13-054

ORIGINAL

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

RECEIVED
AUG 20 2013
HEALTH FACILITIES & SERVICES REVIEW BOARD

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name:	NxStage Oak Brook
Street Address:	1600 West 16th Street Oak Brook, IL 60521
City and Zip Code:	Oak Brook, IL 60521
County: DuPage	Health Service Area VII Health Planning Area: n/a

Applicant /Co-Applicant Identification
[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name:	NxStage Oak Brook, LLC
Address:	350 Merrimack Street Lawrence, MA 01843
Name of Registered Agent:	
Name of Chief Executive Officer:	Robert S. Brown
CEO Address:	350 Merrimack Street Lawrence, MA 01843
Telephone Number:	978/332-5971

Type of Ownership of Applicant/Co-Applicant

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

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

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

Primary Contact
[Person to receive all correspondence or inquiries during the review period]

Name:	Jacob M. Axel
Title:	President
Company Name:	Axel & Associates, Inc.
Address:	675 North Court Suite 210 Palatine, IL 60067
Telephone Number:	847/776-7101
E-mail Address:	jacobmaxel@msn.com
Fax Number:	847/776-7004

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

Name:	none
Title:	
Company Name:	
Address:	
Telephone Number:	
E-mail Address:	
Fax Number:	

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name:	NxStage Oak Brook				
Street Address:	1600 West 16th Street Oak Brook, IL 60521				
City and Zip Code:	Oak Brook, IL 60521				
County:	DuPage	Health Service Area	VII	Health Planning Area:	n/a

Applicant /Co-Applicant Identification
[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name:	NxStage Medical, Inc.
Address:	350 Merrimack Street Lawrence, MA 01843
Name of Registered Agent:	CT Corporation System
Name of Chief Executive Officer:	Jeffrey H. Burbank
CEO Address:	350 Merrimack Street Lawrence, MA 01843
Telephone Number:	978/332-5971

Type of Ownership of Applicant/Co-Applicant

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

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

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

Primary Contact
[Person to receive all correspondence or inquiries during the review period]

Name:	Jacob M. Axel
Title:	President
Company Name:	Axel & Associates, Inc.
Address:	675 North Court Suite 210 Palatine, IL 60067
Telephone Number:	847/776-7101
E-mail Address:	jacobmaxel@msn.com
Fax Number:	847/776-7004

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

Name:	none
Title:	
Company Name:	
Address:	
Telephone Number:	
E-mail Address:	
Fax Number:	

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:	John Lawrence
Title:	Director of Business Development
Company Name:	NxStage Medical, Inc.
Address:	350 Merrimack Street Lawrence, MA 01843
Telephone Number:	978/332-8312
E-mail Address:	jlawrence@nxstage.com
Fax Number:	978/332-8421

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Oaks Improvement, LLC

Address of Site Owner: c/o DLC Management Corp. 580 White Plains Road Tarrytown, NY 10591

Street Address or Legal Description of Site: 1600 West 16th Street Oak Brook, IL 60521

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: NxStage Oak Brook, LLC

Address: 350 Merrimack Street Lawrence, MA 01843

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

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

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

Organizational Relationships

Provide (for each 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.]

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.]

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:	Part 1120 Applicability or Classification: [Check one only.]
X Substantive	☐ Part 1120 Not Applicable
☐ Non-substantive	☐ Category A Project
	X Category B Project
	☐ DHS or DVA Project

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.

The applicants propose to establish a facility for the provision of non-traditional dialysis modalities in leased space in Oak Brook, Illinois. The services to be provided at NxStage Oak Brook include:

- home hemodialysis training and management
- peritoneal dialysis, training and management
- 4-6 times-a-week in-center self-care hemodialysis
- Respite dialysis

Eight (8) ESRD stations (including one isolation station), to be consistent with the minimum number of stations allowable under review criterion 1110.1430.g, will be provided to support the 4-5 times-a-week hemodialysis and respite dialysis programs. Please see Attachment 12 for further discussion of the services to be provided. Traditional three times-a-week dialysis will not be provided.

"Respite care" addresses the short-term needs of ESRD patients on home dialysis, when either the patient, or in many instances, the care-giver, cannot provide dialysis in the home for a period of time not to exceed thirty (30) days. Respite care dialysis will be provided on approximately the same schedule as the patient's home dialysis, usually 4-6 times-a-week.

Neither the home dialysis nor the peritoneal programs require a Certificate of Need Permit, based on consultation with IHFSRB staff.

This is a substantive project, proposing the establishment of a health care facility.

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	$7,500		$7,500
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts	$433,000		$433,000
Contingencies	$22,000		$22,000
Architectural/Engineering Fees	$50,000		$50,000
Consulting and Other Fees	$60,000		$60,000
Movable or Other Equipment (not in construction contracts)--Purchased	$262,000		$262,000
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment	$212,240		$212,240
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	$1,046,740		$1,046,740
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities	$834,500		$834,500
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)	$212,240		$212,240
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	$1,046,740		$1,046,740

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

Related Project Costs

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

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

The project involves the establishment of a new facility or a new category of service
X 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 $ 60,000.

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:

☐ None or not applicable ☐ Preliminary

X Schematics ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): September 30, 2014

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

☐ Purchase orders, leases or contracts pertaining to the project have been executed.
☐ Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies
X 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 **not applicable**

Are the following submittals up to date as applicable:
☐ Cancer Registry
☐ APORS
☐ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
☐ All reports regarding outstanding permits
Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

Cost Space Requirements

Provide in the following format, the 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.**

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area	**Cost**	**Existing**	**Proposed**	**New Const.**	**Modernized**	**As Is**	**Vacated Space**
REVIEWABLE							
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:

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

This Application for Permit is filed on the behalf of _NxStage Oak Brook, LLC_____ _*

in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application 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	SIGNATURE
ROBERT S. BROWN	MICHAEL A O'CONNELL
PRINTED NAME	PRINTED NAME
PRESIDENT	VP
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 8th day of August 2013	Notarization: Subscribed and sworn to before me this 14th day of August 2013
Signature of Notary	Signature of Notary
Seal	Seal

IRENE M. TYLER-JOHNSON
Notary Public
Commonwealth of Massachusetts
My Commission Expires
September 13, 2013

NOTARIAL SEAL STATE OF OHIO

CYNTHIA BESHADA
Notary Public
In and For the State of Ohio
My Commission Expires July 27, 2014

STATE OF OHIO
COUNTY OF MONTGOMERY

*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:

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

This Application for Permit is filed on the behalf of NxStage Medical, 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	SIGNATURE
MATTHEW W. TOWSE	Jeffrey H Burbank
PRINTED NAME	PRINTED NAME
SVP, CFO	CEO
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 13th day of August, 2013	Notarization: Subscribed and sworn to before me this 13th day of August, 2013
Signature of Notary	Signature of Notary
Seal	Seal

IRENE M. TYLER-JOHNSON
Notary Public
Commonwealth of Massachusetts
My Commission Expires
September 13, 2013

*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. **none**
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 Agency 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?
ESRD (8 stations)	2,704 DGSF	3,760 DGSF	(1,056 DGSF)	YES

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	ESRD		3,200	6,000	NO
YEAR 2	ESRD		4,800	6,000	NO

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

UNFINISHED OR SHELL SPACE:

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 tot 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:

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.

G. Criterion 1110.1430 - In-Center Hemodialysis

1. Applicants proposing to establish, expand and/or modernize In-Center Hemodialysis must submit the following information:

2. Indicate station capacity changes by Service: Indicate # of stations changed by action(s):

Category of Service	# Existing Stations	# Proposed Stations
X In-Center Hemodialysis	0	8

3. 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 <u>ATTACHMENT-26,</u> IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

4. Projects for relocation of a facility from one location in a planning area to another in the same planning area must address the requirements listed in subsection (a)(1) for the "Establishment of Services or Facilities", as well as the requirements in Section 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:**

_$834,500__	a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
_____	b) Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
_____	d) Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5) For any option to lease, a copy of the option, including all terms and conditions.
_____	e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_$212,240_	g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project. **FMV of leases**
$1,046,740	**TOTAL FUNDS AVAILABLE**

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

IX. **1120.130 - Financial Viability** **not applicable, no debt to be used**

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. **All of the projects capital expenditures are completely funded through internal sources**
2. **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**
3. **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-40, 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				
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 41, 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 **not applicable, no debt to be used**

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

1) That the selected form of debt financing for the project will be at the lowest net cost available;

2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;

3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

C. **Reasonableness of Project and Related Costs**

Read the criterion and provide the following:

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

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE

Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Cost/Square Foot Mod.	Gross Sq. Ft. New	Gross Sq. Ft. Circ.*	Gross Sq. Ft. Mod.	Gross Sq. Ft. Circ.*	Const. $ (A x C)	Mod. $ (B x E)	
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 -42, 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 Medicaidpatients. 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. **not applicable, newly formed entity with no presence in Illinois**

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

APPEND DOCUMENTATION AS ATTACHMENT-43, 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. **not applicable, newly formed entity with no presence in Illinois**

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.

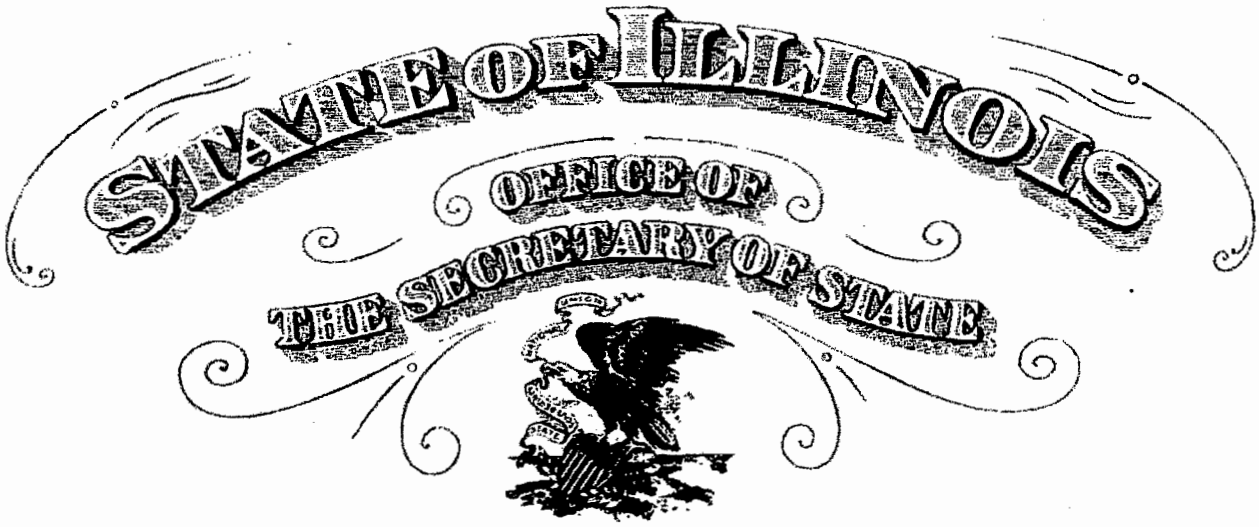
Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer. (20 ILCS 3960/3) Charity Care must be provided at cost.

