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VIA ELECTRONIC MAIL

Ruby Potter, Administrator
Maryland Health Care Commission
Center for Health Care Facilities
Planning & Development
4160 Patterson Avenue
Baltimore, MD 21215

Dear Ms. Potter:

Enclosed is the Joint Applicants' Response to September 13, 2019 Completeness Questions Regarding Exemption Request for Change in Psychiatric Bed Capacity.

Thank you for your attention to this matter.

Sincerely,

Marta D. Harting

Marta D. Harting

MDH:rlh
Enclosure

JOINT APPLICANTS' RESPONSE TO SEPTEMBER 13, 2019 COMPLETENESS QUESTIONS REGARDING EXEMPTION REQUEST FOR CHANGE IN PSYCHIATRIC BED CAPACITY

LifeBridge Health, Inc. ("LBH"), Sinai Hospital of Baltimore, Inc. ("Sinai Hospital" or "Sinai"), and Northwest Hospital Center, Inc. ("Northwest Hospital" or "Northwest") (collectively, the "Joint Applicants") respond as set forth below to the September 13, 2019 Completeness Questions from the Maryland Health Care Commission ("MHCC") regarding their August 30, 2019 request for an exemption from certificate of need ("CON") review to reallocate inpatient behavioral health bed capacity and services between Bon Secours Hospital Baltimore, Inc. ("Bon Secours Hospital") (which is to become a part of the LBH health system on or about November 1, 2019), Sinai Hospital and Northwest Hospital, and to make certain related capital expenditures (the "Exemption Request").

Background and Exemption Request

1. Bon Secours has only allocated, currently, 27 beds of its total licensed acute care bed capacity to acute psychiatric services but the request for exemption from CON review states that bed capacity at Bon Secours "will decrease by 36 beds" as a result of this proposed project. Does this mean that the physical bed capacity of the psychiatric unit at Bon Secours is 36 beds? Please clarify.

   Applicant Response: Although Bon Secours Hospital allocated only 27 beds to psychiatric in its current license, the behavioral health unit at Bon Secours has the physical capacity for 35 beds. The Joint Applicants are seeking to relocate a total of 36 beds from Bon Secours Hospital to Sinai Hospital (24 beds) and Northwest Hospital (12 beds). As explained in the Exemption Request, the reason the Joint Applicants are seeking 36 beds is to ensure that Bon Secours Hospital patients in need of a psychiatric admission can be accommodated within the LBH system. This number will also enhance the efficiency of the beds where they will be located at Sinai Hospital and Northwest Hospital. With the requested relocation of 36 beds to Sinai Hospital and Northwest Hospital, the total bed capacity of Bon Secours Hospital will decrease by 36 beds.

2. Why has Bon Secours only allocated 27 beds of its total licensed acute care bed capacity to acute psychiatric services in FY 2020 in light of the average daily census experienced in the first half of 2019? Is the hospital operating more than 27 psychiatric beds under a temporary increase approved by the Maryland Department of Health?

   Applicant Response: As shown in **Exhibit 4** to the Exemption Request, Bon Secours Hospital had an average daily census ("ADC") in its behavioral health unit of approximately 28.2 during the period of January through July, 2019, an ADC making it appropriate to allocate all of the 35 beds in its behavioral health units to psychiatric services. However, although this trend in ADC had already commenced when Bon Secours Hospital was required to allocate its bed capacity for its Fiscal Year 2020 license in early 2019, the trend had not been sustained for long enough such that Bon Secours believed such an allocation was appropriate. Bon Secours Hospital has been using beds

in its psych unit in excess of 27 beds as needed to accommodate its census based on its understanding that approval of the Maryland Department of Health ("MDH") was not required until they needed more than 27 beds at all times. LBH will ensure that, after closing of this transaction, all necessary approvals are obtained from MDH to allocate all 35 beds in the unit to psychiatric services.

3. How many medical/surgical beds for Maryland Department of Corrections ("MDOC") inpatients will Bon Secours operate post-transaction (i.e., post November 1, 2019). How many acute psychiatric beds will Bon Secours operate between November 1, 2019 and the anticipated termination of psychiatric hospital services approximately one year later?

   Applicant Response: There are 14 medical/surgical beds in the MDOC unit which will continue to be operated after closing on November 1, 2019. The current one-year term of the contract with Corizon (MDOC's subcontractor) commenced January 1, 2019. The term is automatically renewed unless either party gives notice at least 90 days prior to the renewal date. Further, either party can terminate at any time for convenience by giving at least 90 days' advance notice. LBH anticipates that Bon Secours Hospital will continue to operate the 14 MDOC beds at least until the psychiatric beds are relocated to Sinai Hospital and Northwest Hospital, subject to further discussions with MDOC.

   After closing on November 1, Bon Secours Hospital will allocate and operate 35 psychiatric beds in its unit, subject to providing all required notice to and approval from MDH to do so, as discussed in response to Question 2 above.

4. When does the MDOC contract for hospital services with Bon Secours end?

   Applicant Response: The current one year term ends on December 31, 2019, but is subject to renewal as described in Question 3 above.

5. Will Sinai and Northwest be able to locate the additional psychiatric beds so that the beds function as a single 48-bed adult unit at Sinai and a single 49-bed adult unit at Northwest? If not, please explain the context and the implications on efficiency of the decision to create separate psychiatric units.

   Applicant Response: At Sinai Hospital, the additional beds will be located on the second floor of the Mount Pleasant building (MP2), immediately above the existing psychiatric unit on the first floor of the Mount Pleasant building (MP1). At Northwest Hospital, the additional psychiatric beds will be on the other side of an existing psychiatric unit in an L-shaped hall, in which the nursing station will be built to have a 360-degree view of both halls. In both hospitals, the adjacencies to the existing psychiatric units will leverage the existing staff, including the manager of the unit who will oversee both the existing and the new beds with staff working throughout, better utilizing the patient to staff ratio.

6. Will there be renovation costs associated with relocating and replacing the hospice inpatient unit space within Sinai? If so, who will bear these costs, Sinai or Seasons Hospice and Palliative Care?

Applicant Response: Yes, there will be approximately $1 million in renovation costs to relocate the hospice unit, which will be borne by Sinai Hospital. This cost was not included in the cost referred to in the Exemption Request for the project at Sinai Hospital, but it has been included in the attached Table E (Project Budget) for the project at Sinai Hospital. See **Exhibit 1**.

7. Provide additional information on the assumption that Sinai and Northwest will handle 95% of the demand for psychiatric hospitalization experienced by Bon Secours after the reallocation of bed capacity. A service area-level analysis would be useful in this regard. Define the service area of Bon Secours psychiatric hospital services and the market share of hospital psychiatric programs in that service area. Additionally, profile the overlap in the psychiatric hospital service areas of the three hospitals involved in this review. More detail on referral patterns and the role of physicians, psychologists, and other behavioral health providers in establishing these referral patterns may also be useful in supporting your assumptions.

Applicant Response: The twenty zip codes from which 75% of Bon Secours Hospital's psychiatric cases came in the 12 months ended March, 2019 are shown in Table 1. Based on the discharges from all hospitals in those twenty zip codes (shown in Table 2 below by hospital and in Table 3 by zip code), Bon Secours Hospital's market share is 10% in its service area as shown in Table 1.

Table 1

Bon Secours			
Zip Code/Location	Sum of Cases	MKT Share	Pt. Days
21223-Baltimore	170	37%	1,395
21217-Baltimore	129	21%	888
21216-Baltimore	129	22%	988
21229-Baltimore	116	24%	799
21215-Baltimore	59	5%	429
21218-Baltimore	50	7%	367
21213-Baltimore	39	7%	269
21202-Baltimore	37	10%	517
23227-Richmond	35	100%	289
21207-Baltimore	28	6%	238
21230-Baltimore	23	9%	178
21206-Baltimore	22	4%	174
21225-Baltimore	21	4%	159
21201-Baltimore	18	6%	157
21061-Glen Burnie	16	3%	157
21122-Pasadena	16	5%	111
21239-Baltimore	15	5%	123
21205-Baltimore	14	5%	89
21228-Baltimore	13	5%	101
21221-Baltimore	10	2%	46
Total	960	10%	7,474

Table 2

Bon Secours Top Psych Zip Codes April 2018-March 2019			
Hospitals	Sum of Cases	Pt. Days	Sum of MKT Share
09-Johns Hopkins	988	10,952	11%
13-Bon Secours	960	7,474	10%
12-Lifebridge Sinai Hospital	946	5,412	10%
27-Johns Hopkins Bayview	913	4,236	10%
38-Lifebridge Northwest Hospital	776	4,844	8%
32-MedStar Harbor Hospital	735	4,366	8%
02-University of Maryland	719	8,230	8%
14-MedStar Franklin Square	701	3,445	8%
08-Mercy Medical Center	496	1,360	5%
41-UM Baltimore Washington Medical Center	470	2,608	5%
36-UMM Center Midtown Campus (Formerly Maryland General)	446	5,357	5%
66-Lifebridge Levindale (Formerly 212005)	231	6,165	3%
07-UM Saint Joseph (Formerly 210007)	228	1,562	2%
22-MedStar Union Memorial	92	323	1%
52-MedStar Good Samaritan	72	263	1%
46-Howard General Hospital	50	342	1%
49-MedStar Southern Maryland (Formerly 210054)	49	229	1%
11-St. Agnes Hospital	49	169	1%
53-Shady Grove Adventist	43	317	0%
42-Greater Baltimore Medical Center	30	137	0%
20-Suburban Hospital	27	101	0%
31-Carroll County Hospital	26	133	0%

17-MedStar Montgomery General	21	101	0%
06-Harford Memorial Hospital	13	59	0%
01-Meritus Health System (Wash. Co.)	13	64	0%
03-UM - Prince Georges Hospital Center	11	49	0%
15-Washington Adventist	10	71	0%
10-UM Shore Medical Center at Dorchester	10	62	0%
50-UM - Laurel Regional Hospital	8	38	0%
26-MedStar Saint Mary's Hospital	8	37	0%
21-Anne Arundel Medical Center	7	49	0%
64-Holy Cross Hospital- Germantown	6	19	0%
18-Peninsula Regional	4	31	0%
30-Union of Cecil	4	13	0%
05-Frederick Memorial	3	12	0%
35-UM Shore Medical Center at Easton	2	12	0%
47-Upper Chesapeake Medical Center	1	7	0%
71-University of Maryland Shock Trauma	1	3	0%
37-CalvertHealth Medical Center	1	3	0%
25-Western MD Health System	1	1	0%
Grand Total	9171	68,656	100%

Table 3

All Hospitals		
Zip Code/Location	Sum of Cases	Sum of Sum LOS
21223-Baltimore	460	3,971
21217-Baltimore	603	4,278
21216-Baltimore	581	4,904
21229-Baltimore	481	3,395
21215-Baltimore	1,150	9,366
21218-Baltimore	668	5,157
21213-Baltimore	547	3,793
21202-Baltimore	385	3,082
23227-Richmond	35	289
21207-Baltimore	501	4,122
21230-Baltimore	245	1,845
21206-Baltimore	578	4,045
21225-Baltimore	493	3,023
21201-Baltimore	323	3,203
21061-Glen Burnie	493	3,169
21122-Pasadena	340	1,918
21239-Baltimore	276	2,146
21205-Baltimore	257	1,978
21228-Baltimore	259	2,060
21221-Baltimore	496	2,912
Total	9,171	68,656

Sinai Hospital had nearly as many psychiatric cases in these zip codes as Bon Secours Hospital (960 vs. 946 respectively), and its market share in these zip codes is the same (10%) as Bon Secours Hospital's market share. See Tables 2 and 4. Northwest Hospital had the 5th highest number of psychiatric cases from these zip codes, and its market share (8%) is close to that of Bon Secours Hospital and Sinai Hospital. See Table 6.

Table 4

Sinai			
Zip Code/Location	Sum of Cases	MKT Share	Pt. Days
21223-Baltimore	16	3%	91
21217-Baltimore	47	8%	239
21216-Baltimore	83	14%	480
21229-Baltimore	26	5%	147
21215-Baltimore	457	40%	2,649
21218-Baltimore	51	8%	299
21213-Baltimore	23	4%	152
21202-Baltimore	20	5%	90
23227-Richmond	-	0%	-
21207-Baltimore	112	22%	598
21230-Baltimore	4	2%	35
21206-Baltimore	29	5%	170
21225-Baltimore	6	1%	29
21201-Baltimore	14	4%	61
21061-Glen Burnie	1	0%	4
21122-Pasadena	5	1%	21
21239-Baltimore	20	7%	159
21205-Baltimore	6	2%	15
21228-Baltimore	13	5%	113
21221-Baltimore	13	3%	60
Total	**946**	**10%**	**5,412**

Table 5

Northwest			
Zip Code/Location	Sum of Cases	MKT Share	Pt. Days
21223-Baltimore	9	2%	51
21217-Baltimore	32	5%	193
21216-Baltimore	55	9%	339
21229-Baltimore	48	10%	257
21215-Baltimore	199	17%	1345
21218-Baltimore	35	5%	189
21213-Baltimore	26	5%	157
21202-Baltimore	26	7%	155
23227-Richmond	0	0%	0
21207-Baltimore	140	28%	827
21230-Baltimore	10	4%	69
21206-Baltimore	32	6%	241
21225-Baltimore	20	4%	96
21201-Baltimore	6	2%	44
21061-Glen Burnie	10	2%	42
21122-Pasadena	15	4%	70
21239-Baltimore	22	8%	170
21205-Baltimore	4	2%	27
21228-Baltimore	78	30%	507
21221-Baltimore	9	2%	65
Total	776	8%	4,844

Bon Secours Hospital, Sinai Hospital and Northwest Hospital have approximately a 30% market share in these zip codes on a combined basis, with nearly three times the number of cases (2,682) of the hospital with the largest number of cases (988). See Tables 2 and 6.

Table 6

Bon Secours, NW, Sinai			
Zip Code/Location	Sum of Cases	MKT Share	Pt. Days
21223-Baltimore	195	42%	1,537
21217-Baltimore	208	34%	1,320
21216-Baltimore	267	46%	1,807
21229-Baltimore	190	40%	1,203
21215-Baltimore	715	62%	4,423
21218-Baltimore	136	20%	855
21213-Baltimore	88	16%	578
21202-Baltimore	83	22%	762
23227-Richmond	35	100%	289
21207-Baltimore	280	56%	1,663
21230-Baltimore	37	15%	282
21206-Baltimore	83	14%	585
21225-Baltimore	47	10%	284
21201-Baltimore	38	12%	262
21061-Glen Burnie	27	5%	203
21122-Pasadena	36	11%	202
21239-Baltimore	57	21%	452
21205-Baltimore	24	9%	131
21228-Baltimore	104	40%	721
21221-Baltimore	32	6%	171
Total	**2,682**	**29%**	**17,730**

(The data in Tables 1-6 above is from Market Analyst, a subscription service of St. Paul Group, and is based on HSCRC discharge tapes submitted by each hospital.)

