

ATTACHMENT 1
TABLES PACKAGE

Table F

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 Actual***	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.			
	FY15	FY16	FY17	FY18	FY19	FY20	FY21
1. DISCHARGES							
a. General Medical/Surgical*	14,076	14,045	14,877	14,058	14,013	14,098	14,150
b. ICU	1,276	1,198	1,175	1,180	1,185	1,185	1,185
Total MSGA	15,352	15,243	16,052	15,238	15,198	15,283	15,335
c. Pediatric	481	280	250	270	280	275	275
d. Obstetric	3,203	2,955	2,798	2,964	2,964	2,964	2,964
e. Acute Psychiatric ¹	2,205	2,255	2,183	2,260	2,260	2,265	2,250
Total Acute	21,241	20,733	21,283	20,732	20,702	20,787	20,824
f. Rehabilitation	0	0	0	0	0	0	0
g. Comprehensive Care	0	0	0	0	0	0	0
h. Other (Specify/add rows of needed)	0	0	0	0	0	0	0
TOTAL DISCHARGES	21,241	20,733	21,283	20,732	20,702	20,787	20,824
2. PATIENT DAYS							
a. General Medical/Surgical*	63,789	64,513	65,480	56,926	54,004	51,265	49,603
b. ICU	7,725	7,066	7,050	6,962	6,992	6,992	6,992
Total MSGA	71,514	71,579	72,510	63,888	60,996	58,257	56,595
c. Pediatric	1,195	720	551	720	720	720	720
d. Obstetric	7,984	7,262	6,766	7,196	6,910	6,620	6,437
e. Acute Psychiatric	12,649	12,750	11,292	12,805	12,805	12,805	12,805
Total Acute	93,342	92,311	91,119	84,609	81,431	78,402	76,557
f. Rehabilitation	0	0	0	0	0	0	0
g. Comprehensive Care	0	0	0	0	0	0	0
h. Other (Specify/add rows of needed)	0	0	0	0	0	0	0
TOTAL PATIENT DAYS	93,342	92,311	91,119	84,609	81,431	78,402	76,557

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 Actual***	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.			
	FY15	FY16	FY17	FY18	FY19	FY20	FY21
3. AVERAGE LENGTH OF STAY (patient days divided by discharges)							
a. General Medical/Surgical*	4.5	4.6	4.4	4.0	3.9	3.6	3.5
b. ICU	6.1	5.9	6.0	5.9	5.9	5.9	5.9
Total MSGA	4.7	4.7	4.5	4.2	4.0	3.8	3.7
c. Pediatric	2.5	2.6	2.2	2.3	2.3	2.3	2.3
d. Obstetric	2.5	2.5	2.4	2.4	2.3	2.2	2.2
e. Acute Psychiatric	5.7	5.7	5.2	5.3	5.3	5.3	5.3
Total Acute	4.4	4.5	4.3	4.1	3.9	3.8	3.7
f. Rehabilitation	-	-	-	-	-	-	-
g. Comprehensive Care	-	-	-	-	-	-	-
h. Other (Specify/add rows of needed)	-	-	-	-	-	-	-
TOTAL AVERAGE LENGTH OF STAY	4.4	4.5	4.3	4.1	3.9	3.8	3.7
4. NUMBER OF LICENSED BEDS							
a. General Medical/Surgical*	240	251	240	240	240	240	240
b. ICU/CCU	28	27	27	27	27	27	27
Total MSGA	268	278	267	267	267	267	267
c. Pediatric	9	9	9	9	9	9	9
d. Obstetric	37	37	37	37	37	37	37
e. Acute Psychiatric	40	40	40	40	40	40	40

