

## Constantino, Mike

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**From:** Jackson, Sara [SJackson@silvercross.org]  
**Sent:** Friday, December 03, 2010 1:22 PM  
**To:** Constantino, Mike  
**Subject:** Response to SAR for Fresenius Medical Care Joliet (#10-066)  
**Attachments:** Response to Fresenius Medical Care Joliet #10-066 SAR (120310).pdf

**Importance:** High

Please find our response to the SAR for the above referenced application. Please let me know if you have any questions.

*Sara Jackson*

Director, Business Intelligence

Voice: (815) 740-1234 x 7544

Fax: (815) 774-4882

[sjackson@silvercross.org](mailto:sjackson@silvercross.org)



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December 2, 2010

Mr. Mike Constantino  
Project Review Supervisor  
Illinois Health Facilities and Services Review Board  
525 West Jefferson  
Springfield, Illinois 62761

RE: Response to State Agency Report for Project No. 10-066, Fresenius Medical Care Joliet

Dear Mr. Constantino:

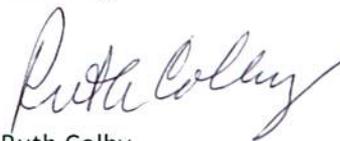
Pursuant to Section 6 of the Health Facilities Planning Act, 20 ILCS §§ 3960/1 et seq., and the relevant regulations found at 77 Il. Admin. §§ 1100, et seq., please consider this limited response to the State Agency Report (the "SAR") for the Application for Permit (the "Application") filed by Fresenius Medical Care of Plainfield LLC d/b/a Fresenius Medical Care Joliet (the "Applicant") to establish a 16 station in-center hemodialysis facility at 721-740 East Jackson Street, Joliet, Illinois (the "Project").

First and foremost, we agree with the fundamental conclusions set forth in the SAR; that the Project should receive an intent to deny because: (i) there are an excess number of ESRD stations in the relevant planning area; (ii) there are a number of dialysis facilities in the planning area that are underutilized (including all four of the dialysis facilities operated by the Applicant); (iii) the Project will not improve access in the relevant planning area; and (iv) the Project will result in an unnecessary duplication of services in the planning area.

We are also pleased that the SAR reflects the concerns that we set out in our Opposition Letter, which was dated October 29, 2010, and our Supplemental Opposition Letter, which was dated November 9, 2010 (collectively, the "Opposition Letters").

That said, we remain concerned that the significant historical patient count and projection inaccuracies would not have been identified by the Applicant, or known to the Board, if we had not filed the Opposition Letters. Indeed, the subsequent modification letters (which reduced the Application's historical patient counts and projections by more than 50%) were only submitted by the Applicant after we filed the Opposition Letters.

Sincerely,



Ruth Colby

Senior Vice President, Business Development &  
Chief Strategy Officer