

February 17, 2023

**Via electronic mail**

Michael J. O'Grady, Ph.D.  
c/o: Ben Steffen, Executive Director  
Ms. Ruby Potter, Program Manager  
Maryland Health Care Commission  
4160 Patterson Avenue  
Baltimore, Maryland 21215

Re: MedStar Franklin Square Medical Center, Docket No. 17-03-2406  
Responses to Questions to Supplement Updated Application for Certificate of  
Need for Liver Transplant Service

Dear Dr. O'Grady:

Thank you for your letter of December 13, 2022. On behalf of MedStar Health, the responses to your questions are provided below in blue:

**Project Identification and General Information**

1. Please provide the average charge per liver transplant and average charge per ECMAD for MedStar Georgetown University Hospital. Pages 16-17.

**RESPONSE:** The average charge for liver transplant at MGUH follows:

|  |            |
|--|------------|
| 005 - LIVER TRANSPLANT WITH MCC OR INTESTINAL TRANSPLANT | \$ 725,000 |
| 006 - LIVER TRANSPLANT WITHOUT MCC                       | \$ 436,650 |

However, unlike the unique "all payor" Maryland system, hospital reimbursement rates in the District of Columbia (and elsewhere in the country) are fully negotiated with all commercial payors; only the governmental payments from Medicare and Medicaid are fixed, based on geographical location. Therefore, charges do not align with costs in the same way that they do in the Maryland hospitals. For this reason, Maryland hospital charges are not comparable with charges in the District of Columbia.

Additionally, the HSCRC's measure of hospital-wide cost efficiency is the ECMAD calculation, which also considers outpatient volume and case mix. As stated above, this is not a calculation (or a term for that matter) that is applied nationwide, nor by MedStar Georgetown University Hospital. Hence, an average charge per ECMAD is not available for hospitals outside of Maryland.

2. Please provide the source of funds for this project on the budget table. Pages 20-21

**RESPONSE:** Funding for capital equipment will be provided from budgeted cash.

### **Charity Care**

3. Please provide the application form used to determine probable eligibility for charity care. The application used to determine probable eligibility is referred to as Attachment 3 which was not included in the CON request. Page 26.

**RESPONSE:** Attachment 3 was referenced in error; apologies for the oversight. A link to the extensive Charity Care Policy is provided as a link, given its length:  
<https://www.medstarhealth.org/financial-assistance-policy>

4. The updated application states that MFSMC was in the bottom quartile for charity care for 2021, but the Figure 12 shows that the hospital was in the 3<sup>rd</sup> quartile. Please explain the discrepancy. Page 27.

**RESPONSE:** We apologize for the typo; MFSMC is in the 3<sup>rd</sup> quartile as Figure 12 in the application shows.

5. If the hospital is in the bottom quartile for charity care, please provide any plans the hospital has to increase the level of charity care provided.

**RESPONSE:** As noted above, MFSMC is not in the bottom quartile for charity care. Additionally, we would like to reiterate that charity care has more than doubled since 2017.

### **Quality of Care**

6. The application refers to Attachment X as the description of MFSMC's approach to quality and safety. Attachment X was not included in the application. Please provide the document. Page 29.

**RESPONSE:** Following is the information that was intended for the attachment:

MFSMC is unwaveringly committed to excellence in quality and patient safety. Our mission is to provide patient-focused health care of the highest quality, within a culture of safety, and framed by the values of a High Reliability Organization. Currently, quality metrics within the following categories are below the Maryland average (as shown in the MHCC Quality reporting page): Staff Influenza Vaccination Rate, HCAHPS, ED Use, Imaging Tests, Mother Baby, and Patient Safety. The MFSMC approach to clinical process and quality improvement includes, but is not limited to, proactive analyses (e.g., FMEA to assess safety in oxytocin ordering and administration) and real-time Rapid Cycle Quality Improvement (e.g., RCQI in pressure injury prevention and reduction). Targeted metric categories that are being addressed are elaborated in Response 7.

7. Please provide a list of all measures that fall below the Maryland average as shown in the Maryland Health Care Commission's Quality reporting page <https://healthcarequality.mhcc.maryland.gov/Hospital/List?searchBy=name&sCol=name&sDir=ASC>. Provide any remediation plan that MFSMC has in place to improve each of the measures. Page 29.

**RESPONSE:** As noted in Response to Question 6, MFSMC is committed to excellence in quality and patient safety. Specifically targeted to the metric categories noted above, and more, specific examples of ongoing process improvement projects include:

- HCAHPS:
  - Unit-based multi-disciplinary Patient Experience team-approach to targeted HCAHPS metrics improvement.
    - Monthly meetings in progress with nursing and provider leadership.
    - HCAHPS education added to provider and nurse residency curricula.
- Pressure Injuries:
  - Multi-disciplinary RCQI Pressure Injury Workgroup utilizing Ishikawa Tools to identify practice and process gaps and barriers in pressure injury prevention. Workgroup began in November 2022, with monthly meetings thereafter, and culminated in a summary presentation of workgroup findings and a final process improvement proposal to nursing leadership in January 2023.
- ED Wait Times:
  - Opening of an ED care area, called FAST-ER, in January 2023 from 11:00 a.m. to 11:00 p.m. (highest ED volume hours) to expedite treatment and throughput of low acuity ESI 3V, 4, and 5 patients likely to be discharged.
  - Collaboration with outpatient primary care clinics (i.e., Baltimore Medical System and MFSMC Primary Care Clinic) to evaluate low acuity patients same or next day.
  - Utilization of MSH tele-triage providers to initiate workups and expedite care with in-person provider.
  - Multi-disciplinary MFSMC Throughput Hospital Committee work to decrease ED boarding, ED wait times, and open usable ED beds.
    - Addition of LPNs 24/7 to help disposition waiting room and triage patients.
    - Expanding nurse ratios through team nursing with RNs and LPNs.

- Mother Baby:
  - OB/Gyn and Information Technology workgroup currently in the process to apply ACOG tools (checklist) within the electronic medical record for primary C-section reduction (date TBD).
  
- Staff Vaccination:
  - For the 2022-2023 Flu Season, a multi-faceted approach with Marketing and Communications, Occupational Health, and Peer Programming was created to develop a comprehensive communication plan about vaccine importance, availability, accessibility: improving ease of reporting by creating electronic submission form.

8. Please provide a more detailed explanation of how implementing the project will reduce the demand for donor organs through medical management and advances in clinical research, including the correlation of how an increase in these activities impacts need. Page 30.

**RESPONSE:** National data demonstrate continuing growth in the need for transplantation.<sup>1</sup> MGTI proposes to augment the supply of organs over time through its clinical research and screening activities and pharmacologic programs that may reduce the need for transplantation through the latest treatments for chronic liver disease.

For example, a current project of normothermic oxygenated machine perfusion of non-ideal organs -- utilizing the OrganOx metra® pump -- is expected to increase the number of transplantable organs. As well, patients are being treated through cutting-edge, integrated multi-disciplinary care. One example is the care that a patient with decompensated cirrhosis due to viral hepatitis may receive through management by providers with superior expertise in pharmacologic therapy. Some patients may stabilize and improve liver function through drug therapy, obviating entirely the need for liver transplantation. These same patients may continue to benefit from MGTI's ongoing structured monitoring by a nurse coordinator and physician, which includes standardized surveillance protocols for hepatocellular carcinoma.