TABLE F. STATISTICAL PROJECTIONS - ENTIRE FACILITY

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Indicate CY or FY	Two Most Recent Years (Actual)		Current Year Actual***	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.			
	FY15	FY16	FY17	FY18	FY19	FY20	FY21
Total Acute	354	364	353	353	353	353	353
f. Rehabilitation	0	0	0	0	0	0	0
g. Comprehensive Care	0	0	0	0	0	0	0
h. Other (Specify/add rows of needed)	0	0	0	0	0	0	0
TOTAL LICENSED BEDS	354	364	353	353	353	353	353
5. OCCUPANCY PERCENTAGE *IMPORTANT NOTE: Leap year formulas should be changed by applicant to reflect 366 days per year.							
a. General Medical/Surgical*	72.8%	70.2%	74.7%	65.0%	61.6%	58.4%	56.6%
b. ICU	75.6%	71.5%	71.5%	70.6%	70.9%	70.8%	70.9%
Total MSGA	73.1%	70.3%	74.4%	65.6%	62.6%	59.6%	58.1%
c. Pediatric	38.4%	21.9%	16.8%	21.9%	21.9%	21.9%	21.9%
d. Obstetric	59.1%	53.6%	50.1%	53.3%	51.2%	48.9%	47.7%
e. Acute Psychiatric	86.6%	87.1%	77.3%	87.7%	87.7%	87.5%	87.7%
Total Acute	72.2%	69.3%	70.7%	65.7%	63.2%	60.7%	59.4%
f. Rehabilitation	-	-	-	-	-	-	-
g. Comprehensive Care	-	-	-	-	-	-	-
h. Other (Specify/add rows of needed)	-	-	-	-	-	-	-
TOTAL OCCUPANCY %	72.2%	69.5%	70.7%	65.7%	63.2%	60.7%	59.4%
6. OUTPATIENT VISITS							
a. Emergency Department ²	86,609	78,770	71,487	72,200	71,000	70,500	70,000
b. Same-day Surgery ³	13,352	12,965	12,280	13,657	14,296	14,407	14,488
c. Laboratory ⁴							
d. Imaging ⁴							

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 Actual***	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.			
	FY15	FY16	FY17	FY18	FY19	FY20	FY21
e. Other (Specify/add rows of needed) ⁵	340,800	330,748	306,263	273,480	283,962	286,104	292,577
TOTAL OUTPATIENT VISITS	440,761	422,483	390,030	359,537	369,258	371,011	377,065
7. OBSERVATIONS**							
a. Number of Patients	10,699	10,419	8,886	9,800	9,750	9,700	9,650
b. Hours	487,874	468,110	340,910	387,100	385,125	383,150	381,175

* 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.

***Fluctuations in categorizing of patients originating in the ED between Inpatient and Observation status accounts for the large FY16-FY17 variance.

¹Includes only those patients discharged from MFSMC's Psychiatric Unit. Some patients cared for on medical floors are discharged with Psychiatric MS-DRGs. These patient are not included in this count. They are included in the General Medical/Surgical count.

²Excludes ED patient visits that resulted in an admission.

³This data represents all MFSMC patient visits with a Same Day Surgery Code, including endoscopy, interventional pain, etc. Some of these cases do not take place in MFSMC's ORs and so are not included in the OR Need calculation.

⁴MFSMC accounts for Imaging and Laboratory volume in Relative Value Units (RVUs) not patient visits. For consistency in the summing of outpatient visits, MFSMC is not including the RVUs here. MFSMC will forward the Commission staff the appropriate RVU data at the staff's request.

⁵Includes clinic visits, physician office visits, etc.

Table G

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.

