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January 4, 2019

VIA PDF & REGULAR MAIL

Mr. Kevin McDonald
Chief, Certificate of Need
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

Re: Encompass Health Rehabilitation
Hospital of Southern Maryland
Matter No. 18-16-2423

Dear Mr. McDonald:

This letter is being submitted by Encompass Health Rehabilitation Hospital of Southern Maryland, LLC ("EHRHSM") in connection with its above referenced Certificate of Need ("CON") application and constitutes a modification pursuant to COMAR 10.24.01.08E. to its Letter of Intent submitted on October 25, 2017 (the "Letter of Intent") and the above referenced CON application submitted on April 20, 2018 (the "CON Application"). The applicant continues to seek a CON to build a new 60-bed acute inpatient rehabilitation special hospital in Bowie, Prince George's County (the "Project") to serve the Southern Maryland Health Planning Region and the southern communities of Anne Arundel County.

The Letter of Intent and the CON Application requested approval for **sixty (60) new acute inpatient rehabilitation beds**. Pursuant to this modification, EHRHSM continues to seek approval for the 60-bed hospital described herein. The sixty (60) beds, however, will be composed of **(i) forty-two (42) new acute inpatient rehabilitation beds plus (ii) the bed capacity of the 18 currently temporarily delicensed acute inpatient rehabilitation beds** previously located at the University of Maryland Laurel Regional Hospital and which were delicensed pursuant to the notification letter dated October 19, 2018. The bed capacity of the 18 beds will be purchased by EHRHSM upon final CON approval of the Project (*i.e.*, after the granting of a CON for the Project and the successful completion or expiration of all appeals or judicial reviews.).

In connection with the modification request set forth herein, EHRHSM has revised the following tables:

- (i) Table E Project Budget,
- (ii) Table J Revenue and Expenses – Uninflated, and
- (iii) Table K Revenue and Expenses – Inflated.

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The other tables remain unchanged.

For your convenience, attached please find the entire Table Set including the revised tables. Except as set forth in this modification request and the attached tables, there are no other changes to or modifications of the Letter of Intent or the CON Application

Thank you for your consideration of this request.

Sincerely,



Carolyn Jacobs

Please see attached signature page

cc: Ruby Potter

I hereby declare and affirm under the penalties of perjury that the facts stated in this January 4, 2019 Modification Request and its attachments are true and correct to the best of my knowledge, information, and belief.

Name: WALTER C. SMITH
Title: DIRECTOR STATE REGULATORY AFFAIRS
Signature: Walter C Smith
Date: 01.04.19

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

TABLE A. PHYSICAL BED CAPACITY BEFORE AND AFTER PROJECT

INSTRUCTIONS: 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. **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.

Hospital Service	Location (Floor/Wing)*	Before the Project					After Project Completion												
		Licensed Beds: 7/1/201_	Based on Physical Capacity			Bed Count Physical Capacity	Location (Floor/Wing)*	Based on Physical Capacity			Bed Count Physical Capacity								
			Private	Semi-Private	Total Rooms			Private	Semi-Private	Total Rooms									
General Medical/ Surgical*					0	0				0	0								
					0	0				0	0								
					0	0				0	0								
					0	0				0	0								
					0	0				0	0								
SUBTOTAL Gen. Med/Surg*					0	0				0	0								
ICU/CCU					0	0				0	0								
Other (Specify/add rows as needed)					0	0				0	0								
TOTAL MSGA					0	0				0	0								
Obstetrics					0	0				0	0								
Pediatrics					0	0				0	0								
Psychiatric					0	0				0	0								
TOTAL ACUTE					0	0				0	0								
NON-ACUTE CARE																			
Dedicated Observation**					0	0				0	0								
Rehabilitation					0	0			1st Floor	60	0								
Comprehensive Care					0	0				0	0								
Other (Specify/add rows as needed)					0	0				0	0								
TOTAL NON-ACUTE										60	0								
HOSPITAL TOTAL					0	0				60	0								60