The Joint Applicants submit that this market share information supports their projection that there will be only minimal attrition of cases currently being served at Bon Secours Hospital. Both hospitals are already providing inpatient psychiatric care to patients from these zip codes in their existing psychiatric units, with Sinai Hospital's market share in these zip codes equal to that of Bon Secours Hospital, and Northwest Hospital's market share nearly as high as Bon Secours Hospital's market share. Nearly as many patients are currently receiving inpatient psychiatric care at both Sinai Hospital and Northwest Hospital as are currently receiving care at Bon Secours. Accordingly, the Joint Applicants do not expect that a significant number of them would decide not to go to Sinai Hospital or Northwest Hospital after Bon Secours Hospital's inpatient psychiatric program is transitioned to those hospitals.

Further, admissions to an inpatient psychiatric bed come from either the hospital's own emergency department ("ED") or another hospital's ED. There are virtually no direct admissions to acute care general hospital psychiatric units because patients must be medically cleared in the ED before they can be admitted. Involuntary patients coming through an ED are placed wherever there is an available bed, whether in that hospital if a bed is available or another hospital with an available bed. Under Federal EMTALA requirements, when a voluntary patient in the hospital's ED is determined to be in need of a psychiatric admission, the patient can be placed in an available bed in that hospital or an available bed in an affiliated hospital, unless a psychiatric referral from another hospital ED is already pending in which case that other hospital's patient must be placed first. Although a voluntary patient/patient's family in Bon Secours Hospital's ED could decide to wait until a bed is available at a different hospital even though a bed is available at Sinai Hospital or Northwest Hospital, the Joint Applicants believe that this will be infrequent, given (1) the long wait times often associated with admission to a psychiatric bed, and (2) the fact that Sinai Hospital and Northwest Hospital already have the same (or nearly the same) market share penetration in the zip codes where the vast majority of Bon Secours Hospital's psychiatric cases come from.

As shown in Table 2, together, Sinai Hospital and Northwest Hospital have nearly twice the number of psychiatric cases in Bon Secours Hospital's top 20 zip codes (where 75% of its inpatient psychiatric cases come from) as Bon Secours Hospital has. Accordingly, the Joint Applicants do not expect that, once Bon Secours Hospital is part of the LBH health system, patients/families would decide to further extend their waiting time in the Bon Secours Hospital's ED in order to wait for a bed in a hospital other than Sinai Hospital or Northwest Hospital rather than take an available bed in Sinai Hospital or Northwest Hospital.[1]

Additionally, it is also important to note that, under the requirements of the State Medicaid program, all hospital emergency departments in the State with an adult Medicaid patient in

[1] Although they project only minimal attrition, the ADC experienced by Bon Secours Hospital in 2019 would equate to 39.5 beds at 140% of ADC, whereas the Joint Applicants are requesting to relocate only 36 beds.

need of a psychiatric admission must first attempt to place the patient in any available acute care general hospital-based bed before placing the patient in an "Institution for Mental Disease" (or "IMD") (a freestanding psychiatric hospital with more than 16 beds). Accordingly, whether the beds are located at Bon Secours Hospital or at Sinai Hospital and Northwest Hospital, they are part of the inventory of beds that must be exhausted by all hospital emergency departments before an adult Medicaid patient may be referred to a bed in an IMD setting. Likewise, whether those beds are located at Bon Secours Hospital or at Sinai Hospital and Northwest Hospital, under EMTALA, they are available for referrals from other acute care general hospital EDs with a patient in need of a psychiatric admission.

Both Sinai Hospital and Northwest Hospital coordinate all necessary aftercare for all of their psychiatric discharges in the community where the patient resides. From the day of admission, teams at Sinai Hospital and Northwest Hospital begin active collaboration with outpatient providers. Discharge plans include coordination with schools, agencies, and community psychiatrists to be patient centered and family focused. Licensed social workers work closely with the families to determine successful discharge plans for the patients, holding family meetings and interacting with outside resources to secure discharge appointments and resources. Notably, Bon Secours Hospital's outpatient behavioral health and substance use disorder programs are located within a mile of Sinai Hospital, closer than they are to Bon Secours Hospital.

Consistency with the State Health Plan

8. Standard AP 6 states, "All hospitals providing care in designated psychiatric units must have separate written quality assurance programs, program evaluations and treatment protocols for special populations, including children, adolescents, patients with secondary diagnosis of substance abuse, and geriatric patients, either through direct treatment or referral."

   In response, you have provided the overall general hospital "Quality, Risk Management, and Patient Safety Plan" for Sinai and the overall general hospital "Quality, Patient Safety, and Performance Improvement Plan" for Northwest. Do these hospitals have documentation of quality assurance programs, program evaluations and treatment protocols specifically developed for psychiatric hospital programming, as implied by the standard? If so, please provide this documentation.

   Applicant Response: The existing psychiatric units at Sinai Hospital and Northwest Hospital are subject to the policies and programs that were attached to the Exemption Request (Exhibit 5, Attachments C and D), as well as the ongoing reporting on quality performance to the each hospital's Quality Oversight Committee (see reporting dashboard at Exhibit 5, Attachment E).

   Because the Joint Applicants do not admit children or adolescents to their psychiatric units and do not have designated units for any other special population, they did not understand this standard to apply to them. They understood this standard to require that, if a hospital

has a designated unit for any special populations, it must have programs and protocols for that unit that are separate from those applicable to the general adult population in the psychiatric unit. The recently-approved application of Peninsula Regional Medical Center to expand its existing inpatient psychiatric program for adults to include a unit for children and adolescents supports this interpretation. PRMC's application states in response to this standard that it would expand its existing programs and protocols in effect at the hospital to include provisions pertinent to the proposed unit for children and adolescents. The only completeness question on this subject was to provide a copy of the programs and protocols for child and adolescent psychiatric services; PRMC was not requested to show separate policies and protocols for its adult psychiatric unit separate from the overall hospital.

Although the Joint Applicants did not understand this standard to apply to them, if it is determined that this standard requires a separate policy even for hospitals that do not have designated units for special populations, the Joint Applicants request that they be allowed to adopt such a policy (and file it with the Commission) prior to relocating the beds pursuant to the requested exemption.

9. Standard AP 7 states, "An acute general or private psychiatric hospital applying for a Certificate of Need for new or expanded acute psychiatric services may not deny admission to a designated psychiatric unit solely on the basis of the patient's legal status rather than clinical criteria."

   Do both Sinai and Northwest admit patients under court-orders of involuntary commitment? If so, does Sinai's "admission criteria" I.G (Attachment A) which states that, "patients who have active police warrants for their arrest may be refused service" limit the hospital's role as a resource for patients without regard to the legal status?

   Applicant Response: At the outset, the Joint Applicants note that LBH recently retained a new Assistant Vice President for Behavioral Health who is in the process of reviewing and revising the psychiatric admission policies for all LBH hospitals for Board of Directors approval. This particular provision is one of the policies that will be reviewed and is likely to be revised because it is unclear. This policy is not interpreted or applied to deny admission based solely on the fact that the patient has an active arrest warrant (or has been arrested and is brought to the emergency department by the police). Only if the patient has been arrested for a crime of violence like homicide (or has a known active arrest warrant for a violent crime) are Sinai Hospital and Northwest Hospital unable to admit the patient in order to ensure the safety of other patients, visitors and staff. A patient who has been arrested or who has a known active arrest warrant for a non-violent crime is not denied admission. Further, the Joint Applicants accept involuntary patients ordered for admission by the court.[2] Sinai Hospital and Northwest Hospital do not admit patients on a court order for a forensic evaluation because they are not able to provide such evaluations; these patients are ordered to State hospitals for this purpose.

[2] Involuntary patients are not technically admitted until they are retained at a hearing by a judge; they are on observation status until admission is ordered by the judge.

10. Standard AP 8 states, "All acute general and private freestanding psychiatric hospitals must provide a percentage of uncompensated care for acute psychiatric patients which is equal to the average level of uncompensated care provided by all acute general hospitals located in the health service area where the hospital is located."

    Please provide information about the percentage of uncompensated care for acute psychiatric patients, specifically.

    Applicant Response: The acute psychiatric uncompensated care percentages Sinai Hospital and Northwest Hospital are set forth below in Table 7. The Joint Applicants are not aware of any publicly reported data from which to obtain the average (for acute psychiatric patients only) of all hospital psychiatric units in Central Maryland. However, as compared to the overall uncompensated care percentage of all hospitals in the Central Maryland Region of 3.66% shown in Exhibit 5, Attachment F to the Exemption Request, Sinai Hospital's and Northwest Hospital's track record for uncompensated care for psychiatric inpatients equals or exceeds the average.

Table 7

	Sinai Hospital UC %	Northwest Hospital UC%
FY 2018	4.1%	4.3%
FY2019	3.3%	4.7%
Average	3.7%	4.5%

More Efficient and Effective Delivery of Health Care Services

11. The application states that consolidating the three psychiatric hospital programs currently operated by Bon Secours and the current LBH hospitals into two programs offered at the current LBH hospitals will increase efficiency of service delivery but no quantitative analysis of these efficiency gains is provided (e.g., reductions in direct and support staffing cost per admission or patient day, reductions in administrative and other overhead expenses, or other measures related to productivity gains or reductions in unit costs). Please quantify the positive impact of service delivery efficiency that will result from the proposed changes in bed capacity.

    Applicant Response: The Joint Applicants project that approximately $2.3 million in annual expense savings will be realized from the proposed changes in psychiatric bed capacity. This savings represents an estimated reduction of 19% from current expense levels. The majority of the of the expense savings ($1.7 million) is expected to be derived from a reduction in allocated overhead and ancillary expenses as the transferred volumes can be accommodated with the existing LBH infrastructure. This includes ancillary services for which Bon Secours Hospital currently contracts with third parties (food, maintenance, housekeeping, etc.) that will be reduced or eliminated entirely with the

relocation of the beds to Sinai Hospital and Northwest Hospital. Additional savings is anticipated from a reduction in Bon Secours high dependence on physician locums for its Psychiatric Unit ($500k) as well as redesigned benefit plan ($90,000). As are result of these savings, psychiatric expenses per patient day are expected to decrease from $1,197 per day currently to $966 per day. See **Exhibit 2** for additional detail.

12. How will the delivery of psychiatric hospital services in the Baltimore area be more effective when reconfigured as proposed? Are there differences in effectiveness between the three existing hospital programs that can be documented?

Applicant Response: The effectiveness of the proposed reconfiguration of inpatient behavioral health services must take into account the poor condition of the physical plant in which Bon Secours Hospital's program is located currently, as well as the overall reconfiguration of services and investment by LBH under the Master Affiliation Agreement ("MAA") described in the Exemption Request. The reconfiguration plan described under the MAA includes significant investment by LBH in order to address the serious physical plant issues in the Bon Secours Hospital building, by replacing it with modernized health care facilities. The plan includes the construction of either a reconfigured replacement acute care hospital with a small inpatient component, or an FMF. Under either option, the MAA contemplates the construction of a new state of the art emergency department and facilities for ambulatory services designed specifically around promoting and improving the health care status of the West Baltimore community. The reconfiguration of the behavioral health service at Bon Secours Hospital is a central – and indispensable – component of the overall reconfiguration of services under the MAA that will enable LBH to make these investments and create these benefits.

Although maintaining the status quo (i.e., keeping Bon Secours Hospital as is, including the psychiatric unit, in current poor physical conditions) is unacceptable and is not contemplated by the MAA, the Joint Applicants submit that incorporating the beds into the existing, quality psychiatric programs in modern facilities at Sinai Hospital and Northwest Hospital (5 miles and 10 miles away, respectively) is clearly more effective than the status quo. Beyond the physical condition of the building, even today, Bon Secours Hospital is not able to offer the full array of acute medical facilities that are essential for safe inpatient care of medically complex psychiatric patients, with the result that these patients must be transferred elsewhere. For example, psychiatric patients with neurological disorders resulting in seizures and other complications (which is common) must be transferred to other hospitals because Bon Secours Hospital does not have specialty neurology care. Both Sinai Hospital and Northwest Hospital offer the full array of acute medical care that will support the care of psychiatric patients including those with co-occurring complex medical conditions.

Recognizing the poor condition of the existing hospital building, the reconfiguration plan described in the MAA includes the construction of a new facility which will either be a freestanding medical facility ("FMF") or a reconfigured replacement acute care hospital with a small inpatient component (subject to all required applications to and approvals from the MHCC in the future). Under either option, relocating the psychiatric beds to Sinai

Hospital and Northwest Hospital is more effective than leaving the beds at Bon Secours Hospital. First, under either option (FMF or replacement hospital), if the beds had to remain at Bon Secours (assuming for the purpose of this response that the remainder of the reconfiguration plan under the MAA could move forward at all under that restriction), the beds would need to be shut down during construction, taking critical psychiatric bed capacity out of the State's inventory for a year or more, at a time when the beds are in critical need as most recently demonstrated by Bon Secours Hospital's ADC so far in 2019.

Moreover, if Bon Secours Hospital were converted to an FMF and the beds were not relocated to Sinai Hospital and Northwest Hospital, the bed capacity would become a freestanding psychiatric hospital. As such, it would be subject to the Federal IMD exclusion (under which Federal financial participation in Medicaid admissions is prohibited) unless the bed complement was reduced to only 16 beds. At 16 beds, it would not meet the needs of the Bon Secours Hospital community in light of the census that Bon Secours Hospital has been experiencing as described above. On the other hand, if the facility housed more than 16 beds such that it would be an IMD, under the Maryland Medicaid program's requirements, adult Medicaid patients (representing two-thirds of the psychiatric admissions to Bon Secours) could be admitted there only if no other bed was available at any Maryland acute care general hospital. A freestanding psychiatric hospital adjacent to an FMF would also be less effective because, as described above, co-location with full service acute medical facilities is necessary for safe inpatient care of medically complex psychiatric patients.

Further, keeping the bed capacity at Bon Secours Hospital is also less effective than relocating the beds to Sinai Hospital and Northwest Hospital if a reconfigured replacement hospital is constructed. A replacement hospital on the Bon Secours Hospital campus cannot support the full array of specialized medical services that are required for the safe and effective inpatient care of psychiatric patients. It is for this reason that Bon Secours Hospital transfers such patients to other hospitals currently. Both Sinai Hospital and Northwest Hospital offer a full array of hospital services including those necessary to safely and effectively care for medically complex psychiatric patients.

Lastly, as discussed in response to Question 13 below, the efficiency and effectiveness benefits of relocating the beds to Sinai Hospital and Northwest Hospital will be achieved while maintaining robust care coordination and discharge planning and ensuring access to necessary aftercare and support of the patients wherever they reside.

13. Is there a dimension of effectiveness associated with the availability and accessibility of the facilities within the primary service area of Bon Secours in the west central neighborhoods of Baltimore City that may be compromised by eliminating that facility location, as proposed, and limiting the future sites of service to northwest Baltimore City (Sinai) and western Baltimore County (Northwest)?

Applicant Response: No effectiveness will be compromised from the relocation of the inpatient psychiatric beds to Sinai Hospital and Northwest Hospital. This reconfiguration of beds does not affect any of the community based outpatient behavioral health programs

that Bon Secours Hospital currently operates. These community based programs will continue in place, including a specialized behavioral health case management program, a psychiatric rehabilitation program, behavioral health homes, a residential recovery program, a mobile treatment team, peer recovery housing, as well as various substance use disorder methadone and suboxone programs.

