

# **EXHIBIT 1**

<u>Table Number</u>	<u>Table Title</u>	<u>Instructions</u>
<b>Table A</b>	<b>Physical Bed Capacity Before and After Project</b>	All applicants whose project impacts any nursing unit, regardless of project type or scope, must complete Table A.
<b>Table B</b>	<b>Departmental Gross Square Feet</b>	All applicants, regardless of project type or scope, must complete Table B for all departments and functional areas affected by the proposed project.
<b>Table C</b>	<b>Construction Characteristics</b>	All applicants proposing new construction or renovation must complete Table C.
<b>Table D</b>	<b>Site and Offsite Costs Included and Excluded in Marshall Valuation Costs</b>	All applicants proposing new construction or renovation must complete Table D.
<b>Table E</b>	<b>Project Budget</b>	All applicants, regardless of project type or scope, must complete Table E.
<b>Table F</b>	<b>Statistical Projections - Entire Facility</b>	Existing facility applicants must complete Table F. All applicants who complete this table must also complete Tables G and H.
<b>Table G</b>	<b>Revenues &amp; Expenses, Uninflated - Entire Facility</b>	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.
<b>Table H</b>	<b>Revenues &amp; Expenses, Inflated - Entire Facility</b>	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.
<b>Table I</b>	<b>Statistical Projections - New Facility or Service</b>	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.
<b>Table J</b>	<b>Revenues &amp; Expenses, Uninflated - New Facility or Service</b>	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.
<b>Table K</b>	<b>Revenues &amp; Expenses, Inflated - New Facility or Service</b>	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.
<b>Table L</b>	<b>Manpower</b>	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							Additional Instruction
Hospital Service	Location (Floor/Wing)*	Licensed Beds:  July 1, 2014	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*					0	0	General Medical/Surgical*							
	7 West		0	0	0	0		7 West	30	0	30	30		
	6 West		30	0	30	30		6 West	30	0	30	30		
	6 South		24	0	24	24		6 South	24	0	24	24		
	5 West		30	0	30	30		5 West	30	0	30	30		
	5 South		2	20	22	42		5 South	4	18	22	40		
	4 West		27	0	27	27		4 West	27	0	27	27		
	4 South		3	22	25	47		4 South	22		22	22		
	PCU		2	20	22	42		PCU	5	17	22	39		
SUBTOTAL Gen. Med/Surg*			118	62	180	242	SUBTOTAL Gen. Med/Surg*		172	35	207	242		
ICU/CCU	2 CCW/SICU		36	0	36	36	ICU/CCU		36		36	36		
Other (Specify/add rows as needed)					0	0					0	0		
TOTAL MSGA		271	154	62	216	278	TOTAL MSGA		208	35	243	278		
Obstetrics	3 South	15	18		18	18	Obstetrics		18		18	18		
Pediatrics	3 East	10	10		10	10	Pediatrics		10		10	10		
Psychiatric	2 East	14	2	6	8	14	Psychiatric		2	6	8	14		
TOTAL ACUTE		310	184	68	252	320	TOTAL ACUTE		238	41	279	320		
NON-ACUTE CARE							NON-ACUTE CARE							
Dedicated Observation**					0	0	Dedicated Observation**				0	0		
Rehabilitation					0	0	Rehabilitation				0	0		
Comprehensive Care					0	0	Comprehensive Care				0	0		
Other (Specify/add rows as needed)					0	0	Other (Specify/add rows as needed)				0	0		
TOTAL NON-ACUTE							TOTAL NON-ACUTE							
HOSPITAL TOTAL		310	184	68	252	320	HOSPITAL TOTAL		238	41	279	320		

\* 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
Operating Room Suite	51,200	0	0	51,200	51,200
Cardiovascular Recovery Unit	1,125	0	0	1,125	1,125
2 West - Critical Care West	27,000	0	0	27,000	27,000
6 West - Step Down Unit	28,300	0	0	28,300	28,300
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
<b>Total</b>					<b>107,625</b>

**TABLE E. PROJECT BUDGET**

**INSTRUCTION:** Estimates for Capital Costs (1.a-e), Financing Costs and Other Cash Requirements (2.a-g), and Working Capital Startup Costs (3) must reflect current costs as of the date of application and include all costs for construction and renovation. Explain the basis for construction cost estimates, renovation cost estimates, contingencies, interest during construction period, and inflation in an attachment to the application. See additional instruction in the column to the right of the table.

**NOTE:** Inflation should only be included in the Inflation allowance line A.1.e. The value of donated land for the project should be included on Line A.1.a as a use of funds and on line B.8 as a source of funds

	Hospital Building	Other Structure	Total
<b>A. USE OF FUNDS</b>			
<b>1. CAPITAL COSTS</b>			
<b>a. Land Purchase</b>			\$0
<b>b. New Construction</b>			
(1) Building	\$0		\$0
(2) Fixed Equipment	\$0		\$0
(3) Site and Infrastructure	\$0		\$0
(4) Architect/Engineering Fees	\$0		\$0
(5) Permits (Building, Utilities, Etc.)	\$0		\$0
<b>SUBTOTAL</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>c. Renovations</b>			
(1) Building	\$0		\$0
(2) Fixed Equipment (not included in construction)	\$0		\$0
(3) Architect/Engineering Fees	\$0		\$0
(4) Permits (Building, Utilities, Etc.)	\$0		\$0
<b>SUBTOTAL</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>d. Other Capital Costs</b>			
(1) Movable Equipment	\$1,042,717		\$1,042,717
(2) Contingency Allowance	\$116,400		\$116,400
(3) Gross interest during construction period			\$0
(4) Other (Specify/add rows if needed)			\$0
<b>SUBTOTAL</b>	<b>\$1,159,117</b>		<b>\$1,159,117</b>
<b>TOTAL CURRENT CAPITAL COSTS</b>	<b>\$1,159,117</b>	<b>\$0</b>	<b>\$1,159,117</b>
<b>e. Inflation Allowance</b>			\$0
<b>TOTAL CAPITAL COSTS</b>	<b>\$1,159,117</b>	<b>\$0</b>	<b>\$1,159,117</b>
<b>2. Financing Cost and Other Cash Requirements</b>			
<b>a. Loan Placement Fees</b>			\$0
<b>b. Bond Discount</b>			\$0
<b>c. Legal Fees</b>	\$50,000		\$50,000
<b>d. Non-Legal Consultant Fees</b>	\$50,000		\$50,000
<b>e. Liquidation of Existing Debt</b>			\$0
<b>f. Debt Service Reserve Fund</b>			\$0
<b>g. Other (Specify/add rows if needed)</b>			\$0
<b>SUBTOTAL</b>	<b>\$100,000</b>		<b>\$100,000</b>
<b>3. Working Capital Startup Costs</b>			\$0
<b>TOTAL USES OF FUNDS</b>	<b>\$1,259,117</b>	<b>\$0</b>	<b>\$1,259,117</b>
<b>B. Sources of Funds</b>			
<b>1. Cash</b>	<b>\$1,259,117</b>		<b>\$1,259,117</b>
<b>2. Philanthropy (to date and expected)</b>			\$0
<b>3. Authorized Bonds</b>			\$0
<b>4. Interest Income from bond proceeds listed in #3</b>			\$0
<b>5. Mortgage</b>			\$0
<b>6. Working Capital Loans</b>			\$0
<b>7. Grants or Appropriations</b>			
a. Federal			\$0
b. State			\$0
c. Local			\$0
<b>8. Other (Specify/add rows if needed)</b>			\$0
<b>TOTAL SOURCES OF FUNDS</b>	<b>\$1,259,117</b>		<b>\$1,259,117</b>
<b>Annual Lease Costs (if applicable)</b>			
1. Land			\$0
2. Building			\$0
3. Major Movable Equipment			\$0
4. Minor Movable Equipment			\$0
5. Other (Specify/add rows if needed)			\$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.