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-44, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

File Number 0416270-6



To all to whom these Presents Shall Come, Greeting:

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

NXSTAGE OAK BROOK, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON DECEMBER 14, 2012, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.

Authentication #: 1301001258

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

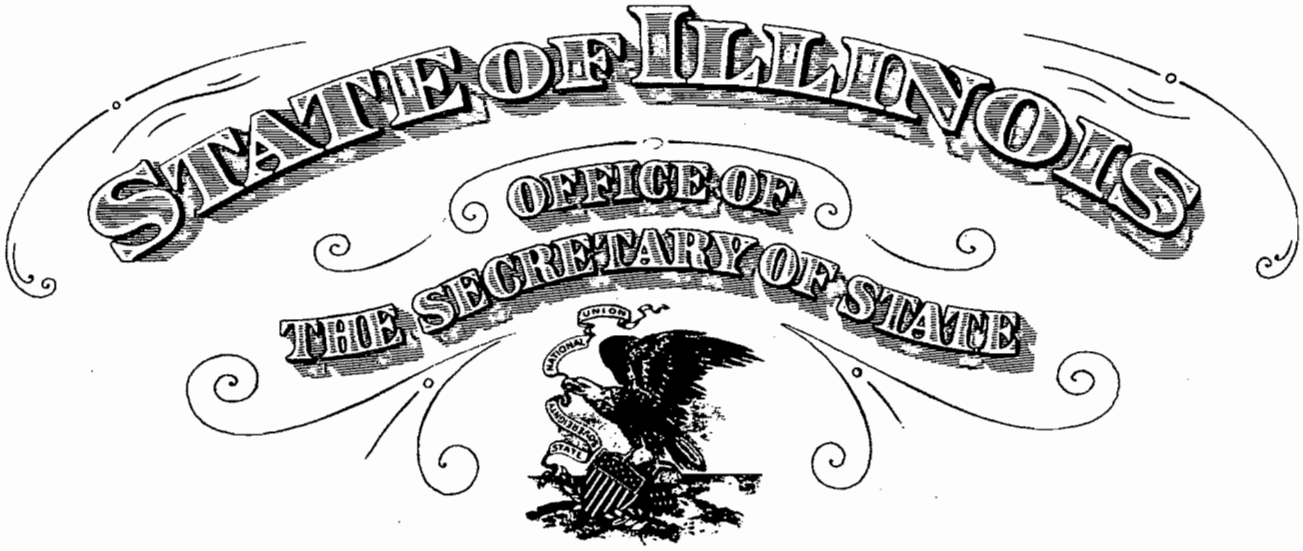
In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 10TH *day of* JANUARY *A.D.* 2013 .

Jesse White

SECRETARY OF STATE

ATTACHMENT 1

File Number 6877-813-1



To all to whom these Presents Shall Come, Greeting:

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

NXSTAGE MEDICAL, INC., INCORPORATED IN DELAWARE AND LICENSED TO TRANSACT BUSINESS IN THIS STATE ON MARCH 06, 2013, 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 A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 4TH *day of* APRIL *A.D.* 2013 .

Jesse White

SECRETARY OF STATE

Authentication #: 1309401778

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

ATTACHMENT 1

NxSTAGE

Illinois Health Facilities and
Services Review Board
Springfield, Illinois

To Whom it May Concern:

I hereby certify that the applicants filing the Certificate of Need application proposing the establishment of NxStage Oak Brook "control" the site identified in that application through a lease.

Sincerely,

Title: SVP, CFO

Date: 8-14-13

Notarized:

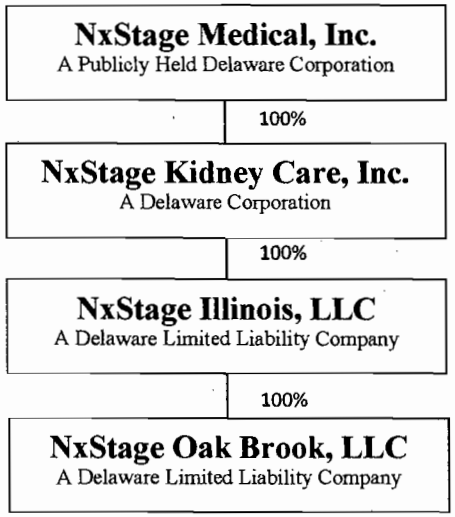
IRENE M. TYLER-JOHNSON
Notary Public
Commonwealth of Massachusetts
My Commission Expires
September 13, 2013

Irene M. Tyler-Johnson

ATTACHMENT 2

NxStage Medical, Inc. ▪ 350 Merrimack Street ▪ Lawrence, MA 01843 USA
tel: (978) 687-4700 ▪ fax: (978) 687-4800 ▪ www.nxstage.com

Organizational Chart



25

ATTACHMENT 4

NxSTAGE®

Illinois Health Facilities and
Services Review Board
Springfield, Illinois

To Whom it May Concern:

I hereby certify that the proposed site of NxStage Oak Brook, 1600 West 16th Street in Oak Brook, is not located within a special flood hazard area, and that the project will be developed consistent with the requirements of Illinois Executive Order #2005-5.

Sincerely,

Title: SVP, CFO

Date: 8-13-13

ATTACHMENT 5

NxStage Medical, Inc. ▪ 350 Merrimack Street ▪ Lawrence, MA 01843 USA
tel: (978) 687-4700 ▪ fax: (978) 687-4800 ▪ www.nxstage.com

Illinois Historic
Preservation Agency

FAX (217) 782-8161

1 Old State Capitol Plaza • Springfield, Illinois 62701-1512 • www.illinois-history.gov

DuPage County
Oak Brook
CON - Rehabilitation for End Stage Renal Dialysis Facility, NX Stage Dialysis
1600 W. 16th St.
IHPA Log #005040413

April 17, 2013

Jacob Axel
Axel & Associates, Inc.
675 North Court, Suite 210
Palatine, IL 60067

Dear Mr. Axel:

This letter is to inform you that we have reviewed the information provided concerning the referenced project.

Our review of the records indicates that no historic, architectural or archaeological sites exist within the project area.

Please retain this letter in your files as evidence of compliance with Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.). This clearance remains in effect for two years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the Illinois Human Skeletal Remains Protection Act (20 ILCS 3440).

If you have any further questions, please contact me at 217/785-5027.

Sincerely,

Anne E. Haaker

Anne E. Haaker
Deputy State Historic
Preservation Officer

ATTACHMENT 6

ITEMIZED PROJECT COSTS

USE OF FUNDS		CLINICAL AREAS		NON-CLINICAL AREAS		TOTAL
Preplanning Costs						
Site Selection	$	7,500			$	7,500
Modernization						
Renovation	$	433,000			$	433,000
Contingencies						
Renovation-related	$	22,000			$	22,000
Architectural and Engineering Fees						
Design	$	44,000			$	44,000
Agency interation	$	4,000			$	4,000
Reimburseables	$	2,000			$	2,000
Consulting and Other Fees						
CON-related	$	40,000			$	40,000
Legal	$	8,000			$	8,000
Plan review	$	5,000			$	5,000
Misc.	$	7,000			$	7,000
Moveable /Other Purchased Equip.						
Equip. (dialysis machines)	$	145,000			$	145,000
Dialysis Chairs (8)	$	12,000			$	12,000
Generator	$	45,000			$	45,000
Furniture	$	30,000			$	30,000
Televisons (8)	$	5,000			$	5,000
Misc.	$	25,000			$	25,000
FMV of Leased Space and Equip.						
Space	$	162,240			$	162,240
Equipment	$	50,000			$	50,000

Cost Space Requirements

				Amount of proposed Total Square Feet			
		Gross Square Feet			That is:		
Dept./Area	Cost	Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
Reviewable							
ESRD	$ 1,046,740	-	2,704	-	2,704	-	-
TOTAL	$ 1,046,740	-	2,704	-	2,704	-	-

ATTACHMENT 9

BACKGROUND OF APPLICANT

Neither NxStage Medical, Inc., nor any of the other entities identified in ATTACHMENT 4, operate any facilities or programs in Illinois. Rather, NxStage Oak Brook is among the first patient care facilities to be developed directly or indirectly by NxStage Medical, Inc.

NxSTAGE

Illinois Health Facilities and
Services Review Board
Springfield, IL

To Whom It May Concern;

Please be advised that no adverse action has been taken by the IDPH during the past three years against NxStage Medical, Inc. or any related entity.

Further, the IHFSRB and/or its staff is herein given authorization to review the records of NxStage Medical, Inc. and related licensed health care facilities, concerning those facilities' licensure and certification.

Sincerely,

Title:
SVP, CFO

Date: 8-13-13

Notarized:

IRENE M. TYLER-JOHNSON
Notary Public
Commonwealth of Massachusetts
My Commission Expires
September 13, 2013

8/13/2013

ATTACHMENT 11

NxStage Medical, Inc. ▪ 350 Merrimack Street ▪ Lawrence, MA 01843 USA
tel: (978) 687-4700 ▪ fax: (978) 687-4800 ▪ www.nxstage.com

PURPOSE

The applicants are developing a chronic dialysis program that differs significantly from other ESRD programs offered in the Chicago area in two primary ways. First and foremost, while the primary focus of existing programs is to provide three times-a-week in-center hemodialysis, with other dialysis modalities such as peritoneal dialysis or home hemodialysis being offered to selected patients as a "secondary" service, the applicants' mission is to increase patients' access to more frequent dialysis; therefore, traditional three times-a-week hemodialysis will not be offered at NxStage Oak Brook. To date, home dialysis patient participation is relatively limited due, in part, to a lack of patient education on and access to such services. While Medicare Conditions of Coverage for ESRD facilities require that patients be educated on all treatment modality options, a recent survey conducted by the American Association of Kidney Patients ("AAKP") found that only 12% of patients surveyed by the AAKP report being informed about home hemodialysis options. As a result, the proposed project is intended to improve access to and awareness of an important but underutilized therapy choice.

Second, unlike many of the area's ESRD facilities, NxStage Oak Brook will not have a physician ownership component. Rather, NxStage Oak Brook's program will be marketed to independent physicians, including both nephrologists and primary care physicians, as well as directly to in-center patients and pre-ESRD patients from throughout the area, via many means, including television, radio, newspapers and other forms of mass media..

The proposed project was discussed with IHFSRB staff in September 2012, at which time IHFSRB staff indicated that the two hemodialysis components of the proposed program-- 4-6 times a week hemodialysis and respite care (see discussion below)-- would require a Permit from the IHFSRB.