Imaging studies are reviewed routinely at an MGTI multi-disciplinary conference in which scenario patients have the benefit of simultaneous discussion between hepatologist, transplant surgeon, hepatobiliary surgeon, medical oncologist, radiation oncologist and interventional radiologist. For patients who develop liver tumors, optimal treatment plans -- including participation in clinical trials -- are outlined in this multi-disciplinary setting for presentation to the patient/family and toward expedited implementation. Appropriate patients can go on to receive various liver-targeted therapies and hepatobiliary surgery at

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<sup>1</sup> [https:// www.srtr.org](https://www.srtr.org)

MFSMC. As a point of emphasis, MGTI pharmacologic trials are providing patients with greater access to specialized drug therapies not available otherwise, thereby improving quality of care overall and possibly obviating the need for organ transplantation in the future.

As mentioned above, enhanced access to optimal screening for, and early detection of, liver cancer is another area where the MGTI program will enhance opportunities for treatments other than transplantation. In certain patients, identification and treatment of chronic liver disease in earlier stages will result in decreased need for transplantation in individual patients. All these strategies accrue to the benefit of Maryland residents through the MGTI program that will be expanded to MFSMC. Nevertheless, as the increasing incidence of liver disease continues, projections for total numbers of liver transplants are unlikely to fall.

### **Cost Effectiveness**

9. Please provide a response to subparagraph (a) that demonstrates and provides an analysis on why the existing programs at Johns Hopkins Hospital and UMMS cannot meet the need for the organ transplant service for the proposed Baltimore population to be served. Page 41.

**RESPONSE:** MedStar Health manages approximately 175,000 covered lives in Maryland, many of which reside in the Baltimore region. In this capacity, MedStar Health is wholly responsible and accountable for the continuity of care for its patient population, including the many faceted aspects of transplantation that include the broad disciplines of various medical providers and the multiple patient visits needed to maintain the health of both patient and transplanted organ. MGTI “owns” responsibility for the patient and organ for their lifetimes. Without a MedStar Health program in the area to serve this population, care of these patients is fragmented, meaning that continuity of care for MedStar Health patients is at risk.

### **Viability**

10. Please discuss the financial feasibility of a liver transplant program at MFSMC without a kidney transplant program, including any adverse impact. If no impact, please explain. Provide documentation and evidence that supports each of your assumptions, including documentation and citing the source for your utilization projections.

**RESPONSE:** There is no substantial financial impact from operating a liver transplant program in the absence of a kidney transplant program. Because there is no separate DRG for combined liver/kidney transplantation, CMS payment methodology dictates that a combined liver/kidney transplant be reimbursed under the liver transplant DRGs 005 and 006. If performed in combination with liver, the kidney itself (organ acquisition only) is reimbursed separately, under the hospital cost report. Hence, there is no adverse financial impact from transplanting a liver without a kidney.

Table J shows that the program reaches operating profitability in year 3, in the absence of additional kidney volume. It continues to be profitable beyond that initial period.

Patients requiring combined liver/kidney transplant will continue to be transferred to MGTI in Washington, D.C. to assure efficiency, effectiveness, and continuity of care. Under these circumstances, the projected total number of transplants may be slightly less, but the number of projected liver transplant procedures remains stable.

11. Regarding volume assumptions, please provide the MFSMC historical utilization of MGTI clinics for the years 2020-2021. How many of these cases were referred eventually for liver transplantation, and where did these patients receive organs, i.e., Johns Hopkins, UMMS, MGTI or another transplant program. Would future liver transplants performed at MFSMC take surgical volume away from MGTI and have an impact on this existing program? Page 50

**RESPONSE:** The chart (Figure 17) on page 39 in the original application shows the volume of clinic visits to MFSMC for years 2020 (873) and 2021 (912). As shown on page 15, Figure 7 of the same document, MGTI listed 26 and transplanted 18 patients in 2020. In 2021, MGTI listed 31 patients and transplanted 19. Year-to-date 2022, MGTI has listed 12 and transplanted 8 patients. Data on where other transplants may have been referred are not available to MedStar Health. These volumes will not impact MGTI volume, nor will they impact the other transplant programs in Baltimore.

12. Regarding Financial Projection Assumptions, please explain the reduction in revenue in FY 18 and FY 19 due to “a decline in meaningful use revenue.” Page 50

**RESPONSE:** In 2009, as part of the American Reinvestment and Recovery Act (ARRA), Congress passed the Health Information Technology for Economic and Clinical Health (HITECH) Act to incentivize hospitals and providers to use electronic medical records. This Act provided payments to hospitals that could show they were “Meaningful Users” of electronic health records. MFSMC received such payments starting in 2013 and those payments were scaled back until they diminished altogether in 2016. After 2016, a hospital no longer received incentive payments for being a “Meaningful User” of Electronic Health Records. Rather, the federal government established a penalty for any hospital that does not use an electronic medical record. As MFSMC received the original series of payments, they were booked into a category of “Other Operating Revenue.” As a result, operating revenue declined as the HITECH payments were phased out.

13. Please provide revised tables E-L.

**RESPONSE:** Responses are provided in the following attached tables:

(1) An updated project budget (**Table E**); (2) Revised data for the most recent two years (**Tables F-H**); and (3) Schedules reflective of inflation (**Tables I-L**). Please note, however,

that we are currently unable to provide five-year projections for the entire facility, as described in the following narrative.

As with other health systems across the industry, the Covid-19 pandemic and the subsequent related labor shortage have collectively created a high degree of uncertainty in projecting statistical financial performance across many hospitals. For this reason, MedStar Health, Inc. has not finalized a long-term financial projection for that entity or its hospitals in the most recent years. Updated liver transplant program projections are provided as requested, and we believe that the volume projections and staffing patterns submitted with the original application remain reasonable; hence, these are presented unchanged. Revised Schedules I-L show the current revenue and expense projections reflective of inflation.

Regarding staffing, it will be noted that the projected FTE counts have been modified slightly with the removal of kidney transplant, in addition to the augmentation of staff over the interim period. These staffing changes are due to new hires related to other services, including a new hepato-biliary service that has been operationalized within the last year.

MedStar Health has been focused on delivery of its *Experience MedStar 2025* strategy (FY2021-FY2025) in order to deliver market-leading access to the highest quality, coordinated, patient first experiences:

- Notwithstanding recent challenges, MedStar Health has maintained its strong market position for acute and post-acute care across the Baltimore-Washington, D.C. region and continues to expand services in its Physician and Ambulatory Networks.
- Over the past three fiscal years, MedStar Health has invested more than \$110 million in capital improvements for MFSMC.
  - The largest of these projects was a new surgical pavilion, at a cost of \$72 million. Six of our existing operating rooms had been in place since 1969, and the latest were designed in 1989. Thus, this project brought the existing 14 operating rooms up to modern standards of space, design and technology, as well as providing more consolidated warehousing of equipment and sterile processing space. This project concluded with the successful opening of the new Operating Room Suite in August 2020. These Operating Rooms will be available for and utilized by the Liver Transplant Program.
  - Other major projects that were funded during the pandemic -- for the benefit of our greater community -- include:
    - A \$6 million renovation of the hospital kitchen facilities, allowing MFSMC to serve its patients timelier and with fresher meals, enhancing overall patient satisfaction.
    - Approximately \$7 million is being spent on the installation of a new 3T MRI and renovations to the neurosciences area in support of the expanding neurosurgical program.

