

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

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Fresenius Medical Care Jackson Park*			
Street Address: 1441 E. 75 th Street			
City and Zip Code: Chicago 60649			
County: Cook	Health Service Area: 6	Health Planning Area:	

*The facility will be renamed Fresenius Kidney Care Jackson Park after the relocation.

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

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

Type of Ownership of Applicants

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

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

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

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

Type of Ownership of Co-Applicant

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

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

Primary Contact [Person to receive ALL correspondence or inquiries]

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

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

Name:	Abbie Morrison
Title:	Regional Vice President
Company Name:	Fresenius Medical Care North America
Address:	3500 Lacey Road, Downers Grove, IL
Telephone Number:	630-960-6706
E-mail Address:	abbie.morrison@fmc-na.com
Fax Number:	630-960-6812

Post Permit Contact

[Person to receive all correspondence subsequent to permit issuance-**THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960**]

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

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: GW Properties

Address of Site Owner: 2211 N. Elston, Suite 304, Chicago, IL 60614

Street Address or Legal Description of the Site: 1441 E. 75th Street, Chicago, IL 60649

Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.

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: WSKC Dialysis Services, Inc. d/b/a Fresenius Medical Care Jackson Park

Address: 920 Winter Street, Waltham, MA 02451

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

- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- Partnerships must provide the name of the state in which 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 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 #2006-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements, please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at www.FEMA.gov 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 #2006-5 (<http://www.hfsrb.illinois.gov>).

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

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

DESCRIPTION OF PROJECT**1. Project Classification**

[Check those applicable - refer to Part 1110.20 and Part 1120.20(b)]

Part 1110 Classification:

- ☒ Substantive
☐ Non-substantive

2. Narrative Description

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

WSKC Dialysis Services, Inc. proposes to relocate its 24-station Jackson Park facility from 7531 S. Stony Island, Chicago to 1441 E. 75th Street, Chicago in Cook County and HSA 6 (Both locations are designated as Medically Underserved Areas). There is currently a building on the site that will be torn down and the developer/landlord will construct a new building to be leased. The interior will be built-out by Fresenius. This is simply a relocation and will have no impact on the State ESRD station inventory.

This project is "substantive" under Planning Board rule 1110.40 as it entails the discontinuation and establishment (relocation) of facility that provides in-center hemodialysis services.

Project Costs and Sources of Funds

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

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs	N/A	N/A	N/A
Site Survey and Soil Investigation	N/A	N/A	N/A
Site Preparation	N/A	N/A	N/A
Off Site Work	N/A	N/A	N/A
New Construction Contracts	N/A	N/A	N/A
Modernization Contracts	1,277,836	439,920	1,717,756
Contingencies	122,346	42,120	164,466
Architectural/Engineering Fees	133,200	46,800	180,000
Consulting and Other Fees	N/A	N/A	N/A
Movable or Other Equipment (not in construction contracts)	450,000	230,000	680,000
Bond Issuance Expense (project related)	N/A	N/A	N/A
Net Interest Expense During Construction (project related)	N/A	N/A	N/A
Fair Market Value of Leased Space or Equipment	3,561,353	1,133,392	4,694,745
Other Costs To Be Capitalized	N/A	N/A	N/A
Acquisition of Building or Other Property (excluding land)	N/A	N/A	N/A
TOTAL USES OF FUNDS	5,544,735	1,892,232	\$7,436,967
SOURCE OF FUNDS	CLINICAL	NON-CLINICAL	TOTAL
Cash and Securities	1,983,382	758,840	2,742,222
Pledges	N/A	N/A	N/A
Gifts and Bequests	N/A	N/A	N/A
Bond Issues (project related)	N/A	N/A	N/A
Mortgages	N/A	N/A	N/A
Leases (fair market value)	3,561,353	1,133,392	4,694,745
Governmental Appropriations	N/A	N/A	N/A
Grants	N/A	N/A	N/A
Other Funds and Sources	N/A	N/A	N/A
TOTAL SOURCES OF FUNDS	\$5,544,735	\$1,892,232	\$7,436,967
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:

<p>Land acquisition is related to project <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Purchase Price: \$ _____</p> <p>Fair Market Value: \$ _____</p>
<p>The project involves the establishment of a new facility or a new category of service <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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.</p> <p>Estimated start-up costs and operating deficit cost is \$ <u>342,690</u>.</p>

Project Status and Completion Schedules

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

Indicate the stage of the project's architectural drawings:

- ☐ None or not applicable
 ☐ Preliminary
☒ Schematics
 ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): 12/31/2021

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

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

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

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable:

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

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

Cost Space Requirements

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

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
In-Center Hemodialysis	5,544,735		6,797		6,797		
Total Clinical	\$5,544,735		6,797		6,797		
NON REVIEWABLE							
Non-Clinical (Mechanical, Staff, Waiting Room Areas)	1,892,232		2,340		2,340		
Total Non-clinical	\$1,892,232		1,340		1,340		
TOTAL	\$7,436,967		9,137		9,137		
APPEND DOCUMENTATION AS <u>ATTACHMENT 9</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.							

CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

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


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


SIGNATURE Bryan Mello
Assistant Treasurer

PRINTED NAME

PRINTED TITLE

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


SIGNATURE

Dorothy Rizzo
PRINTED NAME Assistant Treasurer

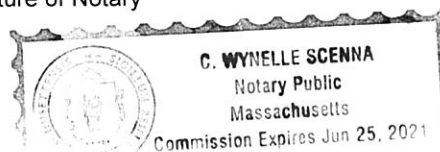
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 20 day of Feb 2019


Signature of Notary

Seal

Seal



*Insert the EXACT legal name of the applicant

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

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

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

Bryan Mello
SIGNATURE

PRINTED NAME
Bryan Mello

PRINTED TITLE
Assistant Treasurer

Dorothy Rizzo
SIGNATURE

PRINTED NAME
Dorothy Rizzo

PRINTED TITLE
Treasurer

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

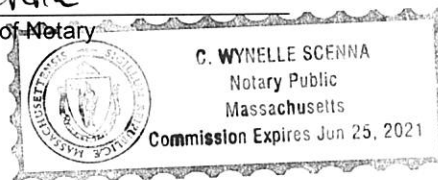
Notarization:
Subscribed and sworn to before me
this 20 day of Feb 2019

Signature of Notary
C Wynelle Scenna

Seal

Signature of Notary

Seal



*Insert the EXACT legal name of the applicant

SECTION II. DISCONTINUATION

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

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

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

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

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

REASONS FOR DISCONTINUATION

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

IMPACT ON ACCESS

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

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

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

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

1110.110(a) – Background of the Applicant

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

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

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

Criterion 1110.110(b) & (d)

PURPOSE OF PROJECT

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

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

NOTE: Information regarding the "Purpose of the Project" will be included in the State Board Staff Report.

APPEND DOCUMENTATION AS ATTACHMENT 12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.

ALTERNATIVES

- 1) Identify **ALL** of the alternatives to the proposed project:

Alternative options **must** include:

- A) Proposing a project of greater or lesser scope and cost;
 - B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
 - C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
 - D) Provide the reasons why the chosen alternative was selected.
- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short-term (within one to three years after project completion) and long-term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED, THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
- 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

APPEND DOCUMENTATION AS ATTACHMENT 13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IV. PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE**Criterion 1110.120 - Project Scope, Utilization, and Unfinished/Shell Space**

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative and it shall include the basis used for determining the space and the methodology applied.**
2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following:
 - a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies and certified by the facility's Medical Director.
 - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that delineates the constraints or impediments.
 - c. The project involves the conversion of existing space that results in excess square footage.
 - d. Additional space is mandated by governmental or certification agency requirements that were not in existence when Appendix B standards were adopted.

Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?

APPEND DOCUMENTATION AS ATTACHMENT 14, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

PROJECT SERVICES UTILIZATION:

This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110. Appendix B. **A narrative of the rationale that supports the projections must be provided.**

A table must be provided in the following format with Attachment 15.

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1					
YEAR 2					

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

UNFINISHED OR SHELL SPACE: NOT APPLICABLE – NO UNFINISHED SPACE

Provide the following information:

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

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

ASSURANCES: NOT APPLICABLE – NO UNFINISHED 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.

SECTION V. SERVICE SPECIFIC**F. Criterion 1110.230 - In-Center Hemodialysis**

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

<input checked="" type="checkbox"/> In-Center Hemodialysis	24	24

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

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

APPEND DOCUMENTATION AS ATTACHMENT 24, 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 1130.525 – "Requirements for Exemptions Involving the Discontinuation of a Health Care Facility or Category of Service" and subsection 1110.230(i) - Relocation of an in-center hemodialysis facility.

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)

VI. 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]:

<u>2,742,222</u>	a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:
	<ol style="list-style-type: none"> 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 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;
<u>N/A</u>	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.
<u>N/A</u>	c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
<u>4,694,745</u>	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: <ol style="list-style-type: none"> 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; 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 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.; 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;

	5) For any option to lease, a copy of the option, including all terms and conditions.
<u>N/A</u>	e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
<u>N/A</u>	f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
<u>N/A</u>	g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
<u>\$7,436,967</u>	TOTAL FUNDS AVAILABLE
APPEND DOCUMENTATION AS <u>ATTACHMENT 34</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

SECTION VII. 1120.130 - FINANCIAL VIABILITY

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

Financial Viability Waiver

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

1. "A" Bond rating or better
2. All of the projects capital expenditures are completely funded through internal sources
3. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent
4. The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.

See Section 1120.130 Financial Waiver for information to be provided

APPEND DOCUMENTATION AS ATTACHMENT 35, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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

	Historical 3 Years			Projected
Enter Historical and/or Projected Years:				
Current Ratio				
Net Margin Percentage	APPLICANT MEETS THE FINANCIAL VIABILITY WAIVER CRITERIA IN THAT ALL OF THE PROJECTS CAPITAL EXPENDITURES ARE COMPLETELY FUNDED THROUGH INTERNAL SOURCES, THEREFORE NO RATIOS ARE PROVIDED.			
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

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

Variance

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

APPEND DOCUMENTATION AS ATTACHMENT 36, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION VIII.1120.140 - ECONOMIC FEASIBILITY

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

A. Reasonableness of Financing Arrangements

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

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

B. Conditions of Debt Financing

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

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

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
ESRD		188.00			6,797			1,277,836	1,227,836
Contingency		18.00			6,797			122,346	122,346
Total Clinical		206.00			6,797			1,400,182	1,400,182
Non Clinical		188.00			2,340			439,920	439,920
Contingency		18.00			2,340			42,120	42,120
Total Non		206.00			2,340			482,040	482,040
TOTALS		\$206.00			9,137			\$1,882,222	\$1,882,222
* Include the percentage (%) of space for circulation									

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

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

SECTION IX. SAFETY NET IMPACT STATEMENT

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

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.
2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.
3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

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

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.
2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.
3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

A table in the following format must be provided as part of Attachment 38.

Safety Net Information per PA 96-0031			
CHARITY CARE (Self Pay)			
Charity (# of patients)(Self-Pay)	2016	2017	2018
(Out-patient only)	233	280	294
Total Charity (cost in dollars)	\$3,269,127	\$4,598,897	\$5,295,686
MEDICAID			
Medicaid (# of patients)	2016	2017	2018
(Out-patient Only)	396	320	328
Medicaid (revenue)	\$7,310,484	\$4,383,383	\$6,630,014

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

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

Note: Medicaid reported numbers are impacted by the large number of patients who switch from Medicaid to a Medicaid Risk insurance (managed care plan) which pays similar to Medicaid. These patients are reported under commercial insurance however, in 2018 of our commercial patients we had 977 Medicaid Risk patients with Revenues of \$30,748,374.

SECTION X. CHARITY CARE INFORMATION

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

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.
3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

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

A table in the following format must be provided for all facilities as part of Attachment 39.

CHARITY CARE (Self Pay)			
	2016	2017	2018
Net Patient Revenue	\$450,657,245	\$461,658,707	\$436,811,409
Amount of Charity Care (self-pay charges)	\$3,269,127	\$4,598,897	\$5,295,686
Cost of Charity Care (Self-Pay)	\$3,269,127	\$4,598,897	\$5,295,686

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

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

Note: Medicaid reported numbers are impacted by the large number of patients who switch from Medicaid to a Medicaid Risk insurance (managed care plan) which pays similar to Medicaid. These patients are reported under commercial insurance however, in 2018 of our commercial patients we had 977 Medicaid Risk patients with Revenues of \$30,748,374.

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

INDEX OF ATTACHMENTS		
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3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	34
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18	Master Design Project	
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Applicant Identification**Applicant**

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

Type of Ownership of Applicant

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

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

***Certificate of Good Standing for WSKC Dialysis Services, Inc. on following page.**

Co-Applicant

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

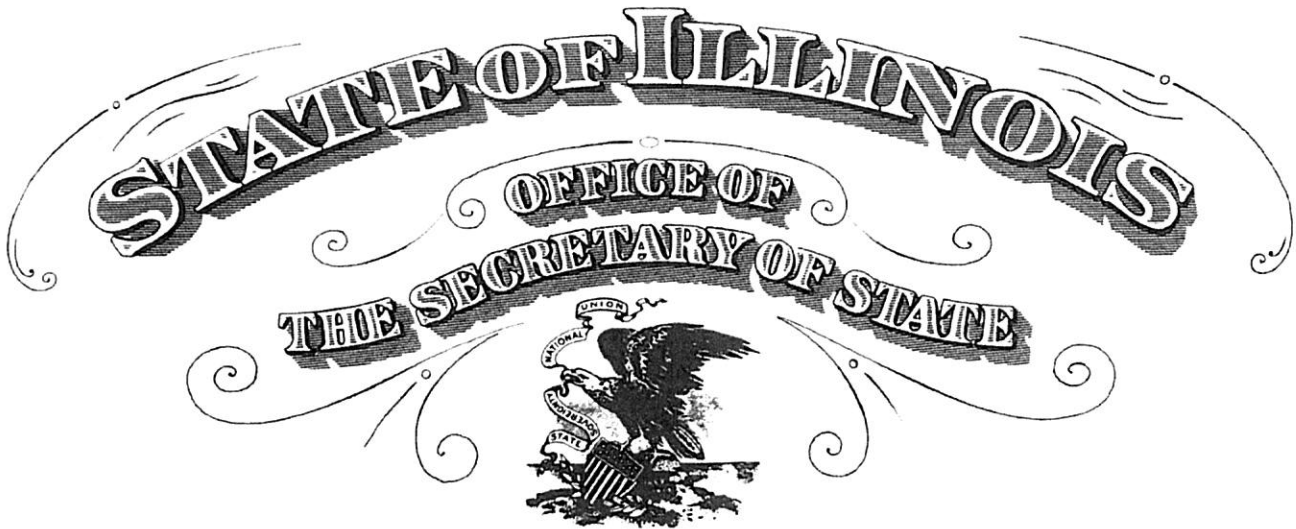
Type of Ownership of Co-Applicant

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

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

File Number

4947-719-8



To all to whom these Presents Shall Come, Greeting:

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

WSKC DIALYSIS SERVICES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 31, 1969, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION 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 25TH
day of APRIL A.D. 2019 .



