ATTACHMENT 1 TABLES PACKAGE

Table F

	Two Most Rec (Actua		Current Year Actual***	completion and	ars (ending at lead full occupancy der to be consis	Include addition	nal years, if
Indicate CY or FY	FY15	FY16	FY17	FY18	FY19	FY20	FY21
1. DISCHARGES							
a. General Medical/Surgical*	14,076	14,045	14,877	14,058	14,013	14,098	14,150
b. ICU	1,276	1,198	1,175	1,180	1,185	1,185	1,185
Total MSGA	15,352	15,243	16,052	15,238	15,198	15,283	15,335
c. Pediatric	481	280	250	270	280	275	275
d. Obstetric	3,203	2,955	2,798	2,964	2,964	2,964	2,964
e. Acute Psychiatric ¹	2,205	2,255	2,183	2,260	2,260	2,265	. 2,250
Total Acute	21,241	20,733	21,283	20,732	20,702	20,787	20,824
f. Rehabilitation	0	0	0	0	0	0	0
g. Comprehensive Care	0	0	0	0.	0	0	0
h. Other (Specify/add rows of needed)	0	0	0	0	. 0	0	0
TOTAL DISCHARGES	21,241	20,733	21,283	20,732	20,702	20,787	20,824
2. PATIENT DAYS		A CONTRACTOR OF THE PARTY OF TH	110000000000000000000000000000000000000		S 1 S	The second second	ALL IN INCHES
a. General Medical/Surgical*	63,789	64,513	65,460	56,926	54,004	51,265	49,603
b. ICU	7,725	7,066	7,050	6,962	6,992	6,992	6,992
Total MSGA	71,514	71,579	72,510	63,888	60,996	58,257	56,595
c. Pediatric	1,195	720	551	720	720	720	720
d. Obstetric	7,984	7,262	6,766	7,196	6,910	6,620	6,437
e. Acute Psychlatric	12,649	12,750	11,292	12,805	12,805	12,805	12,805
Total Acute	93,342	92,311	91,119	84,609	81,431	78,402	76,557
f. Rehabilitation	0	0	0	0	0	0	0
g. Comprehensive Care	0	0	0	0	0	0	0
h. Other (Specify/add rows of needed)	0	0	0	0	0	0	0
TOTAL PATIENT DAYS	93,342	92,311	91,119	84,609	81,431	78,402	76,557

	Two Most Re (Actu		Current Year Actual***	completion and	ars (ending at le d full occupancy der to be consis) Include additi	onal years, if
Indicate CY or FY	FY15	FY16	FY17	FY18	FY19	FY20	FY21
3. AVERAGE LENGTH OF STAY (patient da	ays divided by disch	arges)					
a. General Medical/Surgical*	4.5	4.6	4.4	4.0	3.9	3.6	3.5
b. ICU	6.1	5.9	6.0	5.9	5.9	5.9	5.9
Total MSGA	4.7	4.7	4.5	4.2	4.0	3.8	3.7
c. Pediatric	2.5	2.6	2.2	2.3	2.3	2.3	2.3
d. Obstetric	2.5	2.5	2.4	2.4	2.3	2.2	2.2
e. Acute Psychiatric	5.7	5.7	5.2	5.3	5.3	5.3	5.3
Total Acute	4.4	4.5	4.3	4.1	3.9	3.8	3.7
f. Rehabilitation					-		
g. Comprehensive Care					-		
h. Other (Specify/add rows of needed)					-	-	
TOTAL AVERAGE LENGTH OF STAY	4.4	4.5	4.3	4.1	3.9	3.8	3.7
4. NUMBER OF LICENSED BEDS		1.0					
a. General Medical/Surgical*	240	251	240	240	240	240	240
b. ICU/CCU	28	27	27	27	27	27	27
Total MSGA	268	278	267	267	267	267	267
c. Pediatric	9	9	9	9	. 9	9	9
d. Obstetric	37	37	37	37	37	37	37
e. Acute Psychiatric	40	40	40	40	40	40	40