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- Renovation of the cardiac catheterization areas (\$4.2 million).
- A bi-plane operating room suite (\$3.6 million).
- The addition of a helipad (\$1.5 million).

MFSMC is one of the largest hospitals in the state of Maryland and one of the largest employers in Baltimore County. The level of investment described above will ensure that MFSMC remains stable and a growing resource in Baltimore County.

- While not able to provide long-range financial projections at this time, it should be emphasized that MFSMC is an anchor institution for MedStar Health as evidenced by the significant capital that has been invested in the campus.

During the peak of the pandemic, MedStar Health adopted a system-level Financial Planning Framework that established a multi-year plan to achieve historical operating margin targets for the duration of the effects of the pandemic. The framework addresses the impact of CARES and other government support recognition which may not align with the timing and recognition of the costs to deliver care in the same periods.

- For the years ended June 30, 2020, through June 30, 2022, MedStar reported a cumulative operating margin of 2.4%. Adding a FY23 budgeted operating margin of 1.1%, a cumulative 4-year operating margin of 2.0% is yielded.
- Moody's and S&P Global recently affirmed MedStar's A2 and A credit ratings - both with stable outlooks. Strengths noted by the rating agencies include MedStar Health's strong market position, tenured leadership team and consistently positive operating results.

MFSMC thanks you for your consideration, and will be happy to respond to any further questions.

Sincerely,



David C. Tobin, Esq.



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cc:

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**CERTIFICATION**

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

  
Anne P. Weiland NP-C MSN MBA  
Vice President - MedStar Health

# **TABLE E**

**TABLE E. PROJECT BUDGET**

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

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

|  | Hospital Building | Other Structure | Total           |
|--|-------------------|-----------------|-----------------|
| <b>A. USE OF FUNDS</b>   |                   |                 |                 |
| <b>1. CAPITAL COSTS</b>  |                   |                 |                 |
| <b>a. New Construction</b>   |                   |                 |                 |
| (1) Building   |                   |                 | \$0             |
| (2) Fixed Equipment  |                   |                 | \$0             |
| (3) Site and Infrastructure  |                   |                 | \$0             |
| (4) Architect/Engineering Fees   |                   |                 | \$0             |
| (5) Permits (Building, Utilities, Etc.)  |                   |                 | \$0             |
| <b>SUBTOTAL</b>  | <b>\$0</b>        | <b>\$0</b>      | <b>\$0</b>      |
| <b>b. Renovations</b>  |                   |                 |                 |
| (1) Building   |                   |                 | \$0             |
| (2) Fixed Equipment (not included in construction)   |                   |                 | \$0             |
| (3) Architect/Engineering Fees   |                   |                 | \$0             |
| (4) Permits (Building, Utilities, Etc.)  |                   |                 | \$0             |
| <b>SUBTOTAL</b>  | <b>\$0</b>        | <b>\$0</b>      | <b>\$0</b>      |
| <b>c. Other Capital Costs</b>  |                   |                 |                 |
| (1) Movable Equipment  | \$75,800          |                 | \$75,800        |
| (2) Contingency Allowance  |                   |                 | \$0             |
| (3) Gross interest during construction period  |                   |                 | \$0             |
| (4) Other (Specify/add rows if needed)   |                   |                 | \$0             |
| <b>SUBTOTAL</b>  | <b>\$75,800</b>   | <b>\$0</b>      | <b>\$75,800</b> |
| <b>TOTAL CURRENT CAPITAL COSTS</b>   | <b>\$75,800</b>   | <b>\$0</b>      | <b>\$75,800</b> |
| <b>d. Land Purchase</b>  |                   |                 |                 |
| <b>e. Inflation Allowance</b>  |                   |                 |                 |
|  |                   |                 | \$0             |
| <b>TOTAL CAPITAL COSTS</b>   | <b>\$75,800</b>   | <b>\$0</b>      | <b>\$75,800</b> |
| <b>2. Financing Cost and Other Cash Requirements</b>   |                   |                 |                 |
| a. Loan Placement Fees   |                   |                 | \$0             |
| b. Bond Discount   |                   |                 | \$0             |
| c. Legal Fees (CON)  |                   |                 | \$0             |
| d. Legal Fees (Other)  |                   |                 | \$0             |
| e. Non-Legal Consultant Fees (CON application related - specify what it is and why it is needed for the CON) |                   |                 | \$0             |
| f. Non-Legal Consultant Fees (Other)   |                   |                 | \$0             |
| g. Liquidation of Existing Debt  |                   |                 | \$0             |
| H. Debt Service Reserve Fund   |                   |                 | \$0             |
| i. Other (Specify/add rows if needed)  |                   |                 | \$0             |
| <b>SUBTOTAL</b>  | <b>\$0</b>        | <b>\$0</b>      | <b>\$0</b>      |
| <b>3. Working Capital Startup Costs</b>  |                   |                 |                 |
|  |                   |                 | \$0             |
| <b>TOTAL USES OF FUNDS</b>   | <b>\$75,800</b>   | <b>\$0</b>      | <b>\$75,800</b> |
| <b>B. Sources of Funds</b>   |                   |                 |                 |
| <b>1. Cash</b>   |                   |                 |                 |
|  | \$75,800          |                 | \$75,800        |
| <b>2. Philanthropy (to date and expected)</b>  |                   |                 |                 |
|  |                   |                 | \$0             |
| <b>3. Authorized Bonds</b>   |                   |                 |                 |
|  |                   |                 | \$0             |
| <b>4. Interest Income from bond proceeds listed in #3</b>  |                   |                 |                 |
|  |                   |                 | \$0             |
| <b>5. Mortgage</b>   |                   |                 |                 |
|  |                   |                 | \$0             |
| <b>6. Working Capital Loans</b>  |                   |                 |                 |
|  |                   |                 | \$0             |
| <b>7. Grants or Appropriations</b>   |                   |                 |                 |
| <b>a. Federal</b>  |                   |                 |                 |
|  |                   |                 | \$0             |
| <b>b. State</b>  |                   |                 |                 |
|  |                   |                 | \$0             |
| <b>c. Local</b>  |                   |                 |                 |
|  |                   |                 | \$0             |
| <b>8. Other (Specify/add rows if needed)</b>   |                   |                 |                 |
|  |                   |                 | \$0             |
| <b>TOTAL SOURCES OF FUNDS</b>  |                   |                 | <b>\$0</b>      |
|  | Hospital Building | Other Structure | Total           |
| <b>Annual Lease Costs (if applicable)</b>  |                   |                 |                 |
| <b>1. Land</b>   |                   |                 |                 |
|  |                   |                 | \$0             |
| <b>2. Building</b>   |                   |                 |                 |
|  |                   |                 | \$0             |
| <b>3. Major Movable Equipment</b>  |                   |                 |                 |
|  |                   |                 | \$0             |
| <b>4. Minor Movable Equipment</b>  |                   |                 |                 |
|  |                   |                 | \$0             |
| <b>5. Other (Specify/add rows if needed)</b>   |                   |                 |                 |
|  |                   |                 | \$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