Authentication #: 1911502176 verifiable until 04/25/2020

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

Jesse White

SECRETARY OF STATE **Certificate of Good Standing**
ATTACHMENT 1

Site Ownership

Exact Legal Name of Site Owner: GW Properties
Address of Site Owner: 2211 N. Elston, Suite 304, Chicago, IL 60614
Street Address or Legal Description of the Site: 1441 E. 75 th Street, Chicago, IL 60649
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.
APPEND DOCUMENTATION AS <u>ATTACHMENT 2</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

July 10, 2019

Ms. Lori Wright
Senior CON Specialist
Fresenius Kidney Care
3500 Lacey Road
Suite 900
Downers Grove, IL
60515

Via Email: Lori.wright@fmc-na.com

Re: 1441 E. 75th Street, Chicago, IL 60619 - Request for Proposal to Lease

Dear Ms. Wright

Please see the following Letter of Intent to lease the above referenced to be built facility.

The following are the general terms and conditions:

Property: 1441 E. 75th Street, Chicago, IL 60619 containing approximately 33,213 SF of land and further identified by the following PINS: 20-26-404-001-0000, 20-26-404-002-0000, 20-26-404-003-0000, 20-26-404-004-0000 ("Property").

Tenant: WSKC Dialysis Services, Inc. d/b/a Fresenius Kidney Care Jackson Park

Guarantor: Fresenius Medical Care Holdings, Inc.

Lease Form: Landlord and Tenant agree to negotiate in good faith a lease document.

Landlord: Heath Property Services, Inc.

Premises: A building that shall be constructed on the Property for the exclusive use of Tenant totaling approximately 9,137 square feet ("Building" or "Premises"). Further details of the Premises are included in the attached Exhibit A.

Lease Commencement: The lease commencement date shall be the day that Tenant is granted possession of the Premises from Landlord. The lease shall be contingent on Tenant receiving all city, state, or local municipal permits and approvals that may be required for Tenant to operate its business at the Property.

Landlord shall deliver possession of the Building to Tenant or Tenant's designated contractor for construction of the interior Premises upon the lease commencement. Tenant or Tenant's designated contractors shall have access to the Property and Premises prior to the lease commencement date with reasonable notice to Landlord, for design and other due diligence related

issues.

Rent Commencement: The Rent commencement date shall be the earlier of: (i) 90 days after delivery of Premises to tenant or (ii) the date Tenant commences treating patients at the Premises.

Lease Term: The initial lease term shall be for fifteen (15) years beginning on the Rent commencement date.

Rental Rate: Initial year base rental will be at the rate of \$27.15 PSF , with 1.7% annual increases during each lease year in the lease term and any option periods.

Real Estate Taxes & CAM Charges: Tenant shall be responsible for 100% of the real estate taxes and Common Area Maintenance ("CAM") of the Property during the lease term. Tenant will have the option to "self-maintain" the common areas and pay the costs (snow removal, landscaping, etc) directly, or have these services coordinated by Landlord subject to a management fee as set forth in Janitorial Services section below.

Landlord Work: Landlord shall deliver the Building in accordance to the Building specifications contained herein and as further described in the attached Exhibit B, in addition to all utility specifications per the below matrix. All Landlord required work shall be finalized pending Tenant third party firm base building condition report.

Utility Matrix	Number of Patient Stations and/or Home Therapies Rooms							
Service	6	8	12	16	20	24	28/32	36/40
City Water (Minimum) * (A minimum sustainable pressure of 60 psi is required)	2"	2"	2"	2"	2"	2"	3"	3"
Approx. Water Usage for Impact Fee Reference (Gallons Per Work Day)	1950	2600	3900	5200	6500	7800	10400	11700
Sanitary Waste (Dedicated for Tenant use) **	4"	4"	4"	4"	4"	4"	4"	4"
120/208, 3 phase, 4w Electrical (amps)***	600	600	600	600	600	800	800	1000
Natural Gas**** (MBH)	250	300	350	450	600	720	850	1100

* Volume of water quantity for Tenant domestic / process use only, not inclusive of other tenant and irrigation capacity. Where services are shared with other tenants, a fixture count for confirmation of available service is required.

- ** Where services are shared with other tenants, a water drainage volume analysis for confirmation of available service is required.
- *** Electrical power to terminate inside Tenant's space at a location approved by the Tenant within a single main distribution panel dedicated solely for Tenant's use.
- **** If natural gas is not available, then electric service will need to be sized by Tenant's engineer.

Landlord Base Building Requirements:

- Building in a shell condition with clear space from the finished slab to the underside of the roof structure of not less than 13 feet,
- Provide HVAC units, in place, meeting Tenant's standards and specifications which will be provided by Tenant's engineer to deliver approximately 3 tons per thousand square feet of leased space to meet Tenant's standards specifications and requirements. Landlord Work to include furnishing and installing all the electrical connections from the units to Tenant's electrical panel. Tenant's contractor will provide and install all ductwork and insulation from these units.
- The presence of sewer service no less than a 4" line;
- The presence of water service with no less than a 4" dedicated line to the space with pressure of 60-80 psi;
- Building fully-serviced by automatic fire suppression system to meet all applicable state and local codes, laws, ordinances and regulations and according to NFPA 101.
- Provide conduit to the building for Cable TV and telephone. Terminate inside building at wiring closet. If cable is not available Tenant shall have the right to install a satellite system for its use at its own cost.
- Provide handicap accessible path way(s) to building to meet all applicable state and local codes, laws, ordinances and regulations.
- An interior floor slab of 5" minimum concrete. Concrete floor slab shall conform to ACI 117 to meet their flat floor tolerances for flatness and levelness.
- Vapor emissions from the concrete floor slab cannot exceed three (3) pounds per one thousand (1,000) square feet every twenty-four (24) hours (the "Flooring Threshold"). Landlord to test slab prior to execution of the Lease to determine if any mitigation is required. Landlord to be responsible at its sole cost for any and all floor prep required regarding moisture mitigation and flatness and levelness. All products and processes must meet Tenant's standards and specifications.

Tenant Improvements: Tenant shall be solely responsible for the build out of all interior improvements within the Premises at Tenants cost. Tenant shall submit final plans to Landlord for approval prior to the commencement of work, which approval shall not be unreasonably withheld or delayed. Landlord shall permit and shall not restrict or limit the required improvements for Tenant's use and shall assist in any municipal or other approvals required for Tenant's final build out and occupancy.

No supervisory fee will be payable to the Landlord with respect to Tenant's work. Please confirm that during the construction of Tenant's Premises there shall be full access to the Building's electrical services, mechanical rooms, roof, and all other areas of the Building that may be required.

Maintenance/Repairs: Landlord shall be responsible, on a non-pass-through basis, for construction defects, structural maintenance of the Property, and repair & replacement of roof, parking areas, , plumbing, and electric services. Tenant will be responsible for maintenance and repair of exterior entry elements and exterior glass.

Parking: Tenant shall have the exclusive use of the parking lot for Tenant's employees, visitors and patients during the lease term. The required amount of parking shall be further determined and verified with a mutually acceptable site plan.

Access: Tenant shall have 24/7, 365 days a year access and control of the Premises and HVAC services.

Janitorial Services: Tenant shall be responsible for janitorial and cleaning services within the Premises. Tenant has the option to either (i) be responsible for maintaining the common areas of the Property (snow removal, landscaping, lot sweeping, etc.) throughout the lease term at Tenant's cost, or (i) elect to have Landlord coordinate maintenance of the common areas, in which case the common area maintenance pass through to tenant will include a management fee equal to 4.0% of base rent..

Utilities: Upon the lease commencement, Tenant shall be responsible for all utility costs serving the Premises (gas, electric, water) which shall be billed direct.

Options to Renew: Tenant shall have the option to renew the term of the lease for three (3) additional five (5) year periods by providing Landlord with no less than nine (9) months prior written notice. Further details of the option period rent shall be memorialized in the lease agreement.

Holdover: If Tenant remains in possession of the Premises after the expiration or earlier termination of the lease, Tenant's occupancy shall be deemed a month-to-month tenancy upon the same terms and conditions of the lease except that base rent shall be equal to 125% of the base rate then being paid.

Subletting & Assignment: Landlord shall grant Tenant:

- a. The right, without Landlord's approval, to sublet or assign its lease, or any part thereof, to any successor of Tenant resulting from a merger, consolidation, sale or acquisition, so long as Guarantor remains liable under the lease.
- b. The right to sublet or assign the lease, or any part thereof, with Landlord's prior consent, which consent shall not be unreasonably withheld or delayed, at any time during the term of the lease so long as Guarantor remains liable under the lease.

All options contained in the lease for renewals will remain with the lease upon a sublease or assignment so long as Guarantor remains liable under the lease. Landlord will not be entitled to any right of recapture so long as Guarantor remains liable under the lease.

Signage:

Tenant shall have the ability to install signage or Tenant identification on the building facade, a monument sign, and Building entry signage, which shall be subject to local municipality and Landlord approvals.

Hazardous Materials, Asbestos, ADA:

Subject to the results and conclusions of environmental test reports received by Landlord and provided to Tenant, Property does not contain any potentially hazardous materials or UST's (Underground Storage Tanks). Landlord will take any and all other actions that may be necessary to bring the Property into full compliance with all relevant governmental code requirements, including but not limited to compliance with the Americans with Disabilities Act ("ADA").

Security Deposit:

None.

Zoning and Restrictive Covenants:

Landlord will represent that prior to Lease Commencement the property zoning will allow Medical Use and there will be no other restrictive covenants imposed on the land/, owner, and/or municipality.

CON Contingency:

Landlord and Tenant understand and agree that the establishment of any chronic outpatient dialysis facility in the State of Illinois is subject to the requirements of the Illinois Health Facilities Planning Act, 20 ILCS 3960/1 et seq. and, thus, Tenant cannot establish a dialysis facility on the Premises or execute a binding real estate lease in connection therewith unless Tenant obtains a Certificate of Need (CON) permit from the Illinois Health Facilities Planning Board (the "Planning Board"). Tenant agrees to proceed using its commercially reasonable best efforts to submit an application for a CON permit and to prosecute said application to obtain the CON permit from the Planning Board. Tenant acknowledges that Landlord will not be obligated to proceed with acquisition of the Property unless Tenant has waived the CON contingency within 210 days after lease execution.

Non-Binding:

Tenant or Landlord will only be bound by a written lease agreement that is properly executed by both Landlord and Tenant. No proposal, counterproposal, letter or oral statement will be construed as a binding lease agreement or as a contract to enter into a lease agreement.

Thank you for your interest in securing Fresenius Medical Care as a valued tenant at 1441 E. 75th Street, Chicago, IL 60619. We look forward to receiving your response in the very near future so my client can make the most informed decisions as possible. If you have any questions or wish to discuss this letter further, please feel free to reach out to me at any time.



Miles Gatland
Transaction Manager



Fresenius Medical Care North America

Transaction Management

1110 Island Drive | Commerce Township, MI 48382

P 248-701-6800 M 248-701-6800

fmcna.com | miles.gatland@fmc-na.com

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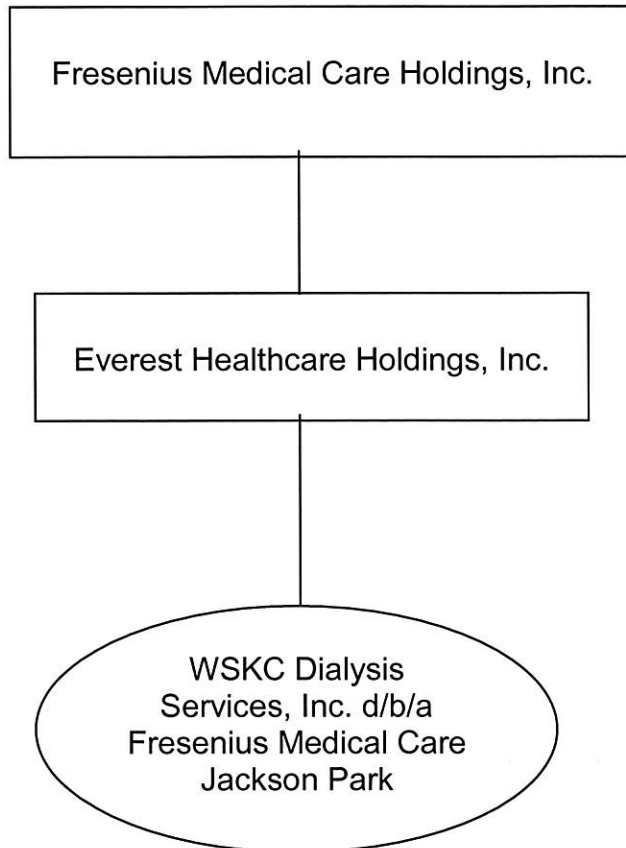
Confidentiality Notice: If you have received this e-mail in error, please immediately notify the sender by e-mail at the address shown. This e-mail transmission may contain confidential information. This information is intended only for the use of the individual(s) or entity to whom it is intended, even if addressed incorrectly. Please delete it from your files if you are not the intended recipient.

Operating Identity/Licensee

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

Exact Legal Name: WSKC Dialysis Services, Inc. d/b/a Fresenius Medical Care Jackson Park*			
Address: 920 Winter Street, Waltham, MA 02451			
<input type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership
<input checked="" type="checkbox"/>	For-profit Corporation	<input type="checkbox"/>	Governmental
<input type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Sole Proprietorship
		<input type="checkbox"/>	Other
<ul style="list-style-type: none"> ○ 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. 			