	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending five years after completion) Add columns if needed.				
Indicate CY or FY								
<b>1. DISCHARGES</b>								
a. General Medical/Surgical*	16,014	15,216	14,779	14,731	14,904	14,944	15,020	15,090
b. ICU/CCU	644	570	552	555	558	560	563	566
<b>Total MSGA</b>	<b>16,658</b>	<b>15,786</b>	<b>15,331</b>	<b>15,286</b>	<b>15,462</b>	<b>15,504</b>	<b>15,583</b>	<b>15,656</b>
c. Pediatric	355	327	329	329	329	329	329	329
d. Obstetric	885	845	947	1,174	1,180	1,186	1,192	1,198
e. Acute Psychiatric	981	965	1,185	1,185	1,185	1,185	1,185	1,185
<b>Total Acute</b>	<b>18,879</b>	<b>17,923</b>	<b>17,792</b>	<b>17,974</b>	<b>18,155</b>	<b>18,204</b>	<b>18,289</b>	<b>18,368</b>
f. Rehabilitation								
g. Comprehensive Care								
h. Other (Newborn)	847	727	897	1,050	1,150	1,250	1,350	1,450
<b>TOTAL DISCHARGES</b>	<b>19,726</b>	<b>18,650</b>	<b>18,689</b>	<b>19,024</b>	<b>19,305</b>	<b>19,454</b>	<b>19,639</b>	<b>19,818</b>
<b>2. PATIENT DAYS</b>								
a. General Medical/Surgical*	67,638	64,724	56,877	57,817	59,037	59,509	59,965	60,358
b. ICU/CCU	7,496	7,352	8,041	8,165	8,325	8,390	8,452	8,506
<b>Total MSGA</b>	<b>75,134</b>	<b>72,076</b>	<b>64,918</b>	<b>65,982</b>	<b>67,362</b>	<b>67,898</b>	<b>68,416</b>	<b>68,864</b>
c. Pediatric	736	701	857	857	857	857	857	857
d. Obstetric	4,562	4,364	5,119	6,346	6,378	6,410	6,442	6,474
e. Acute Psychiatric	5,031	4,939	5,257	5,257	5,257	5,257	5,257	5,257
<b>Total Acute</b>	<b>85,463</b>	<b>82,080</b>	<b>76,151</b>	<b>78,442</b>	<b>79,854</b>	<b>80,422</b>	<b>80,972</b>	<b>81,452</b>
f. Rehabilitation								
g. Comprehensive Care								
h. Other (Specify/add rows of needed)								
<b>TOTAL PATIENT DAYS</b>	<b>85,463</b>	<b>82,080</b>	<b>76,151</b>	<b>78,442</b>	<b>79,854</b>	<b>80,422</b>	<b>80,972</b>	<b>81,452</b>
<b>3. AVERAGE LENGTH OF STAY (patient days divided by discharges)</b>								
a. General Medical/Surgical*	4.2	4.3	3.8	3.9	4.0	4.0	4.0	4.0
b. ICU/CCU	11.6	12.9	14.6	14.7	14.9	15.0	15.0	15.0
<b>Total MSGA</b>	<b>4.5</b>	<b>4.6</b>	<b>4.2</b>	<b>4.3</b>	<b>4.4</b>	<b>4.4</b>	<b>4.4</b>	<b>4.4</b>

**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.

	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending five years after completion) Add columns if needed.				
<b>Indicate CY or FY</b>								
c. Pediatric	2.1	2.1	2.6	2.6	2.6	2.6	2.6	2.6
d. Obstetric	5.2	5.2	5.4	5.4	5.4	5.4	5.4	5.4
e. Acute Psychiatric	5.1	5.1	4.4	4.4	4.4	4.4	4.4	4.4
<b>Total Acute</b>	4.5	4.6	4.3	4.4	4.4	4.4	4.4	4.4
f. Rehabilitation	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
g. Comprehensive Care	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
h. Other (Specify/add rows of needed)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<b>TOTAL AVERAGE LENGTH OF STAY</b>	4.3	4.4	4.1	4.1	4.1	4.1	4.1	4.1

**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.

	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending five years after completion) Add columns if needed.				
<b>Indicate CY or FY</b>								
<b>4. NUMBER OF LICENSED BEDS</b>								
a. General Medical/Surgical*	235	235	235	235	235	235	235	235
b. ICU/CCU	36	36	36	36	36	36	36	36
<b>Total MSGA</b>	<b>271</b>	<b>271</b>	<b>271</b>	<b>271</b>	<b>271</b>	<b>271</b>	<b>271</b>	<b>271</b>
c. Pediatric	10	10	10	10	10	10	10	10
d. Obstetric	15	15	15	15	15	15	15	15
e. Acute Psychiatric	14	14	14	14	14	14	14	14
<b>Total Acute</b>	<b>310</b>	<b>310</b>	<b>310</b>	<b>310</b>	<b>310</b>	<b>310</b>	<b>310</b>	<b>310</b>
f. Rehabilitation	0	0	0	0	0	0	0	0
g. Comprehensive Care	0	0	0	0	0	0	0	0
h. Other (Specify/add rows of needed)	0	0	0	0	0	0	0	0
<b>TOTAL LICENSED BEDS</b>	<b>310</b>	<b>310</b>	<b>310</b>	<b>310</b>	<b>310</b>	<b>310</b>	<b>310</b>	<b>310</b>
<b>5. OCCUPANCY PERCENTAGE *IMPORTANT NOTE: Leap year formulas should be changed by applicant to reflect 366 days per year.</b>								
a. General Medical/Surgical*	78.9%	75.5%	66.3%	67.4%	68.8%	69.4%	69.9%	70.4%
b. ICU/CCU	57.0%	56.0%	61.2%	62.1%	63.4%	63.8%	64.3%	64.7%
<b>Total MSGA</b>	<b>76.0%</b>	<b>72.9%</b>	<b>65.6%</b>	<b>66.7%</b>	<b>68.1%</b>	<b>68.6%</b>	<b>69.2%</b>	<b>69.6%</b>
c. Pediatric	20.2%	19.2%	23.5%	23.5%	23.5%	23.5%	23.5%	23.5%
d. Obstetric	83.3%	79.7%	93.5%	115.9%	116.5%	117.1%	117.7%	118.2%
e. Acute Psychiatric	98.5%	96.7%	102.9%	102.9%	102.9%	102.9%	102.9%	102.9%
<b>Total Acute</b>	<b>75.5%</b>	<b>72.5%</b>	<b>67.3%</b>	<b>69.3%</b>	<b>70.6%</b>	<b>71.1%</b>	<b>71.6%</b>	<b>72.0%</b>
f. Rehabilitation	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
g. Comprehensive Care	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
h. Other (Specify/add rows of needed)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>TOTAL OCCUPANCY %</b>	<b>75.5%</b>	<b>72.5%</b>	<b>67.3%</b>	<b>69.3%</b>	<b>70.6%</b>	<b>71.1%</b>	<b>71.6%</b>	<b>72.0%</b>



