#19-058
Original

ORIGINAL

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 Rolling Meadows				
Street Address: 4180 Winnetka Avenue				
City and Zip Code: Rolling Meadows, IL 60008				
County:	Cook	Health Service Area:	7	Health Planning Area:

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

Exact Legal Name: Fresenius Medical Care Chicagoland, LLC	
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

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

- Corporations and limited liability companies must provide an **Illinois certificate of good standing.**
- Partnerships must provide the name of the state in which 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(s) [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-Applicants

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

- Corporations and limited liability companies must provide an **Illinois certificate of good standing.**
- Partnerships must provide the name of the state in which 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.

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: Marybeth Wiekierak
Title: Regional Vice President
Company Name: Fresenius Medical Care North America
Address: 3500 Lacey Road, Downers Grove, IL
Telephone Number: 630-960-6770
E-mail Address: marybeth.wiekierak@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: RMS Properties LLC
Address of Site Owner: 4180 Winnetka Avenue, Rolling Meadows, Illinois 60008
Street Address or Legal Description of the Site: 4180 Winnetka Avenue, Rolling Meadows, IL 60008 **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:
Fresenius Medical Care Chicagoland, LLC d/b/a Fresenius Medical Care Rolling Meadows

Address: 920 Winter Street, Waltham, MA 02451

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

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

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

Organizational Relationships

Provide (for each 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.

Fresenius Medical Care Chicagoland, LLC proposes to add 4 additional stations to its 24-station ESRD facility, Fresenius Medical Care Rolling Meadows, located at 4180 Winnetka Avenue, Rolling Meadows, in existing space.

This project is "non-substantive" under Planning Board rule 1110.40 as it entails the addition of 4 stations to a 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	95,236	N/A	95,236
Contingencies	6,568	N/A	6,568
Architectural/Engineering Fees	9,500	N/A	9,500
Consulting and Other Fees	N/A	N/A	N/A
Movable or Other Equipment (not in construction contracts)	15,000	N/A	15,000
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	60,000	N/A	60,000
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	**$186,304**	**N/A**	**$186,304**
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities	126,304	N/A	126,304
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)	60,000	N/A	60,000
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	**$186,304**	**N/A**	**$186,304**

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

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

Land acquisition is related to project ☐ Yes ☒ No
Purchase Price: $_____
Fair Market Value: $_____

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

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

Estimated start-up costs and operating deficit cost is $ N/A.

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): March 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.**

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area	**Cost**	**Existing**	**Proposed**	**New Const.**	**Modernized**	**As Is**	**Vacated Space**
REVIEWABLE							
ESRD	$186,304	821			821		
Total Clinical	**$186,304**	**821**			**821**		
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical	**0**	**0**			**0**		
TOTAL	**$186,304**	**821**			**821**		

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

CERTIFICATION

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

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

SIGNATURE

Teri Gurchiek
PRINTED NAME

Vice President of Operations/Manager
PRINTED TITLE

Notarization:
Subscribed and sworn to before me this 3rd day of Oct, 2019

Signature of Notary

Seal

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

SIGNATURE

Marybeth Wiekierak
PRINTED NAME

Regional Vice President/Manager
PRINTED TITLE

Notarization:
Subscribed and sworn to before me this 3rd day of Oct, 2019

Signature of Notary

Seal

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

*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.

Dorothy S Rizzo
SIGNATURE

Dorothy Rizzo
PRINTED NAME Assistant Treasurer

PRINTED TITLE

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

C Wynelle Scenna
Signature of Notary

Seal

Bryan Mello
SIGNATURE

Bryan Mello
Assistant Treasurer
PRINTED NAME

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 19 day of Nov 2018

Signature of Notary

Seal

C. WYNELLE SCENNA
Notary Public
Massachusetts
Commission Expires Jun 25, 2021

*Insert the EXACT legal name of the applicant

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 listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility.

3. For the following questions, please provide information for each applicant, including corporate officers or directors, LLC members, partners and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.

    a. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application.

    b. A certified listing of each applicant, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted or tried for, or pled guilty to the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or the subject of any juvenile delinquency or youthful offender proceeding. Unless expunged, provide details about the conviction and submit any police or court records regarding any matters disclosed.

    c. A certified and detailed listing of each applicant or person charged with fraudulent conduct or any act involving moral turpitude.

    d. A certified listing of each applicant with one or more unsatisfied judgements against him or her.

    e. A certified and detailed listing of each applicant who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order or directive of any court or governmental agency.

4. 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.**

5. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

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

Criterion 1110.110(b) & (d)

PURPOSE OF PROJECT

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

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

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

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

ALTERNATIVES

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

Alternative options **must** include:

A) Proposing a project of greater or lesser scope and cost;

B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;

C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and

D) Provide the reasons why the chosen alternative was selected.

2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short-term (within one to three years after project completion) and long-term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED, THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**

3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

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

SECTION IV. PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE

Criterion 1110.120 - Project Scope, Utilization, and Unfinished/Shell Space

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative and it shall include the basis used for determining the space and the methodology applied.**

2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following:

    a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies and certified by the facility's Medical Director.

    b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that delineates the constraints or impediments.

    c. The project involves the conversion of existing space that results in excess square footage.

    d. Additional space is mandated by governmental or certification agency requirements that were not in existence when Appendix B standards were adopted.

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

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

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

PROJECT SERVICES UTILIZATION:

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

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

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

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

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

NOT APPLICABLE – THERE IS NO UNFINISHED SHELL SPACE

UNFINISHED OR SHELL SPACE:

Provide the following information:

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

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

ASSURANCES:

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 REVIEW CRITERIA

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):

☐ **In-Center Hemodialysis**	**24**	**28**

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

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

APPEND DOCUMENTATION AS ATTACHMENT 23, 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]:**

126,804	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of 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;
_____	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
60,000	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: 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. e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent; f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt; g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
$186,304	**TOTAL FUNDS AVAILABLE**

APPEND DOCUMENTATION AS ATTACHMENT 33, 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 34, 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 35, 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	Cost/Square Foot Mod.	Gross Sq. Ft. New	Gross Sq. Ft. Circ.*	Gross Sq. Ft. Mod.	Gross Sq. Ft. Circ.*	Const. $ (A x C)	Mod. $ (B x E)	
ESRD		116.00			821			95,236	95,236
Contingency		8.00			821			6,568	6,568
TOTALS		$124.00			821			$101,804	$101,804

* 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 36, 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 the following must be submitted for ALL SUBSTANTIVE PROJECTS AND PROJECTS TO DISCONTINUE 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.

2.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 37.

