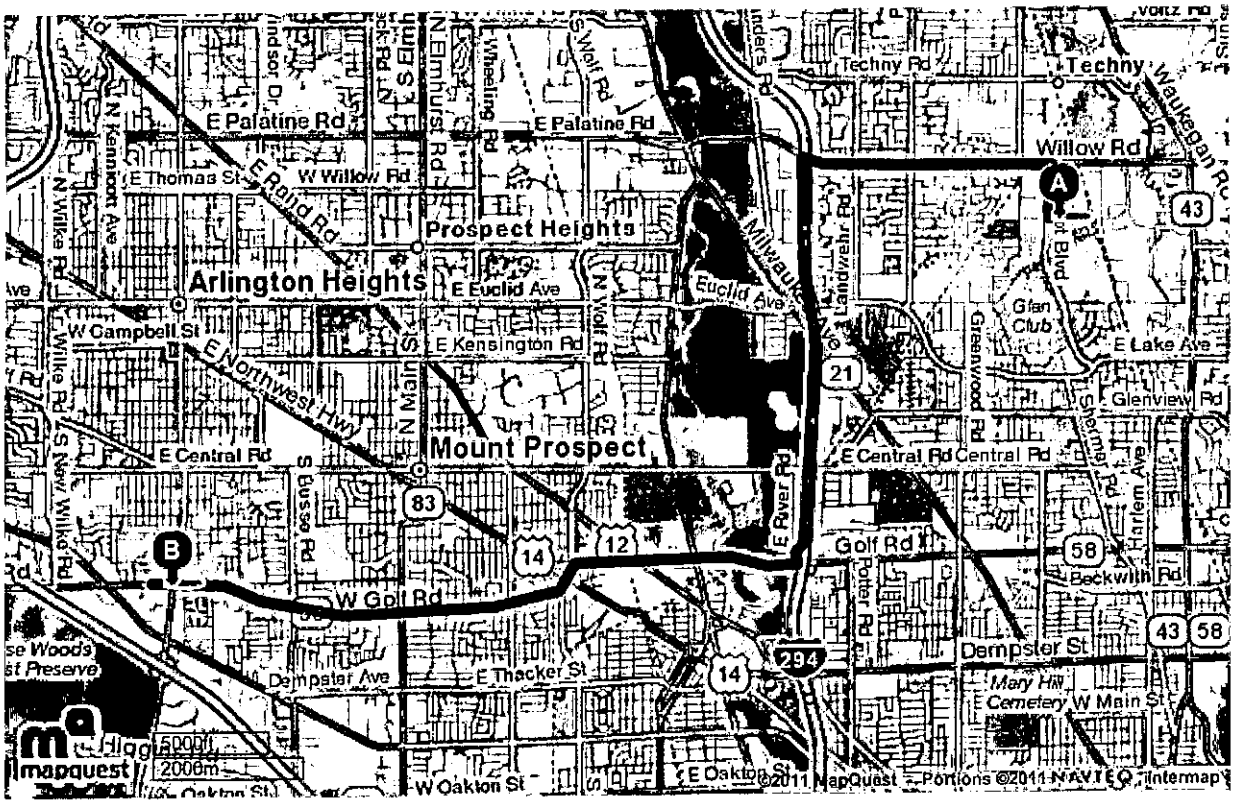
mapquest

Notes

**Trip to:**
17 W Golf Rd
Arlington Heights, IL 60005-3905
**13.12 miles**
**26 minutes**

| | | Miles Per Section |
|---|---|---|
| A | **2601 Compass Rd**<br>Glenview, IL 60026-8077 | |
| ● | 1. Start out going WEST on COMPASS RD toward PATRIOT BLVD. | **Go 0.1 Mi** |
| ↱ | 2. Take the 1st RIGHT onto PATRIOT BLVD.<br>*If you are on PATRIOT BLVD and reach MINT LN you've gone about 0.2 miles too far* | **Go 0.5 Mi** |
| ↰ | 3. Turn LEFT onto WILLOW RD.<br>*WILLOW RD is 0.1 miles past LEHIGH AVE* | **Go 2.3 Mi** |
| SOUTH 294 | 4. Merge onto I-294 S via the ramp on the LEFT (Portions toll).<br>*If you reach NIELSEN PLZ you've gone about 0.2 miles too far* | **Go 3.2 Mi** |
| EXIT | 5. Take the exit toward IL-58 / GOLF RD. | **Go 0.5 Mi** |
| ↰ | 6. Turn LEFT onto E RIVER RD. | **Go 0.1 Mi** |
| 58 | 7. Take the 1st RIGHT onto E GOLF RD / IL-58. Pass through 1 roundabout.<br>*If you are on BENDER RD and reach W BALLARD RD you've gone about 0.6 miles too far* | **Go 6.2 Mi** |
| 58 | 8. Make a U-TURN onto W GOLF RD / IL-58.<br>*If you reach S HIGHLAND AVE you've gone about 0.1 miles too far* | **Go 0.2 Mi** |
| ■ | 9. 17 W GOLF RD is on the RIGHT.<br>*If you reach S ARLINGTON HEIGHTS RD you've gone a little too far* | |
| B | **17 W Golf Rd**<br>Arlington Heights, IL 60005-3905 | **13.1 mi** |

Total Travel Estimate: **13.12 miles - about 26 minutes**



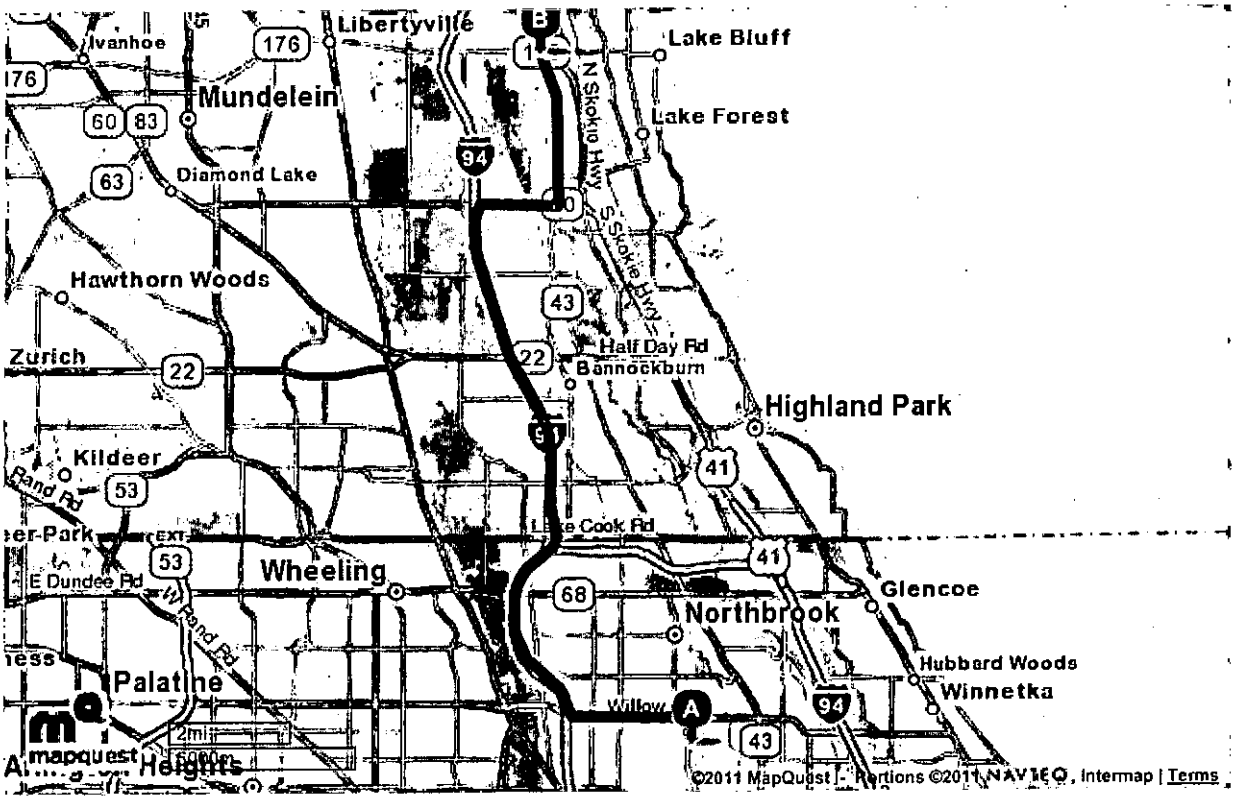
mapquest

Notes

**Trip to:**
101 Waukegan Road
Lake Bluff, IL 60044
**17.29 miles**
**25 minutes**

| | | | Miles Per Section | Miles Driven |
|---|---|---|---|---|
| A | | **2601 Compass Rd**<br>Glenview, IL 60026-8077 | | |
| ● | | 1. Start out going WEST on COMPASS RD toward PATRIOT BLVD. | **Go 0.1 Mi** | 0.1 mi |
| ↱ | | 2. Take the 1st RIGHT onto PATRIOT BLVD.<br>*If you are on PATRIOT BLVD and reach MINT LN you've gone about 0.2 miles too far* | **Go 0.5 Mi** | 0.6 mi |
| ↰ | | 3. Turn LEFT onto WILLOW RD.<br>*WILLOW RD is 0.1 miles past LEHIGH AVE* | **Go 2.2 Mi** | 2.8 mi |
| ⛙ | NORTH 294 | 4. Merge onto I-294 N toward WISCONSIN (Portions toll). | **Go 4.5 Mi** | 7.3 mi |
| ↑ | WEST 94 | 5. I-294 N becomes I-94 W (Portions toll). | **Go 5.5 Mi** | 12.8 mi |
| EXIT | | 6. Take the IL-60 / TOWN LINE RD exit. | **Go 0.3 Mi** | 13.1 mi |
| ↱ | EAST 60 | 7. Turn RIGHT onto IL-60 E / W KENNEDY RD / TOWNLINE RD. | **Go 1.4 Mi** | 14.5 mi |
| ↰ | 43 | 8. Turn LEFT onto N WAUKEGAN RD / IL-43.<br>*N WAUKEGAN RD is 0.7 miles past ACADEMY RD* | **Go 2.7 Mi** | 17.3 mi |
| ■ | | 9. 101 WAUKEGAN ROAD.<br>*Your destination is just past CARRIAGE PARK AVE*<br>*If you reach ROCKLAND RD you've gone a little too far* | | 17.3 mi |
| B | | **101 Waukegan Road**<br>Lake Bluff, IL 60044 | **17.3 mi** | **17.3 mi** |

