

Sun Health

Bhuvan Chawla, MD
Medical Director

Beata Kisiel, MD

Services
Hemodialysis
LDL Apheresis
Dietary Counseling
Social Services

SunNephrology

Services
Chronic Kidney Disease Clinic
Clinical Laboratory
IV Infusion Therapy
Medical Nutrition Therapy
ADA Recognized-
Diabetes Education Program

RECEIVED

OCT 16 2013

HEALTH FACILITIES &
SERVICES REVIEW BOARD

VIA OVERNIGHT MAIL

October 13, 2013

Ms. Kathryn J. Olson
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson, Second Floor
Springfield, IL 62761

**Re: Opposition to Project No. 13-040
Fresenius Medical Care Lemont**

Dear Chairwoman Olson:

On behalf of Sun Health, Inc. ("Sun Health"), I submit this letter of opposition to the Fresenius certificate of need ("CON") permit request and urge you and the other members of the Illinois Health Facilities and Services Review Board ("HFSRB") to reject Project Number 13-040.

HISTORICAL BACKGROUND:

I am a board certified nephrologist, and have been practicing nephrology in Joliet since 1981, and as such am the senior-most nephrologist in the community. I am currently serving my 6th consecutive term as Secretary / Treasurer of the Medical Staff of Provena St. Joseph Medical Center (now part of Presence Health) in Joliet.

In October of 1989, I formed Sun Health to deliver outpatient dialysis to the west side of Joliet, after Silver Cross declined to do so. Sun Health submitted its CON application in October of 1989 (PN 89-116) and received Medicare certification on June 6, 1991 to become the first and thus oldest dialysis unit on the west side of Joliet. With the sale of Silver Cross Hospital's dialysis program to DaVita, Sun Health is the **only remaining locally owned dialysis program in Joliet**, and likely belongs to a very small group of such facilities in HSA 9.



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Visit us:
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Sun Health offers services frequently unavailable in many other dialysis facilities, including onsite laboratory and IV antibiotic therapy to dialysis patients. An Affiliate called SunAssociation offers a national prescription discount card program.

On September 12, 1990, Silver Cross Hospital then submitted its own CON application (PM 90-018) to develop Renal Center West 2.6 miles from Sun Health; Silver Cross failed to list Sun Health as an alternative to its project, and received an Intent to Deny. Inexplicably, this Intent to Deny was then reversed at the subsequent board meeting, without any discussion. At the time, there may have been a need in Kankakee, which was also in HSA 9 but was well over 30 minutes away. Silver Cross Renal Center West received Medicare certification on October 1991, effectively stunting the growth of Sun Health.

In 2010-11, history was repeated, when the Board issued its Intent to Deny to Project 10-066 (Fresenius Medical Care, Joliet) on December 14, 2010 by a near unanimous vote (by 6 out of 7 board members, with 1 member voting present). The physician who submitted the letter of support for that application actually submitted a false patient count, which was brought to the attention of the Board by both Silver Cross Hospital and Sun Health.

Fresenius proceeded to submit a number of boilerplate letters of support. For the record, Fresenius did approach State Senator Wilhelmi, who made the effort to talk to me to learn of my concerns, and then declined to write such a letter. The board then proceeded to reverse its position on March 12, 2011 with a unanimous vote by the 5 members in attendance, even though its own SAR stated that its initial findings remained unchanged, i.e. that the project failed to meet the criteria of need and of conformance with the unnecessary duplication and maldistribution of service. The SAR reported a calculated excess of 51 ESRD stations in this planning area, and the Board voted to approve an additional 16 stations, resulting in an oversupply of 67 ESRD stations at the time.

On December 1, 2009, Fresenius Lockport (Project # 09-037) was approved by the Board, but was subsequently abandoned, and Fresenius proceed to file replacement CON Applications, as listed below.)

On January 7, 2011, DaVita filed a CON for Crest Hill Dialysis (Project # 11-004) in partnership with Silver Cross Hospital's own Dialysis Medical Directors. In my objection, **I had highlighted the anticipated duplication and maldistribution** that would result from approval of this project. I also pointed out how the applicant was using "nocturnal dialysis" as a Trojan Horse to seek approval, when it failed to offer this type of dialysis at most of its preexisting facilities in Illinois. I also invited the physicians involved in that project to work with Sun Health, but have not received a response.