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 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 37, 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			
	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 38, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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

INDEX OF ATTACHMENTS

Applicant Identification

Applicant

Exact Legal Name: Fresenius Medical Care Chicagoland, LLC d/b/a Fresenius Kidney Care Rolling Meadows*	
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

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

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

Certificate of Good Standing for Fresenius Medical Care Chicagoland, LLC on following page.

Co-Applicant

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

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

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

File Number 0364338-7

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

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

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

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 3RD *day of* SEPTEMBER *A.D.* 2019 .

Authentication #: 1924600382 verifiable until 09/03/2020
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

Site Ownership

Exact Legal Name of Site Owner: RMS Properties LLC
Address of Site Owner: 4180 Winnetka Avenue, Rolling Meadows, Illinois 60008
Street Address or Legal Description of the Site: 4180 Winnetka Avenue, Rolling Meadows, IL 60008

Site Owner
ATTACHMENT – 2

Operating Identity/Licensee

Exact Legal Name: Fresenius Medical Care Chicagoland, LLC d/b/a Fresenius Medical Care Rolling Meadows					
Address: 920 Winter Street, Waltham, MA 02451					
☐	Non-profit Corporation	☐	Partnership		
☐	For-profit Corporation	☐	Governmental		
☒	Limited Liability Company	☐	Sole Proprietorship	☐	Other

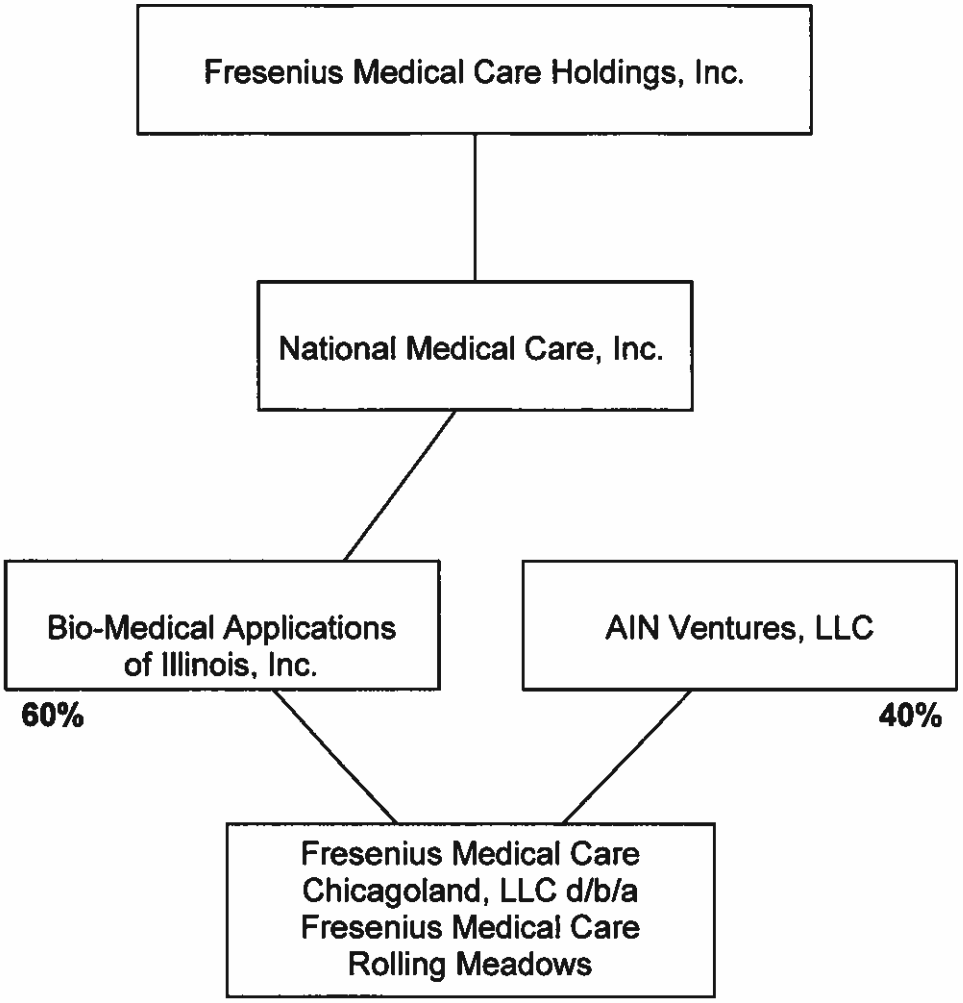
- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.
- **Persons with 5 percent or greater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

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

Ownership

Bio-Medical Applications of Illinois, Inc. has an 60% membership interest in Fresenius Medical Care Chicagoland, LLC. Its address is 920 Winter Street, Waltham, MA 02451

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


Fresenius Medical Care Holdings, Inc.
National Medical Care, Inc.
Bio-Medical Applications of Illinois, Inc.
60%
AIN Ventures, LLC
40%
Fresenius Medical Care Chicagoland, LLC d/b/a Fresenius Medical Care Rolling Meadows

SUMMARY OF PROJECT COSTS

Modernization	
Doors & Windows	3,700
Electrical Work	13,550
Finishes	4,264
General Conditions	21,900
Indirect Costs	11,269
Mechanical Work	19,838
Woods & Plastics	20,715
Total	**$95,236**

Contingencies	**$6,568**

Architecture/Engineering Fees	**$9,500**

Moveable or Other Equipment	
Dialysis Chairs	10,000
TVs & Accessories	5,000
Total	**$15,000**

Fair Market Value of Leased Space and Equipment	
FMV Leased Dialysis Machines	60,000
Total	**$60,000**