While the location of inpatient psychiatric services will change from Bon Secours Hospital to Sinai Hospital and Northwest Hospital, as discussed above and shown in Table 2, together, Sinai Hospital and Northwest Hospital have nearly twice the number of inpatient psychiatric cases coming from Bon Secours Hospital's top 20 zip codes (where 75% of its inpatient psychiatric cases come from) as Bon Secours Hospital has. Further, both Sinai Hospital and Northwest Hospital coordinate all necessary aftercare for all their psychiatric discharges in the community where the patient resides. From the day of admission, teams at Sinai Hospital and Northwest Hospital begin active collaboration with outpatient providers. Discharge plans include coordination with schools, agencies, and community psychiatrists to be patient centered and family focused. Licensed social workers work closely with the families to determine successful discharge plans for the patients, holding family meetings and interacting with outside resources to secure discharge appointments and resources. As mentioned above, most of Bon Secours Hospital's outpatient behavioral health and substance use disorder programs are located within a mile of Sinai Hospital, closer than they are to Bon Secours Hospital.

Tables from the hospital CON application tables package
https://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs_con/documents/con_hospital_application_table_package_20170501.xlsx

14. Please provide the following standard tables reflecting the project budgets and the changes in bed capacity, utilization, revenues and expenses resulting from this proposed project using the tables package at the link provided above.

Table A, Physical Bed Capacity Before and After Project, for all three hospitals.
Table E, Project Budget, for Sinai and Northwest (it is assumed that no approval for any capital expenditure at Bon Secours is being sought through this exemption request).
Table F, Statistical Projections, for all three hospitals
Table G, Revenues and Expenses, Uninflated-Entire Facility, for all three hospitals
Table H, Revenues and Expenses, Inflated-Entire Facility, all three hospitals
You may wish to submit Table L, Work Force Information, for the involved hospitals, as an aide in responding to Item 11 above.

Applicant Response: The required tables are attached as **Exhibit 2**.

AFFIRMATION

I hereby declare and affirm under penalties of perjury that the facts stated in the foregoing Response to September 13, 2019 Completeness Questions Regarding Exemption Request by LifeBridge Health, Inc., Sinai Hospital, Inc., and Northwest Hospital, Inc, are true and correct to the best of my knowledge, information and belief.

Maurice Spielman

Printed name: Maurice Spielman

Title: Corp. Dir. Design & Construction

Date: 10-2-2019

AFFIRMATION

I hereby declare and affirm under penalties of perjury that the facts stated in the foregoing Response to September 13, 2019 Completeness Questions Regarding Exemption Request by LifeBridge Health, Inc., Sinai Hospital, Inc., and Northwest Hospital, Inc, are true and correct to the best of my knowledge, information and belief.

Printed name: Chris Coleman

Title: AVP Finance : CBH

Date: October 2, 2019

AFFIRMATION

I hereby declare and affirm under penalties of perjury that the facts stated in the foregoing Response to September 13, 2019 Completeness Questions Regarding Exemption Request by LifeBridge Health, Inc., Sinai Hospital, Inc., and Northwest Hospital, Inc, are true and correct to the best of my knowledge, information and belief.

Rebecca A. Ahman

Printed name:

Title: Chief Integration Officer

Date: 10 | 2 | 2019

AFFIRMATION

I hereby declare and affirm under penalties of perjury that the facts stated in the foregoing Response to September 13, 2019 Completeness Questions Regarding Exemption Request by LifeBridge Health, Inc., Sinai Hospital, Inc., and Northwest Hospital, Inc, are true and correct to the best of my knowledge, information and belief.

Dawn K Hurley
Printed name:

Title: AVP Behavioral Health

Date: October 2, 2019

EXHIBIT 1

Summary of Key Financial Assumptions

Census:

Total average daily census (combined for Sinai, Northwest, and Bon Secours) is projected at 514.7 patients which is slightly lower than current levels (519.2 patients). The decline is due to a combination of population health improvements in managing potentially avoidable utilization as well as expected attrition of Bon Secours patients to other settings outside of LifeBridge Health. The overall combined occupancy rate is projected to be 70.6% on 729 beds.

Gross Patient Revenue:

Revenue is projected based on HSCRC rates for regulated services and current run rate for unregulated services already in existence. Regulated revenues have been reduced in the outer years by $10.1 million due to the impacts of HSCRC rate adjustments on Sinai and Northwest and the projected loss of Bon Secours patients to other settings.

Payor mix is expected to remain relatively consistent over the projection period with Medicare at 39.6%, Commercial at 28.8%, and Medicaid at 8.4% of revenue.

Bad Debt/Charity Care:

Bad debt and charity care expense is projected at historic levels.

Salaries and Wages:

Salaries and wages are based on budgeted staffing patterns necessary for current patient acuity and ancillary, physician, administrative and support services. Net savings are expected to be achieved as a result of relocating Bon Secours inpatient services to Sinai and Northwest where volumes can be handled with existing infrastructure in ancillary, physician, administrative, and support services.

Contracted Services:

Expense items included in this category include agency nursing, information technology, hospital based physicians such as emergency medicine, radiology, anesthesiology, and pathology, and support services such as food and nutritional, environmental, security, contracted maintenance, and utilities. LifeBridge will acquire various information technology, revenue cycle, and other support services from Bon Secours Mercy Health, Inc. for a period of two years for the benefit of Bon Secours Hospital.

Net savings are expected to be achieved as a result of relocating Bon Secours inpatient services to Sinai and Northwest where volumes can be handled with existing infrastructure in ancillary, physician, administrative, and support services.

Supply Expense:

Items included in this category are medical and surgical supplies, drugs, food, dietary supplies, laundry supplies, housekeeping supplies, maintenance supplies, and office supplies. These expenses are based on historical levels.

Current Depreciation:

Current depreciation is based on historic levels for Sinai and Northwest and appraised value of acquired assets for Bon Secours. This results in a modest savings from current run rate.

Current Interest:

Interest expense is based on existing debt of LifeBridge Heatlh. LifeBridge is not incurring new debt, nor assuming existing Bon Secours debt, as a result of the acquisition.

Project Depreciation:

Project depreciation is projected to come on-line beginning in FY 2021 (1/2 year convention) – related to the increase of psychiatric beds at Sinai and Northwest. Additional project depreciation comes on-line through FY 2024 with the renovation and new construction planned for Bon Secours Hospital and a new community resource center. Annual depreciation expense of $6.5 million is based on total project of cost of approximately $85 million. Depreciation periods range from 7 years for furnishings and equipment to 40 years for exterior shell.

Inflated Financials:

Revenue and expenses have been inflated by 2% per year throughout the projection period.

c

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.

Before the Project							After Project Completion						
Hospital Service	Location (Floor/ Wing)*	Licensed Beds: 7/1/201_	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*	3N	18	18	0	18	18	General Medical/ Surgical*	3N	18	0	18	18
	3W	18	19	0	19	19		3W	19	0	19	19
	5W	18	19	0	19	19		5W	19	0	19	19
	5S	18	20	0	20	20		5S	20	0	20	20
	6E	16	20	0	20	20		6E	20	0	20	20
	6W	12	17	0	17	17		6W	17	0	17	17
SUBTOTAL Gen. Med/Surg*		100	113		113	113	SUBTOTAL Gen. Med/Surg*		113		113	113
ICU/CCU	4S	35	35	0	35	35	ICU/CCU	4S	35	0	35	35
Other *(Specify/add rows as needed)*					0	0					0	0
TOTAL MSGA		135	148		148	148	TOTAL MSGA		148		148	148
Obstetrics	B1	25	27	0	27	27	Obstetrics	B1	27	0	27	27
Pediatrics	3Childrens	21	26	0	26	26	Pediatrics	3Childrens	26	0	26	26
Psychiatric	MP1	24	18	3	21	24	Psychiatric	MP1 & MP2	24	12	36	48
TOTAL ACUTE		205	219	3	222	225	TOTAL ACUTE		225	12	237	249
NON-ACUTE CARE							NON-ACUTE CARE					
Dedicated Observation**	2W,2E,2S,3S,6S,B6	143	172	0	172	172	Dedicated Observation**	2W, 2E, 2S, 3S, 6S, B6	172	0	172	172
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		143	172	0	172	172	TOTAL NON-ACUTE		172		172	172
HOSPITAL TOTAL		348	391	3	394	397	HOSPITAL TOTAL		397	12	409	421

* 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 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.

Before the Project							After Project Completion						
Hospital Service	Location (Floor/ Wing)*	Licensed Beds: 7/1/201_	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*							General Medical/ Surgical*					
	2D	19	20	0	20	20		2D	20	0	20	20
	3A	16	20	0	20	20		3A	20	0	20	20
	3B	20	20	0	20	20		3B	20	0	20	20
	3C	20	20	0	20	20		3C	20	0	20	20
	3D	20	20					3D	20	0	20	20
Med/Surg Overflow	4D	0	10	0	10	10			0	0	0	0
SUBTOTAL Gen. Med/Surg*		86	110		110	110	SUBTOTAL Gen. Med/Surg*		100		100	100
ICU/CCU	2E	16	16	0	16	16	ICU/CCU	2E	16	0	16	16
Other *(Specify/add rows as needed)*					0	0					0	0
TOTAL MSGA		102	126	0	126	126	TOTAL MSGA		116		147	147
Obstetrics				0	0	0	Obstetrics				0	0
Pediatrics				0	0	0	Pediatrics				0	0
Psychiatric	4C & 4E	37	31	3	34	37	Psychiatric	4C,4D&4E	43	3	46	49
TOTAL ACUTE		139	157	3	160	163	TOTAL ACUTE		159	3	193	196
NON-ACUTE CARE							NON-ACUTE CARE					
Dedicated Observation**	2A/2B/2C	51	51	0	51	51	Dedicated Observation**	2C	20	0	20	20
Rehabilitation		0	0	0	0	0	Rehabilitation				0	0
Comprehensive Care	4A/4B/4D	39	39	0	39	39	Comprehensive Care	4A,4B,4D	29	0	29	29
Other *(Specify/add rows as needed)*					0	0	Other *(Specify/add rows as needed)*				0	0
TOTAL NON-ACUTE		90	90	0	90	90	TOTAL NON-ACUTE		49		49	49
HOSPITAL TOTAL		229	247	3	250	253	HOSPITAL TOTAL		247	3	250	253

* 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 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.

Before the Project							After Project Completion					
Hospital Service	Location (Floor/ Wing)*	Licensed Beds: 7/1/201_	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*	St. Martins	35	11	20	31	51	General Medical/ Surgical*	St. Martins	11	20	31	51
											0	0
											0	0
											0	0
											0	0
Med/Surg Overflow											0	0
SUBTOTAL Gen. Med/Surg*			11	20	31	51	SUBTOTAL Gen. Med/Surg*					
ICU/CCU	3	9	5	2	7	9	ICU/CCU	3	5	2	7	9
Other *(Specify/add rows as needed)*					0	0					0	0
TOTAL MSGA		44	16	22	38	60	TOTAL MSGA		16	22	38	60
Obstetrics				0	0	0	Obstetrics				0	0
Pediatrics				0	0	0	Pediatrics				0	0
Psychiatric	4 St. Gerard	27	1	17	18	35	Psychiatric				0	0
TOTAL ACUTE		71	17	39	56	95	TOTAL ACUTE		16	22	38	60
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		71	17	39	56	95	HOSPITAL TOTAL		16	22	38	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 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 allowance 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.8 as a source of funds

SINAI HOSPITAL PROJECT	Hospital Building	Other Structure	Total
A. USE OF FUNDS			
1. CAPITAL COSTS			
a. New Construction			
(1) Building			$0
(2) Fixed Equipment			$0
(3) Site and Infrastructure			$0
(4) Architect/Engineering Fees			$0
(5) Permits (Building, Utilities, Etc.)			$0
SUBTOTAL	**$0**	**$0**	**$0**
b. Renovations			
(1) Building	$4,500,000		$4,500,000
(2) Fixed Equipment (not included in construction)			$0
(3) Architect/Engineering Fees	$325,000		$325,000
(4) Permits (Building, Utilities, Etc.)	$45,000		$45,000
SUBTOTAL	**$4,870,000**	**$0**	**$4,870,000**
c. Other Capital Costs			
(1) Movable Equipment	$825,000		$825,000
(2) Contingency Allowance	$305,000		$305,000
(3) Gross interest during construction period			$0
(4) Other *(Specify/add rows if needed)*			$0
SUBTOTAL	***$1,130,000***	***$0***	**$1,130,000**
TOTAL CURRENT CAPITAL COSTS	**$6,000,000**	**$0**	**$6,000,000**
d. *Land Purchase*			
e. Inflation Allowance			$0
TOTAL CAPITAL COSTS	**$6,000,000**	**$0**	**$6,000,000**
2. Financing Cost and Other Cash Requirements			
a. Loan Placement Fees			$0
b. Bond Discount			$0
c CON Application Assistance			
c1. Legal Fees			$0
c2. Other (Specify/add rows if needed)			
d. Non-CON Consulting Fees			
d1. Legal Fees			$0
d2. Other (Specify/add rows if needed)			$0
e. Debt Service Reserve Fund			$0
f Other *(Specify/add rows if needed)*			$0
SUBTOTAL	***$0***	***$0***	**$0**
3. Working Capital Startup Costs			$0
TOTAL USES OF FUNDS	***$6,000,000***	***$0***	***$6,000,000***
B. Sources of Funds			
1. Cash			$0
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			
a. Federal			$0
b. State			$0
c. Local			$0
8. Other *(Specify/add rows if needed)*			$0
TOTAL SOURCES OF FUNDS			**$0**
	Hospital Building	***Other Structure***	***Total***
Annual Lease Costs (if applicable)			
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 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 allowance 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.8 as a source of funds

NORTHWEST HOSPITAL PROJECT	*Hospital Building*	*Other Structure*	*Total*
A. USE OF FUNDS			
1. CAPITAL COSTS			
a. New Construction			
(1) Building			$0
(2) Fixed Equipment			$0
(3) Site and Infrastructure			$0
(4) Architect/Engineering Fees			$0
(5) Permits (Building, Utilities, Etc.)			$0
SUBTOTAL	**$0**	**$0**	**$0**
b. Renovations			
(1) Building	$1,300,000		$1,300,000
(2) Fixed Equipment (not included in construction)			$0
(3) Architect/Engineering Fees	$140,000		$140,000
(4) Permits (Building, Utilities, Etc.)	$20,000		$20,000
SUBTOTAL	**$1,460,000**	**$0**	**$1,460,000**
c. Other Capital Costs			
(1) Movable Equipment	$350,000		$350,000
(2) Contingency Allowance	$190,000		$190,000
(3) Gross interest during construction period			$0
(4) Other *(Specify/add rows if needed)*			$0
SUBTOTAL	***$540,000***	***$0***	**$540,000**
TOTAL CURRENT CAPITAL COSTS	**$2,000,000**	**$0**	**$2,000,000**
d. *Land Purchase*			$0
e. Inflation Allowance			
TOTAL CAPITAL COSTS	**$2,000,000**	**$0**	**$2,000,000**
2. Financing Cost and Other Cash Requirements			
a. Loan Placement Fees			$0
b. Bond Discount			$0
c CON Application Assistance			
c1. Legal Fees			$0
c2. Other (Specify/add rows if needed)			
d. Non-CON Consulting Fees			
d1. Legal Fees			$0
d2. Other (Specify/add rows if needed)			$0
e. Debt Service Reserve Fund			$0
f Other *(Specify/add rows if needed)*			$0
SUBTOTAL	***$0***	***$0***	**$0**
3. Working Capital Startup Costs			$0
TOTAL USES OF FUNDS	***$2,000,000***	***$0***	***$2,000,000***
B. Sources of Funds			
1. Cash			$0
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			
a. Federal			$0
b. State			$0
c. Local			$0
8. Other *(Specify/add rows if needed)*			$0
TOTAL SOURCES OF FUNDS			**$0**
	Hospital Building	*Other Structure*	*Total*
Annual Lease Costs (if applicable)			
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: Combined (Sinai, Northwest, and Bon Secours)

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.

