



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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DOCKET NO: H-11	BOARD MEETING: August 25, 2015	PROJECT NO: 15-035	PROJECT COST: Original: \$2,352,197
FACILITY NAME: Montgomery County Dialysis		CITY: Hillsboro	
TYPE OF PROJECT: Substantive			HSA: III

PROJECT DESCRIPTION: The applicants (DaVita HealthCare Partners Inc. and Total Renal Care Inc.) are proposing to establish an 8 station ESRD facility in Hillsboro, Illinois in 4,686 GSF of leased space at a cost of \$2,352,197. The anticipated completion date is April 30, 2017.

EXECUTIVE SUMMARY

PROJECT DESCRIPTION:

- The applicants (DaVita HealthCare Partners Inc. and Total Renal Care Inc.) are proposing to establish an 8 station ESRD facility in Hillsboro, Illinois in 4,686 GSF of leased space at a cost of \$2,352,197. The anticipated completion date is April 30, 2017.

WHY THE PROJECT IS BEFORE THE STATE BOARD:

- This project is before the State Board because the project proposes to the establishment of a health care facility as defined by the Illinois Health Facilities Planning Act (20 ILCS 3960/3).

PURPOSE OF THE PROJECT:

- The purpose of the project is to improve access to life sustaining dialysis services to the residents of Montgomery County.

PUBLIC HEARING/COMMENT

- A public hearing was offered, no hearing was requested and no letters of support or opposition were received by the State Board Staff.

CONCLUSION:

- The applicants have addressed a total of 21 criteria and did not meet the following:

.State Board Standards Not Met	
Criteria	Reasons for Non-Compliance
Criterion 1110.1430 (c) (1) – Planning Area Need	There is a calculated excess of 26 stations in the HSA III ESRD Planning Area
Criterion 1120.140 (c) –Reasonableness of Project Costs	Modernization and Contingency Costs are \$808,500 or \$203.24. This exceeds the State Board Standard of \$183.68 by \$77,821.

STATE BOARD STAFF REPORT
Montgomery County Dialysis
#15-035

APPLICATION SUMMARY/CHRONOLOGY	
Applicants	DaVita Healthcare Partners, Inc. and Total Renal Care, Inc.
Facility Name	Montgomery County Dialysis
Location/Address	1822 Senator Miller Drive, Hillsboro, Illinois
Permit Holder	Total Renal Care, Inc.
Operating Entity	Total Renal Care, Inc.
Owner of the Site	Palestra Properties, Inc.
Total Cost of the Project	\$2,352,197
Total Facility Gross Square Feet	4,686 GSF
Total Stations	8 stations
Can Applicants Request Another Deferral?	Yes
Project Type	Substantive
Application Received	July 23, 2015
Application Deemed Complete	July 23, 2015
Review Period Ends?	September 30, 2015
Obligation Date	April 30, 2017
Anticipated Completion Date	April 30, 2017

I. Project Description

The applicants (DaVita HealthCare Partners Inc. and Total Renal Care Inc.) are proposing to establish an 8 station ESRD facility in Hillsboro, Illinois in 4,686 GSF of leased space at a cost of \$2,352,197. The anticipated completion date is April 30, 2017.

II. Summary of Findings

- A. The State Board Staff finds the proposed project does **not** appear to be in conformance with the provisions of Part 1110.
- B. The State Board Staff finds the proposed project does **not** appear to be in conformance with the provisions of Part 1120.

III. General Information

The applicants are DaVita Healthcare Partners, Inc. and Total Renal Care, Inc. DaVita Healthcare Partners, Inc. currently operates over 2,179 dialysis centers throughout the United States. 89 of these facilities are in Illinois. Total Renal Care, Inc. is a subsidiary of DaVita HealthCare Partners, Inc. and is a Delaware Corporation approved to conduct business in the State of Illinois and is currently in good standing with the State of Illinois. The operating entity is Total Renal Care, Inc. and the owner of the site is Palestra Properties, Inc. The new facility will be located at 1822 Senator Miller Drive, Hillsboro,

Illinois, in the HSA III ESRD planning area. This is a substantive project and is subject to a Part 1110 and 1120 review. Project obligation will occur after permit issuance.

