

Original

13-053

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

RECEIVED

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

AUG 19 2013

This Section must be completed for all projects.

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Facility/Project Identification

Facility Name: <i>RCG - Evanston</i>
Street Address: <i>2953 Central</i>
City and Zip Code: <i>Evanston 60201</i>
County: <i>Cook</i> Health Service Area <i>7</i> Health Planning Area:

Applicant Identification

[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name <i>Dialysis Centers of America – Illinois, Inc.d/b/a RCG - Evanston</i>
Address: <i>920 Winter Street, Waltham, MA 02451</i>
Name of Registered Agent: <i>CT Systems</i>
Name of Chief Executive Officer: <i>Ron Kuerbitz</i>
CEO Address: <i>920 Winter Street, Waltham, MA 02451</i>
Telephone Number: <i>800-662-1237</i>

Type of Ownership of Applicant

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

- o Corporations and limited liability companies must provide an **Illinois certificate of good standing.**
- o 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.

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

Co-Applicant Identification

Provide for each co-applicant [refer to Part 1130.220]

Exact Legal Name: <i>Fresenius Medical Care Holdings, Inc.</i>
Address: <i>920 Winter Street, Waltham, MA 02451</i>
Name of Registered Agent: <i>CT Systems</i>
Name of Chief Executive Officer: <i>Ron Kuerbitz</i>
CEO Address: <i>920 Winter Street, Waltham, MA 02451</i>
Telephone Number: <i>800-662-1237</i>

Type of Ownership of Co-Applicant

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

- Corporations and limited liability companies must provide an **Illinois Certificate of Good Standing**.
- Partnerships must provide the name of the state in which 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

Name: <i>Lori Wright</i>
Title: <i>Senior CON Specialist</i>
Company Name: <i>Fresenius Medical Care</i>
Address: <i>One Westbrook Corporate Center, Tower One, Suite 1000, Westchester, IL 60154</i>
Telephone Number: <i>708-498-9121</i>
E-mail Address: <i>lori.wright@fmc-na.com</i>
Fax Number: <i>708-498-9334</i>

Additional Contact

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

Name: <i>Brian Brandenburg</i>
Title: <i>Regional Vice President</i>
Company Name: <i>Fresenius Medical Care</i>
Address: <i>557 W. Polk Street, Chicago, IL 60607</i>
Telephone Number: <i>312-583-9072</i>
E-mail Address: <i>brian.brandenburg@fmc-na.com</i>
Fax Number: <i>312-583-9081</i>

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: <i>Lori Wright</i>
Title: <i>Senior CON Specialist</i>
Company Name: <i>Fresenius Medical Care</i>
Address: <i>One Westbrook Corporate Center, Tower One, Suite 1000, Westchester, IL 60154</i>
Telephone Number: <i>708-498-9121</i>
E-mail Address: <i>lori.wright@fmc-na.com</i>
Fax Number: <i>708-498-9334</i>

Additional Contact

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

Name: <i>Clare Ranalli</i>
Title: <i>Attorney</i>
Company Name: <i>McDermott, Will & Emery</i>
Address: <i>227 W. Monroe Street, Suite 4700, Chicago, IL 60606</i>
Telephone Number: <i>312-984-3365</i>
E-mail Address: <i>cranalli@mwe.com</i>
Fax Number: <i>312-984-7500</i>

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: <i>Craig Bjorkman</i>
Address of Site Owner: <i>6903 Lexington Trail, Crystal Lake, IL</i>
Street Address or Legal Description of Site: <i>2953 Central, Evanston, IL</i>
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, 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: <i>Dialysis Centers of America – Illinois, Inc. d/b/a RCG - Evanston</i>
Address: <i>920 Winter Street, Waltham, MA 02451</i>
<input type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership
<input checked="" type="checkbox"/> For-profit Corporation <input type="checkbox"/> Governmental
<input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none"> o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. o 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. o 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 co-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.] ***NOT APPLICABLE – PROJECT IS FOR ADDITION OF STATIONS***

Provide documentation that the project complies with the requirements of Illinois Executive Order #2005-5 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 #2005-5 (<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.] ***NOT APPLICABLE – PROJECT IS FOR ADDITION OF STATIONS***

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 1110.40 and Part 1120.20(b)]

Part 1110 Classification:

- Substantive
 Non-substantive

2. Narrative Description

Provide in the space below, 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.

Dialysis Centers of America - Illinois, Inc. proposes to expand its Evanston in-center hemodialysis facility by 6 stations. The facility is located at 2953 Central, Evanston and currently consists of 14 stations. The facility is in leased space.

RCG - Evanston is in HSA 7. There is a need for 94 stations according to the August 2013 station inventory.

This project is "non-substantive" under Planning Board rule 1110.10(b) as it entails the expansion of a health care facility that provides in-center chronic renal dialysis 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 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	30,000	N/A	30,000
Contingencies	N/A	N/A	N/A
Architectural/Engineering Fees	N/A	N/A	N/A
Consulting and Other Fees	N/A	N/A	N/A
Movable or Other Equipment (not in construction contracts)	35,000	N/A	35,000
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	86,550	N/A	86,550
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	151,550	N/A	151,550
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	65,000	N/A	65,000
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)	86,550	N/A	86,550
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	151,550	N/A	151,550
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	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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:
<input checked="" type="checkbox"/> None or not applicable <input type="checkbox"/> Preliminary <input type="checkbox"/> Schematics <input type="checkbox"/> Final Working
Anticipated project completion date (refer to Part 1130.140): <u>09/30/2014</u>
Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):
<input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed. <input type="checkbox"/> Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies <input checked="" type="checkbox"/> Project obligation 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

Are the following submittals up to date as applicable:
<input type="checkbox"/> Cancer Registry <input type="checkbox"/> APORS <input checked="" type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted <input checked="" type="checkbox"/> 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 department/area **DGSF** or the building/area **BGSF** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							

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 representative(s) of the applicant entity. The authorized representative(s) are:

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

This Application for Permit is filed on the behalf of Dialysis Centers of America - Illinois, 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 for permit 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 permit application fee required for this application is sent herewith or will be paid upon request.



SIGNATURE

PRINTED NAME Mark Fawcett
Vice President & Treasurer

PRINTED TITLE



SIGNATURE

PRINTED NAME Brian Mello
Assistant Treasurer

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this ____ day of _____ 2013

Notarization:
Subscribed and sworn to before me
this 24 day of June 2013

Signature of Notary

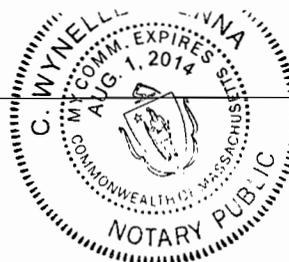


Signature of Notary

Seal

Seal

*Insert EXACT legal name of the applicant



CERTIFICATION

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

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

This Application for Permit 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 for permit 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 permit application fee required for this application is sent herewith or will be paid upon request.



 SIGNATURE

 PRINTED NAME **Mark Fawcett**
Vice President & Treasurer

 PRINTED TITLE



 SIGNATURE

 PRINTED NAME **Bryan Mello**
Assis't nt Treasurer

 PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this ____ day of _____ 2013

Notarization:
Subscribed and sworn to before me
this 24 day of June 2013

Signature of Notary C Wynelle Scenna _____
Signature of Notary

Seal



*Insert 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.

Criterion 1110.230 – Background, Purpose of the Project, and Alternatives

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
4. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest the information has been 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.

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, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project. [See 1110.230(b) for examples of documentation.]
4. Cite the sources of the information provided as 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 age and condition and 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 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 1110.234 - 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.**
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;
 - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix B;
 - c. The project involves the conversion of existing space that results in excess square footage.

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

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

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

PROJECT SERVICES UTILIZATION:

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

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

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

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

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

UNFINISHED OR SHELL SPACE: NOT APPLICABLE – THERE IS NO UNFINISHED SHELLSPACE

Provide the following information:

1. Total gross square footage 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 are available; and
 - b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

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

ASSURANCES: NOT APPLICABLE – THERE IS NO UNFINISHED SHELLSPACE

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 VII - SERVICE SPECIFIC REVIEW CRITERIA

This Section is applicable to all projects proposing establishment, expansion or modernization of categories of service that are subject to CON review, as provided in the Illinois Health Facilities Planning Act [20 ILCS 3960]. It is comprised of information requirements for each category of service, as well as charts for each service, indicating the review criteria that must be addressed for each action (establishment, expansion and modernization). After identifying the applicable review criteria for each category of service involved, read the criteria and provide the required information, AS APPLICABLE TO THE CRITERIA THAT MUST BE ADDRESSED:

G. Criterion 1110.1430 - In-Center Hemodialysis

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

Category of Service	# Existing Stations	# Proposed Stations
<input checked="" type="checkbox"/> In-Center Hemodialysis	14	20

- READ the applicable review criteria outlined below and submit the required documentation for the criteria:

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.1430(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.1430(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.1430(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.1430(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.1430(b)(5) - Planning Area Need - Service Accessibility	X		
1110.1430(c)(1) - Unnecessary Duplication of Services	X		
1110.1430(c)(2) - Maldistribution	X		
1110.1430(c)(3) - Impact of Project on Other Area Providers	X		
1110.1430(d)(1) - Deteriorated Facilities			X
1110.1430(d)(2) - Documentation			X
1110.1430(d)(3) - Documentation Related to Cited Problems			X
1110.1430(e) - Staffing Availability	X	X	
1110.1430(f) - Support Services	X	X	X
1110.1430(g) - Minimum Number of Stations	X		
1110.1430(h) - Continuity of Care	X		
1110.1430(j) - Assurances	X	X	X

APPEND DOCUMENTATION AS ATTACHMENT-26, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST

- 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 1110.130 - "Discontinuation" and subsection 1110.1430(i) - "Relocation of Facilities".

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)

VIII. - 1120.120 - Availability of Funds

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable: Indicate the dollar amount to be provided from the following sources:

<u>65,000</u>	<p>a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:</p> <ol style="list-style-type: none"> 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
<u>N/A</u>	<p>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.</p>
<u>N/A</u>	<p>c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;</p>
<u>86,550</u>	<p>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:</p> <ol style="list-style-type: none"> 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5) For any option to lease, a copy of the option, including all terms and conditions.
<u>N/A</u>	<p>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;</p>
<u>N/A</u>	<p>f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;</p>
<u>N/A</u>	<p>g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.</p>
<u>151,550</u>	TOTAL FUNDS AVAILABLE

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

IX. 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-37, 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.

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (Projected)
Enter Historical and/or Projected Years:				
Current Ratio	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.			
Net Margin Percentage				
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.

2. 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 38, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

X. 1120.140 - Economic Feasibility

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

A. Reasonableness of Financing Arrangements

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

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

B. Conditions of Debt Financing

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

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

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE											
Department (list below)	A	B	C		D		E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)			
Contingency											
TOTALS											

* 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 -39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XI. Safety Net Impact Statement

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE AND DISCONTINUATION PROJECTS:

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

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

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

A table in the following format must be provided as part of Attachment 43.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Charity (cost in dollars)	Year	Year	Year
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			

Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

APPEND DOCUMENTATION AS ATTACHMENT-40, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XII. Charity Care Information

Charity Care information **MUST** be furnished for **ALL** projects.

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.

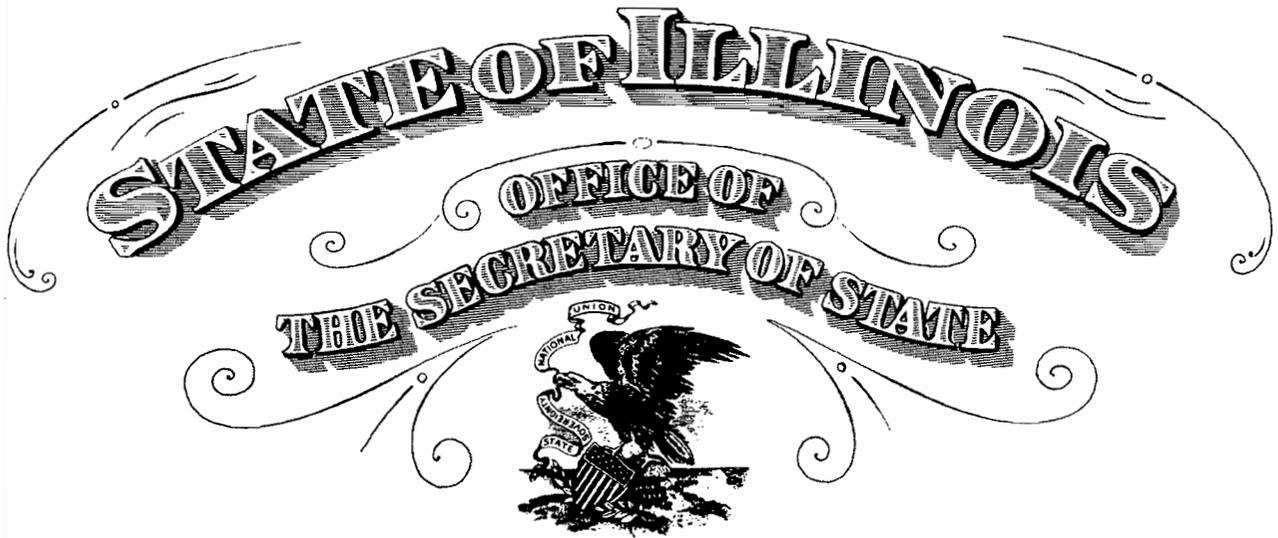
A table in the following format must be provided for all facilities as part of Attachment 44.

CHARITY CARE			
	Year	Year	Year
Net Patient Revenue			
Amount of Charity Care (charges)			
Cost of Charity Care			

APPEND DOCUMENTATION AS ATTACHMENT-41, 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 attachments included as part of the project's application for permit:

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant/Co-applicant Identification including Certificate of Good Standing	22-23
2	Site Ownership	24
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	25
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	26
5	Flood Plain Requirements	
6	Historic Preservation Act Requirements	
7	Project and Sources of Funds Itemization	27
8	Obligation Document if required	28-29
9	Cost Space Requirements	30
10	Discontinuation	
11	Background of the Applicant	31-36
12	Purpose of the Project	37
13	Alternatives to the Project	38-40
14	Size of the Project	41
15	Project Service Utilization	42
16	Unfinished or Shell Space	
17	Assurances for Unfinished/Shell Space	
18	Master Design Project	
19	Mergers, Consolidations and Acquisitions	
	Service Specific:	
20	Medical Surgical Pediatrics, Obstetrics, ICU	
21	Comprehensive Physical Rehabilitation	
22	Acute Mental Illness	
23	Neonatal Intensive Care	
24	Open Heart Surgery	
25	Cardiac Catheterization	
26	In-Center Hemodialysis	43-104
27	Non-Hospital Based Ambulatory Surgery	
28	Selected Organ Transplantation	
29	Kidney Transplantation	
30	Subacute Care Hospital Model	
31	Children's Community-Based Health Care Center	
32	Community-Based Residential Rehabilitation Center	
33	Long Term Acute Care Hospital	
34	Clinical Service Areas Other than Categories of Service	
35	Freestanding Emergency Center Medical Services	
	Financial and Economic Feasibility:	
36	Availability of Funds	
37	Financial Waiver	105-106
38	Financial Viability	
39	Economic Feasibility	107-111
40	Safety Net Impact Statement	112-113
41	Charity Care Information	114-117
	Appendix 1 – Physician Referral Letter	118-123



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

DIALYSIS CENTERS OF AMERICA-ILLINOIS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 11, 1995, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1307703094

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

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 18TH day of MARCH A.D. 2013 .*

Jesse White

SECRETARY OF STATE

Certificate of Good Standing
Attachment - 1

Co - Applicant Identification

[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name: <i>Fresenius Medical Care Holdings, Inc.</i>
Address: <i>920 Winter Street, Waltham, MA 02451</i>
Name of Registered Agent: <i>CT Systems</i>
Name of Chief Executive Officer: <i>Ron Kuerbitz</i>
CEO Address: <i>920 Winter Street, Waltham, MA 02541</i>
Telephone Number: <i>781-669-9000</i>

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

Type of Ownership

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

- o Corporations and limited liability companies must provide an Illinois certificate of good standing.
- o 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.

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: <i>Craig Bjorkman</i>
Address of Site Owner: <i>6903 Lexington Trail, Crystal Lake, IL</i>
Street Address or Legal Description of Site: <i>2953 Central, Evanston, IL</i>
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, 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.

Operating Identity/Licensee

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

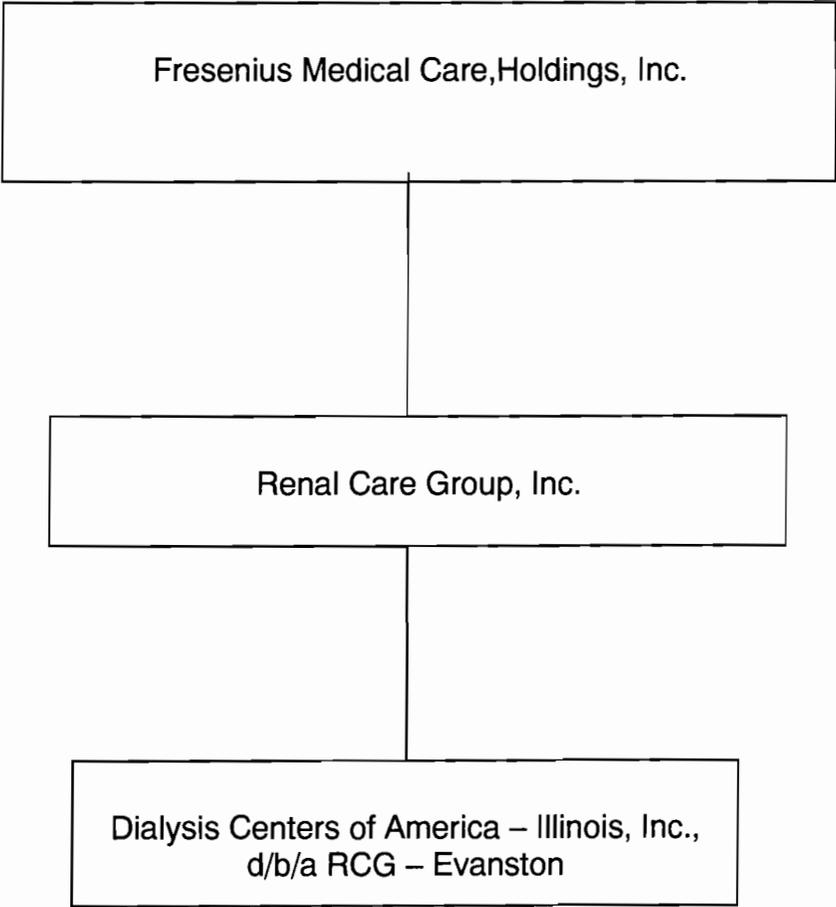
Exact Legal Name: *Dialysis Centers of America – Illinois, Inc. d/b/a RCG Evanston*

Address: *920 Winter Street, Waltham, MA 02451*

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

- o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- o 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.
- o **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

Certificate of Good Standing at Attachment – 1.