* 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				Total After Project Completion
	Current	To be Added Thru New Construction	To Be Renovated	To Remain As Is	
Lobby/Reception		1,392			1,392
Administration		3,493			3,493
Dietary		2,432			2,432
Environmental/Supply Chain		1,067			1,067
Plant Services		2,661			2,661
Nursing Unit		23,540			23,540
Dining		1,972			1,972
Dayroom/Recreation		2,138			2,138
Activities for Daily Living		502			502
Pharmacy		607			607
Physical Therapy		7,248			7,248
Medical Support		282			282
Psych/OT/Speech		636			636
Social Services/Case Management		2,485			2,485
Doctors Suite		1,052			1,052
General Circulation		10,303			10,303
Total		61,810			61,810

TABLE C. CONSTRUCTION CHARACTERISTICS

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

BASE BUILDING CHARACTERISTICS	NEW CONSTRUCTION	RENOVATION
Class of Construction (for renovations the class of the building being renovated)*	Check if applicable	Check if applicable
Class A	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Class B	<input type="checkbox"/>	<input type="checkbox"/>
Class C	<input type="checkbox"/>	<input type="checkbox"/>
Class D	<input type="checkbox"/>	<input type="checkbox"/>
Type of Construction/Renovation*		
Low	<input type="checkbox"/>	<input type="checkbox"/>
Average	<input type="checkbox"/>	<input type="checkbox"/>
Good	<input type="checkbox"/>	<input type="checkbox"/>
Excellent	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Number of Stories		

*As defined by Marshall Valuation Service

PROJECT SPACE	List Number of Feet, if applicable
Total Square Footage	Total Square Feet
Basement	
First Floor	61,810
Second Floor	
Third Floor	
Fourth Floor	
Average Square Feet	61,810
Perimeter in Linear Feet	Linear Feet
Basement	
First Floor	1,764
Second Floor	
Third Floor	
Fourth Floor	
Total Linear Feet	1,764
Average Linear Feet	1,764
Wall Height (floor to eaves)	Feet
Basement	
First Floor	16' - 10"
Second Floor	
Third Floor	
Fourth Floor	
Average Wall Height	16' - 10"
OTHER COMPONENTS	
Elevators	List Number
Passenger	0
Freight	0
Sprinklers	Square Feet Covered
Wet System	61,810
Dry System	
Other	Describe Type
Type of HVAC System for proposed project	Packaged cooling with VAV and electric heat
Type of Exterior Walls for proposed project	Steel frame with sheathing, insulation board and brick

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

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

	NEW CONSTRUCTION COSTS	RENOVATION COSTS
SITE PREPARATION COSTS		
Normal Site Preparation	\$428,600	
Utilities from Structure to Lot Line	\$350,000	
Subtotal Included in Marshall Valuation Costs	\$778,600	
Site Demolition Costs		
Storm Drains	\$100,000	
Rough Grading	\$400,000	
Hillside Foundation	\$0	
Paving	\$350,000	
Exterior Signs	\$15,000	
Landscaping	\$250,000	
Walls		
Yard Lighting	\$100,000	
Other (Specify/add rows if needed)		
Subtotal On-Site excluded from Marshall Valuation Costs	\$1,215,000	
OFFSITE COSTS		
Roads		
Utilities		
Jurisdictional Hook-up Fees	\$100,000	
Other (Specify/add rows if needed)		
Subtotal Off-Site excluded from Marshall Valuation Costs	\$100,000	
TOTAL Estimated On-Site and Off-Site Costs <u>not</u> included in Marshall Valuation Costs	\$1,315,000	\$0
TOTAL Site and Off-Site Costs Included and excluded from Marshall Valuation Service*	\$2,093,600	\$0

*The combined total site and offsite cost included and excluded from Marshall Valuation Service should typically equal the estimated site preparation cost reported in Application Part II, Project Budget (see Table E, Project Budget). If these numbers are not equal, please reconcile the numbers in an explanation in an attachment to the application.

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.