Below are the current approved DaVita projects that have not been completed to date.

Project Number	Name	Project Type	Completion Date
12-008 ⁽¹⁾	Stony Island Dialysis	Expansion	6/30/2015
13-070	Belvidere Dialysis	Establishment	3/31/2016
14-020	Chicago Ridge Dialysis	Establishment	01/31/2016
14-042	Tinley Park Dialysis	Establishment	10/31/2016
14-058	Alton Dialysis	Relocation	07/31/2016
14-069	Stony Creek Dialysis	Relocation	06/30/2016
15-004	Machesney Park Dialysis	Establishment	04/30/2017
15-003	Vermillion County Dialysis	Establishment	04/30/2017
15-020	Calumet City Dialysis	Establishment	07/31/2017

1. Request to extend the completion date to December 31, 2015 has been submitted.

IV. Project Costs and Sources of Funds

The applicants are funding this project with cash of \$1,531,347 and a lease with a Fair Market Value of \$820,850. There will be \$549,234 in estimated start-up costs and operating deficit.

	Clinical	Non Clinical	Total
Modernization Contracts	\$735,000	\$130,800	\$865,800
Contingencies	\$73,500	\$13,000	\$86,500
Architectural and Engineering Fees	\$70,000	\$12,000	\$82,000
Consulting and Other Fees	\$65,000	\$15,000	\$80,000
Movable or Other Equipment	\$351,130	\$65,917	\$417,047
FMV of Leased Space	\$696,829	\$124,021	\$820,850
Total Uses of Funds	\$1,991,459	\$360,738	\$2,352,197
Cash	\$1,294,630	\$236,717	\$1,531,347
FMV of Leased Space	\$696,829	\$124,021	\$820,850
Total Sources of Funds	\$1,991,459	\$360,738	\$2,352,197

V. **Section 1110.230 – Purpose of the Project, Safety Net Impact Statement, and Alternatives to the Proposed Project**

A) **Criterion 1110.230 (a) - Purpose of the Project**

The applicants stated the following:

The purpose of the project is to improve access to life sustaining dialysis services to the residents of Montgomery County. There is only one dialysis facility within 30 minutes of the proposed Montgomery County Dialysis. It was operating at 75% as of June 30, 2015 and lacks sufficient capacity to accommodate Dr. Tamizuddin's projected patient referrals. Based upon data from The Renal Network, there were 54 ESRD patients residing within 30 minutes of the proposed Montgomery County Dialysis, and that number is projected to increase. The U.S. Centers for Disease Control and Prevention estimates 10% of American adults have some level of CKD. Further, the National Kidney Fund of Illinois estimates over 1 million Illinoisans have CKD and most do not know it. Kidney disease is often silent until the late stages when it can be too late to head off kidney failure. As more working families obtain health insurance through the Affordable Care Act (or ACA) 1.0 and 1.5 million Medicaid beneficiaries' transition from traditional fee for service Medicaid to Medicaid managed care, more individuals in high risk groups will have better access to primary care and kidney screening. As a result of these health care reform initiatives, there will likely be tens of thousands of newly diagnosed cases of CKD in the years ahead. Once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologists care prior to diagnosis. It is imperative that enough stations are available to treat this new influx of ESRD patients, who will require dialysis in the next couple of years. Dr. Ashraf Tamizuddin's practice, Central Illinois Kidney and Dialysis Associates, SC treated 104 CKD patients in 2014, who reside within approximately 30 minutes of the proposed Montgomery County Dialysis. 61 of these patients are at Stage 4 or 5 CKD. Conservatively, based upon attrition due patient death, transplant, return of function, or relocation, Dr. Tamizuddin anticipates that at least 39 of these patients will initiate dialysis at the proposed facility within 12 to 24 months following project completion. The establishment of an 8-station dialysis facility will improve access to necessary dialysis treatment for those individuals in Montgomery County who suffer from ESRD. ESRD patients are typically chronically ill individuals and adequate access to dialysis services is essential to their well-being. The market area encompasses an approximate 30 mile radius around the proposed facility. The boundaries of the market area are as follows:

- North approximately 30 minutes normal travel time to Morrisonville
- Northeast approximately 20 minutes normal travel time to Nokomis
- East approximately 30 minutes normal travel time to Ramsey
- Southeast approximately 30 minutes normal travel time to Brownton
- South approximately 30 minutes normal travel time to St. Rose
- Southwest approximately 30 minutes normal travel time to Rosewood Heights
- West approximately 30 minutes normal travel time to Gillespie
- Northwest approximately 30 minutes normal travel time to Carlinville

The minimum size of a GSA is 30 minutes; however, many of the patients reside within the immediate vicinity of the proposed facility. The proposed facility is located in Hillsboro, Illinois. Dr. Tamizuddin expects at least 39 of the current 51 Stage 4 and 5 CKD patients that reside within approximately 30 minutes of the proposed site to require dialysis within 12 to 24 months of project completion. The proposed facility will improve access to dialysis services to the residents of Montgomery County and the surrounding area by establishing the proposed facility. Given the high utilization in the GSA and the increasing size of Dr. Dr. Tamizuddin's patient-base, this facility is necessary to ensure sufficient access to dialysis services in this community. The Applicants anticipate the proposed facility will have quality outcomes comparable to its other facilities. Additionally, in an effort to better serve all kidney patients, DaVita believes in requiring all providers measure outcomes in the same way and report them in a timely and accurate basis or be subject to penalty. There are four key measures that are the most common indicators of quality care for dialysis providers - dialysis adequacy, fistula use rate, nutrition and bone and mineral metabolism. Adherence to these standard measures has been directly linked to 15-20% fewer hospitalizations. On each of these measures, DaVita has demonstrated superior clinical outcomes, which directly translated into 7% reduction in hospitalizations among DaVita patients, the monetary result of which is more than \$1.5 billion in savings to the health care system and the American taxpayer from 2010 - 2012.

B) Criterion 1110.230 (b) – Safety Net Impact Statement

The applicants stated the following:

DaVita HealthCare Partners Inc. and its affiliates are safety net providers of dialysis services to residents of the State of Illinois. DaVita is a leading provider of dialysis services in the United States and is committed to innovation, improving clinical outcomes, compassionate care, education and Kidney Smarting patients, and community outreach. A copy of DaVita's 2014 Community Care report, which details DaVita's commitment to quality, patient centric focus and community outreach, was previously included as part of Applicants' application for Project #15-025. As referenced in the report, DaVita led the industry in quality, with 50 percent of its dialysis centers earning four or five stars in the federal Five-Star Ratings, compared to the 21 percent industry average. DaVita also led the industry in Medicare's Quality Incentive Program, ranking No. 1 in three out of four clinical measures and receiving the fewest penalties. DaVita has taken on many initiatives to improve the lives of patients suffering from CKD and ESRD. These programs include the Kidney Smart, IMPACT, CathAway, and transplant assistance programs. Furthermore, DaVita is an industry leader in the rate of fistula use and has the lowest day-90 catheter rates among large dialysis providers. During 2000 - 2014, DaVita improved its fistula adoption rate by 103 percent. Its commitment to improving clinical outcomes directly translated into 7% reduction in hospitalizations among DaVita patients. DaVita has improved clinical outcomes each year since 2000, generating an estimated \$204 million in net savings to the American healthcare system in 2013.

There is currently one existing or approved facility within 30 minutes of the proposed Montgomery County Dialysis, and it is operating at 75%. There are 104 patients from Dr.