Itemization of Project Costs and Sources of Funds

Modernization Contracts

Plumb Station Boxes	\$30,000
---------------------	----------

Movable & Other Equipment

Dialysis Chairs (6)	\$20,000
Televisions (6)	\$10,000

FMV Leased Equipment

Dialysis Machines (6)	\$86,550
-----------------------	----------

Project Status and Completion Schedules

- Anticipated completion date is September 30, 2014.
See following page for project timeline.
- Project obligation will occur after permit issuance.
- **List of Current CON Permits**

Project Number	Name	Project Type	Completion Date
#10-063	Fresenius Lakeview	Expansion	12/31/2013
#10-064	Fresenius South Deering	Establishment	12/31/2013
#10-067	Fresenius Des Plaines	Establishment	09/30/2014
#11-038	Fresenius Naperbrook	Establishment	12/31/2013
#11-054	Fresenius Northfield	Establishment	05/31/2014
#11-059	Fresenius Logan Square	Establishment	12/31/2013
#11-070-090	Fresenius Chicagoland	Change Ownership	12/31/2013
#11-091	Fresenius DuQuoin	Relocation/Expansion	12/31/2013
#12-012	Fresenius Oak Forest	Establishment	04/30/2014
#12-046	Fresenius Spoon River	Relocation/Expansion	12/31/2014
#12-029	Fresenius SW Illinois	Relocation	08/01/2014
#12-067	Fresenius Normal	Establishment	10/31/2014
#12-072	Fresenius Merrionette Park	Expansion	04/30/2014
#12-056	Fresenius Regency Park	Relocation	09/30/2014
#12-069	Fresenius Pekin	Relocation/Expansion	10/31/2014
#12-091	Fresenius Carbondale	Relocation	12/31/2014
#12-095	Fresenius Waterloo	Establishment	02/28/2015
#12-098	Fresenius Monmouth	Establishment	02/28/2015
#E-005-13	Fresenius Elmhurst	Expansion	10/31/2014
#E-010-13	Fresenius Naperville North	Expansion	04/30/2015
#13-008	Fresenius Chicago Kidney Center	Relocation	12/31/2014
#13-027	Fresenius Glendale Heights	Relocation	07/31/2014

Project Timeline

Application is submitted with estimated completion date.		
<i>Project is for establishment of facility on vacant land.</i>	Least # Months	Maximum # Months
CON Process Only	3	18

PLUS

Lease execution	1	1
Architect Plans	1.5	2
Building Permits, bidding, contract	2	4
Construction of Shell	3	4
Interior Build-out	3	3
Facility Start-up to open	1	1
Wait for CMS Cert. Inspection	3	5
Wait for CMS Cert. Letter	3	4
Total Months	17.5	24

Application is submitted with estimated completion date.		
<i>Project is for establishment of facility in existing building. Interior build-out only</i>	Least # Months	Maximum # Months
CON Process	3	18

CON Process	3	18
-------------	---	----

PLUS

Lease execution	1	1
Architect Plans	1.5	2
Building Permits, bidding, contract	2	4
Interior Build-out	3	3
Facility Start-up to open	1	1
Wait for CMS Cert. Inspection	3	5
Wait for CMS Cert. Letter	3	4
Total Months	14.5	20

Prior to CON submittal, a project completion date is chosen based on type of project (establishment/expansion) and whether or not a building needs to be constructed. Consideration is also given to what time of year it will be upon approval if a new building is to be built.

Once submitted, the CON process can take from 3 to 12 months depending on whether or not a project is deferred (it can be deferred up to 6 months) and whether or not a project receives an intent to deny (it can be up to twelve months before it is reheard).

In the examples to the left, the first is for establishment of a facility on vacant land. This project requires a longer timeline than the second example which is in an existing building. (Fresenius Medical Care does not begin plans on a project until it receives CON approval.) The timeframe estimates are best case scenario and do not take into

account things like the difficulty it often takes to get building permits, especially in the City of Chicago. Not considered also, is any unforeseen problems with the physical structure of an existing building or additional time involved in the survey process to receive CMS certification.

Once a new clinic has been inspected it is required to wait until receipt of the Certification Letter prior to admitting and treating any Medicare patients (a relocated clinic can begin treating relocated patients prior to being inspected). Per Board rules a project cannot be considered complete until the certification letter has been received from CMS. At this point the final cost report is prepared to close the permit with The Board.

Cost Space Requirements

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

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
In-Center Hemodialysis	151,550	8,800			900		
Total Clinical	151,550	8,800			900		
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL	151,550	8,800			900		
APPEND DOCUMENTATION AS ATTACHMENT-9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.							

Fresenius Medical Care

Fresenius Medical Care is the leading provider of dialysis products and services in the world and as such has a long-standing commitment to adhere to high quality standards, to provide compassionate patient centered care, educate patients to become in charge of their health decisions, implement programs to improve clinical outcomes while reducing mortality & hospitalizations and to stay on the cutting edge of technology in development of dialysis related products.

The size of the company and range of services provides healthcare partners/employees and patients with an expansive range of resources from which to draw experience, knowledge and best practices. It has also allowed it to establish an unrivaled emergency preparedness and disaster relief program that's designed to provide life sustaining dialysis care to dialysis patients whose access to clinics are disrupted in areas of the U.S. that are compromised by disaster (e.g. hurricanes, tornadoes, earthquakes). Through this program we also provide clinics, employees and others with essential supplies such as generators, gasoline and water.

Quality Measures – Fresenius Medical Care continually tracks five quality measures on all patients. These are:

- eKdrt/V – tells us if the patient is getting an adequate treatment
- Hemoglobin – monitors patients for anemia
- Albumin – monitors the patient's nutrition intake
- Phosphorus – monitors patient's bone health and mineral metabolism
- Catheters – tracks patients access for treatment, the goal is no catheters which leads to better outcomes

The above measures as well as other clinic operations are discussed each month with the Medical Directors, Clinic Managers, Social Workers, Dietitians, Area Managers and referring nephrologists at each clinic's Quality Assessment Performance Improvement (QAI) meeting to ensure the provision of high quality care, patient safety, and regulatory compliance.

Initiatives that Fresenius has implemented to bring about better outcomes and increase the patient's quality of life are the TOPS program, Right Start Program and The Catheter Reduction Program.

TOPs Program (Treatment Options) – This is a company-wide program designed to reach the pre-ESRD patient (also known as CKD – Chronic Kidney Disease) to educate them about available treatment options when they enter end stage renal disease. TOPs programs are held routinely at local hospitals and physician offices. Treatment options include transplantation, in-center hemodialysis, home hemodialysis, peritoneal dialysis and nocturnal dialysis.

Right Start Program – This is an intensive 90-day intervention program for the new dialysis patient centering on education, anemia management, adequate dialysis dose, nutrition, reduction of catheter use, review of medications and logistical and psychosocial support. The Right Start Program results in improved morbidity and mortality in the long term but also notably in the first 90 days of the start of dialysis.

Catheter Reduction Program – This is 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) venous fistula). Starting dialysis with or converting patients to an AVF can significantly lower serious complications, hospitalizations and mortality rates. Overall adequacy of dialysis treatment also increases with the use of the AVF.

Certification & Authorization

Dialysis Centers of America - Illinois, Inc.

In accordance with Section III, A (2) of the Illinois Health Facilities Planning Board Application for Certificate of Need; I do hereby certify that no adverse actions have been taken against Dialysis Centers of America - Illinois, 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 Planning Board; and

In regards to section III, A (3) of the Illinois Health Facilities Planning 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: [Signature]

ITS: Mark Fawcett
Vice President & Treasurer

By: [Signature]

ITS: Bryan Mello
Assistant Treasurer

Notarization:
Subscribed and sworn to before me
this _____ day of _____, 2013

C Wynelle Scenna
Signature of Notary

Seal

Notarization:
Subscribed and sworn to before me
this 24 day of June, 20123

[Signature]
Signature of Notary

Seal



Certification & Authorization

Fresenius Medical Care Holdings, Inc.

In accordance with Section III, A (2) of the Illinois Health Facilities Planning 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 Planning Board; and

In regards to section III, A (3) of the Illinois Health Facilities Planning 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: [Signature]
ITS: Mark Fawcett
Vice President & Treasurer

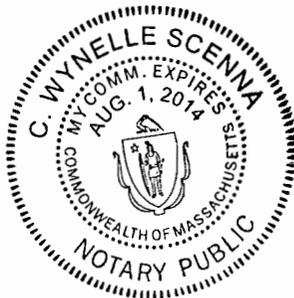
By: [Signature]
ITS: Bryan Mello
Assistant Treasurer

Notarization:
Subscribed and sworn to before me
this _____ day of _____, 2013

Notarization:
Subscribed and sworn to before me
this 24 day of June, 2013

Signature of Notary C. Wynelle Scenna Signature of Notary

Seal



Seal

Fresenius Medical Care Holdings, Inc. In-center Clinics in Illinois

Clinic	Provider #	Address	City	Zip	Fac >10% Medicaid Treatments*
Alsip	14-2630	12250 S. Cicero Ave Ste. #105	Alsip	60803	
Antioch	14-2673	311 Depot St., Ste. H	Antioch	60002	10.0%
Aurora	14-2515	455 Mercy Lane	Aurora	60506	10.0%
Austin Community	14-2653	4800 W. Chicago Ave., 2nd Fl.	Chicago	60651	12.0%
Berwyn	14-2533	2601 S. Harlem Avenue, 1st Fl.	Berwyn	60402	15.0%
Blue Island	14-2539	12200 S. Western Avenue	Blue Island	60406	11.6%
Bolingbrook	14-2605	538 E. Boughton Road	Boilingbrook	60440	10.5%
Breese	14-2637	160 N. Main Street	Breese	62230	
Bridgeport	14-2524	825 W. 35th Street	Chicago	60609	27.7%
Burbank	14-2641	4811 W. 77th Street	Burbank	60459	12.6%
Carbondale	14-2514	725 South Lewis Lane	Carbondale	62901	
Centre-West Springfield	14-2546	1112 Centre West Dr.	Springfield	62704	
Champaign	14-2588	1405 W. Park Street	Champaign	61801	
Chatham	14-2744	333 W. 87th Street	Chicago	60620	N/A
Chicago Dialysis	14-2506	820 West Jackson Blvd.	Chicago	60607	42.9%
Chicago Westside	14-2681	1340 S. Damen	Chicago	60608	42.7%
Cicero	-	3030 S. Cicero	Chicago	60804	N/A
Congress Parkway	14-2631	3410 W. Van Buren Street	Chicago	60624	29.9%
Crestwood	14-2538	4861W. Cal Sag Road	Crestwood	60445	
Decatur East	14-2503	1830 S. 44th St.	Decatur	62521	
Deerfield	14-2710	405 Lake Cook Road	Deerfield	60015	
Des Plaines	-	1625 Oakton Place	Des Plaines	60018	N/A
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	15.4%
DuQuoin	14-2595	100-200 E. Grantway Avenue	DuQuoin	62832	
East Peoria	14-2562	3300 North Main Street	East Peoria	61611	
Elgin	14-2726	2130 Point Boulevard	Elgin	60123	27.3%
Elk Grove	14-2507	901 Biesterfield Road, Ste. 400	Elk Grove	60007	10.4%
Elmhurst	14-2612	133 E. Brush Hill Road, Suite 4	Elmhurst	60126	
Evanston	14-2621	2953 Central Street, 1st Floor	Evanston	60201	12.3%
Evergreen Park	14-2545	9730 S. Western Avenue	Evergreen Park	60805	12.9%
Galesburg	14-8628	695 N. Kellogg	Galesburg	61401	
Garfield	14-2555	5401 S. Wentworth Ave.	Chicago	60609	21.1%
Glendale Heights	14-2617	520 E. North Avenue	Glendale Heights	60139	18.4%
Glenview	14-2551	4248 Commercial Way	Glenview	60025	11.1%
Greenwood	14-2601	1111 East 87th St., Ste. 700	Chicago	60619	20.5%
Gurnee	14-2549	101 Greenleaf	Gurnee	60031	25.3%
Hazel Crest	14-2607	17524 E. Carriageway Dr.	Hazel Crest	60429	
Hoffman Estates	14-2547	3150 W. Higgins, Ste. 190	Hoffman Estates	60195	15.6%
Jackson Park	14-2516	7531 South Stony Island Ave.	Chicago	60649	33.1%
Joliet	14-2739	721 E. Jackson Street	Joliet	60432	N/A
Kewanee	14-2578	230 W. South Street	Kewanee	61443	12.5%
Lake Bluff	14-2669	101 Waukegan Rd., Ste. 700	Lake Bluff	60044	10.0%
Lakeview	14-2679	4008 N. Broadway, St. 1200	Chicago	60613	20.7%
Logan Square	-	2734 N. Milwaukee Avenue	Chicago	60647	N/A
Lombard	14-2722	1940 Springer Drive	Lombard	60148	
Macomb	14-2591	523 E. Grant Street	Macomb	61455	
Maple City	-	1225 N. Main Street	Monmouth	61462	
Marquette Park	14-2566	6515 S. Western	Chicago	60636	18.9%
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	20.9%
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	
Morris	14-2596	1401 Lakewood Dr., Ste. B	Morris	60450	
Mundelein	14-2731	1400 Townline Road	Mundelein	60060	
Naperbrook	-	2451 S Washington	Naperville	60565	N/A
Naperville	14-2543	100 Spalding Drive Ste. 108	Naperville	60566	

Naperville North	14-2678	516 W. 5th Ave.	Naperville	60563	
Niles	14-2500	7332 N. Milwaukee Ave	Niles	60714	
Normal	-	1531 E. College Ave	Normal	61761	
Norridge	14-2521	4701 N. Cumberland	Norridge	60656	10.8%
North Avenue	14-2602	911 W. North Avenue	Melrose Park	60160	
North Kilpatrick	14-2501	4800 N. Kilpatrick	Chicago	60630	25.0%
Northcenter	14-2531	2620 W. Addison	Chicago	60618	25.0%
Northfield	-	480 Central Avenue	Northfield	60093	N/A
Northwestern University	14-2597	710 N. Fairbanks Court	Chicago	60611	10.0%
Oak Forest	-	5340A West 159th Street	Oak Forest	60452	N/A
Oak Park	14-2504	773 W. Madison Street	Oak Park	60302	10.7%
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	600 S. 13th Street	Pekin	61554	
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	
Polk	14-2502	557 W. Polk St.	Chicago	60607	19.3%
Pontiac	14-2611	804 W. Madison St.	Pontiac	61764	
Prairie	14-2569	1717 S. Wabash	Chicago	60616	10.9%
Randolph County	14-2589	102 Memorial Drive	Chester	62233	
Regency Park	14-2558	124 Regency Dr.	O'Fallon	62269	
River Forest	14-2735	103 Forest Avenue	River Forest	60305	
Rogers Park	14-2522	2277 W. Howard St.	Chicago	60645	19.8%
Rolling Meadows	14-2525	4180 Winnetka Avenue	Rolling Meadows	60008	11.3%
Roseland	14-2690	135 W. 111th Street	Chicago	60628	25.4%
Ross-Englewood	14-2670	6333 S. Green Street	Chicago	60621	19.4%
Round Lake	14-2616	401 Nippersink	Round Lake	60073	11.1%
Saline County	14-2573	275 Small Street, Ste. 200	Harrisburg	62946	
Sandwich	14-2700	1310 Main Street	Sandwich	60548	
Skokie	14-2618	9801 Wood Dr.	Skokie	60077	
South Chicago	14-2519	9200 S. Chicago Ave.	Chicago	60617	17.9%
South Deering	-	10559 S. Torrence Ave.	Chicago	60617	N/A
South Holland	14-2542	17225 S. Paxton	South Holland	60473	
South Shore	14-2572	2420 E. 79th Street	Chicago	60649	17.6%
South Suburban	14-2517	2609 W. Lincoln Highway	Olympia Fields	60461	
Southside	14-2508	3134 W. 76th St.	Chicago	60652	24.0%
Southwestern Illinois	14-2535	5-9 Professional Drive	Alton	62002	
Spoon River	14-2565	210 W. Walnut St	Canton	61520	
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	
Uptown	14-2692	4720 N. Marine Dr.	Chicago	60640	28.4%
Waterloo	-	515-535 Hamacher	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	37.5%
West Chicago	14-2702	1859 N. Neltor	West Chicago	60185	14.3%
West Metro	14-2536	1044 North Mozart Street	Chicago	60622	26.2%
West Suburban	14-2530	518 N. Austin Blvd., 5th Floor	Oak Park	60302	17.7%
West Willow	14-2730	1444 W. Willow	Chicago	60620	12.5%
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	

*Medicaid percentages are reflected in treatments, not patients. Any patient can have more than one type of coverage in any given year, therefore treatment numbers reflects more accurately the clinic's % of coverage. Only clinics above 10% Medicaid are reported here to show those facilities with significant Medicaid numbers.

All Illinois Clinics are Medicare certified, and do not discriminate against patients based on their ability to pay or payor source.

All clinics are open to all physicians who meet credentialing requirements.

Criterion 1110.230 – Purpose of Project

1. The purpose of this project is to address increasing utilization at the existing facility Evanston, Cook County (HSA 7). Expanding the Evanston facility will increase access for the area's Medicaid patients. Currently 12% of the facility's patients are Medicaid recipients.
2. The market area that Fresenius Evanston serves is just north of the City of Chicago along the Lake Michigan shoreline. Patients served come from surrounding areas of Wilmette, Skokie and Chicago with the majority of the patients coming from Evanston.
3. This facility was previously certified for 20 stations. In 2012 Fresenius surrendered 8 stations as part of a condition on #11-054, Fresenius Northfield. The facility census began to increase and 2 stations were added later in 2012 bringing the total station count up to 14. The census is still growing and utilization is now at 79.76% utilization and is expected to be far above 80% in a matter of weeks.
4. Utilization of area facilities is obtained from HFSRB 2nd Quarter 2013. Current counts of pre-ESRD patients for the market area were obtained from NorthShore Faculty Practice Association.
5. The goal of Fresenius Medical Care is to maintain access to dialysis as we continue to provide responsible healthcare planning for this area. 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.
6. It is expected that this facility would have and maintain the same quality outcomes as it has historically as listed below.
 - 93% of patients had a URR \geq 65%
 - 93% of patients had a Kt/V \geq 1.2

Alternatives

1) All Alternatives

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

There was only one alternative considered that would entail a lesser scope and cost than the project proposed in this application, however it was not determined to be a feasible option. This was the alternative of doing nothing. The Evanston facility recently added two stations for a total of 14 and is now at 79.76% utilization. By the time this application is heard we are confident that the utilization will have surpassed 80% based on current growth. Access to a greater number of dialysis stations is needed in this northeast Cook County area to accommodate current and future ESRD patients. Also, the expansion will allow for greater access for Medicaid recipients. 12% of Fresenius Evanston's patients receive Medicaid. There is no monetary cost associated with this alternative.

B. Pursuing a joint venture or similar arrangement with one or more providers of 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.

The preferred Fresenius model of ownership is for our facilities to be wholly owned, however we do enter into joint ventures on occasion. Fresenius Medical Care always maintains control of the governance, assets and operations of a facility it enters into a joint venture agreement with. Our healthy financial position and abundant liquidity indicate that that we have the ability to support the development of additional dialysis centers. Fresenius Medical Care has more than adequate capability to meet all of its expected financial obligations and does not require any additional funds to meet expected project costs. The addition of stations is not a costly project and it would not make sense to form a joint venture solely for that reason.

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.

The option of sending Dr. Sprague's Evanston area pre-ESRD patients to underutilized facilities in the area as they require dialysis treatment was not considered a reasonable alternative. There is one other facility serving Evanston, DaVita Evanston that could accommodate additional patients, however this facility is in the process of relocating (#12-010) and identified 52 patients in that CON application to bring the facility beyond 80% utilization by 2017. That facility will not be able to accommodate all patients identified for the Fresenius Evanston facility.

D. Expanding by fewer than 6 stations.

Fresenius considered expanding by fewer than 6 stations, however the facility has experienced rapid growth and the most recent expansion reached 80% in less than a year. Due to the recent high growth and Dr. Sprague's identified patient referrals, it appeared more prudent to add all 6 stations at one time. Not only is there ample room for them, but because these stations once were in operation at the facility they can be readily installed.

E. The most desirable alternative is to address the need for more stations at the Evanston facility in the timeliest and most cost effective manner and to address the need in HSA 7 for 94 stations. Expanding the existing facility is the best way to do so. The cost of this project is \$151,550.

