

August 16, 2023

VIA EMAIL & U.S. MAIL

Ms. Ruby Potter
mhcc.confilings@maryland.gov
Health Facilities Coordination Officer
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

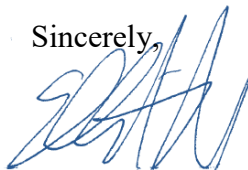
Re: Application for Certificate of Need
Construction of a Cancer Center at the
University of Maryland Medical Center (19-24-2438)

Dear Ms. Potter:

On behalf of applicant University of Maryland Medical Center, enclosed are six copies of its "Response to MHCC Additional Information Questions Dated July 12, 2023" regarding its Request for Post-Approval Project Change with respect to construction of a cancer center at the University of Maryland Medical Center.

I hereby certify that a copy of this submission has also been forwarded to the appropriate local health planning agencies as noted below.

Sincerely,



Ella R. Aiken

ERA:blr

Enclosures

cc: Wynee Hawk, Director, Center for Healthcare Facilities Planning and Development
Jeanne Marie Gawel, Acting Chief, CON, MHCC
Moirra A. Lawson, Program Manager, Certificate of Need, MHCC
Alexa Bertinelli, Assistant Attorney General, MHCC
Caitlin Tepe, Assistant Attorney General, MHCC
Dr. Letitia Dzirasa, Health Officer, Baltimore City Health Department
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**UNIVERSITY OF MARYLAND MEDICAL CENTER
CONSTRUCTION OF ADDITION FOR CANCER CENTER
Matter No. 19-24-2438**

**Responses to MHCC
Additional Information Questions Dated July 12, 2023**

- 1. Regarding Exhibit 6, Tables F and G, please extend and provide the projected Revenues and Expenses for FY 2029.**

[Applicant Response](#)

Exhibit 6 as provided in native format included projections through FY 2029. Unfortunately, the formatting in the printed version cut off that column year. Gallagher Evelius & Jones apologizes for this oversight, which occurred on its end. Revised PDFs including FY 2029 are provided in **Exhibit 11**.

- 2. Regarding the response to Question #7, please give the rationale for calling levels 11-14 hospital floors, when they contain only an elevator shaft and small elevator waiting space.**

[Applicant Response](#)

The new construction will be part of floors 11-14 of the existing North Hospital. While the new construction will consist only of an elevator and a stair, these will provide both fireman's access as well as service access for the delivery of clean materials and food plus the removal of trash.

- 3. Regarding the response to Question #9, please provide more description on what will be located in the 22,071 SF of new construction and 5,180 SF in renovations located on the fifth floor that will operate as "a mix of ambulatory space and administrative offices." The line diagram in Exhibit 7 does not provide any details on how Level Five will be used or designated.**

[Applicant Response](#)

The 11,071 sq. ft. of new construction on the fifth floor is a new outpatient clinic. It is a mixture of outpatient exam rooms and consultation rooms plus all the necessary clinical support spaces for the clinic to function efficiently.

Most of the 5,180 sq. ft. of renovated space is part of the outpatient clinic, however it is a specialty area designed for more lengthy treatments as opposed to a typical clinic visit. The adjacent office space will provide administrative work space for the clinical support staff. It is a mixture of triage nurses, genetic counselors, social workers and patient navigators.

4. **Regarding Questions #10 and #11, provide the rationale for calculating the mechanical areas of floors 9-10 as building space as opposed to mechanical penthouse space in the MVS.**

Applicant Response

This space is not a penthouse. The 9th floor is both an occupied level (offices) and mechanical room. The 10th floor is primarily open to below, with a mezzanine for electrical equipment. Because the site is the last buildable parcel on the landlocked hospital campus, UMMC determined it was prudent and cost-effective to build into the design the capability to carry up to four additional future floors (11 through 14). The cost of planning for this potential future use now is far more efficient than the demolition and construction that would be needed to add floors in the future if the possibility were not planned for at this stage. As a result, floors 9 and 10 are designed as if they were building space, not a penthouse. Floors 9 and 10 are wrapped in the same curtain wall system as the rest of the building, and the infrastructure for floors 9 and 10 must account for the future floors as well.

5. **Regarding Exhibit 9 MVS Analysis and p. 3, there are a number of discrepancies between the reported departmental differentials on p. 3 and the square footage reported in Exhibit 6, Table C – Construction Characteristics. Some examples are the following:**
 - a. **Only 8,589 SF for the lobby on p. 3, whereas Exhibit 6, Table C states the First Floor Lobby is 12,792 SF in new construction.**

Applicant Response

This question results from a misreading of Table C. Not all of the 12,792 sq. ft. shown in Table C is lobby space. It also includes Phlebotomy and public circulation space that are reflected separately in the departmental areas for those spaces reported in Table B.