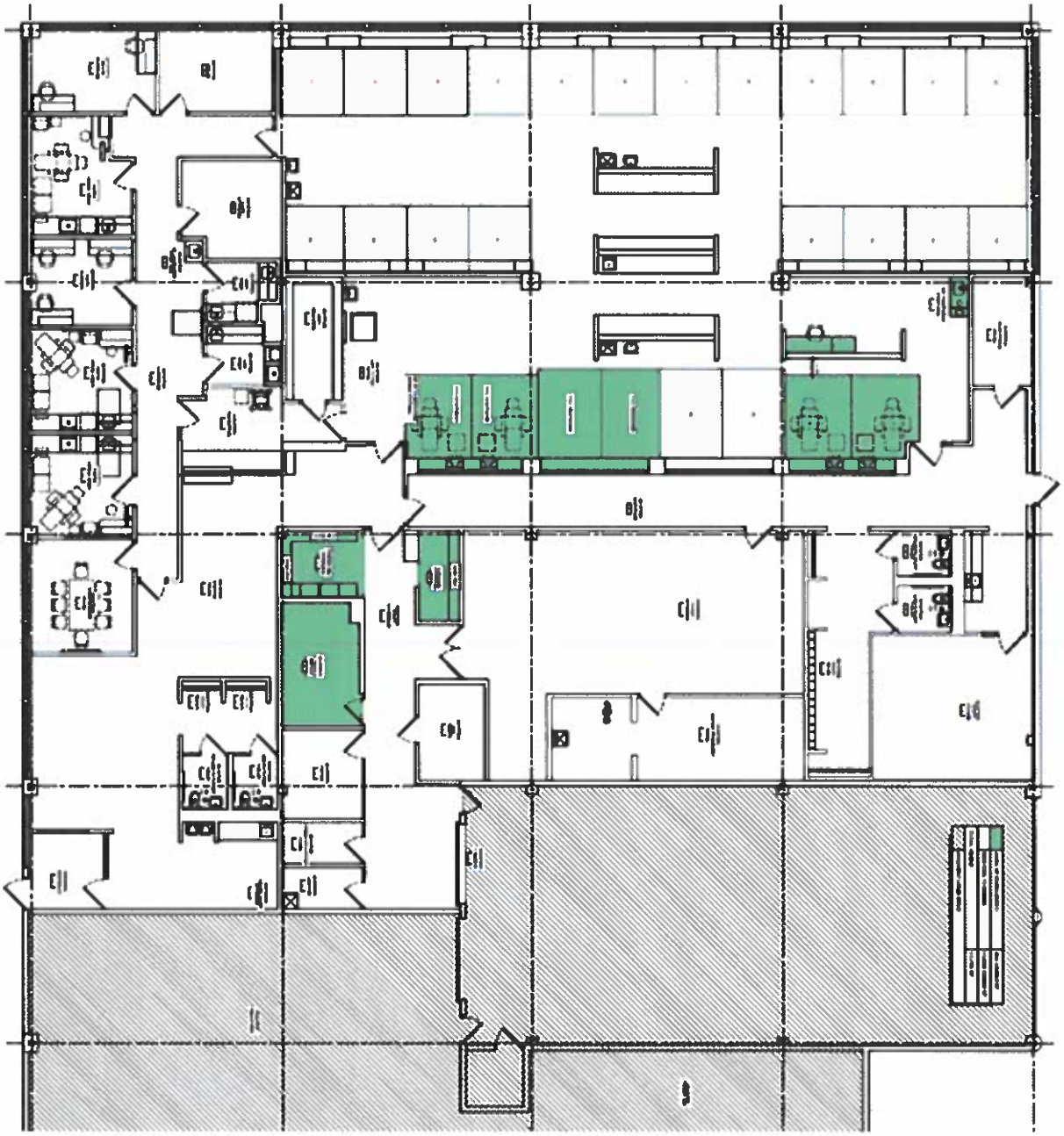
Grand Total	**$186,304**

Itemized Costs
ATTACHMENT - 7

Current Fresenius CON Permits and Status

Project Number	Project Name	Project Type	Completion Date	Comment
#16-042	Fresenius Kidney Care Paris Community	Establishment	03/31/2020	Permit Renewal/Financial Commitment Extension Request Approved 10/30/18
#17-065	Fresenius Kidney Care New Lenox	Establishment	12/31/2019	Undergoing Shell construction
#18-006	Fresenius Kidney Care Madison County	Establishment	06/30/2020	Undergoing Shell Construction
#18-039	Fresenius Kidney Care Grayslake	Establishment	03/31/2021	Permitting phase
#19-028	Fresenius Medical Care Metropolis	Expansion	05/31/2020	Stations in, waiting for certification
#19-034	Fresenius Medical Care Des Plaines	Expansion	03/31/2021	Permitted 10/22/19
#19-033	Fresenius Medical Care Skokie	Relocation	12/31/2021	Permitted 10/22/19
#19-035	Fresenius Medical Care Jackson Park	Relocation	10/22/2021	Permitted 10/22/19
#19-041	Fresenius Medical Care Melrose Park	Relocation	04/30/2021	Permitted 10/22/19
#19-045	Fresenius Medical Care Northfield	Discontinuation	07/31/2020	Operations Ceased 10/31/2019, waiting for decertification letter
#19-046	Fresenius Medical Care Maple City	Discontinuation	07/21/2020	Operations Ceased 10/31/2019 waiting for decertification letter
#19-047	Fresenius Medical Care Waterloo	Discontinuation	08/31/2020	Permitted 10/22/19
#19-040	Fresenius Kidney Care Mount Prospect	Expansion	12/31/2020	Permitted 12/10/2019

Project Status
ATTACHMENT – 8



	AREA OF WORK (EXIST)	821 USABLE SF
	EXISTING TO REMAIN	10,909 USABLE SF
TOTAL USABLE		11,730 SF
	ADJACENT LEASE SPACE	

Approved
Joseph Price
10-25-2019

SPACE PLAN-NOT FOR CONSTRUCTION

REVISIONS

DRAWN BY: CKA
SCALE: NTS

FKC - Neomedica Rolling Meadows JV

FKC Location #9030-2
4180 Winnetka Avenue
Rolling Meadows, Illinois 60008

TCU SPACE PLAN - SCHEME F

900 CIRCLE 75 PKWY. SE
SUITE 1320
ATLANTA, GA 30339
770-955-3075

FRESENIUS MEDICAL CARE
Design and Construction Services

Space Plan
ATTACHMENT 8

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.**

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area	**Cost**	**Existing**	**Proposed**	**New Const.**	**Modernized**	**As Is**	**Vacated Space**
REVIEWABLE							
In-Center Hemodialysis	$186,304	821			821		
Total Clinical	**$186,304**	**821**			**821**		
NON REVIEWABLE							
Non-Clinical (Administrative, Mechanical, Staff, Waiting Room Areas)							
Total Non-clinical	**0**	**0**			**0**		
TOTAL	**$186,304**	**821**			**821**		

FRESENIUS KIDNEY CARE

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.

FRESENIUS KIDNEY CARE

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 heath 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.