	Two Most Red (Actua	STATES OF THE PARTY OF THE PART	Current Year Actual***	completion and	ars (ending at lead I full occupancy der to be consis) Include additio	nal years, if
Indicate CY or FY	FY15	FY16	FY17	FY18	FY19	FY20	FY21
Total Acute	354	364	353	353	353	353	353
f. Rehabilitation	0	0	0	0	0	0	0
g. Comprehensive Care	0	0	0	0	0	0	0
h. Other (Specify/add rows of needed)	0	0	0	0	0	0	0
TOTAL LICENSED BEDS	354	364	353	353	353	353	353
5. OCCUPANCY PERCENTAGE *IMPORTA	NT NOTE: Leap year	formulas shou	ld be changed by	applicant to reflec	t 366 days per ye	ar.	
a. General Medical/Surgical*	72.8%	70.2%	74.7%	65.0%	61.6%	58.4%	56.6%
b. ICU	75.6%	71.5%	71.5%	70.6%	70.9%	70.8%	70.9%
Total MSGA	73.1%	70.3%	74.4%	65.6%	62.6%	59.6%	58.1%
c. Pediatric	36.4%	21.9%	16.8%	21.9%	21.9%	21.9%	21.9%
d. Obstetric	59.1%	53.6%	50.1%	53.3%	51.2%	48.9%	47.7%
e. Acute Psychiatric	86.6%	87.1%	77.3%	87.7%	87.7%	87.5%	87.7%
Total Acute	72.2%	69.3%	70.7%	65.7%	63.2%	60.7%	59.4%
f. Rehabilitation	•					•	
g. Comprehensive Care		-		•		•	
h. Other (Specify/add rows of needed)	•						
TOTAL OCCUPANCY %	72.2%	69.5%	70.7%	65.7%	63.2%	60.7%	59.4%
6. OUTPATIENT VISITS			باحتماد				
a. Emergency Department ²	86,609	78,770	71,487	72,200	71,000	70,500	70,000
b. Same-day Surgery ³	13,352	12,965	12,280	13,857	14,296	14,407	14,488
c. Laboratory ⁴							
d. Imaging ⁴							

	Two Most Red (Actus	77.	Current Year Actual***	completion and	full occupancy)	ast two years aft Include additio tent with Tables	nal years, if
Indicate CY or FY	FY15	FY16	FY17	FY18	FY19	FY20	FY21
e. Other (Specify/add rows of needed) ⁵	340,800	330,748	306,263	273,480	283,962	286,104	292,577
TOTAL OUTPATIENT VISITS	440,761	422,483	390,030	359,537	369,258	371,011	377,065
7. OBSERVATIONS**	CO S ROAD FOR SOME				- Dept. Company		
a. Number of Patients	10,699	10,419	8,886	9,800	9,750	9,700	9,650
b. Hours	487,874	466,110	340,910	387,100	385,125	383,150	381,175

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

^{**} Services included in the reporting of the "Observation Center", direct expenses incurred in providing bedside care to observation patients; furnished by the hospital on the hospital's premises, including use of a bed and periodic monitoring by the hospital's nursing or other staff, in order to determine the need for a possible admission to the 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.

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

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

²Excludes ED pateint visits that resulted in an admission.

⁹This data represents all MFSMC patient visits with a Same Day Surgery Code, including endoscopy, interventional pain, etc. Some of these cases do not take place in MFSMC's ORs and so are not included in the OR Need calulation.

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

⁵Includes clinic visits, physician office visits, etc.

Table G

TABLE G. REVENUES & EXPENSES, UNINFLATED - ENTIRE FACILITY

INSTRUCTION: Complete this table for the entire facility, including the proposed project. Table G should reflect current dollars (no inflation). Projected revenues and expenses should be consistent with the projections in Table F and with the costs of Manpower listed in Table L. Manpower, Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable. Specify the sources of non-operating income. See additional instruction in the column to the right of the table.

