

EXHIBIT 1

Name of Applicant: Shore Health System, Inc.

Date of Submission: 11-Oct-16

Applicants should follow additional instructions included at the top of each of the following worksheets. Please ensure all green fields (see above) are filled.

<u>Table Number</u>	<u>Table Title</u>	<u>Instructions</u>
Table A	Physical Bed Capacity Before and After Project	All applicants whose project impacts any nursing unit, regardless of project type or scope, must complete Table A.
Table B	Departmental Gross Square Feet	All applicants, regardless of project type or scope, must complete Table B for all departments and functional areas affected by the proposed project.
Table C	Construction Characteristics	All applicants proposing new construction or renovation must complete Table C.
Table D	Site and Offsite Costs Included and Excluded in Marshall Valuation Costs	All applicants proposing new construction or renovation must complete Table D.
Table E	Project Budget	All applicants, regardless of project type or scope, must complete Table E.
Table F	Statistical Projections - Entire Facility	Existing facility applicants must complete Table F. All applicants who complete this table must also complete Tables G and H.
Table G	Revenues & Expenses, Uninflated - Entire Facility	Existing facility applicants must complete Table G. The projected revenues and expenses in Table G should be consistent with the volume projections in Table F.
Table H	Revenues & Expenses, Inflated - Entire Facility	Existing facility applicants must complete Table H. The projected revenues and expenses in H should be consistent with the projections in Tables F and G.
Table I	Statistical Projections - New Facility or Service	Applicants who propose to establish a new facility, existing facility applicants who propose a new service, and applicants who are directed by MHCC staff must complete Table I. All applicants who complete this table must also complete Tables J and K.
Table J	Revenues & Expenses, Uninflated - New Facility or Service	Applicants who propose to establish a new facility and existing facility applicants who propose a new service and any other applicant who completes a Table I must complete Table J. The projected revenues and expenses in Table J should be consistent with the volume projections in Table I.
Table K	Revenues & Expenses, Inflated - New Facility or Service	Applicants who propose to establish a new facility and existing facility applicants who propose a new service and any other applicant that completes a Table I must complete Table K. The projected revenues and expenses in Table K should be consistent with the projections in Tables I and J.
Table L	Manpower	All applicants, regardless of project type or scope, must complete Table L.

TABLE A. PHYSICAL BED CAPACITY BEFORE AND AFTER PROJECT

INSTRUCTION: Identify the location of each nursing unit (add or delete rows if necessary) and specify the room and bed count before and after the project in accordance with the definition of physical capacity noted below. Applicants should add columns and recalculate formulas to address rooms with 3 and 4 bed capacity. See additional instruction in the column to the right of the table.

NOTE: Physical capacity is the total number of beds that could be physically set up in space without significant renovations. This should be the maximum operating capacity under normal, non-emergency circumstances and is a physical count of bed capacity, rather than a measure of staffing capacity. A room with two headwalls and two sets of gasses should be counted as having capacity for two beds, even if it is typically set up and operated with only one bed. A room with one headwall and one set of gasses is counted as a private room, even if it is large enough from a square footage perspective to be used as a semi-private room, since renovation/construction would be required to convert it to semi-private use. If the hospital operates patient rooms that contain no headwalls or a single headwall, but are normally used to accommodate one or more than one patient (e.g., for psychiatric patients), the physical capacity of such rooms should be counted as they are currently used.

Before the Project							After Project Completion						
Hospital Service	Location (Floor/Wing)*	Licensed Beds: 07/01/17	Based on Physical Capacity				Hospital Service	Location (Floor/Wing)*	Based on Physical Capacity				
			Room Count			Bed Count			Room Count			Bed Count	
			Private	Semi-Private	Total Rooms	Physical Capacity			Private	Semi-Private	Total Rooms	Physical Capacity	
ACUTE CARE							ACUTE CARE						
General Medical/Surgical*		77					General Medical/Surgical*						
MedSurg	2 East		19	6	25	31	MedSurg	4 West	19	0	19	19	
Surgical	3 East		10	10	20	30	Palliative	4 West	2	0	2	2	
Neuro	4 East		6	2	8	10	Neuro	3 West	10	0	10	10	
Joint	4 East South		6	2	8	10	Joint	3 West	12	0	12	12	
Telemetry	4 South		20	4	24	28	Telemetry	5 West	22	0	22	22	
Resp/Cardio	3 Center		3	4	7	11							
Renal	2 South		5	0	5	5							
SUBTOTAL Gen. Med/Surg*		77	69	28	97	125	SUBTOTAL Gen. Med/Surg*		65	0	65	65	
ICU/CCU	Center	10	10		10	10	ICU/CCU	5 East	12	0	12	12	
Other (Specify/add rows as needed)													
TOTAL MSGA		87	79	28	107	135	TOTAL MSGA		77	0	77	77	
Obstetrics	Birthing Center 5E	17					Obstetrics	3 East	16	0	16	16	
5 East (LDRP)	Birthing Center 5E		10	0	10	10							
Antepartum	Birthing Center 5E		3	0	3	3							
Pacu 5E	Birthing Center 5E		1	0	1	1							
Triage 5E	Birthing Center 5E		3	0	3	3							
Pediatrics	3 South	8	4	5	9	14	Pediatrics	4 West	2	0	2	2	
Psychiatric	0	0			0	0	Psychiatric		0	0	0	0	
TOTAL ACUTE		112	100	33	133	166	TOTAL ACUTE		95	0	95	95	
NON-ACUTE CARE							NON-ACUTE CARE						
Dedicated Observation**					0	0	Dedicated Observation**	1 East	10	0	10	10	
Rehabilitation	5 South	20	4	8	12	20	Rehabilitation	4 East	14	0	14	14	
Inventory of Other Beds:													
Sleep Lab	3 South		4	0	4	4							
HOSPITAL TOTAL		132	108	41	149	190	HOSPITAL TOTAL		119	0	119	119	

* Include beds dedicated to gynecology and addictions, if unit(s) is separate for acute psychiatric unit

** Include services included in the reporting of the "Observation Center". Service furnished by the hospital on the hospital's promise, including use of a bed and periodic monitoring by the hospital's nursing or other staff, which are reasonable and necessary to determine the need for a possible admission to the hospital as an inpatient; Must be ordered and documented in writing, given by a medical practitioner.