NxStage Oak Brook has/will have four programmatic components: home hemodialysis and training, peritoneal dialysis and training, 4-6 times-a-week in-center hemodialysis, and in-

center respite dialysis. As noted above, traditional three times-a-week hemodialysis will not be provided at NxStage Oak Brook. Neither home hemodialysis nor peritoneal dialysis require IHFSRB review and approval.

Home hemodialysis is performed with the assistance of the patient's care partner, and offers a practical setting for performing more frequent hemodialysis in excess of three times-a-week. Respite dialysis provides a short-term (not to exceed thirty continuous days) solution for patients on home dialysis, when the patient's care partner is unavailable, for any of a variety of reasons, including illness, stress, travel, or a short-term commitment. Respite dialysis allows the patient to come into the center, consistent with the patient's normal dialysis schedule, and receive dialysis as he or she would at home, but with the center's staff assisting, as a substitute for the patient's normal care partner. NxStage believes that respite care is a critical feature of a successful home hemodialysis program – and one that few, if any, other dialysis providers make available to their patients.

Eight "stations" (one of which will provide isolation services) will be provided for the provision of respite care, to ensure that patients adhere to the same dialysis schedule, both in terms of treatments per week and approximate time of day, used by the patient in their home, and to be consistent with the IHFSRB's minimum standard of eight ESRD stations. These "stations" will also be used for 4-6 times-a-week hemodialysis.

The market area to be served by NxStage Oak Brook consists of the western suburban communities generally located within a 30-minute drive of the center; and the success of the program will be measurable through an increasing population of home dialysis patients.

ALTERNATIVES

As discussed in ATTACHMENT 12, NxStage Oak Brook is undergoing IHFSRB review as a result of a technical assistance conference held with IHFSRB staff, which concluded that the eight ESRD stations to be used for respite care and 4-6 times-a-week hemodialysis qualify for review. As noted, traditional three times-a-week hemodialysis will not be provided through NxStage Oak Brook. Given that review was determined by IHFSRB staff to be required, a number of alternatives to the submitted application and proposed project were considered.

Alternative 1: Justify the Project as Would Be Done for a Traditional Three Times-A-Week HemodialysisProgram

This alternative would have no impact on project costs, patient access, quality of service provided, or the financial benefits of the project. Justifying the project by providing referral letters from nephrologists, however, would not accurately reflect the programmatic commitment of the project (see ATTACHMENT 12).

Alternative 2: Provide Fewer Stations

Eight stations, as proposed, are projected by the applicants to be a reasonable number to provide a setting for 4-6 times-a-week hemodialysis, while allowing sufficient capacity for respite care, consistent with patients' home dialysis schedules. And it adheres to the IHFSRB's minimum number of stations. The providing of six stations, as opposed to eight, would reduce the modernization cost by approximately $75,000; but would have no appreciable impact on operating costs. In addition, any reduction in the number of stations would have no impact on the quality of service provided or the financial benefits of the project. Accessibility, in terms of the center's ability to provide respite care consistent with patients' home dialysis schedules, would be compromised.

Alternative 3: Provide More Stations

The provision of more than eight stations would result in an unnecessary capital expenditure, and would be inconsistent with the center's programmatic commitment. The addition of two stations would add approximately $75,000 to the project's capital cost; but would have no appreciable impact on operating costs. In addition, any increase in the number of stations would have no impact on the quality of service provided, patient accessibility, or the financial benefits of the project.

SIZE OF PROJECT

As discussed in ATTACHMENT 12, traditional three times-a-week dialysis will not be provided in NxStage Oak Brook. The programmatic components that have been determined to require IHFSRB review, will be provided in 2,704 DGSF (including support areas), or 338 DGSF per station, compared to the IDPH standard of 470 DGSF per station.

PROJECT SERVICES UTILIZATION

The target utilization rate for ESRD stations is 80%, assuming three patient shifts per day, and six days of operation per week, or 750 annual treatments per station. This standard is based on traditional three times-a-week hemodialysis, a service that will not be provided at NxStage Oak Brook. Rather, the dialysis stations that have been identified by IHFSRB staff as requiring IHFSRB review will be used exclusively for short-term respite dialysis (please see discussion in ATTACHMENT 12) and 4-6 days-a-week dialysis.

Critical to a high quality respite care program is the ability to accommodate the patient consistent with his or her home dialysis schedule. As a result, patients will not be "slotted" into a time-specific Monday-Wednesday-Friday or Tuesday-Thursday-Saturday regimen for extended periods of time, as is the case with "traditional" dialysis programs. Rather, patients will receive respite dialysis that is consistent with their home dialysis practices. It is anticipated that most patients will receive respite services once or twice a year for 5-10 days at a time.

Since the traditional and most common form of dialysis (i.e. three times-a-week) will not be provided at NxStage Oak Brook, the proposed facility will not be relying the traditional and most common source of patients—namely physician-initiated referrals. Instead, it is anticipated that by raising awareness of more frequent and home dialysis options through media-driven programs targeted to patients and the general public, "experience the difference" programs offering patients the opportunity to "test drive" more frequent hemodialysis, and other initiatives, patients will take an active role in their own referral process by initiating discussions with their nephrologists about whether more frequent dialysis, either at home or in-center would be appropriate for them. Building awareness of more frequent and home dialysis is necessary because the public, and for that matter, many current ESRD patients, remain unaware of those therapy options. Because of the unique manner in which NxStage Oak Brook intends to attract patients, physician referral letters are not provided. As a result of NxStage's novel approach to the provision of ESRD services, which is different from that of any other dialysis unit in the

Chicago area, it is anticipated that the facility's utilization "ramp-up" period will be slower than one would anticipate with a traditional three times-a-week center.

Eight stations, the minimum number identified in Section 1110.1430.g for ESRD facilities located in an MSA will be provided. It is believed by the applicants that eight stations will ensure both reasonable patient accessibility consistent with their home dialysis schedule, as well as a reasonable utilization level. It is the applicants' expectation that the eight stations will not operate at the 750 treatments per station target level during the first two years of operation, but that the IDPH's target level for traditional facilities will be achieved by the fourth year of operation.

PLANNING AREA NEED

The June 27, 2013 *Update* of the IDPH's *Inventory* identifies a 5-year need for 57 additional ESRD stations in Planning Area 7.

ATTACHMENT 26b1

SERVICE TO PLANNING AREA RESIDENTS

NxStage Oak Brook will be located in east central DuPage County. DuPage and Cook Counties, with the exception of the City of Chicago, comprise Planning Area 7. Planning Area 7 radiates from NxStage Oak Brook's site a minimum of 7.5 miles in all directions. The applicants anticipate that well over 50% of NxStage Oak Brook's patients will be residents of Planning Area 7.

ATTACHMENT 26b2

SERVICE ACCESSIBILITY

The applicants are proposing the provision of a type of facility that is not available in the area. Specifically, the applicants are proposing a dialysis center, the focus of which is on more frequent dialysis, predominantly at home. Traditional three times-a-week dialysis will not be provided at NxStage Oak Brook.

ATTACHMENT 26b5

UNNECESSARY DUPLICATION OF SERVICES and MALDISTRIBUTION

The establishment of NxStage Oak Brook will not result in an unnecessary duplication of services or a service maldistribution. As discussed in ATTACHMENT 12, unlike traditional ESRD facilities throughout the western suburbs, the programmatic focus of NxStage Oak brook will not be on three day-a-week chronic hemodialysis services, making it both unique and non-duplicative.

NxStage Oak Brook's service area is anticipated to consist of those ZIP Code areas located within a 30-minute drive of the facility's site (MapQuest, adjusted). A listing of those ZIP Code areas is provided at the end of this ATTACHMENT. The 2015 projected population of that area, based on ZIP Code-specific population projections developed by Geolytics, is 1,305,147; and there are 370 approved ESRD stations within the 52-ZIP Code area. The ESRD:population ratio in the anticipated service area is 1 station per 3,527 residents, compared to the state-wide ratio of 1 station per 3,527 residents.

There are seventeen providers of traditional ESRD within the anticipated service area, as defined above. A listing of those facilities is provided in the table below.

Facility	Location	Stations
FMC-Congress Parkway	Chicago	30
RCG-Villa Park	Villa Park	24
North Avenue Dialysis Center	Melrose Park	22
Neomedica-Melrose Park	Melrose Park	22
Dialysis Centers of America-Berwyn	Berwyn	26
West Suburban Hospital Dialysis	Oak Park	46
Central DuPage Dialysis Center	West Chicago	16
LaGrange Dialysis	Westchester	20
Elk Grove Dialysis Center	Elk Grove Village	28
Oak Park Dialysis center	Oak Park	12
Downers Grove Dialysis Center	Downers Grove	19
Loyola Dialysis Center	Maywood	30
FMC-Lombard	Lombard	12
FMC-Naperville North	Naperville	14
Maple Avenue Kidney Center	Oak Park	18
Glendale Heights Dialysis Center	Glendale Heights	17
FMC-West Chicago	West Chicago	14

The primary focus of NxStage Oak Brook is on the home dialysis; the in-center dialysis to be provided will not be provided in the same fashion as other facilities, and only eight stations will be provided for both respite care and 4-6 times-a-week dialysis. As a result, it is not anticipated that NxStage Oak Brook will have a material impact on any current ESRD provider, cause an existing provider's utilization to drop below 80%, or cause any substantive reduction in the utilization of an ESRD facility not operating at the target utilization level.