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.							
	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021				
1. REVENUE											
a. Inpatient Services	\$ 342,280	\$ 349,256	\$ 344,692	\$ 347,948	\$ 348,384	\$ 355,978	\$ 360,629				
b. Outpatient Services	\$ 321,486	\$ 343,454	\$ 351,900	\$ 365,075	\$ 368,888	\$ 372,904	\$ 374,933				
Gross Patient Service Revenues	\$ 663,766	\$ 692,710	\$ 696,792	\$ 713,022	\$ 717,272	\$ 728,883	\$ 735,562	\$ -	\$ -	\$ -	\$ -
c. Allowance For Bad Debt	\$ 18,511	\$ 26,600	\$ 26,129	\$ 27,068	\$ 27,168	\$ 27,646	\$ 27,913				
d. Contractual Allowance	\$ 149,425	\$ 153,170	\$ 149,504	\$ 154,794	\$ 156,400	\$ 158,181	\$ 159,944				
e. Charity Care	\$ 2,956	\$ 6,765	\$ 6,380	\$ 6,520	\$ 6,497	\$ 6,614	\$ 6,679				
Net Patient Services Revenue	\$ 492,874	\$ 506,175	\$ 514,779	\$ 524,641	\$ 527,207	\$ 536,441	\$ 541,027	\$ -	\$ -	\$ -	\$ -
f. Other Operating Revenues (Specify/add rows if needed)	\$ 12,281	\$ 13,273	\$ 13,483	\$ 11,800	\$ 11,933	\$ 11,813	\$ 11,818				
NET OPERATING REVENUE	\$ 505,155	\$ 519,448	\$ 528,263	\$ 536,440	\$ 539,140	\$ 548,254	\$ 552,844	\$ -	\$ -	\$ -	\$ -
2. EXPENSES											
a. Salaries & Wages (including benefits)	\$ 258,764	\$ 272,890	\$ 279,407	\$ 274,989	\$ 268,463	\$ 266,978	\$ 259,297				
b. Contractual Services	\$ 4,704										
c. Interest on Current Debt	\$ 8,916	\$ 7,871	\$ 7,665	\$ 7,789	\$ 7,775	\$ 8,938	\$ 9,136				
d. Interest on Project Debt	\$ -										
e. Current Depreciation	\$ 24,281	\$ 22,855	\$ 22,814	\$ 22,814	\$ 22,817	\$ 22,821	\$ 23,621				
f. Project Depreciation	\$ -				\$ 4	\$ 8	\$ 8				
g. Current Amortization	\$ -										
h. Project Amortization	\$ -										
i. Supplies	\$ 75,260	\$ 75,283	\$ 73,687	\$ 76,673	\$ 75,044	\$ 74,222	\$ 73,956				
j. Other Expenses (Specify/add rows if needed)	\$ 71,457	\$ 82,737	\$ 91,192	\$ 93,789	\$ 96,597	\$ 99,043	\$ 102,278				
k. Purchased Services	\$ 44,339	\$ 46,921	\$ 38,766	\$ 35,799	\$ 34,537	\$ 34,369	\$ 34,238				
TOTAL OPERATING EXPENSES	\$ 487,721	\$ 508,357	\$ 511,531	\$ 511,853	\$ 505,236	\$ 506,379	\$ 502,535	\$ -	\$ -	\$ -	\$ -
3. INCOME											
a. Income From Operation	\$ 17,434	\$ 11,091	\$ 16,732	\$ 24,588	\$ 33,904	\$ 41,875	\$ 50,309	\$ -	\$ -	\$ -	\$ -
b. Non-Operating Income	\$ 37	\$ (201)									
SUBTOTAL	\$ 17,471	\$ 10,890	\$ 16,732	\$ 24,588	\$ 33,904	\$ 41,875	\$ 50,309	\$ -	\$ -	\$ -	\$ -
c. Income Taxes											
NET INCOME (LOSS)	\$ 17,471	\$ 10,890	\$ 16,732	\$ 24,588	\$ 33,904	\$ 41,875	\$ 50,309	\$ -	\$ -	\$ -	\$ -

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.