2) Comparison of Alternatives

	Total Cost	Patient Access	Quality	Financial
Maintain Status Quo	\$0	There would be a continual decline in access in the Evanston market as area facilities attain high utilization.	<p>Patients would have to travel outside their market for services. Loss of continuity of care would result.</p> <p>4th shift would have to be operated causing transportation problems and missed treatments.</p>	For patient - higher transportation costs due to 4 th shift, where there is no available public transportation.
Pursue Joint Venture	<p>\$90,930</p> <p>\$60,620</p>	<p>Same as current proposed project.</p> <p>(Fresenius Medical Care - 60%)</p> <p>(JV Partner - 40%)</p>	Patient clinical quality would remain above standards.	<p>No effect on patients.</p> <p>Fresenius Medical Care is capable of meeting its financial obligations and does not require assistance in meeting its financial obligations. If this were a JV, Fresenius Medical Care would maintain control of the facility and therefore ultimate financial responsibilities.</p>
Utilize Area Providers	\$0	<p>Loss of access to treatment schedule times would result in transportation problems as patient transportation services do not operate after 4pm.</p> <p>Would create ripple effect of raising utilization of area providers which are already over utilized above capacity.</p>	<p>Loss of continuity of care which would lead to lower patient outcomes.</p> <p>Unavailability to choose treatment schedule shift could cause transportation problems which leads to missed treatments and lower quality.</p>	<p>No financial cost to Fresenius Medical Care.</p> <p>Cost of patient's transportation would increase with higher travel times.</p>
Add less than 6 stations	\$50,000 to \$101,000	Given current growth, stations would reach 80% quickly and another CON would have to be submitted to add additional stations delaying the access to dialysis the clinic requires.	Patients would gain access for a short time and then would have to wait for the CON process to have additional stations/shift choices.	Cost of patient's transportation might increase if they are forced out of the area for treatment.
Add 6 stations to RCG - Evanston	\$151,550	<p>Continued access to dialysis treatment as patient numbers continue to grow.</p> <p>Improved access to favored treatment schedule times.</p>	Patient clinical quality would remain above standards.	This is an expense to Fresenius Medical Care only and is a minimal cost compared with other CON projects.

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. RCG - Evanston has had the following quality outcomes:

93% of patients had a URR \geq 65%

93% of patients had a Kt/V \geq 1.2

Criterion 1110.234, Size of Project

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
ESRD IN-CENTER HEMODIALYSIS	8,800 DGSF for total 20 stations	360-520 DGSF	NONE	YES

As seen in the chart above, the State Standard for ESRD is between 360-520 DGSF per station. 20 stations in 8,800 DGSF of space equals 440 DGSF per station which is within the State standard. Only 900 gsf pertain to the additional 6 stations.

Criterion 1110.234, Project Services Utilization

UTILIZATION					
	DEPT/SERVICE	HISTORICAL UTILIZATION	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
	IN-CENTER HEMODIALYSIS	79.76% August 2013 14 stations		80%	Yes
YEAR 1*	IN-CENTER HEMODIALYSIS	20 stations	75%	%	No
YEAR 2*	IN-CENTER HEMODIALYSIS	20 stations	105%	80%	Yes

*With additional 6 station

As seen in the chart above, the facility has already met the State standard utilization target of 80% (.24% is less than one patient so essentially this facility is at 80%). While some of these pre- ESRD patients may choose home dialysis, it is impossible to determine which patients will choose this modality. Therefore, all are included in the total count of pre-ESRD for the Evanston facility. Taking this into account natural patient attrition of ESRD patients, the facility is expected to reach and maintain utilization above the State standard of 80%.

Planning Area Need – Service To Planning Area Residents:

- A. The primary purpose of this project is to provide in-center hemodialysis services to the residents of Cook County in HSA 7, more specifically the northeast suburban area surrounding Evanston. 100% of the pre-ESRD patients identified for this project reside in HSA 7.

County	HSA	# Pre-ESRD Patients Who Will Be Referred to Fresenius Evanston
Suburban Cook/Dupage Co	7	96 – 100%

County	HSA	Current Fresenius Evanston Patients
Chicago/Cook Co	6	18 – 27%
Suburban Cook/Dupage Co	7	48 – 72%
Lake County	8	1 – 1%

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August 12, 2013

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

Dear Ms. Avery:

I am the Medical Director of the Fresenius Medical Care Evanston dialysis facility. While this facility historically has had a somewhat low utilization rate, over the past year we have experienced a significant increase of new ESRD patients being referred here. The facility is now approaching the State Board's standard of 80%. Due to this continued growth and the current high utilization of the facility I am in full support of the 6-station addition to the facility bringing it back to its prior 20-station count.

NorthShore Faculty Practice has a large and growing nephrology division serving the north east suburbs of Chicago. Stuart Sprague, M.D. along with his partners admit the majority of patients to the Evanston facility. I support his efforts to proactively seek additional access for his patients in the Evanston area. As clinics reach 80% utilization and above, shift choice for new patients becomes limited. It is in the patient's best interest to have them dialyze on a shift that best suits their personal/work schedule and transportation options. The additional stations will provide this much needed access.

I therefore, respectfully ask the Board to vote to approve the 6-station expansion at the Fresenius Evanston facility. Thank you for your consideration of this matter.

Sincerely,



Nancy Nora, M.D.

Medical Group

2650 Ridge Avenue
Evanston, IL 60201
www.northshore.org

(847) 570-2512
(847) 570-1696 Fax

August 12, 2013

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 practicing with NorthShore Faculty Practice Associates, Division of Nephrology and Hypertension (NSFPA) serving the northeast Chicago suburbs. We are a major referral source to the Fresenius Evanston dialysis facility and also admit patients to several of the other north side facilities. The Fresenius Evanston facility had a stable census for several years that fell under the State Board target of 80% contributing to the decision by Fresenius Medical Care to remove 8 stations and use them to establish their Northfield facility. Contrary to observed trends, the census began to rise and 2 of the stations were returned to service. The facility is now at 79.76% utilization and I do not foresee a slowdown in admissions of new ESRD patients. I am in full support of adding the remaining 6 stations back to the facility to allow for continued access to dialysis services.

We were treating 90 hemodialysis patients at the end of 2010, 82 at the end of 2011 and 146 at the end of 2012 (most recent quarter) as reported to The Renal Network. Over the past twelve months we have referred 182 patients for dialysis services to Center for Renal Replacement, DaVita Evanston, Satellite Glenview, Fresenius Evanston, Glenview and Deerfield. There are currently 67 ESRD patients dialyzing at the Fresenius Evanston clinic. We have 247 pre-ESRD patients that live in the zip codes surrounding the Evanston facility who will be requiring dialysis services in the next three years. Of these I expect 13 to begin in the upcoming year and another 83 to begin in the first two years after project completion at the Evanston clinic. These numbers do not reflect the significant number of patients who present in the emergency room in active kidney failure who will also be admitted to the facility.

I respectfully ask the Board to approve the addition of 6 stations to the Fresenius Evanston facility in order to keep access available to this patient population. Thank you for your consideration.

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 to support the 6-station addition in this document were not used to support any other CON application.

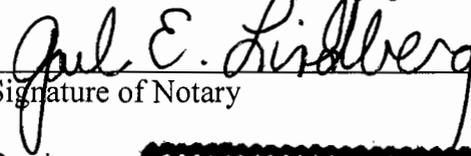
Sincerely,



Stuart Sprague, M.D.

Notarization:

Subscribed and sworn to before me
this 13 day of August 2013



Signature of Notary

Seal



CURRENT FRESenius MEDICAL CARE EVANSTON PATIENTS
AS OF 8/1/2013

Zip Code	Patients
60025	1
60053	2
60076	8
60077	3
60091	2
60093	3
60099	1
60201	21
60202	8
60626	7
60645	5
60659	1
60660	1
60712	4
Total	67

PRE-ESRD PATIENTS OF NSFPA THAT WILL BEGIN DIALYSIS AT
FRESenius MEDICAL CARE EVANSTON

Pre-ESRD to be referred to Fresenius Evanston			
Zip Code	Next 12 Mos Stage 5	Year One Stage 4	Year 2 Stage 3²
60076	4	13	43
60091	3	18	35
60201 ¹	3	11	70
60202 ¹	3	1	42
60208	0	0	1
Totals	13	43	191
			Total 247

Final Breakdown			
# Patients who are expected to begin dialysis after patient attrition.	Next 12 Mos Stage 5	Year One Stage 4	Year 2-3 Stage 3
	13	30	53
			Total 96

1. Patient numbers for Stage 5, year one were reduced to account for any patients from #12-010 , DaVita Evanston relocation to avoid any possible duplication of patient referrals duplication of patient referrals.
2. Patients in Stage 3 will likely not all start in year 2. Some may start in year 3 or even 4 so only those expected to begin in year 2 were in final count. It is difficult to determine exactly when a patient will begin dialysis two to three years out due to varying patient clinical outcomes.

NEW REFERRALS OF NSFPA PRACTICE FOR
7/1/2012 THROUGH 6/30/2013

New ESRD Referrals for 7/1/2012 through 6/30/2013	
CENTER FOR RENAL REPLACEMENT	9
60645	9
DAVITA EVANSTON	28
60201	21
60202	2
60626	1
60645	4
FRESENIUS EVANSTON	61
60076	9
60201	12
60202	22
60622	2
60645	3
60646	9
60659	4
FRESENIUS GLENVIEW	48
60016	14
60025	9
60070	8
60093	2
60176	1
60714	9
99999	5
FRESENIUS DEERFIELD	2
60090	2
SATELLITE GLENVIEW	34
60016	5
60025	13
60026	8
60035	2
60062	6
Grand Total	182

PATIENTS OF NSFPA FOR YEAR END 2010, 2011 & 2012

Division of Nephrology & Hypertension, Active In-Center Only HD Patients For Year End 2010, 2011 and 2012*								
12/31/2010			12/31/2011			12/31/2012		
Count of Patients			Count of Patients			Count of Patients		
ESRD Treatment Facility	ZIP	Total	ESRD Treatment Facility	ZIP	Total	ESRD Treatment Facility	ZIP	Total
DAVITA BIG OAKS	60053	1	DAVITA BIG OAKS	60053	1	CENTER FOR RENAL REPLACEMENT	60076	1
DAVITA BIG OAKS Total		1	DAVITA BIG OAKS Total		1		60077	1
DAVITA EVANSTON	60026	1	DAVITA EVANSTON	60018	1		60645	1
	60090	1		60025	2		60646	1
	60015	1		60026	1	CENTER FOR RENAL REPLACEMENT Total		4
	60025	1		60090	1	DAVITA EVANSTON	60202	4
	60073	1		60073	1		60618	1
	60076	2		60076	1		60712	1
	60077	1		60091	1		60073	1
	60091	1		60093	1		60077	1
	60201	7		60201	9		60091	1
	60202	9		60202	9		60201	11
	60203	1		60203	2		60202	6
	60625	1		60626	2		60203	2
	60626	3		60640	1		60626	2
	60630	1		60645	3		60645	4
	60640	1		60660	1	DAVITA EVANSTON Total		34
	60645	2		60712	1	FRESENIUS EVANSTON	60025	1
DAVITA EVANSTON Total		34	DAVITA EVANSTON Total		37		60044	1
FRESENIUS EVANSTON	60053	1	FRESENIUS EVANSTON	60053	2		60053	3
	60076	3		60076	1		60076	5
	60091	3		60077	1		60077	2
	60093	3		60093	3		60091	2
	60099	1		60099	1		60093	3
	60201	6		60201	5		60099	1
	60202	4		60202	3		60201	13
	60204	1		60204	1		60202	8
	60615	1		60626	2		60204	1
	60625	1		60645	1		60619	1
	60645	1		60659	1		60626	4
	60652	1		60712	1		60645	3
	60659	1	FRESENIUS EVANSTON Total		22		60646	1
	60660	1	FRESENIUS GLENVIEW	60025	2		60656	1
	60712	1		60026	1		60659	1
FRESENIUS EVANSTON Total		29		60035	1		60660	1
FRESENIUS GLENVIEW	60015	1		60056	2	FRESENIUS EVANSTON Total		55
	60016	1		60062	3	FRESENIUS GLENVIEW	60004	1
	60025	3		60070	2		60016	1
	60026	2		60090	3		60025	6
	60056	3		60640	1		60026	2
	60062	4		60645	1		60035	1
	60070	1	FRESENIUS GLENVIEW Total		17		60056	2
	60077	1	FRESENIUS NILES	60031	1		60062	3
	60090	3		60053	1		60067	1
	60093	1		60706	1		60070	2
	60546	1		60714	1		60090	3
	60640	1	FRESENIUS NILES Total		4		60714	1
FRESENIUS GLENVIEW Total		22	FRESENIUS - CHICAGO	60656	1	FRESENIUS GLENVIEW Total		23
FRESENIUS NILES	60053	1	FRESENIUS - CHICAGO Total		1	FRESENIUS NILES	60031	1
	60631	1	Grand Total		82		60053	1
	60706	1					60706	1
FRESENIUS NILES Total		3					60717	1
FRESENIUS SKOKIE	60202	1				FRESENIUS NILES Total		4
FRESENIUS SKOKIE Total		1				FRESENIUS - CHICAGO	60171	1
Grand Total		90					60656	1
						FRESENIUS - CHICAGO Total		2
						FRESENIUS SKOKIE	60202	1
						FRESENIUS SKOKIE Total		1
						FRESENIUS MEDICAL SERVICE	60015	2
							60026	1
							60035	1
							60062	5
							60089	1
						FRESENIUS MEDICAL SERVICE Total		10
						SATELLITE GLENVIEW	60025	2
							60026	2
							60062	3
							60090	2
							60625	1
							60634	1
							60640	1
							60714	1
						SATELLITE GLENVIEW Total		13
						Grand Total		146

*Most recent quarter for available data was also 12-2012.

Criterion 1110.1430 (e)(5) Medical Staff

I am the Regional Vice President of the Northern Illinois Region of the North Division of Fresenius Medical Care North America. In accordance with 77 Il. Admin Code 1110.1430, and with regards to Fresenius Medical Care RCG - Evanston, I certify the following:

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



Signature

Brian Brandenburg

Printed Name

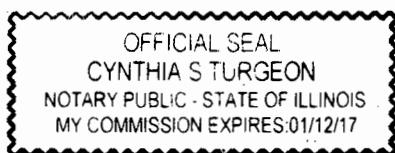
Regional Vice President

Title

Subscribed and sworn to before me
this 10th day of JUNE, 2013

Cynthia S. Turgeon
Signature of Notary

Seal



Criterion 1110.1430 (e)(1) – Staffing

2) A. Medical Director

Dr. Nancy Nora is currently the Medical Director for Fresenius Medical Care RCG - Evanston and will continue to be the Medical Director. Attached is her curriculum vitae.

Dr. Stuart Sprague is a referring physician to the RCG – Evanston facility and is supporting this project. His Curriculum Vitae is attached.

B. All Other Personnel

The Evanston facility currently employs the following staff:

- Clinic Manager who is a Registered Nurse
- 3 Registered Nurses
- 6 Patient Care Technicians
- Full-time Registered Dietitian
- Part-time Licensed Master level Social Worker
- Full-time Equipment Technician
- Full-time Secretary

Two additional Patient Care Technicians and one RN will be hired for the 6 station expansion. The Social Worker will change to full-time.

- 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.

NANCY A. NORA, M.D.

PERSONAL DATA: Date of Birth: February 27, 1958
Chicago, Illinois

EDUCATION: 1972 – 1976 Regina Dominican High School
Wilmette, Illinois

1976 – 1979 St. Louis University
St. Louis, Missouri

1979 – 1985 Royal College of Surgeons
Dublin, Ireland
M.D. 1985

1985 – 1988 Resident, Internal Medicine
St. Francis Hospital
Evanston, Illinois

1988 – 1991 Nephrology Fellowship
Northwestern University
Chicago, Illinois

EXAMINATIONS: FMGEMS – 1984

FLEX – 1986

ABIM Internal Medicine – 1988
Certificate #119058

ABIM Nephrology – 1992
Certificate #119058
Re-certified – 2001
Certificate #119058

MEDICAL LICENSURE: Illinois State
Medical License
#036-074215

HONORS AND AWARDS: 1973 Academic Scholarship
St. Louis University

1979 – 1985 Honors in several courses;
Graduated top 10% of class
Royal College of Surgeons

HONORS AND AWARDS: (con't)

1985	Intern of the Year St. Francis Hospital
1988	Outstanding Clinical Research paper St. Francis Hospital
1989	Finalist; Clinical Research Fellowship American Kidney Foundation
2001	Chicago Magazine Top Doctors in Chicago (Nephrology)
2003 Summer/Fall	Chicago Consumers Checkbook Chicago Areas Top Doctors
2003	Chicago Magazine Top Doctors in Chicago (Nephrology)

PROFESSIONAL EXPERIENCE:

January 1995 to January 1996	Medical Director Highland Park Hospital Dialysis Unit
1991 to Current	David S. Ginsburg, M.D., FACP, Ltd.

PROFESSIONAL MEMBERSHIPS:

----	American Medical Association
----	Illinois State Medical Society
----	Chicago Medical Society
----	American Society of Nephrology

COMMITTEES SERVED ON THROUGH HIGHLAND PARK AND EVANSTON HOSPITALS:

01/01/93 to Current	Ethics	(as member)
06/01/92 to 12/31/95	CME/Library	(as member)
01/01/94 to 10/2000	Medical Care Evaluation Committee – Medicine	(as officer)
01/01/94 to 2001	Pharmacy & Therapeutics	(as member)
01/01/93 to Current	Renal Dialysis	(as member)
2003 to Current	Medical Executive Committee Evanston Northwestern Healthcare	

PUBLICATIONS:

Principles and clinical uses of diuretic therapy., 167 REFS,
Mujais SK; Nora NA; Levin ML, Prog Cardiovasc Dis 1992
Nov – Dec; 35 (3): 221 – 45. Staffing – Curriculum Vitae

PUBLICATIONS CONT.:

Vasopressin resistance in potassium depletion: role of Na-K pump., Mujais SK; Nora NA; Chen Y, AMJ Physiol 1992 Oct; 263 (4 pt 2): F705 – 10.

Discordant aspects of aldosterone resistance in potassium depletion., Mujais SK; Chen Y; Nora NA, AMJ Physiol 1992 Jun; 262 (6 pt 2): F972 – 9.

Interpretation of hypercalcemia in a patient with end-stage renal disease., Nora NA; Singer I, Arch Intern Med 1992 June; 152 (6): 1321 – 2.

Severe acute peripartum hypernatremia., Nora NA; Hedger R; Battle DC, AMJ Kidney Disease 1992 Apr; 19 (4) 385 – 8.

Uremic goiter: the malevolent iodide (editorial)., Nora NA; Mujais SK, Int. J Artif Organs 1991 Oct; 14 (10): 662 – 4.

Use of iodinated contrast media in patients with chronic renal insufficiency and in end-stage renal disease (editorial)., Nora NA; Krumlovsky FA, Int J Artif Organs 1991 Apr; 14 (4): 196 – 8.

Control of hypertension and reversal of renal failure in undifferentiated connective tissue disease by enalapril (letter; comment)., Levin ML; Ginsburg DS; Nora NA, Arch Intern Med 1990 Apr; 150 (4): 916, 918.

Hypokalemic, hypophosphatemic thyrotoxic periodic paralysis., 12 REFS, Nora NA; Berns AS, AMJ Kidney Dis 1989 Mar; 13 (3): 247 – 9.

