

June 15, 2018

VIA UPS

Illinois Health Facilities and Services Review Board
525 W. Jefferson, Second Floor
Springfield, Illinois 62761
Attn: Courtney Avery

Re: Report of Final Realized Cost for U.S. Renal Care Hickory Hills Dialysis
(Project 16-026)

Ms. Avery:

In accordance with the Health Facilities Planning Procedural Rules (77 Ill. Adm. Code 1130), USRC Hickory Hills, LLC respectfully submits this report of final realized costs for the approved project.

I. Current Status of the Project

At the time of the submission of this report, the project is complete. The U.S. Renal Care Hickory Hills Dialysis center was completed on February 6, 2018.

I hereby certify that there have been no changes in the scope or size of the project or the approved services, and that the project is in compliance with all of the terms of the permit to date, including project cost.

II. Final Realized Costs

The approved permit amount is \$2,458,365.00. The final realized costs associated with this project through completion total \$1,939,504.00, covering costs associated with the in-center hemodialysis center, including architectural fees, construction costs, equipment, and medical and business office supplies. See Table 1. These final realized costs are the total costs required to complete the project.

Please also refer to Table 1 for an itemization of the costs that have been or will be submitted for reimbursement under Title XVIII or XIX. USRC Hickory Hills, LLC will provide in-center hemodialysis under a single Provider Number, CMS requires USRC Hickory Hills, LLC to report the capital costs for in-center hemodialysis in one cost report. No additional or associated costs or capital expenditures related to this project will be submitted for reimbursement under Title XVIII or XIX.

All project costs funded through project completion were funded through cash and securities.

III. Final Application and Certification for Payment

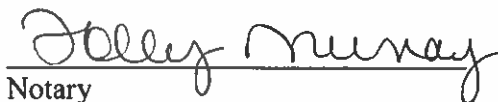
In accordance with 77 Ill. Adm. Code 1130.770, please find the attached final Application and Certification for Payment (the "Certification"), attached as Exhibit 1. We note that page 2 of the Certification incorrectly notes "Period to: 9/1/2012" rather than "Period to: 10/1/2012" as indicated on page 1 of the Certification. This inconsistency is attributable to a typographical error on page 2 which should state "Period to: 10/1/2012." The accuracy of the data contained in the Certification is demonstrated through the consistent values of "Total Completed & Stored to Date" listed on Line 4 of page 1 and the total of Column G provided on page 2.

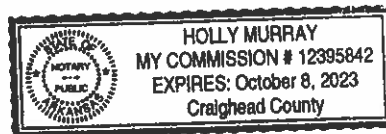
We appreciate the opportunity to present this information to you. Please do not hesitate to contact me at 870-336-4022 if you have any questions or require additional information.

Sincerely,


NAME: Jack Harrington
TITLE: Senior Vice President

Subscribed and Sworn to before me this
21 day of June, 2018


Notary



Enclosures

TABLE 1
U.S. Renal Care Hickory Hills Dialysis (Project 16-026)
Project Completion Report – Project Costs – Costs that have been or will be submitted
for reimbursement under Title XVIII or XIX

Use of Funds	Total Amount
Modernization Contracts	\$1,220,490
Architecture Engineering Fees	\$ 62,479
Movable or Other Equipment	\$ 484,286
Fair Market Value of Lease or Equipment	\$ 132,227
Other Costs to be Capitalized	\$ 40,022
TOTAL COSTS	\$1,939,504

EXHIBIT 1
U.S. Renal Care Hickory Hills (Project 16-026)
Project Completion Report – Final Application and Certification for Payment

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



CMS Certification Number (CCN): 142830
National Provider Identifier (NPI): 1538681986

February 23, 2018

Administrator
US Renal Care Hickory Hills Dialysis
9640 S. Roberts Road, Suite B-3A
Hickory Hills, IL 60457

Dear Administrator:

The Centers for Medicare & Medicaid Services has accepted your request for approval as a supplier of renal services in the Medicare program. Your effective date of coverage is February 6, 2018.

Your unit has been approved as a renal dialysis facility. This approval is for a total of thirteen (13) maintenance stations.

Your facility is approved to provide the following services:

-In Center Hemodialysis

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

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

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

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

Administrator
Page 2

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

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

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

Sincerely,



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

cc: Illinois Department of Public Health
Illinois Department of Health Care & Family Service
NGS
Renal Network #10