**TABLE F. STATISTICAL PROJECTIONS - ENTIRE FACILITY**

*INSTRUCTION* : Complete this table for the entire facility, including the proposed project. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). For sections 4 & 5, the number of beds and occupancy percentage should be reported on the basis of licensed beds. In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable. See additional instruction in the column to the right of the table.

|   | Two Most Recent Years<br>(Actual) |                | Current Year<br>(Actual) | Projected Years (ending at least two years after project completion and full occupancy) Include additional years, if needed in order to be consistent with Tables G and H. |          |          |          |          |          |          |
|---|-----------------------------------|----------------|--------------------------|--|----------|----------|----------|----------|----------|----------|
|   | FY2021                            | FY 2022        | FY2023                   | FY2024   | FY2025   | FY2026   | FY2027   | FY2028   | FY2029   | FY2030   |
| <b>5. OCCUPANCY PERCENTAGE</b> *IMPORTANT NOTE: Leap year formulas should be changed by applicant to reflect 366 days per year. |                                   |                |                          |  |          |          |          |          |          |          |
| a. General Medical/Surgical*  | 78.0%                             | 82.4%          |                          |  |          |          |          |          |          |          |
| b. ICU/CCU  | 82.8%                             | 88.3%          |                          |  |          |          |          |          |          |          |
| <b>Total MSGA</b>   | <b>78.5%</b>                      | <b>83.0%</b>   |                          |  |          |          |          |          |          |          |
| c. Pediatric  |                                   |                |                          |  |          |          |          |          |          |          |
| d. Obstetric  | 80.5%                             | 85.8%          |                          |  |          |          |          |          |          |          |
| e. Acute Psychiatric  | 78.7%                             | 72.3%          |                          |  |          |          |          |          |          |          |
| <b>Total Acute</b>  | <b>78.7%</b>                      | <b>82.0%</b>   |                          |  |          |          |          |          |          |          |
| f. Rehabilitation   |                                   |                |                          |  |          |          |          |          |          |          |
| g. Comprehensive Care   |                                   |                |                          |  |          |          |          |          |          |          |
| h. Other (Specify/add rows of needed)   |                                   |                |                          |  |          |          |          |          |          |          |
| <b>TOTAL OCCUPANCY %</b>  | <b>78.7%</b>                      | <b>82.0%</b>   |                          |  |          |          |          |          |          |          |
| <b>6. OUTPATIENT VISITS</b>   |                                   |                |                          |  |          |          |          |          |          |          |
| a. Emergency Department   | 51,602                            | 54,290         |                          |  |          |          |          |          |          |          |
| b. Same-day Surgery   | 14,033                            | 14,571         |                          |  |          |          |          |          |          |          |
| c. Laboratory   | -                                 | -              | -                        | -  | -        | -        | -        | -        | -        | -        |
| d. Imaging  | -                                 | -              | -                        | -  | -        | -        | -        | -        | -        | -        |
| e. Other (Specify/add rows of needed)   | 166,035                           | 139,279        |                          |  |          |          |          |          |          |          |
| <b>TOTAL OUTPATIENT VISITS</b>  | <b>231,670</b>                    | <b>208,140</b> | <b>0</b>                 | <b>0</b>   | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> |
| <b>7. OBSERVATIONS**</b>  |                                   |                |                          |  |          |          |          |          |          |          |
| a. Number of Patients   | 8,567                             | 8,082          |                          |  |          |          |          |          |          |          |
| b. Hours  | 428,146                           | 490,740        |                          |  |          |          |          |          |          |          |

\* Include beds dedicated to gynecology and additions, 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







# TABLE H





# TABLE I



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

**INSTRUCTION:** After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). For sections 4 & 5, the number of beds and occupancy percentage should be reported on the basis of licensed beds. In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable. See additional instruction in the column to the right of the table.

| Indicate CY or FY                     | Projected Years (ending at least two years after project completion and full occupancy) Include additional years, if needed in order to be consistent with Tables J and K. |            |              |                |                |                |                |
|---------------------------------------|--|------------|--------------|----------------|----------------|----------------|----------------|
|                                       | FY2024   | FY2025     | FY2026       | FY2027         | FY2028         |                |                |
| <b>1. DISCHARGES</b>                  |  |            |              |                |                |                |                |
| a. Liver Transplants                  | 10   | 14         | 30           |                |                |                |                |
| b. Non-Transplants                    | 29   | 41         | 87           |                |                |                |                |
| b. ICU/CCU                            |  |            |              |                |                |                |                |
| <b>Total MSGA</b>                     | <b>39</b>  | <b>55</b>  | <b>117</b>   | <b>0</b>       | <b>0</b>       | <b>0</b>       | <b>0</b>       |
| c. Pediatric                          |  |            |              |                |                |                |                |
| d. Obstetric                          |  |            |              |                |                |                |                |
| e. Acute Psychiatric                  |  |            |              |                |                |                |                |
| <b>Total Acute</b>                    | <b>39</b>  | <b>55</b>  | <b>117</b>   | <b>0</b>       | <b>0</b>       | <b>0</b>       | <b>0</b>       |
| f. Rehabilitation                     |  |            |              |                |                |                |                |
| g. Comprehensive Care                 |  |            |              |                |                |                |                |
| h. Other (Specify/add rows of needed) |  |            |              |                |                |                |                |
| <b>TOTAL DISCHARGES</b>               | <b>39</b>  | <b>55</b>  | <b>117</b>   | <b>0</b>       | <b>0</b>       | <b>0</b>       | <b>0</b>       |
| <b>2. PATIENT DAYS</b>                |  |            |              |                |                |                |                |
| a. Liver Transplants                  | 90   | 126        | 289          |                |                |                |                |
| b. Non-Tansplants                     | 146  | 205        | 439          |                |                |                |                |
| b. ICU/CCU (Liver Transplant Only)    |  |            |              |                |                |                |                |
| <b>Total MSGA</b>                     | <b>236</b>   | <b>331</b> | <b>727.5</b> | <b>0</b>       | <b>0</b>       | <b>0</b>       | <b>0</b>       |
| c. Pediatric                          |  |            |              |                |                |                |                |
| d. Obstetric                          |  |            |              |                |                |                |                |
| e. Acute Psychiatric                  |  |            |              |                |                |                |                |
| <b>Total Acute</b>                    | <b>236</b>   | <b>331</b> | <b>728</b>   | <b>0</b>       | <b>0</b>       | <b>0</b>       | <b>0</b>       |
| f. Rehabilitation                     |  |            |              |                |                |                |                |
| g. Comprehensive Care                 |  |            |              |                |                |                |                |
| h. Other (Specify/add rows of needed) |  |            |              |                |                |                |                |
| <b>TOTAL PATIENT DAYS</b>             | <b>236</b>   | <b>331</b> | <b>728</b>   | <b>0</b>       | <b>0</b>       | <b>0</b>       | <b>0</b>       |
| <b>3. AVERAGE LENGTH OF STAY</b>      |  |            |              |                |                |                |                |
| a. Liver Transplants                  | 9.0  | 9.0        | 9.6          | #DIV/0!        | #DIV/0!        | #DIV/0!        | #DIV/0!        |
| b. Non-Tansplants                     | 5.0  | 5.0        | 5.6          |                |                |                |                |
| C. ICU/CCU (Liver Transplant Only)    |  |            |              |                |                |                |                |
| <b>Total MSGA</b>                     | <b>6.1</b>   | <b>6.1</b> | <b>6.2</b>   | <b>#DIV/0!</b> | <b>#DIV/0!</b> | <b>#DIV/0!</b> | <b>#DIV/0!</b> |
| c. Pediatric                          |  |            |              |                |                |                |                |
| d. Obstetric                          |  |            |              |                |                |                |                |
| e. Acute Psychiatric                  |  |            |              |                |                |                |                |
| <b>Total Acute</b>                    | <b>6.1</b>   | <b>6.1</b> | <b>6.2</b>   | <b>#DIV/0!</b> | <b>#DIV/0!</b> | <b>#DIV/0!</b> | <b>#DIV/0!</b> |
| f. Rehabilitation                     |  |            |              |                |                |                |                |
| g. Comprehensive Care                 |  |            |              |                |                |                |                |
| h. Other (Specify/add rows of needed) |  |            |              |                |                |                |                |
| <b>TOTAL AVERAGE LENGTH OF STAY</b>   | <b>6.1</b>   | <b>6.1</b> | <b>6.2</b>   | <b>#DIV/0!</b> | <b>#DIV/0!</b> | <b>#DIV/0!</b> | <b>#DIV/0!</b> |