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



Flood Plain Requirements

The proposed relocation site for Fresenius Medical Care Jackson Park complies with the requirements of Illinois Executive Order #2005-5. The site, 1441 E. 75th Street, Chicago, is not located in a flood plain.





Illinois Department of Natural Resources

One Natural Resources Way Springfield, Illinois 62702-1271
www.dnr.illinois.gov Mailing Address: 1 Old State Capitol Plaza, Springfield, IL 62701

#19-035

JB Pritzker, Governor
Colleen Callahan, Director

FAX (217) 524-7525

Cook County
Chicago

CON - Lease for Relocation of a Dialysis Clinic
Existing - 7531 S. Stony Island, Proposed - 1441 E. 75th St.
SHPO Log #010021419

March 25, 2019

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

Dear Ms. Wright:

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 call 217/782-4836.

Sincerely,

Robert F. Appleman
Deputy State Historic
Preservation Officer

SUMMARY OF PROJECT COSTS

Modernization	
General Conditions	85,888
Temp Facilities, Controls, Cleaning, Waste Management	4,294
Concrete	21,987
Masonry	26,110
Metal Fabrications	12,883
Carpentry	150,991
Thermal, Moisture & Fire Protection	30,576
Doors, Frames, Hardware, Glass & Glazing	117,666
Walls, Ceilings, Floors, Painting	277,418
Specialities	21,472
Casework, Fl Mats & Window Treatments	10,307
Piping, Sanitary Waste, HVAC, Ductwork, Roof Penetrations	549,682
Wiring, Fire Alarm System, Lighting	331,183
Miscellaneous Construction Costs	77,299
Total	\$1,717,756
Contingencies	\$164,466
Architecture/Engineering Fees	\$180,000
Moveable or Other Equipment	
Dialysis Chairs	60,000
Clinical Furniture & Equipment	35,000
Office Equipment & Other Furniture	50,000
Water Treatment	225,000
TVs & Accessories	100,000
Telephones	35,000
Generator	125,000
Facility Automation	30,000
Other miscellaneous	20,000
	\$680,000
Fair Market Value of Leased Space and Equipment	
FMV Leased Space (9,137 GSF, Cost of 15-year lease)	4,289,970
FMV Leased Dialysis Machines	386,775
FMV Leased Office Equipment	18,000
	\$4,694,745
Grand Total	\$7,436,967

Itemized Costs
ATTACHMENT - 7

Current Fresenius CON Permits and Status

Project Number	Project Name	Project Type	Completion Date	Comment
#16-029	Fresenius Medical Care Ross Dialysis - Englewood	Relocation/ Expansion	09/30/2018	Anticipated opening August 2019
#16-042	Fresenius Kidney Care Paris Community	Establishment	03/31/2020	Permit Renewal/Financial Commitment Extension Request Approved 10/30/18
#17-056	Fresenius Medical Care Galesburg	Relocation	12/31/2019	Open March 2019, waiting for Certification
#17-065	Fresenius Kidney Care New Lenox	Establishment	12/31/2019	Shell construction beginning by July 2019
#18-006	Fresenius Kidney Care Madison County	Establishment	06/30/2020	Project obligated June 17, 2019
#18-039	Fresenius Kidney Care Grayslake	Establishment	03/31/2021	Permitting phase
#18-045	Fresenius Kidney Care West Belmont	Expansion	2/14/2020	Permitted January 15, 2019
#18-046	Fresenius Kidney Care Cicero	Expansion	12/31/2019	Stations in, waiting for CMS Certification

WATER HEATER LOCATION OPTIONS PER
PHC PREFERENCE:

1. ROOF MOUNT
2. EXT. WALL ADJACENT TO WATER ROOM
3. INSIDE STORAGE ROOM

Cost Space Requirements

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

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
In-Center Hemodialysis	5,544,735		6,797		6,797		
Total Clinical	\$5,544,735		6,797		6,797		
NON REVIEWABLE							
Non-Clinical (Administrative, Mechanical, Staff, Waiting Room, Home Therapies)	1,892,232		2,340		2,340		
Total Non-clinical	\$1,892,232		1,340		1,340		
TOTAL	\$7,436,967		9,137		9,137		

1110.130 – DISCONTINUATION**General Information Requirements**

WSKC Dialysis Services, Inc. proposes to discontinue its 24-station ESRD facility located at 7531 S. Stony Island, Chicago, operating at 63% utilization with 90 patients as of March 31, 2019. It will then establish a replacement facility at 1441 E. 75th Street, Chicago. Both locations are in the Jackson Park neighborhood, which is a Federally Designated Medically Underserved Area. All patients are expected to transfer to the new facility and therefore all medical records will also be transferred.

The discontinuation is expected to occur simultaneously with the opening of the new facility, on or before March 31, 2021. There will be no break in service to the patients involved. The evacuated leased space will be released back to the landlord.

Reasons for Discontinuation

The Jackson Park facility has been at its current location for 41 years. Patients have a long walk to access the clinic via a steep ramp to the entrance. This walk becomes more difficult in inclement weather or when pushing a wheelchair. The facility, inside Jackson Park Hospital, is aging and requires ongoing costly maintenance. Additionally, the leased space needs renovating and a new water treatment room. It would cost Fresenius approximately \$600,000 for these renovations that do not address the ongoing physical plant issues.

Impact on Access

The “relocation” of the Jackson Park facility to an alternate site, also in the Jackson Park neighborhood, will not impact any area ESRD providers. The location site is only three blocks away from the current facility location and is intended to serve the current clinic patients and identified pre-ESRD patients of Dr. Atassi residing in the Jackson Park neighborhood. No patients are being transferred from any other facility.

IMPACT ON ACCESS STATEMENT PER PART 1110.130

The proposed discontinuation of the Fresenius Medical Care's Jackson Park 24-station end stage renal disease (ESRD) facility will not have an adverse effect upon access to care for the residents of the healthcare market area in which it is situated. Along with this discontinuation, a replacement 24-station ESRD facility will be established at 1441 W. 75th Street, Chicago. The Jackson Park facility is simply being relocated approximately 3 blocks away. All patients are expected to transfer to the replacement facility. There will be no break in service to patients.

There will be no adverse impact to any facilities within a 45-minute travel time as this is a relocation only with existing patients and identified pre-ESRD patients who would be referred to the facility regardless.

Abbie Morrison

Signature

Abbie Morrison

Printed Name

Regional Vice President

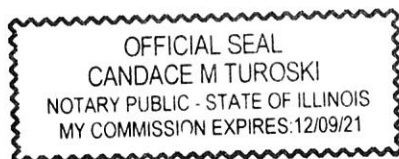
Title

SUBSCRIBED AND SWORN TO
BEFORE ME THIS 19th DAY
OF June, 2019.

Candace M. Turosski

NOTARY PUBLIC

Seal





About Us

Fresenius Kidney Care, a division of Fresenius Medical Care North America (FMCNA), provides dialysis treatment and services to over 190,000 people with kidney disease at more than 2,300 facilities nationwide. Fresenius Kidney Care patients have access to FMCNA's integrated network of kidney care services ranging from cardiology and vascular care to pharmacy and lab services as well as urgent care centers and the country's largest practice of hospitalist and post-acute providers. The scope and sophistication of this vertically integrated network provides us with seamless oversight of our patients' entire care continuum.

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

Bringing Our Mission to Life

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

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

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



Value Based Care Model

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

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

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

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

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



Five Star Quality Rated by CMS

Fresenius Kidney Care achieved the largest number of top-rated, Five Star dialysis centers in 2018, based on the Dialysis Facility Compare Five Star Quality Rating System issued by CMS. This focus on quality continues to drive Fresenius Kidney Care's success in Illinois.

Overview of Services



Treatment Settings and Options

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



Patient Support Services

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



Counseling and Guidance for Non-Dialysis Options

- ✓ Kidney transplant
- ✓ Supportive care without dialysis

Our Local Commitment



Fresenius Kidney Care is a predominant supporter of the National Kidney Foundation of Illinois (NKFI). The NKFI is an affiliate of the National Kidney Foundation, which funds medical research improving lives of those with kidney disease, prevention screenings and is a leading educator on kidney disease. Our Fresenius Kidney Care employees in the United States raised over \$800,000 for the NKF Kidney Walk with \$25,000 raised in Illinois through pledges and t-shirt sales. In addition, each year Fresenius Kidney Care donates \$30,000 to the NKFI.

Background

ATTACHMENT - 11

Thrive On

Fresenius Kidney Care In-center Clinics in Illinois

#19-035

Clinic	Provider #	Address	City	Zip
Aledo	14-2658	409 NW 9th Avenue	Aledo	61231
Alsip	14-2630	12250 S. Cicero Ave Ste. #105	Alsip	60803
Antioch	14-2673	311 Depot St., Ste. H	Antioch	60002
Aurora	14-2515	455 Mercy Lane	Aurora	60506
Austin Community	14-2653	4800 W. Chicago Ave., 2nd Fl.	Chicago	60651
Belleville	14-2839	6525 W. Main Street	Belleville	62223
Berwyn	14-2533	2601 S. Harlem Avenue, 1st Fl.	Berwyn	60402
Blue Island	14-2539	12200 S. Western Avenue	Blue Island	60406
Bolingbrook	14-2605	329 Remington	Boilingbrook	60440
Breese	14-2637	160 N. Main Street	Breese	62230
Bridgeport	14-2524	825 W. 35th Street	Chicago	60609
Burbank	14-2641	4811 W. 77th Street	Burbank	60459
Carbondale	14-2514	1425 Main Street	Carbondale	62901
Centre West Springfield	14-2546	1112 Centre West Drive	Springfield	62704
Champaign	14-2588	1405 W. Park Street	Champaign	61801
Chatham	14-2744	333 W. 87th Street	Chicago	60620
Chicago Dialysis	14-2506	1806 W. Hubbard Street	Chicago	60622
Chicago Heights	14-2832	15 E. Independence Drive	Chicago Heights	60411
Chicago Westside	14-2681	1340 S. Damen	Chicago	60608
Cicero	14-2754	3000 S. Cicero	Chicago	60804
Congress Parkway	14-2631	3410 W. Van Buren Street	Chicago	60624
Crestwood	14-2538	4861W. Cal Sag Road	Crestwood	60445
Decatur East	14-2603	1830 S. 44th St.	Decatur	62521
Deerfield	14-2710	405 Lake Cook Road	Deerfield	60015
Des Plaines	14-2774	1625 Oakton Place	Des Plaines	60018
Downers Grove	14-2503	3825 Highland Ave., Ste. 102	Downers Grove	60515
DuPage West	14-2509	450 E. Roosevelt Rd., Ste. 101	West Chicago	60185
DuQuoin	14-2595	825 Sunset Avenue	DuQuoin	62832
East Aurora	14-2837	840 N. Farnsworth Avenue	Aurora	60505
East Peoria	14-2562	3300 North Main Street	East Peoria	61611
Elgin	14-2726	2130 Point Boulevard	Elgin	60123
Elk Grove	14-2507	901 Biesterfeld Road, Ste. 400	Elk Grove	60007
Elmhurst	14-2612	133 E. Brush Hill Road, Suite 4	Elmhurst	60126
Evanston	14-2621	2953 Central Street, 1st Floor	Evanston	60201
Evergreen Park	14-2545	9730 S. Western Avenue	Evergreen Park	60805
Galesburg	14-8628	765 N Kellogg St, Ste 101	Galesburg	61401
Garfield	14-2555	5401 S. Wentworth Ave.	Chicago	60609
Geneseo	14-2592	600 North College Ave, Suite 150	Geneseo	61254
Glendale Heights	14-2617	130 E. Army Trail Road	Glendale Heights	60139
Glenview	14-2551	4248 Commercial Way	Glenview	60025
Grayslake	-	Belvidere Road	Grayslake	60030
Greenwood	14-2601	1111 East 87th St., Ste. 700	Chicago	60619
Gurnee	14-2549	101 Greenleaf	Gurnee	60031
Hazel Crest	14-2607	17524 E. Carriageway Dr.	Hazel Crest	60429
Highland Park	14-2782	1657 Old Skokie Road	Highland Park	60035
Hoffman Estates	14-2547	3150 W. Higgins, Ste. 190	Hoffman Estates	60195
Humboldt Park	14-2821	3500 W. Grand Avenue	Chicago	60651
Jackson Park	14-2516	7531 South Stony Island Ave.	Chicago	60649
Joliet	14-2739	721 E. Jackson Street	Joliet	60432
Kewanee	14-2578	230 W. South Street	Kewanee	61443
Lake Bluff	14-2669	101 Waukegan Rd., Ste. 700	Lake Bluff	60044
Lakeview	14-2679	4008 N. Broadway, St. 1200	Chicago	60613
Lemont	14-2798	16177 W. 127th Street	Lemont	60439
Logan Square	14-2766	2721 N. Spalding	Chicago	60647
Lombard	14-2722	1940 Springer Drive	Lombard	60148
Macomb	14-2591	523 E. Grant Street	Macomb	61455
Madison County	-	1938 -1946 Grand Ave.	Granite City	62040
Maple City	14-2790	1225 N. Main Street	Monmouth	61462
Marquette Park	14-2566	6515 S. Western	Chicago	60636
McHenry	14-2672	4312 W. Elm St.	McHenry	60050
McLean Co	14-2563	1505 Eastland Medical Plaza	Bloomington	61704
Melrose Park	14-2554	1111 Superior St., Ste. 204	Melrose Park	60160
Merrionette Park	14-2667	11630 S. Kedzie Ave.	Merrionette Park	60803
Metropolis	14-2705	20 Hospital Drive	Metropolis	62960
Midway	14-2713	6201 W. 63rd Street	Chicago	60638
Mokena	14-2689	8910 W. 192nd Street	Mokena	60448
Moline	14-2526	400 John Deere Road	Moline	61265
Mount Prospect	14-2843	1710-1790 W. Golf Road	Mount Prospect	60056
Mundelein	14-2731	1400 Townline Road	Mundelein	60060