FRESENIUS KIDNEY CARE

FIVE STAR
QUALITY RATED BY CMS

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

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	Deefield	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 Biesterfield 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. Neltnor	West Chicago	60185
West Metro	14-2536	1044 North Mozart Street	Chicago	60622
West Suburban	14-2530	518 N. Austin Blvd., 5th Floor	Oak Park	60302
West Willow	14-2730	1444 W. Willow	Chicago	60620
Westchester	14-2520	2400 Wolf Road, Ste. 101A	Westchester	60154
Williamson County	14-2627	900 Skyline Drive, Ste. 200	Marion	62959
Willowbrook	14-2632	6300 S. Kingery Hwy, Ste. 408	Willowbrook	60527
Woodridge	14-2845	7550 Janes Avenue	Woodridge	60517
Zion	14-2841	1920-1920 N. Sheridan Road	Zion	60099

Certification & Authorization

Fresenius Medical Care Chicagoland, LLC

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

In regards 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: _____
Teri Gurchiek

ITS: Vice President of Operations/Manager

Notarization:
Subscribed and sworn to before me
this 3rd day of Oct, 2019

_____
Signature of Notary

Seal

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

By: _____
Marybeth Wiekierak

ITS: Regional Vice President/Manager

Notarization:
Subscribed and sworn to before me
this 3rd day of Oct, 2019

_____
Signature of Notary

Seal

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

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 regards 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: Dorothy Rizzo
Assistant Treasurer

By: _____

ITS: Bryan Mello
Assistant Treasurer

Notarization:
Subscribed and sworn to before me
this_____ day of _____, 2018

Signature of Notary

Seal

Notarization:
Subscribed and sworn to before me
this 19 day of Nov, 2018

C. Wynelle Scenna
Signature of Notary

Seal

C. WYNELLE SCENNA
Notary Public
Massachusetts
Commission Expires Jun 25, 2021

Criterion 1110.230 – Purpose of Project

1. The purpose of this project is to create access to "Transitional Care" dialysis services that provide patient-centric dialysis onboarding for improved health outcomes in the medically underserved area of Rolling Meadows. A Transitional Care Unit (TCU) is one or more certified ESRD stations within the in-center facility, which are part of the in-center stations, where treatments are performed. Transitional Care dialysis falls in line with President Trump's recent executive order to advance American kidney health.

   The Rolling Meadows facility currently has 24 certified in-center stations that typically operate at or above 80% utilization. These stations offer conventional in-center hemodialysis treatments, with many patients receiving hemodialysis 3 times a week in 4-hour sessions. Because of the high utilization of the current stations, additional stations are needed to create access for transitional care, where for the first 30 days of the initiation of dialysis, patients are more likely to receive treatment 4 or 5 times a week for approximately 3 hours, per their physician's order, for hemodialysis on a home dialysis machine. During this time the patient receives individualized education to assist in adjusting to dialysis and choosing a modality. Patients are educated on peritoneal dialysis, home hemodialysis, in-center hemodialysis and transplant. They also have an opportunity to try a variety of at-home hemodialysis machines with their physician's approval. The TCU gives patients a "soft landing" into dialysis where they can experience how good they can feel on a home dialysis machine, which may include more frequent treatment consistent with the physician's prescription, while getting accustomed to dialysis and receiving extra attention and education. After the initial 30 days the patient is able to make an informed decision on which modality they would like to use.

2. This facility is located in Rolling Meadows, which is in Cook County in HSA 7. There is an excess of 126 stations in this HSA according to the December 2019 inventory

3. Because the current 24 in-center stations operate at a high utilization rate, it is not feasible to use any of these stations for transitional care. In order to provide transitional care, which will promote home dialysis options, additional stations are needed. Current data indicates that patients who are on home dialysis generally have improved outcomes, more energy, fewer diet restrictions and lower mortality rates.

Because the Rolling Meadows facility plans on operating four transitional care stations, which are likely to treat patients 4 or 5 days a week instead of 3, it may not operate at the Board calculated standard of 80% based on 6 weekly patient shifts. Generally, in-center patients have a Monday/Wednesday/Friday or a Tuesday/Thursday/Saturday treatment schedule. The 4 or 5-day treatment schedule, for the patients in the TCU stations, overlaps the more commonly utilized 3 days a week schedule causing clinic utilization to appear lower and potentially not meeting the State target of 80%. However, due to these overlapping schedules the facility will be close to capacity.

4. As an example of the success of the TCU moving more patients towards home dialysis, another Fresenius HSA 7 facility has been operating 2 TCU stations since April 2019 and has experienced almost 50% of patients choosing home dialysis after experiencing the TCU method of more frequent dialysis.

5. Increasing the station availability in order to provide transitional care at the Fresenius Rolling Meadows facility will allow patients to begin their dialysis experience in a way that can provide the best education and outcomes while they adjust to dialysis and decide what modality best fits their individual needs. It is the desire that the patients treating in the TCU will be able to make more informed decision about their choice of modality as well as experiencing the benefits of more frequent dialysis. To complement patients choosing home dialysis as a result of the TCU, the Rolling Meadows facility is also in the process of adding a home dialysis program in the facility that the TCU patients can transition into providing continuity of care.

   The goal of Fresenius Kidney Care is to improve patient outcomes by increasing the number of patients on home dialysis through maintaining access to "transitional care" in the Rolling Meadows area. It is expected that this facility would continue to have similar quality outcomes after the addition of stations, however the home dialysis census is expected to increase further improving quality outcomes. Currently the Rolling Meadows patients have the quality outcomes below:

   - 98% of patients had a URR > 65%
   - 98% of patients had a Kt/V > 1.2

   Similar outcomes are expected after the addition of the 4 stations.

Alternatives

1) All Alternatives

A. Proposing a project of greater or lesser scope and cost.

The alternative of doing nothing would hinder Dr. Suleiman and her partners, at Associates in Nephrology (AIN), from offering "transitional care" to Rolling Meadows area patients. We anticipate using the 4 new stations as part of a Traditional Care Unit (TCU) where we will utilize the NxStage home hemodialysis machines to provide a "soft landing" to new dialysis patients. These patients will dialyze 4 or 5 times a week for approximately 3 hours for their first 30 days on dialysis, rather than the conventional 3 times a week dialysis and then be able to make more informed decisions about their modality choice.

B. Pursuing a joint venture or similar arrangement

This facility is already a joint venture.

C. Utilizing other health care resources

AIN physicians currently serve as medical directors and admit patients to many of the facilities within a five-mile radius and beyond, however transitional care is not available at most Fresenius clinics. We are not aware that any other provider in the area offers transitional care. There is no cost to utilizing area providers.

Other Fresenius clinics that provide transitional care have experienced a high success rate of patient's choosing home dialysis treatment options. For this reason, it is in the patient's best interest to offer this service alongside conventional 3 days-a-week in-center hemodialysis. The facility is also is the process of adding a home therapies program that can accommodate the patients who choose home dialysis allowing continuity of care. The cost of this project is $186,304.