On May 23, 2011, Fresenius filed another CON Application (Project 11-022) for Lockport to replace Project # 09-037. This was rejected in December of 2011 only to be re-filed in June of 2012.

On December 14, 2011, Silver Cross filed 3 CON Applications (Project # 11-117, 118, and 119) to sell its 3 dialysis units to DaVita, and completed the sale on July 31, 2012. **With the increasing risk of duplication and maldistribution** presented by the Board's approval of Fresenius Lockport and Fresenius Joliet, and the potential for Board approval of DaVita Crest Hill, Silver Cross Hospital decided to terminate its 30+-year commitment to dialysis in the community and sell its dialysis program.

Sun Health meanwhile opposed Crest Hill Dialysis, which received an Intent to Deny on July 21, 2011 and a Denial Letter on October 13, 2011.

In 2012, 4 new Applications were filed in our community:

Fresenius Plainfield North (#12-047) received an Intent to Deny in September, followed by a Denial in February of 2013.

Fresenius Lockport (#12-055) received an Intent to Deny in December of 2012, and was subsequently withdrawn in May of 2013.

US Renal Lemont (#12-058) received an Intent to Deny in December of 2012, and was subsequently withdrawn in January of 2013.

US Renal Plainfield (12-059) received an Intent to Deny in October of 2012, and was subsequently withdrawn in December of 2012.

Each Application attempted to discount preexisting capacity within 30 minutes in order to gain approval, so that it might redirect patients away from preexisting facilities.

Fresenius actually submitted a letter of objection to US Renal Lemont (**Attachment A**), in which it pointed out that "patients identified for the Lemont facility do not reside in HSA 7; therefore it will not serve the residents in the HSA in which it is being established per Board rules". Fresenius also pointed out that the US Renal Lemont application listed only 9 patients as residing in HSA 7, where Lemont was located. "US Renal Lemont will not serve a five mile radius of the clinic as stated in the application This statement misleads the Board ...".

Yet, Fresenius commits the very same transgression in its own current Application, which lists 84% of its proposed patients as coming from HSA 9 (Will County) and only 16% of its listed pre-ESRD patients as coming from HSA 7 (Suburban Cook County). Its current application lists only 15 potential patients as residing in HSA 7 and only 9 potential patients in Lemont – it also anticipates a 30% attrition rate, which would result in only 10.5 potential patients in HSA 7 and only 6 potential patients in Lemont. It also states that the majority of patients reside within 5 miles of the proposed site.

CURRENT APPLICATION

Project # 13-040 Fresenius Medical Care Lemont now proposes to build a 12-station facility to be located in Lemont, only 1 mile from US Renal Lemont, which was rejected by the Board in December of 2012.

The Applicant misconstrues a reported need in HSA 7 to claim a need for HSA 9 patients. The Applicant has identified a need for 40 stations in HSA 7 – suburban Cook

County - as justification for this proposed project, yet admits that it plans to fill this facility almost entirely with patients from HSA 9, to a large extent from Will County.

Dr. Alausa has submitted a letter of support for this project, and has listed approximately 64 potential patients for referral to this facility. However, the vast majority of these patients would be pulled from HSA 9, which already has an excess of 23 stations as per the September 2013 inventory update. Thus this project proposes to divert patients from HSA 9, and will thus have an adverse effect on utilization of preexisting facilities in HSA 9 while failing to address the need for stations in HSA 7 – effectively causing unnecessary duplication and maldistribution.

Earlier, Dr. Alausa's office had advocated strongly against the need for a dialysis facility in Lemont, as per the 2 letters of opposition it submitted opposing US Renal Lemont. I have taken the liberty of attaching those letters (**Attachment B-1&2**), and would urge the board to review them. His office also mentioned home dialysis and nursing home dialysis as two modalities that are not counted for need determination, but can actually reduce the need for in-center dialysis stations.

Dr. Alausa's practice is concentrated at Silver Cross Hospital in New Lenox, Presence St. Joseph Medical Center in Joliet, and Morris Hospital in Morris – an maintains offices in close proximity to these hospitals. He does not have a meaningful presence in the proposed service area of this proposed facility in HSA 7, and he is not even on staff at Good Samaritan Hospital, which is listed as the backup hospital for this application.