Clinic	Provider #	Address	City	Zip
Naperbrook	14-2765	2451 S Washington	Naperville	60565
Naperville North	14-2678	516 W. 5th Ave.	Naperville	60563
New City	14-2815	4622 S. Bishop Street	Chicago	60609
New Lenox	-	Cedar Crossing Development	New Lenox	60451
Niles	14-2559	7332 N. Milwaukee Ave	Niles	60714
Normal	14-2778	1531 E. College Avenue	Normal	61761
Norridge	14-2521	4701 N. Cumberland	Norridge	60656
North Avenue	14-2602	911 W. North Avenue	Melrose Park	60160
North Kilpatrick	14-2501	4800 N. Kilpatrick	Chicago	60630
Northcenter	14-2531	2620 W. Addison	Chicago	60618
Northfield	14-2771	480 Central Avenue	Northfield	60093
Northwestern University	14-2597	710 N. Fairbanks Court	Chicago	60611
Oak Forest	14-2764	5340A West 159th Street	Oak Forest	60452
Oak Park	14-2504	773 W. Madison Street	Oak Park	60302
Orland Park	14-2550	9160 W. 159th St.	Orland Park	60462
Oswego	14-2677	1051 Station Drive	Oswego	60543
Ottawa	14-2576	1601 Mercury Circle Drive, Ste. 3	Ottawa	61350
Palatine	14-2723	691 E. Dundee Road	Palatine	60074
Pekin	14-2571	3521 Veteran's Drive	Pekin	61554
Paris	-	721 E Court Street	Paris	61944
Peoria Downtown	14-2574	410 W Romeo B. Garrett Ave.	Peoria	61605
Peoria North	14-2613	10405 N. Juliet Court	Peoria	61615
Plainfield	14-2707	2320 Michas Drive	Plainfield	60544
Plainfield North	14-2596	24024 W. Riverwalk Court	Plainfield	60544
Polk	14-2502	557 W. Polk St.	Chicago	60607
Pontiac	14-2611	804 W. Madison St.	Pontiac	61764
Prairie	14-2569	1717 S. Wabash	Chicago	60616
Randolph County	14-2589	102 Memorial Drive	Chester	62233
Regency Park	14-2558	124 Regency Park Dr., Suite 1	O'Fallon	62269
River Forest	14-2735	103 Forest Avenue	River Forest	60305
Rock Island	14-2703	2623 17th Street	Rock Island	61201
Rock River - Dixon	14-2645	101 W. Second Street	Dixon	61021
Rogers Park	14-2522	2277 W. Howard St.	Chicago	60645
Rolling Meadows	14-2525	4180 Winnetka Avenue	Rolling Meadows	60008
Roseland	14-2690	135 W. 111th Street	Chicago	60628
Ross-Englewood	14-2670	6333 S. Green Street	Chicago	60621
Round Lake	14-2616	401 Nippersink	Round Lake	60073
Saline County	14-2573	275 Small Street, Ste. 200	Harrisburg	62946
Sandwich	14-2700	1310 Main Street	Sandwich	60548
Schaumburg	14-2802	815 Wise Road	Schaumburg	60193
Silvis	14-2658	880 Crosstown Avenue	Silvis	61282
Skokie	14-2618	9801 Wood Dr.	Skokie	60077
South Chicago	14-2519	9200 S. Chicago Ave.	Chicago	60617
South Elgin	14-2856	770 N. McLean Blvd.	South Elgin	60177
South Deering	14-2756	10559 S. Torrence Ave.	Chicago	60617
South Holland	14-2542	17225 S. Paxton	South Holland	60473
South Shore	14-2572	2420 E. 79th Street	Chicago	60649
Southside	14-2508	3134 W. 76th St.	Chicago	60652
South Suburban	14-2517	2609 W. Lincoln Highway	Olympia Fields	60461
Southwestern Illinois	14-2535	7 Professional Drive	Alton	62002
Spoon River	14-2565	340 S. Avenue B	Canton	61520
Springfield East	14-2853	1800 E. Washington Street	Springfield	62703
Spring Valley	14-2564	12 Wolfer Industrial Drive	Spring Valley	61362
Steger	14-2725	219 E. 34th Street	Steger	60475
Streator	14-2695	2356 N. Bloomington Street	Streator	61364
Summit	14-2802	7319-7322 Archer Avenue	Summit	60501
Uptown	14-2692	4720 N. Marine Dr.	Chicago	60640
Waterloo	14-2789	624 Voris-Jost Drive	Waterloo	62298
Waukegan Harbor	14-2727	101 North West Street	Waukegan	60085
West Batavia	14-2729	2580 W. Fabyan Parkway	Batavia	60510
West Belmont	14-2523	4943 W. Belmont	Chicago	60641
West Chicago	14-2702	1859 N. Neltor	West Chicago	60185
West Metro	14-2536	1044 North Mozart Street	Chicago	60622
West Suburban	14-2530	518 N. Austin Blvd., 5th Floor	Oak Park	60302
West Willow	14-2730	1444 W. Willow	Chicago	60620
Westchester	14-2520	2400 Wolf Road, Ste. 101A	Westchester	60154
Williamson County	14-2627	900 Skyline Drive, Ste. 200	Marion	62959
Willowbrook	14-2632	6300 S. Kingery Hwy, Ste. 408	Willowbrook	60527
Woodridge	14-2845	7550 Janes Avenue	Woodridge	60517
Zion	14-2841	1920-1920 N. Sheridan Road	Zion	60099

Certification & Authorization

WSKC Dialysis Services, Inc.

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


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

By: 
 ITS: Bryan Mello
Assistant Treasurer

By: 
 ITS: Dorothy Rizzo
Assistant Treasurer

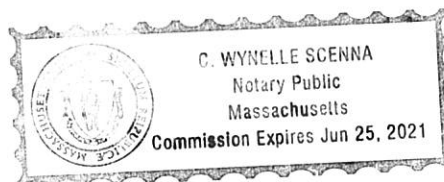
Notarization:
 Subscribed and sworn to before me
 this _____ day of _____, 2019

Notarization:
 Subscribed and sworn to before me
 this Feb day of 20, 2019

Signature of Notary  Signature of Notary

Seal

Seal



Certification & Authorization

Fresenius Medical Care Holdings, Inc.

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

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

By: 
 ITS: Bryan Mello
 Assistant Treasurer

By: 
 ITS: Dorothy Rizzo
 Assistant Treasurer

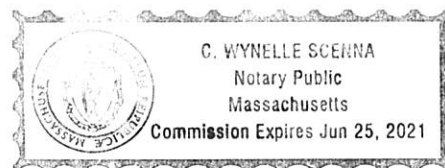
Notarization:
 Subscribed and sworn to before me
 this _____ day of _____, 2019

Notarization:
 Subscribed and sworn to before me
 this 20 day of Feb, 2019


 Signature of Notary

Seal

Seal



Criterion 1110.230 – Purpose of Project

1. After 41 years at its current site in Jackson Park Hospital, Fresenius Medical Care proposes to relocate the Jackson Park facility from 7531 S. Stony Island Avenue, Chicago to 1441 E. 75th Street, also in the Jackson Park neighborhood, which is medically underserved. This will allow continued access to dialysis services while providing better physical access to the clinic and a more modern facility for the Jackson Park patients to receive treatment in.
2. The facility's current location and the relocation site are both in Chicago, in HSA 6. The facility currently serves 90 ESRD patients.
3. The physical structure housing the dialysis clinic is old and requires continual maintenance. The Hospital has addressed some of the issues without a permanent resolution. The water treatment equipment is outdated and needs replacement along with major tenant renovations. It is not feasible to spend approximately \$600,000 on tenant improvements while the outdated physical structure will still require ongoing costly maintenance issues.

Currently patients are required to walk a long distance to reach the clinic and then must navigate a steep ramp to the entrance. Physical accessibility to the clinic along with the interior maintenance issues provide a less than optimal environment for these patients to dialyze in three days each week. Fresenius Medical Care is willing to invest in the relocation of this facility to maintain access to dialysis services in Jackson Park and to provide a more pleasant environment for the patients.

4. Not Applicable
5. Relocating the 24-station Jackson Park facility, to a newly constructed building while remaining in the Jackson Park neighborhood will allow for a more modern facility to assure continued dialysis services with reduced physical plant maintenance for years to come. The new site will also house two home dialysis training rooms to encourage more patients to choose home dialysis, which has been shown to provide better quality outcomes.

There will be no interruption in service to the current patients of the Jackson Park clinic since the "relocation" of the facility will occur on a Sunday when there are no patient treatments scheduled.

6. The goal of Fresenius Medical Care is to keep dialysis access available to this underserved patient population. There is no direct empirical evidence relating to this project other than that when chronic care patients have adequate access to services, it tends to reduce overall healthcare costs and results in less complications. This facility participates in the Value Based CMS ESRD Seamless Care Organization (ESCO) which increases patient monitoring resulting in higher quality, fewer hospitalizations/readmissions and significant cost savings to Medicare. It is expected that this facility would continue to have similar quality outcomes after the expansion. The Jackson Park facility patients have the quality values below:

- 91% of patients had a URR \geq 65%
- 96% of patients had a Kt/V \geq 1.2

(Demographic data contained in the application was taken from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>. Clinic utilization from HFSRB and ESRD zip code census was received from The Renal Network.)

Alternatives**1) All Alternatives****A. Proposing a project of greater or lesser scope and cost.**

The alternative of doing nothing was not considered. The lease is expiring March 31, 2021 and due to the difficulty accessing the clinic via a long ramp and an old building that requires continual upkeep, it is not feasible to make significant needed tenant renovations. Doing nothing will simply maintain the status quo which is not optimal for a medical facility treating ESRD patients. There is no cost to this alternative.

The alternative of renovating the current site, that is leased from Jackson Park Hospital, was rejected because it would cost approximately \$600,000 and the facility would still have to deal with significant ongoing issues caused by the aging structure that is part of the Hospital. Interior renovation will not improve the patient's ability to access the entrance to the clinic.

B. Pursuing a joint venture or similar arrangement

This facility is not currently a joint venture and there is no desire for any parties to form a joint venture.

C. Utilizing other health care resources

There are no other dialysis facilities in the Jackson Park neighborhood to serve this patient population. The physicians supporting this project admit to other clinics in the area already, many of which are operating at high utilization rates. There is no cost to this alternative.

- The most reasonable alternative to address the aging condition of the current facility is to relocate it into a more modern structure. The cost of this project is \$7,436,967.

2) Comparison of Alternatives

	Total Cost	Patient Access	Quality	Financial
Do Nothing	\$0	This alternative would allow continued decline in the physical structure of the facility and would not improve physical access to the building.	Facility Clinical Quality would remain the same.	There would be no cost except to the patients dialyzing in a declining physical structure with difficulty accessing the clinic.
Joint Venture	\$7,436,967	The facility is not currently a joint venture and there is no interest in investment into the clinic.		
Utilize Area Providers	\$0	Fresenius Jackson Park is currently the only clinic serving the Jackson Park neighborhood. The physicians supporting this project refer patients to other area clinics, however many of those are operating at high utilization rates.	Quality at the Fresenius Jackson Park clinic would remain the same.	There is no financial cost to Fresenius Kidney Care. Patients who have chosen to go to facilities outside of their neighborhood to be able to dialyze in a modern structure incur higher transportation costs.
Relocate the 24-station Fresenius Jackson Park ESRD facility.	\$7,436,967	Access to dialysis services in Jackson Park will be maintained for years to come in a modernized easily accessible structure.	Patient clinic quality would remain above standards. Patient satisfaction will improve with a more modern and pleasant environment to dialyze in three times a week.	The cost is to Fresenius Kidney Care only whose desire is to invest in this market to provide ongoing access and to provide improved conditions to receive treatment in.

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

There is no direct empirical evidence relating to this project other than that when chronic care patients have adequate access to services, it tends to reduce overall healthcare costs and results in less complications. Patients at Fresenius Jackson Park have achieved average adequacy outcomes of:

- 91% of patients had a URR \geq 65%
- 96% of patients had a Kt/V \geq 1.2

and the same is expected after relocation.

Criterion 1110.234, Size of Project

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD 450-650 BGSF Per Station	DIFFERENCE	MET STANDARD?
ESRD IN-CENTER HEMODIALYSIS	9,137 (24 Stations)	10,800 – 15,600 BGSF	None	Yes

As seen in the chart above, the State Standard for ESRD is between 450 - 650 BGS per station or 10,800 – 15,600 BGSF. The proposed 9,137 BGSF does not exceed this standard.

Criterion 1110.234, Project Services Utilization

UTILIZATION					
	DEPT/SERVICE	HISTORICAL UTILIZATION	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
24 Stations	IN-CENTER HEMODIALYSIS	62.5% 1 st Qtr, 2019		80%	No
YEAR 1 Relocated	IN-CENTER HEMODIALYSIS		74%	80%	Yes
YEAR 2 Relocated	IN-CENTER HEMODIALYSIS		87%	80%	Yes

The Fresenius Jackson Park facility was treating 90 patients at a utilization rate of 62.5% as of March 2019 with 24 stations. The census is expected to increase based on Dr. Atassi's identified pre-ESRD patients and the patient preference to receive treatment in a more easily accessible and pleasant environment.

Dr. Atassi has identified an additional 61 patients, after accounting for patient attrition, who reside in the immediate Jackson Park area who will be requiring dialysis services in the first two years after the relocation and they are expected to be referred to Fresenius Jackson Park.

Planning Area Need – Formula Need Calculation:

The proposed relocation site for the Fresenius Medical Care Jackson Park dialysis facility is in Chicago in HSA 6. HSA 6 is comprised of the city of Chicago. According to the June 2019 Inventory Update there is a need for an additional 5 stations in this HSA, however this is a relocation only and will have no effect on the station inventory.

Planning Area Need – Service To Planning Area Residents:

- A. The primary purpose of this project is to provide in-center hemodialysis services to the residents of Chicago, HSA 6, specifically the Jackson Park neighborhood. 100% of the pre-ESRD patients and current patients reside in HSA 6.

County	HSA	Pre-ESRD Patients expected to be referred to Fresenius Medical Care Jackson Park
Chicago/Cook Co	6	61 - 100%

County	HSA	Current Patients of Fresenius Medical Care Jackson Park
Chicago/Cook Co	6	90 - 100%

Wadah Atassi, MD. MBA
Nephrology Associates Of Northern Illinois
2701 W. 68th st
Professional Pavilion 4 South
Chicago, IL, 60629
773.735.4884
watassi@nephdocs.com

July 15, 2019

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

Dear Ms. Avery:

I am a nephrologist in practice with Nephrology Associates of Northern Illinois (NANI) in the south Chicago area. I am the Medical Director of the Fresenius Medical Care Jackson Park dialysis clinic. I am writing to provide my support for the relocation of this facility to an improved location that is also in the Jackson Park neighborhood, thereby providing continued treatment availability for my patients in this medically underserved area.