Total Travel Estimate: **17.29 miles - about 25 minutes**



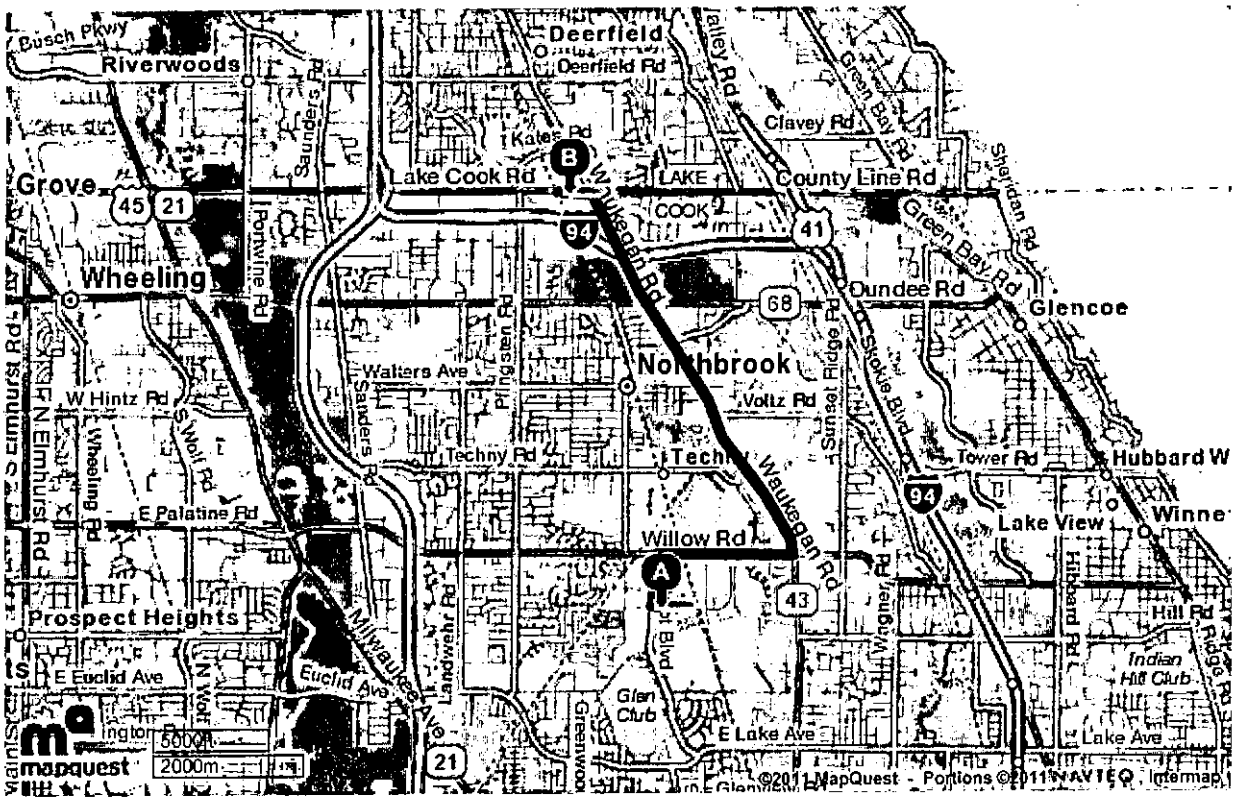
mapquest

Notes

**Trip to:**
405 Lake Cook Rd Ste A13
Deerfield, IL 60015-5284
**6.13 miles**
**12 minutes**

| | | Miles Per Section |
|---|---|---|
| A | **2601 Compass Rd**<br>Glenview, IL 60026-8077 | |
| ● | 1. Start out going WEST on COMPASS RD toward PATRIOT BLVD. | **Go 0.1 Mi** |
| ↱ | 2. Take the 1st RIGHT onto PATRIOT BLVD.<br>*If you are on PATRIOT BLVD and reach MINT LN you've gone about 0.2 miles too far* | **Go 0.5 Mi** |
| ↱ | 3. Turn RIGHT onto WILLOW RD.<br>*WILLOW RD is 0.1 miles past LEHIGH AVE* | **Go 1.3 Mi** |
| ↰ 43 | 4. Turn LEFT onto WAUKEGAN RD / IL-43.<br>*WAUKEGAN RD is 0.3 miles past FOUNDERS DR* | **Go 3.8 Mi** |
| ↰ | 5. Turn LEFT onto LAKE COOK RD.<br>*LAKE COOK RD is 0.2 miles past CHESTNUT RD* | **Go 0.3 Mi** |
| ↶ | 6. Make a U-TURN onto LAKE COOK RD. | **Go 0.1 Mi** |
| ■ | 7. 405 LAKE COOK RD STE A13 is on the RIGHT.<br>*If you reach ELLENDALE RD you've gone about 0.3 miles too far* | |
| B | **405 Lake Cook Rd Ste A13**<br>Deerfield, IL 60015-5284 | **6.1 mi** |

Total Travel Estimate: **6.13 miles - about 12 minutes**



mapquest

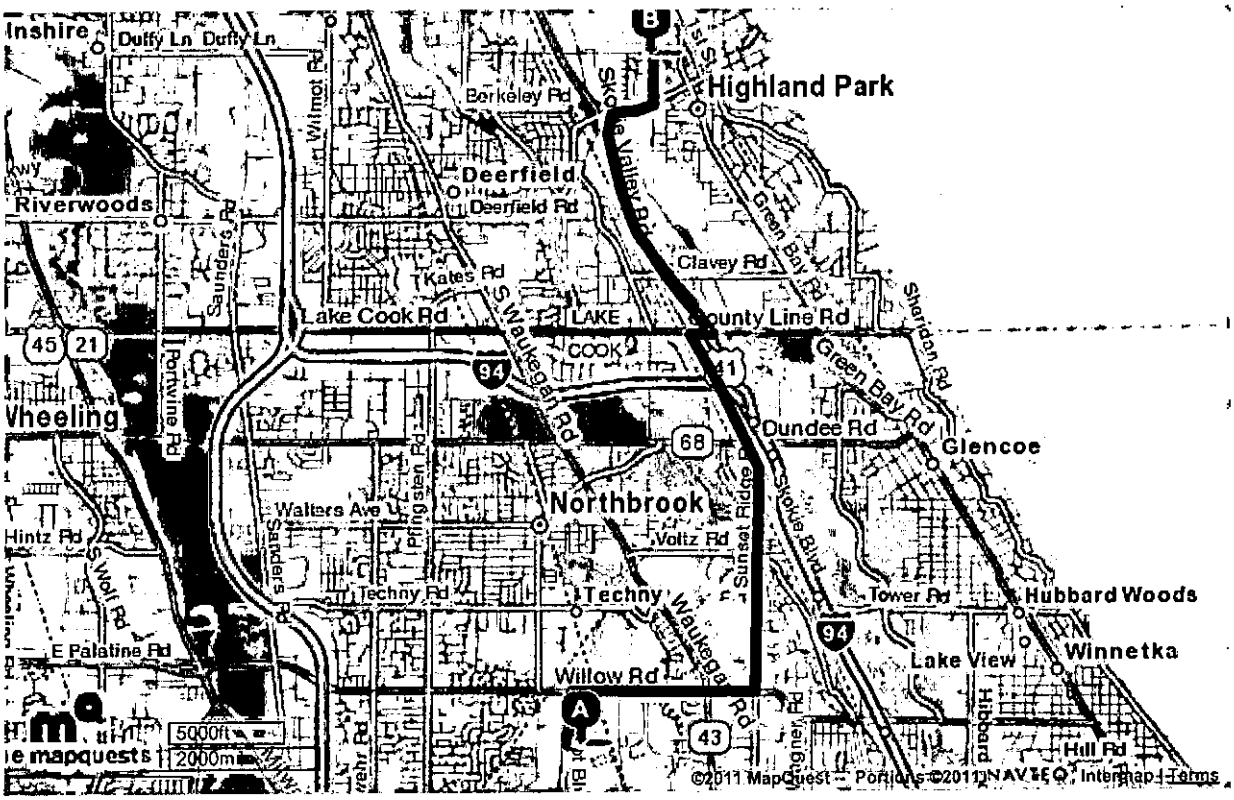
Notes

**Trip to:**
777 Park Ave W
Highland Park, IL 60035-2433
**9.08 miles**
**19 minutes**

| | | Miles Per Section |
|---|---|---|
| A | **2601 Compass Rd**<br>Glenview, IL 60026-8077 | |
| ● | 1. Start out going WEST on COMPASS RD toward PATRIOT BLVD. | **Go 0.1 Mi** |
| ↱ | 2. Take the 1st RIGHT onto PATRIOT BLVD.<br>*If you are on PATRIOT BLVD and reach MINT LN you've gone about 0.2 miles too far* | **Go 0.5 Mi** |
| ↱ | 3. Turn RIGHT onto WILLOW RD.<br>*WILLOW RD is 0.1 miles past LEHIGH AVE* | **Go 1.7 Mi** |
| ↰ | 4. Turn LEFT onto SUNSET RIDGE RD.<br>*SUNSET RIDGE RD is 0.1 miles past EDGEWOOD LN* | **Go 2.0 Mi** |
| ↰ | 5. Turn LEFT onto SKOKIE BLVD. | **Go 1.4 Mi** |
| ↱ | 6. Turn RIGHT onto COUNTY LINE RD / LAKE COOK RD.<br>*COUNTY LINE RD is 0.7 miles past HENRICI DR* | **Go 0.2 Mi** |
| ⇗ NORTH 41 | 7. Merge onto US-41 N / SKOKIE HWY via the ramp on the LEFT toward WAUKEGAN.<br>*If you reach WINONA RD you've gone about 0.1 miles too far* | **Go 2.1 Mi** |
| EXIT | 8. Take the EAST CENTRAL AVE exit. | **Go 0.2 Mi** |
| ⇗ | 9. Merge onto CENTRAL AVE. | **Go 0.4 Mi** |
| ↰ | 10. Turn LEFT onto SUNSET RD.<br>*SUNSET RD is 0.2 miles past BEVERLY PL* | **Go 0.4 Mi** |
| ↱ | 11. Take the 1st RIGHT onto PARK AVE W.<br>*If you are on GLENVIEW AVE and reach MIDLOTHIAN AVE you've gone about 0.3 miles too far* | |
| ■ | 12. 777 PARK AVE W is on the LEFT.<br>*If you reach MIDLOTHIAN AVE you've gone about 0.1 miles too far* | |
| B | **777 Park Ave W**<br>Highland Park, IL 60035-2433 | **9.1 mi** |

