

ARA
SOUTH BARRINGTON DIALYSIS LLC

October 25, 2017

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OCT 25 2017

**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

Via Hand Delivery

Ms. Courtney R. Avery
Administrator
Illinois Health Facilities and Services Review Board
25 West Jefferson Street
2nd Floor
Springfield, IL 62761

Re: Opposition to Project No. 17-038 (the "Project")
Fresenius Kidney Care South Elgin
Fresenius Kidney Care South Elgin, LLC
Fresenius Medical Care Holdings, Inc. (collectively, the "Applicants" or "Fresenius")

Dear Ms. Avery:

We respectfully ask the Review Board to deny the application to establish a new ESRD facility in Elgin. There are 10 excess stations in the area and no need for a new facility. Our facility has long served this area and has both the capacity and willingness to care for new patients.

1. Fresenius and NANI Oppose Similar Projects Where there are Excess Stations

The question before the Board is whether it should approve a new Fresenius facility in an area that has excess beds and which will clearly negatively impact current providers. We believe it should not. Fortunately, in other contexts Fresenius similarly agrees with us that the Board should not approve such a project. At the Board's September meeting Fresenius opposed four new projects asking the Board:

"I am writing on behalf of Fresenius Kidney Care (FKC) in opposition to project [four related ESRD projects with DaVita and DuPage Medical Group] based on lack of Need, Unnecessary Duplication/Misdistribution of Services and Impact on other Providers. There is currently an excess of 2 stations in HSA 7."¹

Not only did Fresenius oppose based upon excess beds, but Fresenius's presumed physician partners in the facility, Nephrology Associates of Northern Illinois-Indiana ("NANI") wrote a

¹ September 5, 2017 Letter of Fresenius Kidney Care Review Board. See Project Files #17-013, 17-014, 17-015 and 17-016. See also September 5, 2017 Opposition Letter of NANI. Examples of each letter are attached.

nearly identical letter opposing the same projects (see attached). The Board appropriately voted an Intent-to-Deny for each of these four Projects. Fresenius' and NANI's opposition to projects where there is no need and which harms other providers was correct, and for those exact same reasons, the Board should do what Fresenius asked previously and vote an Intent-to-Deny.

2. Current Excess Stations in Planning Area.

At its September meeting the Review Board approved new planning area inventories and facility profiles. The new need calculation shows there is an excess of ten stations in the Planning Area 8. When the Applicants originally filed its application there were two excess stations. Despite the Applicants' claim that there is a growing need for stations, the number of excess beds is actually increasing.

Fresenius argues that they must build the beds now because of the growing need. Review Board members should trust the inventory they just adopted. If there is a growing need for new stations that need will be reflected in next year's inventory. The Applicants should wait to apply until there is a need and the Board should similarly wait to approve.

3. A New Facility will Adversely Impact Other Providers.

The recently approved need inventory shows several facilities within 30 minutes travel time operating below target utilization of 80%. At the last Review Board meeting Fresenius and NANI opposed four CON projects arguing that such a project would adversely affect Fresenius and other providers. In the current application, however, the Applicants argue that their project will not adversely impact other providers. Their argument that other new projects can harm Fresenius but that a Fresenius project will not harm us or other underutilized providers is simply not credible. This Project will take future, and perhaps current, patients from area facilities and will unequivocally negatively impact us. If we did not strongly believe that this Project would significantly and adversely impact our facility we would not go through the CON process to oppose the Project. As the CON Application concedes, our facility operates well below target utilization. As our recent report to the Board shows, we have capacity to accept 31 new patients. Similarly, another nearby facility, USRC Streamwood, operates at only 54% utilization and could also accept new patients. We have the willingness and capacity to provide care to their patients.

4. NANI Physicians Presently Use ARA Facilities.

The application states the facility ownership will be 51% Fresenius and 49% Neptune III, LLC. The application never states who owns Neptune III, but from corporate records it appears affiliated with NANI. The Fresenius Application confirms that NANI physicians currently work with our facility (see pages 56-60). There is no assurance the physicians will not try to move existing patients from our facility to a facility that it co-owns.

The Applicants also state that there will be no harm to existing providers because their Project will only take new patients currently on dialysis. All current providers rely on new patients for ongoing sustainable volume. When patients go off dialysis, facilities, including ours,

rely on new patients to take their place. Fresenius' argument regarding future patients is akin to a CON applicant for a new hospital saying that it will cause no harm because it is only taking future patients and not patients currently in the hospital.