ZIP Code Areas Within
30 Minutes of NxStage Oak Brook

60101	60402
60104	60439
60106	60440
60108	60455
60126	60457
60130	60458
60131	60464
60137	60465
60139	60480
60141	60501
60143	60513
60148	60514
60153	60515
60154	60516
60160	60517
60162	60521
60163	60525
60164	60532
60165	60534
60171	60540
60172	60546
60176	60558
60181	60559
60187	60565
60188	60625
60305	60635

ATTACHMENT 26c1&2

FMC-WEST CHICAGO

Notes

mapquest

Trip to:

1859 N Neltnor Blvd
West Chicago, IL 60185-5900
16.44 miles / 26 minutes

1600 16th St, Oak Brook, IL 60523-1302

	1. Start out going **east** on **16th St** toward **IL-83 S**. Map	**0.02 Mi** *0.02 Mi Total*
NORTH 83	2. Turn **left** onto **IL-83 N**. Map	**3.6 Mi** *3.6 Mi Total*
WEST 64	3. Turn **left** onto **W North Ave / IL-64 W**. Map	**12.6 Mi** *16.3 Mi Total*
59	4. Turn **left** onto **IL-59 / N Neltnor Blvd**. Map	**0.2 Mi** *16.4 Mi Total*
	5. **1859 N NELTNOR BLVD**. Map	

1859 N Neltnor Blvd, West Chicago, IL 60185-5900

Total Travel Estimate: **16.44 miles - about 26 minutes**

©2013 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

BOOK TRAVEL with mapquest 877-577-5766 Book Now

ATTACHMENT 26c1

45

FMC-CONGRESS PARKWAY

Notes

mapquest

Trip to:

3410 W Van Buren St
Chicago, IL 60624-3358
13.81 miles / 20 minutes

1600 16th St, Oak Brook, IL 60523-1302

1.	Start out going **east** on **16th St** toward **IL-83 S**. Map	**0.02 Mi** *0.02 Mi Total*
2.	Turn **left** onto **IL-83 N**. Map	**0.08 Mi** *0.10 Mi Total*
3.	Merge onto **IL-56 E / Butterfield Rd** toward **IL-38 E / Roosevelt Rd**. Map	**0.4 Mi** *0.5 Mi Total*
4.	Merge onto **IL-38 E / Roosevelt Rd**. Map	**1.6 Mi** *2.1 Mi Total*
5.	Merge onto **I-290 E / IL-110 E / Eisenhower Expy E** via the ramp on the **left** toward **Chicago Loop**. Map	**1.0 Mi** *3.2 Mi Total*
6.	Keep **left** to take **I-290 E / IL-110 E / Eisenhower Expy E**. Map	**9.8 Mi** *13.0 Mi Total*
7.	Take **EXIT 26A** toward **Independence Blvd**. Map	**0.1 Mi** *13.1 Mi Total*
8.	Stay **straight** to go onto **W Harrison St**. Map	**0.6 Mi** *13.7 Mi Total*
9.	Turn **left** onto **S Homan Ave**. Map	**0.1 Mi** *13.8 Mi Total*
10.	Take the 2nd **left** onto **W Van Buren St**. Map	**0.02 Mi** *13.8 Mi Total*
11.	**3410 W VAN BUREN ST** is on the **right**. Map	

3410 W Van Buren St, Chicago, IL 60624-3358

Total Travel Estimate: **13.81 miles - about 20 minutes**

©2013 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

BOOK TRAVEL with mapquest 877-577-5766 Book Now

ATTACHMENT 26c1

46

RCG VILLA PARK

Notes

mapquest

Trip to:

200 E North Ave
Villa Park, IL 60181-1221
4.09 miles / 7 minutes

1600 16th St, Oak Brook, IL 60523-1302

	1. Start out going **east** on **16th St** toward **IL-83 S**. Map	**0.02 Mi** *0.02 Mi Total*
NORTH 83	2. Turn **left** onto **IL-83 N**. Map	**3.6 Mi** *3.6 Mi Total*
WEST 64	3. Turn **left** onto **W North Ave / IL-64 W**. Map	**0.4 Mi** *4.1 Mi Total*
	4. **200 E NORTH AVE** is on the **right**. Map	

200 E North Ave, Villa Park, IL 60181-1221

Total Travel Estimate: **4.09 miles - about 7 minutes**

©2013 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

BOOK TRAVEL with mapquest 877-577-5766 Book Now

ATTACHMENT 26c1

47

NORTH AVENUE DIALYSIS CENTE

Notes

mapquest

Trip to:

719 W North Ave

Melrose Park, IL 60160-1612

10.24 miles / 18 minutes

1600 16th St, Oak Brook, IL 60523-1302

	1. Start out going **east** on **16th St** toward **IL-83 S**. Map	**0.02 Mi** *0.02 Mi Total*
NORTH 83	2. Turn **left** onto **IL-83 N**. Map	**0.08 Mi** *0.10 Mi Total*
EAST 56	3. Merge onto **IL-56 E / Butterfield Rd** toward **IL-38 E / Roosevelt Rd**. Map	**0.4 Mi** *0.5 Mi Total*
EAST 38	4. Merge onto **IL-38 E / Roosevelt Rd**. Map	**1.6 Mi** *2.1 Mi Total*
EAST 290	5. Merge onto **I-290 E / IL-110 E / Eisenhower Expy E** via the ramp on the **left** toward **Chicago Loop**. Map	**1.0 Mi** *3.2 Mi Total*
EAST 290	6. Keep **left** to take **I-290 E / IL-110 E / Eisenhower Expy E**. Map	**3.9 Mi** *7.0 Mi Total*
20 EXIT	7. Take **EXIT 20** toward **IL-171 / 1st Ave**. Map	**0.2 Mi** *7.2 Mi Total*
	8. Stay **straight** to go onto **Bataan Dr**. Map	**0.06 Mi** *7.3 Mi Total*
171	9. Take the 1st **left** onto **IL-171 / S 1st Ave**. Map	**2.6 Mi** *9.8 Mi Total*
WEST 64	10. Turn **left** onto **W North Ave / IL-64 W**. Map	**0.4 Mi** *10.2 Mi Total*
	11. **719 W NORTH AVE** is on the **right**. Map	

719 W North Ave, Melrose Park, IL 60160-1612

Total Travel Estimate: **10.24 miles - about 18 minutes**

©2013 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

BOOK TRAVEL with mapquest 877-577-5766 Book Now

ATTACHMENT 26c1

48

NEOMEDICA-MELROSE PARK

Notes

mapquest

Trip to:

1111 Superior St
Melrose Park, IL 60160-4138
8.51 miles / 17 minutes

1600 16th St, Oak Brook, IL 60523-1302

1.	Start out going **east** on **16th St** toward **IL-83 S**. Map	**0.02 Mi** *0.02 Mi Total*
2.	NORTH 83 Turn **left** onto **IL-83 N**. Map	**0.08 Mi** *0.10 Mi Total*
3.	EAST 56 Merge onto **IL-56 E / Butterfield Rd** toward **IL-38 E / Roosevelt Rd**. Map	**0.4 Mi** *0.5 Mi Total*
4.	EAST 38 Merge onto **IL-38 E / Roosevelt Rd**. Map	**1.6 Mi** *2.1 Mi Total*
5.	EAST 290 Merge onto **I-290 E / IL-110 E / Eisenhower Expy E** via the ramp on the **left** toward **Chicago Loop**. Map	**1.0 Mi** *3.2 Mi Total*
6.	EAST 290 Keep **left** to take **I-290 E / IL-110 E / Eisenhower Expy E**. Map	**2.6 Mi** *5.8 Mi Total*
7.	18B EXIT Take the **North 25th Ave** exit, **EXIT 18B**. Map	**0.2 Mi** *5.9 Mi Total*
8.	Turn **slight right** onto **25th Ave**. Map	**1.7 Mi** *7.6 Mi Total*
9.	Turn **right** onto **W Lake St**. Map	**0.7 Mi** *8.3 Mi Total*
10.	Turn **slight left** onto **Superior St**. Map	**0.2 Mi** *8.5 Mi Total*
11.	**1111 SUPERIOR ST** is on the **right**. Map	

1111 Superior St, Melrose Park, IL 60160-4138

Total Travel Estimate: **8.51 miles - about 17 minutes**

©2013 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

BOOK TRAVEL with mapquest 877-577-5766 Book Now

ATTACHMENT 26c1

49

DIALYSIS CENTERS OF AMERICA-BERWYN

Notes

mapquest

Trip to:

2601 Harlem Ave
Berwyn, IL 60402-2100
11.07 miles / 19 minutes

1600 16th St, Oak Brook, IL 60523-1302

1. Start out going **east** on **16th St** toward **IL-83 S**. Map	**0.02 Mi** *0.02 Mi Total*
NORTH 83 2. Turn **left** onto **IL-83 N**. Map	**0.08 Mi** *0.10 Mi Total*
EAST 56 3. Merge onto **IL-56 E / Butterfield Rd** toward **IL-38 E / Roosevelt Rd**. Map	**0.4 Mi** *0.5 Mi Total*
EAST 38 4. Merge onto **IL-38 E / Roosevelt Rd**. Map	**1.6 Mi** *2.1 Mi Total*
EAST 290 5. Merge onto **I-290 E / IL-110 E / Eisenhower Expy E** via the ramp on the **left** toward **Chicago Loop**. Map	**1.0 Mi** *3.2 Mi Total*
EAST 290 6. Keep **left** to take **I-290 E / IL-110 E / Eisenhower Expy E**. Map	**5.4 Mi** *8.6 Mi Total*
21B EXIT 7. Take the **IL-43 / Harlem Ave** exit, **EXIT 21B**, on the **left**. Map	**0.2 Mi** *8.8 Mi Total*
43 8. Turn **right** onto **Harlem Ave / S Harlem Ave / IL-43**. Continue to follow **Harlem Ave / IL-43**. Map	**2.2 Mi** *11.0 Mi Total*
43 9. Make a **U-turn** onto **Harlem Ave / IL-43**. Map	**0.09 Mi** *11.1 Mi Total*
10. **2601 HARLEM AVE** is on the **right**. Map	

2601 Harlem Ave, Berwyn, IL 60402-2100

Total Travel Estimate: **11.07 miles - about 19 minutes**

©2013 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

BOOK TRAVEL with mapquest 877-577-5766 Book Now

ATTACHMENT 26c1

50

WEST SUBURBAN HOSPITAL DIALYSIS

Notes

mapquest

Trip to:

Erie Ct & N Austin Blvd
Oak Park, IL 60302
11.79 miles / 19 minutes

1600 16th St, Oak Brook, IL 60523-1302

1. Start out going **east** on **16th St** toward **IL-83 S**. Map	**0.02 Mi** *0.02 Mi Total*
NORTH 83 2. Turn **left** onto **IL-83 N**. Map	**0.08 Mi** *0.10 Mi Total*
EAST 56 3. Merge onto **IL-56 E / Butterfield Rd** toward **IL-38 E / Roosevelt Rd**. Map	**0.4 Mi** *0.5 Mi Total*
EAST 38 4. Merge onto **IL-38 E / Roosevelt Rd**. Map	**1.6 Mi** *2.1 Mi Total*
EAST 290 5. Merge onto **I-290 E / IL-110 E / Eisenhower Expy E** via the ramp on the **left** toward **Chicago Loop**. Map	**1.0 Mi** *3.2 Mi Total*
EAST 290 6. Keep **left** to take **I-290 E / IL-110 E / Eisenhower Expy E**. Map	**6.9 Mi** *10.1 Mi Total*
23A EXIT 7. Take the **Austin Blvd** exit, **EXIT 23A**, on the **left**. Map	**0.3 Mi** *10.4 Mi Total*
8. Turn **left** onto **S Austin Blvd**. Map	**1.4 Mi** *11.8 Mi Total*
9. **ERIE CT & N AUSTIN BLVD**. Map	

Erie Ct & N Austin Blvd, Oak Park, IL 60302

Total Travel Estimate: **11.79 miles - about 19 minutes**

©2013 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

BOOK TRAVEL with mapquest 877-577-5766 Book Now

ATTACHMENT 26c1

51

CENTRAL DuPAGE DIALYSIS CENTER

Notes

mapquest

Trip to:

400 E Roosevelt Rd
West Chicago, IL 60185-3970
15.58 miles / 24 minutes

1600 16th St, Oak Brook, IL 60523-1302

1. Start out going **east** on **16th St** toward **IL-83 S**. Map

2. SOUTH 83 Turn **right** onto **IL-83 S**. Map — **0.5 Mi** *0.5 Mi Total*

3. Turn **right** onto **W 22nd St / 22nd St**. Map — **1.3 Mi** *1.8 Mi Total*

4. WEST 56 **W 22nd St / 22nd St** becomes **Butterfield Rd / IL-56 W**. Map — **9.8 Mi** *11.6 Mi Total*

5. Turn **right** onto **Winfield Rd**. Map — **2.0 Mi** *13.6 Mi Total*

6. 38 Turn **left** onto **Roosevelt Rd / IL-38**. Map — **2.0 Mi** *15.6 Mi Total*

7. **400 E ROOSEVELT RD** is on the **left**. Map

400 E Roosevelt Rd, West Chicago, IL 60185-3970

Total Travel Estimate: **15.58 miles - about 24 minutes**

©2013 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

BOOK TRAVEL with mapquest 877-577-5766 Book Now

ATTACHMENT 26c1

52

LaGRANGE DIALYSIS

Notes

mapquest

Trip to:

2400 Wolf Rd

Oak Brook, IL 60523

3.68 miles / 7 minutes

1600 16th St, Oak Brook, IL 60523-1302

1. Start out going **east** on **16th St** toward **IL-83 S**. Map

2. Turn **right** onto **IL-83 S**. Map — **0.5 Mi** — *0.5 Mi Total*

3. Turn **left** onto **W 22nd St**. Map — **2.9 Mi** — *3.4 Mi Total*

4. Turn **right** onto **Wolf Rd / S Wolf Rd**. Continue to follow **Wolf Rd**. Map — **0.3 Mi** — *3.7 Mi Total*

5. **2400 WOLF RD** is on the **right**. Map

2400 Wolf Rd, Oak Brook, IL 60523

Total Travel Estimate: **3.68 miles - about 7 minutes**

©2013 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

BOOK TRAVEL with mapquest 877-577-5766 Book Now

ATTACHMENT 26c1

ELK GROVE DIALYSIS CENTER

Notes

mapquest

Trip to:

601 Biesterfield Rd
Elk Grove Village, IL 60007-3308
12.88 miles / 18 minutes

1600 16th St, Oak Brook, IL 60523-1302

1. Start out going **east** on **16th St** toward **IL-83 S**. Map	**0.02 Mi** *0.02 Mi Total*
2. Turn **left** onto **IL-83 N**. Map	**4.4 Mi** *4.4 Mi Total*
3. Take the **I-290 / US-20 / Lake St** ramp toward **Chicago / Rockford / Grand Ave**. Map	**0.2 Mi** *4.6 Mi Total*
4. Keep **left** at the fork in the ramp. Map	**0.3 Mi** *4.9 Mi Total*
5. Keep **left** at the fork in the ramp. Map	**0.3 Mi** *5.2 Mi Total*
6. Merge onto **I-290 W** toward **Rockford**. Map	**6.8 Mi** *12.0 Mi Total*
7. Take the **Biesterfield Rd** exit, **EXIT 4**, toward **IL-53 S**. Map	**0.4 Mi** *12.4 Mi Total*
8. Turn **right** onto **Biesterfield Rd**. Map	**0.5 Mi** *12.9 Mi Total*
9. **601 BIESTERFIELD RD** is on the **right**. Map	

601 Biesterfield Rd, Elk Grove Village, IL 60007-3308

Total Travel Estimate: **12.88 miles - about 18 minutes**

©2013 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

BOOK TRAVEL with mapquest 877-577-5766 Book Now

ATTACHMENT 26c1

54

OAK PARK DIALYSIS CENTER

Notes

mapquest

Trip to:

733 Madison St
Oak Park, IL 60302-4419
10.03 miles / 17 minutes

1600 16th St, Oak Brook, IL 60523-1302

	1. Start out going **east** on **16th St** toward **IL-83 S**. Map	**0.02 Mi** *0.02 Mi Total*
NORTH 83	2. Turn **left** onto **IL-83 N**. Map	**0.08 Mi** *0.10 Mi Total*
EAST 56	3. Merge onto **IL-56 E / Butterfield Rd** toward **IL-38 E / Roosevelt Rd**. Map	**0.4 Mi** *0.5 Mi Total*
EAST 38	4. Merge onto **IL-38 E / Roosevelt Rd**. Map	**1.6 Mi** *2.1 Mi Total*
EAST 290	5. Merge onto **I-290 E / IL-110 E / Eisenhower Expy E** via the ramp on the **left** toward **Chicago Loop**. Map	**1.0 Mi** *3.2 Mi Total*
EAST 290	6. Keep **left** to take **I-290 E / IL-110 E / Eisenhower Expy E**. Map	**5.4 Mi** *8.6 Mi Total*
21B EXIT	7. Take the **IL-43 / Harlem Ave** exit, **EXIT 21B**, on the **left**. Map	**0.2 Mi** *8.8 Mi Total*
43	8. Turn **left** onto **IL-43 / Harlem Ave / S Harlem Ave**. Map	**0.5 Mi** *9.3 Mi Total*
	9. Turn **right** onto **Washington Blvd**. Map	**0.5 Mi** *9.9 Mi Total*
	10. Turn **right** onto **S Oak Park Ave**. Map	**0.1 Mi** *10.0 Mi Total*
	11. Take the 1st **left** onto **Madison St**. Map	**0.05 Mi** *10.0 Mi Total*
	12. **733 MADISON ST** is on the **right**. Map	

733 Madison St, Oak Park, IL 60302-4419

Total Travel Estimate: **10.03 miles - about 17 minutes**

©2013 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT 26c1

DOWNERS GROVE DIALYSIS CENTER

Notes

mapquest

Trip to:

3825 Highland Ave
Downers Grove, IL 60515-1554
5.20 miles / 9 minutes

1600 16th St, Oak Brook, IL 60523-1302

1. Start out going **east** on **16th St** toward **IL-83 S**. Map

2. Turn **right** onto **IL-83 S**. Map — **1.2 Mi** *1.2 Mi Total*

3. Take the **Oak Brook Rd / 31st Street** ramp. Map — **0.3 Mi** *1.5 Mi Total*

4. Keep **right** at the fork to go on **31st St**. Map — **2.9 Mi** *4.3 Mi Total*

5. Turn **left** onto **Highland Ave**. Map — **0.9 Mi** *5.2 Mi Total*

6. **3825 HIGHLAND AVE** is on the **left**. Map

3825 Highland Ave, Downers Grove, IL 60515-1554

Total Travel Estimate: **5.20 miles - about 9 minutes**

©2013 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

BOOK TRAVEL with mapquest 877-577-5766 Book Now

ATTACHMENT 26c1

LOYOLA DIALYSIS CENTER

Notes

mapquest

Trip to:

1201 W Roosevelt Rd
Maywood, IL 60153-4046
7.01 miles / 12 minutes

1600 16th St, Oak Brook, IL 60523-1302

1.	Start out going **east** on **16th St** toward **IL-83 S**. Map	**0.02 Mi** *0.02 Mi Total*
2.	Turn **left** onto **IL-83 N**. Map	**0.08 Mi** *0.10 Mi Total*
3.	Merge onto **IL-56 E / Butterfield Rd** toward **IL-38 E / Roosevelt Rd**. Map	**0.4 Mi** *0.5 Mi Total*
4.	Merge onto **IL-38 E / Roosevelt Rd**. Map	**1.6 Mi** *2.1 Mi Total*
5.	Merge onto **I-290 E / IL-110 E / Eisenhower Expy E** via the ramp on the **left** toward **Chicago Loop**. Map	**1.0 Mi** *3.2 Mi Total*
6.	Keep **left** to take **I-290 E / IL-110 E / Eisenhower Expy E**. Map	**2.9 Mi** *6.1 Mi Total*
7.	Take the **17th Ave** exit, **EXIT 19A**. Map	**0.2 Mi** *6.2 Mi Total*
8.	Stay **straight** to go onto **Bataan Dr**. Map	**0.03 Mi** *6.2 Mi Total*
9.	Take the 1st **right** onto **S 17th Ave**. Map	**0.5 Mi** *6.7 Mi Total*
10.	Turn **left** onto **W Roosevelt Rd**. Map	**0.3 Mi** *7.0 Mi Total*
11.	**1201 W ROOSEVELT RD** is on the **left**. Map	

1201 W Roosevelt Rd, Maywood, IL 60153-4046

Total Travel Estimate: **7.01 miles - about 12 minutes**

©2013 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

BOOK TRAVEL with mapquest 877-577-5766 Book Now

ATTACHMENT 26c1

FMC-LOMBARD

Notes

mapquest

Trip to:
1940 Springer Dr
Lombard, IL 60148-6419
5.33 miles / 10 minutes

1600 16th St, Oak Brook, IL 60523-1302

1. Start out going **east** on **16th St** toward **IL-83 S**. Map

2. Turn **right** onto **IL-83 S**. Map — **0.5 Mi** *0.5 Mi Total*

3. Turn **right** onto **W 22nd St / 22nd St**. Map — **1.3 Mi** *1.8 Mi Total*

4. **W 22nd St / 22nd St** becomes **Butterfield Rd / IL-56 W**. Map — **2.4 Mi** *4.2 Mi Total*

5. Turn **right** onto **Finley Rd**. Map — **0.9 Mi** *5.1 Mi Total*

6. Turn **left** onto **Foxworth Blvd**. Map — **0.1 Mi** *5.2 Mi Total*

7. Turn **right** onto **Springer Dr**. Map — **0.1 Mi** *5.3 Mi Total*

8. **1940 SPRINGER DR** is on the **left**. Map

1940 Springer Dr, Lombard, IL 60148-6419

Total Travel Estimate: **5.33 miles - about 10 minutes**

©2013 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

BOOK TRAVEL with mapquest 877-577-5766 Book Now

ATTACHMENT 26c1

58

FMC-NAPERVILLE NORTH

Notes

mapquest

Trip to:

514 W 5th Ave
Naperville, IL 60563-2901
13.21 miles / 24 minutes

1600 16th St, Oak Brook, IL 60523-1302

	1. Start out going **east** on **16th St** toward **IL-83 S**. Map	
SOUTH 83	2. Turn **right** onto **IL-83 S**. Map	**0.5 Mi** *0.5 Mi Total*
	3. Turn **right** onto **W 22nd St / 22nd St**. Map	**1.3 Mi** *1.8 Mi Total*
WEST 56	4. **W 22nd St / 22nd St** becomes **Butterfield Rd / IL-56 W**. Map	**6.5 Mi** *8.3 Mi Total*
	5. Turn **left** onto **S Naperville Rd**. Map	**2.1 Mi** *10.4 Mi Total*
	6. Turn **slight right** onto **N Naperville Rd / Naperville-Wheaton Rd / N Naperville Wheaton Rd**. Map	**0.3 Mi** *10.8 Mi Total*
34	7. Turn **slight right** onto **E Ogden Ave / US-34**. Map	**2.0 Mi** *12.7 Mi Total*
	8. Turn **left** onto **N Mill St**. Map	**0.3 Mi** *13.1 Mi Total*
	9. Take the 1st **right** onto **W 5th Ave**. Map	**0.2 Mi** *13.2 Mi Total*
	10. **514 W 5TH AVE** is on the **left**. Map	