**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.

	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending five years after completion) Add columns if needed.				
Indicate CY or FY								
<b>6. OUTPATIENT VISITS</b>								
a. Emergency Department	103,284	99,703	100,723	101,227	101,733	102,241	102,753	103,266
b. Same-day Surgery	7,784	6,919	6,775	6,775	6,775	6,775	6,775	6,775
c. Laboratory	268,586	257,974	259,264	260,560	261,863	263,172	264,488	265,811
d. Imaging	79,197	75,193	75,569	75,947	76,327	76,708	77,092	77,477
e. Clinic Visits	37,253	39,910	42,833	43,841	44,913	45,813	46,710	47,591
<b>TOTAL OUTPATIENT VISITS</b>	<b>496,104</b>	<b>479,699</b>	<b>485,164</b>	<b>488,349</b>	<b>491,611</b>	<b>494,710</b>	<b>497,817</b>	<b>500,920</b>
<b>7. OBSERVATIONS**</b>								
a. Number of Patients	6,054	7,562	7,170	7,206	7,242	7,278	7,314	7,351
b. Hours	168,248	188,349	178,585	179,478	180,376	181,278	182,184	183,095

\* 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 hospital 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 sources of non-operating income. See additional instruction in the column to the right of the table.

	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending five years after completion) Add columns if needed.						
Indicate CY or FY	FY13	FY14	FY15							
<b>1. REVENUE</b>										
a. Inpatient Services	\$ 218,347,000	\$ 224,227,000	\$ 234,789,000	\$ 236,353,238	\$ 238,537,446	\$ 239,765,868	\$ 240,931,243	\$ 241,974,357		
b. Outpatient Services	\$ 177,578,000	\$ 198,484,000	\$ 200,163,000	\$ 201,937,000	\$ 203,664,000	\$ 206,156,000	\$ 208,695,000	\$ 211,281,000		
<b>Gross Patient Service Revenues</b>	<b>\$ 395,925,000</b>	<b>\$ 422,711,000</b>	<b>\$ 434,952,000</b>	<b>\$ 438,290,238</b>	<b>\$ 442,201,446</b>	<b>\$ 445,921,868</b>	<b>\$ 449,626,243</b>	<b>\$ 453,255,357</b>	<b>\$ -</b>	<b>\$ -</b>
c. Allowance For Bad Debt	\$ 11,135,000	\$ 27,697,000	\$ 15,391,000	\$ 15,525,646	\$ 15,686,960	\$ 15,823,714	\$ 15,958,586	\$ 16,090,046		
d. Contractual Allowance	\$ 40,559,000	\$ 49,740,000	\$ 56,194,000	\$ 56,465,613	\$ 56,741,636	\$ 57,175,555	\$ 57,615,233	\$ 58,056,703		
e. Charity Care	\$ 25,709,000	\$ 13,307,000	\$ 8,068,000	\$ 8,120,142	\$ 8,179,722	\$ 8,246,006	\$ 8,312,458	\$ 8,378,347		
<b>Net Patient Services Revenue</b>	<b>\$ 318,522,000</b>	<b>\$ 331,967,000</b>	<b>\$ 355,299,000</b>	<b>\$ 358,178,837</b>	<b>\$ 361,593,129</b>	<b>\$ 364,676,592</b>	<b>\$ 367,739,965</b>	<b>\$ 370,730,262</b>	<b>\$ -</b>	<b>\$ -</b>
f. Other Operating Revenues (Specify/add rows if needed)	\$ 4,066,000	\$ 3,433,000	\$ 2,860,000	\$ 2,889,000	\$ 2,917,000	\$ 2,947,000	\$ 2,976,000	\$ 3,006,000		
<b>NET OPERATING REVENUE</b>	<b>\$ 322,588,000</b>	<b>\$ 335,400,000</b>	<b>\$ 358,159,000</b>	<b>\$ 361,067,837</b>	<b>\$ 364,510,129</b>	<b>\$ 367,623,592</b>	<b>\$ 370,715,965</b>	<b>\$ 373,736,262</b>	<b>\$ -</b>	<b>\$ -</b>
<b>2. EXPENSES</b>										
a. Salaries & Wages (including benefits)	\$ 168,708,000	\$ 160,741,000	\$ 169,546,000	\$ 171,939,392	\$ 173,812,323	\$ 174,849,509	\$ 176,126,346	\$ 177,384,788		
b. Contractual Services	\$ 63,943,000	\$ 66,229,000	\$ 72,293,000	\$ 73,264,426	\$ 73,710,606	\$ 73,942,442	\$ 74,223,875	\$ 74,498,696		
c. Interest on Current Debt	\$ 9,341,000	\$ 7,941,000	\$ 8,546,000	\$ 8,326,000	\$ 8,171,000	\$ 8,010,000	\$ 7,852,000	\$ 7,673,000		
d. Interest on Project Debt	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
e. Current Depreciation	\$ 23,467,000	\$ 22,234,000	\$ 22,018,000	\$ 23,929,000	\$ 25,545,000	\$ 27,025,000	\$ 28,125,000	\$ 29,134,000		
f. Project Depreciation	\$ -	\$ -	\$ -	\$ 107,890	\$ 215,779	\$ 215,779	\$ 215,779	\$ 215,779		
g. Current Amortization	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
h. Project Amortization	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
i. Supplies	\$ 60,662,000	\$ 61,394,000	\$ 63,404,000	\$ 64,909,308	\$ 66,697,891	\$ 67,360,407	\$ 68,117,798	\$ 68,804,682		
j. Other Expenses (Insurance)	\$ 3,628,000	\$ 4,163,000	\$ 5,253,000	\$ 6,216,360	\$ 7,271,160	\$ 7,582,120	\$ 6,588,000	\$ 5,973,560		
<b>TOTAL OPERATING EXPENSES</b>	<b>\$ 329,749,000</b>	<b>\$ 322,702,000</b>	<b>\$ 341,060,000</b>	<b>\$ 348,692,376</b>	<b>\$ 355,423,759</b>	<b>\$ 358,985,257</b>	<b>\$ 361,248,798</b>	<b>\$ 363,684,505</b>	<b>\$ -</b>	<b>\$ -</b>
<b>3. INCOME</b>										
a. Income From Operation	\$ (7,161,000)	\$ 12,698,000	\$ 17,099,000	\$ 12,375,461	\$ 9,086,370	\$ 8,638,335	\$ 9,467,167	\$ 10,051,757	\$ -	\$ -
b. Non-Operating Income	\$ 2,968,000	\$ 7,552,000	\$ (936,000)	\$ 2,291,000	\$ 2,291,000	\$ 2,291,000	\$ 2,291,000	\$ 2,291,000		
<b>SUBTOTAL</b>	<b>\$ (4,193,000)</b>	<b>\$ 20,250,000</b>	<b>\$ 16,163,000</b>	<b>\$ 14,666,461</b>	<b>\$ 11,377,370</b>	<b>\$ 10,929,335</b>	<b>\$ 11,758,167</b>	<b>\$ 12,342,757</b>	<b>\$ -</b>	<b>\$ -</b>
c. Income Taxes										
<b>NET INCOME (LOSS)</b>	<b>\$ (4,193,000)</b>	<b>\$ 20,250,000</b>	<b>\$ 16,163,000</b>	<b>\$ 14,666,461</b>	<b>\$ 11,377,370</b>	<b>\$ 10,929,335</b>	<b>\$ 11,758,167</b>	<b>\$ 12,342,757</b>	<b>\$ -</b>	<b>\$ -</b>