- b. **Shell space is 17,576 SF in the MVS analysis on p. 3, but Table C states a total of 23,793 SF for Floors 2 and 3.**

Applicant Response

While the Second and Third Floors are shell space, some of this area is shaft space for elevators and stairwells and circulation space, all of which is included in the Shared Staff Support and Public Circulation and Mechanical and Electrical “departments” on Table B.

- c. **No departmental differential is set aside for the 5,084 SF for the lobby space designated for the elevator and public space located on floors 11 through 14.**

Applicant Response

This space is distributed throughout the Shared Staff Support and Public Circulation and Mechanical and Electrical “departments” on Table B.

- d. **A total of 50,286 SF is reported for Oncology Inpatient and BMT on p. 3, but a total of 66,385 SF is reported for Floors 6 through 8 in Table C.**

Applicant Response

As in the other responses, spaces for elevator and stairway shafts and public circulation which are reflected on floors 6-8 on table C are distributed to their respective “departments” on Table B.

Please resubmit UMMC’s MVS analysis and perform the departmental differential calculations for each of the floors separately, i.e., for Ground Floor through Floor 14, making it consistent with the square footage reported in Exhibit 6, Table C – Construction Characteristics.

Applicant Response

UMMC respectfully requests that the Commission reconsider this request. The MVS Analysis performed for this project change request is consistent with Tables B and C, and uses the approach and methodology that the MHCC has historically accepted, and consistent with instruction MHCC has provided to UMMC in prior reviews. A floor by floor analysis is onerous, both in terms of expense and delay. UMMS would be required to return to the architect to develop a floor by floor departmental analysis, which the MHCC has not required in prior reviews. Seeking such an analysis would threaten to delay construction, which is already underway, at significant expense.

6. **Please provide an update on the specifics of the planned UMMS bond offering? What is the interest rate on borrowing & term of repayment? Provide an update on how much of the proposed UMMS bond offering is to be directed to the Cancer Center project?**

Applicant Response

The planned debt issuance is tentatively scheduled for early calendar year 2024. The planned borrowing interest rate is 5.0% with an amortization of the bonds over 27 years. UMMS has not pin-pointed the actual dollar size of an UMMS bond offering but the assumptions included in the CON are based on an issuance for the necessary sources to support the UMMC Cancer Center project.

7. **Please provide a schedule which shows how UMMC computed \$3,965,685 of interest to be earned on bond proceeds before such is directed towards the cost of the project? What rate of earnings & when are proceeds to be received vs when to be spent?**

Applicant Response

The assumed earnings on the bond proceeds used for construction is 2.5%. The draw-down of those proceeds is assumed to occur between 25 and 36 months.

The below chart summarizes an estimate of a monthly draw schedule into years. The earnings are approximately based on the mid-point of the beginning and ending balances.

<i>\$ in 000's</i>				
Construction Fund	Year 1	Year 2	Year 3	
Beginning Balance	\$99,300	\$81,987	\$21,361	
Less: Draws	\$14,564	\$56,902	\$21,760	
Less: Capitalized Interest	\$5,015	\$5,016	\$0	
Balance	\$79,721	\$20,070	(\$399)	
Add: Investment Earnings over 12 month	\$2,266	\$1,291	\$399	\$3,956
Balance after Earnings	\$81,987	\$21,361	\$0	

- 8. UMMC stated that there are no current plans to file for a partial rate application yet did not offer a “pledge” not to seek additional rate support. Provide a clarification of UMMC’s intent?**

Applicant Response

UMMC has not included any additional patient revenues related to rate relief resulting from the construction of the Cancer Center building in the CON projection models. The only revenue included is inflation and a minor amount of innovation funding. While it is not UMMC’s intent to file a partial rate application, UMMC would like to keep the option open as the building will not be fully constructed for several years and current economic conditions could change by the occupancy date of the new building.

- 9. Has any GBR award for incremental depreciation and interest expense been included in the projections? If so, how much and when?**

Applicant Response

UMMC has not included any assumptions on additional GBR for depreciation and interest.