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.						
	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021			
4. PATIENT MIX										
a. Percent of Total Revenue										
1) Medicare	43.1%	43.8%	44.5%	44.5%	44.5%	44.5%	44.5%			
2) Medicaid	25.5%	24.9%	25.4%	25.4%	25.4%	25.4%	25.4%			
3) Blue Cross	10.3%	9.4%	9.3%	9.3%	9.3%	9.3%	9.3%			
4) Commercial Insurance	8.6%	8.5%	7.9%	7.9%	7.9%	7.9%	7.9%			
5) Self-pay	3.7%	3.5%	2.7%	2.7%	2.7%	2.7%	2.7%			
6) Other	8.8%	9.9%	10.2%	10.2%	10.2%	10.2%	10.2%			
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%
b. Percent of Equivalent Inpatient Days										
1) Medicare	43.1%	43.8%	44.5%	44.5%	44.5%	44.5%	44.5%			
2) Medicaid	25.5%	24.9%	25.4%	25.4%	25.4%	25.4%	25.4%			
3) Blue Cross	10.3%	9.4%	9.3%	9.3%	9.3%	9.3%	9.3%			
4) Commercial Insurance	8.6%	8.5%	7.9%	7.9%	7.9%	7.9%	7.9%			
5) Self-pay	3.7%	3.5%	2.7%	2.7%	2.7%	2.7%	2.7%			
6) Other	8.8%	9.9%	10.2%	10.2%	10.2%	10.2%	10.2%			
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%

Table H

TABLE H. REVENUES & EXPENSES, INFLATED - ENTIRE FACILITY

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	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021			
1. REVENUE										
a. Inpatient Services	\$ 342,280	\$ 349,256	\$ 344,892	\$ 350,981	\$ 355,376	\$ 371,085	\$ 381,914			
b. Outpatient Services	\$ 321,486	\$ 343,454	\$ 351,900	\$ 369,799	\$ 374,933	\$ 381,156	\$ 388,505			
Gross Patient Service Revenues	\$ 663,766	\$ 692,710	\$ 696,792	\$ 720,780	\$ 730,308	\$ 752,243	\$ 769,419	\$ -	\$ -	\$ -
c. Allowance For Bad Debt	\$ 18,511	\$ 26,600	\$ 26,129	\$ 27,331	\$ 27,700	\$ 28,459	\$ 29,021			
d. Contractual Allowance	\$ 149,425	\$ 153,170	\$ 149,504	\$ 154,672	\$ 156,123	\$ 157,751	\$ 159,368			
e. Charity Care	\$ 2,956	\$ 6,765	\$ 6,380	\$ 6,691	\$ 6,842	\$ 6,836	\$ 6,981			
Net Patient Services Revenue	\$ 492,874	\$ 506,175	\$ 514,779	\$ 532,186	\$ 539,844	\$ 559,197	\$ 573,049	\$ -	\$ -	\$ -
f. Other Operating Revenues (Specify/add rows if needed)	\$ 12,281	\$ 13,273	\$ 13,483	\$ 11,800	\$ 11,933	\$ 11,813	\$ 11,818			
NET OPERATING REVENUE	\$ 505,155	\$ 519,448	\$ 528,263	\$ 543,986	\$ 551,777	\$ 571,010	\$ 584,867	\$ -	\$ -	\$ -
2. EXPENSES										
a. Salaries & Wages (including benefits)	\$ 258,764	\$ 272,890	\$ 279,407	\$ 284,743	\$ 287,716	\$ 297,203	\$ 299,293			
b. Contractual Services	\$ 4,704									
c. Interest on Current Debt	\$ 8,916	\$ 7,671	\$ 7,665	\$ 7,789	\$ 7,776	\$ 8,938	\$ 9,138			
d. Interest on Project Debt	\$ -									
e. Current Depreciation	\$ 24,281	\$ 22,855	\$ 22,814	\$ 22,814	\$ 22,817	\$ 22,821	\$ 23,621			
f. Project Depreciation	\$ -				\$ 4	\$ 8	\$ 8			
g. Current Amortization	\$ -									
h. Project Amortization	\$ -									
i. Supplies	\$ 75,260	\$ 75,283	\$ 73,687	\$ 80,269	\$ 82,390	\$ 85,500	\$ 89,477			
j. Other Expenses (Specify/add rows if needed)	\$ 71,457	\$ 82,737	\$ 91,192	\$ 96,768	\$ 102,737	\$ 108,480	\$ 115,171			
k. Purchased Services	\$ 44,339	\$ 46,921	\$ 38,768	\$ 38,401	\$ 35,721	\$ 36,154	\$ 36,646			
TOTAL OPERATING EXPENSES	\$ 487,721	\$ 508,387	\$ 511,831	\$ 528,774	\$ 539,169	\$ 559,104	\$ 573,364	\$ -	\$ -	\$ -
3. INCOME										
a. Income From Operation	\$ 17,434	\$ 11,091	\$ 16,732	\$ 15,212	\$ 12,618	\$ 11,906	\$ 11,513	\$ -	\$ -	\$ -
b. Non-Operating Income	\$ 39	\$ (201)								
SUBTOTAL	\$ 17,473	\$ 10,890	\$ 16,732	\$ 15,212	\$ 12,618	\$ 11,906	\$ 11,513	\$ -	\$ -	\$ -
c. Income Taxes										
NET INCOME (LOSS)	\$ 17,473	\$ 10,890	\$ 16,732	\$ 15,212	\$ 12,618	\$ 11,906	\$ 11,513	\$ -	\$ -	\$ -
4. PATIENT MIX										
a. Percent of Total Revenue										
1) Medicare	43.1%	43.8%	44.5%	44.5%	44.5%	44.5%	44.5%			
2) Medicaid	25.5%	24.9%	25.4%	25.4%	25.4%	25.4%	25.4%			
3) Blue Cross	10.3%	9.4%	9.3%	9.3%	9.3%	9.3%	9.3%			
4) Commercial Insurance	8.6%	8.5%	7.9%	7.9%	7.9%	7.9%	7.9%			
5) Self-pay	3.7%	3.5%	2.7%	2.7%	2.7%	2.7%	2.7%			
6) Other	8.8%	9.9%	10.2%	10.2%	10.2%	10.2%	10.2%			
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	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.