NOTE: Inflation should only be included in the inflation allowances line A.1.e. The value of donated land for the project should be included on Line A.1.d as a use of funds and on line B.3 as a source of funds

A. USE OF FUNDS	Hospital Building	Other Structure	Total
1. CAPITAL COSTS			
a. New Construction			
(1) Building	\$17,840,840		\$17,840,840
(2) Bed Purchase	\$2,321,000		\$2,321,000
(3) Site and Infrastructure	\$2,093,600		\$2,093,600
(4) Architect/Engineering Fees	\$1,665,227		\$1,665,227
(5) Permits (Building, Utilities, Etc.)	\$555,076		\$555,076
SUBTOTAL	\$24,475,742		\$24,475,742
b. Renovations			
(1) Building	-		\$0
(2) Fixed Equipment (not included in construction)	-		\$0
(3) Architect/Engineering Fees	-		\$0
(4) Permits (Building, Utilities, Etc.)	-		\$0
SUBTOTAL	\$0		\$0
c. Other Capital Costs			
(1) Movable Equipment	\$2,500,000		\$2,500,000
(2) Contingency Allowance	\$1,110,151		\$1,110,151
(3) Gross Interest during construction period	\$840,000		\$840,000
(4) Technology Equipment	\$1,600,000		\$1,600,000
SUBTOTAL	\$6,050,151		\$6,050,151
TOTAL CURRENT CAPITAL COSTS	\$30,525,894		\$30,525,894
d. Land Purchase	\$ 6,305,000		\$6,305,000
e. Inflation Allowance			
TOTAL CAPITAL COSTS	\$36,830,894		\$36,830,894
2. Financing Cost and Other Cash Requirements			
a. Loan Placement Fees	-		\$0
b. Bond Discount	-		\$0
c. COB Application Assistance			\$0
c1. Legal Fees	\$600,000		\$600,000
c2. Other (COB Consulting, Community Support)	\$750,000		\$750,000
d. Non-COB Consulting Fees			\$0
d1. Legal Fees	\$0		\$0
d2. Other (Appraisal, Traffic Study, Title Costs, Engineering)	\$150,000		\$150,000
e. Debt Service Reserve Fund	\$0		\$0
f. ACE/JIT Installation	\$289,000		\$289,000
SUBTOTAL	\$1,789,000		\$1,789,000
3. Working Capital Startup Costs	\$400,000		\$400,000
TOTAL USES OF FUNDS	\$39,019,894		\$39,019,894
B. Sources of Funds			
1. Cash	\$39,019,894		\$39,019,894
2. Philanthropy (to date and expected)	-		\$0
3. Authorized Bonds	-		\$0
4. Interest Income from bond proceeds listed in #3	-		\$0
5. Mortgage	-		\$0
6. Working Capital Loans	-		\$0
7. Grants or Appropriations			\$0
a. Federal	-		\$0
b. State	-		\$0
c. Local	-		\$0
8. Other (Specify/add rows if needed)	\$39,019,894		\$39,019,894
TOTAL SOURCES OF FUNDS	\$39,019,894		\$39,019,894
Annual Lease Costs (if applicable)	Hospital Building	Other Structure	Total
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 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.

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 2021	FY 2022	FY 2023	FY 2024	FY 2025	
1. DISCHARGES						
a. General Medical/Surgical*						
b. ICU/CCU						
Total MSGA	0	0	0	0	0	0
c. Pediatric						
d. Obstetric						
e. Acute Psychiatric						
Total Acute	0	0	0	0	0	0
f. Rehabilitation	904	1,218	1,500	1,500	1,500	
g. Comprehensive Care						
h. Other (Specify/add rows of needed)						
TOTAL DISCHARGES	904	1,218	1,500	1,500	1,500	0
2. PATIENT DAYS						
a. General Medical/Surgical*						
b. ICU/CCU						
Total MSGA	0	0	0	0	0	0
c. Pediatric						
d. Obstetric						
e. Acute Psychiatric						
Total Acute	0	0	0	0	0	0
f. Rehabilitation	12,207	16,422	20,212	20,212	20,212	
g. Comprehensive Care						
h. Other (Specify/add rows of needed)						
TOTAL PATIENT DAYS	12,207	16,422	20,212	20,212	20,212	0

TABLE 1. 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.