- 10. Are planned performance improvements included in the projections? Is so, how much and when?**

Applicant Response

There is a performance improvement built into the projections. This is seen primarily in FY24 salaries/wages. There is a significant decrease in expense from FY23 to FY24 and this is reflected in the labor table. UMMC provides further comments regarding these changes in

response to the July 14, 2023 questions from the HSCRC. UMMC incorporates those responses into this Response and respectfully refers MHCC to those responses.

11. Please segregate the increase in project cost into changes in the scope of the project versus price inflation on the original scope of the project.

Applicant Response

Upon receipt of bid pricing from the Construction Manager, UMMC analyzed the costs for the increase. In November 2022, UMMC engaged in a significant Value Engineering (VE) process to try to mitigate the cost increases. The VE effort yielded approximately \$20.5M in cost savings from this project.

Additionally, in 2019, UMMC engaged in a VE effort following the pricing of the Design Development documents and achieved \$16M in savings at that time.

The increased final bid costs have been broken into three components: Scope Enhancements, Extraordinary Inflation Rates, and Inflation Due to Delay.

Scope Enhancements - \$17.2M

Changes to the project scope occurred through the design process, for varying reasons:

- Best Practices
- Authority Having Jurisdiction Requirements (City Code Officials)
- City Architectural Review Requirements (UDAAP)
- Patient Experience & Circulation/Flow
- Vehicular Traffic Flow
- UMMC Masterplan Goals

Extraordinary Inflation - \$48.4M

- Escalation for this project was originally factored at approximately 3% per year.
- Escalation in the healthcare construction industry for 2022 was 13%. For 2021, escalation was 11%.
- Prevailing wage rates for certain trades increased as much as 69% for job classifications who represent a significant portion of the work force.

Representative of most workers on this site:

Maryland Dept. of Labor Wage Scale Rate Increases 2019 vs. 2022			
Job Classification	% Increase	Job Classification	% Increase
Carpenter	13%	Sheetmetal	9%
Concrete Laborer	69%	Sprinkler Fitter	10%
Glazier	19%	Laborer Group II	69%
Roofer	18%	Laborer Group I	14%

Escalation Due to Project Delay - \$9.3M

The project timeline was significantly impacted by UMMC's COVID 19 response efforts - limiting the design team's ability to meet with clinicians and develop the plans. Additionally, the project was also delayed by 2019 VE efforts. Total project delay was approximately 36 months.

12. The cost value of shell space was calculated to be \$10,417,00. Does this value account for both space decrease and inflation increase?

Applicant Response

Yes, this value includes space decrease and inflation increase.

Table of Exhibits

No.	Description
11.	Revised MHCC Form Tables, Tables F through L <i>Tables F & G reformatted to show FY 29 when printed</i> <i>Table L revised with this submission</i> <i>No changes to remaining tables</i>

Note: This exhibit is also attached as Exhibit 11 to the responses to the HSCRC Requests for Additional Information dated July 14, 2023.

EXHIBIT 1 1

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.

Indicate CY or FY	Two Most Recent Years (Actual)		Current Year Projected	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.					
	FY21	FY22	FY23	FY24	FY25	FY26	FY27	FY28	FY29
1. DISCHARGES									
a. General Medical/Surgical*	17,610	15,877	15,434	15,627	15,627	15,649	15,671	15,693	15,715
b. ICU/CCU	2,817	3,019	3,382	3,424	3,424	3,424	3,424	3,424	3,433
Total MSGA	20,427	18,896	18,816	19,052	19,052	19,074	19,096	19,118	19,148
c. Pediatric	1,687	1,943	2,134	2,134	2,134	2,134	2,134	2,134	2,134
d. Obstetric	3,173	3,166	3,438	3,438	3,438	3,438	3,438	3,438	3,438
e. Acute Psychiatric	665	632	550	600	600	600	600	600	600
Total Acute	25,952	24,637	24,938	25,224	25,224	25,246	25,268	25,290	25,320
f. Rehabilitation									
g. Comprehensive Care									
h. Other (Specify/add rows of needed)									
TOTAL DISCHARGES	25,952	24,637	24,938	25,224	25,224	25,246	25,268	25,290	25,320
2. PATIENT DAYS									
a. General Medical/Surgical*	121,364	106,502	105,575	106,634	106,634	107,141	108,293	109,446	109,600
b. ICU/CCU	67,084	72,453	70,796	71,506	71,506	71,506	71,506	71,506	71,506
Total MSGA	188,448	178,955	176,371	178,140	178,140	178,647	179,799	180,952	181,106
c. Pediatric	7,085	6,942	7,296	7,296	7,296	7,296	7,296	7,296	7,296
d. Obstetric	7,470	7,965	8,080	8,080	8,080	8,080	8,080	8,080	8,080
e. Acute Psychiatric	7,768	9,332	9,101	9,926	9,926	9,926	9,926	9,926	9,926
Total Acute	210,771	203,194	200,848	203,443	203,443	203,949	205,102	206,254	206,408
f. Rehabilitation									
g. Comprehensive Care									
h. Other (Specify/add rows of needed)									
TOTAL PATIENT DAYS	210,771	203,194	200,848	203,443	203,443	203,949	205,102	206,254	206,408

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.