TABLE B. DEPARTMENTAL GROSS SQUARE FEET AFFECTED BY PROPOSED PROJECT

INSTRUCTION: Add or delete rows if necessary. See additional instruction in the column to the right of the table.

DEPARTMENT/FUNCTIONAL AREA	DEPARTMENTAL GROSS SQUARE FEET				
	Current	To be Added Thru New Construction	To Be Renovated	To Remain As Is	Total After Project Completion
Inpatient Nursing Units					
Intensive Care	6,505	11,808	0	0	11,808
Med / Surg - Telemetry	12,665	13,487	0	0	13,487
Rehab (Requard Center)	12,740	13,792	0	0	13,792
Med / Surg - General	25,370	13,502	0	0	13,502
Pediatric Unit	6,025	incl in M/S Unit	0	0	0
Med / Surg - Joint & Neuro	14,705	13,492	0	0	13,492
Obstetrics incl. nursery	16,070	23,293	0	0	23,293
Subtotal	94,080	89,374	0	0	89,374
Diagnostic & Treatment					
Clinical Lab / Pathology	9,885	3,923	0	0	3,923
Emergency Department	21,220	22,945	0	0	22,945
Inpatient Dialysis	2,410	1,771	0	0	1,771
Imaging Department	16,465	15,004	0	0	15,004
Interventional Suite (incl O.R.'s, Cath, EP)	20,265	23,001	0	0	23,001
Prep / Stage 2 Recovery	14,425	14,983	0	0	14,983
Pre-Anesthesia Testing	1,010	1,300	0	0	1,300
Observation Unit	0	2,957	0	0	2,957
Respiratory Therapy	0	871	0	0	871
Subtotal	85,680	86,755	0	0	86,755
Administrative / Public Services					
Auxiliary	805	354	0	0	354
Admitting / Registration	3,410	2,213	0	0	2,213
Chapel	160	487	0	0	487
Education Center / Med Library	5,405	3,027	0	0	3,027
Gift Shop	1,185	1,248	0	0	1,248
Hospitalist Suite	0	600	0	0	600
On-Call	0	1,464	0	0	1,464
Executive Admin	5,250	5,496	0	0	5,496
CIM / Physician Lounge	incl. in Quality Team	2,977	0	0	2,977
Quality Team	8,695	5,111	0	0	5,111
Human Resources / Employee Health	795	1,831	0	0	1,831
Nursing Administration / Staff offices	1,835	2,870	0	0	2,870
Information Technology	3,005	2,575	0	0	2,575
Lobby Services	1,400	1,300	0	0	1,300
Subtotal	31,945	31,553	0	0	31,553
Support Services					
EVS/Linen/Facilities/Mat. Mgmt	15,825	13,028	0	0	13,028
Maryland Express Care	0	733	0	0	733
Sterile Processing	4,600	6,336	0	0	6,336
Pharmacy	4,570	4,032	0	0	4,032
Security	0	930	0	0	930
Food & Nutrition	10,320	12,105	0	0	12,105
Subtotal	35,315	37,164	0	0	37,164
Clinics					
Cardiopulmonary / Vascular	6,065	5,763	0	0	5,763
Allied Health / School of Nursing	9,920	0	0	0	0
Behavioral Health Addiction Clinic	1,110	1,391	0	0	1,391
Breast Center	1,725	0	0	0	0
Cardio Rehab	2,685	3,483	0	0	3,483
Child Advocacy Center	1,310	0	0	0	0
Joslin Diabetes Clinic	4,225	3,670	0	0	3,670
Infusion Center	0	2,137	0	0	2,137
Coumadin (antii-Thromb) Clinic	925	0	0	0	0
Pain Management Clinic	0	2,635	0	0	2,635
Sleep Lab	2,230	0	0	0	0
Multi Specialty Clinic	1,570	3,813	0	0	3,813
Wound Healing Center	3,160	0	0	0	0
Outpatient Lab Draw	0	730	0	0	730
Subtotal	28,860	23,622	0	0	23,622
Total Department Gross SF	275,880	268,468			268,468
Building Grossing Factor	96,968	63,645	0	0	63,645
Central Plant	16,917	22,530	0	0	22,530
Total Building Gross SF	389,765	354,643			354,643

TABLE C. CONSTRUCTION CHARACTERISTICS

INSTRUCTION: If project includes non-hospital space structures (e.g., parking garages, medical office buildings, or energy plants), complete an additional Table C for each structure.

	Hospital	Central Utility Plant
BASE BUILDING CHARACTERISTICS	Check if applicable	
Class of Construction (for renovations the class of the building being renovated)*		
Class A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Class B	<input type="checkbox"/>	<input type="checkbox"/>
Class C	<input type="checkbox"/>	<input type="checkbox"/>
Class D	<input type="checkbox"/>	<input type="checkbox"/>
Type of Construction/Renovation*		
Low	<input type="checkbox"/>	<input type="checkbox"/>
Average	<input type="checkbox"/>	<input type="checkbox"/>
Good	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Excellent	<input type="checkbox"/>	<input type="checkbox"/>
Number of Stories	6 plus mechanical penthouse	1