		Two Most	Rec			rrent Year Projected		Projected Y olumns if r	nee		er to	documer	t th	at the hosp	ital	will ge	ner	ate exc	ess re		
Indicate CY or FY	FY	2015	FY 2	2016	FY	2017	FY	2018				2020		2021	151	William St.		ELECTION 1	# Vd9	1700	
1. REVENUE						-		-			-	100 F 200 av									
a. Inpatient Services	\$	342,280	\$	349,256	\$	344,892	\$	347,948	\$	348,384	\$	355,978	\$	360,629							
b. Outpatient Services	\$	321,486	\$	343,454	\$	351,900	\$	365,075	\$	368,888	\$	372,904	\$	374,933							
Gross Patient Service Revenues	\$	663,766	\$	692,710	\$	696,792	\$	713,022	\$	717,272	\$	728,883	\$	735,562	\$		1	\$	-Aylles	\$	N-1/2
c. Allowance For Bad Debt	\$	18,511	\$	26,600	\$	26,129	\$	27,068	\$	27,168	\$	27,646	\$	27,913							
d. Contractual Allowance	\$	149,425	\$	153,170	\$	149,504	\$	154,794	\$	156,400	\$	158,181		159,944							
e. Charity Care	\$	2,956	\$	6,765	\$	6,380	\$	6,520	\$	6,497	\$	6,614	\$	6,679							
Net Patient Services Revenue	\$	492,874	\$	506,175	\$	514,779	\$	524,641	\$	527,207	\$	536,441	\$	541,027	\$			\$	11/0	\$	June 3
f. Other Operating Revenues (Specify/add rows if needed)	\$	12,281	\$	13,273	\$	13,483	\$	11,800	\$	11,933	\$	11,813	\$	11,818				2-31-2311-0	0		
NET OPERATING REVENUE	\$	505,155	\$	519,448	\$	528,263	\$	536,440	\$	539,140	\$	548,254	\$	552,844	\$			\$	77.124	\$	ALTINE !
2. EXPENSES	la i automati						-						_								
Salaries & Wages (including benefits)	\$	258,764	\$	272,890	\$	279,407	\$	274,989	\$	268,463	\$	266,978	\$	259,297							
b. Contractual Services	\$	4,704							Г			2541					П				
c. Interest on Current Debt	\$	8,916	\$	7,671	\$	7,665	\$	7,789	\$	7,775	\$	8,938	\$	9,138			П				
d. Interest on Project Debt	\$								Г								\neg				
e. Current Depreciation	\$	24,281	\$	22,855	\$	22,814	\$	22,814	\$	22,817	\$	22,821	\$	23,621							
f. Project Depreciation	\$		-						\$	4	\$	8	\$	8				-			
g. Current Amortization	s								Ť								\neg				
h. Project Amortization	8																\neg				
I. Supplies	s	75,260	\$	75,283	\$	73,687	\$	76,673	\$	75,044	\$	74,222	\$	73,956			7				
J. Other Expenses (Specify/add rows if needed)	\$	71,457	\$	82,737	\$	91,192	\$	93,789	\$	96,597	\$	99,043	\$	102,278							
k. Purchased Services	s	44,339	\$	46,921	\$	36,766	\$	35,799	\$	34,537	\$	34,369	\$	34,238			7				
TOTAL OPERATING EXPENSES	\$	487,721		508,357	\$	511,531	\$	511,853		505,236	\$	506,379	\$	502,535	\$	N VV	•	\$		\$	
3. INCOME	-																				
a. Income From Operation	15	17,434	\$7	11,091	\$	16,732	\$	24,588	\$	33,904	\$	41,875	\$	50,309	\$	B.11775	*	\$	THE	\$	CHECK THE
b. Non-Operating Income	\$	37	\$	(201)																	
SUBTOTAL	\$	17,471	\$	10,890	\$	16,732	\$	24,588	\$	33,904	\$	41,875	\$	50,309	\$		•	\$	100	\$	- Francis
c. Income Taxes																					
NET INCOME (LOSS)	\$	17,471	\$	10,890	\$	16,732	\$	24,588	\$	33,904	\$	41,875	\$	50,309	\$	NITEDA.		\$	1	\$	1

TABLE G. REVENUES & EXPENSES, UNINFLATED - ENTIRE FACILITY

INSTRUCTION: Complete this table for the entire facility, including the proposed project. Table G should reflect current dollars (no inflation). Projected revenues and expenses should be consistent with the projections in Table F and with the costs of Manpower listed in Table L. Manpower. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable. Specify the sources of non-operating income. See additional instruction in the column to the right of the table.

		Recent Years	Current Year Projected		eded in orde	r to documen	ears after project t that the hospit with the Finance	tal will generat	e excess reve	
Indicate CY or FY	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	E SAN DE		SEVER STREET
4. PATIENT MIX		oli principali di Paris di Maria di Mar			AND DESCRIPTION OF THE PARTY OF			.800	MICHELE SAN	
a. Percent of Total Revenue										
1) Medicare	43.1%	43.8%	44.5%	44.5%	44.5%	44.5%	44.5%			
2) Medicaid	25.5%	24.9%	25.4%	25.4%	25.4%	25.4%	25.4%			
3) Blue Cross	10.3%	9.4%	9.3%	9.3%	9.3%	9.3%	9.3%			
4) Commercial Insurance	8.6%	8.5%	7.9%	7.9%	7.9%	7.9%	7.9%			
5) Self-pay	3.7%	3.5%	2.7%	2.7%	2.7%	2.7%	2.7%			2511 10 801111 10
6) Other	8.8%	9.9%	10.2%	10.2%	10.2%	10.2%	10.2%			
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%
 b. Percent of Equivalent Inpatient 	it Days									
1) Medicare	43.1%	43.8%	44.5%	44.5%	44.5%	44.5%	44.5%			
2) Medicald	25.5%	24.9%	25.4%	25.4%	25.4%	25.4%	25.4%			
3) Blue Cross	10.3%	9.4%	9.3%	9.3%	9.3%	9.3%	9.3%			
4) Commercial Insurance	8.6%	8.5%	7.9%	7.9%	7.9%	7.9%	7.9%			
5) Self-pay	3.7%	3.5%	2.7%	2.7%	2.7%	2.7%	2.7%			
6) Other	8.8%	9.9%	10.2%	10.2%	10.2%	10.2%	10.2%			-
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%

Table H

TABLE H. REVENUES & EXPENSES, INFLATED - ENTIRE FACILITY

INSTRUCTION: Complete this table for the entire facility, including the proposed project. Table H should reflect inflation. Projected revenues and expenses should be consistent with the projections in Table F. Indicate on the table if the reporting period is Celender Year (CV) or Fiscal Year (FV). 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.