**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 sources of non-operating income. See additional instruction in the column to the right of the table.

	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending five years after completion) Add columns if needed.						
Indicate CY or FY	FY13	FY14	FY15							
<b>4. PATIENT MIX</b>										
<b>a. Percent of Total Revenue</b>										
1) Medicare	40.0%	39.8%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%		
2) Medicaid	1.6%	1.5%	1.4%	1.4%	1.4%	1.4%	1.4%	1.4%		
3) Blue Cross	9.4%	9.1%	8.9%	8.9%	8.9%	8.9%	8.9%	8.9%		
4) Commercial Insurance	8.8%	11.1%	11.9%	11.9%	11.9%	11.9%	11.9%	11.9%		
5) Self-pay	9.8%	8.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%		
6) Other	30.4%	30.5%	30.8%	30.8%	30.8%	30.8%	30.8%	30.8%		
<b>TOTAL</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>
<b>b. Percent of Equivalent Inpatient Days</b>										
1) Medicare	49.0%	48.8%	48.3%	48.3%	48.3%	48.3%	48.3%	48.3%		
2) Medicaid	13.1%	15.7%	17.6%	17.6%	17.6%	17.6%	17.6%	17.6%		
3) Blue Cross	9.2%	9.3%	10.1%	10.1%	10.1%	10.1%	10.1%	10.1%		
4) Commercial Insurance	9.1%	8.1%	8.3%	8.3%	8.3%	8.3%	8.3%	8.3%		
5) Self-pay	5.5%	3.5%	1.4%	1.4%	1.4%	1.4%	1.4%	1.4%		
6) Other	14.1%	14.6%	14.3%	14.3%	14.3%	14.3%	14.3%	14.3%		
<b>TOTAL</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>