The Jackson Park facility has been at its current location for over 40 years and the lease is coming to an end. Because of some of the physical plant issues that I am aware of at the facility and the inability to correct them all, Fresenius Medical Care has chosen to invest in a new location that will be a brand new building with a more efficient and aesthetically pleasing interior, with improved plumbing, heating and cooling systems. It is just minutes from the current location, and I am very excited at the prospect of being able to offer my patients a more accessible and pleasant environment to dialyze in.

In the Jackson Park area NANI was treating 308 hemodialysis patients at the end of 2016, 313 at the end of 2017, 302 at the end of 2018 and 300 as of the most recent quarter. Over the past twelve months we referred 73 new hemodialysis patients for services to area facilities as listed on the following pages. We currently have 230 Chronic Kidney Disease (CKD) patients who live in the zip codes in the Jackson Park area. Of these there are 61 patients I expect to refer to the facility in the first two years after the relocation.

I appreciate your consideration of this project and respectfully urge you approve the relocation of the Jackson Park facility to provide improved access and clinic conditions for the vulnerable Jackson Park area dialysis patients.

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,



Wadah Atassi, M.D.

Notarization:

Subscribed and sworn to before me
this 24th day of July, 2019



Signature of Notary

Seal



CURRENT & PRE-ESRD PATIENTS IDENTIFIED FOR

FRESENIUS JACKSON PARK**Current Jackson Park Patients****Pre-ESRD Patients**

Zip Code	Patients
60609	1
60615	2
60616	1
60617	6
60619	28
60620	3
60621	5
60626	2
60628	5
60629	1
60636	3
60637	13
60640	1
60643	2
60649	14
60653	3
Total	90

Zip Code	Pre-ESRD
60617	21
60619	17
60637	7
60649	16
Total	61

PAST 12 MONTH'S REFERRALS OF NANI

Zip Code	Fresenius Kidney Care				Total
	Ross	Greenwood	Jackson Park	Southside	
60131				1	1
60304	1				1
60411				1	1
60472		1			1
60609				2	2
60616			2		2
60617		2	1		3
60619		4	5		9
60620			2	6	8
60621		1	1	5	7
60623				1	1
60628		1	1	1	3
60629			1	13	14
60632				2	2
60636	1		1		2
60637		1	3	2	6
60641				1	1
60649		2	5		7
60653		1			1
60827			1		1
66846				1	1
Total	2	13	23	36	74

HEMODIALYSIS PATIENTS OF NANI 12/2016

#19-035

Zip Code	Fresenius Kidney Care					Total
	Ross	Garfield	Greenwood	Jackson Park	Southside	
46714			1			1
46816				1		1
60085				1		1
60169				1		1
60302	1					1
60402					1	1
60409			1	1		2
60419			1			1
60426					1	1
60440				1		1
60459					1	1
60471				1		1
60472					1	1
60525					1	1
60607			1			1
60609			1	3	7	11
60615			2		3	5
60616					1	1
60617			7	9		16
60619			17	21	4	42
60620			4	2	20	26
60621	4		2	4	12	22
60624		1		1		2
60625					1	1
60626				1		1
60628			8	6	6	20
60629			1	2	32	35
60632					11	11
60636		1		1	24	26
60637	2			21	3	26
60638				1	1	2
60641				1		1
60643	1		1	1	1	4
60649			6	23	1	30
60652					9	9
61354				1		1
Total	8	2	53	104	141	308

HEMODIALYSIS PATIENTS OF NANI 12/2017

Zip Code	Fresenius Kidney Care				DaVita			Total
	Ross	Greenwood	Jackson Park	Southside	Beverly	Mt. Greenwood	West Lawn	
46816			1					1
60302	1							1
60402				1				1
60409		1	1					2
60411				1				1
60419		1				1		2
60428				1				1
60459				1			1	2
60472				1				1
60607		1						1
60609			1	5				6
60615		3		2				5
60617		8	11	1				20
60619		22	19	2				43
60620		3	3	19	3	2	1	31
60621	1	2	6	8				17
60623							1	1
60624			1					1
60625				1				1
60626			1					1
60628		10	5	4				19
60629		1	1	38	2		1	43
60632				6				6
60636			2	24				26
60637	1	2	21	3				27
60638			1					1
60641			1					1
60643		1	1	1				3
60649		9	22					31
60652			1	11			1	13
60653		1		1				2
60655				1				1
61354			1					1
Total	3	65	100	132	5	3	5	313

HEMODIALYSIS PATIENTS OF NANI 2018

Zip Code	Fresenius Kidney Care					DaVita			Total
	Ross	Garfield	Greenwood	Jackson Park	Southside	Beverly	Mt. Greenwood	West Lawn	
46816				1					1
60035				1					1
60067					1				1
60131					1				1
60302	1								1
60402					1				1
60409			1	1					2
60411					1				1
60419			1						1
60440				2					2
60459					1			1	2
60472			1						1
60609			1	1	5				7
60615			2	1	2				5
60616				2					2
60617			8	6					14
60619			24	21	1				46
60620			3	4	18	2	2		29
60621	2		3	6	8				19
60623					2			1	3
60624		1							1
60625					1				1
60626				1					1
60628			8	4	4			1	17
60629				1	39	1		1	42
60632					7				7
60636		1		3	22				26
60637	1		2	15	4				22
60639					1				1
60643			1	1					2
60644				1					1
60649			9	15	1				25
60652				1	10			1	12
60653			2						2
60655					1				1
60827				1					1
Total	4	2	66	89	131	3	2	5	302

HEMODIALYSIS PATIENTS OF NANI 3/2019

Zip Code	Fresenius Medical Care					DaVita			Total
	Ross	Garfield	Greenwood	Jackson Park	Southside	Beverly	Mt. Greenwood	West Lawn	
60035				1					1
60067					1				1
60131					1				1
60302	1								1
60304	1								1
60402					1				1
60409			1	1					2
60411					1				1
60419			1						1
60440				1					1
60459								1	1
60472			1						1
60609			1	1	5				7
60615			1	1	2				4
60616				2					2
60617			8	6					14
60619			26	21	1				48
60620			3	4	18	4	2		31
60621	2		3	6	10				21
60623					2			1	3
60624		1							1
60625					1				1
60626				1					1
60628			7	4	3				14
60629				2	40	1		1	44
60632					6				6
60636	1	1		3	20				25
60637	1		2	15	3				21
60639					1				1
60643			1	1					2
60644				1					1
60649			9	14				1	24
60652					11			1	12
60653			2						2
60655					1				1
60827				1					1
Total	6	2	66	86	128	5	2	5	300

Service Accessibility – Service Restrictions

The proposed relocated Fresenius Medical Care Jackson Park dialysis facility will remain in HSA 6 in Chicago, Cook County (which is also a medically underserved area). According to the June 2019 station inventory there is a need for 5 stations in this HSA however, this project is for the relocation of the Jackson Park facility to another location approximately three blocks away. It will have no effect on the inventory or distribution of services.



1. The Jackson Park facility has been at its current site at Jackson Park Hospital for 41 years. The physical structure housing the dialysis clinic is in the Hospital and is aging requiring continual upkeep. The Hospital has addressed some of the issues, but problems continue to occur. The water treatment equipment is also outdated and needs replacement along with major tenant renovations. It is not feasible to spend approximately \$600,000 on tenant improvements while the age of the physical plant will continue to contribute to ongoing costly maintenance issues.

Facilities within 5 Miles of Fresenius Medical Care Jackson Park

#19-035

Name	Address	City	Zip Code	Distance	March 31, 2019		
					Stations	Patients	Utilization
Fresenius Jackson Park	7531 S Stony Island Ave	Chicago	60649	0.25	24	90	62.50%
DaVita Grand Crossings	7319 S Cottage Grove Ave	Chicago	60619	0.8	12	65	90.28%
Fresenius South Shore	2420 E 79th St	Chicago	60649	1.3	16	40	41.67%
Fresenius Greenwood	1111 E 87th St	Chicago	60619	1.55	28	116	69.05%
DaVita Stony Island	8725 S Stony Island Ave	Chicago	60617	1.55	32	138	71.88%
USRC West Chicago ¹	112 W 87th Street	Chicago	60620	2.45	13	36	46.15%
Fresenius Chatham	8643 S Holland Rd	Chicago	60620	2.69	16	90	93.75%
DaVita Park Manor ²	9470 S Colfax Avenue	Chicago	60617	2.9	16	36	37.50%
Fresenius South Chicago	9212 S South Chicago Ave	Chicago	60617	2.9	36	182	84.26%
Fresenius Ross ³	6226 S. Sangamon Street	Chicago	60621	3.36	24	61	42.36%
Fresenius Garfield	5401 S Wentworth Ave	Chicago	60609	3.36	22	82	62.12%
Provident Hospital Dialysis ⁴	500 E. 51st Street	Chicago	60615	3.4	12	0	0%
DaVita Woodlawn	5060 S State Street	Chicago	60609	3.56	32	133	69.27%
Fresenius South Deering	10559 S Torrence Avenue	Chicago	60617	4.15	20	58	48.33%
DaVita Kenwood	4290 S Cottage Grove	Chicago	60653	4.15	32	124	64.58%
DaVita Auburn Park ⁵	7939 S. Western	Chicago	60620	4.76	12	0	0%
Fresenius Beverly Ridge ⁶	9928 S. Vincennes	Chicago	60643	4.8	16	26	27.08%
DaVita Washington Heights ⁷	10620 S Halsted	Chicago	60628	4.85	16	36	37.50%
DaVita Beverly	8109 S Western Ave	Chicago	60620	4.9	16	88	91.67%
DaVita Emerald	710 W 43rd St	Chicago	60609	4.9	24	89	61.81%
Fresenius Marquette Park	6535 S Western Ave	Chicago	60636	4.98	16	89	92.71%
Fresenius Roseland	132 W 111th St	Chicago	60628	4.98	12	62	86.11%
Totals and Average Utilization of All Clinics					447	1,641	58.21%
Average utilization of clinics in operation within the 5-mile radius.							72.00%

1. USRC West Chicago - Project complete June 2018. (in 2-year ramp-up phase)
2. DaVita Park Manor - Certified February 2018. (In 2-year ramp-up phase)
3. Fresenius Ross Englewood - Relocating and adding 8 stations in 2019. (8-stations not in operation yet)
4. Provident Hospital Dialysis - Permitted 2018. (not operating yet)
5. DaVita Auburn Park - Permitted 2018. (not operating yet)
6. Fresenius Beverly Ridge - Certified February 2018. (in 2-year ramp-up phase)
7. DaVita Washington Heights - Certified March 2018. (in 2-year ramp-up phase)

Demographics of Patients Identified for the Jackson Park Facility

In addition to the 90 patients currently dialyzing at the Jackson Park facility, Dr. Atassi has identified another 61 pre-ESRD patients who live in the vicinity of Fresenius Jackson Park who he anticipates will be referred to the facility in the first two years after the relocation. This does not account for admissions from other area physicians.

Current Jackson Park Facility Patients

Zip Code	Patients
60609	1
60615	2
60616	1
60617	6
60619	28
60620	3
60621	5
60626	2
60628	5
60629	1
60636	3
60637	13
60640	1
60643	2
60649	14
60653	3
Total	90

Pre-ESRD Patients

Zip Code	Pre-ESRD
60617	21
60619	17
60637	7
60649	16
Total	61

Input address: 1441 E. 75th , chicago, IL
Geocoded address: 1441 E 75th St, Chicago, Illinois,
60619

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

In a Dental Health HPSA: Yes

HPSA Name: Low Income - Southeast North (Chicago)
ID: 6174371690
Designation Type: HPSA Population
Status: Designated
Score: 16
Designation Date: 08/25/2000
Last Update Date: 10/28/2017

In a Mental Health HPSA: Yes

HPSA Name: South Shore/Chatham/Avalon
Park/Burnside
ID: 7171221151
Designation Type: High Needs Geographic HPSA
Status: Designated
Score: 19
Designation Date: 05/15/1995
Last Update Date: 12/31/2018

In a Primary Care HPSA: Yes

HPSA Name: Low Income-South Shore
ID: 1177013436
Designation Type: HPSA Population
Status: Designated
Score: 18
Designation Date: 12/12/2017
Last Update Date: 12/12/2017

In a MUA/P: Yes

Service Area Name: Communities Asian-American
Population
ID: 00801
Designation Type: Medically Underserved Population –
Governor's Exception

Unnecessary Duplication/Maldistribution**Population Within a 5-mile Radius**

Zip Code	Population
60653	31,820
60615	40,603
60649	46,650
60609	64,906
60637	49,503
60619	63,825
60621	35,912
60636	40,916
60620	72,216
60617	84,155
60628	72,202
Total	602,708

1. The ratio of ESRD stations to population in the zip codes within a 5-mile distance radius of Fresenius Medical Care Jackson Park is 1 station per 1,342 residents according to the 2017 U.S Census Bureau Community Survey. The State ratio is 1 station per 2,620 residents (based on 2015 US Census projections and the March 2019 Board station inventory).

Even though the Jackson Park 5-mile radius ratio does not indicate a need for stations this is irrelevant due to the area's dense population and higher incidence of kidney disease experienced in south Chicago. One out of every 264 residents of the Jackson Park 5-mile radius is an in-center hemodialysis patient vs 1 out of every 768 Illinois residents overall. Jackson Park is also a medically underserved area.

2018 Population and In-center Patients Census			
Zip Code	Population	Zip Code	In-center
60653	31,820	60609	165
60615	40,603	60615	95
60649	46,650	60617	289
60609	64,906	60619	307
60637	49,503	60620	328
60619	63,825	60621	134
60621	35,912	60628	331
60636	40,916	60636	165
60620	72,216	60637	143
60617	84,155	60649	190
60628	72,202	60653	133
Total	602,708	Totals	2,280

2018 Illinois	
Est. Census	12,741,080
In-Center Hemo Pts.	16,596
↓	
1 out of every 768 Illinois residents is an in-center dialysis patient.	

1 out of every 264 Jackson Park area residents is an In-center dialysis patient

Due to the high rates of ESRD, the area's designation as medically underserved, and pre-ESRD patients identified that are more than enough to bring the facility beyond the 80% State utilization target, maldistribution will not occur. Because this is a relocation only, serving the existing patient population, the current distribution of stations will remain the same.