Dr. STUART M. SPRAGUE CURRICULUM VITAE

NAME: Stuart Michael Sprague, D.O., FASN
Chief, Division of Nephrology and Hypertension
NorthShore University HealthSystem
Professor of Medicine
University of Chicago Pritzker School of Medicine

DATE AND PLACE OF BIRTH: August 31, 1955; Sturgis, Michigan

MARITAL STATUS: Married;

CHILDREN:

BUSINESS ADDRESS: Section of Nephrology and Hypertension
NorthShore University HealthSystem
2650 Ridge Avenue
Evanston, Illinois 60201
(847) 570-2512
Fax (847) 570-1696
E-mail stuartmsprague@gmail.com

HOME ADDRESS:

CERTIFICATION: National Board of Medical Examination
Diplomate, May 1983
American Board of Internal Medicine
Diplomate, September 1986
Subspecialty Nephrology
Diplomate, November 1988

EDUCATION:

UNDERGRADUATE: Michigan State University
East Lansing, Michigan
1977 with honors

PROFESSIONAL: Michigan State University
College of Osteopathic Medicine
East Lansing, Michigan, 1982

GRADUATE TRAINING: Research Nephrology Fellow
University of Chicago
Chicago, Illinois, 1987-1989

Clinical Nephrology Fellow
University of Chicago
Chicago, Illinois, 1986-1987

Medical Resident
Rush-Presbyterian-St. Lukes Medical Center,
Chicago, Illinois, 1983-1986

Intern
Chicago College of Osteopathic Medicine
Chicago, Illinois, 1982-1983

APPOINTMENTS:

Chief
Division of Nephrology and Hypertension
NorthShore University HealthSystem
Evanston, Illinois, 2003-present

Professor (Clinical) of Medicine
Department of Medicine
University of Chicago Pritzker School of Medicine
Chicago, Illinois, 2009- present

Professor of Medicine
Department of Medicine
Feinberg School of Medicine
Northwestern University
Chicago, Illinois, 2004-2009

Associate Professor
Department of Medicine
Feinberg School of Medicine

Northwestern University
Chicago, Illinois, 1995-2004

Senior Attending Physician
Division of Nephrology
NorthShore University HealthSystem
Evanston, Illinois, 1995-present

Assistant Professor
Department of Medicine
University of Chicago
Pritzker School of Medicine
Chicago, Illinois, 1990-1995

Visiting Fulbright Professor
Department of Medicine
Hadassah-Hebrew University
Jerusalem, Israel, 1993-1994

Instructor
Department of Medicine
University of Chicago
Pritzker School of Medicine
Chicago, Illinois, 1989-1990

Teaching Assistant
College of Osteopathic Medicine
Michigan State University
East Lansing, Michigan, 1979-1980

Graduate Research Assistant
Department of Medicine
Michigan State University
East Lansing, Michigan, 1977-1979

HOSPITAL APPOINTMENTS:

Evanston Hospital
Glenbrook Hospital
Highland Park Hospital
Skokie Hospital

ADMINISTRATIVE APPOINTMENTS AND COMMITTEES:

Chief, Division of Nephrology & Hypertension, NorthShore University HealthSystem, 2003- present

Co-Chair, Osteoporosis in Chronic Kidney Disease Group, Global Bone and Mineral Initiative, National Kidney Foundation and the European Renal Association, 2004-present

Director, Metabolic Bone Disease Program and Renal Stone Disease Clinic, NorthShore University HealthSystem-Northwestern University, Chicago, Illinois, 1995-present

Director Nephrology Research, NorthShore University HealthSystem, 1995-present

Executive Committee, Scientific Advisory Board of the National Kidney Foundation of Illinois, 2011-present

Data Safety Monitoring Board, Rockwell Medical CRUISE Study, 2011- present

American Society of Nephrology Conflict of Interest Management Committee, 2010-present

Chairperson, End-Stage Renal Disease (ESRD) Quality Measure Development and Maintenance, Centers for Medicare & Medicaid Services, Technical Expert Panel (CMS-TEP), Mineral Metabolism, 2010

Scientific Advisory Board, Litholink Corporation, 2008-present

Executive Committee, Scientific Advisory Board of the National Kidney Foundation of Illinois 2006-2009

Resident Recruitment Committee, Evanston Northwestern Healthcare, 1995-2000

Program Committee, National Kidney Foundation 2008 Annual Meeting

Program Committee, National Kidney Foundation 2007 Annual Meeting

Community Leadership Award, National Kidney Foundation of Illinois, 2006

Chairperson, Executive Committee of the Medical Advisory Board of the National Kidney Foundation of Illinois 2003-2006

Scientific Advisory Board
Suntory Water Group, 1998-2005

Secretary-Treasurer, Post Transplantation Working Group of the American Society for Bone & Mineral Research, 2000-2004

Chairperson, Osteoporosis in Chronic Kidney Disease Group, Controversies in Mineral Metabolism and Bone Disease in Chronic Kidney Disease, National Kidney Foundation and the European Renal Association, 2003-2004

Research and Education Committee
Vice Chairman, 1998-2000
Evanston Northwestern Healthcare, 1997-2007

Postgraduate Education Committee, American Society of Nephrology, 2000-2003

Deputy Head, Division of Nephrology
Department of Medicine, Evanston Northwestern Healthcare, 1998-2003

Member, Advisory Committee of the International Working Group on Post Transplantation Bone Disease, 1999-2002

Medical Student Research Committee, Northwestern University Medical School, 1999-2002

Councilor

Midwestern American Federation for Medical Research, 1999-2001
Research Committee
Northwestern University Medical School, 1996-1997
Medical Review Board of the End Stage Renal Disease Network 10, Illinois, 1994-1996
Advisory Committee of the Clinical Research Center
University of Chicago, Chicago, Illinois, 1992-1995
Medical Director
University of Chicago Hospitals Chronic Hemodialysis Unit, Chicago, Illinois, 1991-1995
Director
Renal Bone Program, University of Chicago, Chicago, Illinois, 1989-1995
Board of Trustees
Anshe Emet Synagogue, 1991-1996
Scientific Advisory Board
United States-Israel BiNational Science Foundation, 1994
Medical Advisory Board
Home Intensive Care of Illinois, Inc., 1991-1993
College Advisory Committee
College of Osteopathic Medicine, Michigan State University, 1979-1980

DOCTORAL COMMITTEES:

Cynthia Daniels; Field of Interdepartmental Biological Sciences Program, Thesis "Developing and Characterization of Bioadsorbents for Extracorporeal Blood Purification", DOCTOR OF PHILOSOPHY awarded June 2007

PROFESSIONAL SOCIETIES:

American Association for the Advancement of Science
American College of Physicians
American Diabetes Association
American Federation for Medical Research
American Heart Association Council on Kidney Diseases
American Physicians Fellowship for Medicine in Israel
American Society for Bone and Mineral Research
American Society of Nephrology (Fellow, American Society of Nephrology)
Central Society for Clinical Research
International Society of Nephrology
International Bone and Mineral Society
Israel Medical Association
J. William Fulbright Alumni Association
National Kidney Foundation
National Kidney Foundation of Illinois
Physicians for Social Responsibility
Renal Physicians Association

EDITORIAL BOARDS:

Associate Editor

American Journal of Nephrology
Clinical Journal of the American Society of Nephrology
Clinical Nephrology
Hemodialysis and Clinical Nephrology (electronic journal)
Journal of the American Society of Nephrology
Kidney International
WebMD-Nephrology

Manuscript Referee:

American Journal of Kidney Diseases
American Journal of Nephrology
American Journal of Physiology - Renal Physiology
Annals of Internal Medicine
Archives of Internal Medicine
Calcified Tissue International
Clinical Journal of the American Society of Nephrology
Clinical Nephrology
Hemodialysis and Clinical Nephrology
Journal of the American Medical Association
Journal of the American Society of Nephrology
Journal of Bone and Mineral Research
Journal of Clinical Investigation
Journal of Clinical Endocrinology & Metabolism
Journal of Laboratory and Clinical Medicine
Journal of Pharmacology and Experimental Therapeutics
Kidney International
Nature Clinical Practice Endocrinology & Metabolism
Nephron
Nephrology Dialysis Transplantation
New England Journal of Medicine
Osteoporosis International
Peritoneal Dialysis International
Transplantation

PATENTS:

Receptor-based blood detoxification system. US Patent Application U50703392,
February 15, 2006

CORPORATE POSITIONS:

Co-Founder, Vice-President and Chief Medical Officer. ProSorb BioTech, Inc, Evanston, Illinois.

SCIENTIFIC SESSIONS CHAIRED:

Clinical Fluid and Electrolyte Disorders; 27th Annual Meeting of the American Society of Nephrology, Orlando, Florida, October 26-29, 1994.

Dialysis Amyloidosis; Renal Bone Disease, Parathyroid Hormone, and Vitamin D Satellite Symposium to the XIIIth International Congress of Nephrology, Seville, Spain, July 7-10, 1995.

Metabolic Bone Diseases; Xth International Workshop on Calcified Tissues, Jerusalem, Israel, March 10-14, 1996.

Post Transplant Bone Disease; 30th Annual Meeting of the American Society of Nephrology, San Antonio, Texas, November 2-5, 1997.

New Approaches to the Treatment of Parathyroid Disease in ESRD Patients; 8th Annual National Kidney Foundation Clinical Nephrology Meetings, Washington D.C., April 29-May 2, 1999.

Therapeutic Strategies; Transplant Bone Disease Meetings, Barcelona, Spain, August 25-26, 2000.

Post Transplantation Working Group of the American Society for Bone & Mineral Research, Toronto, Canada, September 22, 2000

Bone and Mineral Complications of Renal Transplantation: 33rd Annual Meeting of the American Society of Nephrology, Toronto, Ontario, Canada, October 10-16, 2000.

Basic Science for Clinical Nephrologists: Basic Concepts in Calcium Physiology and Pathophysiology: 34th Annual Meeting of the American Society of Nephrology, San Francisco, California, October 14-17, 2001.

Current Concepts in Vitamin D Therapy: 35th Annual Meeting of the American Society of Nephrology, Philadelphia, Pennsylvania, October 30-November 4, 2002.

Divalent Ions, Bones and Stones: Principles and Practices: Postgraduate Education Course of American Society of Nephrology, Philadelphia, Pennsylvania, October 30-31, 2002.

Old and New Optimal PTH Targets: Actions of the New PTH Inhibitor and Implications for its use in Guiding Vitamin D Therapy. 23rd Annual Dialysis Conference, Seattle Washington, March 2-4, 2003.

Vitamin D and the Prevention of Morbidity and Mortality in Dialysis Patients: 36th Annual Meeting of the American Society of Nephrology, San Diego, California, November 12-17, 2003.

Hormones, FGF23, and Fetuin in Mineral Metabolism: 36th Annual Meeting of the American Society of Nephrology, San Diego, California, Pennsylvania, November 12-17, 2003.

Vitamin D and the Prevention of Morbidity and Mortality in Dialysis Patients: 1st Annual Regional Meeting of the American Society of Nephrology, Chicago, Illinois February 7, 2004 and Los Angeles, California, February 21, 2004.

Modulation of PTH Synthesis, Secretion and Action. American Society of Nephrology Renal Week 2004, St. Louis, Missouri, October 27-November 1, 2004.

Chairperson of the 2nd Annual Regional Meeting of the American Society of Nephrology, Chicago, Illinois, February 11-13, 2005.

Managing Renal Osteodystrophy. Renal Week 2005 of the American Society of Nephrology, Philadelphia, Pennsylvania, November 8-13, 2005.

Controversies in Managing Hyperphosphatemia in CKD and ESRD. Renal Week 2005 of the American Society of Nephrology, Philadelphia, Pennsylvania, November 8-13, 2005.

Chairperson of the 3rd Annual Regional Meeting of the American Society of Nephrology, Chicago, Illinois, February 11-12, 2006.

Complications: Metabolic Disease. World Transplant Congress. The First Joint International Transplant Meeting, Boston, Massachusetts, July 2-27, 2006.

Nephrology in the 21st Century. National Kidney Foundation of Illinois, Chicago, Illinois, September 10, 2006.

Course Director, Clinical Application of Bone Biopsy. American Society of Nephrology, San Diego, California, November 15, 2006.

Vitamin D Deficiency and Early CKD. American Society of Nephrology, San Diego, California, November 16, 2006.

Literature review-The Year in Nephrology: Osteodystrophy and Vascular Calcification and Chronic Kidney Disease. American Society of Nephrology, San Diego, California, November 16, 2006.

Midwest Nephrology Fellows Research Day. Renal Network, ESRD Network 9/10. Chicago, Illinois, March 14, 2007.

Extending the Controversy: Answers to Managing Bone, Vascular and Mineral Metabolism in Chronic Kidney Disease. National Kidney Foundation 2007 Spring Clinical Meetings, Orlando, Florida, April 10-14, 2007.

Pleiotropic Actions of Vitamin D: Beyond Bone Disease. American Society of Nephrology Renal Week 2007. San Francisco, California, November 2, 2007.

Chairperson of the 2008 Renal Weekends of the American Society of Nephrology, Chicago, Illinois, March, 8-9, 2008.

Workshop: Management of Hyperphosphatemia Using Calcium vs. Non-Calcium Based Binders. National Kidney Foundation 2008 Spring Clinical Meetings, Gaylord, Texas, April 12-16, 2008.

Pathogenesis and Features of CKD Related Bone Disease. American Society of Nephrology, San Diego, California, October 31, 2009.

An Update on Vitamin D and Vitamin D Analogues: Rationale for Treatment. National Kidney Foundation 2011 Spring Clinical Meetings, Las Vegas, Nevada, April 28, 2011.

PUBLICATIONS

1. Mayor, G.H., Hook, J.B., Rech, R.H., Noordewier, B., Sprague, S.M., Keiser, J.A., McCormack, K.M.: Study of PTH, vitamin D, calcium and aluminum kinetics and dialysis encephalopathy. In: Proceedings of the 12th Annual Contractor's Conferences, Department of Health, Education and Welfare, Bethesda, Maryland, pp 36-40, 1978.
2. Mayor, G.H., Keiser, J.A., Sanchez, T.V., Sprague, S.M., Hook, J.B.: Factors effecting tissue aluminum concentration. Journal of Dialysis, 2:471-481, 1978.
3. McCormack, K.M., Ottosen, L.D., Sanger, V.L., Sprague, S.M., Mayor, G.H., Hook, J.B.: Effect of prenatal administration of aluminum and parathyroid hormone on fetal development in the rat. Proceedings of the Society for Experimental Biology and Medicine, 161:74-77, 1979.
4. Sprague, S.M., Carrick, J.T., Wilkinson, B.W., Mayor, G.H.: Determination of nanogram quantities of gold in biological tissues by nondestructive neutron activation analysis. Journal of Radioanalytical Chemistry, 52:419-424, 1979.

5. Mayor, G.H., Sprague, S.M., Hourani, M.R., Sanchez, T.V.: Parathyroid hormone mediated aluminum deposition and egress in the rat. Kidney International, 17:40-44, 1980.
6. Mayor, G.H., Remedi, R.F., Sprague, S.M., Lovell, K.: Central nervous system manifestations of oral aluminum: Effect of parathyroid hormone. Neurotoxicology, 1:33-42, 1980.
7. Mayor, G.H., Sprague, S.M., Sanchez, T.V.: Determinants of tissue aluminum concentration. American Journal of Kidney Diseases, 1:141-145, 1981.
8. Commissaris, R.L., Cordon, J.J., Sprague, S.M., Keiser, J.A., Mayor, G.H., Rech, R.H.: Behavioral changes in rats after chronic aluminum and parathyroid hormone administration. Neurobehavioral Toxicology and Teratology, 4:403-410, 1982.
9. Shore, D., Sprague, S.M., Mayor, G.H., Moreno, E.C., Wyatt, R.J.: Aluminum-fluoride complexes: Preclinical studies. Journal of Environmental Pathology, Toxicology and Oncology, 6:9-14, 1985.
10. Sprague, S.M., Corwin, H.L., Wilson, R.S., Mayor, G.H., Tanner, C.M.: Encephalopathy in chronic renal failure responsive to deferoxamine: Another manifestation of aluminum neurotoxicity. Archives of Internal Medicine, 146:2063-2064, 1986.
11. Sprague, S.M., Umans, J.G.: Aluminum and dihydropteridine reductase in dialysis patients. New England Journal of Medicine, 317:1604-1605, 1987 (Letter).
12. Sprague, S.M.: Aluminum: Its measurement and metabolism. Seminars in Dialysis, 1:103-111, 1988.
13. Warren, G.V., Sprague, S.M., Corwin, H.L.: Sarcoidosis presenting as acute renal failure during pregnancy. American Journal of Kidney Diseases, 12:161-163, 1988.
14. Sprague, S.M., Corwin, H.L., Tanner, C.M., Wilson, R.S., Green, B.J., Goetz, C.G.: Relationship of aluminum to neurocognitive dysfunction in chronic dialysis patients. Archives of Internal Medicine, 148:2169-2172, 1988.
15. Corwin, H.L., Sprague, S.M., DeLaria, G.A., Norusis, M.J.: Acute renal failure associated with open heart surgery: A case-controlled study. Journal of Thoracic and Cardiovascular Surgery, 98:1107-1112, 1989.
16. Sprague, S.M., Bushinsky, D.A.: Mechanism of aluminum induced calcium efflux from cultured neonatal mouse calvariae. American Journal of Physiology 258 (Renal, Fluid and Electrolyte Physiology 27):F583-F588, 1990.

17. Murray, J.C., Tanner, C.M., Sprague, S.M.: Aluminum neurotoxicity: A reevaluation. Clinical Neuropharmacology, 14:179-185, 1991.
18. Spiegel, D.M., Sprague, S.M.: Serum amyloid P component: A predictor of clinical \square_2 -microglobulin amyloidosis. American Journal of Kidney Diseases, 19:427-432, 1992.
19. Sprague, S.M., Moe, S.M.: Safety and efficacy of long-term treatment of secondary hyperparathyroidism by low-dose intravenous calcitriol. American Journal of Kidney Diseases, 19:532-539, 1992.
20. Moe, S.M., Sprague, S.M.: \square_2 -microglobulin induces calcium efflux from cultured neonatal mouse calvariae. American Journal of Physiology 263 (Renal, Fluid and Electrolyte Physiology 32):F540-F545, 1992.
21. Moe, S.M., Barrett, S.A., Sprague, S.M.: \square_2 -microglobulin stimulates osteoclastic mediated bone mineral dissolution from neonatal mouse calvariae. Calcium Regulating Hormones and Bone Metabolism, 11:302-306, 1992.
22. Josephson, M.A., Sprague, S.M., Thistlethwaite, J.R., Stuart, F.P., Dasgupta, A.: Lipid peroxidation products in recipients of renal transplants. Transplant Monitoring, 10:56-60, 1992.
23. Sprague, S.M., Krieger, N.S., Bushinsky, D.A.: Aluminum inhibits formation of bone nodules *in vitro*. American Journal of Physiology 264 (Renal, Fluid and Electrolyte Physiology 33):F882-890, 1993.
24. Moe, S.M., Yu, B.O., Sprague, S.M.: Maintenance of bone mass in patients receiving dialytic therapy. American Journal of Kidney Diseases, 22:300-307, 1993.
25. Hammes, M., DeMory, A., Sprague, S.M.: Hypocalcemia in end stage renal disease: A consequence of spontaneous parathyroid gland infarction. American Journal of Kidney Diseases, 24:519-524, 1994.
26. Sprague, S.M., Krieger, N.S., Bushinsky, D.A.: Greater inhibition of *in vitro* bone mineralization with metabolic than respiratory acidosis. Kidney International, 46:1199-1206, 1994.
27. Moe, S.M., Sprague, S.M.: Uremic encephalopathy. Clinical Nephrology, 42:251-256, 1994.
28. Sprague, S.M., Popovtzer, M.M.: Is \square_2 -microglobulin a mediator of bone disease? Kidney International, 47:1-6, 1995.
29. Sprague, S.M., Popovtzer, M.M.: Mechanism of \square_2 -microglobulin induced bone loss. Blood Purification, 1-2:20-21, 1995.