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 2021	FY 2022	FY 2023	FY 2024	FY 2025
3. AVERAGE LENGTH OF STAY					
a. General Medical/Surgical*					
b. ICU/CCU					
Total MSGA					
c. Pediatric					
d. Obstetric					
e. Acute Psychiatric					
Total Acute					
f. Rehabilitation	13.5	13.5	13.5	13.5	13.5
g. Comprehensive Care					
h. Other (Specify/add rows of needed)					
TOTAL AVERAGE LENGTH OF STAY	13.5	13.5	13.5	13.5	13.5
4. NUMBER OF LICENSED BEDS					
a. General Medical/Surgical*					
b. ICU/CCU					
Total MSGA	0	0	0	0	0
c. Pediatric					
d. Obstetric					
e. Acute Psychiatric					
Total Acute	0	0	0	0	0
f. Rehabilitation	60	60	60	60	60
g. Comprehensive Care					
h. Other (Specify/add rows of needed)					
TOTAL LICENSED BEDS	60	60	60	60	60
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	55.7%	75.0%	92.3%	92.0%	92.3%
g. Comprehensive Care					
h. Other (Specify/add rows of needed)					
TOTAL OCCUPANCY %	55.7%	75.0%	92.3%	92.3%	92.3%
6. OUTPATIENT VISITS					
a. Emergency Department					
b. Same-day Surgery					
c. Laboratory					
d. Imaging					
e. Other (Specify/add rows of needed)					
TOTAL OUTPATIENT VISITS	0	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. 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.

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 2021	FY 2022	FY 2023	FY 2024	FY 2025
1. REVENUE					
a. Inpatient Services					
b. Outpatient Services					
Gross Patient Service Revenues	\$24,125,590	\$33,661,771	\$41,515,424	\$41,515,810	\$41,516,292
c. Allowance For Bad Debt	162,986	228,194	281,940	281,940	281,940
d. Contractual Allowance	7,634,595	10,640,589	13,107,244	13,107,244	13,107,244
e. Charity Care	333,929	399,988	459,020	459,406	459,888
Net Patient Services Revenue	15,994,080	22,393,000	27,667,220	27,667,220	27,667,220
f. Other Operating Revenues (Specify)					
NET OPERATING REVENUE	15,994,080	22,393,000	27,667,220	27,667,220	27,667,220
2. EXPENSES					
a. Salaries & Wages (including benefits)	10,961,859	13,432,913	15,654,744	15,654,744	15,654,744
b. Contractual Services					
c. Interest on Current Debt				-	-
d. Interest on Project Debt				-	-
e. Current Depreciation				-	-
f. Project Depreciation	1,378,210	1,387,853	1,402,318	1,421,603	1,445,710
g. Current Amortization				-	-
h. Project Amortization				-	-
i. Supplies	685,488	922,193	1,135,024	1,135,024	1,135,024
j. Other Expenses (Specify) - Note 1	3,670,893	4,256,425	4,758,936	4,758,936	4,758,936
TOTAL OPERATING EXPENSES	16,696,450	19,999,384	22,951,022	22,970,308	22,994,415
3. INCOME					
a. Income From Operation	(702,370)	2,393,616	4,716,198	4,696,912	4,672,805
b. Non-Operating Income					
SUBTOTAL	(702,370)	2,393,616	4,716,198	4,696,912	4,672,805
c. Income Taxes	(19,329)	65,872	129,790	129,259	128,596
NET INCOME (LOSS)	(\$683,041)	\$2,327,744	\$4,586,408	\$4,567,653	\$4,544,210

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.

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 2021	FY 2022	FY 2023	FY 2024	FY 2025	
4. PATIENT MIX						
a. Percent of Total Revenue						
1) Medicare	80.2%	81.8%	82.8%	82.8%	82.8%	
2) Medicaid	3.6%	2.9%	2.6%	2.6%	2.6%	
3) Blue Cross	6.0%	4.3%	3.6%	3.6%	3.6%	
4) Commercial Insurance	9.3%	10.0%	10.1%	10.1%	10.1%	
5) Self-pay	0.9%	0.9%	0.9%	0.9%	0.9%	
6) Other						
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%
b. Percent of Equivalent Inpatient Days						
Total MSGA						
1) Medicare	74.8%	76.0%	77.5%	77.5%	77.5%	
2) Medicaid	6.0%	5.1%	4.5%	4.5%	4.5%	
3) Blue Cross	7.2%	5.4%	4.5%	4.5%	4.5%	
4) Commercial Insurance	10.8%	12.1%	12.2%	12.2%	12.2%	
5) Self-pay	1.3%	1.4%	1.4%	1.4%	1.4%	
6) Other						
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%