*As defined by Marshall Valuation Service

PROJECT SPACE	List Number of Feet, if applicable	
Total Square Footage	332,113	22,530
Basement	n/a	
First Floor	123,374	22,530
Second Floor	74,502	
Third Floor	43,241	
Fourth Floor	36,247	
Fifth Floor	33,442	
Sixth Floor	18,773	
Penthouse	2,534	
Average Square Feet		
Perimeter in Linear Feet	Linear Feet	
Basement	n/a	
First Floor	1,933	610
Second Floor	1,318	
Third Floor	1,167	
Fourth Floor	1,090	
Fifth Floor	1,050	
Sixth Floor	651	
Penthouse	205	
Total Linear Feet	7,414	610
Average Linear Feet	1,059	
Wall Height (floor to eaves)	Feet	
Basement	n/a	
First Floor	16	20
Second Floor	16	
Third Floor	14	
Fourth Floor	14	
Fifth Floor	14	
Sixth Floor	14	
Penthouse	21.83	
Average Wall Height	15.69	
OTHER COMPONENTS		
Elevators	List Number	
Public	4	0
Patient / Service	3	0
Trauma	1	0
Sprinklers	Square Feet Covered	
Wet System	332,113	22,530
Dry System		
Other	Describe Type	
Type of HVAC System for proposed project	Excellent Grade - Forced Air: VAV / Constant Volume, Digitally Controlled	
Type of Exterior Walls for proposed project	Glass Curtain Wall, Brick Veneer, Metal Panels, Cultured Stone	

TABLE D. ONSITE AND OFFSITE COSTS INCLUDED AND EXCLUDED IN MARSHALL VALUATION COSTS

INSTRUCTION: If project includes non-hospital space structures (e.g., parking garges, medical office buildings, or energy plants), complete an additional Table D for each structure.

	NEW CONSTRUCTION COSTS	RENOVATION COSTS
SITE PREPARATION COSTS		
Normal Site Preparation	\$163,698	
Utilities from Structure to Lot Line		
Subtotal included in Marshall Valuation Costs	\$163,698	
Site Demolition Costs	\$26,000	
Storm Drains	\$2,472,660	
Rough Grading	\$1,476,214	
Hillside Foundation		
Paving	\$6,240,000	
Exterior Signs		
Landscaping	\$2,222,382	
Walls		
Yard Lighting		
Other (Specify/add rows if needed)		
Sediment Control & Stabilization	\$209,130	
Helipad	\$622,594	
Water	\$60,900	
Sewer	\$97,440	
Premium for Minority Business Enterprise Requirement	\$782,907	
Outside the Loop		
Subtotal On-Site excluded from Marshall Valuation Costs	\$14,210,227	
OFFSITE COSTS		
Roads	\$6,240,000	
Utilities		
Jurisdictional Hook-up Fees		
Other (Specify/add rows if needed)		
Pump Station	\$745,680	
8" to 12" Force Main	\$1,040,000	
Misc.	\$520,000	
EASTON ELECTRICAL SERVICE	\$704,369	
EASTON GAS SERVICE TO PROPERTY	\$254,196	
Verzion	\$1,170,497	
MD Broad Band (Fiber)	\$1,592,448	
Chop Tank (Electric)	\$2,826,004	
Cable TV	\$3,532,880	
Subtotal Off-Site excluded from Marshall Valuation Costs	\$18,626,075	
TOTAL Estimated On-Site and Off-Site Costs <u>not</u> included in Marshall Valuation Costs	\$32,836,302	\$0
TOTAL Site and Off-Site Costs included and excluded from Marshall Valuation Service*	\$33,000,000	\$0

TABLE D. ONSITE AND OFFSITE COSTS INCLUDED AND EXCLUDED IN MARSHALL VALUATION COSTS

INSTRUCTION: If project includes non-hospital space structures (e.g., parking garges, medical office buildings, or energy plants), complete an additional Table D for each structure.

	NEW CONSTRUCTION COSTS	RENOVATION COSTS
BUILDING COSTS		
Normal Building Costs	\$104,235,785	
Subtotal included in Marshall Valuation Costs	\$104,235,785	
Canopy	\$1,032,052	
Premium for Labor Shortages on Eastern Shore Projects	\$9,905,614	
LEED Silver Premium	\$5,282,994	
Siesmic Costs	\$2,641,497	
Pneumatic Tube System	\$750,000	
Transvac System	\$2,700,000	
Signs	\$1,040,000	
Premium for Minority Business Enterprise Requirement	\$4,486,908	
Subtotal Building Costs excluded from Marshall Valuation Costs	\$27,839,065	
TOTAL Building Costs included and excluded from Marshall Valuation Service*	\$132,074,850	\$0
A&E COSTS		
Normal A&E Costs	\$6,977,092	
Subtotal included in Marshall Valuation Costs	\$6,977,092	
Amount Spent on the 2012 Project that is not now Usable:	\$2,022,908	
Subtotal A&E Costs excluded from Marshall Valuation Costs	\$2,022,908	
TOTAL A&E Costs included and excluded from Marshall Valuation Service*	\$9,000,000	\$0
PERMIT COSTS		
Normal Permit Costs	\$4,610,966	
Subtotal included in Marshall Valuation Costs	\$4,610,966	
Jurisdictional Hook-up Fees	\$1,852,215	
Impact Fees	\$1,539,819	
Amount Spent on the 2012 Project that is not now Usable	\$52,849	
Subtotal Permit Costs excluded from Marshall Valuation Costs	\$3,444,883	
TOTAL Permit Costs included and excluded from Marshall Valuation Service*	\$8,055,849	\$0