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

**INSTRUCTION:** After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). For sections 4 & 5, the number of beds and occupancy percentage should be reported on the basis of licensed beds. In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable. See additional instruction in the column to the right of the table.

| Indicate CY or FY   | Projected Years (ending at least two years after project completion and full occupancy) Include additional years, if needed in order to be consistent with Tables J and K. |         |         |         |         |         |         |
|---|--|---------|---------|---------|---------|---------|---------|
|   | FY2024   | FY2025  | FY2026  | FY2027  | FY2028  |         |         |
| <b>4. NUMBER OF LICENSED BEDS</b>   |  |         |         |         |         |         |         |
| a. General Medical/Surgical*  |  |         |         |         |         |         |         |
| b. ICU/CCU  |  |         |         |         |         |         |         |
| <b>Total MSGA</b>   | 0  | 0       | 0       | 0       | 0       | 0       | 0       |
| c. Pediatric  |  |         |         |         |         |         |         |
| d. Obstetric  |  |         |         |         |         |         |         |
| e. Acute Psychiatric  |  |         |         |         |         |         |         |
| <b>Total Acute</b>  | 0  | 0       | 0       | 0       | 0       | 0       | 0       |
| f. Rehabilitation   |  |         |         |         |         |         |         |
| g. Comprehensive Care   |  |         |         |         |         |         |         |
| h. Other (Specify/add rows of needed)   |  |         |         |         |         |         |         |
| <b>TOTAL LICENSED BEDS</b>  |  |         |         |         |         |         |         |
| <b>5. OCCUPANCY PERCENTAGE *IMPORTANT NOTE: Leap year formulas should be changed by applicant to reflect 366 days per year.</b> |  |         |         |         |         |         |         |
| a. General Medical/Surgical*  |  |         |         |         |         |         |         |
| b. ICU/CCU  |  |         |         |         |         |         |         |
| <b>Total MSGA</b>   | #DIV/0!  | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! |
| c. Pediatric  |  |         |         |         |         |         |         |
| d. Obstetric  |  |         |         |         |         |         |         |
| e. Acute Psychiatric  |  |         |         |         |         |         |         |
| <b>Total Acute</b>  | #DIV/0!  | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! |
| f. Rehabilitation   |  |         |         |         |         |         |         |
| g. Comprehensive Care   |  |         |         |         |         |         |         |
| h. Other (Specify/add rows of needed)   |  |         |         |         |         |         |         |
| <b>TOTAL OCCUPANCY %</b>  | #DIV/0!  | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! |
| <b>6. OUTPATIENT VISITS</b>   |  |         |         |         |         |         |         |
| a. Emergency Department   |  |         |         |         |         |         |         |
| b. Same-day Surgery   |  |         |         |         |         |         |         |
| c. Laboratory   |  |         |         |         |         |         |         |
| d. Imaging  |  |         |         |         |         |         |         |
| e. Other (Specify/add rows of needed)   | 2,746  | 3,819   | 7,475   |         |         |         |         |
| <b>TOTAL OUTPATIENT VISITS</b>  | 2,746  | 3,819   | 7,475   | 0       | 0       | 0       | 0       |
| <b>7. OBSERVATIONS**</b>  |  |         |         |         |         |         |         |
| a. Number of Patients   |  |         |         |         |         |         |         |
| b. Hours  |  |         |         |         |         |         |         |

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

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

# TABLE J

**TABLE J. REVENUES & EXPENSES, UNINFLATED - NEW FACILITY OR SERVICE**

*INSTRUCTION: After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). Table J should reflect current dollars (no inflation). Projected revenues and expenses should be consistent with the projections in Table I and with the costs of Manpower listed in Table L. Manpower. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable. Specify the sources of non-operating income.*