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 of 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 2021	FY 2022	FY 2023	FY 2024	FY 2025
1. REVENUE					
a. Inpatient Services					
b. Outpatient Services					
Gross Patient Service Revenues	\$25,069,014	\$35,537,961	\$44,552,072	\$45,290,937	\$46,049,003
c. Allowance For Bad Debt	169,178	240,723	302,285	307,335	312,470
d. Contractual Allowance	7,946,449	11,245,247	14,083,724	14,312,189	14,551,139
e. Charity Care	351,700	429,433	502,359	512,133	522,190
Net Patient Services Revenue	16,601,687	23,622,558	29,663,704	30,159,280	30,663,205
f. Other Operating Revenues (Specify/add rows of needed)					
NET OPERATING REVENUE	16,601,687	23,622,558	29,663,704	30,159,280	30,663,205
2. EXPENSES					
a. Salaries & Wages (including benefits)	11,632,812	14,540,217	17,284,103	17,629,785	17,982,381
b. Contractual Services				-	-
c. Interest on Current Debt				-	-
d. Interest on Project Debt				-	-
e. Current Depreciation				-	-
f. Project Depreciation	1,378,210	1,387,853	1,402,318	1,421,603	1,445,710
g. Current Amortization				-	-
h. Project Amortization				-	-
i. Supplies	727,445	998,211	1,253,158	1,278,222	1,303,786
j. Other Expenses (Specify/add rows of needed)	3,846,525	4,545,376	5,178,373	5,277,055	5,377,633
TOTAL OPERATING EXPENSES	17,584,993	21,471,657	25,117,952	25,606,665	26,109,510
3. INCOME					
a. Income From Operation	(983,305)	2,150,900	4,545,752	4,552,615	4,553,694
b. Non-Operating Income					
SUBTOTAL	(983,305)	2,150,900	4,545,752	4,552,615	4,553,694
c. Income Taxes	(27,061)	59,193	125,099	125,288	125,318
NET INCOME (LOSS)	(\$956,245)	\$2,091,707	\$4,420,653	\$4,427,327	\$4,428,376

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 of 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 2021	FY 2022	FY 2023	FY 2024	FY 2025	
4. PATIENT MIX						
a. Percent of Total Revenue						
1) Medicare	79.8%	81.3%	82.3%	82.3%	82.2%	
2) Medicaid	3.7%	3.0%	2.7%	2.7%	2.7%	
3) Blue Cross	6.1%	4.4%	3.7%	3.7%	3.7%	
4) Commercial Insurance	9.5%	10.3%	10.4%	10.4%	10.5%	
5) Self-pay	0.9%	1.0%	0.9%	0.9%	0.9%	
6) Other						
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	
b. Percent of Equivalent Inpatient Days						
1) Medicare	74.8%	76.0%	77.5%	77.5%	77.5%	
2) Medicaid	6.0%	5.1%	4.5%	4.5%	4.5%	
3) Blue Cross	7.2%	5.4%	4.5%	4.5%	4.5%	
4) Commercial Insurance	10.8%	12.1%	12.2%	12.2%	12.2%	
5) Self-pay	1.3%	1.4%	1.4%	1.4%	1.4%	
6) Other						
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%

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 2021	FY 2022	FY 2023	FY 2024	FY 2025			