	T		Recent Years tual)		ent Year Jected					the hospita	l will	generate e		ues c	occupancy) Ac over total exper	
Indicate CY or FY	FY 20	15	FY 2018	FY 201	了起这里的	FY 2018	F	Y 2019	FY	2020	FY 2	021				
1. REVENUE											e de la constante de la consta					
a. Inpatient Services	\$	342,280			344,892		81 \$	355,375	1\$	371,085	\$	381,914				
b. Outpatient Services	\$	321,486			351,900		99 \$	374,933	1\$	381,158		386,505				
Gross Patient Service Revenues	(\$ 题)	663,766			696,792		80 1	\$ 730,308	\$	752,243	\$	768,419	\$	要	\$	15 11 11
c. Allowance For Bad Debt	\$	18,511			26,129		31 \$			28,459		29,021				
d. Contractual Allowance	\$	149,425	\$ 153,170	\$	149,504	\$ 154,6	72 \$	156,123	\$	157,751	\$	159,368				
e. Charity Care	\$	2,956			6,380	\$ 6,5	91 \$			6,836	\$	6,981				
Net Patient Services Revenue	\$	492,874	\$ 508,175	\$ 1415	514,779	\$ 532,1	86 \$	539,844	\$	559,197	\$	573,049	\$ 65000000	Tak.	S MINE PRINT.	\$ 300
 Other Operating Revenues (Specify/add rows if needed) 	\$	12,281	\$ 13,273	\$	13,483	\$ 11,8	00 \$	11,933	\$	11,813	\$	11,818				
NET OPERATING REVENUE	(\$ 7/80)	505,155	\$ 519,448	\$ 100	528,263	\$ 543.9	86 \$	551,777	\$	571,010	\$	584,867	\$	COLUMN TO SERVICE STATE OF THE	STREET, ST.	\$ 8000000000
2. EXPENSES			the second second								-		-			-
a. Salaries & Wages (including benefits)	\$	258,764	\$ 272,890	5	279,407	\$ 284.7	43 \$	287,716	15	297,203	\$	299,293		\neg		
b. Contractual Services	5	4,704		1		7			1		1					
c. Interest on Current Debt	S	8,916	\$ 7,671	\$	7,665	\$ 7.7	89 \$	7,775	S	8,938	S	9,138				
d. Interest on Project Debt	\$					-			1		_					
e. Current Depreciation	\$	24,281	\$ 22,855	S	22,814	\$ 22,8	14 \$	22,817	\$	22,821	\$	23,621				
f. Project Depreciation	\$						8		\$		\$	8				
g. Current Amortization	\$				- marine											
h. Project Amortization	\$															
I. Supplies	\$	75,260	\$ 75,283	\$	73,687	\$ 80,2	69 \$	82,390	\$	85,500	\$	89,477				
J. Other Expenses (Specify/add rows if needed)	5	71,457	\$ 82,737	\$	91,192	\$ 96,7	68 \$	102,737	\$	108,480	\$	115,171				
k. Purchased Services	\$	44,339	\$ 46,921	\$	38,768	\$ 36,4	01 \$	35,721	\$	36,154	\$	36,646		\neg		
TOTAL OPERATING EXPENSES	\$	487,721	\$ 508,357	\$1400	511,531	\$ 528,7	74 \$	639,159	\$	559,104		673,354	\$ 15000000	100	\$ 12/ BANGORT	\$ WOLVER AND
3. INCOME	Mariana										No.					
a. Income From Operation	\$ 1976	17,434	\$ 11,091	SHEEK	16,732	\$ 15,2	12 \$	12,618	\$	11,906	\$ 100	11,513	\$ 1000 1000	1	\$ Neman Charles	\$ Markey 15
b. Non-Operating Income	\$	39	\$ (201)								erren in					0.1
SUBTOTAL	\$	17,473	\$ 10,890	\$ 144.5	16,732	\$ 15,2	12 \$	12,618	\$	11,906	(多)	11,513	\$ 1	10	\$ 1000	\$ Altered to the same
c. Income Taxes																
NET INCOME (LOSS)	SER	17,473	\$ 10,890	\$	16,732	\$ 15,2	12 \$	12,618	\$	11,906	\$ 100	11,513	\$	•	\$ MERSONAL PROPERTY.	"\$ 起你你去能
I. PATIENT MIX										No.			100210			
. Percent of Total Revenue			- 12.00							SOUNDAL SE					27-17-22-22	
1) Medicare		43.1%	43.8%		44.5%	44.	5%	44.5%		44.5%		44.5%		Т		
2) Medicald		25.5%	24.9%		25.4%	25.4		25.4%		25.4%		25.4%				
3) Blue Cross		10.3%	9.4%		9.3%	9.3	3%	9.3%		9.3%		9.3%				
4) Commercial Insurance		8.6%	8.5%		7.9%	7.9		7.9%		7.9%		7.9%				
5) Self-pay		3.7%	3.5%		2.7%		1%	2.7%		2.7%		2.7%				
6) Other		8.8%	9.9%		10.2%	10.2	2%	10.2%		10.2%		10.2%				
OTAL	STERM	100.0%	100.0%	Excess MA	100.0%	100.0	%	100.0%	B(E3	100.0%	XCAN	100.0%	0.	0%	0.0%	0.0