TABLE E. PROJECT BUDGET

	<i>Hospital Building</i>	<i>Other Structure</i>	<i>Total</i>
A. USE OF FUNDS			
1. CAPITAL COSTS			
a. Land Purchase	\$2,000,000		\$2,000,000
b. New Construction			
(1) Building	\$132,074,850		\$132,074,850
(2) Fixed Equipment	\$0		\$0
(3) Site and Infrastructure	\$33,000,000		\$33,000,000
(4) Architect/Engineering Fees	\$9,000,000		\$9,000,000
(5) Permits (Building, Utilities, Etc.)	\$8,055,849		\$8,055,849
SUBTOTAL	\$182,130,699	\$0	\$182,130,699
c. Renovations			
(1) Building			\$0
(2) Fixed Equipment (not included in construction)			\$0
(3) Architect/Engineering Fees			\$0
(4) Permits (Building, Utilities, Etc.)			\$0
SUBTOTAL	\$0	\$0	\$0
d. Other Capital Costs			
(1) Movable Equipment	\$43,884,736		\$43,884,736
(2) Contingency Allowance	\$25,862,918		\$25,862,918
(3) Gross interest during construction period	\$39,658,000		\$39,658,000
(4) Other (Specify/add rows if needed)			
EDU'S	\$1,300,000		\$1,300,000
Impact Fee (Town) / County	\$1,300,000		\$1,300,000
Forest Conservation	\$50,000		\$50,000
IT	\$6,900,000		\$6,900,000
HOSPITAL MOVE	\$1,000,000		\$1,000,000
UMMS/OVHO	\$9,030,055		\$9,030,055
SUBTOTAL	\$128,985,709		\$128,985,709
TOTAL CURRENT CAPITAL COSTS	\$313,116,408	\$0	\$313,116,408
e. Inflation Allowance	\$13,013,916		\$13,013,916
TOTAL CAPITAL COSTS	\$326,130,324	\$0	\$326,130,324
2. Financing Cost and Other Cash Requirements			
a. Loan Placement Fees	\$622,000		\$622,000
b. Bond Discount	\$1,088,500		\$1,088,500
c. Legal Fees	\$702,000		\$702,000
d. Non-Legal Consultant Fees	\$1,775,677		\$1,775,677
e. Liquidation of Existing Debt			\$0
f. Debt Service Reserve Fund	\$19,586,000		\$19,586,000
g. Other (Specify/add rows if needed)			\$0
SUBTOTAL	\$23,774,177		\$23,774,177
3. Working Capital Startup Costs			
			\$0
##### TOTAL USES OF FUNDS	\$349,904,500	\$0	\$349,904,500

TABLE E. PROJECT BUDGET

	<i>Hospital Building</i>	<i>Other Structure</i>	<i>Total</i>
B. Sources of Funds			
1. Cash	\$13,860,500		\$13,860,500
2. Philanthropy (to date and expected)	\$25,000,000		\$25,000,000
3. Authorized Bonds	\$311,044,000		\$311,044,000
4. Interest Income from bond proceeds listed in #3			\$0
5. Mortgage			\$0
6. Working Capital Loans			\$0
7. Grants or Appropriations			
a. Federal			\$0
b. State			\$0
c. Local			\$0
8. Other (<i>Specify/add rows if needed</i>)			\$0
TOTAL SOURCES OF FUNDS	\$349,904,500		\$349,904,500
Annual Lease Costs (if applicable)			
1. Land			\$0
2. Building			\$0
3. Major Movable Equipment			\$0
4. Minor Movable Equipment			\$0
5. Other (<i>Specify/add rows if needed</i>)			\$0
Describe the terms of the lease(s) below, including information on the fair market value of the item(s), and the number of years, annual cost, and the interest rate for the lease.			

TABLE F. STATISTICAL PROJECTIONS - ENTIRE FACILITY

INSTRUCTION: Complete this table for the entire facility, including the proposed project. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). For sections 4 & 5, the number of beds and occupancy percentage should be reported on the basis of licensed beds. In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable. See additional instruction in the column to the right of the table.

Indicate CY or FY	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Include additional years, if needed in order to be consistent with Tables G and H.						
	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
1. DISCHARGES										
a. General Medical/Surgical*	6,158	6,072	5,916	5,881	5,846	5,812	5,777	5,743	5,708	5,676
b. ICU/CCU	183	164	178	177	176	175	174	173	172	171
Total MSGA	6,341	6,236	6,094	6,058	6,022	5,987	5,951	5,916	5,880	5,846
c. Pediatric	226	202	197	185	174	163	153	144	135	127
d. Obstetric	995	957	995	1,083	1,179	1,283	1,397	1,520	1,655	1,801
e. Acute Psychiatric										
Total Acute	7,562	7,395	7,286	7,326	7,375	7,433	7,501	7,580	7,670	7,774
f. Rehabilitation	362	344	343	352	361	370	380	390	400	410
g. Comprehensive Care										
h. Nursery	1,039	1,016	1,056	1,149	1,251	1,362	1,482	1,613	1,756	1,912
TOTAL DISCHARGES	8,963	8,755	8,685	8,827	8,987	9,165	9,363	9,583	9,826	10,096
2. PATIENT DAYS										
a. General Medical/Surgical*	24,754	25,401	23,905	23,198	22,513	21,847	21,202	20,575	19,967	19,377
b. ICU/CCU	1,782	1,817	1,912	1,855	1,801	1,747	1,696	1,646	1,597	1,550
Total MSGA	26,536	27,218	25,817	25,054	24,313	23,595	22,897	22,221	21,564	20,927
c. Pediatric	426	414	392	380	368	356	345	334	324	314
d. Obstetric	2,456	2,425	2,541	2,738	2,950	3,178	3,424	3,689	3,974	4,282
e. Acute Psychiatric										
Total Acute	29,418	30,057	28,750	28,171	27,631	27,129	26,666	26,244	25,862	25,522
f. Rehabilitation	3,436	3,558	3,507	3,555	3,603	3,653	3,702	3,753	3,804	3,856
g. Comprehensive Care										
h. Nursery	2,535	2,394	2,404	2,590	2,791	3,006	3,239	3,490	3,760	4,051
TOTAL PATIENT DAYS	35,389	36,009	34,661	34,316	34,025	33,788	33,608	33,487	33,426	33,429
3. AVERAGE LENGTH OF STAY (patient days divided by discharges)										
a. General Medical/Surgical*	4.0	4.2	4.0	3.9	3.9	3.8	3.7	3.6	3.5	3.4
b. ICU/CCU	9.7	11.1	10.7	10.5	10.2	10.0	9.8	9.5	9.3	9.1
Total MSGA	4.2	4.4	4.2	4.1	4.0	3.9	3.8	3.8	3.7	3.6
c. Pediatric	1.9	2.0	2.0	2.1	2.1	2.2	2.3	2.3	2.4	2.5
d. Obstetric	2.5	2.5	2.6	2.5	2.5	2.5	2.5	2.4	2.4	2.4
e. Acute Psychiatric	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total Acute	3.9	4.1	3.9	3.8	3.7	3.6	3.6	3.5	3.4	3.3
f. Rehabilitation	9.5	10.3	10.2	10.1	10.0	9.9	9.7	9.6	9.5	9.4
g. Comprehensive Care	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
h. Other (Specify/add rows of needed)	2.4	2.4	2.3	2.3	2.2	2.2	2.2	2.2	2.1	2.1
TOTAL AVERAGE LENGTH OF STAY	3.9	4.1	4.0	3.9	3.8	3.7	3.6	3.5	3.4	3.3

TABLE F. STATISTICAL PROJECTIONS - ENTIRE FACILITY

INSTRUCTION: Complete this table for the entire facility, including the proposed project. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). For sections 4 & 5, the number of beds and occupancy percentage should be reported on the basis of licensed beds. In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable. See additional instruction in the column to the right of the table.