Further review of Dr. Alausa letter reveals that in the last 12 months, his practice started only 4 patients on dialysis from the listed zip codes, yet he proposes to refer over 60 patients to the proposed facility over the next 2 years:

| | New patients last 12 months | Proposed patients over 2 years |
|--------|-----------------------------|--------------------------------------|
| 60439: | 0 | 9 |
| 60441: | 3 | 46 |
| 60446: | 0 | 23 |
| 60462: | 0 | 6 |
| 60491: | 1 | 7 |
| Total: | 4 | 91 (63.7 after a 30% attrition rate) |

Based on this data, it is hard to see the need for this project – unless the plan is to divert patients from preexisting facilities, either by transferring them or by ceasing to refer new patients to those facilities – effectively causing duplication and maldistribution.

Review of the patient census of the Practice at various non-Fresenius facilities would seem to corroborate this:

| Year | Census at DaVita/Silver Cross East and West | Census at Sun Health |
|--------------------------|---|----------------------|
| 2010 | 41 | 5 |
| 2011 | 41 | 4 |
| 2012 | 26 | 3 |
| 2013 1 st qtr | 22 | 3 |

One can only wonder if patient transfers might account for some of the reported increase in patient census at certain Fresenius facilities, such as Fresenius Joliet. A comparative review of patient transfers out of the local facilities in 2012 is revealing:

| | Census Average | Transfers Out | Transfers % of census |
|-----------------------|-------------------|------------------|--------------------------|
| Fresenius Plainfield | 67 | 47 | 70% |
| DaVita/Silver Cross W | 144 | 34 | 24% |
| DaVita/Silver Cross E | 88 | 13 | 15% |
| Sun Health | 55 | 12 | 22% |

The Applicant fails to demonstrate need, and preexisting capacity can accommodate at least 311 new patients.

When viewed through the lens of 30 minutes travel time, **there is no need whatsoever** at the proposed location.

The Applicant lists 514 patients being served by 157 stations within the adjusted 30 minutes without highway travel – these stations are operating at 55% combined utilization and can accommodate another 240 patients before reaching 80% utilization. Additional patients can be served with home dialysis and nursing home dialysis – these 2 modalities are not counted in the State Inventory.

The existing capacity with Highway travel is significantly higher, especially with I-355, which tends to be uncongested – another 148 patients additional patients could be served; this would more than offset any impact from closure of Fresenius Naperville (which would account for 77 patients at 80%)

The need is even less compelling when one considers that the majority of the projected patients would originate from HSA 9, which already has a surplus of 23 stations. The Applicant is proposing to misuse a need in HSA 7 to increase its patient capacity in HSA 9, thus fostering unnecessary duplication and maldistribution.

The Applicant states that DaVita Silver Cross is only 8 patients away from 80% utilization, but does not mention that its utilization has actually dropped from 92 in January of 2012 to 84 in December of 2012 – perhaps a reflection of unnecessary duplication by Fresenius Joliet.

The Applicant lists growth at Fresenius Joliet, yet this growth could well be related to transfers and duplication.

Contrary to the assertions by the Applicant, this Project will cause maldistribution, unnecessary duplication and will adversely impact other area ESRD facilities.

There may be a need in other parts of HSA 7, but not in Lemont with an anticipated 5.71 new patients per year. A similar project only 1 mile away by US Renal Lemont was opposed by Fresenius and Dr. Alausa, and was rejected by the Board in December of 2012.

Preexisting Access to Care Meets State Standards

The Applicant proposes to serve residents within a 5-mile radius, but preexisting access to care meets state standards.

Proposed Referrals can and should be served by other facilities

On page 187, the Applicant lists the Zip Code of origin of the patients identified for referral to this facility:

| | | Patients Unadjusted | Patients After 30% attrition |
|-------|-------------|------------------------|---------------------------------|
| 60439 | Lemont | 9 | 6 |
| 60441 | Lockport | 46 | 32 |
| 60446 | Romeoville | 23 | 16 |
| 60462 | Orland Park | 6 | 4 |
| 60491 | Homer Glen | 7 | 5 |

Only 6 of these patients even live in the zip code of the proposed facility. The rest would presumably be diverted from preexisting facilities within 30 minutes of their homes, effectively resulting in duplication and maldistribution with respect to those facilities.