We believe that NANI physicians will have an incentive to move our current patients to a new facility that it will co-own. Even if current patients are not moved, NANI physicians will have great incentive to steer new patients away from us and to the new facility. We actually saw this effect when a new ESRD facility opened in Crystal Lake near our own. In that situation physician co-owners of the new facility sought to move our patients to their new facility.

5. The Application does not Comply with Required Certifications and Signatures.

The CON application signature page form is very explicit as to who must sign and certify the CON application. For a limited liability company, the application must be signed by "*any two of its managers or members (or the sole manager or member when two or more managers or members do not exist).*" While this may seem a technical issue, the Board has described with specificity the requirements for signing an application.

The signature certification is actually a necessary and important element of the application. The signature is more than a name on a piece of paper—it certifies to the Board that everything in the application is true and correct. The signature block for the applications contains the certification that the "*undersigned 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.*" Much of the CON application process depends upon the veracity of the self-certified information an Applicant provides to the Board and that someone of authority can speak for the applicant entity.

One of the co-applicants, Fresenius Medical Care Elgin, LLC, provided only one signature, not two as required. Secretary of State records show that this LLC indeed has two members, - - Fresenius Medical Care Ventures, LLC and Neptune Group III, LLC and thus two signatures should be required. Neither members are co-applicants or signatories. Further, the sole person who signed was not by a member or manager as specified in the rules.

Even more troubling, the Applicants appear to have altered the CON application page to omit the signature block for a second signatory, apparently to avoid drawing attention to its failure to provide the requisite signature.

Fresenius is certainly not new to the CON process (In fact 30% of all CON projects approved in 2017 are by Fresenius). This applicant should be expected to know, and abide by, Review Board rules and provide the certification as required by the Board. The Board must insist that applicants certify to the Board the truth and accuracy their CON application before the Board acts on it. The Applicant having done it incorrectly previously does not justify continuing to do it wrong.

6. The Application Fails to Address the Availability of Funds Review Criterion.

The Applicants have failed to prove the Availability of Funds. The CON Application requires that:

Applicants shall document that financial resources will 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 applicable sources:

- a) *Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:*
 - 1) *the amount of cash and securities available for the project, including the identification of any security, its value and availability of those funds;*

The CON application simply asserts that the Project is “entirely funded through cash and securities” and thereby meets the financial waiver; consequently, the Applicants claim that they need not provide §1120 financial information. The application includes by reference previously filed Fresenius audited statements. It is not the Fresenius parent, however, that is establishing the Project, but instead the local joint venture LLC. The operating entity has provided no financial statements. Presumably, Fresenius can evidence financing for its 51% stake, but there is no evidence that the 49% owner, Neptune Group III, LLC, has the ability to fund its \$3,044,292 stake of the Project. This is particularly important because Neptune III is a new entity formed only this year and the application never explains who owns Neptune.

It is insufficient to presume that Fresenius can fund the entire Project. The application keeps secret the identity of the 49% owner Neptune Group III, LLC. Assuming that they are physicians, Fresenius cannot fund or guaranty the physician stake. To do so would likely violate Stark and anti-kickback laws. The application should not be approved without Neptune III proving it has available funds.

7. The Applicants Must Provide Financial Ratios.

The Application provides none of the Financial Viability information required by Section 1120.130, claiming that the Project is being funded from available resources and that there is no debt. This is incorrect in that there will be debt - - a 15 year capital lease. Section 1120.10(b) appropriately defines debt financing to include a lease.

"Debt Financing" means all or any portion of project costs financed through borrowing. Leasing, for purposes of this Part, is considered borrowing. Portions of lease payments that are for service, insurance, or other noncapital costs are not considered borrowing.

The Applicants' state that because all project costs are funded internally, the need to comply with the financial viability requirement is waived. This is factually and legally incorrect. On Page 16 the Applicants acknowledge that the lease is debt. Similar, pages 118,

119 and 120 of the application each acknowledge that the lease is debt. This Project clearly has debt financing and does not qualify for the financial viability waiver.

Further, the Applicants do not qualify for the financial waiver based upon an "A" or better bond rating. Accordingly to Moody's rating on July 2017 Fresenius does not have a bond rating of "A" or better and cannot qualify for a waiver on that basis. The financial viability waiver does not apply and the Applicants must provide the ratios and financial information in Section 1120.130.

