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 R (Act)	Proj	nt Year ected	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.														
Indicate CY or FY	FY2016		FY2017	FY2	2018	F	Y2019		FY2020		FY2021	FY2022	2	F	Y2023		FY2024		FY2025
1. REVENUE																			
a. Inpatient Services	\$ 366,355	\$	363,195		390,723		399,928		404,170		411,578	424,			457,202		470,105		481,995
b. Outpatient Services	288,473		299,630		300,212		307,550		315,503		321,042	326,	910		350,159		359,945		369,657
Gross Patient Service Revenues	654,828		662,825		690,935		707,478		719,673		732,620	750,			807,361		830,050		851,652
c. Allowance For Bad Debt	20,382		15,681		16,647		17,062		17,371		17,700	18,	162		19,558		20,129		20,675
d. Contractual Allowance	77,770		79,613		81,783		83,742		85,163		86,674		846		95,726		98,434		101,006
e. Charity Care	12,679		14,500		15,906		16,283		16,569		16,872	17,	289		18,510		19,020		19,508
Net Patient Services Revenue	543,997		553,032		576,599		590,390		600,570		611,374	626,	638		673,568		692,466		710,463
f. Other Operating Revenue	61,680		54,585		55,190		56,142		56,946		57,961	59,	313		60,161		60,886		62,031
NET OPERATING REVENUE	\$ 605,677	\$	607,617	\$	631,789	\$	646,533	\$	657,515	\$	669,335	\$ 685,	951	\$	733,729	\$	753,352	\$	772,494
2. EXPENSES																			
a. Salaries & Wages (including benefits)	\$ 257,755	\$	256,465	\$	265,026	\$	269,345	\$	273,885	\$	278,501	\$ 284,	865	\$	298,174	\$	306,508	\$	314,490
b. Contractual Services	194,101		198,658		98,506		97,386		97,914		98,544	100,	405		98,319		100,730		103,020
c. Interest on Current/Other Debt	2,783		3,018		3,137		3,719		3,620		3,482	3,	332		6,094		5,779		5,550
d. Interest on Project Debt	-		-		-		=		-		-		-		13,000		12,728		12,442
e. Current Depreciation and Amortization	28,994		29,553		30,683		32,202		32,712		33,231	33,	728		34,520		36,416		37,885
f. Project Depreciation and Amortization	1		-		-		-		-		-		-		17,309		17,621		17,621
g. Supplies	105,311		105,521		105,441		104,905		105,049		105,319	107,	247		104,663		107,330		109,821
h. Malpractice and Other Operating Expense	5,327		5,452		118,995		116,590		119,406		122,353	125,	384		122,728		122,879		125,670
i. Project Related Facility Operating Expenses	-		-		-		-		-		-		-		12,935		13,229		13,530
j. Service Line Incremental Investments					-		-		2,000		4,500	7,	000		-		4,000		5,500
TOTAL OPERATING EXPENSES	\$ 594,271	\$	598,667	\$	621,789	\$	624,148	\$	634,585	\$	645,930	\$ 661,	962	\$	707,743	\$	727,219	\$	745,529
3. INCOME											·				•				
a. Income From Operation	\$ 11,406	\$	8,950	\$	10,000	\$	22,385	\$	22,930	\$	23,405	\$ 23,	989	\$	25,986	\$	26,133	\$	26,965
b. Non-Operating Income	(5,188)		(8,071)		(10,030)		(16,300)		(5,563)		(1,304)	3,	139		6,563		9,125		11,275
SUBTOTAL	\$ 6,218	\$	879	\$	(30)	\$	6,085	\$	17,367	\$	22,100	\$ 27,	128	\$	32,549	\$	35,258	\$	38,240
c. Income Taxes																			
NET INCOME (LOSS)	\$ 6,218	\$	879	\$	(30)	\$	6,085	\$	17,367	\$	22,100	\$ 27,	128	\$	32,549	\$	35,258	\$	38,240
4. PATIENT MIX																			
a. Percent of Total Revenue																			
1) Medicare	37.1%		37.7%		37.7%		37.7%		37.7%		37.7%	37	7.7%		37.7%		37.7%		37.7%
2) Medicaid	25.6%		26.4%		26.4%		26.4%		26.4%		26.4%		6.4%		26.4%		26.4%		26.4%
3) Blue Cross	10.6%		9.5%		9.5%		9.5%		9.5%		9.5%		9.5%		9.5%		9.5%		9.5%
4) Commercial Insurance	7.1%		8.1%		8.1%		8.1%		8.1%	_	8.1%		3.1%		8.1%		8.1%	_	8.1%
5) Self-pay	2.9%		2.7%		2.7%		2.7%		2.7%	_	2.7%		2.7%	_	2.7%	_	2.7%	_	2.7%
6) Other	16.7%		15.7%		15.7%		15.7%		15.7%		15.7%		5.7%		15.7%		15.7%		15.7%
TOTAL	100.0%		100.0%		100.0%		100.0%		100.0%		100.0%		0.0%		100.0%	-	100.0%	_	100.0%

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		ecent Years tual)	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.									
Indicate CY or FY	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021	FY2022	FY2023	FY2024	FY2025			
b. Percent of Equivalent Inpatient Days										*			
Total MSGA													
1) Medicare	43.4%	47.1%	47.1%	47.1%	47.1%	47.1%	47.1%	47.1%	47.1%	47.1%			
2) Medicaid	31.4%	30.4%	30.4%	30.4%	30.4%	30.4%	30.4%	30.4%	30.4%	30.4%			
3) Blue Cross	6.3%	5.1%	5.1%	5.1%	5.1%	5.1%	5.1%	5.1%	5.1%	5.1%			
4) Commercial Insurance	5.1%	4.8%	4.8%	4.8%	4.8%	4.8%	4.8%	4.8%	4.8%	4.8%			
5) Self-pay	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%			
6) Other	12.3%	11.2%	11.2%	11.2%	11.2%	11.2%	11.2%	11.2%	11.2%	11.2%			
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			