TABLE H. REVENUES & EXPENSES, INFLATED - ENTIRE FACILITY

INSTRUCTION: Complete this table for the entire fecility, including the proposed project. Table H should reflect inflation. Projected revenues and expenses should be consistent with the projections in Table F, Indicate on the table if the reporting period is Celender Year (CV) or Fiscal Year (FV). In an ettachment 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.

		tecent Years tual)	Current Year Projected			that the hospital		npletion and full coess revenues of ty standard.		
Indicate CY or FY	FY 2015	FY 2016	FY 2017	FY 2018	Y 2019	FY 2020	FY 2021	terment in a	Stan William Co.	
b. Percent of Equivalent Inpatient	Days	The second secon	AND DESCRIPTION OF THE PARTY OF		All the same of th	AND DESCRIPTION OF THE PERSON NAMED IN				
Total MSGA			La Touristan			and the second of the second				L. Hondon's Star
1) Medicare	43.1%	43.8%	44.5%	44.5%	44.5%	44.5%	44.5%			
2) Medicald	25.5%	24.9%	25.4%	25.4%	25.4%	25.4%	25.4%			
3) Blue Cross	10.3%	9.4%	9.3%	9.3%	9.3%	9.3%	9.3%			
4) Commercial Insurance	8.6%	8.5%	7.9%	7.9%	7.9%	7.9%	7.9%			
5) Self-pay	3.7%	3.5%	2.7%	2.7%	2.7%	2.7%	2.7%			
6) Other	8.8%	9.9%	10.2%	10.2%	10.2%	10.2%	10.2%			
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.09

Table I

TABLE I. STATISTICAL PROJECTIONS - NEW FACILITY OR SERVICE

INSTRUCTION: After consulting with Commission Sulf, complete this table for the new licelity or service (the proposed project), indicate on the table if the reporting period is Calendar Year (DV) or Faceal Year (PV). For sections 4 & 5, the number of bods and occupancy percentage
should be imported on the basis of licensed bods. In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicates must explain why the assumptions are reasonable. See additional instruction in the column to the
right of the table.

	Projected Years (ending	et lesst two years afte	project completion and	full occupancy) include K.	se additional years, if n	eded in order to be con	sistent with Tables J an
Indicate CY or FY	FY 2019	FY 2020	FY 2021	evel or a leasure	trayes the set	PACE HAVE BEEN	THE SAME AND
1. DISCHARGES							
a(i). Liver Transplants	10	14	30				
a(ii). Kidney Transplants	12						
b. ICU/CCU							Toronto and the control
Total MSGA	22	38	74				THE STATE OF THE S
c. Pediatric							
d. Obstetric							
e. Acute Psychiatric			- Changes Argentinal Colo				
Total Acute	22	38	74	0	0	DECOVE DE LUIS O	
f. Rehabilitation							
g. Comprehensive Care						Company of the second	
h. Other (Specify/add rows of needed)							
TOTAL DISCHARGES	I SALE THE LET SO	38	74		0	0	PSZEMYZAJĘCE.
2. PATIENT DAYS							
a(i). Liver Transplants	60	84	199	Lu comune	an anomerous and a		
a(ii). Kidney Transplants	60	120	248	3,44			
b. ICU/CCU (Liver Transplant Only)	30	42	90			4111110	
Total MSGA	150	246	538.5		0	1 1 1 0	N. C. C.
c. Pediatric							
d. Obstetric							
e. Acute Psychiatric							
Total Acute	150	245	537	0	0	0	0
f, Rehabilitation							
g. Comprehensive Care							
h. Other (Specify/add rows of needed)							
TOTAL PATIENT DAYS	150	248	537		0	0	The same of the same of
3. AVERAGE LENGTH OF STAY							
a(i). Liver Transplants	6.0						
a(ii). Kidney Transplants	5.0		5.6				
C. ICU/CCU (Liver Transplant Only)	3.0	3.0	3.0				
Total MSGA	6.8	6.5	7.3				
c. Pediatric							
d. Obstetric							
e. Acute Psychiatric						•	
Total Acute							
. Rehabilitation							
g. Comprehensive Care							
n. Other (Specify/add rows of needed)	AND THE RESERVE OF THE PARTY OF						
TOTAL AVERAGE LENGTH OF STAY					100		

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 (CV) or Fiscal Year (FV). For sections 4.8.5, the number of bods and occupancy percentage should be reported on the basis of locarised bads. 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 projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable. See additional instruction in the column to the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable. See additional instruction in the column to the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable.