8. The Applicants Provides No Charity Care Under the Board's Rules.

The General Assembly made a significant change when it rewrote the Planning Act in 2009 to define what constituted "charity care". This charity care issue was one of the major issues in that rewrite and one of the most contentious. Providers argued that the definition should broadly encompass a number of services. In the end, the legislature rejected that proposal and narrowly defined "charity care" to mean *"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."*

The Applicants admit that *"Fresenius Kidney Care is a for-profit publicly traded company and is not required to provide charity care, nor does it according to the Board's definition"*. (Application Page 122). The primary Applicant already has a facility in Elgin. From the facility profile it is clear that this entity provided \$0 of charity care in the last three years as defined by statute (see attached). Despite acknowledging that it provides no charity care, the Applicants nevertheless fills out the chart purporting that it provides charity care, when in fact this is debt that Fresenius hoped to collect, but did not. While the Applicants are free to discuss how it assists indigent patients, they cannot substitute their own self-serving definition of charity care for what statute provides. The State Board Report should reflect that no charity care was provided under the Planning Act.

Conclusion

We take no pleasure in opposing an application for a new facility. This Project, however, is exactly what the Planning Act is intended to prevent – a \$6 million dollar facility that is not needed. We will gladly care for new patients requiring care, and do so willingly and well, and ask that you give us the opportunity to continue to provide this care by making our facility sustainable. Please deny this Project.

Very truly yours,



Fauzia Javaid, R.N.

Clinic Manager

South Barrington Dialysis Center

cc:

Enclosures



FRESENIUS KIDNEY CARE

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

September 5, 2017

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HEALTH FACILITIES &
SERVICES REVIEW BOARD

Ms. Kathryn Olson
Chairwoman
Illinois Health Facilities and Services Review Board
525 W. Jefferson, 2nd Floor
Springfield, IL 62716

Re: Opposition to #17-013, Geneva Crossing Dialysis, Carol Stream
Applicants: DaVita, Inc. and DuPage Medical Group, LTD

Dear Ms. Olson:

I am writing on behalf of Fresenius Kidney Care (FKC) in opposition to project #17-013, Geneva Crossing Dialysis (a proposed 50/50 Joint Venture between DaVita, Inc. and DuPage Medical Group, LTD) based on lack of Need, Unnecessary Duplication/Maldistribution of Services and Impact on other Providers.

Need

There is currently an excess of 2 stations in HSA 7. The applicants have also submitted 3 additional applications for ESRD facilities in HSA 7 to be heard at the September 26, 2017 Board meeting (#17-014, #17-015, and #17-016). Along with these projects they have submitted a 5th application for an ESRD facility in HSA 7, which is also a partnership with DuPage Medical Group (#17-029), to be heard at the November meeting. This amounts to a request for 56 total stations in an area where there is no need per your inventory. Even if there will be a need for stations in HSA 7 after the next need determination, approving 56 stations to come on line at the same time in one HSA, within 30-minutes travel time, will flood the market rather than incrementally adding clinics to adjust to evidenced and projected growth of ESRD.

Unnecessary Duplication/Maldistribution/Impact to Providers

The approval of the Geneva Crossing facility, along with any of the other 4 mentioned applications, will create unnecessary duplication maldistribution of services across HSA 7. There are under-utilized facilities of various providers in close proximity to each project that would be negatively impacted.



**FRESENIUS
KIDNEY CARE**

We respectfully ask the Board to take our comments/concerns into consideration when reviewing the DaVita/DuPage Medical Group Geneva Crossing proposed project, as well as the negative findings which will most certainly be noted in the State Board Report.

Sincerely,

Lori Wright
Senior CON Specialist

cc: Clare Connor

September 5, 2017

Ms. Kathryn Olson
Chairwoman
Illinois Health Facilities and Services Review Board
525 W. Jefferson, 2nd Floor
Springfield, IL 62716

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**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

RE: Opposition to #17-013, Geneva Crossing Dialysis, Carol Stream
Applicants: DaVita, Inc. and DuPage Medical Group, LTD

Dear Ms. Olson:

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Need

There is currently an excess of 2 stations in HSA 7. The applicants have also submitted 3 additional applications for ESRD facilities in HSA 7 to be heard at the September 26, 2017 Board meeting (#17-014, #17-015 and #17-016). Along with these projects they have submitted a 5th application for an ESRD facility in HSA 7, which is also a partnership with DuPage Medical Group (#17-029), to be heard at the November meeting. This amounts to a request for 56 total stations in an area where there is no need per your inventory. Even if there will be a need for stations in HSA 7 after the next need determination, approving 56 stations to come on line at the same time in one HSA, within 30-minutes travel time, will flood the market rather than incrementally adding clinics to adjust to evidenced and projected growth of ESRD. It also seems that the applicant is using the same CKD base to justify all four units as the support letter uses the same number of CKD patients for all projects. Applicant also does not count approved facilities in their analysis of need. Dialysis projects are approved by the board and not yet completed. Approving these unnecessary projects will put strain on the health care delivery system.