|   | Projected Years (ending at least two years after project completion and full occupancy) Add years, if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard. |                   |                 |             |             |             |             |
|---|---|-------------------|-----------------|-------------|-------------|-------------|-------------|
| Indicate CY or FY                         | FY2024  | FY2025            | FY2026          |             |             |             |             |
| <b>1. REVENUE</b>                         |   |                   |                 |             |             |             |             |
| a. Inpatient Services                     | \$ 1,370  | \$ 2,739          | \$ 5,870        |             |             |             |             |
| b. Outpatient Services                    | \$ 683  | \$ 956            | \$ 2,049        |             |             |             |             |
| <b>Gross Patient Service Revenues</b>     | <b>\$ 2,053</b>   | <b>\$ 3,695</b>   | <b>\$ 7,919</b> | <b>\$ -</b> | <b>\$ -</b> | <b>\$ -</b> | <b>\$ -</b> |
| c. Allowance For Bad Debt                 | \$ 25   | \$ 44             | \$ 93           |             |             |             |             |
| d. Contractual Allowance                  | \$ 300  | \$ 453            | \$ 970          |             |             |             |             |
| e. Charity Care                           | \$ 49   | \$ 92             | \$ 198          |             |             |             |             |
| <b>Net Patient Services Revenue</b>       | <b>\$ 1,679</b>   | <b>\$ 3,107</b>   | <b>\$ 6,658</b> | <b>\$ -</b> | <b>\$ -</b> | <b>\$ -</b> | <b>\$ -</b> |
| f. Other Operating Revenues (Specify)     |   |                   |                 |             |             |             |             |
| <b>NET OPERATING REVENUE</b>              | <b>\$ 1,679</b>   | <b>\$ 3,107</b>   | <b>\$ 6,658</b> | <b>\$ -</b> | <b>\$ -</b> | <b>\$ -</b> | <b>\$ -</b> |
| <b>2. EXPENSES</b>                        |   |                   |                 |             |             |             |             |
| a. Salaries & Wages (including benefits)  | \$ 2,072  | \$ 3,549          | \$ 3,777        |             |             |             |             |
| b. Contractual Services                   |   |                   |                 |             |             |             |             |
| c. Interest on Current Debt               |   |                   |                 |             |             |             |             |
| d. Interest on Project Debt               |   |                   |                 |             |             |             |             |
| e. Current Depreciation                   |   |                   |                 |             |             |             |             |
| f. Project Depreciation                   | \$ 4  | \$ 8              | \$ 8            |             |             |             |             |
| g. Current Amortization                   |   |                   |                 |             |             |             |             |
| h. Project Amortization                   |   |                   |                 |             |             |             |             |
| i. Supplies                               | \$ 241  | \$ 337            | \$ 723          |             |             |             |             |
| j. Other Expenses (Organ Acquisiton Cost) | \$ 504  | \$ 706            | \$ 1,542        |             |             |             |             |
| k. Purchased Services                     | \$ 37   | \$ 51             | \$ 110          |             |             |             |             |
| <b>TOTAL OPERATING EXPENSES</b>           | <b>\$ 2,857</b>   | <b>\$ 4,651</b>   | <b>\$ 6,160</b> | <b>\$ -</b> | <b>\$ -</b> | <b>\$ -</b> | <b>\$ -</b> |
| <b>3. INCOME</b>                          |   |                   |                 |             |             |             |             |
| <b>a. Income From Operation</b>           | <b>\$ (1,178)</b>   | <b>\$ (1,544)</b> | <b>\$ 498</b>   | <b>\$ -</b> | <b>\$ -</b> | <b>\$ -</b> | <b>\$ -</b> |
| b. Non-Operating Income                   |   |                   |                 |             |             |             |             |
| <b>SUBTOTAL</b>                           | <b>\$ (1,178)</b>   | <b>\$ (1,544)</b> | <b>\$ 498</b>   | <b>\$ -</b> | <b>\$ -</b> | <b>\$ -</b> | <b>\$ -</b> |
| c. Income Taxes                           |   |                   |                 |             |             |             |             |
| <b>NET INCOME (LOSS)</b>                  | <b>\$ (1,178)</b>   | <b>\$ (1,544)</b> | <b>\$ 498</b>   | <b>\$ -</b> | <b>\$ -</b> | <b>\$ -</b> | <b>\$ -</b> |

**TABLE J. REVENUES & EXPENSES, UNINFLATED - NEW FACILITY OR SERVICE**

*INSTRUCTION: After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). Table J should reflect current dollars (no inflation). Projected revenues and expenses should be consistent with the projections in Table I and with the costs of Manpower listed in Table L. Manpower. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable. Specify the sources of non-operating income.*

|  | Projected Years (ending at least two years after project completion and full occupancy) Add years, if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard. |               |               |             |             |             |             |
|--|---|---------------|---------------|-------------|-------------|-------------|-------------|
| Indicate CY or FY                              | FY2024  | FY2025        | FY2026        |             |             |             |             |
| <b>4. PATIENT MIX</b>                          |   |               |               |             |             |             |             |
| <b>a. Percent of Total Revenue</b>             |   |               |               |             |             |             |             |
| 1) Medicare                                    | 28.6%   | 46.2%         | 41.9%         |             |             |             |             |
| 2) Medicaid                                    | 42.9%   | 25.3%         | 25.3%         |             |             |             |             |
| 3) Blue Cross                                  | 18.6%   | 17.7%         | 20.8%         |             |             |             |             |
| 4) Commercial Insurance                        | 10.0%   | 10.8%         | 12.0%         |             |             |             |             |
| 5) Self-pay                                    |   |               |               |             |             |             |             |
| 6) Other                                       |   |               |               |             |             |             |             |
| <b>TOTAL</b>                                   | <b>100.0%</b>   | <b>100.0%</b> | <b>100.0%</b> | <b>0.0%</b> | <b>0.0%</b> | <b>0.0%</b> | <b>0.0%</b> |
| <b>b. Percent of Equivalent Inpatient Days</b> |   |               |               |             |             |             |             |
| <b>Total MSGA</b>                              |   |               |               |             |             |             |             |
| 1) Medicare                                    | 28.6%   | 46.2%         | 41.9%         |             |             |             |             |
| 2) Medicaid                                    | 42.9%   | 25.3%         | 25.3%         |             |             |             |             |
| 3) Blue Cross                                  | 18.6%   | 17.7%         | 20.8%         |             |             |             |             |
| 4) Commercial Insurance                        | 10.0%   | 10.8%         | 12.0%         |             |             |             |             |
| 5) Self-pay                                    |   |               |               |             |             |             |             |
| 6) Other                                       |   |               |               |             |             |             |             |
| <b>TOTAL</b>                                   | <b>100.0%</b>   | <b>100.0%</b> | <b>100.0%</b> | <b>0.0%</b> | <b>0.0%</b> | <b>0.0%</b> | <b>0.0%</b> |

# TABLE K

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

*INSTRUCTION* : After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). Table K should reflect inflation. Projected revenues and expenses should be consistent with the projections in Table I. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable.