314

Total Travel Estimate: **9.08 miles - about 19 minutes**



mapquest

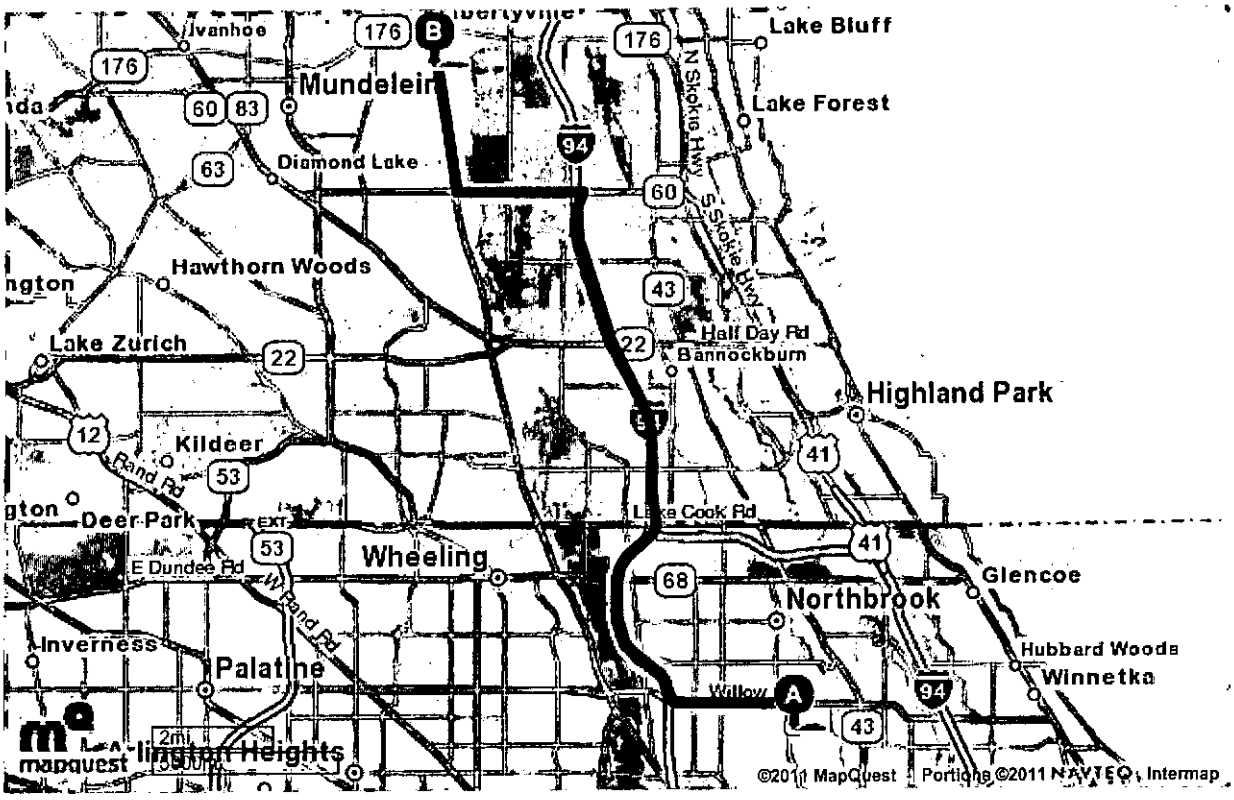
Notes

**Trip to:**
918 S Milwaukee Ave
Libertyville, IL 60048-3229
**17.70 miles**
**26 minutes**

| | | Miles Per Section |
|---|---|---|
| A | **2601 Compass Rd**<br>Glenview, IL 60026-8077 | |
| ● | 1. Start out going WEST on COMPASS RD toward PATRIOT BLVD. | **Go 0.1 Mi** |
| ↱ | 2. Take the 1st RIGHT onto PATRIOT BLVD.<br>*If you are on PATRIOT BLVD and reach MINT LN you've gone about 0.2 miles too far* | **Go 0.5 Mi** |
| ↰ | 3. Turn LEFT onto WILLOW RD.<br>*WILLOW RD is 0.1 miles past LEHIGH AVE* | **Go 2.2 Mi** |
| NORTH 294 | 4. Merge onto I-294 N toward WISCONSIN (Portions toll). | **Go 4.5 Mi** |
| WEST 94 | 5. I-294 N becomes I-94 W (Portions toll). | **Go 5.5 Mi** |
| EXIT | 6. Take the IL-60 / TOWN LINE RD exit. | **Go 0.3 Mi** |
| 60 | 7. Turn LEFT onto IL-60 / TOWNLINE RD. | **Go 2.3 Mi** |
| 21 | 8. Turn RIGHT onto N MILWAUKEE AVE / IL-21.<br>*N MILWAUKEE AVE is 0.9 miles past N ST MARYS RD* | **Go 2.3 Mi** |
| ■ | 9. 918 S MILWAUKEE AVE.<br>*Your destination is 0.2 miles past E GOLF RD*<br>*If you reach VALLEY PARK DR you've gone a little too far* | |
| B | **918 S Milwaukee Ave**<br>Libertyville, IL 60048-3229 | **17.7 mi** |

316

Total Travel Estimate: **17.70 miles - about 26 minutes**



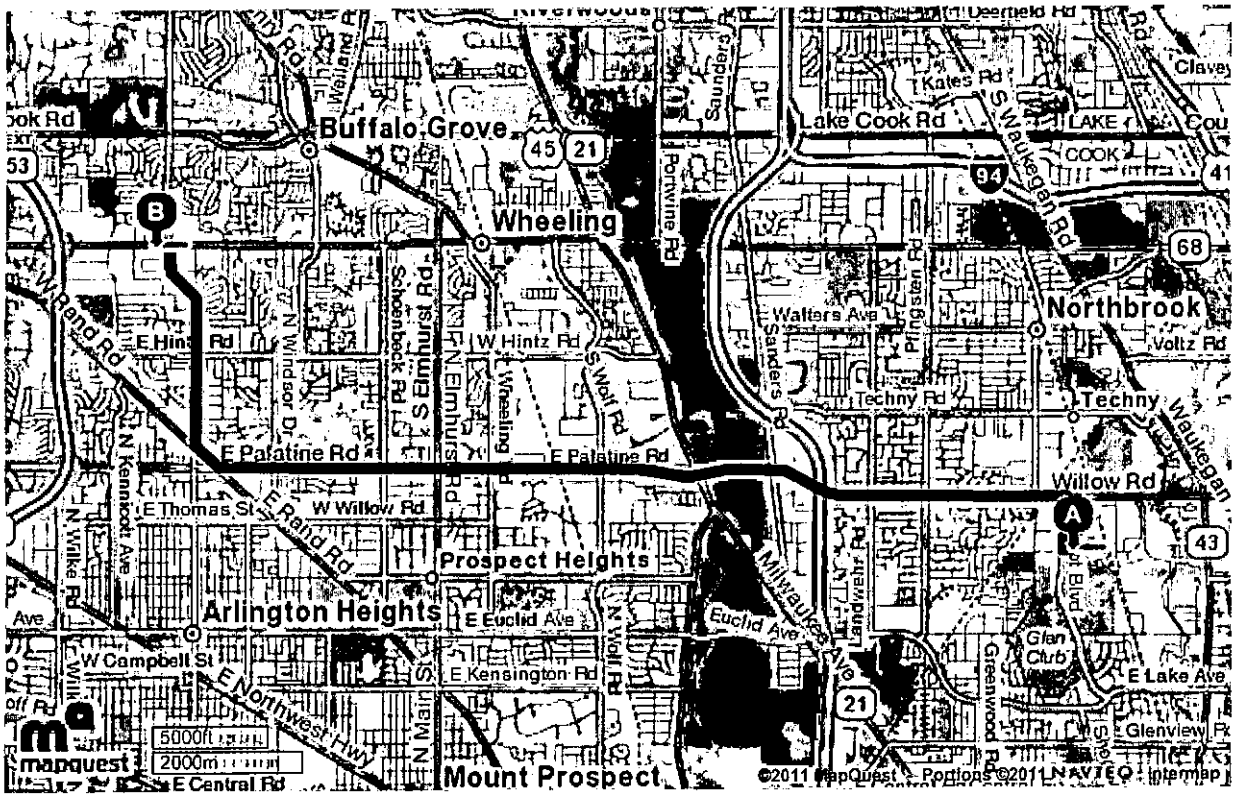
mapquest

Notes

**Trip to:**
1291 W Dundee Rd
Buffalo Grove, IL 60089-4009
**10.86 miles**
**18 minutes**

| | | | Miles Per Section |
|---|---|---|---|
| A | | **2601 Compass Rd**<br>Glenview, IL 60026-8077 | |
| ● | | 1. Start out going WEST on COMPASS RD toward PATRIOT BLVD. | **Go 0.1 Mi** |
| ↱ | | 2. Take the 1st RIGHT onto PATRIOT BLVD.<br>*If you are on PATRIOT BLVD and reach MINT LN you've gone about 0.2 miles too far* | **Go 0.5 Mi** |
| ↰ | | 3. Turn LEFT onto WILLOW RD.<br>*WILLOW RD is 0.1 miles past LEHIGH AVE* | **Go 3.2 Mi** |
| ↑ | | 4. WILLOW RD becomes PALATINE RD EXPRESS LN. | **Go 4.6 Mi** |
| ↑ | | 5. PALATINE RD EXPRESS LN becomes E PALATINE RD. | **Go 0.2 Mi** |
| ↗ | 12 | 6. Turn SLIGHT RIGHT onto E RAND RD / US-12.<br>*E RAND RD is just past N PINETREE DR* | **Go 0.3 Mi** |
| ↗ | | 7. Turn SLIGHT RIGHT onto N ARLINGTON HEIGHTS RD.<br>*If you are on W RAND RD and reach N CHESTNUT AVE you've gone about 0.4 miles too far* | **Go 1.9 Mi** |
| ↰ | 68 | 8. Turn LEFT onto W DUNDEE RD / IL-68.<br>*W DUNDEE RD is just past W BOEGER DR* | **Go 0.09 Mi** |
| ■ | | 9. 1291 W DUNDEE RD is on the LEFT.<br>*If you reach GROVE DR you've gone a little too far* | |
| B | | **1291 W Dundee Rd**<br>Buffalo Grove, IL 60089-4009 | **10.9 mi** |