Unnecessary Duplication/Maldistribution/Impact to Providers

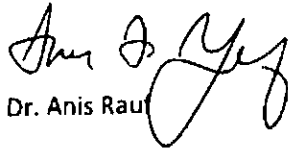
The approval of the Geneva Crossing facility, along with any of the other 4 mentioned applications, will create unnecessary duplication maldistribution of services across HSA 7. There are under-utilized facilities of various providers in close proximity to each project that would be negatively impacted.

September 5, 2017

Ms. Kathryn Olson
Chairwoman
Illinois Health Facilities and Services Review Board
525 W. Jefferson, 2nd Floor
Springfield, IL 62716
Page 2

We respectfully ask the Board to take our comments/concerns into consideration when reviewing the DaVita/DuPage Medical Group Geneva Crossing proposed project, as well as the negative findings which will most certainly be noted in the State Board Report.

Sincerely,


Dr. Anis Raul

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2016

Ownership, Management and General Information

Name: Fresenius Medical Care Elgin
Address: 2130 Point Boulevard
City: Elgin
County: Kane
HSA: 8
Medicare ID: 14-2726

Legal Entity Operator: Fresenius Medical Care Elgin, LLC
Legal Entity Owner:
Ownership Type: Limited Liability Company
Property Owner: Stage Management
Other Ownership:
Medical Director Name: Raju Ray, M.D.
Provides Incenter Nocturnal Dialysis: ☐

STATION INFORMATION

Authorized Stations as of 12/31/2016: 20
Certified Stations by CMS: 20
Peak Authorized Stations Operated: 20
Authorized Stations Setup and Staffed in Oct 1-7: 16
Isolation Stations Set up in Oct 1-7: 1
(subset of authorized stations)
Number of Shifts Operated per day

FACILITY STAFFING - FULL TIME EQUIVALENTS

Full-Time Work Week: 32
Registered Nurse: 8.5
Dialysis Technician: 7.5
Dietician: 2
Social Worker: 1
LPN: 1
Other Health: 0
Other Non-Health: 2

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	17	0	19	17	19	17	17
Number of Patients Treated	35	0	42	37	41	42	39

Facility Utilization Information

Facility Reported Patient Information

Patients treated as of 1/1/2016: (Beginning patients) 67
Patients treated as of 12/31/2016: (Ending patients) 85
Total Unduplicated patients treated in calendar year: 116

Facility Reported Treatment Information

In-Center Treatments in calendar year: 11,090
Number of Missed Treatments: 139
Average Daily Treatments: 0.0
Average Treatment Time (min): 260.0

PATIENT ADDITIONS

New Patients: 57
Transient Patients: 14
Patients Re-Started: 0
Post-Transplant Patient: 1
Total: 72

PATIENT LOSSES

Recovered patients: 0
Transplant Recipients: 1
Patients transferred out: 26
Patients voluntarily discontinued: 0
Patients lost to follow up: 0
Patients deceased: 3
Total: 30

USE RATE for the FACILITY

Treatment Capacity/year (based on Stations): 18,720
Use Rate (Treatments/Treatment capacity): 59%
Use Rate (including Missed Treatments): 60%
Use Rate (Beginning patients treated): 56%
Use Rate (Year end Patients/Stations*6): 71%

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	65.5%	2.6%	30.2%	0.9%	0.9%	100.0%	0.0%
Patients	76	3	35	1	1	116	0
1/1/2015 to 12/31/2015	35.5%	0.0%	64.5%	0.0%	0.0%	100.0%	0.0%
Net Revenue	\$1,737,692	\$0	\$3,157,578	\$0	\$0	\$4,895,270	\$0