	Projected Years (ending	at least two years afte	r project completion and	full occupancy) inclu	de additional years, if i	needed in order to be co	nsistant with Tables J
Indicate CY or FY	FY 2019	FY 2020	FY 2021	PERSONAL PROPERTY.		TALFERING	BOWNER -
NUMBER OF LICENSED BEDS			Martine Last Squips	·	al————————————————————————————————————		
a. General Medica/Surgical*							
b. ICUYCCU							
Total MSGA	15 Tel 2 Tel 2 Tel 2 Tel 2	0		THE RESIDENCE OF	0	0	O THE STATE OF THE
. Pediatric							
f. Obstetric							
. Acute Psychiatric							
Total Acute	to the second	0 0	0)	0	KOLENIA .
. Rehabilitation			3-1100				
. Comprehensive Care							
h. Other (Specify/add rows of needed)							
TOTAL LICENSED BEDS	· · · · · · · · · · · · · · · · · · ·	1	B.S. Helling	E. 1 - 2 2 3			TANK SI NAMED IN
OCCUPANCY PERCENTAGE "IMPORTANT NOTE: Leap year formulas should be changed in	by applicant to reflect 366 days p	er year.					
. General Medical/Surgical*							
. ICU/CCU							
Total MSGA	CONTRACTOR OF THE PARTY OF THE	District Services	V 10.050/035		STATE METERS		EXCLUSIVE DESCRIPTION
. Pediatric							
I. Obstetric					1 1000		
. Acute Psychiatric				200			
Total Acute	indigent to the second	-V 105	C DAY THE	EINTENN VIII 20	\$100 P.O. O. O. A.		NAME OF BRIDE
Rehabilitation							
. Comprehensive Care							
Other (Specify/add rows of needed)							
OTAL OCCUPANCY %	The state of the s		ROTTON TO THE ROTTON		THE PROPERTY OF THE PARTY OF TH	COST ESTOREMAN	HOST STATES
OUTPATIENT VISITS				Molecularity and the second		Marie Total	
. Emergency Department							
Same-day Surgery							
Laboratory							
Imaging							
Other (Specify/add rows of needed)	4,672	6,658	13,105				
OTAL OUTPATIENT VISITS	4,672		13,105	STATE OF THE PARTY	#5/3 F/3 . 3 H HV	ASSESSED FOR SHARE	SANCTAR SALES
OBSERVATIONS**							
Number of Patients							
Hours							

^{**} Services included in the reporting of the "Observation Center", direct expenses incurred in providing bedside care to observation patients; lumished by the hospital on the hospital on the hospital 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 I 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.

						al will ger	erate	excess re excess re asibility s	venue	over tot				
Indicate CY or FY	FY 201	9	FY 2020	17735	FY 20	21	1000	A TANKS	1200	THE ACT	77375		ESCHIE	Total Control
1. REVENUE					-		_		_		-		-	
a. Inpatient Services	\$	1,774	\$	4,177	\$	8,279								
b. Outpatient Services	\$	882	\$	1,481	\$	2,910		10.80						
Gross Patient Service Revenues	\$	2,656	\$	5,658	\$	11,190	\$		\$		\$	DW. No. of	\$	Pin I
c. Allowance For Bad Debt	\$	93	\$	195		385								
d. Contractual Allowance	\$	361		663	\$	1,297								
e. Charity Care	\$	24	\$	51	\$	101								
Net Patient Services Revenue	\$	2,179	\$	4,749	\$	9,407	\$	4	\$		\$	7	\$	A TOTAL
f. Other Operating Revenues (Specify)		- manufammu		and the same								*		
NET OPERATING REVENUE	\$	2,179	\$	4,749	\$	9,407	\$	7.17	\$	100	\$		S	TITLE S
2. EXPENSES													_	
a. Salaries & Wages (including benefits)	\$	1,842	\$	3,764	\$	4,657								
b. Contractual Services											_			
c. Interest on Current Debt														
d. Interest on Project Debt														
e. Current Depreciation														
f. Project Depreciation	\$	4	\$	8	\$	8		29 - 11124 - 11124				-		
g. Current Amortization					-				_				-	
h. Project Amortization		3(1111												
I. Supplies	S	357	\$	591	\$	1,208								_
I. Other Expenses (Specify)	\$	770	\$	1,282	\$	2,559								
k. Purchased Services	\$	90	\$	160		282								
TOTAL OPERATING EXPENSES	\$	3,062	\$	5,805	\$	8,714	\$	1254	\$	77	\$	27000	\$	
3. INCOME				-					-					
a. Income From Operation	\$	(883)	\$	(1,056)	\$	693	\$		\$	1100	\$		\$	-
b. Non-Operating Income	T			****			· ·					/-		
SUBTOTAL	\$	(883)	\$	(1,056)	\$	693	\$	and the latest	\$		\$		\$	777V
. Income Taxes														
NET INCOME (LOSS)	\$	(883)	\$	(1,056)	\$	693	\$	- 4-8-9	\$	THE WAY	\$	JAN STATE	\$	T C