Tamizuddin's practice suffering from Stage 3, 4, or 5 CKD, who reside within an approximate 30 minute commute of the proposed facility. At least 39 of these patients will be referred to the proposed Montgomery County Dialysis within 12 to 24 months of project completion. As such, the proposed facility is necessary to allow the existing facility to operate at its optimum capacity while at the same time accommodating the growing demand for dialysis services. Accordingly, the proposed dialysis facility will not impact other general health care providers' ability to cross-subsidize safety net services.

TABLE THREE			
Safety Net Impact Statement			
Illinois DaVita Dialysis Facilities			
	2012	2013	2014
Net Revenue	\$228,403,979	\$244,115,132	\$266,319,949
Charity Patients #	152	187	146
Charity Costs	\$1,199,657	\$2,175,940	\$2,477,363
Charity Costs/Net Revenue	0.53%	0.89%	0.93%
Medicaid Patients #	651	679	708
Medicaid Revenue	\$11,387,229	\$10,371,416	\$8,603,971
Medicaid Revenue/Net Revenue	4.99%	4.25%	3.23%

C) Criterion 1110.230 (c) - Alternatives to the Proposed Project

There was one alternative considered to the proposed project utilizing existing facilities within the service area.

There is only one dialysis facility (DaVita Litchfield) within 30 minutes of the proposed Montgomery County Dialysis. It was operating at 75% as of June 30, 2015 and lacks sufficient capacity to accommodate Dr. Tamizuddin's projected patient referrals. Based upon data from The Renal Network, there were 54 ESRD patients residing within 30 minutes of the proposed Montgomery County Dialysis, and that number is projected to increase. Dr. Ashraf Tamizuddin's practice, Central Illinois Kidney and Dialysis Associates, SC treated 104 CKD patients in 2014, who reside within approximately 30 minutes of the proposed Montgomery County Dialysis. 51 of these patients are at Stage 4 or 5 CKD. Conservatively, based upon attrition due patient death, transplant, return of function, or relocation, Dr. Tamizuddin anticipates that at least 39 of these patients will initiate dialysis at the proposed facility within 12 to 24 months following project completion. Given the high utilization of the existing facility coupled with projected growth of ESRD patients due to health care reform initiatives, the only existing facility within the GSA will not have sufficient capacity to accommodate projected referrals. As a result, DaVita rejected this option.

VI. Section 1110.234 – Size of the Project, Projected Utilization, Assurance

A) Criterion 1110.234 (a) - Size of the Project

The applicants are proposing 3,978 of clinical gross square footage for this facility. The State Board Standard is 450-650 GSF or 5,200 GSF for an 8 station ESRD facility.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH CRITERION ASSURANCES (77 IAC 1110.1430 (k))

B) Criterion 1110.234 (b) – Projected Utilization

The applicants are expecting to provide services to 39 ESRD patients by the second year after project completion. If these ESRD patients materialize the applicants will be above the State Board’s target occupancy of 80% by the second year after project completion. (39 x 3 days a week x 52 weeks a year = 6,084 treatments/8 ESRD stations x 3 shifts a day x 6 days a week x 52 weeks a year = 7,488 treatments available =81.20%)

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH CRITERION ASSURANCES (77 IAC 1110.234 (b))

C) Criterion 1110.234 (e) – Assurances

The applicants have provided the necessary assurance that they will be at target occupancy by the second year after project completion and will maintain that utilization.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH CRITERION ASSURANCES (77 IAC 1110.234 (e))

VII. Section 1110.1430 - End Stage Renal Dialysis

A) Criterion 1110.1430 (b) (1) (3) – Background of the Applicants

The applicants have attested that there have been no adverse actions against the applicants in the past three years and that the State Board and the Illinois Department of Public Health can access any and all documents to verify information in this application for permit. The applicants are in compliance with of Illinois Executive Order #2005-5 that the site of the proposed dialysis facility is located outside of a flood plain. The applicants are in compliance with the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420, as there are no significant historic, architectural or archaeological resources located within the proposed project area.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH CRITERION BACKGROUND OF THE APPLICANTS (77 IAC 1110.1430 (b) (1) (3))