2) Comparison of Alternatives

	Total Cost	Patient Access	Quality	Financial
Do Nothing	$0	Patients will not have the benefit of access to transitional care, promoting home dialysis leading to better outcomes.	Facility patients would maintain the same high-quality outcomes however fewer patients would have the opportunity to access the benefit of transitional care.	There is no financial cost to doing nothing. The cost is to the patients who will not be offered transitional care services.
Joint Venture	$186,304	This facility is already a joint venture.		
Utilize Area Providers	$0	AIN physicians are currently medical directors of and admit to many of the area facilities. However, transitional care services are not offered at area facilities.	Quality at the Fresenius clinics would remain the same.	No financial cost to Fresenius Kidney Care The cost would be to patients who will not have access to transitional care services.
Expand Fresenius Medical Care Rolling Meadows by 4 stations, which will offer transitional care.	$186,304	Access to combined in-center hemodialysis, transitional care services and home therapies offered at one location, increasing patient outcomes and fostering greater awareness of home therapies which results in better patient outcomes over in-center hemodialysis.	Patient clinic quality would continue to improve as more patients choose home dialysis. Patient satisfaction and quality of life will improve with better outcomes and continuity of care with home therapies onsite to transition into.	The cost is to only to Fresenius Kidney Care and the AIN physicians who are proposing this project to promote home dialysis which will result in better outcomes and lower healthcare costs.

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. As well, data has shown that home therapy patients generally have better outcomes. Fresenius Medical Care Rolling Meadow's patients have achieved average adequacy outcomes of:

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

and is expected to remain the same or higher once transitional care services become operational.

Criterion 1110.234, Size of Project

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD 450-650 BGSF Per Station	DIFFERENCE	MET STANDARD?
ESRD IN-CENTER HEMODIALYSIS Expansion Space	821 (4 Stations)	1,800 – 2,600 BGSF	None	Yes

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

Criterion 1110.234, Project Services Utilization

UTILIZATION					
	DEPT/SERVICE	**HISTORICAL UTILIZATION**	**PROJECTED UTILIZATION**	**STATE STANDARD**	**MET STANDARD?**
	IN-CENTER HEMODIALYSIS	Dec 2017 24 Stations	76%	80%	Yes
	IN-CENTER HEMODIALYSIS	Dec 2018 24 Stations	85%	80%	Yes
	IN-CENTER HEMODIALYSIS	Nov 2019 24 Stations	80%	80%	Yes
YEAR 1*	IN-CENTER HEMODIALYSIS	28 Stations	79%	80%	No
YEAR 2*	IN-CENTER HEMODIALYSIS	28 Stations	82%	80%	Yes

*With additional 4 stations.

This facility has already met the State standard utilization target of 80% over the past two years and as of November 2019 it is at 80%. After the addition of the 4 transitional care stations and after the first two years of their operation the facility will be above 80% utilization, after accounting for patient attrition due to death, transplant, modality change or transfer.

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

A. The primary purpose of this project is to provide access to in-center hemodialysis services to the residents of the Rolling Meadows area of HSA 7. 93% of current ESRD and 100% of the pre-ESRD patients identified who are expected to be referred to the Rolling Meadows facility reside in HSA 7, thereby meeting this requirement.

HSA	Pre-ESRD EXPECTED TO BE REFERRED TO FRESENIUS MEDICAL CARE ROLLING MEADOWS IN 2 YEARS AFTER THE 4-STATION ADDITION
7	60 Pts. - 100%

HSA	November 2019 ESRD Patients of Fresenius Medical Care Rolling Meadows
7	107 Pts. - 93%
8	8 Pts. - 7%

Service Demand – Expansion of In-center Hemodialysis Service

A. Historical Service Demand

The Fresenius Medical Care Rolling Meadows 24-station dialysis facility, located in a Medically Underserved Area, is operating at 80% utilization with 115 patients as of November 2019 and has been operating at 82% for the past year and 83% for the past 24 months based on three daily shifts. We anticipate utilizing the four proposed in center stations as part of a Transitional Care Unit (TCU), meaning each station would likely operate on a 4 or 5 times per week schedule.

- A TCU station is a certified station within the in-center facility that offers a gentler, more frequent dialysis 4 or 5 days a week instead of 3. A Physician Champion, a physician who is experienced and passionate about home therapies helps spread the home therapies message and provides guidance to other physicians. During the first 30 days, a TCU patient receives individualized education:
    - Modality education (transplant, home hemodialysis, peritoneal dialysis, and in-center hemodialysis) and helps the patient adjust to life on dialysis
    - Patients can try a variety of at-home hemodialysis machines per physician orders
    - Patients have the opportunity to experience the benefits of more frequent dialysis (4 or 5 times per week instead of the conventional 3 times per week) per physician orders
    - A full care team support is provided to meet individual patient needs
        - In-center staff
        - Dietitian
        - Social Worker
        - Insurance Coordinator - works with patients to ensure each patient has coverage
        - Technical Staff
        - Kidney Care Advocate – Fresenius staff member who educates pre-ESRD patients, ESRD patients, and staff on treatment modalities and works with physicians to provide clinic options
        - Home Therapy Staff

All new ESRD patients at Fresenius facilities receive extra support and education in their first 30 days of dialysis, however, education for TCU patients is more intensive and spread out in stages over the first weeks of treatment. At the end of thirty days the patient can feel the difference a more frequent dialysis makes and is often mentally and emotionally more empowered to make informed decisions regarding their treatment options.

Current data shows that patients who are on home dialysis generally have improved outcomes, more energy, fewer diet restrictions and lower mortality rates.

The physicians supporting this project are excited at the prospects of using the TCU to encourage more patients to choose home dialysis. So much so that a home therapies program is also being initiated at the Rolling Meadows facility allowing patients to be trained and followed at one site, by the same staff, offering continuity of care.

Fresenius' goal is not just to encourage new-start dialysis patients to choose home dialysis but also current in-center patients, who did not have the option of a TCU when they began treatment. The conventional 3 times a week in-center patients are on the same treatment floor as the TCU patients and therefore gain exposure to the TCU patient's experience. Because of this, Fresenius now offers a new program at several clinics called "Experience the Difference."

Experience the Difference places the 3 times a week in-center patient in a TCU station for 2 weeks and provides a 4 or 5 times-a-week dialysis treatment. Through this program, the patient experiences how much better they can feel by dialyzing more often, all while learning more about all modality options.

In order to provide the Rolling Meadows area patients the advantage of the TCU, which can lead to a better quality of life, additional stations are needed. The four new stations will be utilized as TCU stations initially, based on anticipated need. As the demand adjusts, the facility may use some of these new stations as regular in center stations, and conversely, may utilize some current in center stations as TCU stations, if needed to provide additional access.