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	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
4. NUMBER OF LICENSED BEDS										
a. General Medical/Surgical*	77	77	77	86	83	80	78	75	67	67
b. ICU/CCU	10	10	10	10	10	10	10	10	10	10
Total MSGA	87	87	87	96	93	90	88	85	77	77
c. Pediatric	8	8	8	1	1	1	1	1	2	2
d. Obstetric	17	17	17	11	11	12	13	14	16	16
e. Acute Psychiatric										
Total Acute	112	112	112	108	106	104	102	101	95	95
f. Rehabilitation	20	20	20	14	14	14	14	14	14	14
g. Comprehensive Care										
TOTAL LICENSED BEDS	132	132	132	122	120	118	116	115	109	109
5. OCCUPANCY PERCENTAGE *IMPORTANT NOTE: Leap year formulas should be changed by applicant to reflect 366 days per year.										
a. General Medical/Surgical*	88.1%	90.1%	85.1%	73.8%	74.1%	74.4%	74.6%	74.9%	81.6%	79.0%
b. ICU/CCU	48.8%	49.6%	52.4%	50.8%	49.3%	47.7%	46.5%	45.1%	43.8%	42.3%
Total MSGA	83.6%	85.5%	81.3%	71.4%	71.4%	71.4%	71.4%	71.4%	76.7%	74.3%
c. Pediatric	14.6%	14.1%	13.4%	71.4%	71.4%	71.4%	71.4%	71.4%	44.4%	49.9%
d. Obstetric	39.6%	39.0%	41.0%	71.4%	71.4%	71.4%	71.4%	71.4%	68.1%	73.1%
e. Acute Psychiatric	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Acute	72.0%	73.3%	70.3%	71.4%	71.4%	71.4%	71.4%	71.4%	74.6%	73.6%
f. Rehabilitation	47.1%	48.6%	48.0%	71.4%	71.4%	71.4%	71.4%	71.4%	74.4%	74.8%
g. Comprehensive Care	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
h. Other (Specify/add rows of needed)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
TOTAL OCCUPANCY %	73.5%	74.5%	71.9%	77.3%	77.8%	78.4%	79.0%	79.7%	84.0%	83.9%
6. OUTPATIENT VISITS										
a. Emergency Department	34,304	33,869	33,922	33,976	34,029	34,083	34,136	34,190	34,244	34,298
b. Same-day Surgery	3,243	3,318	3,188	3,331	3,339	3,346	3,353	3,361	3,368	3,376
c. Laboratory	111,850	107,433	107,139	111,960	112,207	112,453	112,701	112,949	113,197	113,446
d. Imaging	69,044	68,879	69,119	72,229	72,388	72,548	72,707	72,867	73,027	73,188
e. Therapy	8,434	8,134	8,616	9,004	9,024	9,043	9,063	9,083	9,103	9,123
f. Sleep Study	1,204	1,253	1,282	1,340	1,343	1,346	1,349	1,352	1,354	1,357
g. Cardiology	22,293	21,699	21,857	22,841	22,891	22,941	22,992	23,042	23,093	23,144
h. Respiratory	2,180	2,700	2,758	2,882	2,888	2,895	2,901	2,908	2,914	2,920
i. Vascular	2,591	2,718	2,572	2,688	2,694	2,700	2,706	2,711	2,717	2,723
j. Clinic	18,391	16,794	16,782	17,537	17,576	17,614	17,653	17,692	17,731	17,770
TOTAL OUTPATIENT VISITS	273,534	266,797	267,235	277,788	278,378	278,969	279,561	280,155	280,750	281,346
7. OBSERVATIONS**										
a. Number of Patients	1,394	1,480	1,503	1,526	1,550	1,574	1,598	1,623	1,648	1,674
b. Hours	48,665	58,086	58,987	59,903	60,832	61,776	62,734	63,708	64,696	65,700

* Include beds dedicated to gynecology and addictions, if separate for acute psychiatric unit.

** Services included in the reporting of the "Observation Center", direct expenses incurred in providing bedside care to observation patients; furnished by the hospital on the hospital's premises, including use of a bed and periodic monitoring by the hospital's nursing or other staff, in order to determine the need for a possible admission to the hospitals as an inpatient. Such services must be ordered and documented in writing, given by a medical practitioner; may or may not be provided in a distinct area of the hospital.

TABLE G. REVENUES & EXPENSES, UNINFLATED - ENTIRE FACILITY

INSTRUCTION: Complete this table for the entire facility, including the proposed project. Table G should reflect current dollars (no inflation). Projected revenues and expenses should be consistent with the projections in Table F and with the costs of Manpower listed in Table L. Manpower. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable. Specify the