	Two Most Recent Years (Actual)		Assumes Nov 1,2019 Effective Date	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.					
Indicate CY or FY (Stats below are reflected on Fiscal Year Basis	FY 2018	FY 2019	Current Year	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
1. DISCHARGES									
a. General Medical/Surgical*	20,362	18,209	18,209	18,209	18,111	18,111	18,111	18,111	18,111
b. ICU/CCU	2,633	2,579	2,579	2,579	2,579	2,579	2,579	2,579	2,579
Total MSGA	**22,995**	**20,788**	**20,788**	**20,788**	**20,690**	**20,690**	**20,690**	**20,690**	**20,690**
c. Pediatric	866	851	851	851	851	851	851	851	851
d. Obstetric	1,571	1,503	1,503	1,503	1,503	1,503	1,503	1,503	1,503
e. Acute Psychiatric	3,905	4,013	4,013	4,013	3,951	3,951	3,951	3,951	3,951
Total Acute	***29,337***	***27,155***	***27,155***	***27,155***	***26,995***	***26,995***	***26,995***	***26,995***	***26,995***
f. Rehabilitation	1,154	1,068	1,068	1,068	1,068	1,068	1,068	1,068	1,068
g. Comprehensive Care	769	801	801	801	801	801	801	801	801
h. Other (Specify/add rows of needed): Nursery/NICU	1,962	1,883	1,883	1,883	1,883	1,883	1,883	1,883	1,883
TOTAL DISCHARGES	***33,222***	***30,907***	***30,907***	***30,907***	***30,747***	***30,747***	***30,747***	***30,747***	***30,747***
2. PATIENT DAYS									
a. General Medical/Surgical*	110,400	107,876	107,876	107,878	106,788	106,788	106,788	106,788	106,788
b. ICU/CCU	13,134	12,673	12,673	12,673	12,673	12,673	12,673	12,673	12,673
Total MSGA	**123,534**	**120,549**	**120,549**	**120,551**	**119,461**	**119,461**	**119,461**	**119,461**	**119,461**
c. Pediatric	3,363	3,011	3,011	3,011	3,011	3,011	3,011	3,011	3,011
d. Obstetric	5,158	5,256	5,256	5,256	5,256	5,256	5,256	5,256	5,256
e. Acute Psychiatric	26,297	28,586	28,586	28,586	28,040	28,040	28,040	28,040	28,040
Total Acute	***158,352***	***157,402***	***157,402***	***157,404***	***155,768***	***155,768***	***155,768***	***155,768***	***155,768***
f. Rehabilitation	11,683	11,374	11,374	11,374	11,374	11,374	11,374	11,374	11,374
g. Comprehensive Care	12,109	11,809	11,809	11,809	11,809	11,809	11,809	11,809	11,809
h. Other (Specify/add rows of needed) Nursery/NICU	9,341	8,914	8,914	8,914	8,914	8,914	8,914	8,914	8,914
TOTAL PATIENT DAYS	***191,485***	***189,499***	***189,499***	***189,501***	***187,865***	***187,865***	***187,865***	***187,865***	***187,865***
3. AVERAGE LENGTH OF STAY (patient days divided by discharges)									
a. General Medical/Surgical*	5.4	5.9	5.9	5.9	5.9	5.9	5.9	5.9	5.9
b. ICU/CCU	5.0	4.9	4.9	4.9	4.9	4.9	4.9	4.9	4.9
Total MSGA	5.4	5.8	5.8	5.8	5.8	5.8	5.8	5.8	5.8
c. Pediatric	3.9	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3.5
d. Obstetric	3.3	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3.5
e. Acute Psychiatric	6.7	7.1	7.1	7.1	7.1	7.1	7.1	7.1	7.1
Total Acute	5.4	5.8	5.8	5.8	5.8	5.8	5.8	5.8	5.8
f. Rehabilitation	10.1	10.6	10.6	10.6	10.6	10.6	10.6	10.6	10.6
g. Comprehensive Care	15.7	14.7	14.7	14.7	14.7	14.7	14.7	14.7	14.7
h. Other (Specify/add rows of needed)	4.8	4.7	4.7	4.7	4.7	4.7	4.7	4.7	4.7
TOTAL AVERAGE LENGTH OF STAY	**5.8**	**6.1**	**6.1**	**6.1**	**6.1**	**6.1**	**6.1**	**6.1**	**6.1**
4. NUMBER OF LICENSED BEDS									
a. General Medical/Surgical*	444	407	415	388	383	383	383	383	383
b. ICU/CCU	59	59	60	51	51	51	51	51	51
Total MSGA	**503**	**466**	**475**	**439**	**434**	**434**	**434**	**434**	**434**
c. Pediatric	26	21	21	21	21	21	21	21	21
d. Obstetric	27	25	25	25	25	25	25	25	25
e. Acute Psychiatric	85	88	88	96	97	97	97	97	97
Total Acute	***641***	***600***	***609***	***581***	***577***	***577***	***577***	***577***	***577***
f. Rehabilitation	57	57	57	57	57	57	57	57	57
g. Comprehensive Care	39	39	39	39	39	39	39	39	39
h. Other (Specify/add rows of needed) Nursery/NICU	56	56	56	56	56	56	56	56	56
TOTAL LICENSED BEDS	***793***	***762***	***761***	***733***	***729***	***729***	***729***	***729***	***729***
5. OCCUPANCY PERCENTAGE *IMPORTANT NOTE: Leap year formulas should be changed by applicant to reflect 366 days per year.									
a. General Medical/Surgical*	68.1%	72.6%	71.2%	76.0%	76.4%	76.4%	76.4%	76.2%	76.4%
b. ICU/CCU	61.0%	58.8%	57.9%	67.9%	68.1%	68.1%	68.1%	67.9%	68.1%
Total MSGA	**67.3%**	**70.9%**	**69.5%**	**75.2%**	**75.4%**	**75.4%**	**75.4%**	**75.4%**	**75.4%**
c. Pediatric	35.4%	39.3%	39.3%	39.2%	39.3%	39.3%	39.3%	39.2%	39.3%
d. Obstetric	52.3%	57.6%	57.6%	57.4%	57.6%	57.6%	57.6%	57.4%	57.6%
e. Acute Psychiatric	84.8%	89.0%	89.0%	81.4%	79.2%	79.2%	79.2%	79.0%	79.2%
Total Acute	**67.7%**	**71.9%**	**70.8%**	**74.0%**	**74.0%**	**74.0%**	**74.0%**	**73.8%**	**74.0%**
f. Rehabilitation	56.2%	54.7%	54.7%	54.5%	54.7%	54.7%	54.7%	54.5%	54.7%
g. Comprehensive Care	86.1%	83.0%	83.0%	82.7%	83.0%	83.0%	83.0%	82.7%	83.0%
h. Other (Specify/add rows of needed)	45.7%	43.6%	43.6%	43.5%	43.6%	43.6%	43.6%	43.5%	43.6%
TOTAL OCCUPANCY %	**68.2%**	**69.0%**	**68.2%**	**70.6%**	**70.6%**	**70.6%**	**70.6%**	**70.4%**	**70.6%**
6. OUTPATIENT VISITS									
a. Emergency Department	124,787	124,849	124,849	124,849	124,849	124,849	124,849	124,849	124,849
b. Same-day Surgery	16,749	16,077	16,158	16,309	15,950	15,950	15,950	15,950	15,950
c. Laboratory	0	0	0	0	0	0	0	0	0
d. Imaging	0	0	0	0	0	0	0	0	0
e. Other (Specify/add rows of needed)	133,240	129,767	129,767	129,767	129,767	129,767	129,767	129,767	129,767
TOTAL OUTPATIENT VISITS	***274,776***	***270,693***	***270,774***	***270,925***	***270,566***	***270,566***	***270,566***	***270,566***	***270,566***
7. OBSERVATIONS**									
a. Number of Patients (IP and OP)	14,584	16,019	16,019	16,019	16,003	16,003	16,003	16,003	16,003
b. Hours (IP and OP)	308,934	311,962	338,849	338,849	338,409	338,409	338,409	338,409	338,409

* 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 F. STATISTICAL PROJECTIONS - ENTIRE FACILITY: Sinai Hospital

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.

	Two Most Recent Years (Actual)		Assumes Nov 1,2019 Effective Date	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.					
Indicate CY or FY (Stats below are reflected on Fiscal Year Basis	FY 2018	FY 2019	Current Year	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
1. DISCHARGES									
a. General Medical/Surgical*	10,702	9,423	9,623	9,723	9,723	9,723	9,723	9,723	9,723
b. ICU/CCU	1,656	1,689	1,701	1,707	1,707	1,707	1,707	1,707	1,707
Total MSGA	12,358	11,112	11,324	11,430	11,430	11,430	11,430	11,430	11,430
c. Pediatric	866	851	851	851	851	851	851	851	851
d. Obstetric	1,571	1,503	1,503	1,503	1,503	1,503	1,503	1,503	1,503
e. Acute Psychiatric	986	1,180	1,180	1,180	1,889	1,889	1,889	1,889	1,889
Total Acute	15,781	14,646	14,858	14,964	15,673	15,673	15,673	15,673	15,673
f. Rehabilitation	1,154	1,068	1,068	1,068	1,068	1,068	1,068	1,068	1,068
g. Comprehensive Care	0	0	0	0	0	0	0	0	0
h. Other (Specify/add rows of needed): Nursery/NICU	1,962	1,883	1,883	1,883	1,883	1,883	1,883	1,883	1,883
TOTAL DISCHARGES	18,897	17,597	17,809	17,915	18,624	18,624	18,624	18,624	18,624
2. PATIENT DAYS									
a. General Medical/Surgical*	66,052	65,575	66,395	66,805	66,805	66,805	66,805	66,805	66,805
b. ICU/CCU	8,557	8,543	8,695	8,771	8,771	8,771	8,771	8,771	8,771
Total MSGA	74,609	74,118	75,090	75,576	75,576	75,576	75,576	75,576	75,576
c. Pediatric	3,363	3,011	3,011	3,011	3,011	3,011	3,011	3,011	3,011
d. Obstetric	5,158	5,256	5,256	5,256	5,256	5,256	5,256	5,256	5,256
e. Acute Psychiatric	6,698	7,676	7,676	7,676	13,923	13,923	13,923	13,923	13,923
Total Acute	89,828	90,061	91,033	91,519	97,766	97,766	97,766	97,766	97,766
f. Rehabilitation	11,683	11,374	11,374	11,374	11,374	11,374	11,374	11,374	11,374
g. Comprehensive Care	0	0	0	0	0	0	0	0	0
h. Other (Specify/add rows of needed) Nursery/NICU	9,341	8,914	8,914	8,914	8,914	8,914	8,914	8,914	8,914
TOTAL PATIENT DAYS	110,852	110,349	111,321	111,807	118,054	118,054	118,054	118,054	118,054
3. AVERAGE LENGTH OF STAY (patient days divided by discharges)									
a. General Medical/Surgical*	6.2	7.0	6.9	6.9	6.9	6.9	6.9	6.9	6.9
b. ICU/CCU	5.2	5.1	5.1	5.1	5.1	5.1	5.1	5.1	5.1
Total MSGA	6.0	6.7	6.6	6.6	6.6	6.6	6.6	6.6	6.6
c. Pediatric	3.9	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3.5
d. Obstetric	3.3	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3.5
e. Acute Psychiatric	6.8	6.5	6.5	6.5	7.4	7.4	7.4	7.4	7.4
Total Acute	5.7	6.1	6.1	6.1	6.2	6.2	6.2	6.2	6.2
f. Rehabilitation	10.1	10.6	10.6	10.6	10.6	10.6	10.6	10.6	10.6
g. Comprehensive Care									
h. Other (Specify/add rows of needed)	4.8	4.7	4.7	4.7	4.7	4.7	4.7	4.7	4.7
TOTAL AVERAGE LENGTH OF STAY	5.9	6.3	6.3	6.2	6.3	6.3	6.3	6.3	6.3
4. NUMBER OF LICENSED BEDS									
a. General Medical/Surgical*	258	235	243	243	243	243	243	243	243
b. ICU/CCU	35	35	35	35	35	35	35	35	35
Total MSGA	293	270	278	278	278	278	278	278	278
c. Pediatric	26	21	21	21	21	21	21	21	21
d. Obstetric	27	25	25	25	25	25	25	25	25
e. Acute Psychiatric	24	24	24	24	48	48	48	48	48
Total Acute	370	340	348	348	372	372	372	372	372
f. Rehabilitation	57	57	57	57	57	57	57	57	57
g. Comprehensive Care									
h. Other (Specify/add rows of needed) Nursery/NICU	56	56	56	56	56	56	56	56	56
TOTAL LICENSED BEDS	483	453	461	461	485	485	485	485	485
5. OCCUPANCY PERCENTAGE *IMPORTANT NOTE: Leap year formulas should be changed by applicant to reflect 366 days per year.*									
a. General Medical/Surgical*	70.1%	76.5%	74.9%	75.1%	75.3%	75.3%	75.3%	75.1%	75.3%
b. ICU/CCU	67.0%	66.9%	68.1%	68.5%	68.7%	68.7%	68.7%	68.5%	68.7%
Total MSGA	69.8%	75.2%	74.0%	74.5%	74.5%	74.5%	74.5%	74.5%	74.5%
c. Pediatric	35.4%	39.3%	39.3%	39.2%	39.3%	39.3%	39.3%	39.2%	39.3%
d. Obstetric	52.3%	57.6%	57.6%	57.4%	57.6%	57.6%	57.6%	57.4%	57.6%
e. Acute Psychiatric	76.5%	87.6%	87.6%	87.4%	79.5%	79.5%	79.5%	79.3%	79.5%
Total Acute	66.5%	72.6%	71.7%	71.9%	72.0%	72.0%	72.0%	71.8%	72.0%
f. Rehabilitation	56.2%	54.7%	54.7%	54.5%	54.7%	54.7%	54.7%	54.5%	54.7%
g. Comprehensive Care	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
h. Other (Specify/add rows of needed)	45.7%	43.6%	43.6%	43.5%	43.6%	43.6%	43.6%	43.5%	43.6%
TOTAL OCCUPANCY %	62.9%	66.7%	66.2%	66.3%	66.7%	66.7%	66.7%	66.5%	66.7%
6. OUTPATIENT VISITS									
a. Emergency Department	58,260	58,575	58,575	58,575	58,575	58,575	58,575	58,575	58,575
b. Same-day Surgery	11,610	11,636	11,666	11,711	11,710	11,710	11,710	11,710	11,710
c. Laboratory									
d. Imaging									
e. Other (Specify/add rows of needed)	94,311	91,999	91,999	91,999	91,999	91,999	91,999	91,999	91,999
TOTAL OUTPATIENT VISITS	164,181	162,210	162,240	162,285	162,284	162,284	162,284	162,284	162,284
7. OBSERVATIONS**									
a. Number of Patients (IP and OP)	7,426	8,632	8,632	8,632	8,632	8,632	8,632	8,632	8,632
b. Hours (IP and OP)	165,324	153,052	153,052	153,052	153,052	153,052	153,052	153,052	153,052

* 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 F. STATISTICAL PROJECTIONS - ENTIRE FACILITY: Northwest Hospital

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.