Lemont (60439) patients might be better served at US Renal Bolingbrook and DaVita SC

Lockport (60441) patients might be better served at DaVita (Silver Cross, New Lenox), Fresenius Joliet (open only 3 days/week), and US Renal Bolingbrook.

Romeoville (60446) patients, who might be better served at US Renal Bolingbrook which is apparently under development.

Orland Park (60462) patients might be better served in Fresenius Orland Park and Fresenius Mokena

Homer Glen (60491) patients might be served at DaVita (Silver Cross, New Lenox), Fresenius Orland Park and Fresenius Mokena.

Approval of this project will have an adverse impact on existing facilities, as it seems to be based on diverting new patients away from existing facilities, leaving the existing facilities to deal with a 15-20% annual attrition rate of preexisting patients, due to patient relocation, renal recovery, renal transplant, or death. The Applicant is incorrect in asserting otherwise.

Alternatives: The best alternative would be to utilize area providers and to reject this Application. This would have no cost, could be implemented immediately, and would prevent duplication and maldistribution.

In Conclusion: There is simply no need for the proposed Fresenius Lemont facility. In the words of Fresenius: "patients identified for the Lemont facility do not reside in HSA 7; therefore it will not serve the residents in the HSA in which it is being established per Board rules". Thus, this Application attempts to misapply a reported need in HSA 7 to seek approval, and then to cause duplication and maldistribution in HSA 9.

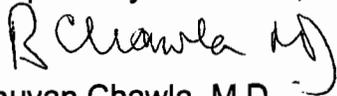
Sun Health has consistently voiced its opposition to various CON applications for dialysis that have failed to meet the state's own need criteria. According to a legal newsletter, **2010 was reportedly a "year to remember for ESRD companies that applied for a CON permit or exemption"**. The Board approved 100% of the 35 applications it considered in 2010.

Since then, the Board has however demonstrated its willingness to reject unnecessary projects, such as Fresenius Lockport, Fresenius Aurora, and DaVita Crest Hill,

The Board can take a firm stand, and can help **prevent unnecessary duplication and maldistribution** by not approving new facilities and stations when current providers have existing station capacity to meet the needs of new dialysis patients.

Sun Health would therefore urge the Board to reject this CON permit application. Sun Health welcomes the opportunity to discuss this letter further, and I can be reached at (815) 744 9300.

Respectfully Submitted,



Bhuvan Chawla, M.D.
Sun Health, Inc.

cc: State Senator Christine Radogno
State Representative Jim Durkin

Attachments: Letters from Applicant advocating against a dialysis facility in Lemont, per letters of opposition to U.S Renal Lemont (#12-058)

- A. Fresenius objection to US Renal Lemont
- B. Dr. Alausa's objections to US Renal Lemont
 - a. Kidney Care Center – the practice
 - b. Home Dialysis Services



ATTACHMENT A

November 20, 2012

Sent via FAX and UPS Overnight Delivery

RECEIVED

NOV 21 2012

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson, 2nd Floor
Springfield, IL 62716

Re: Opposition to #12-058, US Renal Lemont

Dear Ms. Avery:

Fresenius Medical Care did not previously oppose the US Renal Lemont application due to the need for stations in HSA 7 as determined by the Board and recognized by Fresenius. However, after further examination of the application it appears that the US Renal project has several substantive issues. **Most notably it appears that patients have been duplicated to support this application and application #12-059, US Renal Plainfield.**

In a review of patients identified for #12-058 & #12-059 it is clear that 36 patients from the Joliet/Crest Hill zip codes were duplicated in the two applications. The chart below shows the number of patients identified from each zip code, by each physician in each application. They are exactly the same, which is highly unlikely.