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 Yea in order to do	rs (ending at lea cument that the	st two years after pr hospital will generat Financial F	roject completion e excess revenu easibility standa	es over total ex	ancy) Add yes penses consi	ers, if needed stent with the
Indicate CY or FY	FY 2019	FY 2020	FY 2021			AND AND AND ADDRESS OF THE PARTY OF THE PART	TO SECURE
4. PATIENT MIX						THE REAL PROPERTY.	
a. Percent of Total Revenue		The Commission of the Commissi					
1) Medicare	28.6%	46.2%	41.9%				
2) Medicaid	42.9%	25.3%	25.3%				
3) Blue Cross	18.6%	17.7%	20.8%				
4) Commercial Insurance	10.0%	10.8%	12.0%				
5) Self-pay							
6) Other							
TOTAL	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%
b. Percent of Equivalent Inpatient I	Days						1000
Total MSGA					7/41		
1) Medicare	28.6%	46.2%	41.9%				
2) Medicald	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			1.20.77				
6) Other							
TOTAL	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%

Table K

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

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

		Projected Years (ending at least two years after project completion and full occupancy) Add years, if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.												
Indicate CY or FY	FY 2019	THE REAL PROPERTY.	FY 2020	The Court	FY 20	21	Biggion.	1000	STANCT WITH	950	THOSE		i Patri	975 H/C
1. REVENUE			Learning Co.		A CONTRACTOR OF THE PARTY OF TH									
a. Inpatient Services	\$	1,774	\$	4,239	\$	8,530								
b. Outpatient Services	\$	882	\$	1,503	\$	2,998								
Gross Patient Service Revenues	\$	2,656	\$	5,742	\$	11,528	\$		\$	VVV.	\$. 5	ALL THE
c. Allowance For Bad Debt	\$	93		198		396			-				1	
d. Contractual Allowance	\$	361	\$	673		1,336								
e. Charity Care	\$	24	\$	52		104								
Net Patient Services Revenue	\$	2,179	\$	4,820		9,691	5		S	-	5	TOTAL PARTY	. 5	WATER PARTY
 Other Operating Revenues (Specify/add rows of needed) 		- Marian		,										
NET OPERATING REVENUE	\$	2,179	\$	4,820	\$	9,691	\$		S	Maria	\$	STEEL	\$	N. Pilin
2. EXPENSES										_				
a. Salaries & Wages (including benefits)	\$	1,842	\$	3,886	\$	4,965				_				
b. Contractual Services														
c. Interest on Current Debt														
d. Interest on Project Debt														
e. Current Depreciation														
f. Project Depreciation	\$	4	\$	8	\$	8								
g. Current Amortization														
h. Project Amortization							***************************************			-				
I. Supplies	\$	357	\$	624	\$	1,347								
j. Other Expenses (Specify/add rows of needed)	\$	770	\$	1,308	\$	2,661								
k. Purchased Services	\$	90	\$	163	\$	293								
TOTAL OPERATING EXPENSES	\$	3,062	S	5,990	S	9,275	S		S		\$	TYPYOR	S	513
3. INCOME													L	
a. Income From Operation	\$	(883)	S	(1,169)	Ś	417	\$. 11 S	\$	4.3	S		\$	-
b. Non-Operating Income		1-1-1											1	
SUBTOTAL	\$	(883)	\$	(1,169)	\$	417	\$	- 74	\$	0.0	\$	HEATTE ON S	\$	TO STATE
Income Taxes	-	13.47	-	.,,	•				-	-	-			-
NET INCOME (LOSS)	\$	(883)	\$	(1,169)	\$	417	\$		\$		\$	TO EN STREET	\$	COTHER PROPERTY.

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

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

		Projected Years (ending at least two years after project completion and full occupancy) Add years, if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.									
Indicate CY or FY	FY 2019 F	Y 2020 FY	2021		100 EN	THE THE PARTY OF T					
4. PATIENT MIX		AND DESCRIPTION OF THE OWNER, THE				HOLLING THE PARTY OF THE PARTY					
a. Percent of Total Revenue											
1) Medicare	28.6%	46.2%	41.9%								
2) Medicaid	42.9%	25.3%	25.3%								
3) Blue Cross	18.6%	17.7%	20.8%								
4) Commercial Insurance	10.0%	10.8%	12.0%								
5) Self-pay											
6) Other											
TOTAL	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%				
b. Percent of Equivalent Inpatient Da	iys				- III A A A A A A A A A A A A A A A A A						
1) Medicare	28.6%	46.2%	41.9%								
2) Medicald	42.9%	25.3%	25.3%								
3) Blue Cross	18.6%	17.7%	20.8%				100				
4) Commercial Insurance	10.0%	10.8%	12.0%								
5) Self-pay					e in the second						
6) Other											
TOTAL	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%				