B) Criterion 1110.1430 (c) (1) (2) (3)(5) – Planning Area Need

There is currently a calculated excess of 26 ESRD stations in the HSA III ESRD Planning Area. The applicants have identified 104 pre-ESRD patients within the 30 minute service area. Approximately 39 of these patients are expected to be referred to the

proposed facility within two years after project completion. There is one facility within 30 minutes currently operating at 75%-DaVita Litchfield Dialysis that over the past four quarters has averaged 78% utilization. There is no absence of service within the planning area, no access limitations due to payor status of patients, no restrictive admission policies of existing providers, and there has been no documentation provided that the existing care systems exhibit indicators of medical care problems. Because of the calculated excess of 26 ESRD stations in the HSA III ESRD Planning Area the applicants have not met the requirements of this criterion.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS NOT IN CONFORMANCE WITH CRITERION PLANNING AREA NEED (77 IAC 1110.1430 (c) (1) (2) (3) (5))

C) Criterion 1110.1430 (d)(1)(2)(3) – Unnecessary Duplication of Service/Maldistribution/Impact on Other Facilities

There is one facility within 30 minutes currently operating at 75%- DaVita Litchfield Dialysis that over the past four quarters has averaged 78% utilization. The DaVita Litchfield Dialysis facility is approximately 12 minutes from the proposed site. There is one station per 3,644 individuals within this 30 minute service area compared to one station per 3,066 individuals in the State of Illinois. There is no surplus of stations in this 30 minute service area. Because the one facility within 30 minute service area is a DaVita facility the State Board Staff does not believe the proposed facility will have a negative impact on other facilities within the 30 minute service area.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH CRITERION UNNECESSARY DUPLICATION OF SERVICE/MALDISTRIBUTION OF SERVICE/IMPACT ON OTHER FACILITIES (77 IAC 1110.1430 (d) (1) (2) (3))

D Criterion 1110.1430 (f) –Staffing

E) Criterion 1110.1430 (g) – Support Services

F) Criterion 1110.1430 (h) - Minimum Number of Stations

G) Criterion 1110.1430 (i) – Continuity of Care

The proposed facility will be Medicare certified and to meet Medicare certification the proposed new facility will be required to be appropriately staffed. Curriculum Vitae for the Medical Director and DaVita's training program overview were provided by the applicants at pages 76-88 of the application for permit as required. The proposed new facility will participate in a dialysis data system, will make support services available to patients, and will provide training for self-care dialysis, self-care instruction, home and home-assisted dialysis, and home training as required. The facility will have 8 stations and is not located in a MSA. An agreement with Memorial Medical Center has been provided that states that the hospital will provide inpatient care and other hospital services as needed.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH CRITERION STAFFING SUPPORT SERVICES MINIMUM NUMBER OF STATIONS CONTINUITY OF CARE (77 IAC 1110.1430 (f)(g)(h)(i))

H) Criterion 1110.1430 (k) – Assurances

The applicants have provided the necessary assurance that the proposed facility will be at target occupancy within two years after project completion.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH CRITERION ASSURANCES (77 IAC 1110.1430 (k))

IX. Section Financial Viability

A) Criterion 1120.120 – Availability for Funds

The applicants are funding this project with cash of \$1,531,347. A review of the applicants’ audited financial statements indicates that sufficient funds are available to fund this project.