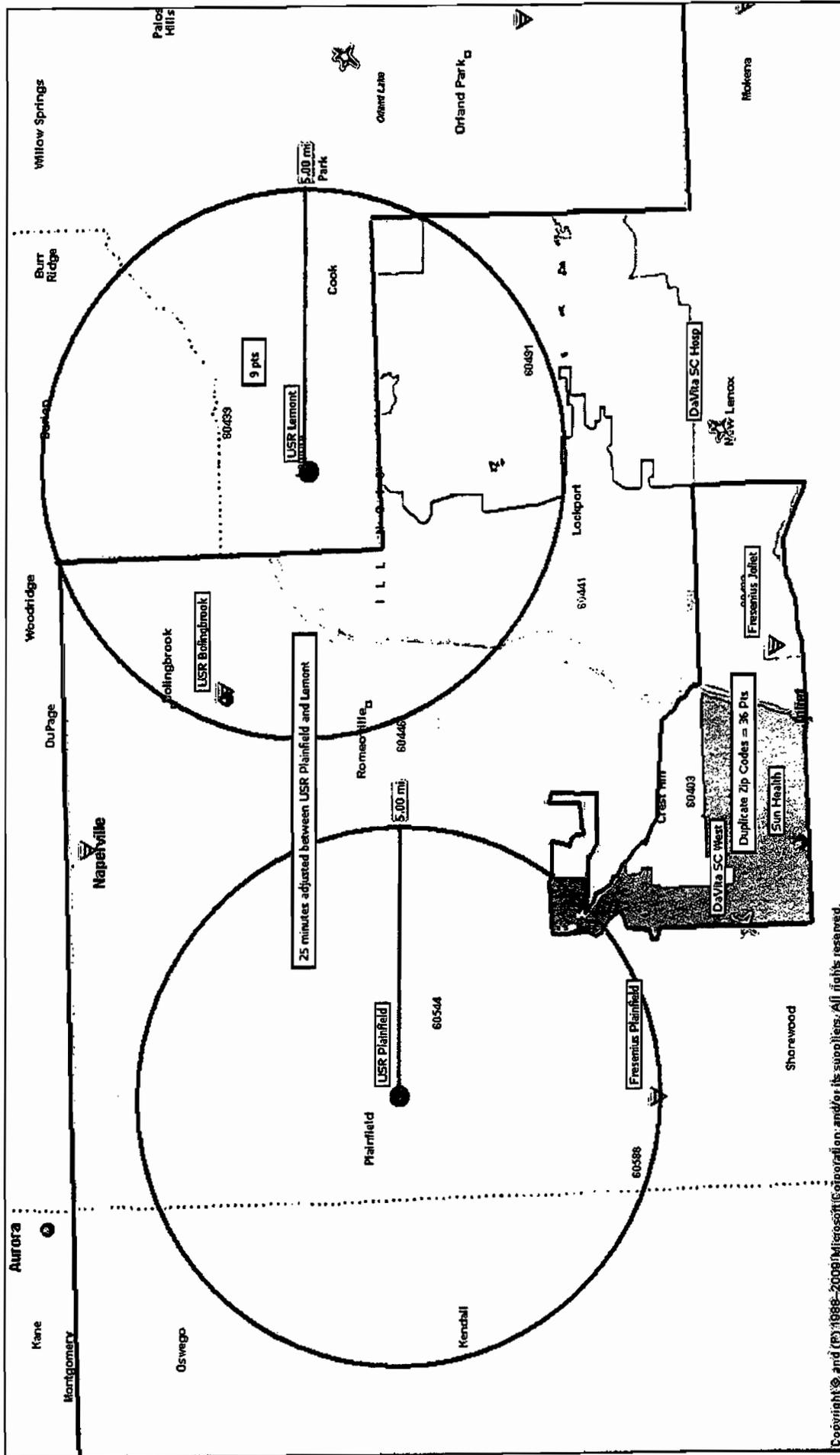
| Application | Zip Code | Dr. Ahmed | Dr. Gurfinchel | Dr. Kravets | Dr. Mehta | Dr. Nagarkatte |
|----------------|----------|-----------|----------------|-------------|-----------|----------------|
| USR Plainfield | 60403 | 2 | 1 | 2 | 1 | 2 |
| USR Lemont | 60403 | 2 | 1 | 2 | 1 | 2 |

| | | | | | | |
|----------------|-------|---|---|---|---|---|
| USR Plainfield | 60432 | 1 | 1 | 1 | 1 | 1 |
| USR Lemont | 60432 | 1 | 1 | 1 | 1 | 1 |

| | | | | | | |
|----------------|-------|---|---|---|---|---|
| USR Plainfield | 60435 | 5 | 4 | 5 | 4 | 5 |
| USR Lemont | 60435 | 5 | 4 | 5 | 4 | 5 |