	Two Most Recent Years (Actual)		Assumes Nov 1,2019 Effective Date	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.					
Indicate CY or FY (Stats below are reflected on Fiscal Year Basis	FY 2018	FY 2019	Current Year	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
1. DISCHARGES									
a. General Medical/Surgical*	7,713	7,008	7,809	8,210	8,210	8,210	8,210	8,210	8,210
b. ICU/CCU	890	799	848	872	872	872	872	872	872
Total MSGA	8,603	7,807	8,657	9,082	9,082	9,082	9,082	9,082	9,082
c. Pediatric	0	0	0	0	0	0	0	0	0
d. Obstetric	0	0	0	0	0	0	0	0	0
e. Acute Psychiatric	1,656	1,708	1,708	1,708	2,062	2,062	2,062	2,062	2,062
Total Acute	*10,259*	*8,515*	*10,365*	*10,790*	*11,144*	*11,144*	*11,144*	*11,144*	*11,144*
f. Rehabilitation	0	0	0	0	0	0	0	0	0
g. Comprehensive Care	769	801	801	801	801	801	801	801	801
h. Other (Specify/add rows of needed): Nursery/NICU	0	0	0	0	0	0	0	0	0
TOTAL DISCHARGES	*11,028*	*10,316*	*11,166*	*11,591*	*11,945*	*11,945*	*11,945*	*11,945*	*11,945*
2. PATIENT DAYS									
a. General Medical/Surgical*	36,560	34,333	37,614	39,255	39,255	39,255	39,255	39,255	39,255
b. ICU/CCU	3,308	2,988	3,597	3,902	3,902	3,902	3,902	3,902	3,902
Total MSGA	39,868	37,321	41,211	43,157	43,157	43,157	43,157	43,157	43,157
c. Pediatric	0	0	0	0	0	0	0	0	0
d. Obstetric	0	0	0	0	0	0	0	0	0
e. Acute Psychiatric	10,723	10,994	10,994	10,994	14,117	14,117	14,117	14,117	14,117
Total Acute	*50,591*	*48,315*	*52,205*	*54,151*	*57,274*	*57,274*	*57,274*	*57,274*	*57,274*
f. Rehabilitation	0	0	0	0	0	0	0	0	0
g. Comprehensive Care	12,109	11,809	11,809	11,809	11,809	11,809	11,809	11,809	11,809
h. Other (Specify/add rows of needed). Nursery/NICU	0	0	0	0	0	0	0	0	0
TOTAL PATIENT DAYS	*62,700*	*60,124*	*64,014*	*65,960*	*69,083*	*69,083*	*69,083*	*69,083*	*69,083*
3. AVERAGE LENGTH OF STAY (patient days divided by discharges)									
a. General Medical/Surgical*	4.7	4.9	4.8	4.8	4.8	4.8	4.8	4.8	4.8
b. ICU/CCU	3.7	3.7	4.2	4.5	4.5	4.5	4.5	4.5	4.5
Total MSGA	4.6	4.8	4.8	4.8	4.8	4.8	4.8	4.8	4.8
c. Pediatric	#DIV/0!	#DIV/0!	#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!	#DIV/0!	#DIV/0!
e. Acute Psychiatric	6.5	6.4	6.4	6.4	6.8	6.8	6.8	6.8	6.8
Total Acute	4.9	5.1	5.0	5.0	5.1	5.1	5.1	5.1	5.1
f. Rehabilitation	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
g. Comprehensive Care									14.7
h. Other (Specify/add rows of needed)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
TOTAL AVERAGE LENGTH OF STAY	5.7	5.8	5.7	5.7	5.8	5.8	5.8	5.8	5.8
4. NUMBER OF LICENSED BEDS									
a. General Medical/Surgical*	149	136	137	137	137	137	137	137	137
b. ICU/CCU	16	16	16	16	16	16	16	16	16
Total MSGA	165	152	153	153	153	153	153	153	153
c. Pediatric	0	0	0	0	0	0	0	0	0
d. Obstetric	0	0	0	0	0	0	0	0	0
e. Acute Psychiatric	37	37	37	37	49	49	49	49	49
Total Acute	*202*	*188*	*190*	*190*	*202*	*202*	*202*	*202*	*202*
f. Rehabilitation	0	0	0	0	0	0	0	0	0
g. Comprehensive Care	39	39	39	39	39	39	39	39	39
h. Other (Specify/add rows of needed) Nursery/NICU	0	0	0	0	0	0	0	0	0
TOTAL LICENSED BEDS	*241*	*228*	*229*	*229*	*241*	*241*	*241*	*241*	*241*
5. OCCUPANCY PERCENTAGE **IMPORTANT NOTE: Leap year formulas should be changed by applicant to reflect 366 days per year.*									
a. General Medical/Surgical*	67.2%	69.2%	75.2%	78.3%	78.5%	78.5%	78.5%	78.3%	78.5%
b. ICU/CCU	56.6%	51.2%	61.6%	66.6%	66.8%	66.8%	66.8%	66.6%	66.8%
Total MSGA	66.2%	67.3%	73.8%	77.3%	77.3%	77.3%	77.3%	77.3%	77.3%
c. Pediatric	#DIV/0!	#DIV/0!	#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!	#DIV/0!	#DIV/0!
e. Acute Psychiatric	79.4%	81.4%	81.4%	81.2%	78.9%	78.9%	78.9%	78.7%	78.9%
Total Acute	68.6%	70.0%	76.3%	77.9%	77.7%	77.7%	77.7%	77.6%	77.7%
f. Rehabilitation	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
g. Comprehensive Care	85.1%	83.0%	83.0%	82.7%	83.0%	83.0%	83.0%	82.7%	83.0%
h. Other (Specify/add rows of needed)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
TOTAL OCCUPANCY %	71.3%	72.2%	76.6%	78.7%	78.5%	78.5%	78.5%	78.3%	78.5%
6. OUTPATIENT VISITS									
a. Emergency Department	46,381	47,695	47,695	47,695	47,695	47,695	47,695	47,695	47,695
b. Same-day Surgery	4,585	3,937	4,058	4,240	4,240	4,240	4,240	4,240	4,240
c. Laboratory									
d. Imaging									
e. Other (Specify/add rows of needed)	25,513	24,903	24,903	24,903	24,903	24,903	24,903	24,903	24,903
TOTAL OUTPATIENT VISITS	*76,479*	*76,535*	*76,656*	*76,838*	*76,838*	*76,838*	*76,838*	*76,838*	*76,838*
7. OBSERVATIONS**									
a. Number of Patients (IP and OP)	5,846	6,195	6,195	6,195	6,195	6,195	6,195	6,195	6,195
b. Hours (IP and OP)	113,372	126,165	153,052	153,052	153,052	153,052	153,052	153,052	153,052

* 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 F. STATISTICAL PROJECTIONS - ENTIRE FACILITY: Bon Secours Hospital

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.

	Two Most Recent Years (Actual)		Assumes Nov 1, 2019 Effective Date	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.					
Indicate CY or FY (Stats below are reflected on Fiscal Year Basis	FY 2018	FY 2019	Current Year	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
1. DISCHARGES									
a. General Medical/Surgical*	1,947	1,778	777	276	178	178	178	178	178
b. ICU/CCU	87	91	30	0	0	0	0	0	0
Total MSGA	2,034	1,869	807	276	178	178	178	178	178
c. Pediatric	0	0	0	0	0	0	0	0	0
d. Obstetric	0	0	0	0	0	0	0	0	0
e. Acute Psychiatric	1,263	1,125	1,125	1,125	0	0	0	0	0
Total Acute	3,297	2,994	1,932	1,401	178	178	178	178	178
f. Rehabilitation	0	0	0	0	0	0	0	0	0
g. Comprehensive Care	0	0	0	0	0	0	0	0	0
h. Other (Specify/add rows of needed): Nursery/NICU	0	0	0	0	0	0	0	0	0
TOTAL DISCHARGES	3,297	2,994	1,932	1,401	178	178	178	178	178
2. PATIENT DAYS									
a. General Medical/Surgical*	7,788	7,968	3,887	1,818	728	728	728	728	728
b. ICU/CCU	1,269	1,142	361	0	0	0	0	0	0
Total MSGA	9,057	9,110	4,248	1,818	728	728	728	728	728
c. Pediatric	0	0	0	0	0	0	0	0	0
d. Obstetric	0	0	0	0	0	0	0	0	0
e. Acute Psychiatric	8,876	9,916	9,916	9,916	0	0	0	0	0
Total Acute	17,933	19,026	14,164	11,734	728	728	728	728	728
f. Rehabilitation	0	0	0	0	0	0	0	0	0
g. Comprehensive Care	0	0	0	0	0	0	0	0	0
h. Other (Specify/add rows of needed) Nursery/NICU	0	0	0	0	0	0	0	0	0
TOTAL PATIENT DAYS	17,933	19,026	14,164	11,734	728	728	728	728	728
3. AVERAGE LENGTH OF STAY (patient days divided by discharges)									
a. General Medical/Surgical*	4.0	4.5	5.0	6.6	4.1	4.1	4.1	4.1	4.1
b. ICU/CCU	14.6	12.5	12.7	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total MSGA	4.5	4.9	5.3	6.6	4.1	4.1	4.1	4.1	4.1
c. Pediatric	#DIV/0!	#DIV/0!	#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!	#DIV/0!	#DIV/0!
e. Acute Psychiatric	7.0	8.8	8.8	8.8	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Acute	5.4	6.4	7.3	8.4	4.1	4.1	4.1	4.1	4.1
f. Rehabilitation	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
g. Comprehensive Care									#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!	#DIV/0!
TOTAL AVERAGE LENGTH OF STAY	5.4	6.4	7.3	8.4	4.1	4.1	4.1	4.1	4.1
4. NUMBER OF LICENSED BEDS									
a. General Medical/Surgical*	37	36	35	8	3	3	3	3	3
b. ICU/CCU	8	8	9	0	0	0	0	0	0
Total MSGA	45	44	44	8	3	3	3	3	3
c. Pediatric	0	0	0	0	0	0	0	0	0
d. Obstetric	0	0	0	0	0	0	0	0	0
e. Acute Psychiatric	24	27	27	35	0	0	0	0	0
Total Acute	69	71	71	43	3	3	3	3	3
f. Rehabilitation	0	0	0	0	0	0	0	0	0
g. Comprehensive Care	0	0	0	0	0	0	0	0	0
h. Other (Specify/add rows of needed) Nursery/NICU	0	0	0	0	0	0	0	0	0
TOTAL LICENSED BEDS	69	71	71	43	3	3	3	3	3
5. OCCUPANCY PERCENTAGE *IMPORTANT NOTE: Leap year formulas should be changed by applicant to reflect 366 days per year.*									
a. General Medical/Surgical*	57.7%	60.6%	30.3%	62.1%	71.4%	71.4%	71.4%	71.2%	71.4%
b. ICU/CCU	43.5%	39.1%	11.6%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total MSGA	55.1%	56.7%	26.5%	62.3%	71.4%	71.4%	71.4%	71.4%	71.4%
c. Pediatric	#DIV/0!	#DIV/0!	#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!	#DIV/0!	#DIV/0!
e. Acute Psychiatric	101.3%	100.6%	100.6%	77.4%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Acute	71.2%	73.4%	54.7%	74.6%	71.4%	71.4%	71.4%	71.2%	71.4%
f. Rehabilitation	#DIV/0!	#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!	#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!	#DIV/0!
TOTAL OCCUPANCY %	71.2%	73.4%	54.7%	74.6%	71.4%	71.4%	71.4%	71.2%	71.4%
6. OUTPATIENT VISITS									
a. Emergency Department	20,146	18,579	18,579	18,579	18,579	18,579	18,579	18,579	18,579
b. Same-day Surgery	554	504	434	358	0	0	0	0	0
c. Laboratory									
d. Imaging									
e. Other (Specify/add rows of needed)	13,416	12,865	12,865	12,865	12,865	12,865	12,865	12,865	12,865
TOTAL OUTPATIENT VISITS	34,116	31,948	31,878	31,802	31,444	31,444	31,444	31,444	31,444
7. OBSERVATIONS**									
a. Number of Patients (IP and OP)	1,312	1,192	1,192	1,192	1,176	1,176	1,176	1,176	1,176
b. Hours (IP and OP)	30,138	32,745	32,745	32,745	32,305	32,305	32,305	32,305	32,305

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

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

TABLE G. REVENUES & EXPENSES, UNINFLATED - ENTIRE FACILITY - Combined Sinai, Northwest, and Bon Secours (Uninflated)

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.