ASSOCIATES IN NEPHROLOGY, S.C.
NEPHROLOGY AND HYPERTENSION
210 SOUTH DESPLAINES ST.
CHICAGO, IL 60661

November 25, 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 Associates in Nephrology (AIN), and am the Medical Director of the Fresenius Rolling Meadows dialysis facility. I support the expansion of the Rolling Meadows facility because I want to see more of my patients choose home dialysis through increased home therapies education and experience.

The Rolling Meadows facility typically has operated at high utilization rates for many years. Additionally, we would like the opportunity to access "Transitional Care" services that provide patient-centric dialysis onboarding for improved health outcomes, which is what the 4 proposed new stations will provide.

A Transitional Care Unit (TCU) is one or more certified ESRD stations which are part of the facility's in-center stations, where treatments are performed. For the first 30 days of the initiation of dialysis, patients are more likely to receive treatment 4 or 5 times a week for approximately 3 hours, rather than the conventional 3 times a week. During this time the patient receives individualized education on end stage renal disease as well as all treatment modalities. The TCU helps patients adjust to dialysis and provides an opportunity to experience how good they can feel with more frequent dialysis treatments. Through this process we encourage patients to choose home dialysis leading to better outcomes.

I am pleased that this newly initiated program at other Fresenius facilities is increasing the numbers of patients choosing home dialysis, translating into better healthcare for our patients. My desire is to bring the TCU advantage to Rolling Meadows for the patients who treat here.

AIN, in the Rolling Meadows area, was treating 143 hemodialysis patients at the end of 2016, 138 patients at the end of 2017, 163 at the end of 2018 and 165 at the end of March 2019, as reported to The Renal Network. Over the past twelve months we have referred 40 new hemodialysis patients for services.

We currently have 87 stage 4 & 5 pre-ESRD patients in our practice that live in the zip codes surrounding the Rolling Meadows facility. Of these, 60 are expected to begin dialysis during the first two years of the operation of the new stations.

Due to the many patient benefits of dialyzing at home, I urge the Board to approve the Rolling Meadows 4-station expansion, which will operate as TCU stations, to facilitate the growth of home dialysis through in-center experience and exposure.

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,

Azza Suleiman, M.D.

Notarization:
Subscribed and sworn to before me
this 26th day of November, 2019

Signature of Notary

Seal

CHARLOTTE CHAPPLE
Official Seal
Notary Public - State of Illinois
My Commission Expires Nov 23, 2020

PRE-ESRD PATIENTS IDENTIFIED FOR FRESENIUS ROLLING MEADOWS

Zip Code	Patients
60004	23
60005	7
60008	12
60067	8
60074	9
60195	1
Total	**60**

CURRENT ROLLING MEADOWS IN-CENTER PATIENTS

Zip Code	Patients	Zip Code	Patients
60004	11	60070	6
60005	10	60074	13
60006	1	60089	4
60007	1	60090	1
60008	24	60131	1
60015	1	60142	1
60016	1	60169	3
60018	2	60173	1
60047	3	60192	1
60056	15	60193	2
60062	1	60419	1
60067	11	**Total**	**115**

NEW HEMODIALYSIS REFERRALS OF AIN FOR THE PAST TWELVE MONTHS

	Fresenius Kidney Care					DaVita		
Zip Code	Mount Prospect	Schaumburg	Hoffman Estates	Palatine	Rolling Meadows	Arlington Heights	Buffalo Grove	Total
60004	1				2	1		4
60005	1				1			2
60007					1			1
60008					2	1		3
60010			1					1
60016						2		2
60018					1			1
60026					1			1
60056					5			5
60067					1			1
60074				1	5			6
60089							3	3
60090						1	1	2
60101					1			1
60103			1					1
60107			2					2
60118			1					1
60120			1					1
60133		1						1
60142					1			1
60169			2					2
60192			2					2
60193					1			1
60620							1	1
60011						1		1
60107					1			1
60714					1			1
Total	**2**	**1**	**10**	**1**	**24**	**6**	**5**	**49**

IN-CENTER HEMODIALYSIS PATIENTS OF AIN

	Fresenius Kidney Care														DaVita										
Zip	Mount Prospect	Glenview	Hoffman Estates				Palatine				Rolling Meadows				Arlington Heights				Barrington Creek			Buffalo Grove			
Code	Sep-19	Sep-19	2016	2017	2018	Sep-19	2016	2017	2018	Sep-19	2016	2017	2018	Sep-19	2016	2017	2018	Sep-19	2016	2017	2018	2016	2017	2018	Sep-1
60004	1						1	2	2	2	11	8	11	8										1	1
60005							1				7	8	12	10	2		2	3							
60007											1	1	2	1											
60008											16	17	14	15	1			1							
60010			2	2	2	1			1																
60011																		1							
60015																								1	1
60016									1	1	1		2	1	3	2	1	3							
60017											1	1													
60018				1	1									1	2	1									
60047			2	1			2	2	2	2	1		2	2											
60051												1													
60056											9	10	19	19	2	1	3	4	1	1	1				
60067											7	12	9	9	2	2	1	2							
60068															1										
60070		1									3	4	7	5											
60074		1					2	4	5	5	9	9	13	11		1									
60084								1	2		1	1													
60087																	1								
60089									1	1	8	5	4	4	1							4	3	5	6
60090											3	3	3	1		1		1				4	3	4	4
60096									1	1															
60101														1											
60103			3	2	2	3																			
60107			4	5	8	7																			
60110			2	1	1	1		1																	
60118						1																			
60120			3	2	1	1																			
60123			1	1	1	1										1									
60131													1	1											
60133			1																						
60142			1	1										1											
60169			7	5	3	4																			
60173											1	1	1	1											
60192				4	3	3					1	2	2	3											
60193			1	1							1	1		1											
60194			2	1	2	2	1	1	1	1															
60432											1														
60620																									1
60647							1		1	1															
60804														1											
61105			1																						
Total	1	2	30	27	24	24	8	11	17	14	82	84	102	96	14	9	8	15	1	1	1	8	6	11	13

Totals	Year	Patients
	2016	143
	2017	138
	2018	163
	Sep-19	165

Criterion 1110.1430 (f)(1) – Staffing

2) A. Medical Director

Dr. Azza Suleiman is the Medical Director for Fresenius Medical Care Rolling Meadows and will continue to be the Medical Director. Attached is her curriculum vitae.

B. All Other Personnel

The Rolling Meadows facility currently employs the following staff:

- Clinic Manager who is a Registered Nurse
- 5 Registered Nurses
- 13 Patient Care Technicians
- 1 Registered Dietitian
- 1 Licensed Master Level Social Worker
- 1 Part-time Equipment Technician
- 1 Secretary

One patient care technician and 1 Registered Nurse will be hired after the 4-station expansion. As well, all in-center staff will be trained for transitional care.

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

Azza S. Suleiman, M.D.