Total Travel Estimate: **10.86 miles - about 18 minutes**



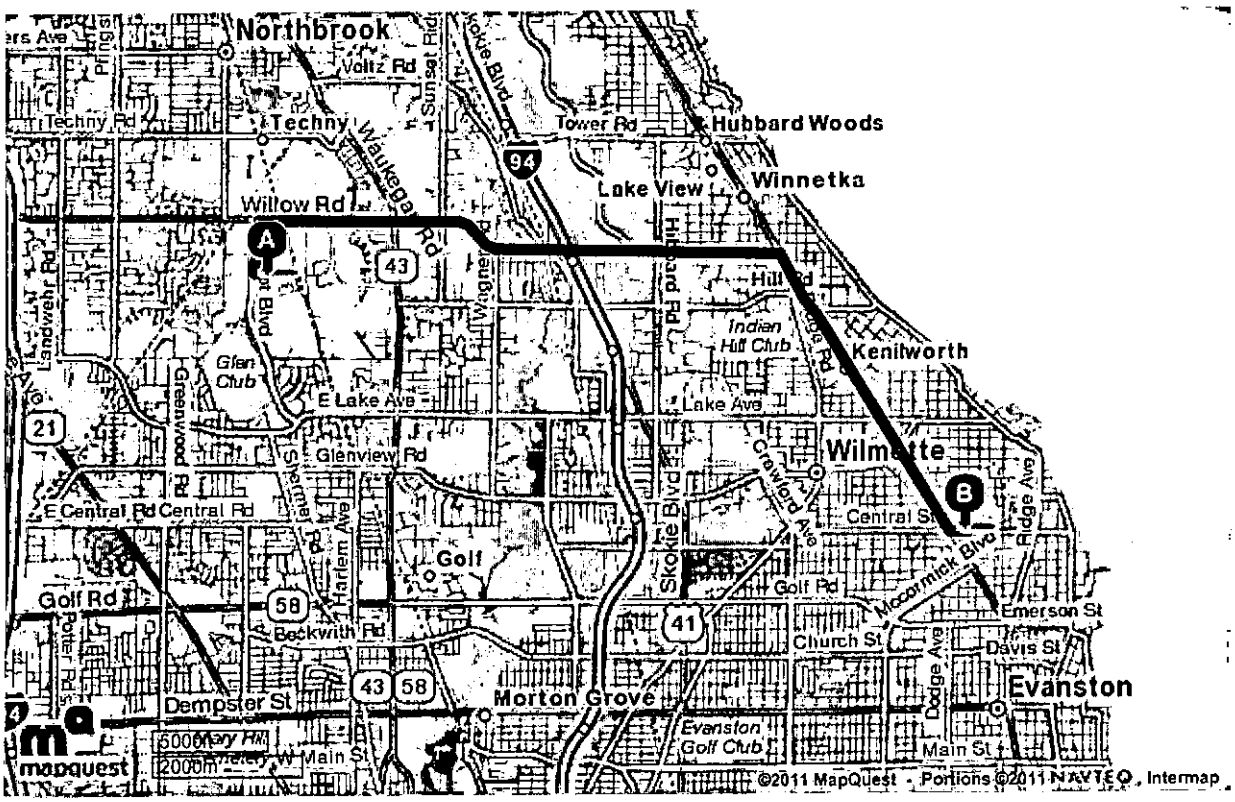
mapquest

Notes

**Trip to:**
1715 Central St
Evanston, IL 60201-1507
**8.68 miles**
**22 minutes**

| | | Miles Per Section |
|---|---|---|
| A | **2601 Compass Rd**<br>Glenview, IL 60026-8077 | |
| ● | 1. Start out going WEST on COMPASS RD toward PATRIOT BLVD. | **Go 0.1 Mi** |
| ↱ | 2. Take the 1st RIGHT onto PATRIOT BLVD.<br>*If you are on PATRIOT BLVD and reach MINT LN you've gone about 0.2 miles too far* | **Go 0.5 Mi** |
| ↱ | 3. Turn RIGHT onto WILLOW RD.<br>*WILLOW RD is 0.1 miles past LEHIGH AVE* | **Go 4.9 Mi** |
| ↱ | 4. Turn RIGHT onto GREEN BAY RD. | **Go 3.0 Mi** |
| ↰ | 5. Turn LEFT onto CENTRAL ST.<br>*CENTRAL ST is 0.1 miles past LIVINGSTON ST* | **Go 0.2 Mi** |
| ■ | 6. 1715 CENTRAL ST is on the LEFT.<br>*Your destination is 0.1 miles past BROADWAY AVE*<br>*If you reach EASTWOOD AVE you've gone a little too far* | |
| B | **1715 Central St**<br>Evanston, IL 60201-1507 | **8.7 mi** |

Total Travel Estimate: **8.68 miles - about 22 minutes**



# APPENDIX 2

## Physician Referral Letters

July 14, 2011

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

Dear Ms. Avery:

We, Stuart M. Sprague, M.D., Louisa T. Ho, M.D., Neenoo Khosla, M.D., Kevin W. Nash, M.D. and Norman M. Simon, M.D. are writing in support of the proposed 16 station center known as Satellite Dialysis of Glenview, LLC ("Satellite Dialysis of Glenview"). We are practicing nephrologists in northern Cook County, Illinois. Over the past few years, we have seen this area grow not only in overall population but also in its population of End Stage Renal Disease ("ESRD") patients. Existing in-center hemodialysis facilities are operating at utilization such that it is difficult to place our patients on shifts that accommodate their needs. Moreover, the growth in pre-ESRD patients in our practice has been so substantial that we do not feel there will be adequate access to dialysis services for our patients in the coming years.

We were treating 109 in-center hemodialysis patients at the end of 2008, 133 in-center hemodialysis patients at the end of 2009 and 110 such patients at the end of 2010, as reported to The Renal Network. As of the end of the most recent quarter (June 30, 2011), we were treating 123 hemodialysis patients. Moreover, over the past twelve months (July 1, 2010 through June 30, 2011) we referred 45 new patients for hemodialysis services to FMC Evanston, FMC Glenview, DSI Evanston, FMC Niles, FMC Deerfield and FMC Norridge. We have 58 pre-ESRD patients who live in the vicinity of the proposed facility that we expect to refer to it within 2 years after completion of the facility. These patients are showing lab values that indicate they are in stages 3 & 4 of chronic kidney disease ("CKD") and are expected to require dialysis therapy starting in the two years after completion of the proposed project. Owing to anticipated patient attrition, at two years after facility completion, we expect 53 patients of the 58 patients we anticipate referring will be receiving dialysis at the proposed facility.

We respectfully ask the Board to approve the 16 station Satellite Dialysis of Glenview in order to keep access available to evidenced growing number of patients presenting with CKD in northern Cook County. Thank you for your consideration.

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

Sincerely,

Stuart M. Sprague, M.D.

Louisa T. Ho, M.D.

Neenoo Khosla, M.D.

Kevin W. Nash, M.D.

Norman M. Simon, M.D.

Notarization:

Subscribed and sworn to before me this 15 day of July, 2011

OFFICIAL SEAL
GAIL E. LINDBERG
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 1-7-2012

Signature of Notary

| Recipient facility: Satellite Dialysis of Glenview | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Zip of Residence | Dr. Kim (Nephrologist) | Dr. Ho (Nephrologist) | Dr. Khosla (Nephrologist) | Dr. Nash (Nephrologist) | Dr. Simon (Nephrologist) | Dr. Sprague (Nephrologist) | **Total** |
| Pre-ESRD patients that will be referred to the facility within 2 years of opening date | 60025 | 8 | 1 | 2 | 4 | | 1 | 16 |
| | 60026 | 5 | 1 | 1 | 3 | | 1 | 11 |
| | 60053 | 4 | 2 | 1 | 3 | | | 10 |
| | 60016 | 3 | 1 | 1 | 2 | 1 | | 8 |
| | 60056 | 3 | | | 2 | | | 5 |
| | 60070 | 3 | 1 | 1 | 3 | | | 8 |
| | 60062 | 2 | 2 | 1 | 4 | | 1 | 10 |
| | 60018 | | 1 | | | | | 1 |
| | 60068 | | 1 | | 1 | | | 2 |
| | 60714 | | 1 | 1 | 2 | | 1 | 5 |
| | 60090 | | 2 | 1 | 2 | | 1 | 6 |
| | 60082 | | | | 1 | | 1 | 2 |
| | 60022 | | 1 | | 1 | | | 2 |
| | **Total** | 28 | 14 | 9 | 28 | 1 | 6 | 86 |

## Admissions in current centers for the past year (7/1/2010-6/30/2011)

| ZIP of Residence | FMC Evanston | | | | | DSI Evanston | | | | | FMC Glenview | | | Center for Renal Replacement Lincolnwood | FMC Norridge | FMC Niles | FMC Deerfield | | **Total** |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Dr. Kim | Dr. Ho | Dr. Khosla | Dr. Nash | Dr. Sprague | Dr. Kim | Dr. Ho | Dr. Khosla | Dr. Simon | Dr. Sprague | Dr. Kim | Dr. Khosla | Dr. Nash | Dr. Kim | Dr. Nash | Dr. Nash | Dr. Kim | Dr. Nash | |
| 60025 | | 1 | | 1 | | | | | | | 2 | 1 | 5 | | | | | | **10** |
| 60091 | | | | | | 1 | | | | | | | | | | | | | **1** |
| 60714 | | | | | | | | | | | | | | 1 | | | | | **1** |
| 60062 | | | | | | | | | | | | | | | | | 1 | 1 | **2** |
| 60201 | 2 | 2 | 3 | | | 4 | 2 | | | 1 | | | | | | | | | **14** |
| 60202 | | | 2 | | 1 | 1 | 2 | | | | | | | 1 | | | | | **7** |
| 60082 | | | | | | | | | | | 1 | | | | | | | | **1** |
| 60045 | | | | | | 1 | | | | | | | | | | | | | **1** |
| 60411 | | | | | | 1 | | | | | | | | | | | | | **1** |
| 60076 | 1 | 2 | 1 | | | 1 | 1 | | | | | | | | | | | | **6** |
| 60659 | | | | | | | | | | | | | | 1 | | | | | **1** |
| 60015 | | | | | | | | | 1 | | | | | | | | | 1 | **2** |
| 60017 | | | | | | | | 1 | | | | | | | | | | | **1** |
| 60053 | | | | | | | | 1 | | | | | | | | 1 | | | **2** |
| 60426 | | | | | | | | 1 | | | | | | | | | | | **1** |
| 60645 | | | | | | | | 1 | | | | | | | | | | | **1** |
| 60712 | | 1 | | | | | | | | 1 | | | | | | | | | **2** |
| 60093 | | | 1 | | | | | | | | | | | | | | | | **1** |
| 60059 | | | 1 | | | | | | | | | | | | | | | | **1** |
| 60056 | | | | | | | | | | | | | 1 | | 1 | | | | **2** |
| 60026 | | | | | | | | | | | | | 1 | | | | | | **1** |
| 60070 | | | | | | | | | | | | | 1 | | | | | | **1** |
| 60084 | | | | | | | | | | | | 1 | | | | | | | **1** |
| 60004 | | | | | | | | | | | | | | | | 1 | | | **1** |
| 60631 | | | | | | | | | | | | | | | | 1 | | | **1** |
| 60706 | | | | | | | | | | | | | | | | 1 | | | **1** |
| **Total** | **3** | **6** | **8** | **1** | **1** | **9** | **5** | **4** | **1** | **2** | **3** | **2** | **8** | **3** | **1** | **4** | **1** | **2** | **64** |