3) All pre-ESRD patients identified for the Jackson Park facility are pre-ESRD patients of NANI in the Jackson Park area of Chicago. No patients have been identified to transfer from any other area facilities other than from the existing Jackson Park site to the relocation site.

Facilities within 5-Mile Distance Radius of Fresenius Jackson Park

Name	Address	City	Zip Code	Distance	March 31, 2019		
					Stations	Patients	Utilization
Fresenius Jackson Park	7531 S Stony Island Ave	Chicago	60649	0.25	24	90	62.50%
DaVita Grand Crossings	7319 S Cottage Grove Ave	Chicago	60619	0.8	12	65	90.28%
Fresenius South Shore	2420 E 79th St	Chicago	60649	1.3	16	40	41.67%
Fresenius Greenwood	1111 E 87th St	Chicago	60619	1.55	28	116	69.05%
DaVita Stony Island	8725 S Stony Island Ave	Chicago	60617	1.55	32	138	71.88%
USRC West Chicago ¹	112 W 87th Street	Chicago	60620	2.45	13	36	46.15%
Fresenius Chatham	8643 S Holland Rd	Chicago	60620	2.69	16	90	93.75%
DaVita Park Manor ²	9470 S Colfax Avenue	Chicago	60617	2.9	16	36	37.50%
Fresenius South Chicago	9212 S South Chicago Ave	Chicago	60617	2.9	36	182	84.26%
Fresenius Ross ³	6226 S. Sangamon Street	Chicago	60621	3.36	24	61	42.36%
Fresenius Garfield	5401 S Wentworth Ave	Chicago	60609	3.36	22	82	62.12%
Provident Hospital Dialysis ⁴	500 E. 51st Street	Chicago	60615	3.4	12	0	0%
DaVita Woodlawn	5060 S State Street	Chicago	60609	3.56	32	133	69.27%
Fresenius South Deering	10559 S Torrence Avenue	Chicago	60617	4.15	20	58	48.33%
DaVita Kenwood	4290 S Cottage Grove	Chicago	60653	4.15	32	124	64.58%
DaVita Auburn Park ⁵	7939 S. Western	Chicago	60620	4.76	12	0	0%
Fresenius Beverly Ridge ⁶	9928 S. Vincennes	Chicago	60643	4.8	16	26	27.08%
DaVita Washington Heights ⁷	10620 S Halsted	Chicago	60628	4.85	16	36	37.50%
DaVita Beverly	8109 S Western Ave	Chicago	60620	4.9	16	88	91.67%
DaVita Emerald	710 W 43rd St	Chicago	60609	4.9	24	89	61.81%
Fresenius Marquette Park	6535 S Western Ave	Chicago	60636	4.98	16	89	92.71%
Fresenius Roseland	132 W 111th St	Chicago	60628	4.98	12	62	86.11%
Totals and Average Utilization of All Clinics					447	1,641	58.21%
Average utilization of clinics in operation within the 5-mile radius.							72.00%

1. USRC West Chicago - Project complete June 2018. (in 2-year ramp-up phase)
2. DaVita Park Manor - Certified February 2018. (In 2-year ramp-up phase)
3. Fresenius Ross Englewood - Relocating and adding 8 stations in 2019. (8-stations not in operation yet)
4. Provident Hospital Dialysis - Permitted 2018. (not operating yet)
5. DaVita Auburn Park - Permitted 2018. (not operating yet)
6. Fresenius Beverly Ridge - Certified February 2018. (in 2-year ramp-up phase)
7. DaVita Washington Heights - Certified March 2018. (in 2-year ramp-up phase)

The average utilization of clinics operating more than 2 years within the 5-mile radius of Fresenius Jackson Park is 72%.

B. Not applicable – the applicant is not a hospital; however, the utilization will not be lowered at any other ESRD facility due to the relocation of the Jackson Park facility. No patients have been identified to transfer to the new facility and the physicians supporting this project will continue to refer patients to nearby clinics per the patient's choice.

Criterion 1110.1430 (e)(1) – Staffing

2) A. Medical Director

Dr. Wadah Atassi is currently the Medical Director for Fresenius Medical Care Jackson Park and will continue to be the Medical Director after the relocation. Attached is his curriculum vitae.

B. All Other Personnel

Upon the discontinuation of the Jackson Park facility and the establishment of the replacement facility all staff will transfer to the new location and resume their current position. There will be no break in employment or work schedules as the facility will relocate on a Sunday when there are no patient treatments scheduled. This will include the following staff:

- Clinic Manager who is a Registered Nurse
- 5 Full-time Registered Nurses
- 2 Full-time Licensed Practical Nurses
- 9 Full-time Patient Care Technicians
- 1 Part-time Registered Dietitian
- 1 Part-time Licensed Master level Social Worker
- 1 Part-time Equipment Technician
- 1.5 Full-time Secretary

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

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

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

CURRICULUM VITAE

WADAH ATASSI, M.D., M.B.A.

8630 S Pulaski Rd.
Chicago, IL, 60652
Phone: 312-965-4466
Fax: 312-896-5658
Email: atassi@doctor.com

EMPLOYMENT:

09/1993 to 01/2011	Associates in Nephrology Medical Director. 210 S. Desplains Chicago, IL, 60661 Medical Director, Board of Directors
02/2011 to present	Wadah Atassi, MD, SC 3303 S. Halsted Street Chicago, IL, 60608

EDUCATION:

M.D. Degree 09/1979 – 10/1985	Damascus University School of Medicine Damascus, Syria.
M.B.A. Degree 9/2000-6/2002	Kellogg School of Management. Northwestern University, Chicago, Illinois.

TRAINING:

HOUSE OFFICER 10/1985 – 9/1986	Medical Care Center Damascus, Syria Internal Medicine
10/1986-6/1988	Kaplan Educational Centers LaGrange, IL Preparation for ECFMG certification Applying for residency Residency

CURRICULUM VITAE (CONTINUED)*WADAH ATASSI, M.D., M.B.A.*

Internship and Residency

7/1988 – 9/1991

Mercy Hospital and Medical Center

Chicago, Illinois

Internship and Residency in Internal Medicine

Fellowship Nephrology

10/1991 – 9/1993

Loyola University Medical Center

Hines VA Hospital

Maywood, Illinois,

LICENSES:

036-081178

State of Illinois

01042015A

State of Indiana

ME 107567

State of Florida

1045778

State of Maryland

25MA08961600

State of New Jersey

MD 60202518

State of Washington

CERTIFICATION:

July 1987

ECFMG

385-849-5

09/1992

American Board of Internal Medicine

Certificate #139876

Internal Medicine, expired 12/2002

11/1994

American Board of Internal Medicine

Certificate #139876

Nephrology, recertified in 9/2004, expires 12/2015

2010

American Society of Diagnostic and Interventional
Nephrology, Access interventions certificate

CURRICULUM VITAE (CONTINUED)

WADAH ATASSI, M.D., M.B.A.

EXPERIENCE:

1993 - present

Consultant in Nephrology and Hypertension.
Hemodialysis (in center, in hospital, home),
peritoneal dialysis, dialysis access planning and
management, electrolyte and acid base disturbances,
complicated hypertension.
Renal Transplant management, pre-operative
and post-operative follow-up

PROCEDURES:

Diagnostic and Interventional Nephrology:

Placement and removal of permanent and temporary
hemodialysis catheters and management of
complications.
Evaluation and management of arterio-venous
access, including angiogram, fistulagram,
venography, percutaneous arterial and venous
angioplasty, Intravascular stenting,
thrombolysis, thrombectomy , deployment of
intravascular stents and coils, ligation of accessory
veins.
Doppler and ultrasound venous mapping

PROFESSIONAL SOCIETIES:

Present and past

American Medical Association
National Kidney Foundation
American Society of Diagnostic and Interventional
Nephrology
American Society of Nephrology
Chicago Medical Society
Illinois State Medical Society
Renal Physician Association

CURRICULUM VITAE (CONTINUED)

WADAH ATASSI, M.D., M.B.A.

HOSPITAL AFFILIATIONS:

Trinity Hospital, Chicago, IL
Mercy Hospital and Medical Center, Chicago, IL
Little Company of Mary, Evergreen Park, IL
Holy Cross Hospital, Chicago, IL
South shore Hospital, Chicago, IL
Advocate Christ Medical Center, Oak Lawn, IL
RML specialty Hospital, Hinsdale, IL

References

Available upon request

Criterion 1110.1430 (e)(5) Medical Staff

I am the Regional Vice President at Fresenius Medical Care who oversees the Jackson Park facility and in accordance with 77 Il. Admin Code 1110.230, I certify the following:

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

Abbie Morrison
Signature

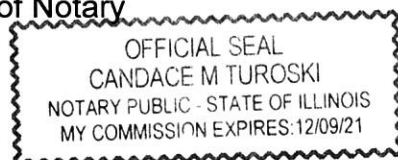
Abbie Morrison
Printed Name

Regional Vice President
Title

Subscribed and sworn to before me
this 19th day of July, 2019

Candace M. Turoski
Signature of Notary

Seal



Criterion 1110.1430 (f) – Support Services

I am the Regional Vice at Fresenius Medical Care who oversees the Fresenius Medical Care Jackson Park facility. In accordance with 77 Il. Admin Code 1110.1430, I certify to the following:

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

Abbie Morrison

Signature

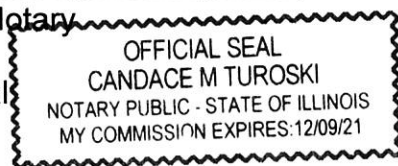
Abbie Morrison/Regional Vice President
Name/Title

Subscribed and sworn to before me
this 19th day of June, 2019

Candace M. Turosski

Signature of Notary

Seal



Criterion 1110.1430 (g) – Minimum Number of Stations

Fresenius Medical Care Jackson Park is in the Chicago-Naperville-Joliet-Gary, IL-IN-WI Metropolitan Statistical Area (MSA). A minimum of eight dialysis stations is required to establish an in-center hemodialysis center in an MSA. Fresenius Medical Care Jackson Park has 24 dialysis stations thereby meeting this requirement.

AFFILIATION AGREEMENT

This AGREEMENT made as of this ____ 23rd ____ day of ____ March __, 2004 ("Effective Date"), between **Jackson Park Hospital** and FMCNA_d/b/a **Jackson Park Dialysis Center** (hereinafter referred to as "BMA").

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

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

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

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

9. BMA shall engage a medical director of BMA's outpatient hemodialysis facility who shall have the qualifications specified in 42 C.F.R. 405.2102. This individual must be a physician properly licensed in the profession by the state in which such facility is located. In accordance with 42 C.F. R. 405.2162, BMA shall employ such duly qualified and licensed nurses, technicians, and other personnel as shall be necessary to administer treatment at its facility, in accordance with applicable local, state, and federal laws and regulations.
10. The Hospital, acting through its appropriate medical staff members, shall, from time to time, evaluate its patients with chronic renal failure in accordance with its standard operating procedures. With the approval of the patient, the patient's physician shall consult with the BMA Medical Director. If outpatient treatment is considered appropriate by the patient's physician and the BMA Medical Director, said patient may be referred to BMA for outpatient treatment at a facility operated by BMA which is most convenient for the patient (or, in the event space is not available, to an affiliated unit). There will be an interchange, within one working day, of the Patient Long-Term Program and Patient Care Plan, and of medical and other information necessary or useful in the care and treatment of patients referred to BMA from the Hospital, or in determining whether such patients can be adequately cared for otherwise than in either of the facilities.
11. With respect to all work, duties, and obligations hereunder, it is mutually understood and agreed that the parties shall own and operate their individual facilities wholly independent of each other. All patients treated at the facilities of Hospital or BMA shall be patients of that facility. Each party shall have the sole responsibility for the treatment and medical care administered to patients in their respective facilities.
12. BMA and Hospital shall each maintain in full force and effect throughout the term of this Agreement, at its own expense, a policy of comprehensive general liability insurance and professional liability insurance covering it and BMA's Staff and Hospital staff and physicians, respectively, each having a combined single limit of not less than \$1,000,000 per occurrence, \$3,000,000 annual aggregate for bodily injury and property damage to insure against any loss, damage or claim arising out of the performance of each party's respective obligations under this Agreement. Each will provide the other with certificates evidencing said insurance, if and as requested. BMA and Hospital further agree to maintain, for a period of not less than three (3) years following the termination of this Agreement, any insurance required hereunder if underwritten on a claims-made basis. Either party may provide for the insurance coverage set forth in this Section through self-insurance.
13. Each party agrees to indemnify and hold harmless the other, their officers, directors, shareholders, agents and employees against all liability, claims, damages, suits, demands, expenses and costs (including but not limited to, court costs and reasonable attorneys' fees) of every kind arising out of or in consequence of the party's breach of this Agreement, and of the negligent errors and omissions or willful misconduct of the indemnifying party, its agents, servants, employees and independent contractors (excluding the other party) in the performance of or conduct related to this Agreement.

14. The Parties expressly agree to comply with all applicable patient information privacy and security regulations set for in the Health Insurance Portability and Accountability Act ("HIPAA") final regulations for Privacy of Individually Identifiable Health Information by the federal due date for compliance, as amended from time to time.
15. Whenever under the terms of this Agreement, written notice is required or permitted to be given by one party to the other, such notice shall be deemed to have been sufficiently given if delivered in hand or by registered or certified mail, return receipt requested, postage prepaid, to such party at the following address:
- To the Hospital:
Jackson Park Hospital
7531 S. Stony Island
CHI. IL. 60649
 Attn: Miss Peggy Martin
- To BMA:
FMCA - LTPOC

 Attn: Administrator
- With a copy to:

 c/o Fresenius Medical Care North America
 95 Hayden Avenue
 Lexington, MA 02420
 Attn: Corporate Legal Department
16. If any provisions of this agreement shall, at any time, conflict with any applicable state or federal law, or shall conflict with any regulation or regulatory agency having jurisdiction with respect thereto, this Agreement shall be modified in writing by the parties hereto to conform to such regulation, law, guideline, or standard established by such regulatory agency.
17. This Agreement contains the entire understanding of the parties with respect to the subject matter hereof and supersedes all negotiations, prior discussions, agreements or understandings, whether written or oral, with respect to the subject matter hereof, as of the Effective Date. This Agreement shall bind and benefit the parties, their respective successors and assigns.
18. This Agreement shall be governed by and construed and enforced in accordance with the laws of the State where BMA is located, without respect to its conflicts of law rules.
19. The term of this Agreement is for one (1) year, beginning on the Effective Date, and will automatically renew for successive one year periods unless either party gives the other

notice prior to an expiration date. Either party may terminate this Agreement, at any time, with or without cause, upon thirty (30) days written notice to the non-terminating party.