	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
Inflation					
Cases					
% Medicare Cases	904	1,218	1,500	1,500	1,500
% Non Medicare Cases	75%	76%	78%	78%	78%
LOS	13.5	13.5	13.5	13.5	13.5
Patient Days					
% Medicare Cases	75%	76%	77%	77%	77%
% Non Medicare Cases	25%	24%	23%	23%	23%
Medicare Reimbursement per Case	\$19,699	\$20,882	\$21,179	\$21,518	\$21,862
Medicare CMI	1.34	1.34	1.34	1.34	1.34
Non Medicare Per Diem Rates	1,102	1,134	1,162	1,185	1,209
Charity Care					
Contractual Allowance % of Gross Revenue	\$351,700	\$358,734	\$365,909	\$373,227	\$380,691
Bad Debt as % of NPR	31.7%	31.6%	31.6%	31.6%	31.6%
Staffing					
Fixed Staff (Non-Clinical FTEs)	47.9	47.9	47.9	47.9	47.9
Clinical EPOB	2.2	2.2	2.2	2.2	2.2
Total FTEs	121.1	146.4	169.1	169.1	169.1
Labor Costs					
Average Non-Clinical FTE Salaries & Wages	\$68,765	\$70,141	\$71,543	\$72,974	\$74,434
Average Clinical FTE Salaries & Wages	\$84,567	\$86,259	\$87,984	\$89,743	\$91,538
Benefits as % of Salaries & Wages	22.6%	22.6%	22.6%	22.6%	22.6%
Supply Costs	\$727,445	\$998,211	\$1,253,158	\$1,278,222	\$1,303,786
Other Operating Expenses					
Equip. Rental & Maintenance	\$415,678	\$460,329	\$502,861	\$512,918	\$523,176
Utilities/Telephone	446,687	455,621	464,733	474,028	483,509
Contract Services	562,119	771,349	968,354	987,722	1,007,476
Other Variable Expenses	626,505	692,190	754,784	769,880	785,277
Legal and Professional Fees	5,763	5,878	5,996	6,116	6,238
CIS Expense	97,631	99,584	101,575	103,607	105,679
Director's Fees	184,144	187,827	191,583	195,415	199,323
Insurance / Bonding	179,808	183,404	187,072	190,814	194,630
Other Fixed	498,105	508,067	518,229	528,593	539,165
Management Fees - 5% of NPR	830,084	1,181,128	1,483,185	1,507,964	1,533,160
Total Other Operating Expenses	\$3,846,525	\$4,545,376	\$5,178,373	\$5,277,055	\$5,377,633
Income Taxes: 2.752% of Net Income	(\$27,061)	\$59,193	\$125,099	\$125,288	\$125,318

TABLE H. 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 unaffiliated projections in Tables F and G.

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	Average Salary per FTE	Total Cost
1. Regular Employees												
Administration (List general categories, add rows if needed)												
Chief Executive Officer			\$0	1.0		\$0			\$0	1.0		\$0
Chief Nursing Officer			\$0	1.0		\$0			\$0	1.0		\$0
Director of Therapy Operations			\$0	1.0		\$0			\$0	1.0		\$0
Controller			\$0	1.0		\$0			\$0	1.0		\$0
HR Director			\$0	1.0		\$0			\$0	1.0		\$0
Director of Quality			\$0	1.0		\$0			\$0	1.0		\$0
Director of Pharmacy			\$0	1.0		\$0			\$0	1.0		\$0
Total Administration			\$0	7.0		\$172,667			\$1,208,667	7.0		\$1,208,667
Direct Care Staff (List general categories, add rows if needed)												
Nursing			\$0	72.9		\$93,998			\$6,852,743	72.9		\$6,852,743
Therapy			\$0	34.2		104,049			3,563,682	34.2		3,563,682
Pharmacy			\$0	4.4		136,105			599,353	4.4		599,353
Care Management			\$0	7.3		92,743			680,663	7.3		680,663
Food Services			\$0	11.0		53,054			584,065	11.0		584,065
Total Direct Care			\$0	129.9		\$94,534			\$12,280,506	129.9		\$12,280,506
Support Staff (List general categories, add rows if needed)												
Marketing			\$0	9.3		\$100,998			\$938,824	9.3		\$938,824
EVS/Maintenance/Supply			\$0	12.1		59,271			719,209	12.1		719,209
Clerical			\$0	10.8		47,150			507,538	10.8		507,538
			\$0						\$0	0.0		\$0
Total Support			\$0	32.2		\$67,264			\$2,165,571	32.2		\$2,165,571
REGULAR EMPLOYEES TOTAL			\$0	169.1		\$92,577			\$15,654,744	169.1		\$15,654,744
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
TOTAL COST			\$0	169.1		\$15,654,744			\$15,654,744	169.1		\$15,654,744