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	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021			
b. Percent of Equivalent Inpatient Days										
Total MSGA										
1) Medicare	43.1%	43.8%	44.5%	44.5%	44.5%	44.5%	44.5%			
2) Medicaid	25.5%	24.9%	25.4%	25.4%	25.4%	25.4%	25.4%			
3) Blue Cross	10.3%	9.4%	9.3%	9.3%	9.3%	9.3%	9.3%			
4) Commercial Insurance	8.6%	8.5%	7.9%	7.9%	7.9%	7.9%	7.9%			
5) Self-pay	3.7%	3.5%	2.7%	2.7%	2.7%	2.7%	2.7%			
6) Other	8.8%	9.9%	10.2%	10.2%	10.2%	10.2%	10.2%			
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%

Table I

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.

Indicate CY or FY	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 J and K.					
	FY 2019	FY 2020	FY 2021			
1. DISCHARGES						
a(i). Liver Transplants	10	14	30			
a(ii). Kidney Transplants	12	24	44			
b. ICU/CCU						
Total MSGA	22	38	74	0	0	0
c. Pediatric						
d. Obstetric						
e. Acute Psychiatric						
Total Acute	22	38	74	0	0	0
f. Rehabilitation						
g. Comprehensive Care						
h. Other (Specify/add rows of needed)						
TOTAL DISCHARGES	22	38	74	0	0	0
2. PATIENT DAYS						
a(i). Liver Transplants	60	84	199			
a(ii). Kidney Transplants	60	120	248			
b. ICU/CCU (Liver Transplant Only)	30	42	90			
Total MSGA	150	246	537	0	0	0
c. Pediatric						
d. Obstetric						
e. Acute Psychiatric						
Total Acute	150	246	537	0	0	0
f. Rehabilitation						
g. Comprehensive Care						
h. Other (Specify/add rows of needed)						
TOTAL PATIENT DAYS	150	246	537	0	0	0
3. AVERAGE LENGTH OF STAY						
a(i). Liver Transplants	6.0	6.0	6.6			
a(ii). Kidney Transplants	5.0	5.0	5.6			
b. ICU/CCU (Liver Transplant Only)	3.0	3.0	3.0			
Total MSGA	6.8	6.5	7.3			
c. Pediatric						
d. Obstetric						
e. Acute Psychiatric						
Total Acute						
f. Rehabilitation						
g. Comprehensive Care						
h. Other (Specify/add rows of needed)						
TOTAL AVERAGE LENGTH OF STAY						