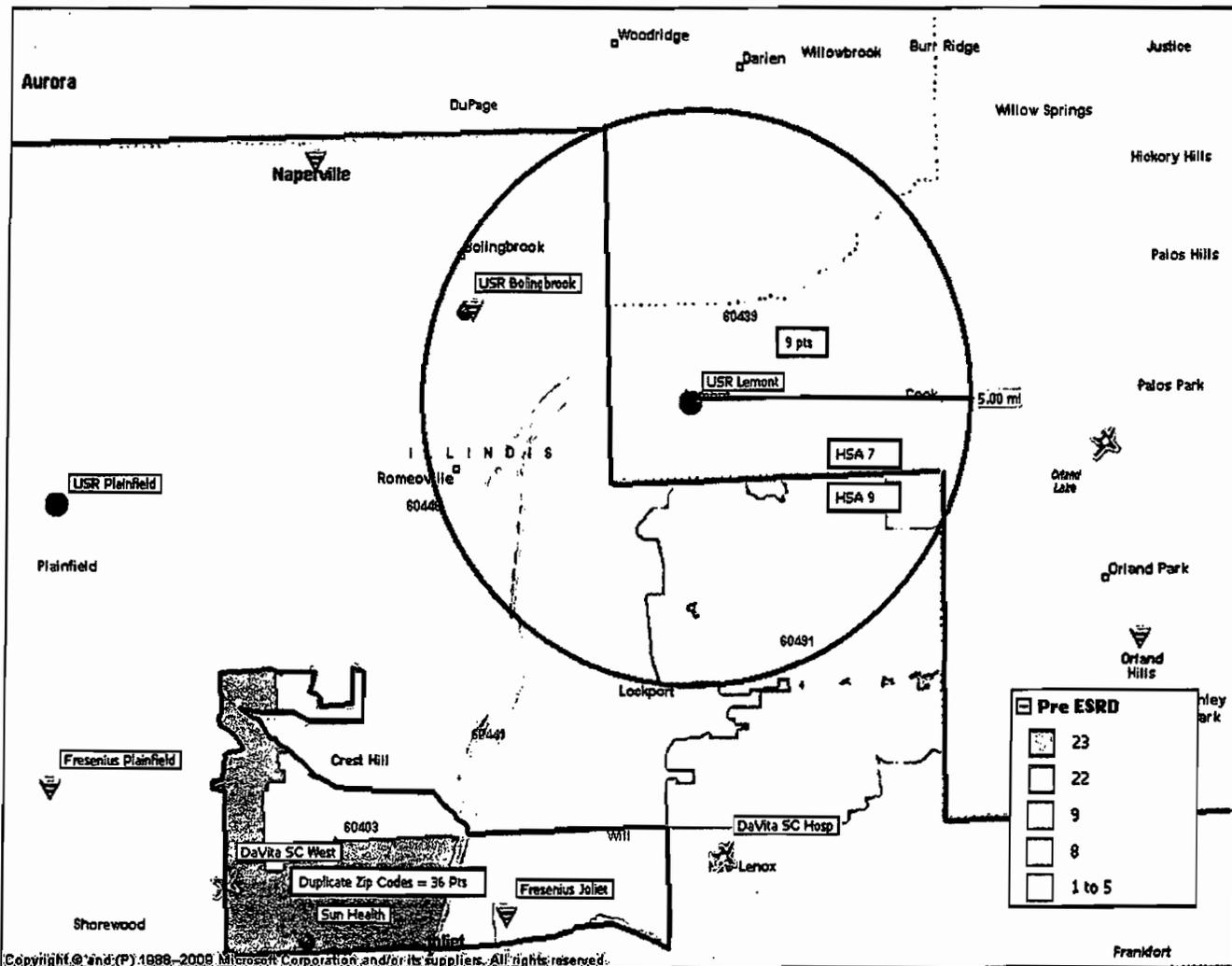
Sun Health also addressed this duplication in its letter to the Board dated October 21, 2012.

The map below shows the demographics of the patients identified for each application with the duplicated zip codes bordered in black. The two proposed facilities are also only 25 minutes away from each other and both are within 30 minutes of USR Bolingbrook thereby duplicating services.



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In addition to the duplication issue, patients identified for the Lemont facility do not reside in HSA 7; therefore it will not serve the residents in the HSA in which it is being established per Board rules. The map below shows the demographics of patients identified for the US Renal Lemont facility. There are only 9 patients that reside in HSA 7, where Lemont is located.