Indicate CY or FY	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Add columns if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.						
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. REVENUE										
a. Inpatient Services	\$ 102,450	\$ 102,204	\$ 95,777	\$ 90,126	\$ 89,488	\$ 87,847	\$ 88,437	\$ 89,953	\$ 91,275	\$ 92,601
b. Outpatient Services	\$ 140,922	\$ 149,192	\$ 159,791	\$ 166,398	\$ 170,541	\$ 173,578	\$ 174,391	\$ 174,871	\$ 175,081	\$ 175,293
c. Capital Support								\$ 11,208	\$ 38,763	\$ 38,430
Gross Patient Service Revenues	\$ 243,372	\$ 251,396	\$ 255,568	\$ 256,524	\$ 260,029	\$ 261,425	\$ 262,828	\$ 276,033	\$ 305,119	\$ 306,323
d. Allowance For Bad Debt	\$ 10,010	\$ 8,741	\$ 10,421	\$ 10,460	\$ 10,603	\$ 10,660	\$ 10,717	\$ 11,256	\$ 12,442	\$ 12,491
e. Contractual Allowance	\$ 46,035	\$ 46,513	\$ 38,825	\$ 38,971	\$ 39,503	\$ 39,715	\$ 39,928	\$ 41,934	\$ 46,353	\$ 46,536
f. Charity Care	\$ 4,178	\$ 1,575	\$ 1,742	\$ 1,748	\$ 1,772	\$ 1,782	\$ 1,791	\$ 1,881	\$ 2,080	\$ 2,088
Net Patient Services Revenue	\$ 183,149	\$ 194,567	\$ 204,579	\$ 205,345	\$ 208,150	\$ 209,268	\$ 210,391	\$ 220,961	\$ 244,245	\$ 245,208
g. Other Operating Revenues (Specify/add rows if needed)	\$ 2,914	\$ 2,404	\$ 4,117	\$ 4,117	\$ 4,117	\$ 4,117	\$ 4,117	\$ 4,117	\$ 4,117	\$ 4,117
NET OPERATING REVENUE	\$ 186,063	\$ 196,971	\$ 208,696	\$ 209,462	\$ 212,267	\$ 213,385	\$ 214,508	\$ 225,078	\$ 248,362	\$ 249,325
2. EXPENSES										
a. Salaries & Wages (including benefits)	\$ 82,133	\$ 85,672	\$ 87,361	\$ 87,062	\$ 86,380	\$ 85,813	\$ 85,878	\$ 86,094	\$ 86,317	\$ 86,539
b. Contractual Services	\$ 41,499	\$ 40,032	\$ 48,479	\$ 49,833	\$ 49,742	\$ 49,671	\$ 49,697	\$ 49,746	\$ 49,797	\$ 49,849
c. Interest on Current Debt	\$ 4,119	\$ 3,736	\$ 3,764	\$ 3,697	\$ 3,628	\$ 3,520	\$ 3,442	\$ 3,315	\$ 2,776	\$ 2,648
d. Interest on Project Debt			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 13,219	\$ 12,949
e. Current Depreciation	\$ 10,510	\$ 11,884	\$ 14,776	\$ 14,769	\$ 14,638	\$ 14,314	\$ 13,674	\$ 12,388	\$ 13,451	\$ 14,140
f. Project Depreciation			\$ -	\$ -	\$ -	\$ -	\$ -	\$ 9,064	\$ 18,129	\$ 18,129
g. Current Amortization			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
h. Project Amortization			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
i. Supplies	\$ 30,909	\$ 30,961	\$ 33,127	\$ 33,014	\$ 32,755	\$ 32,540	\$ 32,565	\$ 32,646	\$ 32,731	\$ 32,815
j. Physician Services	\$ 5,095	\$ 6,262	\$ 6,746	\$ 6,732	\$ 6,699	\$ 6,671	\$ 6,674	\$ 6,685	\$ 6,696	\$ 6,706
k. Insurance & Other	\$ 465	\$ 1,370	\$ 1,534	\$ 9,549	\$ 8,899	\$ 12,249	\$ 15,599	\$ 18,949	\$ 21,899	\$ 22,749
TOTAL OPERATING EXPENSES	\$ 174,730	\$ 179,917	\$ 195,788	\$ 204,656	\$ 202,740	\$ 204,778	\$ 207,529	\$ 218,887	\$ 245,015	\$ 246,524
3. INCOME										
a. Income From Operation	\$ 11,333	\$ 17,054	\$ 12,909	\$ 4,805	\$ 9,527	\$ 8,607	\$ 6,979	\$ 6,191	\$ 3,347	\$ 2,801
b. Non-Operating Income										
SUBTOTAL	\$ 11,333	\$ 17,054	\$ 12,909	\$ 4,805	\$ 9,527	\$ 8,607	\$ 6,979	\$ 6,191	\$ 3,347	\$ 2,801

TABLE G. REVENUES & EXPENSES, UNINFLATED - ENTIRE FACILITY

INSTRUCTION: Complete this table for the entire facility, including the proposed project. Table G should reflect current dollars (no inflation). Projected revenues and expenses should be consistent with the projections in Table F and with the costs of Manpower listed in Table L. Manpower. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable. Specify the

Indicate CY or FY	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Add columns if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.						
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
c. Income Taxes										
NET INCOME (LOSS)	\$ 11,333	\$ 17,054	\$ 12,909	\$ 4,805	\$ 9,527	\$ 8,607	\$ 6,979	\$ 6,191	\$ 3,347	\$ 2,801
4. PATIENT MIX										
a. Percent of Total Revenue										
1) Medicare										
2) Medicaid										
3) Blue Cross										
4) Commercial Insurance										
5) Self-pay										
6) Other										
TOTAL	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
b. Percent of Equivalent Inpatient Days										
1) Medicare										
2) Medicaid										
3) Blue Cross										
4) Commercial Insurance										
5) Self-pay										
6) Other										
TOTAL	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

TABLE H. REVENUES & EXPENSES, INFLATED - ENTIRE FACILITY

INSTRUCTION: Complete this table for the entire facility, including the proposed project. Table H should reflect inflation. Projected revenues and expenses should be consistent with the projections in Table F. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable. See additional instruction in the column to the right of the table.