Table L

TABLE L. WORKFORCE INFORMATION

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

Job Category		CURRENT ENTIRE P	ACILITY	PROJECTED CHANGES AS A RESULT OF THE PROPOSED PROJECT THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS)			OTHER EXPECTED CHANGES IN OPERATIONS THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS)			PROJECTED ENTIRE FACILITY THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS) *	
	Current Year FTEs	Average Salary per FTE	Current Year Total Cost	FTEs	Average Salary per FTE	Total Cost (should be consistent with projections in Table G, if submitted).	FTEs	Average Salary per FTE	Total Cost	FTEs	Total Cost (should be consistent with projections in Table G)
1. Regular Employees	CONT. NO.	E AND REPORT OF		N. F. Sec	05 15 010 D	21 C 21	AND	S-1 Wholes	TANKS OF	W6172401	10000000000000000000000000000000000000
Administration (List general categories, add rows if needed)											
Office/Clerical	239.0	\$47,908	\$11,447,942	4.0	\$98,682	\$394,728	-21.2	\$47,908	-\$1,014,787	221.8	\$10,827,883
Management	107.0	\$226,573	\$24,233,350				-14.5	\$226,573	-\$3,280,994	92.5	\$20,952,356
Total Administration	345.9	\$103,151	\$35,681,292	4.0	\$98,682	\$394,728	-35.7	\$120,454	-\$4,295,781	314.3	\$31,780,239
Direct Care Staff (List general categories, add rows if needed)				ANT.							
RN	773	\$100,880	\$77,960,945	10	\$108,548	\$1,085,481	-69	\$100,880	-\$6,910,739	714.3	\$72,135,687
Care Associates	245	\$42,278	\$10,339,843				-22	\$42,278	-\$918,561	222.9	\$9,423,282
Physicians	151	\$425,455	\$64,190,071	6	\$408,396	\$2,450,374	-13	\$350,000	-\$4,678,945	143.5	\$61,961,499
Intern/Residents	84	\$83,283	\$6,989,314				0	\$83,283	\$0	83.9	\$6,989,314
Other Direct Care	133	\$122,721	\$16,290,929	1	\$66,892	\$66,892	-13	\$122,721	-\$1,645,844	120.3	\$14,711,978
Total Direct Care	1,384.9	\$126,918	\$175,771,102	17.0	\$211,926	\$3,602,747	-117.0	\$120,996	-\$14,152,089	1,285.0	\$165,221,761
Support Staff (List general categories, add rows if needed)											
Technologists	197	\$78,169	\$15,363,898				-17	\$78,169	-\$1,361,911	179.1	\$14,001,987
Medical Assistants	70	\$43,637	\$3,036,821	2	\$55,676	\$111,351	-6	\$43,637	-\$269,195	65.4	\$2,878,977
Clinical Pharmacist	31	\$156,550	\$4,867,432				-3	\$156,550	-\$431,467	28.3	\$4,435,966
Other Support Staff	65	\$171,617	\$11,140,185	6	\$91,418	\$548,506	-6	\$171,617	-\$987,506	65.2	\$10,701,185
Service/Trade	234	\$41,169	\$9,643,213		<u> </u>		-21	\$41,169	-\$854,809	213.5	\$8,788,404
Other Non Patient Care	386	\$61,971	\$23,903,214				-39	\$61,971	-\$2,414,899	346.7	\$21,488,315
Total Support	982.1	\$69,194	\$67,954,763	8.0	\$82,482	\$659,857	-91.8	\$68,818	-\$6,319,787	898.3	\$62,294,833
REGULAR EMPLOYEES TOTAL	2,712.9	\$102,991	\$279,407,157	29.0		\$4,657,332	-244.5	\$101,316	-\$24,767,657	2,497.5	\$259,296,833

TABLE	WORKFORCE	INFORMATION

2. Contractual Employees				WINDS W	
Administration (List general					
categories, add rows if needed)					
	\$0	\$0	\$0	0.0	\$0
	\$0	\$0	\$0	0.0	\$0
	\$0	\$0	\$0	0.0	\$0
	\$0	\$0	\$0	0.0	\$0
Total Administration	\$0	\$0	\$0	0.0	\$(
Direct Care Staff (List general				The second	OF THE PA
categories, add rows if needed)					
	\$0	\$0	\$0 \$0	0.0	\$0
	\$0	\$0	\$0	0.0	\$0
	\$0	\$0	\$0	0.0	\$0
	\$0	\$0	\$0	0.0	\$0
Total Direct Care Staff	\$0	\$0	\$0	0.0	\$0
Support Staff (List general					
categories, add rows if needed)					
	\$0	\$0	\$0	0.0	\$0
	\$0	\$0	\$0	0.0	\$0
	\$0	\$0	\$0	0.0	\$0
	\$0	\$0	\$0	0.0	\$0
Total Support Staff	\$0	\$0	\$0	0.0	\$0
CONTRACTUAL EMPLOYEES TOTAL	\$0	\$0	\$0	0.0	\$0
Benefits (State method of					
calculating benefits below):					
The state of the s					
TOTAL COST 2,712.9	\$279,407,157 29.0	\$4,657,332 -244.5	-\$24,767,657	\$25	9,296,833