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

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

Hospital:

Jackson Park Hospital

Bio-Medical Applications of

FMENA / JPOC, Inc.

By: [Signature]

Name: M. PEGGY MARTIN

Title: ADMINISTRATOR

By: [Signature]

Name: Julia Tanayo - Guzman

Title: RN - Clinic Manager

RELOCATION OF FACILITIES

- 1) Fresenius Medical Care Jackson Park was operating at 63% utilization serving 90 patients as of March 31, 2019.
- 2) The Fresenius Jackson Park facility has been at its current site for 41 years. The space has ongoing physical plant issues that cannot be resolved as well as a difficult entry to the facility. Relocating the 24-station Jackson Park facility will offer patients in this medically underserved area a new, more modern facility with easier physical access and convenient parking, allowing them to remain in their community for treatment.

The new structure will also allow for two home dialysis training rooms to be added to encourage more patients to choose home dialysis, which has been shown to improve patient outcomes.

Criterion 1110.1430 (j) – Assurances

I am the Regional Vice President at Fresenius Medical Care who oversees the Jackson Park facility. In accordance with 77 II. Admin Code 1110.1430, and with regards to Fresenius Medical Care Jackson Park, I certify the following:

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

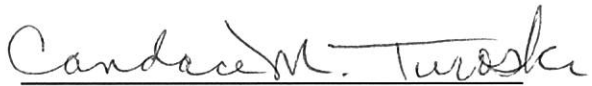
and similar outcomes are expected after the relocation.



Signature

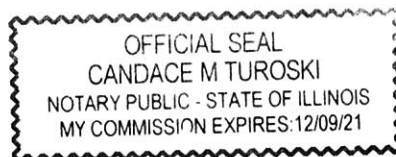
Abbie Morrison/Regional Vice President
Name/Title

Subscribed and sworn to before me
this 19th day of June, 2019



Signature of Notary

Seal



July 10, 2019

Ms. Lori Wright
Senior CON Specialist
Fresenius Kidney Care
3500 Lacey Road
Suite 900
Downers Grove, IL
60515

Via Email: Lori.wright@fmc-na.com

Re: 1441 E. 75th Street, Chicago, IL 60619 - Request for Proposal to Lease

Dear Ms. Wright

Please see the following Letter of Intent to lease the above referenced to be built facility.

The following are the general terms and conditions:

Property: 1441 E. 75th Street, Chicago, IL 60619 containing approximately 33,213 SF of land and further identified by the following PINS: 20-26-404-001-0000, 20-26-404-002-0000, 20-26-404-003-0000, 20-26-404-004-0000 ("Property").

Tenant: WSKC Dialysis Services, Inc. d/b/a Fresenius Kidney Care Jackson Park

Guarantor: Fresenius Medical Care Holdings, Inc.

Lease Form: Landlord and Tenant agree to negotiate in good faith a lease document.

Landlord: Heath Property Services, Inc.

Premises: A building that shall be constructed on the Property for the exclusive use of Tenant totaling approximately 9,137 square feet ("Building" or "Premises"). Further details of the Premises are included in the attached Exhibit A.

Lease Commencement: The lease commencement date shall be the day that Tenant is granted possession of the Premises from Landlord. The lease shall be contingent on Tenant receiving all city, state, or local municipal permits and approvals that may be required for Tenant to operate its business at the Property.

Landlord shall deliver possession of the Building to Tenant or Tenant's designated contractor for construction of the interior Premises upon the lease commencement. Tenant or Tenant's designated contractors shall have access to the Property and Premises prior to the lease commencement date with reasonable notice to Landlord, for design and other due diligence related

issues.

Rent Commencement: The Rent commencement date shall be the earlier of: (i) 90 days after delivery of Premises to tenant or (ii) the date Tenant commences treating patients at the Premises.

Lease Term: The initial lease term shall be for fifteen (15) years beginning on the Rent commencement date.

Rental Rate: Initial year base rental will be at the rate of \$27.15 PSF , with 1.7% annual increases during each lease year in the lease term and any option periods.

Real Estate Taxes & CAM Charges: Tenant shall be responsible for 100% of the real estate taxes and Common Area Maintenance ("CAM") of the Property during the lease term. Tenant will have the option to "self-maintain" the common areas and pay the costs (snow removal, landscaping, etc) directly, or have these services coordinated by Landlord subject to a management fee as set forth in Janitorial Services section below.

Landlord Work: Landlord shall deliver the Building in accordance to the Building specifications contained herein and as further described in the attached Exhibit B, in addition to all utility specifications per the below matrix. All Landlord required work shall be finalized pending Tenant third party firm base building condition report.

Utility Matrix	Number of Patient Stations and/or Home Therapies Rooms							
Service	6	8	12	16	20	24	28/32	36/40
City Water (Minimum) * (A minimum sustainable pressure of 60 psi is required)	2"	2"	2"	2"	2"	2"	3"	3"
Approx. Water Usage for Impact Fee Reference (Gallons Per Work Day)	1950	2600	3900	5200	6500	7800	10400	11700
Sanitary Waste (Dedicated for Tenant use) **	4"	4"	4"	4"	4"	4"	4"	4"
120/208, 3 phase, 4w Electrical (amps)***	600	600	600	600	600	800	800	1000
Natural Gas**** (MBH)	250	300	350	450	600	720	850	1100

* Volume of water quantity for Tenant domestic / process use only, not inclusive of other tenant and irrigation capacity. Where services are shared with other tenants, a fixture count for confirmation of available service is required.

- ** Where services are shared with other tenants, a water drainage volume analysis for confirmation of available service is required.
- *** Electrical power to terminate inside Tenant's space at a location approved by the Tenant within a single main distribution panel dedicated solely for Tenant's use.
- **** If natural gas is not available, then electric service will need to be sized by Tenant's engineer.

Landlord Base Building Requirements:

- Building in a shell condition with clear space from the finished slab to the underside of the roof structure of not less than 13 feet,
- Provide HVAC units, in place, meeting Tenant's standards and specifications which will be provided by Tenant's engineer to deliver approximately 3 tons per thousand square feet of leased space to meet Tenant's standards specifications and requirements. Landlord Work to include furnishing and installing all the electrical connections from the units to Tenant's electrical panel. Tenant's contractor will provide and install all ductwork and insulation from these units.
- The presence of sewer service no less than a 4" line;
- The presence of water service with no less than a 4" dedicated line to the space with pressure of 60-80 psi;
- Building fully-serviced by automatic fire suppression system to meet all applicable state and local codes, laws, ordinances and regulations and according to NFPA 101.
- Provide conduit to the building for Cable TV and telephone. Terminate inside building at wiring closet. If cable is not available Tenant shall have the right to install a satellite system for its use at its own cost.
- Provide handicap accessible path way(s) to building to meet all applicable state and local codes, laws, ordinances and regulations.
- An interior floor slab of 5" minimum concrete. Concrete floor slab shall conform to ACI 117 to meet their flat floor tolerances for flatness and levelness.
- Vapor emissions from the concrete floor slab cannot exceed three (3) pounds per one thousand (1,000) square feet every twenty-four (24) hours (the "Flooring Threshold"). Landlord to test slab prior to execution of the Lease to determine if any mitigation is required. Landlord to be responsible at its sole cost for any and all floor prep required regarding moisture mitigation and flatness and levelness. All products and processes must meet Tenant's standards and specifications.

Tenant Improvements: Tenant shall be solely responsible for the build out of all interior improvements within the Premises at Tenants cost. Tenant shall submit final plans to Landlord for approval prior to the commencement of work, which approval shall not be unreasonably withheld or delayed. Landlord shall permit and shall not restrict or limit the required improvements for Tenant's use and shall assist in any municipal or other approvals required for Tenant's final build out and occupancy.

No supervisory fee will be payable to the Landlord with respect to Tenant's work. Please confirm that during the construction of Tenant's Premises there shall be full access to the Building's electrical services, mechanical rooms, roof, and all other areas of the Building that may be required.

Maintenance/Repairs: Landlord shall be responsible, on a non-pass-through basis, for construction defects, structural maintenance of the Property, and repair & replacement of roof, parking areas, , plumbing, and electric services. Tenant will be responsible for maintenance and repair of exterior entry elements and exterior glass.

Parking: Tenant shall have the exclusive use of the parking lot for Tenant's employees, visitors and patients during the lease term. The required amount of parking shall be further determined and verified with a mutually acceptable site plan.

Access: Tenant shall have 24/7, 365 days a year access and control of the Premises and HVAC services.

Janitorial Services: Tenant shall be responsible for janitorial and cleaning services within the Premises. Tenant has the option to either (i) be responsible for maintaining the common areas of the Property (snow removal, landscaping, lot sweeping, etc.) throughout the lease term at Tenant's cost, or (i) elect to have Landlord coordinate maintenance of the common areas, in which case the common area maintenance pass through to tenant will include a management fee equal to 4.0% of base rent..

Utilities: Upon the lease commencement, Tenant shall be responsible for all utility costs serving the Premises (gas, electric, water) which shall be billed direct.

Options to Renew: Tenant shall have the option to renew the term of the lease for three (3) additional five (5) year periods by providing Landlord with no less than nine (9) months prior written notice. Further details of the option period rent shall be memorialized in the lease agreement.

Holdover: If Tenant remains in possession of the Premises after the expiration or earlier termination of the lease, Tenant's occupancy shall be deemed a month-to-month tenancy upon the same terms and conditions of the lease except that base rent shall be equal to 125% of the base rate then being paid.

Subletting & Assignment: Landlord shall grant Tenant:

- a. The right, without Landlord's approval, to sublet or assign its lease, or any part thereof, to any successor of Tenant resulting from a merger, consolidation, sale or acquisition, so long as Guarantor remains liable under the lease.
- b. The right to sublet or assign the lease, or any part thereof, with Landlord's prior consent, which consent shall not be unreasonably withheld or delayed, at any time during the term of the lease so long as Guarantor remains liable under the lease.

All options contained in the lease for renewals will remain with the lease upon a sublease or assignment so long as Guarantor remains liable under the lease. Landlord will not be entitled to any right of recapture so long as Guarantor remains liable under the lease.

Signage:

Tenant shall have the ability to install signage or Tenant identification on the building facade, a monument sign, and Building entry signage, which shall be subject to local municipality and Landlord approvals.

***Hazardous Materials,
Asbestos, ADA:***

Subject to the results and conclusions of environmental test reports received by Landlord and provided to Tenant, Property does not contain any potentially hazardous materials or UST's (Underground Storage Tanks). Landlord will take any and all other actions that may be necessary to bring the Property into full compliance with all relevant governmental code requirements, including but not limited to compliance with the Americans with Disabilities Act ("ADA").

Security Deposit:

None.

***Zoning and Restrictive
Covenants:***

Landlord will represent that prior to Lease Commencement the property zoning will allow Medical Use and there will be no other restrictive covenants imposed on the land/, owner, and/or municipality.

CON Contingency:

Landlord and Tenant understand and agree that the establishment of any chronic outpatient dialysis facility in the State of Illinois is subject to the requirements of the Illinois Health Facilities Planning Act, 20 ILCS 3960/1 et seq. and, thus, Tenant cannot establish a dialysis facility on the Premises or execute a binding real estate lease in connection therewith unless Tenant obtains a Certificate of Need (CON) permit from the Illinois Health Facilities Planning Board (the "Planning Board"). Tenant agrees to proceed using its commercially reasonable best efforts to submit an application for a CON permit and to prosecute said application to obtain the CON permit from the Planning Board. Tenant acknowledges that Landlord will not be obligated to proceed with acquisition of the Property unless Tenant has waived the CON contingency within 210 days after lease execution.

Non-Binding:

Tenant or Landlord will only be bound by a written lease agreement that is properly executed by both Landlord and Tenant. No proposal, counterproposal, letter or oral statement will be construed as a binding lease agreement or as a contract to enter into a lease agreement.

Thank you for your interest in securing Fresenius Medical Care as a valued tenant at 1441 E. 75th Street, Chicago, IL 60619. We look forward to receiving your response in the very near future so my client can make the most informed decisions as possible. If you have any questions or wish to discuss this letter further, please feel free to reach out to me at any time.



Miles Gatland
Transaction Manager



Fresenius Medical Care North America

Transaction Management

1110 Island Drive | Commerce Township, MI 48382

P 248-701-6800 M 248-701-6800

fmcna.com | miles.gatland@fmc-na.com

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Criterion 1120.310 Financial Viability

Financial Viability Waiver

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

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

Criterion 1120.310 (c) Reasonableness of Project and Related Costs

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

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
ESRD		188.00			6,797			1,277,836	1,227,836
Contingency		18.00			6,797			122,346	122,346
Total Clinical		206.00			6,797			1,400,182	1,400,182
Non-Clinical		188.00			2,340			439,920	439,920
Contingency		18.00			2,340			42,120	42,120
Total Non		206.00			2,340			482,040	482,040
TOTALS		\$206.00			9,137			\$1,882,222	\$1,882,222
* Include the percentage (%) of space for circulation									

Criterion 1120.310 (d) – Projected Operating Costs**Year 2020**

Estimated Personnel Expense:	\$1,946,921
Estimated Medical Supplies:	\$358,334
Estimated Other Supplies (Exc. Dep/Amort):	<u>\$1,872,921</u>
	\$4,178,176

Estimated Annual Treatments: 16,589

Cost Per Treatment: \$251.87

Criterion 1120.310 (e) – Total Effect of the Project on Capital Costs**Year 2020**

Depreciation/Amortization:	\$124,109
Interest	<u>\$0</u>
Capital Costs:	\$124,109
Treatments:	16,589
Capital Cost per Treatment	\$7.48

Criterion 1120.310(a) Reasonableness of Financing Arrangements

Fresenius Medical Care Holdings, Inc.