	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Add columns if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.						
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. REVENUE										
a. Inpatient Services	\$ 102,450	\$ 102,204	\$ 95,777	\$ 92,204	\$ 93,689	\$ 94,076	\$ 96,868	\$ 100,659	\$ 104,348	\$ 108,139
b. Outpatient Services	\$ 140,922	\$ 149,192	\$ 159,791	\$ 170,284	\$ 178,632	\$ 186,279	\$ 191,735	\$ 197,002	\$ 202,138	\$ 207,419
c. Capital Support								\$ 11,208	\$ 38,763	\$ 38,430
Gross Patient Service Revenues	\$ 243,372	\$ 251,396	\$ 255,568	\$ 262,488	\$ 272,321	\$ 280,355	\$ 288,603	\$ 308,869	\$ 345,249	\$ 353,988
d. Allowance For Bad Debt	\$ 10,010	\$ 8,741	\$ 10,421	\$ 10,703	\$ 11,104	\$ 11,432	\$ 11,768	\$ 12,595	\$ 14,078	\$ 14,435
e. Contractual Allowance	\$ 46,035	\$ 46,513	\$ 38,825	\$ 39,877	\$ 41,371	\$ 42,591	\$ 43,844	\$ 46,923	\$ 52,450	\$ 53,777
f. Charity Care	\$ 4,178	\$ 1,575	\$ 1,742	\$ 1,789	\$ 1,856	\$ 1,911	\$ 1,967	\$ 2,105	\$ 2,353	\$ 2,413
Net Patient Services Revenue	\$ 183,149	\$ 194,567	\$ 204,579	\$ 210,119	\$ 217,990	\$ 224,421	\$ 231,024	\$ 247,246	\$ 276,368	\$ 283,363
g. Other Operating Revenues (Specify/add rows if needed)	\$ 2,914	\$ 2,404	\$ 4,117	\$ 4,117	\$ 4,117	\$ 4,117	\$ 4,117	\$ 4,117	\$ 4,117	\$ 4,117
NET OPERATING REVENUE	\$ 186,063	\$ 196,971	\$ 208,696	\$ 214,236	\$ 222,107	\$ 228,538	\$ 235,141	\$ 251,363	\$ 280,485	\$ 287,480
2. EXPENSES										
a. Salaries & Wages (including benefits)	\$ 82,133	\$ 85,672	\$ 87,361	\$ 89,456	\$ 91,196	\$ 93,089	\$ 95,721	\$ 98,601	\$ 101,576	\$ 104,637
b. Contractual Services	\$ 41,499	\$ 40,032	\$ 48,479	\$ 51,017	\$ 52,135	\$ 53,299	\$ 54,596	\$ 55,952	\$ 57,344	\$ 58,771
c. Interest on Current Debt	\$ 4,119	\$ 3,736	\$ 3,764	\$ 3,697	\$ 3,628	\$ 3,520	\$ 3,442	\$ 3,315	\$ 2,776	\$ 2,648
d. Interest on Project Debt	\$ -	\$ -	\$ -	\$ -	\$ -			\$ -	\$ 13,219	\$ 12,949
e. Current Depreciation	\$ 10,510	\$ 11,884	\$ 14,776	\$ 14,769	\$ 14,638	\$ 14,314	\$ 13,674	\$ 12,388	\$ 13,451	\$ 14,140
f. Project Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -			\$ 9,064	\$ 18,129	\$ 18,129
g. Current Amortization	\$ -	\$ -	\$ -	\$ -	\$ -			\$ -	\$ -	\$ -
h. Project Amortization	\$ -	\$ -	\$ -	\$ -	\$ -			\$ -	\$ -	\$ -
i. Supplies	\$ 30,909	\$ 30,961	\$ 33,127	\$ 34,070	\$ 34,885	\$ 35,765	\$ 36,937	\$ 38,215	\$ 39,540	\$ 40,910
j. Physician Services	\$ 5,095	\$ 6,262	\$ 6,746	\$ 6,883	\$ 7,003	\$ 7,132	\$ 7,296	\$ 7,471	\$ 7,652	\$ 7,837
k. Insurance & Other	\$ 465	\$ 1,370	\$ 1,534	\$ 9,580	\$ 8,961	\$ 12,343	\$ 15,725	\$ 19,109	\$ 22,093	\$ 22,977
TOTAL OPERATING EXPENSES	\$ 174,730	\$ 179,917	\$ 195,788	\$ 209,472	\$ 212,445	\$ 219,462	\$ 227,391	\$ 244,115	\$ 275,780	\$ 282,998
3. INCOME										
a. Income From Operation	\$ 11,333	\$ 17,054	\$ 12,909	\$ 4,763	\$ 9,662	\$ 9,076	\$ 7,750	\$ 7,248	\$ 4,706	\$ 4,482
b. Non-Operating Income										
SUBTOTAL	\$ 11,333	\$ 17,054	\$ 12,909	\$ 4,763	\$ 9,662	\$ 9,076	\$ 7,750	\$ 7,248	\$ 4,706	\$ 4,482

TABLE H. REVENUES & EXPENSES, INFLATED - ENTIRE FACILITY

INSTRUCTION: Complete this table for the entire facility, including the proposed project. Table H should reflect inflation. Projected revenues and expenses should be consistent with the projections in Table F. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable. See additional instruction in the column to the right of the table.

Indicate CY or FY	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Add columns if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.						
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
c. Income Taxes										
NET INCOME (LOSS)	\$ 11,333	\$ 17,054	\$ 12,909	\$ 4,763	\$ 9,662	\$ 9,076	\$ 7,750	\$ 7,248	\$ 4,706	\$ 4,482
4. PATIENT MIX										
a. Percent of Total Revenue										
1) Medicare										
2) Medicaid										
3) Blue Cross										
4) Commercial Insurance										
5) Self-pay										
6) Other										
TOTAL	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
b. Percent of Equivalent Inpatient Days										
Total MSGA										
1) Medicare										
2) Medicaid										
3) Blue Cross										
4) Commercial Insurance										
5) Self-pay										
6) Other										
TOTAL	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

TABLE L. WORK FORCE INFORMATION

INSTRUCTION: List the facility's existing staffing and changes required by this project. Include all major job categories under each heading provided in the table. The number of Full Time Equivalents (FTEs) should be calculated on the basis of 2,080 paid hours per year equals one FTE. In an attachment to the application, explain any factor used in converting paid hours to worked hours. Please ensure that the projections in this table are consistent with expenses provided in uninflated projections in Tables G and J. See additional instruction in the column to the right of the table.