US Renal Lemont will not serve a five mile radius of the clinic as stated in the application given home zip codes of identified patients. This statement misleads the Board into thinking the facility is providing access to a patient population within a five mile radius of the proposed site. While, this may be the intended market, it in fact is not where the patients US Renal identified reside. This is also evident in the above map:

US Renal did not identify enough patients to bring the Lemont facility to 80% utilization, thereby not meeting Board criteria. Aside from the fact the identified patients do not live in HSA 7, it does not appear that there are enough patients who would potentially be referred to the facility even if they did live in the Lemont market. Northeast Nephrology listed 80 proposed patients which would put the clinic above capacity, however they do not account for any patient losses in the next 3 years, which will result in an even lower number of referrals and utilization. It is unclear how many patients they expect to have. Regardless, they simply do not have a patient base in the Lemont area of HSA 7 to support a facility.

We urge the Board to consider these problems when hearing this application, along with any other negatives to criteria in the Board Staff Report. Thank you for your consideration.

Sincerely,

A handwritten signature in cursive script that reads "Lori Wright".

Lori Wright
Senior CON Specialist

cc: Clare Ranalli

Constantino, Mike

ATTACHMENT B.(a)

From: Kidney Care Center [germanenephro@yahoo.com]
Sent: Thursday, October 11, 2012 12:02 AM
To: Constantino, Mike
Attachments: doc05425520121010230034.pdf; doc05425520121010230034.pdf

Mike please make sure the board receives this letter as well

Thank you,
Asim M Shazzad
Chief Operating Officer
Kidney Care Center
Office:(815)741-6830 ext 223
Cell: (630)965-9007
Fax:(815)741-6832
<http://www.kidneycare.com/>

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KIDNEY CARE CENTER

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Junji Alausa, M.D.
A.S. Shafi, M.D.
Tella Awua-Larbi, M.D.
Litesh Thakker, M.D.
Anmit Jamnadas, M.D.

June 26, 2012

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

RE: Opposition to U.S. Renal Care Lemont Dialysis, Project No. 12-058

Dear Mr. Constantino:

I am writing on behalf of Kidney Care Center in opposition to the Application for Permit filed by U.S. Renal Care Lemont Dialysis (the "Applicants") to establish a thirteen (13) station in-center hemodialysis facility at 1096 South State Street, Lemont, Illinois 60439 (the "Facility"). As will be discussed in further detail in this letter, the "Applicants" include End Stage Renal Disease ("ESRD") patients that reside in nursing homes which are considered being home and peritoneal dialysis programs. There are also a total of 16 hemodialysis facilities in a 20 mile radius of the "Facility" with four (4) of those dialysis facilities functioning below a 70% utilization rate.

As mentioned above, the "Applicants" include End Stage Renal Disease ("ESRD") patients that reside in nursing homes which are considered being home and peritoneal dialysis programs. Deerbrook Care Center, Fairview Care Center of Joliet, and Home Peritoneal Dialysis were all listed as ESRD patient seen by the physicians at this facility.

1. Deerbrook Care Center was responsible for 1.4 % of all ESRD patients seen in 2011 as well as 2.2% of the projected patients seen by the end of 2012.
2. Fairview Care Center of Joliet was responsible for 1.4% of all ESRD patients seen in 2011 as well as 1.7% of the projected patients seen by the end of 2012. A total of 12.8% of Hemodialysis patients were referred to this Center which is also a residence for patients.
3. Home Peritoneal Dialysis was responsible for 5.9% of all ESRD patients seen in 2009, 5.7% of patients seen in 2010, 5.7% of patients seen in 2011, and 4.8% of projected patients seen by the end of 2012.



KIDNEY CARE CENTER

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Junji Alausa, M.D.

I.S. Shafi, M.D.

Yella Awua-Larbi, M.D.

Vitesh Thakker, M.D.

Pratibha Jamnadas, M.D.

As the data shows, roughly 10% of ESRD patients seen by this facility were residence of a nursing home or use Home Peritoneal Dialysis services. These numbers should not be included in "the Applicants" data in the application for permit that was filed.

In a 30 mile radius of the location of "the Applicant," there are a total of sixteen (16) centers. Of those 16 centers, 4 of the facilities are running below a 70% utilization rate.