TABLE FOUR		
DaVita Healthcare Partners, Inc		
(Dollars in thousands)		
December 31, 2014		
	2014	2013
Cash	\$965,241	\$946,249
Current Assets	\$3,876,797	\$2,472,278
Current Liabilities	\$2,088,652	\$2,462,049
LTD	\$8,383,280	\$8,141,231
Net Patient Service Revenue	\$8,501,454	\$8,013,649
Total Revenue	\$12,795,106	\$11,764,050
Operating Expenses	\$10,979,965	\$10,213,916
Net Income	\$723,114	\$633,446
Average revenue/treatment	\$342	\$340
Average expense/treatment	\$273.60	\$285.60

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH AVAILABILITY OF FUNDS (77 IAC 1120.120)

B) Criterion 1120.130 – Financial Viability

The applicants are funding this project from internal sources (cash) therefore the applicants have qualified for the financial viability waiver that allows applicants that are funding projects from internal sources to forego providing financial viability ratios.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH FINANCIAL VIABILITY (77 IAC 1120.130)

X. Section 1120.140 –Economic Feasibility

A) Criterion 1120.140(a) – Reasonableness of Financing Arrangements

B) Criterion 1120.140(b) – Terms of Debt Financing

Under current State Board rules a lease is considered debt financing. There will be a lease for 15 years between the landlord Palestra Properties, Inc and Total Renal Care, Inc., the operating entity. The terms of the lease are \$19 years 1-5, \$20.99 years 6-10, and \$22.99 years 11-15 with three five year options to renew the lease. The lease appears reasonable when compared to previously approved leases for projects of similar scope and size.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH REASONABLENESS OF FINANCING ARRANGEMENTS AND TERMS OF DEBT FINANCING (77 IAC 1120.140 (a) (b))

C) Criterion 1120.140(c) –Reasonableness of Project Costs

Modernization and Contingency Costs are \$808,500 or \$203.24. This appears **HIGH** when compared to the State Board Standard of \$183.68. This exceeds the State Standard by \$77,821.

State Board Standard	
State Board Standard (CY 2008) ⁽¹⁾	\$145
Inflation Factor	3%
Years to Inflate (CY 2016) ⁽²⁾	8
Adjusted State Board Standard	\$183.68

Contingences Costs are \$73,500 or 9% of construction costs. This appears reasonable when compared to the State Board Standard of 10%.

Architectural/Engineering Fees are \$70,000 or 8.6% of construction and contingency costs. This appears reasonable when compared to the State Board Standard of 7.18-10.78%

Consulting and Other Fees are \$65,000. The State Board does not have a standard for these costs.

Movable or Other Equipment Costs are \$351,130 or \$43,892 per station. This appears reasonable when compared to the State Board Standard of \$55,293.

Movable Equipment	
Communications	\$70,500
Water Treatment	\$114,925

Movable Equipment	
Bio-Medical Equipment	\$10,485
Clinical Equipment	\$142,480
Clinical Furniture Fixtures	<u>\$12,740</u>
Total Equipment	\$351,130

FMV of Leased Space – These costs are \$696,829. The State Board does not have a standard for these costs.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT NOT IN CONFORMANCE WITH CRITERION REASONABLENESS OF PROJECT COSTS (77 IAC 1120.140 (c))

D) Criterion 1120.140 (d) - Projected Operating Costs

The applicants are projecting \$240.03 in operating costs per treatments. The State Board does not have a standard for these costs.

<u>Operating Expenses:</u>	\$1,460,319
Treatments:	6,084
Operating Expense per Treatment:	\$240.03

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS IN CONFORMANCE WITH CRITERION PROJECTED OPERATING COSTS (77 IAC 1120.140 (d))