30. Moe, S.M., Hack, B.K., Cummings, S.A., Sprague, S.M.: Role of interleukin-1 α and prostaglandins in α_2 -microglobulin induced bone mineral dissolution. Kidney International, 47:587-591, 1995.
31. Bartosh, S.M., Sprague, S.M., Nakagawa, Y., Baron, B.W., Aronson, A.J.: Severe hypercalcemia following neonatal liver transplantation. Mineral and Electrolyte Metabolism, 21:428-430, 1995.
32. Bushinsky, D.A., Sprague, S.M., Hallegot, P., Girod, C., Chabala, J.M., Levi-Setti, R.: Effects of aluminum on bone surface ion composition. Journal of Bone and Mineral Research, 10:1988-1997, 1995.
33. Sprague, S.M.: Amyloidosis in dialysis patients. Mediguide to Nephrology, 4:1-4, 1996.
34. Miyata, T., Sprague, S.M.: Advanced glycation of α_2 -microglobulin in the pathogenesis of bone lesions in dialysis associated amyloidosis. Nephrology Dialysis Transplantation, 11:S86-S90, 1996.
35. Sprague, S.M., Moe, S.M.: Clinical manifestations and pathogenesis of dialysis-related amyloidosis. Seminars in Dialysis, 9:360-369, 1996.
36. Sprague, S.M., Popovtzer, M.M., Dranitzki-Elhalal, M., Wald, H.: Parathyroid hormone induced calcium efflux from cultured bone is mediated by protein kinase C translocation. American Journal of Physiology 271 (Renal, Fluid and Electrolyte Physiology 40):F1139-F1146, 1996.
37. Miyata, T., Kawai, R., Taketomi S., Sprague, S.M.: Possible role of advanced glycation end products in osteoclastic bone resorption. Nephrology Dialysis Transplantation, 11 Supplement 5:54-57, 1996.
38. Chiu, M.Y., Sprague, S.M., Bruce, D.S., Woodle, E.S., Thistlethwaite, J.R., Josephson, M.A.: Analysis of fracture prevalence in kidney-pancreas allograft recipients. Journal of the American Society of Nephrology, 9:677-683, 1998.
39. Dranitzki-Elhalal, M., Wald, H., Sprague, S.M., Popovtzer, M.M.: The effect of 24,25 dihydroxyvitamin D₃ on calcium efflux: The role of protein kinase C. Nephrology, 4:157-162, 1998.
40. Whang, K., Tsai, D.C., Nam, E.K., Aitken, M., Sprague, S.M., Patel, P.K., Healy, K.E.: Ectopic bone formation via rhBMP-2 delivery from porous bioabsorbable polymer scaffolds. Journal of Biomedical Materials Research, 42:491-499, 1998.
41. Ramsey-Goldman, R., Dunn, J.E., Dunlop, D.D., Stuart, F.P., Abecassis, M.M., Kaufman, D.B., Langman, C.B., Salinger, M.H., Sprague, S.M.: Increased risk of

- fracture in patients receiving solid organ transplants. Journal of Bone and Mineral Research, 14:456-463, 1999.
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48. Sprague, S.M.: Mechanism of β_2 -microglobulin induced bone loss. Presented to 6th Annual Scientific Sessions, Baxter Healthcare Extramural Grant Program, Chicago, Illinois, May 9-10, 1995.
49. Backenroth R., Parnas, M., Sprague, S., Wald, H., Popovtzer, M.M.: New mutant strain of opossum kidney cells with spontaneously elevated basal cAMP levels: Evidence for key role of cAMP in modulating Na-coupled phosphate uptake. Presented to the Annual Meeting of the Israeli Nephrology Association, June 8, 1995.
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53. Backenroth, R., Parnas, M., Sprague, S.M., Wald, H., Popovtzer, M.M.: Strain of opossum kidney cells with spontaneously elevated basal cAMP levels: Evidence for a key role of cAMP in modulating Na-coupled phosphate uptake. Presented to the 28th Annual Meeting of the American Society of Nephrology, San Diego, California, November 5-8, 1995.
54. Sprague, S.M., Chiu, M., Bruce, D., Josephson, M.A.: Fractures following kidney-pancreas transplantation. Presented to the 10th International Workshop on Calcified Tissues, Jerusalem, Israel, March 10-15, 1996.
55. Chiu, M., Coward, M., Bruce, D., Marshall, C., Sprague, S.M., Woodle, E.S., Thistlethwaite, J.R., Josephson, M.A.: Long term incidence of bone in kidney-pancreas transplant recipients is high. Presented to the 15th Annual Scientific Meeting of American Society of Transplant Physicians, Dallas, Texas, May 26-29, 1996.

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59. Josephson, M. A., Sprague, S.M.: Post-transplant osteopenia in diabetic patients. Presented to 7th Annual Scientific Sessions, Baxter Healthcare Extramural Grant Program, Chicago, Illinois, June 10-11, 1997.
60. Ramsey-Goldman, R., Dunlop, D., Stuart, F., Kaufman, D., Abecassis, M., Salinger, M., Sprague, S.M.: Incidence of self-reported fractures in patients following solid organ transplantation. Presented to the 19th Annual Meeting of the American Society for Bone and Mineral Research, Cincinnati, Ohio, September 10-14, 1997.
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modulating Na-coupled phosphate uptake. Presented to the 30th Annual Meeting of the American Society of Nephrology, San Antonio, Texas, November 2-5, 1997.

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67. Josephson, M.A., Sprague, S.M.: Post-transplant osteopenia in diabetic patients. Presented to 8th Annual Scientific Sessions, Baxter Healthcare Extramural Grant Program, Chicago, Illinois, May 28-29, 1998.
68. Balint, E., Marshall, C., Sprague, S.M.: α_2 -microglobulin induces IL-6 production from osteoblasts. Presented to the Midwestern Regional Meetings for the Central Society of Clinical Research, Chicago, Illinois, September 17-19, 1998.
69. Liu, N., Turbov, J.M., Balint, E., Twaddle, G.M., Marshall, C., Sprague, S.M., Khandekar, J.D., Murthy, M.S.: Combined effects of a growth factor receptor tyrosine kinase inhibitor and estrogen on breast tumor growth and bone metabolism. Presented to the Midwestern Regional Meetings of the Central Society for Clinical Research, Chicago, Illinois, September 17-19, 1998.
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72. Sprague, S.M., Ramsey-Goldman, Langman, C.B., Stern, P.H.: Incidence of fractures in patients undergoing solid organ transplantation. Presented to the Working Group on Post Transplantation Bone Disease, San Francisco, California, November 30, 1998.
73. Balint, E., Marshall, C., Sprague, S.M.: α_2 -microglobulin induces IL-6 release from osteoblasts. Presented to the Keystone Symposium on Molecular Pathogenesis of Bone Disease, March 1999.
74. Marshall, C.F., Balint, E., Sprague, S.M.: Glucose alters bone formation in diabetic bone disease. Presented to the Midwestern Regional Meetings for the Central Society of Clinical Research, Chicago, Illinois, September 1999.

75. Marshall, C.F., Balint, E., Sprague, S.M.: The effect of glucose on bone formation and osteoblast maturation. Presented to the 21st Annual Meeting of the American Society for Bone and Mineral Research, St. Louis, Missouri, September 30- October 4, 1999.
76. Josephson, M.A., Schum, L.P., Marshall, C., Sprague, S.M.: The effect of calcium and vitamin D on post-transplant bone loss. Presented to the 2nd Annual Working Group on Post Transplantation Bone Disease, St. Louis, Missouri, September 30, 1999.
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86. Mena, C., Marshall, C., Sprague, S.M.: Tumor necrosis factor mediates the stimulatory effect of \square_2 -microglobulin on osteoclast formation. Presented to the 23rd Annual Meeting of the American Society for Bone and Mineral Research, Phoenix, Arizona, October 12-16, 2001.
87. Mena, C., Lieberman, J., Sprague, S.M.: Granzyme A stimulates osteoclast formation by inducing TNF- \square production. Presented to the 23rd Annual Meeting of the American Society for Bone and Mineral Research, Phoenix, Arizona, October 12-16, 2001.
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89. Maung, H.M., Elangovan, L., Brown, C.L., Lindberg, J.S., Sprague, S.M., Coburn, J.W., and the 1- \square_2 Study Group: Doxercalciferol [Hectorol[®]] lowers PTH levels without causing hypercalcemia in patients with chronic renal insufficiency and secondary hyperparathyroidism. Presented to the 34th Annual Meeting of the American Society of Nephrology, San Francisco, California, October 14-17, 2001.
90. Mena, C., Turbov, J.M., Marshall, C., Sprague, S.M.: Mechanisms of action of β_2 -microglobulin on osteoclast formation. Presented to the 34th Annual Meeting of the American Society of Nephrology, San Francisco, California, October 14-17, 2001.
91. Wolfson, M., Gehr, T.W., Hamburger, R.J., Sprague, S.M., Kucharski, A., Martis, L., Moberly, J.B., Mujais, S., Ogrinc, F.G.: Pharmacokinetics of icodextrin in peritoneal dialysis patients. Presented to the 34th Annual Meeting of the American Society of Nephrology, San Francisco, California, October 14-17, 2001.
92. Menna, C., Turbov, J., Froelich, C.J., Fujishiro, M., Asano, T., Sprague, S.M.: NF- \square B mediates the production of osteoclastogenic factors by breast cancer cells. Presented to the 24th Annual Meeting of the American Society for Bone and Mineral Research, San Antonio, Texas, September 20-25, 2002.
93. Moe, S.M., Sprague, S.M., Adler, S., Rosansky, S.J., Albizem, M.B., Blaisdell, P.W., Guo, M.D., Goodman, W.G.: The effect of two-year treatment with the calcimimetic AMG 073 on parathyroid hormone levels. Presented to the 35th Annual Meeting of the American Society of Nephrology, Philadelphia, Pennsylvania, November 1-4, 2002.
94. Marx, S., Amdahl, M., Mathes, A., Ng, D., Melnick, J., Sprague, S.M.: Hemodialysis patients receiving paricalcitol experience fewer hospitalizations and hospital days compared to patients receiving calcitriol. Presented to the 35th Annual Meeting of the American Society of Nephrology, Philadelphia, Pennsylvania, November 1-4, 2002.
95. Ho, L.T., Sprague, S.M.: Pamidronate may facilitate calcitriol therapy in advanced

secondary hyperparathyroidism. Presented to the National Kidney Foundation 2003 Clinical Meetings, Dallas, Texas, April 2-6, 2003.

96. Melnick, J., Amdahl, M., Mathes, A., Koch, C., Williams, L., Tian, J., Dobrez, D., Sprague, S.: Improved hospitalization outcomes in hemodialysis patients treated with paricalcitol. Presented to the World Congress of Nephrology, Berlin, Germany, June 8-12, 2003.
97. Moe, S.M., Sprague, S.M., Cunningham, J., Drueke, T., Adler, S., Rosansky, S.J., Albizem, M.B., Guo, M.D., Zani, V., Goodman, W.G.: Long-term treatment of secondary hyperparathyroidism (HPT) with the calcimimetic Cinacalcet HCl. Presented to the 36th Annual Meeting of the American Society of Nephrology, San Diego, California, November 12-17, 2003.
98. Marx, S., Mathes, A., Koch, C., Melnick, J.Z., Kommala, D.R., Dobrez, D., Sprague, S.M.: Treatment with Paricalcitol may result in significant cost savings compared to Calcitriol in chronic hemodialysis patients. Presented to the 36th Annual Meeting of the American Society of Nephrology, San Diego, California, November 12-17, 2003.
99. Tian, J., Dobrez, D., Amdahl, M., Marx, S., Echlin, D., Melnick, J.Z., Sprague, S.M.: Therapy with Paricalcitol was associated with fewer days in the hospital than either Calcitriol or no vitamin D in chronic hemodialysis patients. Presented to the 36th Annual Meeting of the American Society of Nephrology, San Diego, California, November 12-17, 2003.
100. Quarles, L.D., Zeig, S., Spiegel, D.M., Silver, M.R., Vokes, T., Gokal, R., Ölgaard, K., Jadoul, M., Zani, V., Klassen, P., Olson, K.A., Turner, S.A., Sprague, S.M.: Cinacalcet HCl (AMG 073) controls secondary hyperparathyroidism (HPT) in dialysis patients regardless of disease severity. Presented to the 36th Annual Meeting of the American Society of Nephrology, San Diego, California, November 12-17, 2003.
101. Menea, C., Corr, M., Froelich, C.J., Sprague, S.M.: NF- κ B and P38 cross-talk is critical for osteoclast differentiation. Presented to the Combined Annual Meeting of the Central Society for Clinical Research and the Midwestern Section American Federation for Medical Research, Chicago, Illinois, April 14-
102. Frazão, J., Nicolini, M., Torregrossa, V., Kerr, P., Jaeger, P., Sprague, S.M., Jadoul, M., Mellotte, G., Neyer, U., Geiger, H., Hagen, E.C., McCary, L., Baker, N., Turner, S., Quarles, L.D.: Cinacalcet HCl Effectively Reduces Intact Parathyroid Hormone (iPTH) and Ca x P Irrespective of the Severity of Secondary Hyperparathyroidism (HPT). Presented to XLI Congress of the European Renal Association/European Dialysis and Transplantation Society, Lisbon, Portugal, May 15-18, 2004.
103. Menea, C., Corr, M., Froelich, C.J., Sprague, S.M.: NF- κ B and not p38 MAPK is essential for expression and secretion of osteoclastogenic factors by breast cancer cells. Presented to the 26th Annual Meeting American Society of Bone and Mineral

Metabolism, Seattle, Washington, October 1-5, 2004.

104. Mena, C., Corr, M., Froelich, C.J., Sprague, S.M.: NF-kappa B and p38 cross-talk is critical for osteoclast differentiation. Presented to the 26th Annual Meeting American Society of Bone and Mineral Metabolism, Seattle, Washington, October 1-5, 2004.
105. Tian, J., Moe, S.M., Dobrez, D., Amdahl, M., Melnick, J., Williams, L., Sprague, S.M.: The association of baseline lab values and hospitalization outcomes in hemodialysis patients receiving or not receiving vitamin D. Presented to the 37th Annual Meeting of the American Society of Nephrology, St. Louis Missouri, October 29- November 1, 2004.
106. Sprague, S.M., Nicolini, M., Evenepoel, P., Curzi, M., González, T., Husserl, F., Kopyt, N., Abboud, H., Culleton, B., Albizem, M.A., Zani, V., Guo, M.G., Klassen, P.S., Wong, G.K.T.: Maintenance of NKF-K/DOQI™ goals for parathyroid hormone and Ca x P with cinacalcet HCl. Presented to the 37th Annual Meeting of the American Society of Nephrology, St. Louis Missouri, October 29- November 1, 2004.
107. Marx, S.E., Brown, L.M., Ashraf, T., Amdahl, M., Melnick, J.Z., Williams, L.A., Sprague, S.M.: Evaluation of annualized dosing ratio of paricalcitol to calcitriol in hemodialysis patients. Presented to the 37th Annual Meeting of the American Society of Nephrology, St. Louis Missouri, October 29- November 1, 2004.
108. Mittman, N., Finkelstein, F., Cullerton, B., Charytan, C., Agarwal, A., Albizem, M.A., Guo, M.G., Klassen, P.S., Sprague, S.M.: Cinacalcet HCl for the management of secondary hyperparathyroidism in patients receiving peritoneal dialysis. Presented to the 37th Annual Meeting of the American Society of Nephrology, St. Louis Missouri, October 29- November 1, 2004.
109. Coyne, D., Martin, K.J., Qui, P., Acharya, M., Battle, D., Rosansky, S., Abboud, H., Fadem, S., Levine, L., Smolenski, O., Kaplan, M., Williams, L., Sprague, S.M.: Paricalcitol (Zemplar) Capsule Controls Secondary Hyperparathyroidism (SHPT) in Chronic Kidney Disease (CKD) Stages 3 and 4 Patients. Presented to the 37th Annual Meeting of the American Society of Nephrology, St. Louis Missouri, October 29- November 1, 2004.
110. Ghantous, W, Schinleber, P, Roberts, L, Sprague, SM.: Inhibition of parathyroid hormone: Dose equivalency study between paricalcitol and doxercalciferol. Presented to the National Kidney Foundation 2005 Spring Clinical Meetings, Washington, D.C., May 4-8, 2005.
111. Coyne, D., Melnick, J.Z., Tian, J., Williams, L.A., Andress, D., Sprague, S.M.: Paricalcitol therapy has no adverse effect on kidney function. Presented to the National Kidney Foundation 2005 Spring Clinical Meetings, Washington, D.C., May 4-8, 2005.
112. Josephson, M.A., Sprague, S.M.: Cinacalcet use after kidney transplant. Presented to the

American Transplant Congress 2005, Seattle, Washington, May 21-25, 2005.

113. Coyne, D., Martin, K.J., Acharya, M., Andress, D., Qiu, P., Melnick, J.Z., Williams, L.A., Sprague, S.M.: Safety and efficacy of paricalcitol capsule for the treatment of secondary hyperparathyroidism in early stage CKD patients. Presented to the XLII ERA-EDTA Congress, Istanbul Turkey, June 4-7, 2005.
114. Mena, C., Abdouelaziz, A., Lebovitz, J., Froelich, C.J., Sprague, S.M.: NF- κ B p65 subunit is critical for the osteoclastogenic effect of RANKL. Presented to the 27th Annual Meeting American Society of Bone and Mineral Metabolism, Nashville, Tennessee, September 23-27, 2005.
115. Mena, C., Abdouelaziz, A., Froelich, C.J., Sprague, S.M.: p65 subunit is essential for osteoclastogenic factors expression in breast cancer cells. Presented to the 27th Annual Meeting American Society of Bone and Mineral Metabolism, Nashville, Tennessee, September 23-27, 2005.
116. Pramanik, R., Asplin, J., Lindeman, C., Donahue, S., Sprague, S.M., Favus, M., Coe, F.: CSF-1R in the pathogenesis of osteoporosis in idiopathic hypercalciuria. Presented to the 27th Annual Meeting American Society of Bone and Mineral Metabolism, Nashville, Tennessee, September 23-27, 2005.
117. Tang, I., Josephson, M.A., Kopyt, N., Sprague, S.M.: Cinacalcet in Post-Transplant Hyperparathyroidism. Presented to the American Society of Nephrology Renal Week 2005, Philadelphia, Pennsylvania, November 8-13, 2005.
118. Moe, S.M., Goodman, W.G., Cunningham, J., Drueke, T., Adler, S., Rosansky, S.J., Albizem, M.B., Olson, K.A., Addison, J., Sprague, S.M.: Cinacalcet HCl Sustains Long-Term Control of Secondary Hyperparathyroidism. Presented to the American Society of Nephrology Renal Week 2005, Philadelphia, Pennsylvania, November 8-13, 2005.
119. Sprague, S.M., Nicolini, M., Evenepoel, P., Curzi, M., Gonzalez, T., Husserl, F., Kopyt, N., Abboud, H., Culleton, B., Albizem, M.B., Addison, J., Olson, K.A., Klassen, P.S., Wong, G.K.T.: Simultaneous Control of PTH and CA x P Is Sustained over 2 Years of Treatment with Sensipar®/Mimpara® (Cinacalcet HCL). Presented to the American Society of Nephrology Renal Week 2005, Philadelphia, Pennsylvania, November 8-13, 2005.
120. Shirsat, S., Josephson, M.A., Sprague, S.M.: Vitamin D deficiency following renal transplantation. Presented to the American Society of Nephrology Renal Week 2005, Philadelphia, Pennsylvania, November 8-13, 2005.
121. Hristova, M., Ho, L.T., Kim, E., Oliva, R., Sprague, S.M.: Prevalence of 25-Hydroxyvitamin D Insufficiency and Deficiency in CKD Patients. Presented to the American Society of Nephrology Renal Week 2005, Philadelphia, Pennsylvania, November 8-13, 2005.