1. Sun Health Inc. has a total of 17 stations with 63 patients. Their utilization rate is 62%. It is 19.96 miles away from the location of "the Applicant."
2. FMC of Westchester has a total of 24 stations with 100 patients. Their utilization rate is 69.4%. It is 16.74 miles away from the location of "the Applicant."
3. FMC-Crestwood has a total of 32 stations with 125 patients. Their utilization rate is 65.1%. It is 15.36 miles away from the location of "the Applicant."
4. FMC-Alsip Dialysis Center has a total of 16 stations with 64 patients. Their utilization rate is 66.7%. It is 15.85 miles away from the location of "the Applicant."

All of the locations listed above are capable of providing dialysis services to patients of the providers for "the Applicant." They are all within a 20 mile radius of "the Applicants" location.

The research that the Illinois Health Facilities and Services Board has done concludes that there is no need for this ESRD facility within HSA 7. For these reasons, I strongly oppose the applicant's proposed project.

Finally, I affirmatively state that I am familiar with the various rules and regulations concerning the submission of accurate materials and information to the board and the statements contained in this letter are true and correct to the best of my knowledge and belief.

Sincerely,

Asim M Shazzad
Chief Operating Officer

Constantino, Mike

ATTACHMENT B (b)

12-058

From: Kidney Care Center [germanenephro@yahoo.com]
Sent: Wednesday, October 10, 2012 11:47 PM
To: Constantino, Mike; Hills, Bonnie
Subject: Oppisition letter for Project 12-058
Attachments: letter of opposition for 12-058.pdf

Dear Mike,

Can you please make sure the Board Recives the attached letter of oppisiton on project 12-058

Thank you,
Asim M Shazzad
Administrator
Home Dialysis Services
Office:(815)741-6830 ext 223
Cell: (630)965-9007
Fax:(815)741-6832
<http://www.kidneycares.com/>

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HOME DIALYSIS SERVICES

14146 S Bell Rd, Homer Glen, IL, 60491

PH: (708)645-1000 Fax: (708)645-1001

VIA EMAIL AND FAX

October 10, 2012

Mr. Dale Galassie
Chairman
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2ND Floor
Springfield, IL, 62761

Re: Opposition to Project No. 12-058- US Renal Care Lemont Dialysis

Dear Chairman Galassie and Respected Board Members;

On Behalf of Home Dialysis Services, I strongly oppose US Renal certificate of need request project number 12-058. I would request the respected board members to reject this project. Several of my reasons of my opposition were stated on the opposition letter that was sent in from Sun Health, so I will not duplicate the facts that were stated already but will only discuss the points that were not mentioned.

Our facility, which offers peritoneal dialysis and will soon offer Home-Hemo Dialysis, is located less than 10 minutes away from the proposed location, to this date Northeast Nephrology Consultants that are listed as Joint Venture Partners have not referred a single patients to our facility. According to the data that was submitted on this application Northeast Nephrology Consultants as a group of 5 physicians have only 1 ESRD patient that resides in Lemont. Why are they proposing a Dialysis facility in Lemont? The applicants are manipulating the rules and regulations that are set by the Illinois health facilities board. The applicants are using a reported need in HSA 7 to claim the need for HSA 9 patients as a justification for this proposed project. The applicants have less than a 2% population of their ESRD patients that were listed on this application in the HSA service area 7.

If Northeast Nephrology Consultants are allowed this deceitful behavior this project will have an adverse impact on existing facilities, cause duplication and misdistribution without improving access, as listed in detail on the Sun Health letter of opposition.

HOME DIALYSIS SERVICES

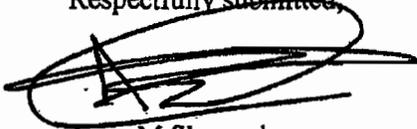
14146 S Bell Rd, Homer Glen, IL, 60491

PH: (708)645-1000 Fax: (708)645-1001

The Board should question, Northeast Nephrology Consultant, intentions on this application and all other Northeast Nephrology Consultant application that are submitted and may get submitted in the future from them. Northeast Nephrology Consultants have submitted applications to the board with different locations and even with different dialysis providers (DaVita and US Renal). The board has denied their applications in the past and should continue to deny all their future applications as it is very unclear on their intentions and where their dedication lies.

I would strongly urge the Board to deny this application, if any of the respected board members have any questions on why they should reject this application and would like to discuss this topic further, I can be reached at (708) 645-1000.

Respectfully submitted,



Asim M Shazzad
Administrator