**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 five years after completion) Add columns if needed.						
Indicate CY or FY										
<b>1. REVENUE</b>										
a. Inpatient Services	\$ 218,347,000	\$ 224,227,000	\$ 234,789,000	\$ 242,222,238	\$ 250,529,981	\$ 257,968,035	\$ 265,532,237	\$ 273,169,786		
b. Outpatient Services	\$ 177,578,000	\$ 198,484,000	\$ 200,163,000	\$ 206,941,000	\$ 213,884,000	\$ 221,849,000	\$ 230,126,000	\$ 238,730,000		
<b>Gross Patient Service Revenues</b>	<b>\$ 395,925,000</b>	<b>\$ 422,711,000</b>	<b>\$ 434,952,000</b>	<b>\$ 449,163,238</b>	<b>\$ 464,413,981</b>	<b>\$ 479,817,035</b>	<b>\$ 495,658,237</b>	<b>\$ 511,899,786</b>	<b>\$ -</b>	<b>\$ -</b>
c. Allowance For Bad Debt	\$ 11,135,000	\$ 27,697,000	\$ 15,391,000	\$ 15,910,646	\$ 16,474,204	\$ 17,024,572	\$ 17,588,976	\$ 18,166,815		
d. Contractual Allowance	\$ 40,559,000	\$ 49,740,000	\$ 56,194,000	\$ 57,868,613	\$ 59,599,714	\$ 61,544,111	\$ 63,549,203	\$ 65,617,968		
e. Charity Care	\$ 25,709,000	\$ 13,307,000	\$ 8,068,000	\$ 8,322,142	\$ 8,591,237	\$ 8,873,698	\$ 9,165,304	\$ 9,465,302		
<b>Net Patient Services Revenue</b>	<b>\$ 318,522,000</b>	<b>\$ 331,967,000</b>	<b>\$ 355,299,000</b>	<b>\$ 367,061,837</b>	<b>\$ 379,748,826</b>	<b>\$ 392,374,654</b>	<b>\$ 405,354,754</b>	<b>\$ 418,649,701</b>	<b>\$ -</b>	<b>\$ -</b>
f. Other Operating Revenues (Specify/add rows if needed)	\$ 4,066,000	\$ 3,433,000	\$ 2,860,000	\$ 2,889,000	\$ 2,917,000	\$ 2,947,000	\$ 2,976,000	\$ 3,006,000		
<b>NET OPERATING REVENUE</b>	<b>\$ 322,588,000</b>	<b>\$ 335,400,000</b>	<b>\$ 358,159,000</b>	<b>\$ 369,950,837</b>	<b>\$ 382,665,826</b>	<b>\$ 395,321,654</b>	<b>\$ 408,330,754</b>	<b>\$ 421,655,701</b>	<b>\$ -</b>	<b>\$ -</b>
<b>2. EXPENSES</b>										
a. Salaries & Wages (including benefits)	\$ 168,708,000	\$ 160,741,000	\$ 169,546,000	\$ 176,199,392	\$ 183,430,092	\$ 190,039,107	\$ 197,145,642	\$ 204,485,347		
b. Contractual Services	\$ 63,943,000	\$ 66,229,000	\$ 72,293,000	\$ 75,076,426	\$ 77,791,235	\$ 80,372,723	\$ 83,092,790	\$ 85,896,880		
c. Interest on Current Debt	\$ 9,341,000	\$ 7,941,000	\$ 8,546,000	\$ 8,326,000	\$ 8,171,000	\$ 8,010,000	\$ 7,852,000	\$ 7,673,000		
d. Interest on Project Debt	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
e. Current Depreciation	\$ 23,467,000	\$ 22,234,000	\$ 22,018,000	\$ 23,929,000	\$ 25,545,000	\$ 27,025,000	\$ 28,125,000	\$ 29,134,000		
f. Project Depreciation	\$ -	\$ -	\$ -	\$ 107,890	\$ 215,779	\$ 215,779	\$ 215,779	\$ 215,779		
g. Current Amortization	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
h. Project Amortization	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
i. Supplies	\$ 60,662,000	\$ 61,394,000	\$ 63,404,000	\$ 66,504,308	\$ 70,348,537	\$ 73,159,246	\$ 76,175,025	\$ 79,228,237		
j. Other Expenses (Specify/add rows if needed)	\$ 3,628,000	\$ 4,163,000	\$ 5,253,000	\$ 6,347,360	\$ 7,579,705	\$ 8,074,505	\$ 7,272,436	\$ 6,855,716		
<b>TOTAL OPERATING EXPENSES</b>	<b>\$ 329,749,000</b>	<b>\$ 322,702,000</b>	<b>\$ 341,060,000</b>	<b>\$ 356,490,376</b>	<b>\$ 373,081,348</b>	<b>\$ 386,896,359</b>	<b>\$ 399,878,673</b>	<b>\$ 413,488,959</b>	<b>\$ -</b>	<b>\$ -</b>
<b>3. INCOME</b>										
a. Income From Operation	\$ (7,161,000)	\$ 12,698,000	\$ 17,099,000	\$ 13,460,461	\$ 9,584,478	\$ 8,425,295	\$ 8,452,081	\$ 8,166,743	\$ -	\$ -
b. Non-Operating Income	\$ 2,968,000	\$ 7,552,000	\$ (936,000)	\$ 2,359,730	\$ 2,430,522	\$ 2,503,438	\$ 2,578,541	\$ 2,655,897		
<b>SUBTOTAL</b>	<b>\$ (4,193,000)</b>	<b>\$ 20,250,000</b>	<b>\$ 16,163,000</b>	<b>\$ 15,820,191</b>	<b>\$ 12,015,000</b>	<b>\$ 10,928,733</b>	<b>\$ 11,030,621</b>	<b>\$ 10,822,639</b>	<b>\$ -</b>	<b>\$ -</b>
c. Income Taxes										
<b>NET INCOME (LOSS)</b>	<b>\$ (4,193,000)</b>	<b>\$ 20,250,000</b>	<b>\$ 16,163,000</b>	<b>\$ 15,820,191</b>	<b>\$ 12,015,000</b>	<b>\$ 10,928,733</b>	<b>\$ 11,030,621</b>	<b>\$ 10,822,639</b>	<b>\$ -</b>	<b>\$ -</b>

**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 five years after completion) Add columns if needed.						
Indicate CY or FY										
<b>4. PATIENT MIX</b>										
<b>a. Percent of Total Revenue</b>										
1) Medicare	40.0%	39.8%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%		
2) Medicaid	1.6%	1.5%	1.4%	1.4%	1.4%	1.4%	1.4%	1.4%		
3) Blue Cross	9.4%	9.1%	8.9%	8.9%	8.9%	8.9%	8.9%	8.9%		
4) Commercial Insurance	8.8%	11.1%	11.9%	11.9%	11.9%	11.9%	11.9%	11.9%		
5) Self-pay	9.8%	8.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%		
6) Other	30.4%	30.5%	30.8%	30.8%	30.8%	30.8%	30.8%	30.8%		
<b>TOTAL</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>
<b>b. Percent of Equivalent Inpatient Days</b>										
<b>Total MSGA</b>										
1) Medicare	49.0%	48.8%	48.3%	48.3%	48.3%	48.3%	48.3%	48.3%		
2) Medicaid	13.1%	15.7%	17.6%	17.6%	17.6%	17.6%	17.6%	17.6%		
3) Blue Cross	9.2%	9.3%	10.1%	10.1%	10.1%	10.1%	10.1%	10.1%		
4) Commercial Insurance	9.1%	8.1%	8.3%	8.3%	8.3%	8.3%	8.3%	8.3%		
5) Self-pay	5.5%	3.5%	1.4%	1.4%	1.4%	1.4%	1.4%	1.4%		
6) Other	14.1%	14.6%	14.3%	14.3%	14.3%	14.3%	14.3%	14.3%		
<b>TOTAL</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>

TABLE I. STATISTICAL PROJECTIONS - NEW FACILITY OR SERVICE

**INSTRUCTION:** After consulting with Commission Staff, complete this table for the new facility or service (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.

	Projected Years (ending five years after completion) Add columns if needed.						
Indicate CY or FY							
<b>1. DISCHARGES</b>							
a. General Medical/Surgical*	84	204	228	250	264	270	
b. ICU/CCU							
<b>Total MSGA</b>	<b>84</b>	<b>204</b>	<b>228</b>	<b>250</b>	<b>264</b>	<b>270</b>	<b>0</b>
c. Pediatric							
d. Obstetric							
e. Acute Psychiatric							
<b>Total Acute</b>	<b>84</b>	<b>204</b>	<b>228</b>	<b>250</b>	<b>264</b>	<b>270</b>	<b>0</b>
f. Rehabilitation							
g. Comprehensive Care							
h. Other (Specify/add rows of needed)							
<b>TOTAL DISCHARGES</b>	<b>84</b>	<b>204</b>	<b>228</b>	<b>250</b>	<b>264</b>	<b>270</b>	<b>0</b>
<b>2. PATIENT DAYS</b>							
a. General Medical/Surgical*	657	1,595	1,783	1,955	2,064	2,111	
b. ICU/CCU	84	204	228	250	264	270	
<b>Total MSGA</b>	<b>741</b>	<b>1,799</b>	<b>2,011</b>	<b>2,205</b>	<b>2,328</b>	<b>2,381</b>	<b>0</b>
c. Pediatric							
d. Obstetric							
e. Acute Psychiatric							
<b>Total Acute</b>	<b>741</b>	<b>1,799</b>	<b>2,011</b>	<b>2,205</b>	<b>2,328</b>	<b>2,381</b>	<b>0</b>
f. Rehabilitation							
g. Comprehensive Care							
h. Other (Specify/add rows of needed)							
<b>TOTAL PATIENT DAYS</b>	<b>741</b>	<b>1,799</b>	<b>2,011</b>	<b>2,205</b>	<b>2,328</b>	<b>2,381</b>	<b>0</b>
<b>3. AVERAGE LENGTH OF STAY</b>							
a. General Medical/Surgical*	7.8	7.8	7.8	7.8	7.8	7.8	#DIV/0!