514 W 5th Ave, Naperville, IL 60563-2901

Total Travel Estimate: **13.21 miles - about 24 minutes**

©2013 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

BOOK TRAVEL with mapquest 877-577-5766 Book Now

ATTACHMENT 26c1

59

MAPLE AVENUE KIDNEY CENTER

Notes

mapquest

Trip to:

610 S Maple Ave
Oak Park, IL 60304-1091
9.15 miles / 14 minutes

1600 16th St, Oak Brook, IL 60523-1302

	1. Start out going **east** on **16th St** toward **IL-83 S**. Map	**0.02 Mi** *0.02 Mi Total*
NORTH 83	2. Turn **left** onto **IL-83 N**. Map	**0.08 Mi** *0.10 Mi Total*
EAST 56	3. Merge onto **IL-56 E / Butterfield Rd** toward **IL-38 E / Roosevelt Rd**. Map	**0.4 Mi** *0.5 Mi Total*
EAST 38	4. Merge onto **IL-38 E / Roosevelt Rd**. Map	**1.6 Mi** *2.1 Mi Total*
EAST 290	5. Merge onto **I-290 E / IL-110 E / Eisenhower Expy E** via the ramp on the **left** toward **Chicago Loop**. Map	**1.0 Mi** *3.2 Mi Total*
EAST 290	6. Keep **left** to take **I-290 E / IL-110 E / Eisenhower Expy E**. Map	**5.4 Mi** *8.6 Mi Total*
21B EXIT	7. Take the **IL-43 / Harlem Ave** exit, **EXIT 21B**, on the **left**. Map	**0.2 Mi** *8.8 Mi Total*
43	8. Turn **left** onto **IL-43 / Harlem Ave / S Harlem Ave**. Map	**0.3 Mi** *9.1 Mi Total*
	9. Turn **right** onto **Monroe St**. Map	**0.05 Mi** *9.1 Mi Total*
	10. Turn **right** onto **S Maple Ave**. Map	**0.01 Mi** *9.2 Mi Total*
	11. **610 S MAPLE AVE** is on the **left**. Map	

610 S Maple Ave, Oak Park, IL 60304-1091

Total Travel Estimate: **9.15 miles - about 14 minutes**

©2013 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

BOOK TRAVEL with mapquest 877-577-5766 Book Now

ATTACHMENT 26c1

LD

GLENDALE HEIGHTS DIALYSIS CENTER

Notes

mapquest

Trip to:

520 North Ave

Glendale Heights, IL 60139-3119

8.88 miles / 15 minutes

1600 16th St, Oak Brook, IL 60523-1302

	1. Start out going **east** on **16th St** toward **IL-83 S**. Map	**0.02 Mi** *0.02 Mi Total*
NORTH 83	2. Turn **left** onto **IL-83 N**. Map	**3.6 Mi** *3.6 Mi Total*
WEST 64	3. Turn **left** onto **W North Ave / IL-64 W**. Map	**5.2 Mi** *8.9 Mi Total*
	4. **520 NORTH AVE** is on the **right**. Map	

520 North Ave, Glendale Heights, IL 60139-3119

Total Travel Estimate: **8.88 miles - about 15 minutes**

©2013 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

BOOK TRAVEL with mapquest 877-577-5766 Book Now

ATTACHMENT 26c1

61

STAFFING

NxStage Oak Brook will meet or exceed all licensure, JCAHO and industry staffing-related standards.

William L. Whittier, MD, F.A.S.N. will serve as the facility's Medical Director, and a copy of Dr. Whittier's Curriculum Vitae is attached.

The nursing staff will consist of registered nurses, including at lease one nurse having a minimum of twelve months experience in a hemodialysis center. In addition, dialysis technicians, meeting all State of Illinois requirements will be hired, consistent with anticipated patient volumes, and a part-time registered dietitian and a part-time Master's Degreed social worker will be hired prior to the facility's opening. These positions will transition to full-time positions upon the recommendation of the Medical Director.

All personnel will undergo an orientation process, led by the Medical Director and experienced members of the nursing staff prior to participating in any patient care activities. In addition, and on an annual basis, all clinical staff will participate in inservice training related to OSHA compliance, CPR certification, applicable skills competency, water quality, and other areas as determined appropriate by management.

ATTACHMENT 26e

Staff will be recruited through normal recruitment means, including newspaper and professional journal postings.

ATTACHMENT 26e

Updated 03-12

Curriculum Vitae

William Luke Whittier, M.D., F.A.S.N.

Rush University Medical Center
Edmund J. Lewis and Associates
1426 W. Washington Blvd
Chicago, IL 60607
Office number: 312-850-8434
Office Fax: 312-850-8431
Email: william_whittier@rush.eduw
DOB: 01-02-1974
Citizenship: U.S.A.

EDUCATION

1992-1994	Kent State University Kent, Ohio Bachelor of Science in Integrated Life Sciences, May 1998
1994-1998	Northeastern Ohio Universities College of Medicine (NEOUCOM) Rootstown, Ohio Medical Degree (MD), May 1998
1998-2001	Rush University Medical Center (RUMC) Internal Medicine Residency Training Program Chicago, Illinois
2001-2003	RUMC Nephrology Fellowship Training Program Chicago, Illinois

ACADEMIC APPOINTMENTS

2003-Present	Assistant Professor of Medicine, Pediatrics, and Nephrology RUMC

STAFF APPOINTMENTS

2003-Present	Assistant Attending, Section of Nephrology, Department of Internal Medicine, RUMC

LICENSURE AND BOARD CERTIFICATION

2001	State of Illinois Medical License
2001	Board Certified, American Board of Internal Medicine, August 2001
2003	Board Certified, American Board of Internal Medicine and Nephrology, November, 2003

ATTACHMENT 26e

HONORS AND AWARDS

1992	Dean's List
1992-1994	Honors College Scholarships
1994-1995	Tutor for Gross Anatomy and Neurobiology
1994-1995	American Medical Student Association Leader for the Child and Adolescent Task Force
1995	Peer Mentor: Selected to mentor first year medical students
1997	Student representative for Pulmonology/Critical Care Curriculum Committee
1998	The Ohio Department of Aging Geriatric Medicine Award
2002-2003	Chief Fellow, RUMC Nephrology
2005-2006	Department of Internal Medicine Teaching and Service Award

SOCIETY MEMBERSHIPS

2003-Present	Renal Physicians of America
2002-Present	American Society of Nephrology
2005-Present	American Medical Association
2005-Present	Chicago Medical Society
2005-Present	Illinois State Medical Society
2008-Present	American College of Physicians
2011-Present	Fellow of the American Society of Nephrology

TEACHING

2003- present

RUMC:
Morning Report Attending, 15-20/year
Chairman's Rounds for Residency Interviews, 5/year
Educational conferences to Internal Medicine Residents, 5/year
Annual Internal Medicine Board Review Course
Educational conferences to Renal Fellows, 12/year
Renal Fellow Research Supervisor
Renal Biopsy Conference, Weekly
Renal Pathophysiology Course Instructor for Medical Students, Dieticians, Physician Assistants

CONSULTING POSITIONS

2006-2007 Consultant for Teijin Pharma, Inc. Evaluation of Monocyte Receptor Antagonism (TPI-526) for Induction Therapy for SLE Nephritis.

COMMITTEE AND ADMINISTRATIVE SERVICES

2003-Present	Drug Use Evaluation (DUE) Committee, RUMC
2003-Present	Interviewer for Incoming Residents
2005-Present	Cardiovascular Subcommittee, Rush Health Associates, RUMC
2005-2007	Patient Safety Committee, RUMC
2009-Present	Rush Ball Committee, RUMC

SCIENTIFIC AND SCHOLARLY ACTIVITIES

Peer Reviewer

2005-present	American Journal of Kidney Diseases American Journal of Nephrology Clinical Nephrology ASAIO Journal Seminars in Nephrology Seminars in Dialysis Pediatric Nephrology

Invited Lectures

2004	Grand Rounds, *Secondary Hyperparathyroidism*, Department of Internal Medicine, RUMC, 11/2004
2005	Grand Rounds, *Pantoprazole, Levalbuterol and Erythropoeitin: An Evidence Based Medicine Approach to Use*, Department of Internal Medicine, RUMC, 06/2005
2005	Critical Care Grand Rounds, *Renal Replacement Therapies in the Intensive Care Unit*, Department of Internal Medicine, Section of Pulmonary/Critical Care, RUMC, 03/2005
2006	Critical Care Grand Rounds, *Update on Renal Replacement Therapies in the Intensive Care Unit*, Department of Internal Medicine, Section of Pulmonary/Critical Care, RUMC, 01/2006
2006	Grand Rounds, *An Unusual Cause of Dyspnea*, Department of Internal Medicine, RUMC, 08/2006
2006	Critical Care Grand Rounds, *Update on Renal Replacement Therapies in the Intensive Care Unit*, Department of Internal Medicine, Section of Pulmonary/Critical Care, RUMC, 12/2006

Invited Lectures (continued)

2007	Chicago Medical Society 2007 Midwest Clinical Conference, *Diabetic Nephropathy: Prevention and Management*, Chicago, IL 03/2007
2007	Grand Rounds, *Diabetic Nephropathy: Prevention and Management*, St. Anthony's Hospital, Chicago, IL 03/2007
2007	Rush Generations, *Management of Chronic Kidney Disease*, Department of Internal Medicine, Section of Geriatrics, RUMC, 09/2007
2007	Chicago Chapter of the American Society of Parenteral and Enteral Nutrition (CASPEN), *Acid-Base Disorders in the Intensive Care Unit Patient*, Loyola University Stritch School of Medicine, Maywood, IL, 10/2007
2008	Grand Rounds, *Phosphate Nephropathy and Oral Phosphorous Based Bowel Purgative Agents: Fact or Fiction?* Department of Internal Medicine, RUMC, 08/2008
2009	Grand Rounds, *Respiratory Failure in a Postpartum Patient.* Department of Internal Medicine, RUMC, 04/2009
2009	Grand Rounds, *Unraveling the Mystery of Preeclampsia*, Department of Internal Medicine, RUMC, 08/2009
2010	Keynote Address, *The Heart-Kidney Connection*, Culture of a Woman's Heart, RUMC, 02/2010
2010	Grand Rounds, *Calcific Uremic Arteriopathy (Calciphylaxis): Update*, Department of Internal Medicine, RUMC, 09/2010
2012	Grand Rounds, *Perioperative Consideration for the Patient Receiving Renal Replacement Therapy,* Department of Anesthesia, RUMC, 03/2012
2012	American Physician Institute Board Review Course: *Nephrology for Internal Medicine Board Review.* Las Vegas, NV, 03/2012