122. Zisman, A., Hristova, M., Degraf, J., Ho, L.T., Sprague, S.M.: Effects of Treatment of 25-Hydroxyvitamin D Deficiency in CKD Patients. Presented to the American Society of Nephrology Renal Week 2005, Philadelphia, Pennsylvania, November 8-13, 2005.
123. Funes, I., Nash, K., Sprague S.M.: Improved health status in end-stage cardiac patients with congestive heart failure (CHF) using icodextrin. Presented to the Annual Conference on Dialysis. San Francisco, California, February 26-28, 2006.
124. Sprague, S., Charytan, C., Horowitz, J., Tucker, K., Tharpe, D., Lad, P., Wang, O., Turner, S., Block, G.: A prospective observational registry assessing the management and progression of secondary HPT in patients with chronic kidney disease (CKD): Methods and objectives. Presented to the National Kidney Foundation 2006 Spring Clinical Meetings, Chicago, Illinois, April 19-23, 2006.
125. Copley, J., Germain, M., Stern, L., Pankewyckz, O., Katznelson, S., Wang, O., Turner, S., Sprague, S.: Retrospective evaluation of cinacalcet HCl in subjects following renal transplantation. Presented to the XLIII Congress of the European Renal Association-European Dialysis and Transplant Association. Glasgow, United Kingdom, July 15-18, 2006.
126. Sprague, S.M., Germain, M., Stern, L., Pankewyckz, O., Katznelson, S., Wang, O., Turner, S., Copley, J.: Retrospective evaluation of cinacalcet HCl in patients following renal transplantation. Presented to the World Transplant Congress, Boston, Massachusetts, July 22-27, 2006.
127. Mena, C., Abdouclaziz, A., Gal-Moscovici, A., Froelich, C., Sprague, S.M.: The $\text{I}\alpha\text{B-p65}$ complex controls breast cancer bone metastatic lesions *in vivo*. Presented to the 28th Annual Meeting American Society of Bone and Mineral Metabolism, Philadelphia, Pennsylvania, September 15-19, 2006.
128. Gal-Moscovici, A., Mena, C., Tarjan, S., Sprague, S.M.: The inhibitory effect of cyclosporine on osteoclast formation *in vitro* may be reversed by the *in vivo* production of osteoclastogenic factors. Presented to the American Society of Nephrology Renal Week 2006, San Diego, California, November 14-20, 2006.
129. Ross, E., Tian, J., Abboud, H., Hippensteel, R., Melnick, J.Z., Williams, L.A., Hamm, L.L., Sprague, S.M.: Paricalcitol Capsules for the Treatment of Secondary Hyperparathyroidism in Patients on HD or PD. Presented to the American Society of Nephrology Renal Week 2006, San Diego, California, November 14-20, 2006.
130. Shapiro, W., Martinez, C., Charytan, C., Horowitz, J., Tharpe, D., Droge, J., Ling, X., Belozeroff, V., Block, G., Sprague, S.M.: A Prospective Observational Registry Assessing the Management and Progression of Secondary Hyperparathyroidism (HPT) in Patients with Chronic Kidney Disease (CKD): Baseline Data. Presented to the American Society of Nephrology Renal Week 2006, San Diego, California, November 14-20, 2006.

131. Mehrotra, B., Martin, K., Fishbane, S., Sprague, S.M., Zeig, S.: Reformulated higher Dosage strength lanthanum carbonate demonstrates efficacy and tolerability. Presented to the Annual Conference on Dialysis. Denver, Colorado, February 18-20, 2007.
132. Floege, J., Sprague, S.M., Droge, J., Banos, A., Chertow, G.: Advance: the effect of cinacalcet plus low-dose vitamin d on vascular calcification in hemodialysis patients – methods. Presented to the National Kidney Foundation 2007 Spring Clinical Meetings, Orlando, Florida, April 10-15, 2007.
133. Mehrotra, R., Martin, K., Anger, M. , Fishbane, S., Sprague, S.M., Zeig, S.: Reformulated lanthanum carbonate: An analysis of efficacy and safety. Presented to the National Kidney Foundation 2007 Spring Clinical Meetings, Orlando, Florida, April 10-15, 2007.
134. Sprague, S.M., Melnick, J., Tian, J., Hippensteel, R.: Treatment with paricalcitol capsules reduces total and bone-specific alkaline phosphatase in dialysis patients. Presented to the National Kidney Foundation 2007 Spring Clinical Meetings, Orlando, Florida, April 10-15, 2007.
135. Ross, E., Abboud, H., Tian, J., Hippensteel, R., Melnick, J.Z., Hamm, L.L., Sprague, S.M.: Optimized dosing regimen of paricalcitol capsule for treatment of secondary hyperparathyroidism in dialysis patients. Presented to the XLIV ERA-EDTA Congress, Barcelona, Spain, June 21-24, 2007.
136. Shannon, Y.M., Khambati, N., Ho, L.T., Sprague, S.M.: Effects of Ergocalciferol on ESA Requirements in Non-dialysis CKD Patients. American Society of Nephrology Renal Week 2007, San Francisco, California, October 31-November 5, 2007.
137. Khambati, N., Ho, L.T., Sprague, S.M.: Treatment with ergocalciferol and active vitamin D for hyperparathyroidism in CKD. American Society of Nephrology Renal Week 2007, San Francisco, California, October 31-November 5, 2007.
138. Sprague, S.M., Finn, W.F., Qiu, P.: Hyperphosphatemia in chronic kidney disease stages 3 and 4: Findings from a randomized, multi-center trial. Presented at the American Society of Nephrology Renal Week 2007, San Francisco, California, October 31-November 5, 2007.
139. Sprague, S.M., Finn, W., Abboud, H., Qiu, P.: Lanthanum carbonate reduces phosphate burden in patients with CKD stages 3 and 4: Results from a randomized multicenter trial. Presented to the National Kidney Foundation 2008 Spring Clinical Meetings, Dallas, Texas, April 2-6, 2008.
140. Shapiro, W., Martinez, C., Charytan, C., Horowitz, J., Tharpe, D., Droge, J., Ling, X., Belozeroff, V., Goodman, W., Block, G., Sprague, S.M.: Treatment patterns in patients progressing through later-stage chronic kidney disease (CKD): Baseline data from a

prospective observational registry. Presented to the National Kidney Foundation 2008 Spring Clinical Meetings, Dallas, Texas, April 2-6, 2008.

141. Shannon, Y., Khambati, N., Katsulis, Stutz, L., Ho, L.T., Sprague, S.M.: Effects of vitamin D on ESA requirements in CKD stage 3-4. Presented to the National Kidney Foundation 2008 Spring Clinical Meetings, Dallas, Texas, April 2-6, 2008.
142. Ho, L.T., Khambati, N., Sprague, S.M.: Ergocalciferol and active vitamin D for hyperparathyroidism in CKD. Presented to the National Kidney Foundation 2008 Spring Clinical Meetings, Dallas, Texas, April 2-6, 2008.
143. Zhang, E., Daniels, C., Ameer, G., Sprague, S.M.: Removal of advanced glycation end products with a novel extracorporeal bioadsorbent reduces the monocyte inflammatory response. Presented to the National Kidney Foundation 2008 Spring Clinical Meetings, Dallas, Texas, April 2-6, 2008.
144. Finn, W., Sprague, S.M., Abboud, H., Qiu, P.: 25-Hydroxyvitamin D and 1,25-dihydroxyvitamin D levels in patients with CKD stages 3 and 4 are not affected by lanthanum carbonate: Results from a randomized multicentre trial. Presented to the XLV ERA-EDTA Congress, Stockholm, Sweden, May 10-13, 2008.
145. Sprague, S.M., Finn, W., Abboud, H., Qiu, P.: Lanthanum carbonate reduces phosphate burden in patients with CKD stages 3 and 4: Results from a randomized multicentre trial. Presented to the XLV ERA-EDTA Congress, Stockholm, Sweden, May 10-13, 2008.
146. Belen, C., Amdahl, M., Weatherill, A.R., Andress, D., Sprague, S.M.: Treatment with oral paricalcitol reduces bone specific alkaline phosphatase and serum osteocalcin levels in CKD stage 3-5. Presented to the XIV International Congress on Nutrition and Metabolism in Renal Disease, Marseilles, France, June 11-15, 2008.
147. Rambod, M., Sprague, S.M., Kalantar-Zadeh, K.: Association of the marker of adynamic bone disease with malnutrition-inflammation complex in hemodialysis patients. Presented to the 30th American Society of Bone and Mineral Annual Research Meeting, Montreal, Quebec, Canada, September 12-16, 2008.
148. Rambod, M., Sprague, S.M., Kalantar-Zadeh, K.: Serum intact PTH of 100 to 150 pg/ml is associated with greatest survival in maintenance hemodialysis patients. Presented to the 30th American Society of Bone and Mineral Annual Research Meeting, Montreal, Quebec, Canada, September 12-16, 2008.
149. Shannon, Y., Du, H., Ho, L.T., Sprague, S.M.: The use of phosphate binders in non-dialysis CKD patients. Presented to the American Society of Nephrology Renal Week 2008, Philadelphia, Pennsylvania, November 4-9, 2008.
150. Gal-Moscovici, A., Frishman, M., Scherzer, P., Sprague, S.M.: Low turn-over bone disease in early CKD: A potential role of FGF-23. Presented to the American Society of

Nephrology Renal Week 2008, Philadelphia, Pennsylvania, November 4-9, 2008.

151. Belen, C., Du, H., Ho, L.T., Sprague, S.M.: Calcium and Risk of Mortality in Chronic Kidney Disease. Presented to the American Society of Nephrology Renal Week 2008, Philadelphia, Pennsylvania, November 4-9, 2008.
152. Arora, A., Du, H., Ho, L.T., Sprague, S.M.: Association of ergocalciferol treatment and mortality in chronic kidney disease. Presented to the American Society of Nephrology Renal Week 2008, Philadelphia, Pennsylvania, November 4-9, 2008.
153. Huang, M., F., Du, H., Ho, L.T., Sprague, S.M., Kim, G., C.: Outcome differences in a chronic kidney disease management clinic. Presented to the American Society of Nephrology Renal Week 2008, Philadelphia, Pennsylvania, November 4-9, 2008.
154. Sprague, S.M., Zhang, P. Qiu, P.: Lanthanum carbonate vs. sevelamer hydrochloride for the reduction of serum phosphorus in patients on dialysis. Presented to the National Kidney Foundation 2009 Spring Clinical Meetings, Nashville, Tennessee, March 25-29, 2009.
155. Finn, W., Sprague, S.M., Abboud, H., Qiu, P.: Lanthanum carbonate treatment does not affect 25-hydroxyvitamin D (25-OH D) and 1,25-dihydroxyvitamin D (1,25-(OH)₂ D) levels in patients with CKD stages 3 and 4: A randomized trial. Presented to the National Kidney Foundation 2009 Spring Clinical Meetings, Nashville, Tennessee, March 25-29, 2009.
156. Krause, R., Sprague, S.M., Zhang, P., Qiu, P., Ross, E.: Lanthanum carbonate provides greater phosphate reduction than sevelamer hydrochloride over a 4 week treatment period in patients on dialysis. Presented to the World Congress of Nephrology 2009, Milan, Italy, May 22-26, 2009.
157. Fishbane, S., Sprague, S.M., Audhya, P., Andress, D.: A randomized controlled trial to evaluate survival benefits of paricalcitol compared to calcitriol in hemodialysis patients: Futility as a cause for early termination. Presented to the World Congress of Nephrology 2009, Milan, Italy, May 22-26, 2009.
158. Sprague, S.M., Poole, L., Smyth, M.: Greater reduction of serum phosphorus with lanthanum compared with sevelamer hydrochloride in hemodialysis patients. Presented to the American Society of Nephrology Renal Week 2009, San Diego, California, October 27- November 1, 2009.
159. Zhang, E., Lapidos, K., Ameer, G.A., Sprague, S.M.: A novel extracorporeal therapy approach to remove advanced glycation end products. Presented to the American Society of Nephrology Renal Week 2009, San Diego, California, October 27- November 1, 2009.

160. Streja, E., Kovesdy, C.P., Kim, Y., Rambod, M., Sprague, S.M., Nissenson, A.R., Kalantar-Zadeh, K.: Higher serum total alkaline phosphatase is associated with lower bone mineral density in hemodialysis patients. Presented to the American Society of Nephrology Renal Week 2009, San Diego, California, October 27- November 1, 2009.
161. DeGraf, J., Larson, D., Du, H., Kirshenbaum, S., Sprague, S.M., Khosla, N., Ho, L.T.: Effect of ergocalciferol treatment on mineral metabolism in chronic hemodialysis patients. Presented to the National Kidney Foundation 2010 Spring Clinical Meetings, Orlando, Florida, April 13 - 17, 2010.
162. Larson, D., DeGraf, J., Du, H., Kirshenbaum, S., Sprague, S.M., Khosla, N., Ho, L.T.: Administration of oral 25-hydroxyvitamin D: Effects on anemia management in end stage renal disease. Presented to the National Kidney Foundation 2010 Spring Clinical Meetings, Orlando, Florida, April 13 - 17, 2010.
163. Knight, M., Du, H., Ho, L.T., Sprague, S.M.: Effects of IV iron use in non dialysis CKD. American Society of Nephrology Renal Week 2010, Denver, Colorado, November 16 - 21, 2010.
164. Moe, S.M., Bellorin-Font, E.R., Carvalho, A.B., D'Haese, P.C., Druke, T.B., Du H., Ferreira, M.A., Malluche, H.H., Sprague, S.M., Jorgetti, V.: Sensitivity and specificity of guideline PTH targets to differentiate high and low bone turnover. Presented to the American Society of Nephrology Renal Week 2010, Denver, Colorado, November 16 - 21, 2010.
165. Sprague, S.M. Du, H., Manley, T.L., Carvalho, A.B., D'Haese, P.C., Druke, T.B. Ferreira, M.A., Jorgetti, V., Moe, S.M., Malluche, H.H., Bellorin-Font, E.R.: International assessment of TMV classification of bone biopsy in ESKD. Presented to the American Society of Nephrology Renal Week 2010, Denver, Colorado, November 16 - 21, 2010.
166. Malluche, H.H, Bellorin-Font, E.R., Rojas, E., Carvalho, A.B., D'Haese, P.C., Druke, T.B., Ferreira, M.A., Jorgetti, V., Moe, S.M., Sprague, S.M.: Predictive Value of Biomarkers for Bone Turnover in ESKD. Presented to the American Society of Nephrology Renal Week 2010, Denver, Colorado, November 16 - 21, 2010.
167. Khosla, N., Degraf, J.D., Du, H., Sua, J.N., Ho, L.T., Sprague, S.M.: Effect of different ergocalciferol dosing on mineral metabolism and anemia management in end stage kidney disease. Presented to the American Society of Nephrology Renal Week 2010, Denver, Colorado, November 16 - 21, 2010.
168. Khosla, N., Du, H., Patel, N.N., Ho, L.T., Degraf, J.D., Sprague, S.M.: Effect of ergocalciferol on anemia, management in end stage kidney disease. Presented to the American Society of Nephrology Renal Week 2010, Denver, Colorado, November 16 - 21, 2010.

169. Funes, I., Sprague, S.M., Khosla, N.: It can work: Daily hemodialysis in a rehabilitation facility. To be presented to the Annual Dialysis Conference, Phoenix, Arizona, February 20-22, 2011.
170. Kirshenbaum, J., Du, H., Sprague, S.M.: Vitamin D status and calciuria in calcium oxalate nephrolithiasis. Presented to the National Kidney Foundation 2011 Spring Clinical Meetings, Las Vegas, Nevada, April 26-30, 2011.
171. Haque1, M.E., Bokhary, U., Fettman, S., Sprague, S.M., Prasad P.: Preliminary evaluation of renal BOLD MRI for monitoring progression in CKD patients. Submitted to the 19th Annual Meeting of the International Society for Magnetic Resonance in Medicine, Montreal, Canada, May 7-13, 2011.

SELECTED INVITED SEMINARS

1. Aluminum Bone Disease. National Kidney Foundation of Illinois Annual Meeting, Chicago, Illinois, October 11, 1990.
2. Aluminum Toxicity Syndrome in Dialysis Patients. Medical Grand Rounds, University of Chicago, Chicago, Illinois, December 4, 1990.
3. Therapy of Secondary Hyperparathyroidism. Kansas City, Missouri, April 18, 1991.
4. Mechanism of Aluminum Associated Bone Mineral Dissolution. Northwestern University, Chicago, Illinois, September 5, 1991.
5. Pathologic Mechanisms in Aluminum Associated Bone Disease. Yale University, New Haven, Connecticut, October 18, 1991.
6. Low Dose Intravenous Calcitriol. Experts Roundtable on the Prevention and Management of Renal Osteodystrophy. Phoenix, Arizona, December 7, 1991.
7. Cellular Basis for Aluminum Associated Bone Disease. University of Chicago, Chicago, Illinois, December 10, 1991.
8. Overview of Renal Osteodystrophy. Renal Network of Illinois Annual Meeting, Chicago, Illinois, January 24, 1992.
9. Secondary Hyperparathyroidism. Medical Grand Rounds, Loyola University Medical School, Maywood, Illinois, February 26, 1992.
10. Bone Disease in Renal Failure. Lunch with the Experts session of the Clinical Nephrology Meetings of the National Kidney Foundation, Chicago, Illinois, April 10-12, 1992.

11. Renal Bone Disease. Medical Grand Rounds, Evanston Hospital, Evanston, Illinois, May 6, 1992.
12. Calcium Balance in Dialysis Patients. The 2nd Annual University of Wisconsin Nephrology Forum, Madison, Wisconsin, May 28, 1992.
13. Renal Osteodystrophy. The National Center for Advanced Medical Education. Specialty Review in Nephrology. Chicago, Illinois, September 13-17, 1992.
14. Long Term Complications of Renal Failure. Medical Grand Rounds, Christ Hospital and Medical Center, Oak Lawn, Illinois, October 15, 1992.
15. Bone Disease after Kidney Transplantation. National Education Meeting of the National Kidney Foundation of Illinois, Chicago, Illinois, October 17, 1992.
16. \square_2 -Microglobulin Amyloidosis Associated Bone Disease. Rush Presbyterian St. Lukes Medical Center, Chicago, Illinois, April 19, 1993.
17. Serum PTH: What Are We Aiming For and Why? Second Annual Spring Clinical Nephrology Meetings of The National Kidney Foundation, Inc., Chicago, Illinois, April 23, 1993.
18. Role of Bone Biopsy in Patients with Renal Failure. Lunch with the Experts session of the Second Annual Spring Clinical Nephrology Meetings of the National Kidney Foundation, Chicago, Illinois, April 22-25, 1993.
19. Mechanism of \square_2 -microglobulin Induced Bone Mineral Dissolution. Hebrew University-Hadassah Medical Center, Jerusalem, Israel, September 7, 1993.
20. Renal Osteodystrophy. The National Center for Advanced Medical Education. Specialty Review in Nephrology. Chicago, Illinois, September 25-29, 1994.
21. Overview of Renal Bone Disease. Medical Grand Rounds. Lutheran General Hospital, Park Ridge, Illinois, February 1, 1995.
22. The Role of \square_2 -Microglobulin in Dialysis Associated Amyloidosis. Advances In Mineral Metabolism, Snowmass, Colorado, April 2-6, 1995.
23. Bone Manifestations of Dialysis Amyloidosis; Renal Bone Disease, Parathyroid Hormone, and Vitamin Satellite Symposium to the XIIIth International Congress of Nephrology, Seville, Spain, July 7-10, 1995.
24. Pathogenesis of \square_2 -microglobulin Bone Disease. Hebrew University-Hadassah Medical Center, Jerusalem, Israel, July 17, 1995.

25. Bone Disease Post Transplantation. Xth International Workshop on Calcified Tissues, Jerusalem, Israel, March 11, 1996.
26. Renal Osteodystrophy. The National Center for Advanced Medical Education. Specialty Review in Nephrology. Chicago, Illinois, October 7-11, 1996.
27. Osteoporosis and Renal Disease. Saint Mary's Health Center-Michigan State University College of Human Medicine, Grand Rapids, Michigan, June 20, 1997.
28. Bone Effects of Immunosuppressive and Anti-Neoplastic Agents. Meet-The-Professor Session of the 19th Annual Meeting of the American Society for Bone and Mineral Research. Cincinnati, Ohio, September 10-14, 1997.
29. Dialysis Amyloidosis. Renal Grand Rounds, Loyola University Medical School, Maywood, Illinois, October 9, 1997.
30. Λ_2 -Microglobulin Amyloidosis. Renal Grand Rounds, University of Michigan, Ann Arbor, Michigan, February 4, 1998.
31. Post-Transplant Bone Disease. Division of Nephrology, University of Michigan, Ann Arbor, Michigan, February 5, 1998.
32. Renal Osteodystrophy and Divalent Ion Metabolism. Clinical Nephrology Symposium, 31st Annual Meeting of the American Society of Nephrology, Philadelphia, Pennsylvania, October 27, 1998.
33. Mechanisms of Transplantation-Associated Bone Loss. The 6th Symposium on Growth and Development in Children with Chronic Renal Failure "Molecular Basis of Skeletal Growth" of the International Pediatric Nephrology Association, New York, New York, March 12, 1999.
34. Overview of Bone Disease in Dialysis Patients and Indications for Bone Biopsy. 8th Annual National Kidney Foundation Clinical Nephrology Meetings, Washington D.C., April 30, 1999.
35. Malignancies and Disorders of Divalent Cations. 4th Annual Board Review Course & Update. American Society of Nephrology, San Francisco, California, August 28 – September 3, 1999.
36. Nephrolithiasis: Pathogenesis, Diagnosis and Treatment. 4th Annual Board Review Course & Update. American Society of Nephrology, San Francisco, California, August 28 – September 3, 1999.
37. Advanced Issues in Nephrolithiasis. 4th Annual Board Review Course & Update. American Society of Nephrology, San Francisco, California, August 28 – September 3, 1999.