|  | Projected Years (ending at least two years after project completion and full occupancy) Add years, if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard. |                   |                 |             |             |             |             |             |
|--|---|-------------------|-----------------|-------------|-------------|-------------|-------------|-------------|
| Indicate CY or FY  | FY2024  | FY2025            | FY2026          |             |             |             |             |             |
| <b>1. REVENUE</b>  |   |                   |                 |             |             |             |             |             |
| a. Inpatient Services                                    | \$ 1,370  | \$ 2,781          | \$ 6,046        |             |             |             |             |             |
| b. Outpatient Services                                   | \$ 683  | \$ 969            | \$ 2,112        |             |             |             |             |             |
| <b>Gross Patient Service Revenues</b>                    | <b>\$ 2,053</b>   | <b>\$ 3,750</b>   | <b>\$ 8,158</b> | <b>\$ -</b> | <b>\$ -</b> | <b>\$ -</b> | <b>\$ -</b> | <b>\$ -</b> |
| c. Allowance For Bad Debt                                | \$ 25   | \$ 44             | \$ 96           |             |             |             |             |             |
| d. Contractual Allowance                                 | \$ 300  | \$ 459            | \$ 999          |             |             |             |             |             |
| e. Charity Care  | \$ 49   | \$ 94             | \$ 204          |             |             |             |             |             |
| <b>Net Patient Services Revenue</b>                      | <b>\$ 1,679</b>   | <b>\$ 3,153</b>   | <b>\$ 6,859</b> | <b>\$ -</b> | <b>\$ -</b> | <b>\$ -</b> | <b>\$ -</b> | <b>\$ -</b> |
| f. Other Operating Revenues (Specify/add rows of needed) |   |                   |                 |             |             |             |             |             |
| <b>NET OPERATING REVENUE</b>                             | <b>\$ 1,679</b>   | <b>\$ 3,153</b>   | <b>\$ 6,859</b> | <b>\$ -</b> | <b>\$ -</b> | <b>\$ -</b> | <b>\$ -</b> | <b>\$ -</b> |
| <b>2. EXPENSES</b>                                       |   |                   |                 |             |             |             |             |             |
| a. Salaries & Wages (including benefits)                 | \$ 2,072  | \$ 3,664          | \$ 4,027        |             |             |             |             |             |
| b. Contractual Services                                  |   |                   |                 |             |             |             |             |             |
| c. Interest on Current Debt                              |   |                   |                 |             |             |             |             |             |
| d. Interest on Project Debt                              |   |                   |                 |             |             |             |             |             |
| e. Current Depreciation                                  |   |                   |                 |             |             |             |             |             |
| f. Project Depreciation                                  | \$ 4  | \$ 8              | \$ 8            |             |             |             |             |             |
| g. Current Amortization                                  |   |                   |                 |             |             |             |             |             |
| h. Project Amortization                                  |   |                   |                 |             |             |             |             |             |
| i. Supplies  | \$ 241  | \$ 357            | \$ 811          |             |             |             |             |             |
| j. Other Expenses (Organ Acquisition Cost)               | \$ 504  | \$ 720            | \$ 1,603        |             |             |             |             |             |
| k. Purchased Services                                    | \$ 37   | \$ 52             | \$ 114          |             |             |             |             |             |
| <b>TOTAL OPERATING EXPENSES</b>                          | <b>\$ 2,857</b>   | <b>\$ 4,801</b>   | <b>\$ 6,562</b> | <b>\$ -</b> | <b>\$ -</b> | <b>\$ -</b> | <b>\$ -</b> | <b>\$ -</b> |
| <b>3. INCOME</b>   |   |                   |                 |             |             |             |             |             |
| <b>a. Income From Operation</b>                          | <b>\$ (1,178)</b>   | <b>\$ (1,648)</b> | <b>\$ 296</b>   | <b>\$ -</b> | <b>\$ -</b> | <b>\$ -</b> | <b>\$ -</b> | <b>\$ -</b> |
| b. Non-Operating Income                                  |   |                   |                 |             |             |             |             |             |
| <b>SUBTOTAL</b>  | <b>\$ (1,178)</b>   | <b>\$ (1,648)</b> | <b>\$ 296</b>   | <b>\$ -</b> | <b>\$ -</b> | <b>\$ -</b> | <b>\$ -</b> | <b>\$ -</b> |
| c. Income Taxes  |   |                   |                 |             |             |             |             |             |
| <b>NET INCOME (LOSS)</b>                                 | <b>\$ (1,178)</b>   | <b>\$ (1,648)</b> | <b>\$ 296</b>   | <b>\$ -</b> | <b>\$ -</b> | <b>\$ -</b> | <b>\$ -</b> | <b>\$ -</b> |

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

*INSTRUCTION* : After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). Table K should reflect inflation. Projected revenues and expenses should be consistent with the projections in Table I. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable.

|  | Projected Years (ending at least two years after project completion and full occupancy) Add years, if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard. |               |               |             |             |             |             |
|--|---|---------------|---------------|-------------|-------------|-------------|-------------|
| Indicate CY or FY                              | FY2024  | FY2025        | FY2026        |             |             |             |             |
| <b>4. PATIENT MIX</b>                          |   |               |               |             |             |             |             |
| <b>a. Percent of Total Revenue</b>             |   |               |               |             |             |             |             |
| 1) Medicare                                    | 28.6%   | 46.2%         | 41.9%         |             |             |             |             |
| 2) Medicaid                                    | 42.9%   | 25.3%         | 25.3%         |             |             |             |             |
| 3) Blue Cross                                  | 18.6%   | 17.7%         | 20.8%         |             |             |             |             |
| 4) Commercial Insurance                        | 10.0%   | 10.8%         | 12.0%         |             |             |             |             |
| 5) Self-pay                                    |   |               |               |             |             |             |             |
| 6) Other                                       |   |               |               |             |             |             |             |
| <b>TOTAL</b>                                   | <b>100.0%</b>   | <b>100.0%</b> | <b>100.0%</b> | <b>0.0%</b> | <b>0.0%</b> | <b>0.0%</b> | <b>0.0%</b> |
| <b>b. Percent of Equivalent Inpatient Days</b> |   |               |               |             |             |             |             |
| 1) Medicare                                    | 28.6%   | 46.2%         | 41.9%         |             |             |             |             |
| 2) Medicaid                                    | 42.9%   | 25.3%         | 25.3%         |             |             |             |             |
| 3) Blue Cross                                  | 18.6%   | 17.7%         | 20.8%         |             |             |             |             |
| 4) Commercial Insurance                        | 10.0%   | 10.8%         | 12.0%         |             |             |             |             |
| 5) Self-pay                                    |   |               |               |             |             |             |             |
| 6) Other                                       |   |               |               |             |             |             |             |
| <b>TOTAL</b>                                   | <b>100.0%</b>   | <b>100.0%</b> | <b>100.0%</b> | <b>0.0%</b> | <b>0.0%</b> | <b>0.0%</b> | <b>0.0%</b> |



# TABLE L

**TABLE L. WORKFORCE INFORMATION**

**INSTRUCTION:** List the facility's existing staffing and changes required by this project. Include all major job categories under each heading provided in the table. The number of Full Time Equivalents (FTEs) should be calculated on the basis of 2,080 paid hours per year equals one FTE. In an attachment to the application, explain any factor used in converting paid hours to worked hours. Please ensure that the projections in this table are consistent with expenses provided in uninflated projections in Tables F and G. See additional instruction in the column to the right of the table.