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.

Indicate CY or FY	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 J and K.						
	FY 2019	FY 2020	FY 2021				
4. NUMBER OF LICENSED BEDS							
a. General Medical/Surgical*							
b. ICU/CCU							
Total MSGA	0	0	0	0	0	0	0
c. Pediatric							
d. Obstetric							
e. Acute Psychiatric							
Total Acute	0	0	0	0	0	0	0
f. Rehabilitation							
g. Comprehensive Care							
h. Other (Specify/add rows of needed)							
TOTAL LICENSED BEDS							
5. OCCUPANCY PERCENTAGE *IMPORTANT NOTE: Leap year formulas should be changed by applicant to reflect 366 days per year.							
a. General Medical/Surgical*							
b. ICU/CCU							
Total MSGA							
c. Pediatric							
d. Obstetric							
e. Acute Psychiatric							
Total Acute							
f. Rehabilitation							
g. Comprehensive Care							
h. Other (Specify/add rows of needed)							
TOTAL OCCUPANCY %							
6. OUTPATIENT VISITS							
a. Emergency Department							
b. Same-day Surgery							
c. Laboratory							
d. Imaging							
e. Other (Specify/add rows of needed)	4,672	6,658	13,105				
TOTAL OUTPATIENT VISITS	4,672	6,658	13,105	0	0	0	0
7. OBSERVATIONS**							
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 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 J

TABLE J. REVENUES & 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.

	Projected Years (ending at least two years after project completion and full occupancy) Add years, if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.						
Indicate CY or FY	FY 2019	FY 2020	FY 2021				
1. REVENUE							
a. Inpatient Services	\$ 1,774	\$ 4,177	\$ 8,279				
b. Outpatient Services	\$ 882	\$ 1,481	\$ 2,910				
Gross Patient Service Revenues	\$ 2,656	\$ 5,658	\$ 11,190	\$ -	\$ -	\$ -	\$ -
c. Allowance For Bad Debt	\$ 93	\$ 195	\$ 385				
d. Contractual Allowance	\$ 361	\$ 663	\$ 1,297				
e. Charity Care	\$ 24	\$ 51	\$ 101				
Net Patient Services Revenue	\$ 2,179	\$ 4,749	\$ 9,407	\$ -	\$ -	\$ -	\$ -
f. Other Operating Revenues (Specify)							
NET OPERATING REVENUE	\$ 2,179	\$ 4,749	\$ 9,407	\$ -	\$ -	\$ -	\$ -
2. EXPENSES							
a. Salaries & Wages (including benefits)	\$ 1,842	\$ 3,764	\$ 4,657				
b. Contractual Services							
c. Interest on Current Debt							
d. Interest on Project Debt							
e. Current Depreciation							
f. Project Depreciation	\$ 4	\$ 8	\$ 8				
g. Current Amortization							
h. Project Amortization							
i. Supplies	\$ 357	\$ 591	\$ 1,208				
j. Other Expenses (Specify)	\$ 770	\$ 1,282	\$ 2,559				
k. Purchased Services	\$ 90	\$ 160	\$ 282				
TOTAL OPERATING EXPENSES	\$ 3,062	\$ 5,805	\$ 8,714	\$ -	\$ -	\$ -	\$ -
3. INCOME							
a. Income From Operation	\$ (883)	\$ (1,056)	\$ 693	\$ -	\$ -	\$ -	\$ -
b. Non-Operating Income							
SUBTOTAL	\$ (883)	\$ (1,056)	\$ 693	\$ -	\$ -	\$ -	\$ -
c. Income Taxes							
NET INCOME (LOSS)	\$ (883)	\$ (1,056)	\$ 693	\$ -	\$ -	\$ -	\$ -

TABLE J. REVENUES & 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.