DATE OF BIRTH: July 6, 1952
PLACE OF BIRTH: Homs, Syria
CITIZENSHIP: U.S.A.

EDUCATION:

Pre-Medical: 1969-1970	College of Science, Damascus University Damascus, Syria
Medical School: 1970-1975	Damascus University School of Medicine Degree: Medical Doctor
	(1975-1978 studying for ECFMG, relocating USA securing internship program)
Internship: 1978-1979	West Suburban Hospital (Flexible) Oak Park, Illinois
Residency: 1979-1982	St. Joseph Hospital, Chicago, Illinois Internal Medicine
Fellowship: 1982-1984	St. Joseph Hospital, Chicago, Illinois Nephrology

CERTIFICATIONS:

7/23/75	F.C.F.M.G.
9/15/82	American Board of Internal Medicine Internal Medicine
11/13/84	American Board of Internal Medicine Nephrology

LICENSURE:

8/1980	Illinois, Physician and Surgeon 036-061307 336-025891 (CS) DEA License AS1463227

Azza S. Suleiman, M.D.
Curriculum Vitae (continued)

PRACTICE HISTORY:

7/01/84 to Present	Nephrologist Associates in Nephrology 1430 N. Arlington Heights Rd. #114 Arlington Heights, Illinois (847) 394-1843 Administration Office 210 S. DesPlaines Chicago, Illinois (312) 654-2700
1990 to Present	Medical Director Neomedica / Fresenius Medical Care Cumberland / Rolling Meadows, Clinic

HOSPITAL APPOINTMENTS:

1984 to Present	Northwest Community Hospital
1984 to Present	St. Alexius Hospital
1984 to 2005	Holy Family Hospital
1984 to 2002	Resurrection Hospital

FACULTY AND TEACHING APPOINTMENTS:

1984 to 2005	Holy Family Hospital
1984 to 2002	Resurrection Hospital and Medical Center

SOCIETY MEMBERSHIPS:

American College of Physicians
American Medical Association
American Society of Nephrology
Chicago Medical Society
International Society of Nephrology
National Kidney Foundation
Renal Physicians Association
Illinois State Medical Society

Criterion 1110.1430 (e)(5) Medical Staff

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

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

Signature

Marybeth Wiekierak
Printed Name

Regional Vice President
Title

Subscribed and sworn to before me
this 18th day of Dec, 2019

Candace M. Turoski
Signature of Notary

Seal

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

Criterion 1110.1430 (f) – Support Services

I am the Regional Vice President at Fresenius Medical Care who oversees the Rolling Meadows facility. In accordance with 77 Il. Admin Code 1110.230, and with regards to Fresenius Medical Care Rolling Meadows, I certify to the following:

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

Signature

Marybeth Wiekierak/Regional Vice President
Name/Title

Subscribed and sworn to before me
this 18th day of Dec, 2019

Candace M. Turoski
Signature of Notary

Seal

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

Criterion 1110.1430 (j) – Assurances

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

1. As supported in this application through current patients and expected referrals to Fresenius Medical Care Rolling Meadows in the first two years of operation of the additional 4 stations, the facility is expected to achieve and maintain the utilization standard, specified in 77 Ill. Adm. Code 1100, of 80% and;

2. Fresenius Medical Care Rolling Meadows hemodialysis patients have achieved adequacy outcomes of:

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

   and same is expected after the expansion.

Signature

Marybeth Wiekierak/Regional Vice President
Name/Title

Subscribed and sworn to before me
this 18th day of Dec, 2019

Signature of Notary

Seal

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

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.

2017 Financial Statements for Fresenius Medical Care Holdings, Inc. were submitted to the Board via email on August 14, 2018.

2018 Financial Statements for Fresenius Medical Care Holdings, Inc. were submitted to the Board via email on May 15, 2019.

Criterion 1120.310 (c) Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE

Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Cost/Square Foot Mod.	Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod. Circ.*		Const. $ (A x C)	Mod. $ (B x E)	
ESRD		116.00			821			95,236	95,236
Contingency		8.00			821			6,568	6,568
TOTALS		**$124.00**			**821**			**$101,804**	**$101,804**

* Include the percentage (%) of space for circulation

Criterion 1120.310 (d) – Projected Operating Costs

Year 2020

Estimated Personnel Expense:	$1,763,200
Estimated Medical Supplies:	$348,761
Estimated Other Supplies (Exc. Dep/Amort):	$2,468,480
	$4,580,441
Estimated Annual Treatments:	17,632
Cost Per Treatment:	$259.78

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

Year 2020

Depreciation/Amortization:	$210,000
Interest	$0
Capital Costs:	$210,000
Treatments:	17,632
Capital Cost per Treatment	$11.91

Criterion 1120.310(a) Reasonableness of Financing Arrangements

Fresenius Medical Care Chicagoland, LLC

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

By: _____
Teri Gurchiek

ITS: Vice President of Operations/Manager

Notarization:
Subscribed and sworn to before me
this 3rd day of Oct, 2019

_____
Signature of Notary

Seal

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

By: _____
Marybeth Wiekierak

ITS: Regional Vice President/Manager

Notarization:
Subscribed and sworn to before me
this 3rd day of Oct, 2019

_____
Signature of Notary

Seal

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

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: _____

Title: Dorothy Rizzo
Assistant Treasurer

Notarization:
Subscribed and sworn to before me
this_____ day of _____, 2018

_____
Signature of Notary

Seal

By: _____

Title: Bryan Mello
Assistant Treasurer

Notarization:
Subscribed and sworn to before me
this 19 day of Nov, 2018

_____
Signature of Notary

Seal

C. WYNELLE SCENNA
Notary Public
Massachusetts
Commission Expires Jun 25, 2021

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: Dorothy Rizzo
Assistant Treasurer

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

_____
Signature of Notary

Seal

By: _____

ITS: Bryan Mello
Assistant Treasurer

Notarization:
Subscribed and sworn to before me
this 19 day of Nov, 2018

_____
Signature of Notary

Seal

C. WYNELLE SCENNA
Notary Public
Massachusetts
Commission Expires Jun 25, 2021

Criterion 1120.310(b) Conditions of Debt Financing

Fresenius Medical Care Chicagoland, LLC

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

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

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

By: _____
Teri Gurchiek

ITS: Vice President of Operations/Manager

Notarization:
Subscribed and sworn to before me
this 3rd day of Oct, 2019

_____
Signature of Notary

Seal

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

By: _____
Marybeth Wiekierak

ITS: Regional Vice President/Manager

Notarization:
Subscribed and sworn to before me
this 3rd day of Oct, 2019

_____
Signature of Notary

Seal

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

Safety Net Impact Statement

The addition of 4 stations at Fresenius Medical Care Rolling Meadows will not have any impact on safety net services in the Rolling Meadows area of suburban 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 (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 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 Wavier Program or any other insurance assistance. Self-pay patient accounts are reviewed on a periodic basis for consideration of patient liability and to determine if the account meets the criteria to be written off to bad debt (uncollected revenue).