Audiovisual Materials

2009	Speaker, NxStage Home Hemodialysis Video

POSTER PRESENTATIONS and PEER REVIEWED ABSTRACTS

1. **Whittier WL**, Stallone J. Vascular Reactivity to Phenylephrine in Testicular Feminized Rat Aortae. NEOUCOM Poster Presentation, Rootstown, OH, 1995

2. **Whittier WL**, Korbet SM. Timing of Complications in Percutaneous Renal Biopsy. Abstract accepted for poster presentation, ASN Renal Week, 11/2002

3. Behara RB, **Whittier WL**, Korbet SM, et al. Severe Segmental Lupus Nephritis: A Pauci-immune Glomerulonephritis. Abstract accepted for poster presentation, ASN Renal Week, 11/2007

4. **Whittier WL**, Mansy HA, Rutz DR, Lewis AM, Sandler RH. Comparison of hemodialysis access flow measurements using ultrasound dilution and in-line dialysance. Abstract accepted for poster presentation, ASN Renal Week, 11/2008

5. Desai N, **Whittier WL**, Cimbaluk D, et al. Association of Podocytopathy and Proteinuria in Patients with Membranous Lupus Nephritis. ASN, 11/2011

PUBLICATIONS

1. Bourguet CC, **Whittier WL**, Taslitz N. Survey of the Educational Role of the Faculty of Anatomy Departments. *Clinical Anatomy* 100: 264-71, 1997

2. **Whittier WL**, Rutecki GW. Primer on Clinical Acid-Base Problem Solving. *Disease-A-Month*. 50(3): 117-162, 2004

3. **Whittier WL**, Korbet SM. Timing of Complications in Percutaneous Renal Biopsy. *Journal of the American Society of Nephrology* 15: 142-147, 2004

4. **Whittier WL**, Korbet SM. Renal Biopsy: Update. *Current Opin in Nephrology and Hypertension*. 13(6): 661-665, 2004

5. Hansberry MR, **Whittier WL**, Krause MW. The Elderly Patient with Chronic Kidney Disease. *Advances in Chronic Kidney Disease* 12(1): 71-77, 2005

6. **Whittier WL**, Korbet SM. Indications for and complications of renal biopsy. In: UpToDate, Rose, BD (Ed), *UpToDate*, Waltham, MA, 2008

7. **Whittier WL**, Mansy HA, Rutz DR, Lewis AM, Sandler RH. Comparison of hemodialysis access flow measurements using flow dilution and in-line dialysance. *ASAIO Journal*, 55(4), 369-372, 08/2009

8. **Whittier WL**, Korbet SM. Indications for and complications of renal biopsy. In: UpToDate, Rose, BD (Ed), *UpToDate*, Waltham, MA, 02/2010

9. Ryali ME, **Whittier WL**. Bullous Skin Lesions in a Patient Undergoing Chronic Hemodialysis, *Seminars in Dialysis*, 23(1): 83-87, 01/2010

10. Mansy HA, **Whittier WL**, Sandler RH. Response to Letter to the Editor: How Equivalent are Flow Dilution and In-line dialysance for measuring hemodialysis access flow? *ASAIO Journal*, 56(1):80, 02/2010

11. Behara RB, **Whittier WL**, Korbet SM, et al. Pathogenetic Features of Severe Segmental Lupus Nephritis. *Nephrology Dialysis Transplantation*, 25: 153-159, 01/2010

12. **Whittier WL.** Should Arteriovenous Access Flow Undergo Regular Surveillance? *Seminars in Dialysis*, 24(4): 389-390, 2011

13. **Whittier WL.** Percutaneous Kidney Biopsy: "The Needle and the Damage Done"? Editorial, *American Journal of Kidney Disease*, 57 (6): 808-810, 06/2011

14. **Whittier WL**, Korbet SM. Patient Information for: Indications for and complications of renal biopsy. In: UpToDate, Rose, BD (Ed), *UpToDate*, Waltham, MA, IN PRESS

15. Shetty A, **Whittier WL.** Does Regular Surveillance Improve the Long-term Survival of Arteriovenous Fistulas? *International Journal of Nephrology*, 2012: 1-4, 12/2011

16. Whittier WL. Complications of the Percutaneous Kidney Biopsy. *Advances in Chronic Kidney Disease*, 2012, IN PRESS

BOOK CHAPTERS

1. **Whittier WL**, Korbet SM. Obstructive Uropathy, in *NKF Primer on Kidney Diseases, 4th Edition*. Greenberg A, editor, Academic Press, 2004

2. **Whittier WL**, Lewis JB, Lewis EJ. Therapy for Diabetic Nephropathy. *Therapy in Nephrology & Hypertension, A Companion to Brenner & Rector's The Kidney*, 3rd Edition, Chapter 28. Ed Wilcox et al, Elsevier Inc., Philadelphia, PA, 2008

3. **Whittier WL**, Lewis EJ. Lupus Nephritis. *Nephrology Secrets*, 3rd Edition, Chapter 35. Ed Lerma EV, Nissenson AR, Elsevier Mosby Inc., Philadelphia, PA, USA, 2011

OTHER RESEARCH PROJECTS

1993	**Whittier WL**, Gregory S, O'Toole P. Methods to Increase the Number of Women in Summit County Receiving Postnatal Care Through Visiting Nurse Services and the WIC Program. Proposal to Ohio Legislation, Rootstown, OH, 1993
2004-present	Sandler RH, **Whittier WL**, Rapid Assessment of Vascular Graft Patency. NIH funded grant to noninvasively evaluate permanent dialysis accesses in patients with End Stage Renal Disease. NIH No: R44 DK059685
2008	**Whittier WL**, Comparison of Nocturnal Hemodialysis and Short Daily Hemodialysis with the NxStage System One. Primary investigator in this study which evaluates safety and efficacy of Nocturnal Hemodialysis.
2011-present	Lewis EJ, Green T, **Whittier WL.** A Proof of Concept Study of a CCR2 Inhibitor in Lupus Nephritis. Primary Investigator, Collaborative Study Group, Chicago, IL USA

NxSTAGE

Illinois Health Facilities
and Services Review Board
Springfield, IL

To Whom It May Concern:

Please be advised, that consistent with Section 1110.1430.f, NxStage Oak Brook will:

- participate in a dialysis data system;
- have access to clinical laboratory, blood bank, nutritional counseling, rehabilitation, psychiatric and social work services; and
- will provide training for self-care dialysis, self-care instruction, home and home-assisted dialysis, and home training directly through its facility.

Sincerely,

Date: 8/15/13

NxStage Medical, Inc. • 350 Merrimack Street • Lawrence MA 01843 USA
tel 978 687-4700 • fax 978 687-4800 • www.nxstage.com

ATTACHMENT 26f

MINIMUM NUMBER OF STATIONS

NxStage Oak Brook will provide eight ESRD stations, as identified in Section 1110.1430.g, as the minimum number of stations to be provided at an ESRD facility located in a MSA.

ATTACHMENT 26g

NxSTAGE Kidney Care

NxStage Kidney Care – Oak Brook

July 30, 2013

Sheri Floramo Korbet
Chief Operating Officer
Circle Medical Management, Inc.
1426 W Washington Blvd
Chicago, IL 60607-1821

Re: Emergency Back-Up Agreement

Dear Ms. Floramo Korbet,

This letter confirms the agreement of Circle Medical Management, Inc, located at 1426 W Washington Blvd Chicago, IL 60607 to provide emergency back-up dialysis service, when needed, to patients of NxStage Kidney Care-Oak Brook, 1600 West 16th Street, Oak Brook, IL 60521.

Arrangements for such services will be made between the Clinic Managers/Center Directors/Medical Directors of each unit, or their designees. In the event back-up dialysis services are rendered by Back-Up Center to patients of NxStage Kidney Care- Oak Brook, Back-Up Center will maintain the records, bill and receive payment for those services.

Respectfully,

Michael O'Connell
VP of Midwest Operations
NxStage Kidney Care

Michael O'Connell

Sheri Floramo Korbet

ATTACHMENT 26h

PATIENT TRANSFER AGREEMENT

This agreement is made and effective as of _August 15, 2013_____ ("Effective Date") between Rush University Medical Center, an Illinois not for profit corporation ("Rush") and ___NxStage Kidney Care_____, ("Transferring Dialysis Clinic").

PREAMBLE

Transferring Dialysis Clinic operates an outpatient dialysis clinic located at 1600 West 16th Street Oak Brook, IL. 60523.

Dialysis Clinic receives, from time to time, patients who are in need of specialized critical care services that are not available at the Dialysis Clinic.

Rush is able to provide specialized critical care to this patient population.

The Parties wish to provide for the transfer of patients requiring specialized critical care from the Transferring Hospital to Rush under the following terms and conditions.

The Parties agree as follows:

TERMS

Section 1: Transfer of Patients

1.1. **Acceptance of Patients.** The need for transfer of a patient to Rush shall be determined by the patient's attending physician at Dialysis Clinic. When the attending physician determines that transfer is medically appropriate, the Dialysis Clinic shall contact Rush regarding the need for transfer. Rush shall notify the Dialysis Clinic if it can accept the patient after Rush has determined (i) it has the appropriate space, equipment and personnel to provide care to the patient; (ii) a member of Rush's medical staff has agreed to accept responsibility for the care of the patient; (iii) customary admission requirements are met and State and Federal laws and regulations are met, and (iv) the Dialysis Clinic has provided sufficient information to permit Rush to determine it can provide the necessary patient care. Notice of the transfer shall be given by the Transferring Hospital as far in advance as possible.

1.2. **Appropriate Transfer.** It shall be Dialysis Clinic's responsibility to arrange for appropriate and safe transportation and care of the patient during a transfer. The Transferring Hospital shall ensure that the transfer is an "appropriate transfer" under the Emergency Medical Treatment and Active Labor Act, as may be amended ("EMTALA"), and is carried out in accordance with all applicable laws and regulations. When deemed appropriate by Rush, it shall provide assistance in the transfer process and logistics through its Transfer Center.

1.3. **Transfer Log.** The Dialysis Clinic shall keep an accurate and current log of all patients transferred to Rush and the disposition of such patient transfers.

1.4 **Standard of Performance.** Each Party shall provide patient care services in accordance with the same standards as services provided under similar circumstances to all other patients of such Party, and as required by federal and state laws and Medicare/Medicaid certification standards. Each Party shall maintain all legally required certifications and licenses from all applicable governmental and accrediting bodies, and shall maintain full eligibility for participation in Medicare and Medicaid.