Projected Years (ending at least two years after project completion and full occupancy) Add years, if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.							
Indicate CY or FY	FY 2019	FY 2020	FY 2021				
4. PATIENT MIX							
a. Percent of Total Revenue							
1) Medicare	28.6%	46.2%	41.9%				
2) Medicaid	42.9%	25.3%	25.3%				
3) Blue Cross	18.6%	17.7%	20.8%				
4) Commercial Insurance	10.0%	10.8%	12.0%				
5) Self-pay							
6) Other							
TOTAL	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%
b. Percent of Equivalent Inpatient Days							
Total MSGA							
1) Medicare	28.6%	46.2%	41.9%				
2) Medicaid	42.9%	25.3%	25.3%				
3) Blue Cross	18.6%	17.7%	20.8%				
4) Commercial Insurance	10.0%	10.8%	12.0%				
5) Self-pay							
6) Other							
TOTAL	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%

Table K

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.

Indicate CY or FY	Projected Years (ending at least two years after project completion and full occupancy) Add years, if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.					
	FY 2019	FY 2020	FY 2021			
1. REVENUE						
a. Inpatient Services	\$ 1,774	\$ 4,239	\$ 8,530			
b. Outpatient Services	\$ 882	\$ 1,503	\$ 2,998			
Gross Patient Service Revenues	\$ 2,656	\$ 5,742	\$ 11,528	\$ -	\$ -	\$ -
c. Allowance For Bad Debt	\$ 93	\$ 198	\$ 396			
d. Contractual Allowance	\$ 361	\$ 673	\$ 1,336			
e. Charity Care	\$ 24	\$ 52	\$ 104			
Net Patient Services Revenue	\$ 2,179	\$ 4,820	\$ 9,691	\$ -	\$ -	\$ -
f. Other Operating Revenues (Specify/add rows of needed)						
NET OPERATING REVENUE	\$ 2,179	\$ 4,820	\$ 9,691	\$ -	\$ -	\$ -
2. EXPENSES						
a. Salaries & Wages (including benefits)	\$ 1,842	\$ 3,886	\$ 4,965			
b. Contractual Services						
c. Interest on Current Debt						
d. Interest on Project Debt						
e. Current Depreciation						
f. Project Depreciation	\$ 4	\$ 8	\$ 8			
g. Current Amortization						
h. Project Amortization						
i. Supplies	\$ 357	\$ 624	\$ 1,347			
j. Other Expenses (Specify/add rows of needed)	\$ 770	\$ 1,308	\$ 2,661			
k. Purchased Services	\$ 90	\$ 163	\$ 293			
TOTAL OPERATING EXPENSES	\$ 3,062	\$ 5,990	\$ 9,275	\$ -	\$ -	\$ -
3. INCOME						
a. Income From Operation	\$ (883)	\$ (1,169)	\$ 417	\$ -	\$ -	\$ -
b. Non-Operating Income						
SUBTOTAL	\$ (883)	\$ (1,169)	\$ 417	\$ -	\$ -	\$ -
c. Income Taxes						
NET INCOME (LOSS)	\$ (883)	\$ (1,169)	\$ 417	\$ -	\$ -	\$ -