**TABLE I. STATISTICAL PROJECTIONS - NEW FACILITY OR SERVICE**

***INSTRUCTION:*** After consulting with Commission Staff, complete this table for the new facility or service (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.

	<b>Projected Years (ending five years after completion) Add columns if needed.</b>						
<b>Indicate CY or FY</b>							
b. ICU/CCU	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>Total MSGA</b>	8.8	8.8	8.8	8.8	8.8	8.8	#DIV/0!
c. Pediatric	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
d. Obstetric	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
e. Acute Psychiatric	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>Total Acute</b>	8.8	8.8	8.8	8.8	8.8	8.8	#DIV/0!
f. Rehabilitation	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
g. Comprehensive Care	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
h. Other (Specify/add rows of needed)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>TOTAL AVERAGE LENGTH OF STAY</b>	8.8	8.8	8.8	8.8	8.8	8.8	#DIV/0!

**INSTRUCTION:** After consulting with Commission Staff, complete this table for the new facility or service (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.

[illegible]



**TABLE I. STATISTICAL PROJECTIONS - NEW FACILITY OR SERVICE**

**INSTRUCTION:** After consulting with Commission Staff, complete this table for the new facility or service (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.

	<b>Projected Years (ending five years after completion) Add columns if needed.</b>						
<b>Indicate CY or FY</b>							
h. Other (Specify/add rows of needed)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>TOTAL OCCUPANCY %</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>
<b>6. OUTPATIENT VISITS</b>							
a. Emergency Department							
b. Same-day Surgery							
c. Laboratory							
d. Imaging							
e. Clinic Visits	151	367	410	450	475	486	
<b>TOTAL OUTPATIENT VISITS</b>	<b>151</b>	<b>367</b>	<b>410</b>	<b>450</b>	<b>475</b>	<b>486</b>	<b>0</b>
<b>7. OBSERVATIONS**</b>							
a. Number of Patients							
b. Hours							

\*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 J. REVENUES &amp; EXPENSES, UNINFLATED - NEW FACILITY OR SERVICE

**INSTRUCTION:** After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). Table J should reflect current dollars (no inflation). Projected revenues and expenses should be consistent with the projections in Table I 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 sources of non-operating income.

Indicate CY or FY	Projected Years (ending five years after completion) Add columns of needed.							Additional Instruction
1. REVENUE								Indicate CY or FY
a. Inpatient Services	\$ 1,703,238	\$ 4,132,446	\$ 4,615,868	\$ 5,035,243	\$ 5,334,357	\$ 5,459,251		
b. Outpatient Services								
<b>Gross Patient Service Revenues</b>	<b>\$ 1,703,238</b>	<b>\$ 4,132,446</b>	<b>\$ 4,615,868</b>	<b>\$ 5,035,243</b>	<b>\$ 5,334,357</b>	<b>\$ 5,459,251</b>	<b>\$ -</b>	Ensure that Gross Patient Service Revenue includes 1 a-b.
c. Allowance For Bad Debt	\$ 76,646	\$ 185,960	\$ 207,714	\$ 226,586	\$ 240,046	\$ 245,666		
d. Contractual Allowance	\$ 59,613	\$ 144,636	\$ 161,555	\$ 176,233	\$ 186,703	\$ 191,074		
e. Charity Care	\$ 22,142	\$ 53,722	\$ 60,006	\$ 65,458	\$ 69,347	\$ 70,970		
<b>Net Patient Services Revenue</b>	<b>\$ 1,544,837</b>	<b>\$ 3,748,129</b>	<b>\$ 4,186,592</b>	<b>\$ 4,566,965</b>	<b>\$ 4,838,262</b>	<b>\$ 4,951,540</b>	<b>\$ -</b>	Ensure that Net Patient Services Revenue includes Gross Patients Service Revenue minus 1 c-e.
f. Other Operating Revenues (Specify)								
<b>NET OPERATING REVENUE</b>	<b>\$ 1,544,837</b>	<b>\$ 3,748,129</b>	<b>\$ 4,186,592</b>	<b>\$ 4,566,965</b>	<b>\$ 4,838,262</b>	<b>\$ 4,951,540</b>	<b>\$ -</b>	Ensure that Net Operating Revenue reflects the sum of Net Patient Services Revenue and all Other Operating Revenue rows.
2. EXPENSES								
a. Salaries & Wages (including benefits)	\$ 1,051,392	\$ 1,792,323	\$ 1,940,509	\$ 2,076,346	\$ 2,162,788	\$ 2,199,834		
b. Contractual Services	\$ 683,426	\$ 887,606	\$ 928,442	\$ 965,875	\$ 989,696	\$ 999,905		
c. Interest on Current Debt								
d. Interest on Project Debt								
e. Current Depreciation								
f. Project Depreciation	\$ 107,890	\$ 215,779	\$ 215,779	\$ 215,779	\$ 215,779	\$ 107,890		
g. Current Amortization								
h. Project Amortization								
i. Supplies	\$ 887,308	\$ 2,154,891	\$ 2,408,407	\$ 2,640,798	\$ 2,788,682	\$ 2,852,061		OR Supplies and Drubs
j. Other Expenses (Specify)	\$ 213,360	\$ 518,160	\$ 579,120	\$ 635,000	\$ 670,560	\$ 685,800		
<b>TOTAL OPERATING EXPENSES</b>	<b>\$ 2,943,376</b>	<b>\$ 5,568,759</b>	<b>\$ 6,072,257</b>	<b>\$ 6,533,798</b>	<b>\$ 6,827,505</b>	<b>\$ 6,845,491</b>	<b>\$ -</b>	Ensure that Total Operating Expenses includes any added Other rows.
3. INCOME								
a. Income From Operation	\$ (1,398,538.97)	\$ (1,820,629.96)	\$ (1,885,665.34)	\$ (1,966,832.75)	\$ (1,989,243.35)	\$ (1,893,950.43)	\$ -	Ensure that Income from Operation includes Net Operating Revenue minus Total Operating Expenses.
b. Non-Operating Income								
<b>SUBTOTAL</b>	<b>\$ (1,398,538.97)</b>	<b>\$ (1,820,629.96)</b>	<b>\$ (1,885,665.34)</b>	<b>\$ (1,966,832.75)</b>	<b>\$ (1,989,243.35)</b>	<b>\$ (1,893,950.43)</b>	<b>\$ -</b>	Ensure that Subtotal includes 3 a-b.
c. Income Taxes								
<b>NET INCOME (LOSS)</b>	<b>\$ (1,398,538.97)</b>	<b>\$ (1,820,629.96)</b>	<b>\$ (1,885,665.34)</b>	<b>\$ (1,966,832.75)</b>	<b>\$ (1,989,243.35)</b>	<b>\$ (1,893,950.43)</b>	<b>\$ -</b>	Ensure that the Net Income (Loss) includes Subtotal and Income Taxes.
4. PATIENT MIX								
a. Percent of Total Revenue								
1) Medicare	50.6%	50.6%	50.6%	50.6%	50.6%	50.6%	50.6%	
2) Medicaid	6.4%	6.4%	6.4%	6.4%	6.4%	6.4%	6.4%	
3) Blue Cross	16.3%	16.3%	16.3%	16.3%	16.3%	16.3%	16.3%	
4) Commercial Insurance	24.4%	24.4%	24.4%	24.4%	24.4%	24.4%	24.4%	
5) Self-pay	1.3%	1.3%	1.3%	1.3%	1.3%	1.3%	1.3%	
6) Other	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	
<b>TOTAL</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	Ensure that 4a captures 100% of patients
b. Percent of Equivalent Inpatient Days								
Total MSGA								
1) Medicare	50.6%	50.6%	50.6%	50.6%	50.6%	50.6%	50.6%	
2) Medicaid	6.4%	6.4%	6.4%	6.4%	6.4%	6.4%	6.4%	
3) Blue Cross	16.3%	16.3%	16.3%	16.3%	16.3%	16.3%	16.3%	
4) Commercial Insurance	24.4%	24.4%	24.4%	24.4%	24.4%	24.4%	24.4%	
5) Self-pay	1.3%	1.3%	1.3%	1.3%	1.3%	1.3%	1.3%	
6) Other	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	
<b>TOTAL</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	Ensure that 4b captures 100% of patients