| Job Category  | CURRENT ENTIRE FACILITY |                        |                         | PROJECTED CHANGES AS A RESULT OF THE PROPOSED PROJECT THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS) |                        |  | OTHER EXPECTED CHANGES IN OPERATIONS THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS) |                        |                      | PROJECTED ENTIRE FACILITY THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS) * |   |
|---|-------------------------|------------------------|-------------------------|---|------------------------|--|--|------------------------|----------------------|---|---|
|   | Current Year FTEs       | Average Salary per FTE | Current Year Total Cost | FTEs  | Average Salary per FTE | Total Cost (should be consistent with projections in Table G, if submitted). | FTEs   | Average Salary per FTE | Total Cost           | FTEs  | Total Cost (should be consistent with projections in Table G) |
| <b>1. Regular Employees</b>                                     |                         |                        |                         |   |                        |  |  |                        |                      |   |   |
| Administration (List general categories, add rows if needed)    |                         |                        |                         |   |                        |  |  |                        |                      |   |   |
| Office/Clerical   | 233.6                   | \$47,908               | \$11,193,150            | 4.0   | \$86,972               | \$347,886  | -19.0  | \$47,908               | -\$912,305           | 218.6   | \$10,628,730  |
| Management  | 103.1                   | \$226,573              | \$23,350,567            |   |                        |  | -13.0  | \$226,573              | -\$2,949,652         | 90.0  | \$20,400,914  |
|   |                         |                        |                         |   |                        |  |  |                        |                      |   |   |
| <b>Total Administration</b>                                     | <b>336.7</b>            | <b>\$102,595</b>       | <b>\$34,543,716</b>     | <b>4.0</b>  | <b>\$86,972</b>        | <b>\$347,886</b>   | <b>-32.1</b>   | <b>\$120,454</b>       | <b>-\$3,861,958</b>  | <b>308.6</b>  | <b>\$31,029,645</b>   |
| Direct Care Staff (List general categories, add rows if needed) |                         |                        |                         |   |                        |  |  |                        |                      |   |   |
| RN  | 776.1                   | \$100,880              | \$78,294,967            | 3.0   | \$113,333              | \$340,000  | -61.6  | \$100,880              | -\$6,212,836         | 717.5   | \$72,422,132  |
| Care Associates   | 238.4                   | \$42,278               | \$10,080,005            |   |                        |  | -19.5  | \$42,278               | -\$823,999           | 218.9   | \$9,256,006   |
| Physicians  | 157.2                   | \$425,455              | \$66,864,467            | 4.0   | \$412,500              | \$1,650,000  | -12.0  | \$350,000              | -\$4,206,427         | 149.1   | \$64,308,040  |
| Intern/Residents  | 84.8                    | \$83,283               | \$7,064,917             |   |                        |  | 0.0  | \$83,283               | \$0                  | 84.8  | \$7,064,917   |
| Other Direct Care   | 132.6                   | \$111,023              | \$14,716,099            | 1.5   | \$160,815              | \$241,223  | -12.1  | \$122,721              | -\$1,479,633         | 122.0   | \$13,477,690  |
| <b>Total Direct Care</b>  | <b>1389.1</b>           | <b>\$127,437</b>       | <b>\$177,020,456</b>    | <b>8.5</b>  | <b>\$262,497</b>       | <b>\$2,231,223</b>   | <b>-105.2</b>  | <b>\$120,996</b>       | <b>-\$12,722,894</b> | <b>1292.4</b>   | <b>\$166,528,784</b>  |
| Support Staff (List general categories, add rows if needed)     |                         |                        |                         |   |                        |  |  |                        |                      |   |   |
| Technologists   | 198.2                   | \$78,169               | \$15,494,683            |   |                        |  | -15.7  | \$78,169               | -\$1,224,374         | 182.6   | \$14,270,309  |
| Medical Assistants  | 73.0                    | \$43,637               | \$3,186,359             | 2.0   | \$52,000               | \$104,000  | -5.5   | \$43,637               | -\$242,009           | 69.5  | \$3,048,350   |
| Clinical Pharmacist   | 30.9                    | \$156,550              | \$4,840,530             |   |                        |  | -2.5   | \$156,550              | -\$387,894           | 28.4  | \$4,452,636   |
| Other Support Staff   | 67.1                    | \$171,617              | \$11,508,667            | 5.0   | \$59,387               | \$296,936  | -5.2   | \$171,617              | -\$887,780           | 66.9  | \$10,917,823  |
| Service/Trade   | 233.5                   | \$41,169               | \$9,614,529             |   |                        |  | -18.7  | \$41,169               | -\$768,483           | 214.9   | \$8,846,046   |
| Other Non Patient Care  | 385.8                   | \$56,064               | \$21,626,692            |   |                        |  | -35.0  | \$61,971               | -\$2,171,023         | 350.7   | \$19,455,669  |
|   |                         |                        |                         |   |                        |  |  |                        |                      |   |   |
| <b>Total Support</b>  | <b>988.5</b>            | <b>\$67,042</b>        | <b>\$66,271,459</b>     | <b>7.0</b>  | <b>\$57,277</b>        | <b>\$400,936</b>   | <b>-82.6</b>   | <b>\$68,818</b>        | <b>-\$5,681,563</b>  | <b>913.0</b>  | <b>\$60,990,832</b>   |
| <b>REGULAR EMPLOYEES TOTAL</b>                                  | <b>2714.3</b>           | <b>\$102,360</b>       | <b>\$277,835,631</b>    | <b>19.5</b>   |                        | <b>\$2,980,045</b>   | <b>-219.8</b>  | <b>\$101,316</b>       | <b>-\$22,266,415</b> | <b>2514.0</b>   | <b>\$258,549,261</b>  |

**TABLE L. WORKFORCE INFORMATION**

|  |               |  |                      |             |  |                    |               |  |                      |     |                      |
|--|---------------|--|----------------------|-------------|--|--------------------|---------------|--|----------------------|-----|----------------------|
| <b>2. Contractual Employees</b>  |               |  |                      |             |  |                    |               |  |                      |     |                      |
| <i>Administration (List general categories, add rows if needed)</i>    |               |  |                      |             |  |                    |               |  |                      |     |                      |
| <b>Total Administration</b>  |               |  | \$0                  |             |  | \$0                |               |  | \$0                  | 0.0 | \$0                  |
| <i>Direct Care Staff (List general categories, add rows if needed)</i> |               |  |                      |             |  |                    |               |  |                      |     |                      |
|  |               |  | \$0                  |             |  | \$0                |               |  | \$0                  | 0.0 | \$0                  |
|  |               |  | \$0                  |             |  | \$0                |               |  | \$0                  | 0.0 | \$0                  |
|  |               |  | \$0                  |             |  | \$0                |               |  | \$0                  | 0.0 | \$0                  |
| <b>Total Direct Care Staff</b>   |               |  | \$0                  |             |  | \$0                |               |  | \$0                  | 0.0 | \$0                  |
| <i>Support Staff (List general categories, add rows if needed)</i>     |               |  |                      |             |  |                    |               |  |                      |     |                      |
|  |               |  | \$0                  |             |  | \$0                |               |  | \$0                  | 0.0 | \$0                  |
|  |               |  | \$0                  |             |  | \$0                |               |  | \$0                  | 0.0 | \$0                  |
|  |               |  | \$0                  |             |  | \$0                |               |  | \$0                  | 0.0 | \$0                  |
| <b>Total Support Staff</b>   |               |  | \$0                  |             |  | \$0                |               |  | \$0                  | 0.0 | \$0                  |
| <b>CONTRACTUAL EMPLOYEES TOTAL</b>                                     |               |  | \$0                  |             |  | \$0                |               |  | \$0                  | 0.0 | \$0                  |
| <b>Benefits (State method of calculating benefits below):</b>          |               |  |                      |             |  |                    |               |  |                      |     |                      |
|  |               |  |                      |             |  |                    |               |  |                      |     |                      |
| <b>TOTAL COST</b>  | <b>2714.3</b> |  | <b>\$277,835,631</b> | <b>19.5</b> |  | <b>\$2,980,045</b> | <b>-219.8</b> |  | <b>-\$22,266,415</b> |     | <b>\$258,549,261</b> |