CHARITY CARE			
	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.

ASSOCIATES IN NEPHROLOGY, S.C.
NEPHROLOGY AND HYPERTENSION
210 SOUTH DESPLAINES ST.
CHICAGO, IL 60661

November 25, 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 Associates in Nephrology (AIN), and am the Medical Director of the Fresenius Rolling Meadows dialysis facility. I support the expansion of the Rolling Meadows facility because I want to see more of my patients choose home dialysis through increased home therapies education and experience.

The Rolling Meadows facility typically has operated at high utilization rates for many years. Additionally, we would like the opportunity to access "Transitional Care" services that provide patient-centric dialysis onboarding for improved health outcomes, which is what the 4 proposed new stations will provide.

A Transitional Care Unit (TCU) is one or more certified ESRD stations which are part of the facility's in-center stations, where treatments are performed. For the first 30 days of the initiation of dialysis, patients are more likely to receive treatment 4 or 5 times a week for approximately 3 hours, rather than the conventional 3 times a week. During this time the patient receives individualized education on end stage renal disease as well as all treatment modalities. The TCU helps patients adjust to dialysis and provides an opportunity to experience how good they can feel with more frequent dialysis treatments. Through this process we encourage patients to choose home dialysis leading to better outcomes.

I am pleased that this newly initiated program at other Fresenius facilities is increasing the numbers of patients choosing home dialysis, translating into better healthcare for our patients. My desire is to bring the TCU advantage to Rolling Meadows for the patients who treat here.

AIN, in the Rolling Meadows area, was treating 143 hemodialysis patients at the end of 2016, 138 patients at the end of 2017, 163 at the end of 2018 and 165 at the end of March 2019, as reported to The Renal Network. Over the past twelve months we have referred 40 new hemodialysis patients for services.

We currently have 87 stage 4 & 5 pre-ESRD patients in our practice that live in the zip codes surrounding the Rolling Meadows facility. Of these, 60 are expected to begin dialysis during the first two years of the operation of the new stations.

Due to the many patient benefits of dialyzing at home, I urge the Board to approve the Rolling Meadows 4-station expansion, which will operate as TCU stations, to facilitate the growth of home dialysis through in-center experience and exposure.

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,

Azza Suleiman, M.D.

Notarization:
Subscribed and sworn to before me
this 26th day of November 2019

Signature of Notary

Seal

CHARLOTTE CHAPPLE
Official Seal
Notary Public - State of Illinois
My Commission Expires Nov 23, 2020

PRE-ESRD PATIENTS IDENTIFIED FOR FRESENIUS ROLLING MEADOWS

Zip Code	Patients
60004	23
60005	7
60008	12
60067	8
60074	9
60195	1
Total	**60**

CURRENT ROLLING MEADOWS IN-CENTER PATIENTS

Zip Code	Patients	Zip Code	Patients
60004	11	60070	6
60005	10	60074	13
60006	1	60089	4
60007	1	60090	1
60008	24	60131	1
60015	1	60142	1
60016	1	60169	3
60018	2	60173	1
60047	3	60192	1
60056	15	60193	2
60062	1	60419	1
60067	11	**Total**	**115**

NEW HEMODIALYSIS REFERRALS OF AIN FOR THE PAST TWELVE MONTHS

	Fresenius Kidney Care					DaVita		
Zip Code	Mount Prospect	Schaumburg	Hoffman Estates	Palatine	Rolling Meadows	Arlington Heights	Buffalo Grove	Total
60004	1				2	1		4
60005	1				1			2
60007					1			1
60008					2	1		3
60010			1					1
60016						2		2
60018					1			1
60026					1			1
60056					5			5
60067					1			1
60074				1	5			6
60089							3	3
60090						1	1	2
60101					1			1
60103			1					1
60107			2					2
60118			1					1
60120			1					1
60133		1						1
60142					1			1
60169			2					2
60192			2					2
60193					1			1
60620							1	1
60011						1		1
60107					1			1
60714					1			1
Total	**2**	**1**	**10**	**1**	**24**	**6**	**5**	**49**

IN-CENTER HEMODIALYSIS PATIENTS OF AIN

	Fresenius Kidney Care														DaVita											
Zip	Mount Prospect	Glenview	Hoffman Estates				Palatine				Rolling Meadows				Arlington Heights				Barrington Creek			Buffalo Grove			
Code	Sep-19	Sep-19	2016	2017	2018	Sep-19	2016	2017	2018	Sep-19	2016	2017	2018	Sep-19	2016	2017	2018	Sep-19	2016	2017	2018	2016	2017	2018	Sep-19
60004	1						1	2	2	2	11	8	11	8										1	1
60005							1				7	8	12	10	2		2	3							
60007											1	1	2	1											
60008											16	17	14	15	1			1							
60010			2	2	2	1			1																
60011																		1							
60015																								1	1
60016									1	1	1		2	1	3	2	1	3							
60017											1	1													
60018				1	1									1	2	1									
60047			2	1			2	2	2	2	1		2	2											
60051												1													
60056											9	10	19	19	2	1	3	4	1	1	1				
60067											7	12	9	9	2	2	1	2							
60068															1										
60070		1									3	4	7	5											
60074		1					2	4	5	5	9	9	13	11		1									
60084								1	2		1	1													
60087																	1								
60089									1	1	8	5	4	4	1							4	3	5	6
60090											3	3	3	1		1		1				4	3	4	4
60096									1	1															
60101														1											
60103			3	2	2	3																			
60107			4	5	8	7																			
60110			2	1	1	1		1																	
60118						1																			
60120			3	2	1	1																			
60123			1	1	1	1										1									
60131													1	1											
60133			1																						
60142			1	1										1											
60169			7	5	3	4																			
60173											1	1	1	1											
60192				4	3	3					1	2	2	3											
60193			1	1							1	1		1											
60194			2	1	2	2	1	1	1	1															
60432											1														
60620																									1
60647							1		1	1															
60804														1											
61105			1																						
Total	1	2	30	27	24	24	8	11	17	14	82	84	102	96	14	9	8	15	1	1	1	8	6	11	13

Totals	Year	Patients
	2016	143
	2017	138
	2018	163
	Sep-19	165

#19-058

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

December 18, 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 Rolling Meadows

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 is enclosed.

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

Lori Wright
Senior CON Specialist