326

APPENDIX 2

**In-center patient as of 12/31/2008**

| | FMC Evanston | | | | FMC Glenview | | FMC Niles | | | DSI Evanston | | | FMC Big Oaks | FM C Deer | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Zip code of residence | Dr. Kim | Dr. Ho | Dr. Simon | Dr. Sprague | Dr. Nash | Dr. Kim | Dr. Nash | Dr. Simon | Dr. Sprague | Dr. Kim | Dr. Ho | Dr. Sprague | Dr. Nash | Dr. Nash | |
| 60026 | | | | | 2 | | | | | | | 1 | | | 3 |
| 60077 | 1 | 2 | | | 1 | | | | | | | 1 | | | 5 |
| 60090 | | | | | 4 | | | | | | | 1 | | | 5 |
| 60091 | | 2 | 2 | 1 | | | | | | | 1 | | | | 6 |
| 60201 | 3 | 8 | 3 | 3 | 1 | | | | | | 1 | 1 | | | 20 |
| 60202 | | 10 | | 1 | | | | 1 | | 1 | 1 | | | | 14 |
| 60626 | | 1 | 1 | 1 | | | | | | | | 1 | | | 4 |
| 60053 | | | | 1 | | | 2 | | 1 | | | | 1 | | 5 |
| 60015 | | | | | 1 | | | | | | | | | 1 | 2 |
| 60062 | | | 1 | | 5 | 1 | | | | | | | | 2 | 9 |
| 60025 | 1 | 1 | | | 8 | 3 | | | | 1 | | | | | 14 |
| 60056 | | 1 | | | 3 | 2 | | | | | | | | | 6 |
| 60076 | 1 | 4 | 1 | | | | | | | | | | | | 6 |
| 60093 | | 1 | 2 | | 1 | | | | | | | | | | 4 |
| 60099 | | 1 | | | | | | | | | | | | | 1 |
| 60203 | | | 1 | | | | | | | | | | | | 1 |
| 60204 | | 1 | | | | | | | | | | | | | 1 |
| 60618 | | 1 | | | | | | | | | | | | | 1 |
| 60625 | | 1 | | | | | | | | | | | | | 1 |
| 60045 | | 1 | | | | | | | | | | | | | 1 |
| 60640 | | 1 | | | | | | | | 1 | | | | | 2 |
| 60059 | 1 | | 1 | | | | | | | | | | | | 2 |
| 60645 | | 1 | | | | | | | | 1 | | | | | 2 |
| 60060 | 1 | | | 1 | | | | | | | | | | | 2 |
| 60712 | | 2 | 1 | | | | | | | | | | | | 3 |
| 60016 | | | | | 1 | | | | | | | | | | 1 |
| 60068 | | | | | 1 | | | | | | | | | | 1 |
| 60070 | | | | | 2 | 1 | | | | | | | | | 3 |
| 60656 | | | | | 1 | | | | | | | | | | 1 |
| 60706 | | | | | | | 1 | | | | | | | | 1 |
| 60714 | | | | | | | 1 | | | | | | | | 1 |
| 60084 | | | | | | 1 | | | | | | | | | 1 |
| 60718 | | | | | | 2 | | | | | | | | | 2 |
| 60082 | | | | | | 2 | | | | | | | | | 2 |
| **Total** | **8** | **39** | **13** | **8** | **31** | **12** | **4** | **1** | **1** | **4** | **3** | **5** | **1** | **3** | **133** |

## In-center patient as of 12/31/2009

| ZIP of Residence | DSI Evanston | | | | | FMC Big Oaks | FMC Deerfield | FMC Evanston | | | | | FMC Glenview | | | FMC Niles | | DSI Buffalo Grove | DSI Arlington | Round Lake | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Dr. Ho | Dr. Khosla | Dr. Simon | Dr. Sprague | Dr. Kim | Dr. Nash | Dr. Nash | Dr. Ho | Dr. Khosla | Dr. Simon | Dr. Sprague | Dr. Kim | Dr. Khosla | Dr. Nash | Dr. Sprague | Dr. Nash | Dr. Simon | Dr. Kim | Dr. Kim | Dr. Simon | |
| 60015 | | | | 1 | | | 1 | | | | | | | 1 | 1 | | | | | | 4 |
| 60022 | | | | 1 | | | | | | | | | | | | | | | | | 1 |
| 60026 | | | | 1 | | | | | | 1 | | | | 2 | | | | | | | 4 |
| 60041 | | | | | | | | | | | | | | | | | | | | 1 | 1 |
| 60053 | | | | 1 | | 1 | | | | | 1 | | | | | 2 | | | | | 5 |
| 60059 | | | | | | | | 1 | | | | | | | | | | | | | 1 |
| 60062 | | | | 1 | | | 2 | | | | | | | 6 | | | | | | | 9 |
| 60070 | | | | | | | | | | | | | | 3 | | | | 1 | | | 4 |
| 60076 | | | | 1 | 1 | | | 7 | | 1 | | 2 | | | | | | | | | 12 |
| 60077 | 1 | | | | | | | | | | | 2 | | 1 | | | | | | | 4 |
| 60089 | | | | | | | | | | | | | | | | | | 1 | | | 1 |
| 60090 | | | | 1 | | | | | | | | | 1 | 5 | | | | 1 | | | 8 |
| 60091 | 1 | | | | 1 | | | 2 | | 2 | | 2 | | | | | | | | | 8 |
| 60093 | | | | | | | | 2 | | 1 | | 1 | | | | | | | | | 4 |
| 60201 | 3 | 1 | 4 | 2 | | | | 7 | | 2 | 2 | 4 | | | | | | | | | 25 |
| 60202 | 6 | 1 | | | | | | 9 | | | | 4 | | | | | 1 | | | | 21 |
| 60203 | | | | | | | | | | 1 | | 1 | | | | | | | | | 2 |
| 60625 | | | | 1 | | | | 2 | | | | | | | | | | | | | 3 |
| 60626 | | | | 2 | 1 | | | 1 | | | | 3 | | | | | | | | | 7 |
| 60630 | | | | 1 | | | | | | | | 1 | | | | | | | | | 2 |
| 60645 | | | | | | | | 1 | | | | | | | | | | | | | 1 |
| 60647 | | 1 | | | | | | | | | | | | | | | | | | | 1 |
| 60652 | | | | | | | | | | | 1 | | | | | | | | | | 1 |
| 60659 | | | | 1 | 1 | | | | | | | 1 | | | | | | | | | 3 |
| 60660 | | | | 1 | | | | | 1 | | 1 | | | | | | | | | | 3 |
| 60712 | | 1 | | 1 | | | | | | | | | | | | | | | | | 2 |
| 60610 | | | | | 1 | | | | | | | | | | | | | | | | 1 |
| 60060 | | | | | | | | 1 | | | | | | | | | | | | | 1 |
| 60056 | | | | | | | | 1 | | | | | | 3 | | | | | 1 | | 5 |
| 60082 | | | | | | | | | | | | 2 | | | | | | | | | 2 |
| 60016 | | | | | | | | | | | | | | 2 | | | | | | | 2 |
| 60018 | | | | | | | | | | | | | 1 | | | | | | | | 1 |
| 60025 | | | | | | | | | | | | | 1 | 8 | | | | | | | 9 |
| 60039 | | | | | | | | | | | | | | 1 | | | | | | | 1 |
| 60069 | | | | | | | | | | | | | 1 | | | | | | | | 1 |
| 60084 | | | | | | | | | | | | | 1 | | | | | | | | 1 |
| 60004 | | | | | | | | | | | | | | | | 1 | | | | | 1 |
| 60068 | | | | | | | | | | | | | | | | 1 | | | | | 1 |
| 60106 | | | | | | | | | | | | | | | | 1 | | | | | 1 |
| 60014 | | | | | | | | | | | | | | | | 1 | | | | | 1 |
| Total | 11 | 4 | 4 | 16 | 5 | 1 | 3 | 34 | 1 | 8 | 5 | 23 | 5 | 32 | 1 | 6 | 1 | 3 | 1 | 1 | 165 |