	Two Most Recent Years (Actual)		Assumes Nov 1, 2019 Effective Date	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	FY 2018	FY 2019	Current Year	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
1. REVENUE									
a. Inpatient Services	$ 612,395	$ 621,391	$ 626,765	$ 629,453	$ 599,206	$ 619,751	$ 619,751	$ 619,751	$ 619,751
b. Outpatient Services	$ 859,125	$ 880,618	$ 876,856	$ 874,974	$ 892,424	$ 869,449	$ 869,449	$ 869,449	$ 869,449
Gross Patient Service Revenues	***$ 1,471,520***	***$ 1,502,009***	***$ 1,503,621***	***$ 1,504,427***	***$ 1,491,630***	***$ 1,489,200***	***$ 1,489,200***	***$ 1,489,200***	***$ 1,489,200***
d. Allowance For Bad Debt	$ 34,157	$ 34,240	$ 34,359	$ 34,419	$ 34,286	$ 34,237	$ 34,237	$ 34,237	$ 34,237
e. Contractual Allowance	$ 302,817	$ 326,135	$ 325,945	$ 324,850	$ 321,465	$ 321,094	$ 321,095	$ 321,095	$ 321,095
f. Charity Care	$ 8,916	$ 7,674	$ 7,643	$ 7,627	$ 7,625	$ 7,591	$ 7,590	$ 7,590	$ 7,590
Net Patient Services Revenue	***$ 1,126,630***	***$ 1,131,960***	***$ 1,136,674***	***$ 1,137,531***	***$ 1,126,254***	***$ 1,126,278***	***$ 1,126,278***	***$ 1,126,278***	***$ 1,126,278***
f. Other Operating Revenues (Specify/add rows if needed)	$ 38,761	$ 44,988	$ 44,988	$ 44,988	$ 44,988	$ 44,988	$ 44,988	$ 44,988	$ 44,988
NET OPERATING REVENUE	***$ 1,164,391***	***$ 1,176,948***	***$ 1,180,662***	***$ 1,182,519***	***$ 1,173,242***	***$ 1,171,266***	***$ 1,171,266***	***$ 1,171,266***	***$ 1,171,266***
2. EXPENSES									
a. Salaries & Wages (including benefits)	$ 582,209	$ 596,140	$ 599,838	$ 601,688	$ 598,406	$ 596,611	$ 594,354	$ 594,354	$ 594,354
b. Contractual / Purchased Services	$ 248,825	$ 275,487	$ 265,996	$ 261,250	$ 253,460	$ 249,681	$ 248,532	$ 248,532	$ 248,532
c. Interest on Current Debt	$ 5,704	$ 2,054	$ 1,827	$ 1,714	$ 1,714	$ 1,714	$ 1,714	$ 1,714	$ 1,714
d. Interest on Project Debt	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
e. Current Depreciation	$ 49,575	$ 50,307	$ 49,158	$ 48,583	$ 46,860	$ 46,860	$ 46,860	$ 46,860	$ 46,860
f. Project Depreciation	$ -	$ -	$ -	$ -	$ 2,269	$ 3,268	$ 6,545	$ 6,545	$ 6,545
g. Current Amortization	$ (918)	$ (1,269)	$ (1,269)	$ (1,269)	$ (1,269)	$ (1,269)	$ (1,269)	$ (1,269)	$ (1,269)
h. Project Amortization	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
i. Supplies	$ 225,260	$ 223,090	$ 223,630	$ 223,900	$ 223,020	$ 222,720	$ 222,574	$ 222,574	$ 222,574
j. Other Expenses (Specify/add rows if needed)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL OPERATING EXPENSES	***$ 1,108,655***	***$ 1,145,809***	***$ 1,139,180***	***$ 1,135,866***	***$ 1,124,460***	***$ 1,119,585***	***$ 1,119,310***	***$ 1,119,310***	***$ 1,119,310***
3. INCOME									
a. Income From Operation	***$ 55,736***	***$ 31,139***	***$ 41,482***	***$ 46,653***	***$ 48,782***	***$ 51,681***	***$ 51,956***	***$ 51,956***	***$ 51,956***
b. Non-Operating Income	$ 30,670	$ 26,977	$ 26,900	$ 26,977	$ 26,977	$ 26,977	$ 26,977	$ 26,977	$ 26,977
SUBTOTAL	***$ 86,406***	***$ 58,116***	***$ 68,381***	***$ 73,630***	***$ 75,759***	***$ 78,658***	***$ 78,933***	***$ 78,933***	***$ 78,933***
c. Income Taxes	$ 23	$ 50	$ 25	$ 25	$ 25	$ 25	$ 25	$ 25	$ 25
NET INCOME (LOSS)	***$ 86,383***	***$ 58,066***	***$ 68,356***	***$ 73,605***	***$ 75,734***	***$ 78,633***	***$ 78,908***	***$ 78,908***	***$ 78,908***
4. PATIENT MIX									
a. Percent of Total Revenue									
1) Medicare	39.6%	39.6%	39.6%	39.6%	39.6%	39.6%	39.6%	39.6%	39.6%
2) Medicaid	8.7%	8.4%	8.4%	8.4%	8.4%	8.4%	8.4%	8.4%	8.4%
3) Blue Cross	9.8%	10.9%	10.9%	10.9%	10.9%	10.9%	10.9%	10.9%	10.9%
4) Commercial Insurance	38.8%	36.8%	36.8%	36.8%	36.8%	36.8%	36.8%	36.8%	36.8%
5) Self-pay	2.7%	3.9%	3.9%	3.9%	3.9%	3.9%	3.9%	3.9%	3.9%
6) Other	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%
TOTAL	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***
b. Percent of Equivalent Inpatient Days									
1) Medicare	49.2%	51.3%	51.3%	51.3%	51.3%	51.3%	51.3%	51.3%	51.3%
2) Medicaid	11.5%	11.1%	11.1%	11.1%	11.1%	11.1%	11.1%	11.1%	11.1%
3) Blue Cross	6.1%	6.7%	6.7%	6.7%	6.7%	6.7%	6.7%	6.7%	6.7%
4) Commercial Insurance	32.2%	28.8%	28.8%	28.8%	28.8%	28.8%	28.8%	28.8%	28.8%
5) Self-pay	0.6%	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%
6) Other	0.4%	0.9%	0.9%	0.9%	0.9%	0.9%	0.9%	0.9%	0.9%
TOTAL	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***

TABLE G. REVENUES & EXPENSES, UNINFLATED - ENTIRE FACILITY - Sinai Hospital (Uninflated)

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.

	Two Most Recent Years (Actual)		Assumes Nov 1, 2019 Effective Date	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	FY 2018	FY 2019	Current Year	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
1. REVENUE									
a. Inpatient Services	$ 409,574	$ 418,289	$ 437,132	$ 446,554	$ 437,452	$ 451,202	$ 451,474	$ 451,474	$ 451,474
b. Outpatient Services	$ 570,162	$ 589,417	$ 597,385	$ 601,369	$ 609,402	$ 604,692	$ 604,692	$ 604,692	$ 604,692
Gross Patient Service Revenues	***$ 979,736***	***$ 1,007,706***	***$ 1,034,517***	***$ 1,047,923***	***$ 1,046,854***	***$ 1,055,894***	***$ 1,056,166***	***$ 1,056,166***	***$ 1,056,166***
d. Allowance For Bad Debt	$ 21,931	$ 19,223	$ 19,616	$ 20,113	$ 20,182	$ 20,363	$ 20,368	$ 20,368	$ 20,368
e. Contractual Allowance	$ 196,389	$ 216,979	$ 221,420	$ 223,640	$ 224,058	$ 225,432	$ 225,474	$ 225,474	$ 225,474
f. Charity Care	$ 6,361	$ 5,247	$ 5,320	$ 5,356	$ 5,383	$ 5,384	$ 5,384	$ 5,384	$ 5,384
Net Patient Services Revenue	***$ 755,056***	***$ 766,257***	***$ 787,961***	***$ 798,814***	***$ 797,231***	***$ 804,715***	***$ 804,940***	***$ 804,940***	***$ 804,940***
f. Other Operating Revenues (Specify/add rows if needed)	$ 32,329	$ 37,594	$ 37,594	$ 37,594	$ 37,594	$ 37,594	$ 37,594	$ 37,594	$ 37,594
NET OPERATING REVENUE	***$ 787,384***	***$ 803,851***	***$ 825,555***	***$ 836,408***	***$ 834,825***	***$ 842,309***	***$ 842,534***	***$ 842,534***	***$ 842,534***
2. EXPENSES									
a. Salaries & Wages (including benefits)	$ 394,555	$ 408,222	$ 413,332	$ 415,887	$ 420,948	$ 421,820	$ 421,337	$ 421,337	$ 421,337
b. Contractual / Purchased Services	$ 156,952	$ 176,753	$ 181,309	$ 183,587	$ 185,358	$ 186,540	$ 186,196	$ 186,196	$ 186,196
c. Interest on Current Debt	$ 2,949	$ 996	$ 996	$ 996	$ 996	$ 996	$ 996	$ 996	$ 996
d. Interest on Project Debt	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
e. Current Depreciation	$ 31,369	$ 33,214	$ 33,214	$ 33,214	$ 33,214	$ 33,214	$ 33,214	$ 33,214	$ 33,214
f. Project Depreciation	$ -	$ -	$ -	$ -	$ 500	$ 500	$ 500	$ 500	$ 500
g. Current Amortization	$ (783)	$ (967)	$ (967)	$ (967)	$ (967)	$ (967)	$ (967)	$ (967)	$ (967)
h. Project Amortization	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$
i. Supplies	$ 167,789	$ 166,663	$ 167,224	$ 167,505	$ 167,520	$ 167,492	$ 167,492	$ 167,492	$ 167,492
j. Other Expenses (Specify/add rows if needed)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL OPERATING EXPENSES	***$ 752,831***	***$ 784,881***	***$ 795,108***	***$ 800,222***	***$ 807,569***	***$ 809,595***	***$ 808,768***	***$ 808,768***	***$ 808,768***
3. INCOME									
a. Income From Operation	**$ 34,553**	**$ 18,970**	**$ 30,447**	**$ 36,186**	**$ 27,256**	**$ 32,714**	**$ 33,766**	**$ 33,766**	**$ 33,766**
b. Non-Operating Income	$ 23,992	$ 22,186	$ 22,186	$ 22,186	$ 22,186	$ 22,186	$ 22,186	$ 22,186	$ 22,186
SUBTOTAL	***$ 58,545***	***$ 41,156***	***$ 52,633***	***$ 58,372***	***$ 49,442***	***$ 54,900***	***$ 55,952***	***$ 55,952***	***$ 55,952***
c. Income Taxes									
NET INCOME (LOSS)	***$ 58,545***	***$ 41,156***	***$ 52,633***	***$ 58,372***	***$ 49,442***	***$ 54,900***	***$ 55,952***	***$ 55,952***	***$ 55,952***
4. PATIENT MIX									
a. Percent of Total Revenue									
1) Medicare	38.9%	39.6%	39.4%	38.4%	38.4%	38.4%	38.4%	38.4%	38.4%
2) Medicaid	3.1%	2.6%	2.9%	4.3%	4.3%	4.3%	4.3%	4.3%	4.3%
3) Blue Cross	11.1%	12.5%	12.3%	11.6%	11.6%	11.6%	11.6%	11.6%	11.6%
4) Commercial Insurance	44.6%	41.6%	41.0%	38.7%	38.7%	38.7%	38.7%	38.7%	38.7%
5) Self-pay	2.3%	3.7%	3.7%	3.6%	3.6%	3.6%	3.6%	3.6%	3.6%
6) Other	0.0%	0.0%	0.7%	3.4%	3.4%	3.4%	3.4%	3.4%	3.4%
TOTAL	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***
b. Percent of Equivalent Inpatient Days									
1) Medicare	49.2%	51.7%	51.4%	50.1%	50.1%	50.1%	50.1%	50.1%	50.1%
2) Medicaid	7.2%	5.8%	6.6%	9.6%	9.6%	9.6%	9.6%	9.6%	9.6%
3) Blue Cross	6.9%	7.9%	7.8%	7.4%	7.4%	7.4%	7.4%	7.4%	7.4%
4) Commercial Insurance	36.0%	33.2%	32.7%	30.9%	30.9%	30.9%	30.9%	30.9%	30.9%
5) Self-pay	0.7%	1.4%	1.4%	1.4%	1.4%	1.4%	1.4%	1.4%	1.4%
6) Other	0.0%	0.0%	0.1%	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%
TOTAL	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***

TABLE G, REVENUES & EXPENSES, UNINFLATED - ENTIRE FACILITY - Northwest Hospital (Uninflated)

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.

	Two Most Recent Years (Actual)		Assumes Nov 1, 2019 Effective Date	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	FY 2018	FY 2019	Current Year	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
1. REVENUE									
a. Inpatient Services	$ 141,096	$ 139,285	$ 155,507	$ 163,618	$ 155,774	$ 164,045	$ 163,773	$ 163,773	$ 163,773
b. Outpatient Services	$ 182,865	$ 185,974	$ 192,553	$ 195,842	$ 201,483	$ 196,049	$ 196,049	$ 196,049	$ 196,049
Gross Patient Service Revenues	***$ 323,961***	***$ 325,259***	***$ 348,060***	***$ 359,460***	***$ 357,257***	***$ 360,094***	***$ 359,822***	***$ 359,822***	***$ 359,822***
d. Allowance For Bad Debt	$ 9,764	$ 11,907	$ 12,394	$ 12,638	$ 12,594	$ 12,650	$ 12,645	$ 12,645	$ 12,645
e. Contractual Allowance	$ 49,628	$ 51,070	$ 54,735	$ 56,568	$ 56,235	$ 56,665	$ 56,624	$ 56,624	$ 56,624
f. Charity Care	$ 2,087	$ 1,936	$ 2,003	$ 2,036	$ 2,030	$ 2,038	$ 2,037	$ 2,037	$ 2,037
Net Patient Services Revenue	***$ 262,502***	***$ 260,346***	***$ 278,928***	***$ 288,218***	***$ 286,398***	***$ 288,741***	***$ 288,516***	***$ 288,516***	***$ 288,516***
f. Other Operating Revenues (Specify/add rows if needed)	$ 3,979	$ 4,461	$ 4,461	$ 4,461	$ 4,461	$ 4,461	$ 4,461	$ 4,461	$ 4,461
NET OPERATING REVENUE	***$ 266,481***	***$ 264,807***	***$ 283,389***	***$ 292,679***	***$ 290,859***	***$ 293,202***	***$ 292,977***	***$ 292,977***	***$ 292,977***
2. EXPENSES									
a. Salaries & Wages (including benefits)	$ 134,315	$ 134,771	$ 142,050	$ 145,690	$ 147,724	$ 147,778	$ 147,253	$ 147,253	$ 147,253
b. Contractual / Purchased Services	$ 47,440	$ 49,580	$ 53,239	$ 55,068	$ 54,055	$ 52,890	$ 52,616	$ 52,616	$ 52,616
c. Interest on Current Debt	$ 1,379	$ 718	$ 718	$ 718	$ 718	$ 718	$ 718	$ 718	$ 718
d. Interest on Project Debt	$ -	$ -	$ -	$ -	$	$ -	$ -	$ -	$ -
e. Current Depreciation	$ 11,963	$ 12,572	$ 12,572	$ 12,572	$ 12,572	$ 12,572	$ 12,572	$ 12,572	$ 12,572
f. Project Depreciation	$ -	$ -	$ -	$ -	$ 133	$ 133	$ 133	$ 133	$ 133
g. Current Amortization	$ (135)	$ (302)	$ (302)	$ (302)	$ (302)	$ (302)	$ (302)	$ (302)	$ (302)
h. Project Amortization	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
I. Supplies	$ 49,835	$ 48,667	$ 49,806	$ 50,376	$ 50,720	$ 50,671	$ 50,610	$ 50,610	$ 50,610
j. Other Expenses (Specify/add rows if needed)	$ -	$ -	$	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL OPERATING EXPENSES	***$ 244,797***	***$ 246,006***	***$ 258,083***	***$ 264,122***	***$ 266,620***	***$ 264,460***	***$ 263,600***	***$ 263,600***	***$ 263,600***
3. INCOME									
a. Income From Operation	***$ 21,684***	***$ 18,801***	***$ 25,306***	***$ 28,557***	***$ 25,239***	***$ 28,742***	***$ 29,377***	***$ 29,377***	***$ 29,377***
b. Non-Operating Income	$ 6,623	$ 5,254	$ 5,254	$ 5,254	$ 5,254	$ 5,254	$ 5,254	$ 5,254	$ 5,254
SUBTOTAL	***$ 28,307***	***$ 24,055***	***$ 30,560***	***$ 33,811***	***$ 30,493***	***$ 33,996***	***$ 34,631***	***$ 34,631***	***$ 34,631***
c. Income Taxes									
NET INCOME (LOSS)	***$ 28,307***	***$ 24,055***	***$ 30,560***	***$ 33,811***	***$ 30,493***	***$ 33,996***	***$ 34,631***	***$ 34,631***	***$ 34,631***
4. PATIENT MIX									
a. Percent of Total Revenue									
1) Medicare	45.9%	45.2%	43.1%	42.1%	42.1%	42.1%	42.1%	42.1%	42.1%
2) Medicaid	3.2%	2.8%	5.8%	7.1%	7.1%	7.1%	7.1%	7.1%	7.1%
3) Blue Cross	10.0%	10.4%	9.4%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
4) Commercial Insurance	36.3%	36.0%	32.6%	31.1%	31.1%	31.1%	31.1%	31.1%	31.1%
5) Self-pay	4.6%	5.6%	5.4%	5.3%	5.3%	5.3%	5.3%	5.3%	5.3%
6) Other	0.0%	0.0%	3.7%	5.4%	5.4%	5.4%	5.4%	5.4%	5.4%
TOTAL	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***
b. Percent of Equivalent Inpatient Days									
1) Medicare	53.5%	57.7%	55.0%	53.7%	53.7%	53.7%	53.7%	53.7%	53.7%
2) Medicaid	5.0%	5.0%	10.3%	12.7%	12.7%	12.7%	12.7%	12.7%	12.7%
3) Blue Cross	6.3%	6.6%	6.0%	5.7%	5.7%	5.7%	5.7%	5.7%	5.7%
4) Commercial Insurance	34.5%	29.7%	26.9%	25.7%	25.7%	25.7%	25.7%	25.7%	25.7%
5) Self-pay	0.7%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
6) Other	0.0%	0.0%	0.8%	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%
TOTAL	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***

TABLE G. REVENUES & EXPENSES, UNINFLATED - ENTIRE FACILITY - Bon Secours Hospital (Uninflated)

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.