**TABLE K. REVENUES & EXPENSES, INFLATED - NEW FACILITY OR SERVICE**

**INSTRUCTION:** After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). Table K should reflect inflation. Projected revenues and expenses should be consistent with the projections in Table I. 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.

	Projected Years (ending five years after completion) Add columns of needed.						
Indicate CY or FY							
<b>1. REVENUE</b>							
a. Inpatient Services	\$ 1,703,238	\$ 4,248,981	\$ 4,746,035	\$ 5,177,237	\$ 5,484,786	\$ 5,613,201	
b. Outpatient Services							
<b>Gross Patient Service Revenues</b>	<b>\$ 1,703,238</b>	<b>\$ 4,248,981</b>	<b>\$ 4,746,035</b>	<b>\$ 5,177,237</b>	<b>\$ 5,484,786</b>	<b>\$ 5,613,201</b>	<b>\$ -</b>
c. Allowance For Bad Debt	\$ 76,646	\$ 191,204	\$ 213,572	\$ 232,976	\$ 246,815	\$ 252,594	
d. Contractual Allowance	\$ 59,613	\$ 148,714	\$ 166,111	\$ 181,203	\$ 191,968	\$ 196,462	
e. Charity Care	\$ 22,142	\$ 55,237	\$ 61,698	\$ 67,304	\$ 71,302	\$ 72,972	
<b>Net Patient Services Revenue</b>	<b>\$ 1,544,837</b>	<b>\$ 3,853,826</b>	<b>\$ 4,304,654</b>	<b>\$ 4,695,754</b>	<b>\$ 4,974,701</b>	<b>\$ 5,091,174</b>	<b>\$ -</b>
f. Other Operating Revenues (Specify/add rows of needed)							
<b>NET OPERATING REVENUE</b>	<b>\$ 1,544,837</b>	<b>\$ 3,853,826</b>	<b>\$ 4,304,654</b>	<b>\$ 4,695,754</b>	<b>\$ 4,974,701</b>	<b>\$ 5,091,174</b>	<b>\$ -</b>
<b>2. EXPENSES</b>							
a. Salaries & Wages (including benefits)	\$ 1,051,392	\$ 1,846,092	\$ 2,054,107	\$ 2,255,642	\$ 2,412,347	\$ 2,522,875	
b. Contractual Services	\$ 683,426	\$ 914,235	\$ 983,723	\$ 1,051,790	\$ 1,107,880	\$ 1,151,631	
c. Interest on Current Debt							
d. Interest on Project Debt							
e. Current Depreciation							
f. Project Depreciation	\$ 107,890	\$ 215,779	\$ 215,779	\$ 215,779	\$ 215,779	\$ 107,890	
g. Current Amortization							
h. Project Amortization							
i. Supplies	\$ 887,308	\$ 2,219,537	\$ 2,547,246	\$ 2,863,025	\$ 3,101,237	\$ 3,259,554	
j. Other Expenses (Specify/add rows of needed)	\$ 213,360	\$ 533,705	\$ 612,505	\$ 688,436	\$ 745,716	\$ 783,785	
<b>TOTAL OPERATING EXPENSES</b>	<b>\$ 2,943,376</b>	<b>\$ 5,729,348</b>	<b>\$ 6,413,359</b>	<b>\$ 7,074,673</b>	<b>\$ 7,582,959</b>	<b>\$ 7,825,735</b>	<b>\$ -</b>