228

EXHIBIT 2

## In-center patient census as of 12/31/2010

| ZIP of Residence | DSI Evanston | | | | | FMC Evanston | | | | | | FMC Big Oaks | FMC Deerfield | | FMC Glenview | | FMC Niles | | DSI Buffalo Grove | DSI Arlington Heights | Center for Renal Replacement Lincolnwo | Brentwood North | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Dr. Ho | Dr. Khosla | Dr. Simon | Dr. Sprague | Dr. Kim | Dr. Ho | Dr. Khosla | Dr. Nash | Dr. Simon | Dr. Sprague | Dr. Kim | Dr. Nash | Dr. Nash | Dr. Kim | Dr. Nash | Dr. Khosla | Dr. Nash | Dr. Simon | Dr. Kim | Dr. Kim | Dr. Kim | Dr. Kim | |
| 60015 | | | 1 | | | | | | | | | | | | | | | | | | | 1 | 2 |
| 60016 | | | | 1 | | | | | | | | | | | 1 | | | | | | | | 2 |
| 60018 | | | | | | | | | | | | | | | 1 | | | | | | | | 1 |
| 60026 | | | | | | | | | | | | | | | 4 | | | | | | | | 4 |
| 60025 | | | | | | | | | | | | | | | 5 | 1 | | | | | | | 6 |
| 60053 | | | | 1 | | | | | | 1 | | 1 | | | | | 1 | | | | | | 4 |
| 60060 | | | | | | | 1 | | | 1 | | | | | | | | | | | | | 2 |
| 60062 | | | | | | | | 1 | | | | | 2 | 1 | 4 | | | | | | | | 8 |
| 60066 | | | | | | | | | 1 | | | | | | | | | | | | | | 1 |
| 60070 | | | | | | | | | | | | | | | 1 | | | | | | | | 1 |
| 60076 | | 1 | | 1 | 1 | 4 | 1 | | 1 | | 1 | | | | | | | | | | | | 10 |
| 60077 | | | | 1 | | | | | | | 2 | | | | 1 | | | | | | | | 4 |
| 60089 | | | | | | | | | | | | | | | | | | | 1 | | | | 1 |
| 60090 | | | | 1 | | | | | | | | | | | 3 | | | | | | | | 4 |
| 60091 | 1 | | | | 1 | 2 | | | 1 | | 2 | | | | | | | | | | | | 7 |
| 60093 | | | | | | 2 | | | 1 | | 1 | | | | | | | | | | | | 4 |
| 60099 | | | | | | 1 | | | | | | | | | | | | | | | | | 1 |
| 60201 | 3 | 1 | | 1 | | 9 | 2 | | 4 | 1 | 4 | | | | | | | | | | | | 25 |
| 60202 | 8 | | 1 | | | 6 | 1 | | | 1 | 2 | | | | | | | 1 | | | 1 | 1 | 22 |
| 60203 | | 1 | | | | | | | | | | | | | | | | | | | | | 1 |
| 60618 | | | | | | 1 | | | | | | | | | | | | | | | | | 1 |
| 60626 | | | | 4 | 1 | 1 | | | | | 2 | | | | | | | | | | | | 8 |
| 60630 | | | | | | | | | | | 1 | | | | | | | | | | | | 1 |
| 60645 | | | | 1 | | | | | | | | | | | | | | | 1 | | | | 2 |
| 60646 | | | | | | | | | | | 1 | | | | | | | | | | | | 1 |
| 60652 | | | | | | | | | | 1 | | | | | | | | | | | | | 1 |
| 60659 | | | | | 1 | | | | 1 | | | | | | | | | | | | | | 2 |
| 60082 | | | | | | | | | | | 2 | | | | | | | | | | | | 2 |
| 60610 | | | | | 1 | | | | | | | | | | | | | | | | | | 1 |
| 60045 | | | | | | 1 | | | | | | | | | | | | | | | | | 1 |
| 60056 | | | | | | | 1 | | | | | | | | 3 | | | | | 1 | | | 5 |
| 60004 | | | | | | | | | | | | | | | | | 1 | | | | | | 1 |
| 60006 | | | | | | | | | | | | | | | | | 1 | | | | | | 1 |
| 60712 | | | | 1 | | | | | 1 | | | | | | | | | | | | | | 2 |
| 60714 | | | | | | | | | | | | | | | | | 1 | | | | | | 1 |
| Total | 12 | 3 | 2 | 12 | 5 | 27 | 6 | 1 | 10 | 5 | 18 | 1 | 2 | 1 | 23 | 1 | 4 | 1 | 2 | 1 | 1 | 2 | 140 |

326

APPENDIX 2

## In-center patient census as of 6/30/2011

| ZIP of Residence | FMC Evanston | | | | | | DSI Evanston | | | | | FMC Glenview | | | DSI Buffalo Grove | DSI Arlington Heights | Center for Renal Replacement Lincolnwood | FNC Niles | | FMC Big Oaks | FMC Deerfield | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Dr. Kim | Dr. Ho | Dr. Khosla | Dr. Nash | Dr. Simon | Dr. Sprague | Dr. Kim | Dr. Ho | Dr. Khosla | Dr. Simon | Dr. Sprague | Dr. Kim | Dr. Khosla | Dr. Nash | Dr. Kim | Dr. Kim | Dr. Kim | Dr. Nash | Dr. Simon | Dr. Nash | Dr. Nash | |
| 60626 | 2 | 1 | | | 1 | | 1 | | | | 4 | | | | | | | | | | | 9 |
| 60630 | 1 | | | | | | | | | | 1 | | | | | | | | | | | 2 |
| 60082 | 1 | | | | | | | | | | | 1 | | | | | | | | | | 2 |
| 60202 | 2 | 7 | 1 | | | 1 | 1 | 8 | 2 | 1 | | | | | | | 1 | | 1 | | | 25 |
| 60646 | 1 | | | | | | | | | | | | | | | | | | | | | 1 |
| 60201 | 3 | 9 | 2 | | 4 | 1 | 2 | 3 | 1 | | 2 | | | | | | | | | | | 27 |
| 60077 | 2 | | | | | | | | | | 2 | | | 1 | | | | | | | | 5 |
| 60091 | 2 | 2 | | | 2 | | 2 | 1 | | | | | | | | | | | | | | 9 |
| 60076 | 1 | 4 | 1 | | | | | | 1 | | | | | | | | | | | | | 7 |
| 60093 | 1 | 2 | | | 2 | | | | | | 1 | | | | | | | | | | | 6 |
| 60659 | | | | | | | 1 | | | | | | | | | | | | | | | 1 |
| 60645 | | | | | | | 1 | | | | 1 | | | | | | | | | | | 2 |
| 60089 | | | | | | | | | | | | | | | 1 | | | | | | | 1 |
| 60090 | | | | | | | | | | | 1 | | | 3 | 1 | | | | | | | 5 |
| 60025 | | 1 | | | | | | | | | | 2 | 1 | 6 | | | | | | | | 10 |
| 60056 | | | | | | | | | | | | | | 3 | | 1 | | | | | | 4 |
| 60714 | | | | | | | | | | | | | | | | | 1 | 1 | | | | 2 |
| 60053 | | | | | | 1 | | | | | 1 | | | | | | | 2 | | 1 | | 5 |
| 60706 | | | | | | | | | | | | | | | | | | 1 | | | | 1 |
| 60016 | | | | | | | | | | | | | | 1 | | | | | | | | 1 |
| 60018 | | | | | | | | | | | | | | 1 | | | | | | | | 1 |
| 60026 | | | | | | | | | | | 1 | | | 3 | | | | | | | | 4 |
| 60062 | | | | 1 | 1 | | | | | | | | | 4 | | | | | | | 2 | 8 |
| 60070 | | | | | | | | | | | | | | 2 | | | | | | | | 2 |
| 60084 | | | | | | | | | | | | | 1 | | | | | | | | | 1 |
| 60039 | | | | | | | | | | | | | | | | | | | | | | 0 |
| 60099 | | 1 | | | | | | | | | | | | | | | | | | | | 1 |
| 60618 | | 1 | | | | | | | | | | | | | | | | | | | | 1 |
| 60625 | | 1 | | | | | | | | | 1 | | | | | | | | | | | 2 |
| 60045 | | 1 | | | | | | | | | | | | | | | | | | | | 1 |
| 60059 | | | 1 | | 1 | | | | | | | | | | | | | | | | | 2 |
| 60060 | | | 1 | | | 1 | | | | | | | | | | | | | | | | 2 |
| 60612 | | 1 | | | | | | | | | 1 | | | | | | | | | | | 2 |
| 60615 | | | | | | | | | | 1 | | | | | | | | | | | 1 | 2 |
| 60603 | | | | | | | | | 1 | | | | | | | | | | | | | 1 |
| Total | 16 | 31 | 6 | 1 | 11 | 4 | 8 | 12 | 5 | 2 | 16 | 3 | 2 | 24 | 2 | 1 | 2 | 4 | 1 | 1 | 3 | 155 |

330

Apr 25 2012

July 13, 2011

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

Dear Ms. Avery:

I, George Kim, M.D., am writing in support of the proposed 16 station center known as Satellite Dialysis of Glenview, LLC ("Satellite Dialysis of Glenview"). I am a practicing nephrologist in northern Cook County, Illinois. Over the past few years, I have seen this area grow not only in overall population but also in its population of End Stage Renal Disease (ESRD) patients. Existing in-center hemodialysis facilities are operating at utilization such that it is difficult to place my patients on shifts that accommodate their needs. Moreover, the growth in pre-ESRD patients in my practice has been so substantial that I do not feel there will be adequate access to dialysis services for my patients in the coming years.

I was treating 24 in-center hemodialysis patients at the end of 2008, 32 in-center hemodialysis patients at the end of 2009 and 30 such patients at the end of 2010, as reported to The Renal Network. As of the end of most recent quarter (June 30, 2011), I was treating 32 hemodialysis patients. Over the past twelve months (July 1, 2010 through June 30, 2011) I referred 19 new patients for hemodialysis services to DSI Evanston, FMC Evanston, FMC Glenview, Center for Renal Replacement Lincolnwood and FMC Deerfield. I have 28 pre-ESRD patients who live in the vicinity of the proposed facility that I expect to refer to the proposed facility within 2 years after completion of the facility. These patients are showing lab values that indicate they are in stages 3 & 4 of chronic kidney disease ("CKD") and are expected to start dialysis therapy in the two years after completion of the proposed project. Owing to anticipated patient attrition, at two years after facility completion, I expect 25 patients of the 28 patients I anticipate referring will be receiving dialysis at the proposed facility.

I respectfully ask the Board to approve the 16 station center known as Satellite Dialysis of Glenview in order to maintain access to the growing number of patients presenting with CKD in northern Cook County. Thank you for your consideration.

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

Sincerely,

George Kim, M.D.