Patients by Age and Sex

AGE GROUPS	MALE	FEMALE	TOTAL
<15 yrs	0	0	0
15-44 yr	10	7	17
45-64 yr	30	16	46
65-74 yr	16	10	26
75 < yrs	19	8	27
Total	75	41	116

Patients by Race

Asian Patients:	6
Native American/ Indian:	0
Black/ African American :	14
Hawaiian /Pacific Islander	3
White:	93
Unknown :	0
TOTAL:	116

Patients by Ethnicity

Hispanic Latino Patients:	41
Non-Hispanic Latino Patient	75
Unknown Ethnicity Patients	0
TOTAL:	116

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care. Many of our Medicaid patients have moved to managed care "Medicaid Risk" programs which reimburses at rates more similar to Medicaid and Medicare, however these patients/revenues are accounted for under Private Insurance.

Source: Data based on 2016 Annual ESRD Questionnaire administered on behalf of Illinois Department of Public Health, Health Systems Development.

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2015

Ownership, Management and General Information

Name: Fresenius Medical Care Elgin
Address: 2130 Point Boulevard, Suite 800
City: Elgin
County: Kane
HSA: 8
Medicare ID: 14-2726

Legal Entity Operator: Fresenius Medical Care Elgin, LLC
Legal Entity Owner:
Ownership Type: Limited Liability Company
Property Owner: PANCOR
Other Ownership:
Medical Director Name: Raju Ray, M.D.
Provides Incenter Nocturnal Dialysis: ☐

STATION INFORMATION

Authorized Stations as of 12/31/2015: 20
Certified Stations by CMS: 14
Peak Authorized Stations Operated: 14
Authorized Stations Setup and Staffed in Oct 1-7: 14
Isolation Stations Set up in Oct 1-7: 1
(subset of authorized stations)
Number of Shifts Operated per day

FACILITY STAFFING - FULL TIME EQUIVALENTS

Full-Time Work Week: 32
Registered Nurse: 6
Dialysis Technician: 8
Dietician: 2
Social Worker: 1
LPN: 0
Other Health: 0
Other Non-Health: 2

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	18.5	18.5	18.5	0	18.5	18.5	18.5
Number of Patients Treated	33	31	30	0	39	33	37

Facility Utilization Information

Facility Reported Patient Information

Patients treated as of 1/1/2015: (Beginning patients) 80
Patients treated as of 12/31/2015: (Ending patients) 67
Total Unduplicated patients treated in calendar year: 111

Facility Reported Treatment Information

In-Center Treatments in calendar year: 10,762
Number of Missed Treatments: 233
Average Daily Treatments:
Average Treatment Time (min): 270.0

PATIENT ADDITIONS

New Patients: 18
Transient Patients: 23
Patients Re-Started: 0
Post-Transplant Patient: 0
Total: 41

PATIENT LOSSES

Recovered patients: 3
Transplant Recipients: 6
Patients transferred out: 38
Patients voluntarily discontinued: 6
Patients lost to follow up: 0
Patients deceased: 6
Total: 59

USE RATE for the FACILITY

Treatment Capacity/year (based on Stations): 18,720
Use Rate (Treatments/Treatment capacity): 57%
Use Rate (Including Missed Treatments): 59%
Use Rate (Beginning patients treated): 67%
Use Rate (Year end Patients/Stations*6): 56%

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	57.7%	0.0%	42.3%	0.0%	0.0%	100.0%	0.0%
Patient	64	0	47	0	0	111	0
1/1/2014 to 12/31/2014	37.4%	2.6%	58.4%	1.2%	0.4%	100.0%	0.0%
Net Revenue	\$1,830,705	\$127,359	\$2,858,926	\$61,102	\$17,178	\$4,895,270	\$0

Patients by Age and Sex

AGE GROUPS	MALE	FEMALE	TOTAL
<15 yrs	0	0	0
15-44 yr	8	10	18
45-64 yr	20	20	40
65-74 yr	15	13	28
75 < yrs	16	9	25
Total	59	52	111

Patients by Race

Asian Patients:	4
Native American/ Indian:	0
Black/ African American :	12
Hawaiian /Pacific Islande	4
White:	91
Unknown :	0
TOTAL:	111

Patients by Ethnicity

Hispanic Latino Patients:	32
Non-Hispanic Latino Patient	79
Unknown Ethnicity Patients	0
TOTAL:	111

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

Source: Data based on 2015 Annual ESRD Questionnaire administered on behalf of Illinois Department of Public Health, Health Systems Development.