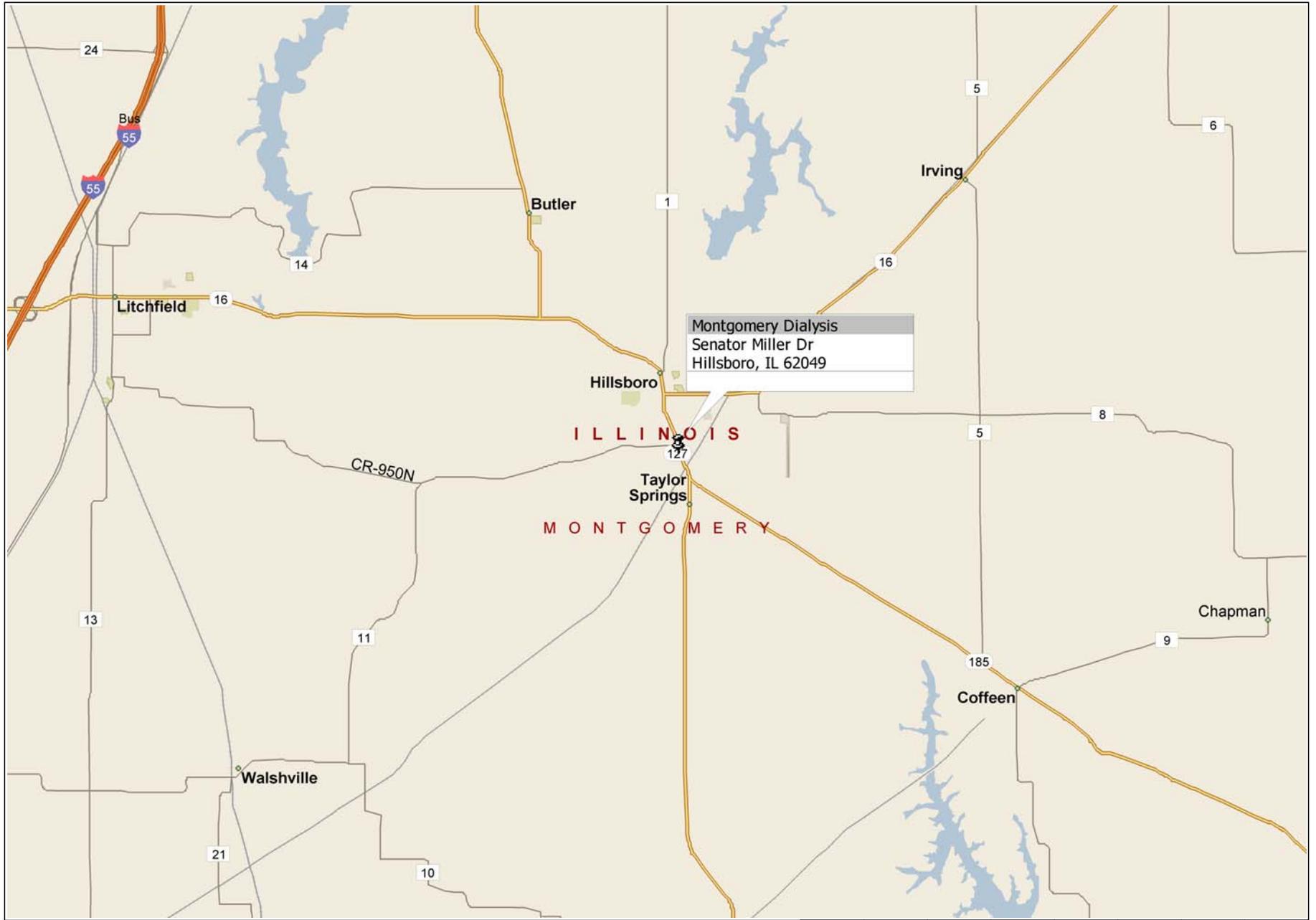
E) Criterion 1120.140 (e) – Projected Capital Costs

The applicants are projecting \$25.30 in capital costs per treatment. The State Board does not have a standard for these costs.

<u>Capital Costs:</u>	
Depreciation:	\$146.847
Amortization:	\$ 7,091
Total Capital Costs:	\$153,938
Treatments:	6,084
Capital Costs per Treatment:	\$25.30

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS IN CONFORMANCE WITH CRITERION PROJECTED CAPITAL COSTS (77 IAC 1120.140 (e))

#15-035 Montgomery Dialysis



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