Notarization:

Subscribed and sworn to before me this 14 day of July, 2011

Signature of Notary

"OFFICIAL SEAL"
SAJU PHILIP
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 7/23/2015

| Recipient facility: Satellite Dialysis of Glenview | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Zip of Residence | Dr. Kim (Nephrologist) | Dr. Ho (Nephrologist) | Dr. Khosla (Nephrologist) | Dr. Nash (Nephrologist) | Dr. Simon (Nephrologist) | Dr. Sprague (Nephrologist) | **Total** |
| Pre-ESRD patients that will be referred to the facility within 2 years of opening date | 60025 | 8 | 1 | 2 | 4 | | 1 | 16 |
| | 60026 | 5 | 1 | 1 | 3 | | 1 | 11 |
| | 60053 | 4 | 2 | 1 | 3 | | | 10 |
| | 60016 | 3 | 1 | 1 | 2 | 1 | | 8 |
| | 60056 | 3 | | | 2 | | | 5 |
| | 60070 | 3 | 1 | 1 | 3 | | | 8 |
| | 60062 | 2 | 2 | 1 | 4 | | 1 | 10 |
| | 60018 | | 1 | | | | | 1 |
| | 60068 | | 1 | | 1 | | | 2 |
| | 60714 | | 1 | 1 | 2 | | 1 | 5 |
| | 60090 | | 2 | 1 | 2 | | 1 | 6 |
| | 60082 | | | | 1 | | 1 | 2 |
| | 60022 | | 1 | | 1 | | | 2 |
| | **Total** | 28 | 14 | 9 | 28 | 1 | 6 | 86 |

APPENDIX 2

## Admissions in current centers for the past year (7/1/2010-6/30/2011)

| ZIP of Residence | FMC Evanston | | | | | DSI Evanston | | | | | FMC Glenview | | | Center for Renal Replacement Lincolnwood | FMC Norridge | FMC Niles | FMC Deerfield | | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Dr. Kim | Dr. Ho | Dr. Khosla | Dr. Nash | Dr. Sprague | Dr. Kim | Dr. Ho | Dr. Khosla | Dr. Simon | Dr. Sprague | Dr. Kim | Dr. Khosla | Dr. Nash | Dr. Kim | Dr. Nash | Dr. Nash | Dr. Kim | Dr. Nash | |
| 60025 | | 1 | | 1 | | | | | | | 2 | 1 | 5 | | | | | | **10** |
| 60091 | | | | | | 1 | | | | | | | | | | | | | **1** |
| 60714 | | | | | | | | | | | | | | 1 | | | | | **1** |
| 60062 | | | | | | | | | | | | | | | | | 1 | 1 | **2** |
| 60201 | 2 | 2 | 3 | | | 4 | 2 | | | 1 | | | | | | | | | **14** |
| 60202 | | | 2 | | 1 | 1 | 2 | | | | | | | 1 | | | | | **7** |
| 60082 | | | | | | | | | | | 1 | | | | | | | | **1** |
| 60045 | | | | | | 1 | | | | | | | | | | | | | **1** |
| 60411 | | | | | | 1 | | | | | | | | | | | | | **1** |
| 60076 | 1 | 2 | 1 | | | 1 | 1 | | | | | | | | | | | | **6** |
| 60659 | | | | | | | | | | | | | | 1 | | | | | **1** |
| 60015 | | | | | | | | | 1 | | | | | | | | | 1 | **2** |
| 60017 | | | | | | | | 1 | | | | | | | | | | | **1** |
| 60053 | | | | | | | | 1 | | | | | | | | 1 | | | **2** |
| 60426 | | | | | | | | 1 | | | | | | | | | | | **1** |
| 60645 | | | | | | | | 1 | | | | | | | | | | | **1** |
| 60712 | | 1 | | | | | | | | 1 | | | | | | | | | **2** |
| 60093 | | | 1 | | | | | | | | | | | | | | | | **1** |
| 60059 | | | 1 | | | | | | | | | | | | | | | | **1** |
| 60056 | | | | | | | | | | | | | 1 | | 1 | | | | **2** |
| 60026 | | | | | | | | | | | | | 1 | | | | | | **1** |
| 60070 | | | | | | | | | | | | | 1 | | | | | | **1** |
| 60084 | | | | | | | | | | | | 1 | | | | | | | **1** |
| 60004 | | | | | | | | | | | | | | | | 1 | | | **1** |
| 60631 | | | | | | | | | | | | | | | | 1 | | | **1** |
| 60706 | | | | | | | | | | | | | | | | 1 | | | **1** |
| **Total** | **3** | **6** | **8** | **1** | **1** | **9** | **5** | **4** | **1** | **2** | **3** | **2** | **8** | **3** | **1** | **4** | **1** | **2** | **64** |

APPENDIX 2

335

| In-center patient as of 12/31/2008 | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | FMC Evanston | | | | FMC Glenview | | FMC Niles | | | DSI Evanston | | | FMC Big Oaks | FM C Deer | Total |
| Zip code of residence | Dr. Kim | Dr. Ho | Dr. Simon | Dr. Sprague | Dr. Nash | Dr. Kim | Dr. Nash | Dr. Simon | Dr. Sprague | Dr. Kim | Dr. Ho | Dr. Sprague | Dr. Nash | Dr. Nash | |
| 60026 | | | | | 2 | | | | | | | 1 | | | 3 |
| 60077 | 1 | 2 | | | 1 | | | | | | | 1 | | | 5 |
| 60090 | | | | | 4 | | | | | | | 1 | | | 5 |
| 60091 | | 2 | 2 | 1 | | | | | | | 1 | | | | 6 |
| 60201 | 3 | 8 | 3 | 3 | 1 | | | | | | 1 | 1 | | | 20 |
| 60202 | | 10 | | 1 | | | | 1 | | 1 | 1 | | | | 14 |
| 60626 | | 1 | 1 | 1 | | | | | | | | 1 | | | 4 |
| 60053 | | | | 1 | | | 2 | | 1 | | | | 1 | | 5 |
| 60015 | | | | | 1 | | | | | | | | | 1 | 2 |
| 60062 | | | 1 | | 5 | 1 | | | | | | | | 2 | 9 |
| 60025 | 1 | 1 | | | 8 | 3 | | | | 1 | | | | | 14 |
| 60056 | | 1 | | | 3 | 2 | | | | | | | | | 6 |
| 60076 | 1 | 4 | 1 | | | | | | | | | | | | 6 |
| 60093 | | 1 | 2 | | 1 | | | | | | | | | | 4 |
| 60099 | | 1 | | | | | | | | | | | | | 1 |
| 60203 | | | 1 | | | | | | | | | | | | 1 |
| 60204 | | 1 | | | | | | | | | | | | | 1 |
| 60618 | | 1 | | | | | | | | | | | | | 1 |
| 60625 | | 1 | | | | | | | | | | | | | 1 |
| 60045 | | 1 | | | | | | | | | | | | | 1 |
| 60640 | | 1 | | | | | | | | 1 | | | | | 2 |
| 60059 | 1 | | 1 | | | | | | | | | | | | 2 |
| 60645 | | 1 | | | | | | | | 1 | | | | | 2 |
| 60060 | 1 | | | 1 | | | | | | | | | | | 2 |
| 60712 | | 2 | 1 | | | | | | | | | | | | 3 |
| 60016 | | | | | 1 | | | | | | | | | | 1 |
| 60068 | | | | | 1 | | | | | | | | | | 1 |
| 60070 | | | | | 2 | 1 | | | | | | | | | 3 |
| 60656 | | | | | 1 | | | | | | | | | | 1 |
| 60706 | | | | | | | 1 | | | | | | | | 1 |
| 60714 | | | | | | | 1 | | | | | | | | 1 |
| 60084 | | | | | | 1 | | | | | | | | | 1 |
| 60018 | | | | | | 2 | | | | | | | | | 2 |
| 60082 | | | | | | 2 | | | | | | | | | 2 |
| **Total** | **8** | **39** | **13** | **8** | **31** | **12** | **4** | **1** | **1** | **4** | **3** | **5** | **1** | **3** | **133** |

APPENDIX 2

336

| In-center patient as of 12/31/2009 | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ZIP of Residence | DSI Evanston | | | | | FMC Big Oaks | FMC Deerfield | FMC Evanston | | | | | FMC Glenview | | | FMC Niles | | DSI Buffalo Grove | DSI Arlington | Round Lake | Total |
| | Dr. Ho | Dr. Khosla | Dr. Simon | Dr. Sprague | Dr. Kim | Dr. Nash | Dr. Nash | Dr. Ho | Dr. Khosla | Dr. Simon | Dr. Sprague | Dr. Kim | Dr. Khosla | Dr. Nash | Dr. Sprague | Dr. Nash | Dr. Simon | Dr. Kim | Dr. Kim | Dr. Simon | |
| 60015 | | | | 1 | | | 1 | | | | | | | 1 | 1 | | | | | | 4 |
| 60022 | | | | 1 | | | | | | | | | | | | | | | | | 1 |
| 60026 | | | | 1 | | | | | | 1 | | | | 2 | | | | | | | 4 |
| 60041 | | | | | | | | | | | | | | | | | | | | 1 | 1 |
| 60053 | | | | 1 | | 1 | | | | | 1 | | | | | 2 | | | | | 5 |
| 60059 | | | | | | | | 1 | | | | | | | | | | | | | 1 |
| 60062 | | | | 1 | | | 2 | | | | | | | 6 | | | | | | | 9 |
| 60070 | | | | | | | | | | | | | | 3 | | | | 1 | | | 4 |
| 60076 | | | | 1 | 1 | | | 7 | | 1 | | 2 | | | | | | | | | 12 |
| 60077 | 1 | | | | | | | | | | | 2 | | 1 | | | | | | | 4 |
| 60089 | | | | | | | | | | | | | | | | | | 1 | | | 1 |
| 60090 | | | | 1 | | | | | | | | | 1 | 5 | | | | 1 | | | 8 |
| 60091 | 1 | | | | 1 | | | 2 | | 2 | | 2 | | | | | | | | | 8 |
| 60093 | | | | | | | | 2 | | 1 | | 1 | | | | | | | | | 4 |
| 60201 | 3 | 1 | 4 | 2 | | | | 7 | | 2 | 2 | 4 | | | | | | | | | 25 |
| 60202 | 6 | 1 | | | | | | 9 | | | | 4 | | | | | 1 | | | | 21 |
| 60203 | | | | | | | | | | 1 | | 1 | | | | | | | | | 2 |
| 60625 | | | | 1 | | | | 2 | | | | | | | | | | | | | 3 |
| 60626 | | | | 2 | 1 | | | 1 | | | | 3 | | | | | | | | | 7 |
| 60630 | | | | 1 | | | | | | | | 1 | | | | | | | | | 2 |
| 60645 | | | | | | | | 1 | | | | | | | | | | | | | 1 |
| 60647 | | 1 | | | | | | | | | | | | | | | | | | | 1 |
| 60652 | | | | | | | | | | | 1 | | | | | | | | | | 1 |
| 60659 | | | | 1 | 1 | | | | | | | 1 | | | | | | | | | 3 |
| 60660 | | | | 1 | | | | | 1 | | 1 | | | | | | | | | | 3 |
| 60712 | | 1 | | 1 | | | | | | | | | | | | | | | | | 2 |
| 60610 | | | | | 1 | | | | | | | | | | | | | | | | 1 |
| 60060 | | | | | | | | 1 | | | | | | | | | | | | | 1 |
| 60056 | | | | | | | | 1 | | | | | | 3 | | | | | 1 | | 5 |
| 60082 | | | | | | | | | | | | 2 | | | | | | | | | 2 |
| 60016 | | | | | | | | | | | | | | 2 | | | | | | | 2 |
| 60018 | | | | | | | | | | | | | 1 | | | | | | | | 1 |
| 60025 | | | | | | | | | | | | | 1 | 8 | | | | | | | 9 |
| 60039 | | | | | | | | | | | | | | 1 | | | | | | | 1 |
| 60069 | | | | | | | | | | | | | 1 | | | | | | | | 1 |
| 60084 | | | | | | | | | | | | | 1 | | | | | | | | 1 |
| 60004 | | | | | | | | | | | | | | | | 1 | | | | | 1 |
| 60068 | | | | | | | | | | | | | | | | 1 | | | | | 1 |
| 60706 | | | | | | | | | | | | | | | | 1 | | | | | 1 |
| 60714 | | | | | | | | | | | | | | | | 1 | | | | | 1 |
| Total | 11 | 4 | 4 | 16 | 5 | 1 | 3 | 34 | 1 | 8 | 5 | 23 | 5 | 32 | 1 | 6 | 1 | 3 | 1 | 1 | 165 |