TABLE L. MANPOWER 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) *		Additional Instruction
	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)	
<b>1. Regular Employees</b>												
Administration (List general categories, add rows if needed)												
Nursing Directors	5.0	\$134,000	\$670,000			\$0	0.0	\$0	\$0	5.0	\$670,000	
Nurse Manager	15.0	\$105,000	\$1,575,000			\$0	0.0	\$0	\$0	15.0	\$1,575,000	
Other Supervisor/Mgmt	118.0	\$86,000	\$10,143,700	0.5	\$67,000	\$67,000	0.0	\$0	\$0	118.5	\$10,210,700	Research Coordinator
Med Staff Leadership			\$1,184,677									
Misc Physician Support			\$350,000									
Directorships			\$999,640									
			\$0			\$0			\$0	0.0	\$0	
<b>Total Administration</b>	<b>138.0</b>		<b>\$14,923,017</b>			<b>\$67,000</b>			<b>\$0</b>	<b>138.0</b>	<b>\$14,990,017</b>	Calculate the sum of Administration
Direct Care Staff (List general categories, add rows if needed)												
Ambulatory	39.9	\$70,000	\$2,793,700			\$0	3.1	\$70,000	\$217,629	43.0	\$3,011,329	
Advanced Practice Providers	26.1	\$100,000	\$2,609,000			\$0	1.0	\$100,000	\$100,968	27.1	\$2,709,968	
Cardiac Catheterization Cardiology	18.3	\$73,000	\$1,332,980			\$0	0.7	\$73,000	\$51,596	19.0	\$1,384,566	
Lab	63.5	\$56,000	\$3,556,000	0.5	\$62,000	\$31,000	2.5	\$56,000	\$137,617	66.5	\$3,724,617	Med Lab Scientist
Other Supervisor/Mgmt	86.8	\$46,000	\$3,992,800			\$0	0.0	\$46,000	\$0	86.8	\$3,992,800	
Patient Care Techs	246.8	\$32,000	\$7,897,600	3.1	\$38,000	\$116,660	4.8	\$32,000	\$152,424	254.6	\$8,166,684	
Periop Tech	60.3	\$43,000	\$2,592,900	1.0	\$66,000	\$66,000	2.3	\$43,000	\$100,345	63.6	\$2,759,245	
Pharmacy	37.8	\$79,000	\$2,986,200	0.8	\$127,000	\$95,250	1.5	\$79,000	\$115,566	40.0	\$3,197,016	
Physician	46.5	\$217,000	\$10,088,330			\$0	1.8	\$217,000	\$390,418	48.3	\$10,478,748	
Radiology	47.4	\$69,000	\$3,270,600			\$0	1.8	\$69,000	\$126,572	49.2	\$3,397,172	
Rahls Services	27.3	\$75,000	\$2,050,500	1.0	\$58,000	\$58,000	1.1	\$75,000	\$79,354	29.4	\$2,187,854	
Respiratory	28.7	\$65,000	\$1,865,500			\$0	1.1	\$65,000	\$72,195	29.8	\$1,937,695	
RN	640.9	\$70,000	\$44,860,900	8.4	\$111,000	\$929,070	12.4	\$70,000	\$865,815	661.6	\$46,655,785	
Transport	62.2	\$22,000	\$1,368,180			\$0	2.4	\$22,000	\$52,949	64.6	\$1,421,129	
Call pay, Physicians			\$1,135,890						\$3,958.9		\$1,179,849	
Contract Labor			\$1,803,394						\$ (157,574)		\$1,645,820	Cost savings initiative
Severna Anesthesia			\$1,518,800						\$0		\$1,518,800	
<b>Total Direct Care</b>	<b>1,432.45</b>		<b>\$95,723,274</b>	<b>14.69</b>		<b>\$1,295,980</b>			<b>\$2,349,824</b>	<b>1,447.1</b>	<b>\$99,369,078</b>	Calculate the sum of Direct Care
Support Staff (List general categories, add rows if needed)												
Ambulatory	12.5	\$38,000	\$475,000			\$0	1.0	\$38,000	\$37,003	13.5	\$512,003	
Admin/Secretary	48.4	\$43,000	\$2,081,200	0.0	\$0	\$0	0.0	\$43,000	\$0	48.4	\$2,081,200	Physician Office Admin support
Business Office/Finance	129.9	\$40,000	\$5,196,000			\$0	0.0	\$40,000	\$0	129.9	\$5,196,000	
Environmental Services	106.7	\$24,000	\$2,560,800			\$0	4.1	\$24,000	\$99,103	110.8	\$2,659,903	
Facilities	34.5	\$53,000	\$1,828,500			\$0	0.0	\$53,000	\$0	34.5	\$1,828,500	
Nutritional Services	41.8	\$27,000	\$1,128,600			\$0	1.6	\$27,000	\$43,677	43.4	\$1,172,277	
Quality/Care Mgmt	31.7	\$74,000	\$2,345,800	1.0	\$86,000	\$170,220	1.2	\$74,000	\$90,782	33.9	\$2,606,802	Quality Analyst and Case Manager
Security	25.7	\$30,000	\$771,000			\$0	0.0	\$30,000	\$0	25.7	\$771,000	
Contract Labor Support			\$1,615,500						\$0		\$1,615,500	
Other Support Staff	296.0	\$41,000	\$12,137,230	1.0	\$75,000	\$75,000	0.0	\$0	\$0	297.0	\$12,212,230	Cardiac Outreach Coordinator
<b>Total Support</b>	<b>727.2</b>		<b>\$30,139,630</b>	<b>2.0</b>		<b>\$245,220</b>			<b>\$270,565</b>	<b>729.2</b>	<b>\$30,655,414</b>	Calculate the sum of Administration Support Staff
<b>REGULAR EMPLOYEES TOTAL</b>	<b>2,297.6</b>		<b>140,785,920</b>	<b>16.7</b>		<b>\$1,608,200</b>			<b>2,620,389</b>	<b>2,314.3</b>	<b>\$145,014,510</b>	Calculate the sum of Administration, Direct Care, and Support Staff
<b>2. Contractual Employees</b>												
Administration (List general categories, add rows if needed)												
Physician/Department Agreement			\$0	0.2	\$1,000,000	\$200,000			\$0	0.2	\$200,000	
Perfusion Director			\$0	0.25	\$198,000	\$49,500			\$0	0.3	\$49,500	
Med Director Anesthesia			\$0			\$50,000			\$0	0.0	\$50,000	
Resident						\$75,000					\$75,000	
						\$0			\$0	0.0	\$0	
<b>Total Administration</b>			<b>\$0</b>	<b>0.5</b>		<b>\$374,500</b>			<b>\$0</b>	<b>0.5</b>	<b>\$374,500</b>	Calculate the sum of Administration
Direct Care Staff (List general categories, add rows if needed)												
Perfusionists			\$0			\$166,000			\$0	0.0	\$166,000	
Anesthesia Contract			\$0			\$141,650			\$0	0.0	\$141,650	Anesthesia Call 24x7x365
CT Assist			\$0			\$250,000			\$0	0.0	\$250,000	
<b>Total Direct Care Staff</b>			<b>\$0</b>	<b>0.0</b>		<b>\$557,650</b>			<b>\$0</b>	<b>0.0</b>	<b>\$557,650</b>	Calculate the sum of Direct Care
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	
			\$0			\$0			\$0	0.0	\$0	
<b>Total Support Staff</b>			<b>\$0</b>			<b>\$0</b>			<b>\$0</b>	<b>0.0</b>	<b>\$0</b>	Calculate the sum of Administration Support Staff
<b>CONTRACTUAL EMPLOYEES TOTAL</b>			<b>\$0</b>			<b>\$932,150</b>			<b>\$0</b>	<b>0.0</b>	<b>\$932,150</b>	Calculate the sum of Administration, Direct Care, and Support Staff
<b>Benefits (State method of calculating benefits below):</b>												
<b>TOTAL COST</b>	<b>2,297.6</b>		<b>\$140,785,920</b>	<b>16.7</b>		<b>\$2,540,350</b>	<b>0.0</b>		<b>\$2,620,389</b>		<b>\$145,946,660</b>	Include the method of calculating benefits in green field at far left. Ensure that the sums and Total Cost of Regular Employees Total and Contractual Employees are correct