38. Update on Disturbances of Calcium and Phosphorus and Renal Osteodystrophy. Italian Nephrological Congress, Chicago, Illinois October 4-7, 1999.
39. Post-Transplant Bone Disease. Clinical Nephrology Symposium, 32nd Annual Meeting of the American Society of Nephrology, Miami Beach, Florida, November 6, 1999.
40. Overview of Therapeutic Strategies for Transplant Bone Disease. Transplant Bone Disease Meeting, Barcelona, Spain, August 25-26, 2000.
41. Nephrolithiasis: Pathogenesis, Diagnosis and Treatment. 5th Annual Board Review Course & Update. American Society of Nephrology, San Francisco, California, August 26 – September 1, 2000.
42. Advanced Issues in Nephrolithiasis. 5th Annual Board Review Course & Update. American Society of Nephrology, San Francisco, California, August 26 – September 1, 2000.
43. Electrolyte Disturbances in the ICU: Calcium, Magnesium and Phosphate. Postgraduate Education Course of the 33rd Annual Meeting of the American Society of Nephrology, Toronto, Ontario, Canada, October 11-12, 2000.
44. Short and Long Term Histologic and Densitometric Abnormalities Post-Transplantation. Clinical Nephrology Symposium, 33rd Annual Meeting of the American Society of Nephrology, Toronto, Ontario, Canada, October 14, 2000.
45. Overview of transplant associated bone disease. Medical Grand Rounds, Loyola University Medical School, Maywood, Illinois, October 31, 2000.
46. Role of β_2 -microglobulin in causing osteoarthropathy in dialysis amyloidosis. Nephrology Research Conference, University of Texas Southwestern Medical Center, Dallas, Texas, January 8, 2001.
47. Phosphate control: Achieving the right balance. NephroAsia, Singapore, June 15, 2001.
48. Role of phosphate binders and calcimimetics in renal osteodystrophy. NephroAsia, Singapore, June 16, 2001.
49. Healthy bones for a satisfying life. National Kidney Foundation of Illinois, Chicago, Illinois, June 21, 2001.
50. Nephrolithiasis: Pathogenesis, Diagnosis and Treatment. 6th Annual Board Review Course & Update. American Society of Nephrology, Chicago, Illinois, August 25 – 31, 2001.
51. Advanced Issues in Nephrolithiasis. 6th Annual Board Review Course & Update.

- American Society of Nephrology, Chicago, Illinois, August 25 – 31, 2001.
52. Low bone turnover. 34th Annual Meeting of the American Society of Nephrology, San Francisco, California, October 15, 2001.
 53. Post transplant bone disease. Grand Rounds, University of Western Ontario, London, Ontario, Canada, December 4, 2001.
 54. Bone disease in hypercalciuric stone formers. Clinical Nephrology Meetings 2002, National Kidney Foundation, Chicago, Illinois, April 17-21, 2002.
 55. Epidemiology of osteoporotic fractures after organ transplantation. XIX International Congress of the Transplantation Society, Miami, Florida, August 25-30, 2002.
 56. Bone biopsy. Interventional Nephrology: A hands-on approach; Postgraduate Education Course of American Society of Nephrology, Philadelphia, Pennsylvania, October 31, 2002.
 57. What are optimal parathyroid hormone values for dialysis patients? 23rd Annual Dialysis Conference, Seattle Washington, March 2-4, 2003.
 58. Transplant associated bone disease. The Ethics and Science of Transplantation. Kidney and Urology Foundation of America, New York, New York, September 12, 2003.
 59. The role of newer agents to suppress parathyroid hormone release. 36th Annual Meeting of the American Society of Nephrology, San Diego, California, Pennsylvania, November 12-17, 2003.
 60. Kidney stone disease. Update –Nephrology, Genesys Regional Medical Center, Grand Blanc, Michigan, December 10, 2003.
 61. Calcium sensing receptor: A target for new therapeutic agents. 15th Annual Meeting and Clinical care Conference, ESRD Network #12, Kansas City, Missouri, January 15, 2004.
 62. Vitamin D and the prevention of morbidity and mortality in dialysis patients. Regional Meeting of the American Society of Nephrology, Chicago, Illinois, February 6, 2004.
 63. Cardiovascular effects of vitamin D. Regional Meeting of the American Society of Nephrology, Los Angeles, California, February 20, 2004.
 64. New vitamin D analogs: Utility in patients undergoing dialysis. Sociedad Espanola de Nefrologia, Barcelona, Spain, March 12-13, 2004.
 65. Hyperparathyroid bone disease: Vitamin D or Calcimimetics? Renal Grand Rounds, Vanderbilt University Medical Center, Nashville, Tennessee, March 31, 2004.

66. D-Receptor activation: Mechanism of action and clinical implications. National Kidney Foundation 2004 Clinical Meetings, Chicago, Illinois, April 28-May 2, 2004.
67. Transplant bone disease. National Kidney Foundation 2004 Clinical Meetings, Chicago, Illinois, April 28-May 2, 2004.
68. Osteoporosis versus renal osteodystrophy. National Kidney Foundation 2004 Clinical Meetings, Chicago, Illinois, April 28-May 2, 2004.
69. Renal bone disease: A new paradigm. Medical Grand Rounds, Chicago Medical School, North Chicago, Illinois, May 12, 2004.
70. Vitamin D analogs and the treatment of secondary hyperparathyroidism. Presented to XLI Congress of the European Renal Association/European Dialysis and Transplantation Society, Lisbon, Portugal, May 17, 2004.
71. Management of secondary hyperparathyroidism. The Renal Network 2004 Nephrology Conference, Chicago, Illinois June 10-11, 2004.
72. Disorders of calcium and phosphorus metabolism. 9th Annual Board Review Course & Update. American Society of Nephrology, San Francisco, California, August 28 – September 3, 2004.
73. Renal osteodystrophy. 9th Annual Board Review Course & Update. American Society of Nephrology, San Francisco, California, August 28 – September 3, 2004.
74. Bone and mineral management following renal transplantation. Combined Renal and Endocrine Grand Rounds, Columbia University, College of Physicians & Surgeons, New York, New York, October 18, 2004.
75. Chronic Kidney Disease: Early diagnosis, staging and treatment. Illinois Primary Health Care Association 22nd Annual Leadership Conference. St. Louis, Missouri, November 5, 2004.
76. Review of disorders of bone and mineral metabolism. 2nd Annual Regional Meetings of the American Society of Nephrology, Washington DC, February 5-6, 2005, Chicago, Illinois, February 12-13, 2005 & Seattle, Washington, February 26-27, 2005.
77. Meeting therapeutic goals with vitamin D therapy. Annual Dialysis Conference. Tampa, Florida, February 28-March 2, 2005.
78. New Phosphate Binders. Dialysis Annual Dialysis Conference. Tampa, Florida, February 28-March 2, 2005.
79. Addressing the Therapeutic Goals in the Management of Renal Bone Disease. Renal Grand Rounds, Brigham and Women's Hospital/Massachusetts General Hospital,

- Harvard Medical School, March 29, 2005. Controversies in Bone and Mineral Metabolism: To D or not to D—That is the Question? Which vitamin D to use? National Kidney Foundation 2005 Spring Clinical Meetings, Washington, D.C., May 4-8, 2005.
81. Screening for the Prevention and Treatment of Secondary Hyperparathyroidism in Patients with CKD. ENDO 2005, The Endocrine Society's 87th Annual Meeting, San Diego, California, June 4-7, 2005.
 82. Renal Stones-New Concepts in Kidney Stone Formation. Workshop on Mineral Metabolism, Israel Society of Nephrology and Hypertension and Hadassah Hebrew University Medical Center, Tel Aviv, Israel, July 28-29, 2005.
 83. Which Vitamin D Metabolite. Workshop on Mineral Metabolism, Israel Society of Nephrology and Hypertension and Hadassah Hebrew University Medical Center, Tel Aviv, Israel, July 28-29, 2005.
 84. Bone and Mineral Consequences of Impaired Renal Function. Ashland Endocrine Conference 2005. Ashland, Oregon, August 3-6, 2005.
 85. New Therapeutic Options for the Treatment of Secondary Hyperparathyroidism. How do we Improve Clinical Outcomes in Chronic Kidney Disease Patients? London, England, September 14, 2005.
 86. Treating Renal Osteodystrophy in Chronic Kidney Disease (CKD). Bone and Mineral Complications of Chronic Kidney Disease Symposium. 27th Annual Meeting American Society of Bone and Mineral Metabolism, Nashville, Tennessee, September 23-27, 2005.
 87. Chronic Kidney Disease: Early diagnosis, staging and treatment. Illinois Primary Health Care Association 23rd Annual Leadership Conference. Galena, Illinois, November 3, 2005.
 88. Managing Renal Osteodystrophy: A Therapeutic Challenge in Stage III CKD. Renal Week 2005 of the American Society of Nephrology, Philadelphia, Pennsylvania, November 8-13, 2005.
 89. Osteoporosis in Dialysis Patients: Diagnosis and Therapy. Renal Week 2005 of the American Society of Nephrology, Philadelphia, Pennsylvania, November 8-13, 2005.
 90. Review of Disorders of Bone and Mineral Metabolism. Annual Regional Meetings of the American Society of Nephrology, Chicago, Illinois, February 11-12, 2006 & New York, New York, March 11-12, 2006.
 91. Redefining Outcomes in CKD. Annual Regional Meetings of the American Society of Nephrology, Chicago, Illinois, February 11-12, 2006 & New York, New York, March 11-12, 2006.

92. Which Vitamin D Analogues are Best for Patients? Annual Conference on Dialysis, San Francisco, California, February 26-28, 2006.
93. Mechanism of Transplant Associated Bone Disease. Renal Grand Rounds, University of Colorado Renal, February 28, 2006.
94. Chronic Kidney disease Around the World: KDIGO. The Global Bone and Mineral Initiative. National Kidney Foundation 2006 Spring Clinical Meetings, Chicago, Illinois, April 19-23, 2006.
95. The Role of Vitamin D in Cardiovascular Disease. New Therapeutic Approaches to the Management of Renal Diseases 2006. The New York Symposium Long Island College Hospital, Brooklyn, New York, May 5-6, 2006.
96. New Approaches to Managing Secondary Hyperparathyroidism. Vitamin D Receptor Activators: What is their Role in CKD. Prague, Czech Republic, May 13, 2006.
97. Management of Secondary Hyperparathyroidism. Royal Society of Medicine. London, England, June 26, 2006.
98. New Concepts in Renal Bone Disease. North West Kidney Club. Manchester, England, June 28, 2006.
99. Mechanisms of Transplant Associated Bone Loss. The Spectrum of Bone Disorders in CKD-2006. Kidney and Urology Foundation of North America, Boston Massachusetts, September 12, 2006.
100. Cardiovascular Risks, Complications and Survival: Role of Vitamin D. Humber River Regional Medical Center Grand Rounds. Toronto, Ontario, October 31, 2006.
101. Bone and Mineral Metabolism in CKD: Medical Crossfire. American Society of Nephrology Renal Week, San Diego, California, November 16, 2006.
102. Review of Disorders of Bone and Mineral Metabolism. Annual Renal Weekends 2007 Meetings of the American Society of Nephrology, Chicago, Illinois, March 31-April 1, 2007.
103. Current Approach to Earlier use of Vitamin D Receptor Activators in Chronic Kidney Disease. National Kidney Foundation 2007 Spring Clinical Meetings, Orlando, Florida, April 10-14, 2007.
104. Comorbidities Associated with Chronic Kidney Disease. National Kidney Foundation 2007 Spring Clinical Meetings, Orlando, Florida, April 10-14, 2007.
105. Vitamin D in Chronic Kidney Disease. Symposium entitled, Vitamin D: Classical and

- Emerging Roles in Health, Wake Forest University School of Medicine, Asheville, North Carolina, May 18, 2007.
106. Management of Post-Transplant Renal Bone Disease. ENDO 2007, The Endocrine Society's 89th Annual Meeting, Toronto, Ontario, Canada, June 2-5, 2007.
 107. Pathophysiology of Post-transplant Bone Disease. University of Alabama Medical Center., Birmingham, Alabama, October 8, 2007.
 108. CKD and Osteoporosis. 2007 Chronic Kidney Disease Symposium. University of Minnesota, Minneapolis, Minnesota, November 27, 2007.
 109. Renal Transplant Bone Disease. Spectrum of Renal Bone Disease. Brigham and Women's Hospital, Harvard Medical School, Boston, Massachusetts, November 28, 2007.
 110. Review of Disorders of Bone and Mineral Metabolism. Annual Renal Weekends 2008 Meetings of the American Society of Nephrology, Washington, D.C., February 9-10, 2008.
 111. Vitamin D and CKD. Annual Renal Weekends 2008 Meetings of the American Society of Nephrology, Chicago, March 8-9, 2008.
 112. Phosphate Balance in Chronic Kidney Disease. National Kidney Foundation 2008 Spring Clinical Meetings, Gaylord, Texas, April 2-6, 2008.
 113. Does Direct Modulation of the Calcium Sensor Affect Survival? National Kidney Foundation 2008 Spring Clinical Meetings, Gaylord, Texas, April 2-6, 2008.
 114. The Importance of Phosphate Management and the Role of Phosphate Binders in CKD. XLV European Renal Association-European Dialysis and Transplant Association Congress 2008, Stockholm, Sweden, May 10-13, 2008.
 115. Pathophysiology of Transplant Associated Bone Loss. University of Chicago, May 16, 2008.
 116. Management of Transplant Associated Bone Disease. Bay State Medical Center, Springfield, Massachusetts, September 11, 2008.
 117. Osteoporosis in Chronic Kidney Disease. University of Nebraska, Omaha, Nebraska, September 18, 2008.
 118. Phosphorus Balance in Chronic Kidney Disease. Combined Renal and Endocrine Grand Rounds, Columbia University, College of Physicians & Surgeons, New York, New York, October 27, 2008.

119. Vitamin D: Panacea for the Long-Term Dialysis Patient? Third North American Chapter Meeting of the International Society of Peritoneal Dialysis. Vancouver, B.C., Canada, August 27-29, 2009.
120. Disorders of Mineral Metabolism in Chronic Kidney Disease. Endocrine Grand Rounds, Medical College of Wisconsin, Milwaukee, Wisconsin, October 1, 2009.
121. Pathophysiology of Phosphate Retention in CKD: A Comparative Review of the Efficacy and Safety of Phosphate Binders. Cork University, Cork, Ireland, October 22, 2009.
122. Pathophysiology and Management of Phosphate Retention in CKD. Renal Grand Rounds, St. John Hospital & Medical Center, Detroit, Michigan, December 17, 2009.
123. Phosphate Binder Therapy: Making an Informed Choice. Royal College of Physicians. London, England, February 26, 2010.
124. CKD-MBD: A New Paradigm for 2010. Renal Grand Rounds, Henry Ford Hospital, Detroit, Michigan, May 5, 2010.
125. Improving Outcomes in CKD-MBD Through Current Treatments; Effects on Bone Parameters with Lanthanum Carbonate. 16th Pan Hellenic Nephrology Congress, Kos, Greece, June 2-5, 2010.
126. Treatment of Metabolic Bone Disease. 15th Annual Board Review Course & Update. American Society of Nephrology, San Francisco, California, August 28 – September 3, 2010.
127. Renal Osteodystrophy. 15th Annual Board Review Course & Update. American Society of Nephrology, San Francisco, California, August 28 – September 3, 2010.
128. Atypical Fractures in Osteoporotic Patient. Medicine Grand Rounds. NorthShore University HealthSystem, Evanston, Illinois, October 8, 2010
129. Quality Indicators in Chronic Dialysis. First Annual Meeting of NxStage Users. Las Vegas, Nevada, October 10-12, 2010.
130. Management of Mineral and Bone Disorders in the Transplant Patient. American Society of Nephrology Renal Week 2010, Denver, Colorado, November 19, 2010.
131. The Evolution of Bone Disease in CKD-MBD. The 2010 Clinical Research Meeting of the Israeli Society of Nephrology and Hypertension. Jerusalem, Israel, December 9-11, 2010.
132. An Update on Vitamin D and Vitamin D Analogues: Rationale for Treatment: Case Studies. National Kidney Foundation 2011 Spring Clinical Meetings, Las Vegas, Nevada, April 26-30, 2011.

133. Diagnostic Approaches to Post-Transplant Bone Disease. American Transplant Congress, Philadelphia, Pennsylvania, May 4, 2011.
134. Regulating Mineral Disorders Post-transplant: Vitamin D, Calcium and Cinacalcet Use. American Transplant Congress, Philadelphia, Pennsylvania, May 4, 2011.

CHAPTERS, SYMPOSIUM and MONOGRAPHS

1. Shaw, H.L., DeOreo, P., Sprague, S., Heyka, R., Mattern, W., Llach, F., Macon, E.: Calcijex® Grand Rounds: Proceedings of a roundtable discussion. Abbott Laboratories, North Chicago, Illinois, 1989.
2. Moe, S.M., Sprague, S.M.: Evaluating and treating renal osteodystrophy. *Clinical Comment* 7:5-8, University of Chicago Medical Center, Chicago, Illinois, 1991.
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Criterion 1110.1430 (f) – Support Services

I am the Regional Vice President of the Northern Illinois Region of the North Division of Fresenius Medical Care North America. In accordance with 77 Il. Admin Code 1110.1430, I certify to the following:

- Fresenius Medical Care utilizes a patient data tracking system in all of its facilities.
- These support services are available at Fresenius Medical Care RCG - Evanston 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 Northshore University Health System, Evanston or St. Francis Hospital, Evanston:
 - Blood Bank Services
 - Rehabilitation Services
 - Psychiatric Services



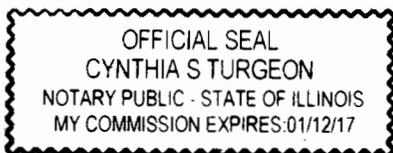
Signature

Brian Brandenburg/Regional Vice President
Name/Title

Subscribed and sworn to before me
this 10th day of JUNE, 2013

Cynthia S. Turgeon
Signature of Notary

Seal

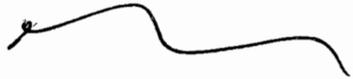


Criterion 1110.1430 (j) – Assurances

I am the Regional Vice President of the Northern Illinois Region of the North Division of Fresenius Medical Care North America. In accordance with 77 Il. Admin Code 1110.1430, and with regards to Fresenius Medical Care RCG - Evanston, I certify the following:

1. As supported in this application through expected referrals to Fresenius Medical Care RCG - Evanston in the first two years after the addition of the new 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 hemodialysis patients at Fresenius Medical Care RCG - Evanston have achieved adequacy outcomes of:
 - o 93% of patients had a URR \geq 65%
 - o 93% of patients had a Kt/V \geq 1.2

These are expected to remain consistent.