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2014

Ownership, Management and General Information

Name: Fresenius Medical Care Elgin
Address: 2130 Point Boulevard
City: Elgin
County: Kane
HSA: 8
Medicare ID: 14-2726

Legal Entity Operator: Fresenius Medical Care Elgin, LLC
Legal Entity Owner:
Ownership Type: Limited Liability Company
Property Owner: RP 2 LIMITED PARTNERSHIP
Other Ownership:
Medical Director Name: Raju Ray, M.D.
Provides Incenter Nocturnal Dialysis: ☐

STATION INFORMATION

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Certified Stations by CMS: 14
Peak Authorized Stations Operated: 14
Authorized Stations Setup and Staffed in Oct 1-7: 14
Isolation Stations Set up in Oct 1-7: 1
(subset of authorized stations)
Number of Shifts Operated per day

FACILITY STAFFING - FULL TIME EQUIVALENT

Full-Time Work Week: 32
Registered Nurse: 8
Dialysis Technician: 8
Dietician: 1
Social Worker: 1
LPN: 0
Other Health: 0
Other Non-Health: 2

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	19.5	19.5	19.5	19.5	0	19.5	19.5
Number of Patients Treated	40	31	38	31	0	39	34

Facility Utilization Information

Facility Reported Patient Information

Patients treated as of 1/1/2014: 63
(Beginning patients)
Patients treated as of 12/31/2014: 78
(Ending patients)
Total Unduplicated patients treated in calendar year: 132

Facility Reported Treatment Information

In-Center Treatments in calendar year: 10,673
Number of Missed Treatments: 270
Average Daily Treatments:
Average Treatment Time (min): 240.0

ADDITIONS to the FACILITY

New Patients: 44
Transient Patients: 23
Patients Re-Started: 1
Post-Transplant Patient: 1
Total: 69

LOSSES to the FACILITY

Recovered patients: 1
Transplant Recipients: 3
Patients transferred out: 34
Patients voluntarily discontinued: 5
Patients lost to follow up: 0
Patients deceased: 11
Total: 54

USE RATE for the FACILITY

Treatment Capacity/year (based on Stations): 18,720
Use Rate (Treatments/Treatment capacity): 57%
Use Rate (including Missed Treatments): 58%
Use Rate (Beginning patients treated): 53%
Use Rate (Year end Patients/Stations*6): 65%

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	57.6%	4.5%	31.8%	4.5%	1.5%	100.0%	0.0%
Patient	76	6	42	6	2	132	0
1/1/2013 to 12/31/2013	50.1%	11.6%	35.2%	1.2%	1.8%	100.0%	0.0%
Net Revenue	\$1,368,531	\$316,897	\$962,848	\$32,927	\$50,516	\$2,731,720	\$0

Patients by Age and Sex

AGE GROUPS	MALE	FEMALE	TOTAL
<14 yrs	0	0	0
15-44 yr	9	15	24
45-64 yr	35	14	49
65-74 yr	18	14	32
75 < yrs	17	10	27
Total	79	53	132

Patients by Race

Asian Patients:	10
Native American/ Indian:	3
Black/ African American :	23
Hawaiian /Pacific Islander	0
White:	96
Unknown :	0
TOTAL:	132

Patients by Ethnicity

Hispanic Latino Patients:	38
Non-Hispanic Latino Patient	94
Unknown Ethnicity Patients	0
TOTAL:	132

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

Source: Data based on 2014 Annual ESRD Questionnaire administered on behalf of Illinois Department of Public Health, Health Systems Development.

OFFICE OF THE ILLINOIS SECRETARY OF STATE

JESSE WHITE
 SECRETARY OF STATE



LLC FILE DETAIL REPORT

File Number	03354296		
Entity Name	FRESENIUS MEDICAL CARE ELGIN, LLC		
Status	ACTIVE	On	10/28/2016
Entity Type	LLC	Type of LLC	Foreign
File Date	11/12/2010	Jurisdiction	DE
Agent Name	C T CORPORATION SYSTEM	Agent Change Date	11/12/2010
Agent Street Address	208 SO LASALLE ST, SUITE 814	Principal Office	920 WINTER ST WALTHAM, MA 02451
Agent City	CHICAGO	Managers	View
Agent Zip	60604	Duration	PERPETUAL
Annual Report Filing Date	00/00/0000	For Year	2017
Series Name	NOT AUTHORIZED TO ESTABLISH SERIES		

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