	Two Most Recent Years (Actual)		Assumes Nov 1, 2019 Effective Date	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	FY 2018	FY 2019	Current Year	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
1. REVENUE									
a. Inpatient Services	$ 61,725	$ 63,817	$ 34,126	$ 19,281	$ 5,980	$ 4,504	$ 4,504	$ 4,504	$ 4,504
b. Outpatient Services	$ 106,098	$ 105,227	$ 86,918	$ 77,763	$ 81,539	$ 68,708	$ 68,708	$ 68,708	$ 68,708
Gross Patient Service Revenues	***$ 167,823***	***$ 169,044***	***$ 121,044***	***$ 97,044***	***$ 87,519***	***$ 73,212***	***$ 73,212***	***$ 73,212***	***$ 73,212***
d. Allowance For Bad Debt	$ 2,462	$ 3,110	$ 2,149	$ 1,668	$ 1,510	$ 1,224	$ 1,224	$ 1,224	$ 1,224
e. Contractual Allowance	$ 56,800	$ 60,086	$ 49,790	$ 44,642	$ 41,172	$ 38,997	$ 38,997	$ 38,997	$ 38,997
f. Charity Care	$ 488	$ 491	$ 320	$ 235	$ 212	$ 169	$ 169	$ 169	$ 169
Net Patient Services Revenue	***$ 108,073***	***$ 105,357***	***$ 68,785***	***$ 50,499***	***$ 44,625***	***$ 32,822***	***$ 32,822***	***$ 32,822***	***$ 32,822***
f. Other Operating Revenues (Specify/add rows if needed)	$ 2,453	$ 2,933	$ 2,933	$ 2,933	$ 2,933	$ 2,933	$ 2,933	$ 2,933	$ 2,933
NET OPERATING REVENUE	***$ 110,526***	***$ 108,290***	***$ 71,718***	***$ 53,432***	***$ 47,558***	***$ 35,755***	***$ 35,755***	***$ 35,755***	***$ 35,755***
2. EXPENSES									
a. Salaries & Wages (including benefits)	$ 53,339	$ 53,147	$ 44,456	$ 40,111	$ 29,734	$ 27,013	$ 25,764	$ 25,764	$ 25,764
b. Contractual / Purchased Services	$ 42,433	$ 49,154	$ 31,448	$ 22,595	$ 14,047	$ 10,251	$ 8,720	$ 8,720	$ 8,720
c. Interest on Current Debt	$ 1,376	$ 340	$ 113	$ -	$ -	$ -	$ -	$ -	$ -
d. Interest on Project Debt	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
e. Current Depreciation	$ 6,243	$ 4,521	$ 3,372	$ 2,797	$ 1,074	$ 1,074	$ 1,074	$ 1,074	$ 1,074
f. Project Depreciation	$ -	$ -	$ -	$ -	$ 1,636	$ 2,635	$ 5,912	$ 5,912	$ 5,912
g. Current Amortization	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
h. Project Amortization	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
i. Supplies	$ 7,636	$ 7,760	$ 6,599	$ 6,019	$ 4,780	$ 4,557	$ 4,472	$ 4,472	$ 4,472
j. Other Expenses (Specify/add rows if needed)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL OPERATING EXPENSES	***$ 111,027***	***$ 114,922***	***$ 86,989***	***$ 71,522***	***$ 51,271***	***$ 45,530***	***$ 46,942***	***$ 46,942***	***$ 46,942***
3. INCOME									
a. Income From Operation	**$ (501)**	**$ (6,632)**	**$ (14,271)**	**$ (18,090)**	**$ (3,713)**	**$ (9,775)**	**$ (11,187)**	**$ (11,187)**	**$ (11,187)**
b. Non-Operating Income	$ 55	$ (463)	$ (540)	$ (463)	$ (463)	$ (463)	$ (463)	$ (463)	$ (463)
SUBTOTAL	***$ (446)***	***$ (7,095)***	***$ (14,811)***	***$ (18,553)***	***$ (4,176)***	***$ (10,238)***	***$ (11,650)***	***$ (11,650)***	***$ (11,650)***
c. Income Taxes	$ 23	$ 50	$ 25	$ 25	$ 25	$ 25	$ 25	$ 25	$ 25
NET INCOME (LOSS)	***$ (469)***	***$ (7,145)***	***$ (14,836)***	***$ (18,578)***	***$ (4,201)***	***$ (10,263)***	***$ (11,676)***	***$ (11,675)***	***$ (11,675)***
4. PATIENT MIX									
a. Percent of Total Revenue									
1) Medicare	31.9%	28.4%	28.4%	28.4%	28.4%	28.4%	28.4%	28.4%	28.4%
2) Medicaid	52.4%	53.4%	53.4%	53.4%	53.4%	53.4%	53.4%	53.4%	53.4%
3) Blue Cross	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
4) Commercial Insurance	9.2%	10.5%	10.5%	10.5%	10.5%	10.5%	10.5%	10.5%	10.5%
5) Self-pay	1.0%	1.9%	1.9%	1.9%	1.9%	1.9%	1.9%	1.9%	1.9%
6) Other	3.5%	3.8%	3.8%	3.8%	3.8%	3.8%	3.8%	3.8%	3.8%
TOTAL	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***
b. Percent of Equivalent Inpatient Days									
1) Medicare	33.9%	29.3%	29.3%	29.3%	29.3%	29.3%	29.3%	29.3%	29.3%
2) Medicaid	61.0%	60.6%	60.6%	60.6%	60.6%	60.6%	60.6%	60.6%	60.6%
3) Blue Cross	0.0%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%
4) Commercial Insurance	0.5%	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%
5) Self-pay	0.1%	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%
6) Other	4.5%	8.8%	8.8%	8.8%	8.8%	8.8%	8.8%	8.8%	8.8%
TOTAL	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***

TABLE G. REVENUES & EXPENSES, INFLATED - ENTIRE FACILITY - Combined (Sinai, Northwest, and Bon Secours)

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.

	Two Most Recent Years (Actual)		Assumes Nov 1, 2019 Effective Date	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	FY 2018	FY 2019	Current Year	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
1. REVENUE									
a. Inpatient Services	$ 612,395	$ 621,391	$ 639,301	$ 642,042	$ 623,414	$ 657,685	$ 670,838	$ 684,256	$ 697,940
b. Outpatient Services	$ 859,125	$ 880,618	$ 894,393	$ 910,323	$ 947,047	$ 941,120	$ 959,942	$ 979,140	$ 998,724
Gross Patient Service Revenues	***1,471,520***	***1,502,009***	***1,533,694***	***1,552,364***	***1,570,461***	***1,598,805***	***1,630,780***	***1,663,396***	***1,696,664***
d. Allowance For Bad Debt	$ 34,157	$ 34,240	$ 35,047	$ 35,511	$ 36,093	$ 36,750	$ 37,486	$ 38,235	$ 39,000
e. Contractual Allowance	$ 302,817	$ 328,135	$ 332,464	$ 335,324	$ 338,625	$ 344,919	$ 351,819	$ 358,855	$ 366,032
f. Charity Care	$ 8,916	$ 7,674	$ 7,796	$ 7,869	$ 8,027	$ 8,148	$ 8,311	$ 8,476	$ 8,646
Net Patient Services Revenue	***1,125,630***	***1,131,960***	***1,158,388***	***1,173,661***	***1,187,716***	***1,208,988***	***1,233,164***	***1,257,830***	***1,282,986***
f. Other Operating Revenues (Specify/add rows if needed)	$ 38,761	$ 44,988	$ 45,888	$ 45,888	$ 46,806	$ 47,742	$ 48,696	$ 49,671	$ 50,664
NET OPERATING REVENUE	***1,164,391***	***1,176,948***	***1,204,276***	***1,219,549***	***1,234,522***	***1,256,730***	***1,281,861***	***1,307,500***	***1,333,650***
2. EXPENSES									
a. Salaries & Wages (including benefits)	$ 582,209	$ 596,140	$ 613,034	$ 614,925	$ 625,025	$ 636,859	$ 648,408	$ 662,674	$ 677,252
b. Contractual / Purchased Services	$ 246,825	$ 275,487	$ 271,315	$ 266,475	$ 263,700	$ 264,963	$ 269,019	$ 274,399	$ 279,887
c. Interest on Current Debt	$ 5,704	$ 2,054	$ 1,827	$ 1,714	$ 1,714	$ 1,714	$ 1,714	$ 1,714	$ 1,714
d. Interest on Project Debt	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
e. Current Depreciation	$ 49,575	$ 50,307	$ 49,158	$ 48 583	$ 46,860	$ 46,860	$ 46,860	$ 46,860	$ 46,860
f. Project Depreciation	$ -	$ -	$ -	$ -	$ 2,269	$ 3,268	$ 6,545	$ 6,545	$ 6,545
g. Current Amortization	$ (918)	$ (1,269)	$ (1,269)	$ (1,269)	$ (1,269)	$ (1,269)	$ (1,269)	$ (1,269)	$ (1,269)
h. Project Amortization	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
i. Supplies	$ 225,260	$ 223,090	$ 228,103	$ 228 378	$ 232,030	$ 236,352	$ 240,921	$ 245,740	$ 250,654
j. Other Expenses (Specify/add rows if needed)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL OPERATING EXPENSES	**1,108,655**	**1,145,809**	**1,162,168**	**1,158,806**	**1,170,328**	**1,188,748**	**1,212,199**	**1,236,662**	**1,261,644**
3. INCOME									
a. Income From Operation	**55,736**	**31,139**	**42,108**	**60,743**	**64,194**	**67,982**	**69,662**	**70,838**	**72,005**
b. Non-Operating Income	$ 30,670	$ 26,977	$ 27,968	$ 28,048	$ 29,161	$ 30,319	$ 31,523	$ 32,774	$ 34,075
SUBTOTAL	***86,406***	***58,116***	***70,075***	***88,791***	***93,355***	***98,301***	***101,185***	***103,613***	***106,081***
c. Income Taxes	$ 23	$ 50	$ 25	$ 25	$ 25	$ 25	$ 25	$ 25	$ 25
NET INCOME (LOSS)	***$86,383***	***$58,066***	***$70,050***	***$88,766***	***$93,330***	***$98,276***	***$101,160***	***$103,588***	***$106,056***
4. PATIENT MIX									
a. Percent of Total Revenue									
1) Medicare	39.6%	39.6%	39.6%	39.6%	39.6%	39.6%	39.6%	39.6%	39.6%
2) Medicaid	8.7%	8.4%	8.4%	8.4%	8.4%	8.4%	8.4%	8.4%	8.4%
3) Blue Cross	9.8%	10.9%	10.9%	10.9%	10.9%	10.9%	10.9%	10.9%	10.9%
4) Commercial Insurance	38.8%	36.8%	36.8%	36.8%	36.8%	36.8%	36.8%	36.8%	36.8%
5) Self-pay	2.7%	3.9%	3 9%	3.9%	3.9%	3.9%	3.9%	3.9%	3.9%
6) Other	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%
TOTAL	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***
b. Percent of Equivalent Inpatient Days									
1) Medicare	49.2%	51.3%	51.3%	51.3%	51.3%	51.3%	51.3%	51.3%	51.3%
2) Medicaid	11.5%	11.1%	11.1%	11.1%	11.1%	11.1%	11.1%	11.1%	11.1%
3) Blue Cross	6.1%	6.7%	6.7%	6.7%	6.7%	6.7%	6.7%	6.7%	6.7%
4) Commercial Insurance	32.2%	28.8%	28.8%	28.8%	28.8%	28.8%	28.8%	28.8%	28.8%
5) Self-pay	0.6%	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%
6) Other	0.4%	0.9%	0 9%	0.9%	0.9%	0.9%	0.9%	0 9%	0.9%
TOTAL	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***

TABLE G. REVENUES & EXPENSES, INFLATED - ENTIRE FACILITY - Sinai Hospital

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.