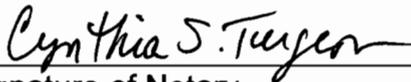


Signature

Brian Brandenburg/Regional Vice President

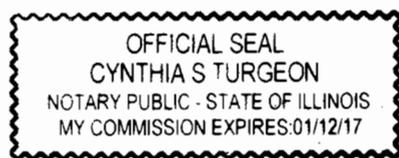
Name/Title

Subscribed and sworn to before me
this 10th day of JUNE, 2013



Signature of Notary

Seal



Assurances

ATTACHMENT – 26j

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.

2012 Financial Statements for Fresenius Medical Care Holdings, Inc. were submitted previously to the Board with Fresenius Medical Care Lemont CON application and are the same financials that pertain to this application. In order to reduce bulk these financials can be referred to if necessary.

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 Mod.		Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod. Circ.*		Const. \$ (A x C)	Mod. \$ (B x E)	
ESRD		\$33.33			900			30,000	30,000
Contingency		0			900			30,000	30,000
TOTALS		\$33.33			900			30,000	30,000

* Include the percentage (%) of space for circulation

The addition of 6 stations at the RCG-Evanston facility will only incur plumbing costs and no other construction or architecture costs.

Criterion 1120.310 (d) – Projected Operating Costs

Year 2016

Salaries	\$957,112
Benefits	239,278
Supplies	<u>232,714</u>
Total	\$1,429,104

Annual Treatments 14,976

Cost Per Treatment \$95.43

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

Year 2016

Depreciation/Amortization	\$146,363
Interest	<u>0</u>
CAPITAL COSTS	\$146,363

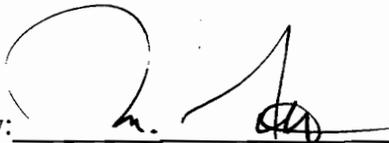
Treatments: 14,976

Capital Cost per treatment \$9.77

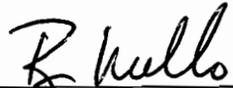
Criterion 1120.310(a) Reasonableness of Financing Arrangements

Dialysis Centers of America – Illinois, 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: Mark Fawcett
Vice President & Treasurer

By: 

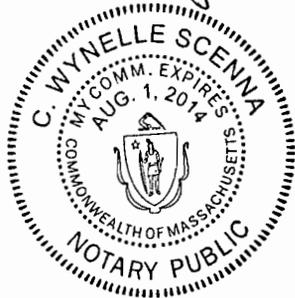
Title: Bryan Mello
Assistant Treasurer

Notarization:
Subscribed and sworn to before me
this _____ day of _____, 2013

Notarization:
Subscribed and sworn to before me
this 24 day of June, 2013

Signature of Notary  Signature of Notary

Seal



Seal

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: Mark Fawcett
Vice President & Treasurer

By: 
Title: Bryan Mello
Assistant Treasurer

Notarization:
Subscribed and sworn to before me
this _____ day of _____, 2013

Notarization:
Subscribed and sworn to before me
this 24 day of June, 2013

Signature of Notary  Signature of Notary

Seal

Seal



Criterion 1120.310(b) Conditions of Debt Financing

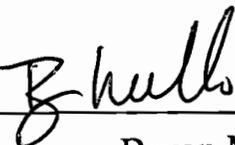
Dialysis Centers of America - Illinois, Inc.

In accordance with 77 ILL. ADM Code 1120, Subpart D, Section 1120.310, of the Illinois Health Facilities Planning 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: Mark Fawcett
Vice President & Treasurer

By: 
ITS: Bryan Mello
Assistant Treasurer

Notarization:
Subscribed and sworn to before me
this _____ day of _____, 2013

Notarization:
Subscribed and sworn to before me
this 24 day of June, 2013

Signature of Notary

C. Wynelle Scenna

Signature of Notary

Seal



Seal

Criterion 1120.310(b) Conditions of Debt Financing

Fresenius Medical Care Holdings, Inc.

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

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

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

By: 
ITS: Mark Fawcett
Vice President & Treasurer

By: 
ITS: Bryan Mello
Assistant Treasurer

Notarization:
Subscribed and sworn to before me
this _____ day of _____, 2013

Notarization:
Subscribed and sworn to before me
this 24 day of June, 2013

Signature of Notary  Signature of Notary

Seal



Safety Net Impact Statement

The expansion of the Fresenius Medical Care Evanston dialysis facility will not have an impact on safety net services in the Evanston area. Outpatient dialysis services are not typically considered "safety net" services, to the best of our knowledge. 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. We assist patients who do not have insurance in enrolling when possible in Medicaid and/or Medicare as applicable, and also our social services department assists patients who have issues regarding transportation and/or who are wheel chair bound or have other disabilities which require assistance with respect to dialysis services and transport to and from the unit.

This particular 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 is a for-profit publicly traded company and is not required to provide charity care, nor does it do so according to the Board's definition. However, Fresenius Medical Care provides care to all patients regardless of their ability to pay. There are patients treated by Fresenius who either do not qualify for or will not seek any type of coverage for dialysis services. These patients are considered "self-pay" patients. These patients are invoiced as all patients are invoiced, however payment is not expected and Fresenius does not initiate any collections activity on these accounts. These unpaid invoices are written off as bad debt. 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 on the following page 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 Medical Care facilities in Illinois.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Net Revenue	\$397,467,778	\$353,355,908	\$387,393,758
	2010	2011	2012
Charity * (# of self-pay patients)	146	93	203
Charity (cost in dollars)	\$1,307,966	\$632,154	\$1,536,372
Ratio Charity Care Cost to Net Patient Revenue	.33%	0.18%	.40%
MEDICAID			
	2010	2011	2012
Medicaid (# of patients)	1,828	1,865	1,705
Medicaid (revenue)	\$44,001,539	\$42,367,328	\$36,254,633
Ratio Medicaid to Net Patient Revenue	11.07%	12%	12.99%

2011 & 2012 data accounts for in-center hemodialysis only. 2010 data included some home dialysis patients and we were unable to remove them from the above numbers.

Charity Care Information

The applicant(s) do not provide charity care at any of their facilities per the Board's definition. They do provide uncompensated care. The applicant(s) are for profit corporations and do not receive the benefits of not for profit entities, such as sales tax and/or real estate exemptions, or charitable donations. The applicants are not required, by any State or Federal law, including the Illinois Healthcare Facilities Planning Act, to provide charity care. The applicant(s) are prohibited by Federal law from advising patients that they will not be invoiced for care, as this type of representation could be an inducement for patients to seek care prior to qualifying for Medicaid, Medicare or other available benefits.

The applicants do provide access to care at all of its clinics regardless of payer source or whether a patient is likely to receive treatments for which the applicants are not compensated. Uncompensated care occurs when a patient is not eligible for any type of insurance coverage (whether private or governmental) and receives treatment at our facilities. It is rare in Illinois for patients to have no coverage as patients who are not Medicare eligible are Medicaid eligible. This represents a small number of patients, as Medicare covers all dialysis services as long as an individual is entitled to receive Medicare benefits (i.e. has worked and paid into the social security system as a result) regardless of age. In addition, in Illinois Medicaid covers patients who are undocumented and/or who do not qualify for Medicare, and who otherwise qualify for public assistance. Also, the American Kidney Fund provides low cost insurance coverage for patients who meet the AKF's financial parameters and who suffer from end stage renal disease (see uncompensated care attachment). The applicants work with patients to procure coverage for them as possible whether it be Medicaid, Medicare and/or coverage through the AKF. The applicants donate to the AKF to support its initiatives.

If a patient has no available insurance coverage, they are billed for services rendered, and after three statement reminders the charges are written off as 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

Nearly all dialysis patients in Illinois will qualify for some type of coverage and Fresenius works aggressively to obtain insurance coverage for each patient.

Uncompensated Care For All Fresenius Facilities in Illinois

CHARITY CARE			
	2010	2011	2012
Net Patient Revenue	\$397,467,778	\$353,355,908	\$387,393,758
Amount of Charity Care (charges)	\$1,307,966	\$632,154	\$1,536,372
Cost of Charity Care	\$1,307,966	\$632,154	\$1,536,372
Ratio Charity Care Cost to Net Patient Revenue	0.33%	0.18%	0.40%

Fresenius Medical Care North America Community Care

Fresenius Medical Care North America (FMCNA) assists all of our patients in securing and maintaining insurance coverage when possible. However, even if for whatever reason insurance (governmental or otherwise) is not available FMCNA does not deny admission for treatment due to lack of insurance coverage.

American Kidney Fund

FMCNA works with the American Kidney Fund (AKF) to help patients with insurance premiums at no cost to the patient.

Applicants must be dialyzed in the US or its territories and referred to AKF by a renal professional and/or nephrologist. The Health Insurance Premium Program is a “last resort” program. It is restricted to patients who have no means of paying health insurance premiums and who would forego coverage without the benefit of HIPP. Alternative programs that pay for primary or secondary health coverage, and for which the patient is eligible, such as Medicaid, state renal programs, etc. must be utilized. Applicants must demonstrate to the AKF that they cannot afford health coverage and related expenses (deductible etc.).

Our team of Financial Coordinators and Social Workers connect patients who cannot afford to pay their insurance premiums, with AKF, which provides financial assistance to the patients for this purpose. FMCNA’s North Division currently has 2986 patients with primary insurance coverage and 7469 patients with secondary insurance coverage for a total of 10,455 patients receiving AKF assistance. For the state of Illinois we have 632 primary and 1503 secondary patients receiving AKF assistance. The benefit of working with the AKF is the insurance coverage which AKF facilities applies to all of the patient’s insurance needs, not just coverage for dialysis services.

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. 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 two (2) times the Federal Poverty Standard in effect at the time. Patients whose annual income is greater than two (2) 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 \$75,000 (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. Patients may have dual coverage of AKF assistance and an Indigent Waiver if their financial status qualifies them for both programs.

FMCNA North Division currently has 718 active Indigent Waivers. 21 cover primary balances which means the patient has no insurance coverage, and 697 cover patient balances where there is no supplemental insurance.

Illinois currently has 5 active Indigent Waivers that cover the supplemental balances after the primary insurance pays. There isn’t a high volume of Indigent Waivers issued in Illinois because patients are entitled to Medicaid coverage in Illinois.

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 of their healthcare needs, including transportation to their appointments.

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.

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).

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. Patients must have Part B coverage for dialysis services.

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 or not they meet AKF eligibility requirements.

Medical Group

2650 Ridge Avenue
Evanston, IL 60201
www.northshore.org

(847) 570-2512
(847) 570-1696 Fax

August 12, 2013

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

Dear Ms. Avery:

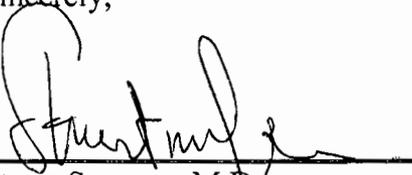
I am a nephrologist practicing with NorthShore Faculty Practice Associates, Division of Nephrology and Hypertension (NSFPA) serving the northeast Chicago suburbs. We are a major referral source to the Fresenius Evanston dialysis facility and also admit patients to several of the other north side facilities. The Fresenius Evanston facility had a stable census for several years that fell under the State Board target of 80% contributing to the decision by Fresenius Medical Care to remove 8 stations and use them to establish their Northfield facility. Contrary to observed trends, the census began to rise and 2 of the stations were returned to service. The facility is now at 79.76% utilization and I do not foresee a slowdown in admissions of new ESRD patients. I am in full support of adding the remaining 6 stations back to the facility to allow for continued access to dialysis services.

We were treating 90 hemodialysis patients at the end of 2010, 82 at the end of 2011 and 146 at the end of 2012 (most recent quarter) as reported to The Renal Network. Over the past twelve months we have referred 182 patients for dialysis services to Center for Renal Replacement, DaVita Evanston, Satellite Glenview, Fresenius Evanston, Glenview and Deerfield. There are currently 67 ESRD patients dialyzing at the Fresenius Evanston clinic. We have 247 pre-ESRD patients that live in the zip codes surrounding the Evanston facility who will be requiring dialysis services in the next three years. Of these I expect 13 to begin in the upcoming year and another 83 to begin in the first two years after project completion at the Evanston clinic. These numbers do not reflect the significant number of patients who present in the emergency room in active kidney failure who will also be admitted to the facility.

I respectfully ask the Board to approve the addition of 6 stations to the Fresenius Evanston facility in order to keep access available to this patient population. Thank you for your consideration.

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 to support the 6-station addition in this document were not used to support any other CON application.

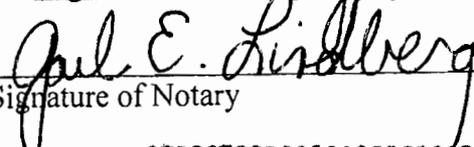
Sincerely,



Stuart Sprague, M.D.

Notarization:

Subscribed and sworn to before me
this 13 day of August 2013



Signature of Notary

Seal



CURRENT FRESenius MEDICAL CARE EVANSTON PATIENTS
AS OF 8/1/2013

Zip Code	Patients
60025	1
60053	2
60076	8
60077	3
60091	2
60093	3
60099	1
60201	21
60202	8
60626	7
60645	5
60659	1
60660	1
60712	4
Total	67

PRE-ESRD PATIENTS OF NSFPA THAT WILL BEGIN DIALYSIS AT
FRESenius MEDICAL CARE EVANSTON

Pre-ESRD to be referred to Fresenius Evanston				
Zip Code	Next 12 Mos Stage 5	Year One Stage 4	Year 2 Stage 3²	
60076	4	13	43	
60091	3	18	35	
60201¹	3	11	70	
60202¹	3	1	42	
60208	0	0	1	Total
Totals	13	43	191	247

Final Breakdown				
# Patients who are expected to begin dialysis after patient attrition.	Next 12 Mos Stage 5	Year One Stage 4	Year 2-3 Stage 3	
	13	30	53	Total
				96

1. Patient numbers for Stage 5, year one were reduced to account for any patients from #12-010 , DaVita Evanston relocation to avoid any possible duplication of patient referrals duplication of patient referrals.
2. Patients in Stage 3 will likely not all start in year 2. Some may start in year 3 or even 4 so only those expected to begin in year 2 were in final count. It is difficult to determine exactly when a patient will begin dialysis two to three years out due to varying patient clinical outcomes.

NEW REFERRALS OF NSFPA PRACTICE FOR
7/1/2012 THROUGH 6/30/2013

New ESRD Referrals for 7/1/2012 through 6/30/2013	
CENTER FOR RENAL REPLACEMENT	9
60645	9
DAVITA EVANSTON	28
60201	21
60202	2
60626	1
60645	4
FRESENIUS EVANSTON	61
60076	9
60201	12
60202	22
60622	2
60645	3
60646	9
60659	4
FRESENIUS GLENVIEW	48
60016	14
60025	9
60070	8
60093	2
60176	1
60714	9
99999	5
FRESENIUS DEERFIELD	2
60090	2
SATELLITE GLENVIEW	34
60016	5
60025	13
60026	8
60035	2
60062	6
Grand Total	182

PATIENTS OF NSFPA FOR YEAR END 2010, 2011 & 2012

Division of Nephrology & Hypertension, Active In-Center Only HD Patients For Year End 2010, 2011 and 2012*								
12/31/2010			12/31/2011			12/31/2012		
Count of Patients			Count of Patients			Count of Patients		
ESRD Treatment Facility	ZIP	Total	ESRD Treatment Facility	ZIP	Total	ESRD Treatment Facility	ZIP	Total
DAVITA BIG OAKS	60053	1	DAVITA BIG OAKS	60053	1	CENTER FOR RENAL REPLACEMENT	60076	1
DAVITA BIG OAKS Total		1	DAVITA BIG OAKS Total		1		60077	1
DAVITA EVANSTON	60026	1	DAVITA EVANSTON	60018	1		60645	1
	60090	1		60025	2		60646	1
	60015	1		60026	1	CENTER FOR RENAL REPLACEMENT Total		4
	60025	1		60090	1	DAVITA EVANSTON	60202	4
	60073	1		60073	1		60618	1
	60076	2		60076	1		60712	1
	60077	1		60091	1		60073	1
	60091	1		60093	1		60077	1
	60201	7		60201	9		60091	1
	60202	9		60202	9		60201	11
	60203	1		60203	2		60202	6
	60625	1		60626	2		60203	2
	60626	3		60640	1		60626	2
	60630	1		60645	3		60645	4
	60640	1		60660	1	DAVITA EVANSTON Total		34
	60645	2		60712	1	FRESENIUS EVANSTON	60025	1
DAVITA EVANSTON Total		34	DAVITA EVANSTON Total		37		60044	1
FRESENIUS EVANSTON	60053	1	FRESENIUS EVANSTON	60053	2		60053	3
	60076	3		60076	1		60076	5
	60091	3		60077	1		60077	2
	60093	3		60093	3		60091	2
	60099	1		60099	1		60093	3
	60201	6		60201	5		60099	1
	60202	4		60202	3		60201	13
	60204	1		60204	1		60202	8
	60615	1		60626	2		60204	1
	60625	1		60645	1		60619	1
	60645	1		60659	1		60626	4
	60652	1		60712	1		60645	3
	60659	1	FRESENIUS EVANSTON Total		22		60646	1
	60660	1	FRESENIUS GLENVIEW	60025	2		60656	1
	60712	1		60026	1		60659	1
FRESENIUS EVANSTON Total		29		60035	1		60660	1
FRESENIUS GLENVIEW	60015	1		60053	1		60712	3
	60016	1		60056	2	FRESENIUS EVANSTON Total		55
	60025	3		60062	3	FRESENIUS GLENVIEW	60004	1
	60026	2		60070	2		60016	1
	60056	3		60090	3		60025	6
	60062	4		60640	1		60026	2
	60070	1		60645	1		60035	1
	60077	1	FRESENIUS GLENVIEW Total		17		60056	2
	60090	3	FRESENIUS NILES	60031	1		60062	3
	60093	1		60053	1		60067	1
	60546	1		60706	1		60070	2
	60640	1		60714	1		60090	3
FRESENIUS GLENVIEW Total		22	FRESENIUS NILES Total		4	FRESENIUS GLENVIEW Total		23
FRESENIUS NILES	60053	1	FRESENIUS - CHICAGO	60656	1	FRESENIUS NILES	60031	1
	60631	1	FRESENIUS - CHICAGO Total		1		60053	1
	60706	1	Grand Total		82		60706	1
FRESENIUS NILES Total		3					60717	1
FRESENIUS SKOKIE	60202	1				FRESENIUS NILES Total		4
FRESENIUS SKOKIE Total		1				FRESENIUS - CHICAGO	60171	1
Grand Total		90					60656	1
						FRESENIUS - CHICAGO Total		2
						FRESENIUS SKOKIE	60202	1
						FRESENIUS SKOKIE Total		1
						FRESENIUS MEDICAL SERVICE	60015	2
							60026	1
							60035	1
							60062	5
							60089	1
						FRESENIUS MEDICAL SERVICE Total		10
						SATELLITE GLENVIEW	60025	2
							60026	2
							60062	3
							60090	2
							60625	1
							60634	1
							60640	1
							60714	1
						SATELLITE GLENVIEW Total		13
						Grand Total		146

*Most recent quarter for available data was also 12-2012.

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August 12, 2013

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

Dear Ms. Avery:

I am the Medical Director of the Fresenius Medical Care Evanston dialysis facility. While this facility historically has had a somewhat low utilization rate, over the past year we have experienced a significant increase of new ESRD patients being referred here. The facility is now approaching the State Board's standard of 80%. Due to this continued growth and the current high utilization of the facility I am in full support of the 6-station addition to the facility bringing it back to its prior 20-station count.

NorthShore Faculty Practice has a large and growing nephrology division serving the north east suburbs of Chicago. Stuart Sprague, M.D. along with his partners admit the majority of patients to the Evanston facility. I support his efforts to proactively seek additional access for his patients in the Evanston area. As clinics reach 80% utilization and above, shift choice for new patients becomes limited. It is in the patient's best interest to have them dialyze on a shift that best suits their personal/work schedule and transportation options. The additional stations will provide this much needed access.

I therefore, respectfully ask the Board to vote to approve the 6-station expansion at the Fresenius Evanston facility. Thank you for your consideration of this matter.

Sincerely,



Nancy Nora, M.D.