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 at least two years after project completion and full occupancy) Add years, if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.						
Indicate CY or FY	FY 2019	FY 2020	FY 2021				
4. PATIENT MIX							
a. Percent of Total Revenue							
1) Medicare	28.6%	46.2%	41.9%				
2) Medicaid	42.9%	25.3%	25.3%				
3) Blue Cross	18.6%	17.7%	20.8%				
4) Commercial Insurance	10.0%	10.8%	12.0%				
5) Self-pay							
6) Other							
TOTAL	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%
b. Percent of Equivalent Inpatient Days							
1) Medicare	28.6%	46.2%	41.9%				
2) Medicaid	42.9%	25.3%	25.3%				
3) Blue Cross	18.6%	17.7%	20.8%				
4) Commercial Insurance	10.0%	10.8%	12.0%				
5) Self-pay							
6) Other							
TOTAL	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%

Table L

TABLE L. WORKFORCE 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 F and G. 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 G, if submitted).	FTEs	Average Salary per FTE	Total Cost	FTEs	Total Cost (should be consistent with projections in Table G)
1. Regular Employees											
<i>Administration (List general categories, add rows if needed)</i>											
Office/Clerical	239.0	\$47,908	\$11,447,942	4.0	\$98,682	\$394,728	-21.2	\$47,908	-\$1,014,787	221.8	\$10,827,883
Management	107.0	\$226,573	\$24,233,350				-14.5	\$226,573	-\$3,280,994	92.5	\$20,952,356
Total Administration	345.9	\$103,151	\$35,681,292	4.0	\$98,682	\$394,728	-35.7	\$120,454	-\$4,295,781	314.3	\$31,780,239
<i>Direct Care Staff (List general categories, add rows if needed)</i>											
RN	773	\$100,880	\$77,960,945	10	\$108,548	\$1,085,481	-69	\$100,880	-\$6,910,739	714.3	\$72,135,687
Care Associates	245	\$42,278	\$10,339,843				-22	\$42,278	-\$918,561	222.9	\$9,423,282
Physicians	151	\$425,455	\$64,190,071	6	\$408,396	\$2,450,374	-13	\$350,000	-\$4,678,945	143.5	\$61,961,499
Intern/Residents	84	\$83,283	\$6,989,314				0	\$83,283	\$0	83.9	\$6,989,314
Other Direct Care	133	\$122,721	\$16,290,929	1	\$66,892	\$66,892	-13	\$122,721	-\$1,645,844	120.3	\$14,711,978
Total Direct Care	1,384.9	\$126,918	\$175,771,102	17.0	\$211,926	\$3,602,747	-117.0	\$120,996	-\$14,152,089	1,285.0	\$165,221,761
<i>Support Staff (List general categories, add rows if needed)</i>											
Technologists	197	\$78,169	\$15,363,898				-17	\$78,169	-\$1,361,911	179.1	\$14,001,987
Medical Assistants	70	\$43,637	\$3,036,821	2	\$55,676	\$111,351	-6	\$43,637	-\$269,195	65.4	\$2,878,977
Clinical Pharmacist	31	\$156,550	\$4,867,432				-3	\$156,550	-\$431,467	28.3	\$4,435,966
Other Support Staff	65	\$171,617	\$11,140,185	6	\$91,418	\$548,506	-6	\$171,617	-\$987,506	65.2	\$10,701,185
Service/Trade	234	\$41,169	\$9,643,213				-21	\$41,169	-\$854,809	213.5	\$8,788,404
Other Non Patient Care	386	\$61,971	\$23,903,214				-39	\$61,971	-\$2,414,899	346.7	\$21,488,315
Total Support	982.1	\$69,194	\$67,954,763	8.0	\$82,482	\$659,857	-91.8	\$68,818	-\$6,319,787	898.3	\$82,294,833
REGULAR EMPLOYEES TOTAL	2,712.9	\$102,991	\$279,407,167	29.0		\$4,657,332	-244.5	\$101,316	-\$24,767,657	2,497.5	\$259,296,833

TABLE L. WORKFORCE INFORMATION

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	2,712.9		\$278,407,157	29.0	\$4,657,332	-244.5	-\$24,767,657		\$259,296,833	