APPENDIX 2

## In-center patient census as of 12/31/2010

| ZIP of Residence | DSI Evanston | | | | | FMC Evanston | | | | | | FMC Big Oaks | FMC Deerfield | | FMC Glenview | | FMC Niles | | DSI Buffalo Grove | DSI Arlington Heights | Center for Renal Replacement Lincolnwo | Brentwood North | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Dr. Ho | Dr. Khosla | Dr. Simon | Dr. Sprague | Dr. Kim | Dr. Ho | Dr. Khosla | Dr. Nash | Dr. Simon | Dr. Sprague | Dr. Kim | Dr. Nash | Dr. Nash | Dr. Kim | Dr. Nash | Dr. Khosla | Dr. Nash | Dr. Simon | Dr. Kim | Dr. Kim | Dr. Kim | Dr. Kim | |
| 60015 | | | 1 | | | | | | | | | | | | | | | | | | | 1 | 2 |
| 60016 | | | | 1 | | | | | | | | | | | 1 | | | | | | | | 2 |
| 60018 | | | | | | | | | | | | | | | 1 | | | | | | | | 1 |
| 60026 | | | | | | | | | | | | | | | 4 | | | | | | | | 4 |
| 60025 | | | | | | | | | | | | | | | 5 | 1 | | | | | | | 6 |
| 60053 | | | | 1 | | | | | | 1 | | 1 | | | | | 1 | | | | | | 4 |
| 60060 | | | | | | | 1 | | | 1 | | | | | | | | | | | | | 2 |
| 60062 | | | | | | | | 1 | | | | | 2 | 1 | 4 | | | | | | | | 8 |
| 60066 | | | | | | | | | 1 | | | | | | | | | | | | | | 1 |
| 60070 | | | | | | | | | | | | | | | 1 | | | | | | | | 1 |
| 60076 | | 1 | | 1 | 1 | 4 | 1 | | 1 | | 1 | | | | | | | | | | | | 10 |
| 60077 | | | | 1 | | | | | | | 2 | | | | 1 | | | | | | | | 4 |
| 60089 | | | | | | | | | | | | | | | | | | | 1 | | | | 1 |
| 60090 | | | | 1 | | | | | | | | | | | 3 | | | | | | | | 4 |
| 60091 | 1 | | | | 1 | 2 | | | 1 | | 2 | | | | | | | | | | | | 7 |
| 60093 | | | | | | 2 | | | 1 | | 1 | | | | | | | | | | | | 4 |
| 60099 | | | | | | 1 | | | | | | | | | | | | | | | | | 1 |
| 60201 | 3 | 1 | | 1 | | 9 | 2 | | 4 | 1 | 4 | | | | | | | | | | | | 25 |
| 60202 | 8 | | 1 | | | 6 | 1 | | | 1 | 2 | | | | | | | 1 | | | 1 | 1 | 22 |
| 60203 | | 1 | | | | | | | | | | | | | | | | | | | | | 1 |
| 60618 | | | | | | 1 | | | | | | | | | | | | | | | | | 1 |
| 60626 | | | | 4 | 1 | 1 | | | | | 2 | | | | | | | | | | | | 8 |
| 60630 | | | | | | | | | | | 1 | | | | | | | | | | | | 1 |
| 60645 | | | | 1 | | | | | | | | | | | | | | | 1 | | | | 2 |
| 60646 | | | | | | | | | | | 1 | | | | | | | | | | | | 1 |
| 60652 | | | | | | | | | | 1 | | | | | | | | | | | | | 1 |
| 60659 | | | | | 1 | | | | 1 | | | | | | | | | | | | | | 2 |
| 60082 | | | | | | | | | | | 2 | | | | | | | | | | | | 2 |
| 60610 | | | | | 1 | | | | | | | | | | | | | | | | | | 1 |
| 60045 | | | | | | 1 | | | | | | | | | | | | | | | | | 1 |
| 60056 | | | | | | | 1 | | | | | | | | 3 | | | | | 1 | | | 5 |
| 60004 | | | | | | | | | | | | | | | | | 1 | | | | | | 1 |
| 60706 | | | | | | | | | | | | | | | | | 1 | | | | | | 1 |
| 60712 | | | | 1 | | | | | 1 | | | | | | | | | | | | | | 2 |
| 60714 | | | | | | | | | | | | | | | | | 1 | | | | | | 1 |
| **Total** | **12** | **3** | **2** | **12** | **5** | **27** | **6** | **1** | **10** | **5** | **18** | **1** | **2** | **1** | **23** | **1** | **4** | **1** | **2** | **1** | **1** | **2** | **140** |

339

APPENDIX 2

338

## In-center patient census as of 6/30/2011

| ZIP of Residence | FMC Evanston | | | | | | DSI Evanston | | | | | FMC Glenview | | | DSI Buffalo Grove | DSI Arlington Heights | Center for Renal Replacement Lincolnwood | FNC Niles | | FMC Big Oaks | FMC Deerfield | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Dr. Kim | Dr. Ho | Dr. Khosla | Dr. Nash | Dr. Simon | Dr. Sprague | Dr. Kim | Dr. Ho | Dr. Khosla | Dr. Simon | Dr. Sprague | Dr. Kim | Dr. Khosla | Dr. Nash | Dr. Kim | Dr. Kim | Dr. Kim | Dr. Nash | Dr. Simon | Dr. Nash | Dr. Nash | |
| 60626 | 2 | 1 | | | 1 | | 1 | | | | 4 | | | | | | | | | | | 9 |
| 60630 | 1 | | | | | | | | | | 1 | | | | | | | | | | | 2 |
| 60082 | 1 | | | | | | | | | | | 1 | | | | | | | | | | 2 |
| 60202 | 2 | 7 | 1 | | | 1 | 1 | 8 | 2 | 1 | | | | | | | 1 | | 1 | | | 25 |
| 60646 | 1 | | | | | | | | | | | | | | | | | | | | | 1 |
| 60201 | 3 | 9 | 2 | | 4 | 1 | 2 | 3 | 1 | | 2 | | | | | | | | | | | 27 |
| 60077 | 2 | | | | | | | | | | 2 | | | 1 | | | | | | | | 5 |
| 60091 | 2 | 2 | | | 2 | | 2 | 1 | | | | | | | | | | | | | | 9 |
| 60076 | 1 | 4 | 1 | | | | | | 1 | | | | | | | | | | | | | 7 |
| 60093 | 1 | 2 | | | 2 | | | | | | 1 | | | | | | | | | | | 6 |
| 60659 | | | | | | | 1 | | | | | | | | | | | | | | | 1 |
| 60645 | | | | | | | 1 | | | | 1 | | | | | | | | | | | 2 |
| 60089 | | | | | | | | | | | | | | | 1 | | | | | | | 1 |
| 60090 | | | | | | | | | | | 1 | | | 3 | 1 | | | | | | | 5 |
| 60025 | | 1 | | | | | | | | | | 2 | 1 | 6 | | | | | | | | 10 |
| 60056 | | | | | | | | | | | | | | 3 | | 1 | | | | | | 4 |
| 60714 | | | | | | | | | | | | | | | | | 1 | 1 | | | | 2 |
| 60053 | | | | | | 1 | | | | | 1 | | | | | | | 2 | | 1 | | 5 |
| 60706 | | | | | | | | | | | | | | | | | | 1 | | | | 1 |
| 60016 | | | | | | | | | | | | | | 1 | | | | | | | | 1 |
| 60018 | | | | | | | | | | | | | | 1 | | | | | | | | 1 |
| 60026 | | | | | | | | | | | 1 | | | 3 | | | | | | | | 4 |
| 60062 | | | | 1 | 1 | | | | | | | | | 4 | | | | | | | 2 | 8 |
| 60070 | | | | | | | | | | | | | | 2 | | | | | | | | 2 |
| 60084 | | | | | | | | | | | | | 1 | | | | | | | | | 1 |
| 60039 | | | | | | | | | | | | | | | | | | | | | | 0 |
| 60099 | | 1 | | | | | | | | | | | | | | | | | | | | 1 |
| 60618 | | 1 | | | | | | | | | | | | | | | | | | | | 1 |
| 60625 | | 1 | | | | | | | | | 1 | | | | | | | | | | | 2 |
| 60045 | | 1 | | | | | | | | | | | | | | | | | | | | 1 |
| 60059 | | | 1 | | 1 | | | | | | | | | | | | | | | | | 2 |
| 60060 | | | 1 | | | 1 | | | | | | | | | | | | | | | | 2 |
| 60712 | | 1 | | | | | | | | | 1 | | | | | | | | | | | 2 |
| 60015 | | | | | | | | | | 1 | | | | | | | | | | | 1 | 2 |
| 60203 | | | | | | | | | 1 | | | | | | | | | | | | | 1 |
| **Total** | **16** | **31** | **6** | **1** | **11** | **4** | **8** | **12** | **5** | **2** | **16** | **3** | **2** | **24** | **2** | **1** | **2** | **4** | **1** | **1** | **3** | **155** |