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

By: Bryan Mello
 Title: Assistant Treasurer

By: Dorothy Rizzo
 Title: Assistant Treasurer

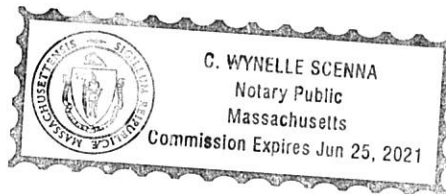
Notarization:
 Subscribed and sworn to before me
 this _____ day of _____, 2019

Notarization:
 Subscribed and sworn to before me
 this 20 day of Feb, 2019

Signature of Notary C Wynelle Scenna Signature of Notary

Seal

Seal



Criterion 1120.310(b) Conditions of Debt Financing

WSKC Dialysis Services, Inc.

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

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

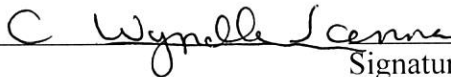
The expenses incurred with leasing the proposed facility and cost of leasing the equipment is less costly than constructing a new facility or purchasing new equipment.

By: 
ITS: Bryan Melio
Assistant Treasurer

By: 
ITS: Dorothy Rizzo
Assistant Treasurer

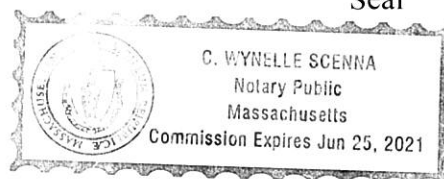
Notarization:
Subscribed and sworn to before me
this _____ day of _____, 2019

Notarization:
Subscribed and sworn to before me
this 20 day of Feb, 2019

Signature of Notary  Signature of Notary

Seal

Seal



Criterion 1120.310(b) Conditions of Debt Financing

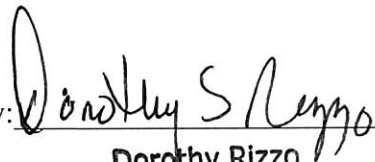
Fresenius Medical Care Holdings, Inc.

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

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

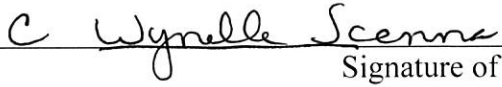
The expenses incurred with leasing the proposed facility and cost of leasing the equipment is less costly than constructing a new facility or purchasing new equipment.

By: 
 ITS: Bryan Mello
 Assistant Treasurer

By: 
 ITS: Dorothy Rizzo
 Assistant Treasurer

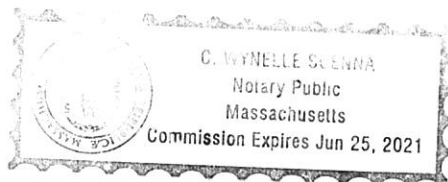
Notarization:
 Subscribed and sworn to before me
 this _____ day of _____, 2019

Notarization:
 Subscribed and sworn to before me
 this 8th day of Feb, 2019


 Signature of Notary

Signature of Notary

Seal



Seal

The relocation of Fresenius Medical Care Jackson Park will not have any impact on safety net services in the Jackson Park area of Chicago, Cook County in HSA 7. Outpatient dialysis services are not typically considered "safety net" services, however, we do provide care for patients in the community who are economically challenged and/or who are undocumented aliens, who do not qualify for Medicare/Medicaid, and who qualify for FMCNA Indigent Waiver policy. We assist patients who do not have insurance in enrolling when possible in Medicare, Medicaid for ESRD or insurance on the Healthcare Marketplace. Also, our social services department assists patients who have issues regarding transportation and/or who are wheelchair bound or have other disabilities which require assistance with respect to dialysis services and transport to and from the unit.

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

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

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

CHARITY CARE			
	2016	2017	2018
Net Patient Revenue	\$450,657,245	\$461,658,707	\$436,811,409
Amount of Charity Care (self-pay charges)	\$3,269,127	\$4,598,897	\$5,295,686
Cost of Charity Care (Self-Pay)	\$3,269,127	\$4,598,897	\$5,295,686

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

Note: Medicaid reported numbers are impacted by the large number of patients who switch from Medicaid to a Medicaid Risk insurance (managed care plan) which pays similar to Medicaid. These patients are reported under commercial insurance however, in 2018 of our commercial patients we had 977 Medicaid Risk patients with Revenues of \$30,748,374.

Fresenius Medical Care North America - Community Care/Charity Care

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

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

Indigent Waiver Program

FMCNA has established an indigent waiver program to assist patients who are unable to obtain insurance coverage or who lack the financial resources to pay for medical services. This program is not advertised to patients, but is discussed with patients who have indicated a financial hardship and a need for Indigent Waiver consideration and have not qualified for any other available programs.

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

Annual Income: A patient (including immediate family members who reside with, or are legally responsible for, the patient) may not have an annual income in excess of four (4) times the Federal Poverty Standard in effect at the time. Patients whose annual income is greater than two (4) times the Federal Poverty Standard may qualify for a partial indigent waiver based upon a sliding scale schedule approved by the Office of Business Practices and Corporate Compliance.

Net Worth: A patient (including immediate family members who reside with, or are legally responsible for, the patient) may not have a net worth in excess of an amount of thirteen (13) times the Federal Poverty Standard (or such other amount as may be established by the Office of Business Practices and Corporate Compliance based on changes in the Consumer Price Index).

The Company recognizes the financial burdens associated with ESRD and wishes to ensure that patients are not denied access to medically necessary care for financial reasons. At the same time, the Company also recognizes the limitations imposed by federal law on offering "free" or "discounted" medical items or services to Medicare and other government supported patients for the purpose of inducing such patients to receive ESRD-related items and services from FMCNA. An indigent waiver excuses a patient's obligation to pay for items and services furnished by FMCNA (or excuses a portion of the charges if patient qualifies for sliding scale discount when annual income is between 5 and 13 times the Federal Poverty Guideline). Patients may have dual coverage of AKF assistance (or other insurance coverage) and an Indigent Waiver if their financial status qualifies them for multiple programs.

IL Medicaid and Undocumented patients

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

The Regional Insurance Coordinator will petition Medicaid if patients are denied and assist undocumented patients through the application process to get them Illinois Medicaid coverage. This role is actively involved with the Medicaid offices and attends appeals to help patients secure and maintain their Medicaid coverage for all their healthcare needs, including transportation to their appointments. Patients who are not found to qualify may apply for the Indigent Waiver Program.

FMCNA Collection policy

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

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

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

Medicare and Medicaid Eligibility

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

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

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

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

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

Self-Pay

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

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

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

CHARITY CARE			
	2016	2017	2018
Net Patient Revenue	\$450,657,245	\$461,658,707	\$436,811,409
Amount of Charity Care (self-pay charges)	\$3,269,127	\$4,598,897	\$5,295,686
Cost of Charity Care (Self-Pay)	\$3,269,127	\$4,598,897	\$5,295,686

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

Wadah Atassi, MD. MBA
Nephrology Associates Of Northern Illinois
2701 W. 68th st
Professional Pavilion 4 South
Chicago, IL, 60629
773.735.4884
watassi@nephdocs.com

July 15, 2019

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

Dear Ms. Avery:

I am a nephrologist in practice with Nephrology Associates of Northern Illinois (NANI) in the south Chicago area. I am the Medical Director of the Fresenius Medical Care Jackson Park dialysis clinic. I am writing to provide my support for the relocation of this facility to an improved location that is also in the Jackson Park neighborhood, thereby providing continued treatment availability for my patients in this medically underserved area.

The Jackson Park facility has been at its current location for over 40 years and the lease is coming to an end. Because of some of the physical plant issues that I am aware of at the facility and the inability to correct them all, Fresenius Medical Care has chosen to invest in a new location that will be a brand new building with a more efficient and aesthetically pleasing interior, with improved plumbing, heating and cooling systems. It is just minutes from the current location, and I am very excited at the prospect of being able to offer my patients a more accessible and pleasant environment to dialyze in.

In the Jackson Park area NANI was treating 308 hemodialysis patients at the end of 2016, 313 at the end of 2017, 302 at the end of 2018 and 300 as of the most recent quarter. Over the past twelve months we referred 73 new hemodialysis patients for services to area facilities as listed on the following pages. We currently have 230 Chronic Kidney Disease (CKD) patients who live in the zip codes in the Jackson Park area. Of these there are 61 patients I expect to refer to the facility in the first two years after the relocation.

I appreciate your consideration of this project and respectfully urge you approve the relocation of the Jackson Park facility to provide improved access and clinic conditions for the vulnerable Jackson Park area dialysis patients.

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.

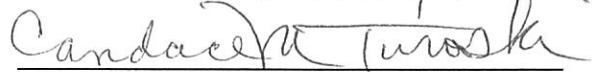
Sincerely,



Wadah Atassi, M.D.

Notarization:

Subscribed and sworn to before me
this 24th day of JULY, 2019



Signature of Notary

Seal



CURRENT & PRE-ESRD PATIENTS IDENTIFIED FOR

FRESENIUS JACKSON PARK**Current Jackson Park Patients****Pre-ESRD Patients**

Zip Code	Patients
60609	1
60615	2
60616	1
60617	6
60619	28
60620	3
60621	5
60626	2
60628	5
60629	1
60636	3
60637	13
60640	1
60643	2
60649	14
60653	3
Total	90

Zip Code	Pre-ESRD
60617	21
60619	17
60637	7
60649	16
Total	61

PAST 12 MONTH'S REFERRALS OF NANI

Zip Code	Fresenius Kidney Care				Total
	Ross	Greenwood	Jackson Park	Southside	
60131				1	1
60304	1				1
60411				1	1
60472		1			1
60609				2	2
60616			2		2
60617		2	1		3
60619		4	5		9
60620			2	6	8
60621		1	1	5	7
60623				1	1
60628		1	1	1	3
60629			1	13	14
60632				2	2
60636	1		1		2
60637		1	3	2	6
60641				1	1
60649		2	5		7
60653		1			1
60827			1		1
66846				1	1
Total	2	13	23	36	74

HEMODIALYSIS PATIENTS OF NANI 12/2016

Zip Code	Fresenius Kidney Care					Total
	Ross	Garfield	Greenwood	Jackson Park	Southside	
46714			1			1
46816				1		1
60085				1		1
60169				1		1
60302	1					1
60402					1	1
60409			1	1		2
60419			1			1
60426					1	1
60440				1		1
60459					1	1
60471				1		1
60472					1	1
60525					1	1
60607			1			1
60609			1	3	7	11
60615			2		3	5
60616					1	1
60617			7	9		16
60619			17	21	4	42
60620			4	2	20	26
60621	4		2	4	12	22
60624		1		1		2
60625					1	1
60626				1		1
60628			8	6	6	20
60629			1	2	32	35
60632					11	11
60636		1		1	24	26
60637	2			21	3	26
60638				1	1	2
60641				1		1
60643	1		1	1	1	4
60649			6	23	1	30
60652					9	9
61354				1		1
Total	8	2	53	104	141	308

HEMODIALYSIS PATIENTS OF NANI 12/2017

Zip Code	Fresenius Kidney Care				DaVita			Total
	Ross	Greenwood	Jackson Park	Southside	Beverly	Mt. Greenwood	West Lawn	
46816			1					1
60302	1							1
60402				1				1
60409		1	1					2
60411				1				1
60419		1				1		2
60428				1				1
60459				1			1	2
60472				1				1
60607		1						1
60609			1	5				6
60615		3		2				5
60617		8	11	1				20
60619		22	19	2				43
60620		3	3	19	3	2	1	31
60621	1	2	6	8				17
60623							1	1
60624			1					1
60625				1				1
60626			1					1
60628		10	5	4				19
60629		1	1	38	2		1	43
60632				6				6
60636			2	24				26
60637	1	2	21	3				27
60638			1					1
60641			1					1
60643		1	1	1				3
60649		9	22					31
60652			1	11			1	13
60653		1		1				2
60655				1				1
61354			1					1
Total	3	65	100	132	5	3	5	313

HEMODIALYSIS PATIENTS OF NANI 2018

Zip Code	Fresenius Kidney Care					DaVita			Total
	Ross	Garfield	Greenwood	Jackson Park	Southside	Beverly	Mt. Greenwood	West Lawn	
46816				1					1
60035				1					1
60067					1				1
60131					1				1
60302	1								1
60402					1				1
60409			1	1					2
60411					1				1
60419			1						1
60440				2					2
60459					1			1	2
60472			1						1
60609			1	1	5				7
60615			2	1	2				5
60616				2					2
60617			8	6					14
60619			24	21	1				46
60620			3	4	18	2	2		29
60621	2		3	6	8				19
60623					2			1	3
60624		1							1
60625					1				1
60626				1					1
60628			8	4	4			1	17
60629				1	39	1		1	42
60632					7				7
60636		1		3	22				26
60637	1		2	15	4				22
60639					1				1
60643			1	1					2
60644				1					1
60649			9	15	1				25
60652				1	10			1	12
60653			2						2
60655					1				1
60827				1					1
Total	4	2	66	89	131	3	2	5	302

HEMODIALYSIS PATIENTS OF NANI 3/2019

Zip Code	Fresenius Medical Care					DaVita			Total
	Ross	Garfield	Greenwood	Jackson Park	Southside	Beverly	Mt. Greenwood	West Lawn	
60035				1					1
60067					1				1
60131					1				1
60302	1								1
60304	1								1
60402					1				1
60409			1	1					2
60411					1				1
60419			1						1
60440				1					1
60459								1	1
60472			1						1
60609			1	1	5				7
60615			1	1	2				4
60616				2					2
60617			8	6					14
60619			26	21	1				48
60620			3	4	18	4	2		31
60621	2		3	6	10				21
60623					2			1	3
60624		1							1
60625					1				1
60626				1					1
60628			7	4	3				14
60629				2	40	1		1	44
60632					6				6
60636	1	1		3	20				25
60637	1		2	15	3				21
60639					1				1
60643			1	1					2
60644				1					1
60649			9	14				1	24
60652					11			1	12
60653			2						2
60655					1				1
60827				1					1
Total	6	2	66	86	128	5	2	5	300



**FRESENIUS
KIDNEY CARE**

Fresenius Kidney Care

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

July 24, 2019

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

Re: Fresenius Medical Care Jackson Park

Dear Ms. Avery,

I am submitting the attached application for consideration by the Illinois Health Facilities and Services Review Board. A filing fee of \$2500.00 payable to the Illinois Department of Public Health was submitted via overnight delivery to arrive July 25, 2019.

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

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

Sincerely,

Lori Wright
Senior CON Specialist