	Two Most Recent Years (Actual)		Assumes Nov 1, 2019 Effective Date	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	FY 2018	FY 2019	Current Year	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
1. REVENUE									
a. Inpatient Services	$ 409,574	$ 418,289	$445,875	$455,485	$ 455,125	$ 478,819	$ 488,690	$ 498,464	$ 508,433
b. Outpatient Services	$ 570,162	$ 589,417	$609,333	$ 625,664	$ 646,702	$ 654,538	$ 667,629	680,981	694,601
Gross Patient Service Revenues	***979,736***	***1,007,706***	***1,055,208***	***1,081,149***	***1,101,827***	***1,133,357***	***1,156,319***	***1,179,445***	***1,203,034***
d. Allowance For Bad Debt	$ 21,931	$ 19,223	20,213	20,751	21,242	21,857	22,299	22,745	23,200
e. Contractual Allowance	$ 196,389	$ 216,979	225,848	230,731	235,824	241,970	246,855	251,792	256,828
f. Charity Care	$ 6,361	$ 5,247	5,426	5,526	5,666	5,779	5,895	6,012	6,133
Net Patient Services Revenue	***755,055***	***766,257***	***803,721***	***824,141***	***839,095***	***863,751***	***881,270***	***898,896***	***916,873***
f. Other Operating Revenues (Specify/add rows if needed)	$ 32,329	$ 37,594	$38,346	$38,346	$ 39,113	$ 39,895	$ 40,693	$ 41,507	$ 42,337
NET OPERATING REVENUE	***787,384***	***803,851***	***842,067***	***862,487***	***878,208***	***903,646***	***921,963***	***940,403***	***959,210***
2. EXPENSES									
a. Salaries & Wages (including benefits)	$ 394,555	$ 408,222	422,425	$425,037	$ 439,673	$ 450,277	$ 459,656	$ 469,769	$ 480,104
b. Contractual / Purchased Services	$ 156,952	$ 176,753	184,935	$187,259	$ 192,846	$ 197,956	$ 201,545	$ 205,575	$ 209,687
c. Interest on Current Debt	$ 2,949	$ 996	996	996	996	996	996	996	996
d. Interest on Project Debt	$ -	$	0	0	0	0	0	0	0
e. Current Depreciation	$ 31,369	$ 33,214	33,214	33,214	33,214	33,214	33,214	33,214	33,214
f. Project Depreciation	$ -	$ -	0	0	500	500	500	500	500
g. Current Amortization	$ (783)	$ (967)	(967)	(967)	(967)	(967)	(967)	(967)	(967)
h. Project Amortization	$ -	$	0	0	0	0	0	0	0
i. Supplies	$ 167,789	$ 166,663	170,569	$170,855	$ 174,288	$ 177,744	$ 181,299	$ 184,925	$ 188,623
j. Other Expenses (Specify/add rows if needed)	$ -	$	0	0	0	0	0	0	0
TOTAL OPERATING EXPENSES	***752,831***	***784,881***	***811,172***	***816,394***	***840,550***	***859,722***	***876,243***	***894,012***	***912,157***
3. INCOME									
a. Income From Operation	34,553	18,970	30,895	46,093	37,658	43,924	45,720	46,391	47,053
b. Non-Operating Income	$ 23,992	$ 22,186	23,067	$23,067	$ 23,983	$ 24,935	$ 25,925	$ 26,954	$ 28,024
SUBTOTAL	***58,545***	***41,156***	***53,962***	***69,160***	***61,641***	***68,859***	***71,645***	***73,345***	***75,077***
c. Income Taxes									
NET INCOME (LOSS)	***$58,545***	***$41,156***	***$53,962***	***$69,160***	***$61,641***	***$68,859***	***$71,645***	***$73,345***	***$75,077***
4. PATIENT MIX									
a. Percent of Total Revenue									
1) Medicare	38.9%	39.6%	39.4%	38.4%	38.4%	38.4%	38.4%	38.4%	38.4%
2) Medicaid	3.1%	2.6%	2.9%	4.3%	4.3%	4.3%	4.3%	4.3%	4.3%
3) Blue Cross	11.1%	12.5%	12.3%	11.6%	11.6%	11.6%	11.6%	11.6%	11.6%
4) Commercial Insurance	44.6%	41.6%	41.0%	38.7%	38.7%	38.7%	38.7%	38.7%	38.7%
5) Self-pay	2.3%	3.7%	3.7%	3.6%	3.6%	3.6%	3.6%	3.6%	3.6%
6) Other	0.0%	0.0%	0.7%	3.4%	3.4%	3.4%	3.4%	3.4%	3.4%
TOTAL	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*
b. Percent of Equivalent Inpatient Days									
1) Medicare	49.2%	51.7%	51.4%	50.1%	50.1%	50.1%	50.1%	50.1%	50.1%
2) Medicaid	7.2%	5.8%	6.6%	9.6%	9.6%	9.6%	9.6%	9.6%	9.6%
3) Blue Cross	6.9%	7.9%	7.8%	7.4%	7.4%	7.4%	7.4%	7.4%	7.4%
4) Commercial Insurance	36.0%	33.2%	32.7%	30.9%	30.9%	30.9%	30.9%	30.9%	30.9%
5) Self-pay	0.7%	1.4%	1.4%	1.4%	1.4%	1.4%	1.4%	1.4%	1.4%
6) Other	0.0%	0.0%	0.1%	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%
TOTAL	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*

TABLE G. REVENUES & EXPENSES, INFLATED - ENTIRE FACILITY - Northwest Hospital

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.

	Two Most Recent Years (Actual)		Assumes Nov 1, 2019 Effective Date	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	FY 2018	FY 2019	Current Year	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
1. REVENUE									
a. Inpatient Services	$ 141,096	$ 139,285	$158,617	$166,890	$ 162,087	$ 174,086	$ 177,273	$ 180,819	$ 184,435
b. Outpatient Services	$ 182,865	$ 185,974	$198,404	$ 203,754	$ 213,815	$ 212,210	$ 216,454	220,783	225,199
Gross Patient Service Revenues	***323,961***	***325,259***	***355,021***	***370,644***	***375,882***	***386,296***	***393,727***	***401,602***	***409,634***
d. Allowance For Bad Debt	$ 9,764	$ 11,907	12,642	13,031	13,251	13,570	13,837	14,113	14,396
e. Contractual Allowance	$ 49,628	$ 51,070	55,830	58,328	59,167	60,788	61,960	63,199	64,463
f. Charity Care	$ 2,067	$ 1,936	2,043	2,099	2,136	2,186	2,229	2,274	2,319
Net Patient Services Revenue	***262,502***	***260,346***	***284,506***	***297,186***	***301,328***	***309,752***	***315,701***	***322,016***	***328,456***
f. Other Operating Revenues (Specify/add rows if needed)	$ 3,979	$ 4,461	$4,550	$4,550	$ 4,641	$ 4,734	$ 4,829	$ 4,925	$ 5,024
NET OPERATING REVENUE	***266,481***	***264,807***	***289,056***	***301,736***	***305,969***	***314,486***	***320,530***	***326,941***	***333,480***
2. EXPENSES									
a. Salaries & Wages (including benefits)	$ 134,315	$ 134,771	145,175	$148,895	$ 154,295	$ 157,747	$ 160,645	$ 164,179	$ 167,791
b. Contractual / Purchased Services	$ 47,440	$ 49,580	54,303	$56,169	$ 56,239	$ 56,127	$ 56,953	$ 58,092	$ 59,254
c. Interest on Current Debt	$ 1,379	$ 718	718	718	718	718	718	718	718
d. Interest on Project Debt	$ -	$ -	0	0	0	0	0	0	0
e. Current Depreciation	$ 11,963	$ 12,572	12,572	12,572	12,572	12,572	12,572	12,572	12,572
f. Project Depreciation	$ -	$ -	0	0	133	133	133	133	133
g. Current Amortization	$ (135)	$ (302)	(302)	(302)	(302)	(302)	(302)	(302)	(302)
h. Project Amortization	$ -	$ -	0	0	0	0	0	0	0
i. Supplies	$ 49,835	$ 48,667	50,802	$51,384	$ 52,769	$ 53,772	$ 54,782	$ 55,878	$ 56,995
j. Other Expenses (Specify/add rows if needed)	$ -	$ -	0	0	0	0	0	0	0
TOTAL OPERATING EXPENSES	***244,797***	***248,006***	***263,268***	***269,436***	***276,424***	***280,767***	***285,501***	***291,270***	***297,161***
3. INCOME									
a. Income From Operation	***21,684***	***18,801***	***25,788***	***32,301***	***29,545***	***33,719***	***35,029***	***35,672***	***36,319***
b. Non-Operating Income	$ 6,623	$ 5,254	5,463	$5,463	$ 5,679	$ 5,905	$ 6,139	$ 6,383	$ 6,636
SUBTOTAL	***28,307***	***24,055***	***31,250***	***37,763***	***35,225***	***39,623***	***41,168***	***42,055***	***42,955***
c. Income Taxes									
NET INCOME (LOSS)	***$28,307***	***$24,055***	***$31,250***	***$37,763***	***$35,225***	***$39,623***	***$41,168***	***$42,055***	***$42,955***
4. PATIENT MIX									
a. Percent of Total Revenue									
1) Medicare	45.9%	45.2%	43.1%	42.1%	42.1%	42.1%	42.1%	42.1%	42.1%
2) Medicaid	3.2%	2.8%	5.8%	7.1%	7.1%	7.1%	7.1%	7.1%	7.1%
3) Blue Cross	10.0%	10.4%	9.4%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
4) Commercial Insurance	36.3%	36.0%	32.6%	31.1%	31.1%	31.1%	31.1%	31.1%	31.1%
5) Self-pay	4.6%	5.6%	5.4%	5.3%	5.3%	5.3%	5.3%	5.3%	5.3%
6) Other	0.0%	0.0%	3.7%	5.4%	5.4%	5.4%	5.4%	5.4%	5.4%
TOTAL	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***
b. Percent of Equivalent Inpatient Days									
1) Medicare	53.5%	57.7%	55.0%	53.7%	53.7%	53.7%	53.7%	53.7%	53.7%
2) Medicaid	5.0%	5.0%	10.3%	12.7%	12.7%	12.7%	12.7%	12.7%	12.7%
3) Blue Cross	6.3%	6.6%	6.0%	5.7%	5.7%	5.7%	5.7%	5.7%	5.7%
4) Commercial Insurance	34.5%	29.7%	26.9%	25.7%	25.7%	25.7%	25.7%	25.7%	25.7%
5) Self-pay	0.7%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
6) Other	0.0%	0.0%	0.8%	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%
TOTAL	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*

TABLE G. REVENUES & EXPENSES, INFLATED - ENTIRE FACILITY - Bon Secours Hospital

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.

	Two Most Recent Years (Actual)		Assumes Nov 1, 2019 Effective Date	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	FY 2018	FY 2019	Current Year	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
1. REVENUE									
a. Inpatient Services	$ 61,725	$ 63,817	$34,809	$19,667	$ 6,222	$ 4,780	$ 4,875	$ 4,973	$ 5,072
b. Outpatient Services	$ 108,098	$ 105,227	$88,656	$ 80,905	$ 86,530	$ 74,372	$ 75,859	77,376	78,924
Gross Patient Service Revenues	*167,823*	*169,044*	*123,465*	*100,571*	*92,752*	*79,152*	*80,734*	*82,349*	*83,996*
d. Allowance For Bad Debt	$ 2,462	$ 3,110	2,192	1,729	1,600	1,323	1,350	1,377	1,404
e. Contractual Allowance	$ 56,800	$ 60,086	50,786	46,265	43,634	42,161	43,004	43,864	44,741
f. Charity Care	$ 488	$ 491	327	244	225	183	187	190	194
Net Patient Services Revenue	*108,073*	*105,357*	*70,161*	*52,334*	*47,293*	*35,485*	*36,193*	*36,918*	*37,657*
f. Other Operating Revenues (Specify/add rows if needed)	$ 2,453	$ 2,933	$2,992	$2,992	$ 3,051	$ 3,113	$ 3,175	$ 3,238	$ 3,303
NET OPERATING REVENUE	*110,526*	*108,290*	*73,152*	*55,326*	*50,345*	*38,598*	*39,368*	*40,156*	*40,960*
2. EXPENSES									
a. Salaries & Wages (including benefits)	$ 53,339	$ 53,147	45,434	$40,993	$ 31,057	$ 28,835	$ 28,107	$ 28,726	$ 29,357
b. Contractual / Purchased Services	$ 42,433	$ 49,154	32,077	$23,047	$ 14,615	$ 10,878	$ 10,521	$ 10,732	$ 10,946
c. Interest on Current Debt	$ 1,376	$ 340	113	0	0	0	0	0	0
d. Interest on Project Debt	$	$ -	0	0	0	0	0	0	0
e. Current Depreciation	$ 6,243	$ 4,521	3,372	2,797	1,074	1,074	1,074	1,074	1,074
f. Project Depreciation	$	$ -	0	0	1,636	2,835	5,912	5,912	5,912
g. Current Amortization	$	$ -	0	0	0	0	0	0	0
h. Project Amortization	$	$ -	0	0	0	0	0	0	0
I. Supplies	$ 7,636	$ 7,760	6,731	$6,139	$ 4,973	$ 4,836	$ 4,841	$ 4,937	$ 5,036
j. Other Expenses (Specify/add rows if needed)	$ -	$ -	0	0	0	0	0	0	0
TOTAL OPERATING EXPENSES	111,027	114,922	87,728	72,977	53,354	48,259	50,456	51,381	52,326
3. INCOME									
a. Income From Operation	(501)	(6,632)	(14,575)	(17,651)	(3,010)	(9,661)	(11,087)	(11,225)	(11,366)
b. Non-Operating Income	$ 55	$ (463)	(562)	($481)	$ (500)	$ (520)	$ (541)	$ (563)	$ (585)
SUBTOTAL	*(446)*	*(7,095)*	*(15,137)*	*(18,132)*	*(3,510)*	*(10,182)*	*(11,628)*	*(11,787)*	*(11,951)*
c. Income Taxes	23	50	25	25	25	25	25	25	25
NET INCOME (LOSS)	*($469)*	*($7,145)*	*($15,162)*	*($18,157)*	*($3,536)*	*($10,207)*	*($11,653)*	*($11,812)*	*($11,976)*
4. PATIENT MIX									
a. Percent of Total Revenue									
1) Medicare	31.9%	28.4%	28.4%	28.4%	28.4%	28.4%	28.4%	28.4%	28.4%
2) Medicaid	52.4%	53.4%	53.4%	53.4%	53.4%	53.4%	53.4%	53.4%	53.4%
3) Blue Cross	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
4) Commercial Insurance	9.2%	10.5%	10.5%	10.5%	10.5%	10.5%	10.5%	10.5%	10.5%
5) Self-pay	1.0%	1.9%	1.9%	1.9%	1.9%	1.9%	1.9%	1.9%	1.9%
6) Other	3.5%	3.8%	3.8%	3.8%	3.8%	3.8%	3.8%	3.8%	3.8%
TOTAL	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*
b. Percent of Equivalent Inpatient Days									
1) Medicare	33.9%	29.3%	29.3%	29.3%	29.3%	29.3%	29.3%	29.3%	29.3%
2) Medicaid	61.0%	60.6%	60.6%	60.6%	60.6%	60.6%	60.6%	60.6%	60.6%
3) Blue Cross	0.0%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%
4) Commercial Insurance	0.5%	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%
5) Self-pay	0.1%	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%
6) Other	4.5%	8.8%	8.8%	8.8%	8.8%	8.8%	8.8%	8.8%	8.8%
TOTAL	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*

EXHIBIT 2

Estimated Savings Associated with IP Psych Consolidation
Bon Secours Transfer to Sinai/NW

		(000's)
Total Estimated Overhead/Contracted Services Savings	$	13,550
% Attributed to Psych Program (Note 1)		12%
Est. Overhead/Services Savings attributed to Psych (Note 2)	**$**	**1,682**
Total Estimated Benefit Savings	$	900
% Psych salaries of Total Bon Secours salaries (FY 2019)		10%
Est. Benefit Savings attributed to Psych	**$**	**92**
Total Estimated Ancillary Savings	$	1,566
Estimated Ancillary utilization by Psych patients		1%
Est. Ancillary Savings attributed to Psych (Note 3)	**$**	**16**
Est. reduction in Psych Physician Locum Usage	**$**	**500**
Total Savings Associated with Psych Consolidation	**$**	**2,289**

Note 1: Per FY 2018 Bon Secours Annual Filing Schedule J1/J2 adjusted for supplies and Drugs

Note 2: Majority of savings anticipated to be derived from contracted services (food, maintenance, housekeeping, utilities, etc..) that can be reduced or eliminated.

Note 3: Includes lab, imaging, ekg, respiratory, and other ancillary services

Summary (000's)	Current	After Savings Est.	Est. Savings
Salaries, Contracted Labor, and Benefits	$5,651	$5,559	$92
Supplies	134	134	$0
Physician Fees	1,496	996	$500
Allocated Overhead/Contracted Services	4,529	2,847	$1,682
Allocated Ancillary Costs	58	42	$16
Total IP Psych Expenses	**$11,868**	**$9,579**	**$2,289**
Psych Patient Days (FY 2019)	**9,916**	**9,916**	
Expense per Patient Day	**$1,197**	**$966**	**$231**
			19.3%