1.5. **Billing and Collections.** Neither party shall assume any responsibility for the collection of any accounts receivable, other than those incurred as a result of rendering services directly to the patient; and neither institution shall be liable for any debts, obligations, or claims of a financial or legal nature incurred by the other institution.

1.6. **Personal Effects.** Personal effects of any transferred patient shall be delivered to the Rush transfer team or admissions department. Personal effects include money, jewelry, personal papers and articles for personal hygiene.

1.7 **Return Transfer.** In the event the Rush attending physician determines the patient no longer requires the specialized care services offered by Rush, in accord with any relevant laws, regulations and Rush policies, the patient shall be returned to the Dialysis Clinic when deemed medically stable for transfer. Dialysis Clinic agrees that upon request of Rush, it will accept the patient back for continued care within its functional capability.

Section 2: Medical Records

Dialysis Clinic shall provide all information which may be necessary or useful in the care and treatment of the transferred patient or which may be relevant in determining whether Rush can provide adequate care of such patient. Such information shall be provided by the Dialysis Clinic in advance, where possible, and in any event, at the time of the transfer. The Dialysis Clinic shall send a copy of all patient medical records that are available at the time of transfer to Rush. Other records shall be sent as soon as practicable after the transfer. The patient's medical record shall include a physician's order transferring the patient and evidence that the patient was transferred promptly, safely and in accordance with all applicable laws and regulations.

Section 3: Term and Termination

3.1. **Term.** The term of this Agreement shall be five (5) years from the Effective Date.

3.2. **Termination.** This Agreement may be terminated by either party upon thirty (30) days

75A

prior written notice. Either Party may terminate this Agreement effective immediately upon the happening of any of the following:

(i) Continuation of this Agreement would endanger patient care.

(ii) A general assignment by the other Party for the benefit of creditors.

(iii) Exclusion of either Party from participation in the Medicare or Medicaid programs or conviction of either Party of a felony.

(iv) Either Party's loss or suspension of any certification, license, accreditation (including JCAHO accreditation), or other approval necessary to render patient care services.

Section 4: Certification and Insurance

4.1. **Licenses, Permits, and Certification.** Each Party represents to the other that it and all of its employees, agents and representatives possess and shall maintain in valid and current status during the term of this Agreement all required licenses, permits and certifications enabling each Party to provide the services set forth in this Agreement.

4.2. **Insurance.** Each Party shall maintain during the term of this Agreement, at its sole cost and expense, general and professional liability insurance in such amounts as are reasonable and customary in the industry to guard against those risks which are customarily insured against in connection with the operation of activities of comparable scope and size. Minimum coverage levels shall be $1,000,000 per occurrence and $3,000,000 annual aggregate. Evidence of such insurance shall be provided upon request. Each Party shall notify the other Party within thirty (30) days of any material change or cancellation in any policy of insurance required to be secured or maintained by such Party.

Section 5: Liability

It is understood and agreed that neither of the Parties to this Agreement shall be liable for any negligent or wrongful act chargeable to the other unless such liability is imposed by a court of competent jurisdiction. This Agreement shall not be construed as seeking to either enlarge or diminish any obligation or duty owed by one Party against the other or against third parties. In the event of a claim for any wrongful or negligent act, each Party shall bear the cost of its own defense.

Section 6: Miscellaneous

6.1. **Non-Referral of Patients.** Neither Party is obligated to refer or transfer patients to the other and neither Party will receive any payment for any patient referred or transferred to the other Party.

6.2. **Relationship of the Parties.** The Parties enter into this Agreement as independent

75B

parties. Neither party shall have, nor represent itself to have, any authority to bind the other party or to act on its behalf. This Agreement does not confer any right to use any name, trade name, trademark, or other designation of either party to this Agreement (including contraction, abbreviation or simulation of any of the foregoing) in any way without the prior written consent of the other party.

6.3. **Notices.** All notices and other communications under this Agreement shall be in writing and shall be deemed received when delivered personally or when deposited in the U.S. mail, postage prepaid, sent registered or certified mail, return receipt requested or sent via a nationally recognized and receipted overnight courier service, to the Parties at their respective principal office of record as set forth below or designated in writing from time to time. No notice of a change of address shall be effective until received by the other Party:

Notices to the Dialysis Clinic:
NxStage Kidney Care
Attn: Legal
350 Merrimack Street
Lawrence, MA 01843

Notices to the Rush:
Rush Transfer Center
Atten: Dina Pilipczuk
1650 W Congress Parkway
Chicago IL 60612
with a copy to:
Rush University Medical Center
Office of Legal Affairs
1700 West Van Buren Street, Suite 301
Chicago, Illinois 60612-3244
Attn: General Counsel

6.4. **Assignment.** Neither Party may assign its rights or delegate its obligations under this Agreement without the prior written consent of the other.

6.5. **Entire Agreement.** This Agreement contains the entire agreement of the Parties with respect to the subject matter and may not be amended or modified except in a writing signed by both Parties.

6.6. **Governing Law.** This Agreement shall be construed and all of the rights, powers and liabilities of the Parties hereunder shall be determined in accordance with the laws of the State of Illinois; provided, however, that the conflicts of law principles of the State of Illinois shall not apply to the extent that they would operate to apply the laws of another state.

6.7. **Headings.** The headings of articles and sections contained in this Agreement are for

reference purposes only and will not affect in any way the meaning or interpretation of this Agreement.

6.8. **Non-discrimination.** Neither Party shall discriminate against any individuals on the basis of race, color, sex, age, religion, national origin, or disability in providing services under this Agreement.

6.9. **Severability.** If any provision of this Agreement, or the application thereof to any person or circumstance, shall be held to be invalid, illegal or unenforceable in any respect by any court or other entity having the authority to do so, the remainder of this Agreement, or the application of such affected provision to persons or circumstances other than those to which it is held invalid or unenforceable, shall be in no way affected, prejudiced or disturbed, and each provision of this Agreement shall be valid and shall be enforced to the fullest extent permitted by law.

6.10. **Successors and Assigns.** This Agreement shall be binding upon, and shall inure to the benefit of the Parties hereto, their respective successors and permitted assigns.

6.11. **Waiver.** No failure by a Party to insist upon the strict performance of any covenant, agreement, term or condition of this Agreement, shall constitute a waiver of any such breach of such covenant, agreement, term or condition. Any Party may waive compliance by the other Party with any of the provisions of this Agreement if done so in writing. No waiver of any provision shall be construed as a waiver of any other provision or any subsequent waiver of the same provision.

6.12 **Non-Exclusivity:** This Agreement is non-exclusive.

6.13 **Compliance with Laws:** At all times, both Parties shall comply with all federal, state and local laws, rules and regulations including, but not limited to the Health Insurance Portability and Accountability Act of 1996.

6.14 **Exclusion:** Transferring Hospital shall immediately notify Rush in the event it becomes an excluded individual from a government health care program.

Rush and the Dialysis Clinic execute this Agreement on the day and year first written above.

By: CNO
Date: 8/16/13

By: VP Mission
Date: 8/15/13

75D

NxSTAGE

Illinois Health Facilities and
Services Review Board
Springfield, IL

RE: NxStage Oak Brook

To Whom It May Concern:

I hereby attest that:

- the proposed establishment of NxStage Oak Brook will be funded through cash and leases, and that no debt financing is to be used;
- applicant NxStage Medical, Inc. maintains sufficient cash and short-term securities to fund this project; and
- the expenses to be incurred through the lease of space and selected equipment are less than those associated with the construction of a new facility or the purchase of equipment.

BY: _____

Title: SVP, CFO

Notarized:

IRENE M. TYLER-JOHNSON
Notary Public
Commonwealth of Massachusetts
My Commission Expires
September 13, 2013

Irene M. Tyler-Johnson

ATTACHMENTS 39 and 42A

NxStage Medical, Inc. ▪ 350 Merrimack Street ▪ Lawrence, MA 01843 USA
tel: (978) 687-4700 ▪ fax: (978) 687-4800 ▪ www.nxstage.com

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE

NxStage									
Department	**A**	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**Total**
(list below)	**Cost/Sq. Foot**		**Gross Sq. Ft.**		**Gross Sq. Ft.**		**Const. $**	**Mod. $**	**Costs**
	New	**Mod.**	**New**	**Circ.**	**Mod.**	**Circ.**	**(A x C)**	**(B x E)**	**(G + H)**
Reviewable									
ESRD		$ 160.13			2,704			$ 433,000	$ 433,000
contingency		$ 8.14						$ 22,000	$ 22,000
TOTAL		$ 168.27						$ 455,000	$ 455,000

ATTACHMENT 42C

OPERATING and CAPITAL COSTS per TREATMENT

Projected Operating Costs, Year 2

Treatments:		4,800
Salaries, Benefits, & Med. Supplies:	$	644,000
Operating Cost per Treatments:	$	134.17

Projected Capital Costs, Year 2

Treatments:		4,800
Depreciation, Amortization, and Interest	$	69,443
Capital Cost per Treatment	$	14.47

SAFETY NET IMPACT STATEMENT

The services proposed to be provided at NxStage Oak Brook are limited to a variety of chronic dialysis modalities, none of which are typically viewed as "safety net" services. As a result, NxStage Oak Brook will not have an impact on essential safety net services in the community.

The applicants anticipate the payor mix of NxStage Oak Brook to approximate the following: 70-72% Medicare, 10-12% Medicaid, 15-16% private insurance and 1-2% self-pay and/or charity care.

NxStage Oak Brook represents NxStage Medical Inc.'s first facility in Illinois, and as a result, no opportunities exist for the cross-subsidizing of services.

ATTACHMENT 43

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/Coapplicant Identification including Certificate of Good Standing	22
2	Site Ownership	24
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	25
5	Flood Plain Requirements	26
6	Historic Preservation Act Requirements	27
7	Project and Sources of Funds Itemization	28
8	Obligation Document if required	
9	Cost Space Requirements	29
10	Discontinuation	
11	Background of the Applicant	30
12	Purpose of the Project	32
13	Alternatives to the Project	34
14	Size of the Project	36
15	Project Service Utilization	37
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	39
27	Non-Hospital Based Ambulatory Surgery	
28	General Long Term Care	
29	Specialized Long Term Care	
30	Selected Organ Transplantation	
31	Kidney Transplantation	
32	Subacute Care Hospital Model	
33	Post Surgical Recovery Care Center	
34	Children's Community-Based Health Care Center	
35	Community-Based Residential Rehabilitation Center	
36	Long Term Acute Care Hospital	
37	Clinical Service Areas Other than Categories of Service	
38	Freestanding Emergency Center Medical Services	
	Financial and Economic Feasibility:	
39	Availability of Funds	76
40	Financial Waiver	
41	Financial Viability	
42	Economic Feasibility	77
43	Safety Net Impact Statement	79
44	Charity Care Information	