Job Category	CURRENT ENTIRE FACILITY			PROJECTED CHANGES AS A RESULT OF THE PROPOSED PROJECT THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS)			OTHER EXPECTED CHANGES IN OPERATIONS THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS)			PROJECTED ENTIRE FACILITY THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS) *	
	Current Year FTEs	Average Salary per FTE	Current Year Total Cost	FTEs	Average Salary per FTE	Total Cost (should be consistent with projections in Table J)	FTEs	Average Salary per FTE	Total Cost	FTEs	Total Cost (should be consistent with projections in Table G)
1. Regular Employees											
Administration (List general categories, add rows if needed)											
Administrative	203.1	\$32,082	\$6,515,895			\$0	-25.0	\$32,082	-\$802,050	178.1	\$5,713,845
Analyst	9.0	\$60,047	\$540,419			\$0			\$0	9.0	\$540,419
Clerk	37.8	\$24,889	\$940,785			\$0			\$0	37.8	\$940,785
Clinical Professional	104.6	\$61,173	\$6,398,717			\$0			\$0	104.6	\$6,398,717
Coordinator	16.0	\$68,881	\$1,102,093			\$0			\$0	16.0	\$1,102,093
Director	26.0	\$109,665	\$2,851,277			\$0			\$0	26.0	\$2,851,277
Manager	43.0	\$81,395	\$3,499,999			\$0			\$0	43.0	\$3,499,999
Professional	4.5	\$48,846	\$219,807			\$0			\$0	4.5	\$219,807
Service worker	147.8	\$26,202	\$3,872,656	-8.0	\$26,202	-\$209,616			\$0	139.8	\$3,663,040
Specialist	11.0	\$50,756	\$558,312			\$0			\$0	11.0	\$558,312
Supervisor	136.6	\$64,811	\$8,853,210			\$0			\$0	136.6	\$8,853,210
Total Administration	739.4		35,353,169.2			\$0			\$0	706.4	\$34,341,503
Direct Care Staff (List general categories, add rows if needed)											
Bedside Nurse	368.8	\$45,333	\$16,719,337			\$0	-10.9	\$45,333	-\$494,132	357.9	\$16,225,206
Clinical Support	185.4	\$20,088	\$3,723,960			\$0			\$0	185.4	\$3,723,960
Clinical Technologist	173.6	\$41,052	\$7,126,584			\$0	14.0	\$41,052	\$574,728	187.6	\$7,701,312
Total Direct Care	727.8		27,569,881.1			\$0			\$0	730.9	\$27,650,477
Support Staff (List general categories, add rows if needed)											
Technician	38.9	\$38,888	\$1,512,756			\$0			\$0	38.9	\$1,512,756
Total Support	38.9		\$1,512,756			\$0			\$0	38.9	\$1,512,756
REGULAR EMPLOYEES TOTAL	1,506.1	0.0	64,435,806.3			\$0			\$0	1,476.2	\$63,504,736
2. Contractual Employees											
Administration (List general categories, add rows if needed)			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
Total Administration			\$0			\$0			\$0	0.0	\$0
Direct Care Staff (List general categories, add rows if needed)			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
Total Direct Care Staff			\$0			\$0			\$0	0.0	\$0
Support Staff (List general categories, add rows if needed)			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
Total Support Staff			\$0			\$0			\$0	0.0	\$0
CONTRACTUAL EMPLOYEES TOTAL			\$0			\$0			\$0	0.0	\$0
Benefits (State method of calculating benefits below):											
TOTAL COST	1,506.1		\$64,435,806	0.0		\$0	0.0		\$0		\$63,504,736

* The projected FTEs and cost for the entire facility should equal the current number of FTEs and cost plus changes in FTEs and cost related to the proposed project plus other expected changes in staffing.

Shore Regional Health

CON Planning - Easton Memorial Hospital Assumptions

	Actual 2015	Actual 2016	Budget 2017	2018	2019	Seven Year Projection				
						2020	2021	2022	2023	2024
<u>Assumptions to Revenue:</u>										
Revenue Changes										
+ / - : HSCRC Inflation				2.33%	2.33%	2.41%	2.41%	2.40%	2.40%	2.40%
+ / - : Shared Savings				0.04%	0.04%	0.04%	0.04%	0.00%	0.00%	0.00%
+ / - : Demographics				0.37%	0.38%	0.37%	0.37%	0.37%	0.37%	0.37%
+ / - : Market Shift				0.00%	0.90%	0.00%	0.00%	0.27%	0.26%	0.25%
+ / - : MHAC				0.24%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
+ / - : RRIP / QBR / Assessments				(0.14)%	0.15%	0.14%	0.14%	0.13%	0.00%	0.00%
Total Revenue Change				2.84%	3.80%	2.96%	2.96%	3.17%	3.03%	3.02%
CONTRACTUAL ALLOWANCES, UNCOMPENSATED CARE & BAD DEBT EXPENSE	24.8%	22.6%	20.0%	20.0%	20.0%	20.0%	20.0%	19.7%	19.0%	19.0%
<u>Summary Assumptions to Expense:</u>										
The weighted average inflation factor for operating expense =				2.65%						
The weighted average variable cost factor =				32.0%						
<u>Detailed Assumptions to Operating Expenses:</u>										
FTEs, SALARIES AND FRINGE BENEFITS - 40% Variable with EQPD										
Salary inflation assumption				2.75%	2.75%	2.75%	2.75%	2.75%	2.75%	2.75%
Fringe benefits %				29.8%	29.8%	29.8%	29.8%	29.8%	29.8%	29.8%
SUPPLIES (All Supplies), weighted for Drugs - 40% Variable with EQPD										
Inflation assumption				3.20%	3.20%	3.20%	3.20%	3.20%	3.20%	3.20%
PURCHASED SERVICES - 25% Variable with EQPD										
Inflation assumption				2.25%	2.25%	2.25%	2.25%	2.25%	2.25%	2.25%
PHYSICIAN SERVICES - 25% Variable with EQPD										
Inflation assumption				2.25%	2.25%	2.25%	2.25%	2.25%	2.25%	2.25%
INSURANCE EXPENSES - 0% Variable with EQPD										
Inflation assumption				2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%