Indicate CY or FY	Two Most Recent Years (Actual)		Current Year Projected	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.					
	FY21	FY22	FY23	FY24	FY25	FY26	FY27	FY28	FY29
3. AVERAGE LENGTH OF STAY (patient days divided by discharges)									
a. General Medical/Surgical*	6.9	6.7	6.8	6.8	6.8	6.8	6.9	7.0	7.0
b. ICU/CCU	23.8	24.0	20.9	20.9	20.9	20.9	20.9	20.9	20.8
Total MSGA	9.2	9.5	9.4	9.4	9.4	9.4	9.4	9.5	9.5
c. Pediatric	4.2	3.6	3.4	3.4	3.4	3.4	3.4	3.4	3.4
d. Obstetric	2.4	2.5	2.4	2.4	2.4	2.4	2.4	2.4	2.4
e. Acute Psychiatric	11.7	14.8	16.5	16.5	16.5	16.5	16.5	16.5	16.5
Total Acute	8.1	8.2	8.1	8.1	8.1	8.1	8.1	8.2	8.2
f. Rehabilitation									
g. Comprehensive Care									
h. Other (Specify/add rows of needed)									
TOTAL AVERAGE LENGTH OF STAY	8.1	8.2	8.1	8.1	8.1	8.1	8.1	8.2	8.2
4. NUMBER OF LICENSED BEDS									
a. General Medical/Surgical*	392	392	392	392	392	392	392	392	392
b. ICU/CCU	239	239	239	239	239	239	239	239	239
Total MSGA	631	631	631	631	631	631	631	631	631
c. Pediatric	44	44	44	44	44	44	44	44	44
d. Obstetric	34	34	34	34	34	34	34	34	34
e. Acute Psychiatric	42	42	42	42	42	42	42	42	42
Total Acute	751	751	751	751	751	751	751	751	751
f. Rehabilitation									
g. Comprehensive Care									
h. Other (Specify/add rows of needed)									
TOTAL LICENSED BEDS	751	751	751	751	751	751	751	751	751

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.

Indicate CY or FY	Two Most Recent Years (Actual)		Current Year Projected	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.					
	FY21	FY22	FY23	FY24	FY25	FY26	FY27	FY28	FY29
5. OCCUPANCY PERCENTAGE *IMPORTANT NOTE: Leap year formulas should be changed by applicant to reflect 366 days per year.									
a. General Medical/Surgical*	84.8%	74.4%	73.8%	74.5%	74.5%	74.9%	75.7%	76.5%	76.6%
b. ICU/CCU	76.9%	83.1%	81.2%	82.0%	82.0%	82.0%	82.0%	82.0%	82.0%
Total MSGA	81.8%	77.7%	76.6%	77.3%	77.3%	77.6%	78.1%	78.6%	78.6%
c. Pediatric	44.1%	43.2%	45.4%	45.4%	45.4%	45.4%	45.4%	45.4%	45.4%
d. Obstetric	60.2%	64.2%	65.1%	65.1%	65.1%	65.1%	65.1%	65.1%	65.1%
e. Acute Psychiatric	50.7%	60.9%	59.4%	64.8%	64.8%	64.8%	64.8%	64.8%	64.8%
Total Acute	76.9%	74.1%	73.3%	74.2%	74.2%	74.4%	74.8%	75.2%	75.3%
f. Rehabilitation									
g. Comprehensive Care									
h. Other (Specify/add rows of needed)									
TOTAL OCCUPANCY %	76.9%	74.1%	73.3%	74.2%	74.2%	74.4%	74.8%	75.2%	75.3%
6. OUTPATIENT VISITS									
a. Emergency Department	33,089	36,359	38,855	38,855	38,855	38,855	38,855	38,855	38,855
b. Same-day Surgery	15,354	15,622	15,726	15,726	15,726	15,726	15,726	15,726	15,726
c. Laboratory	Included in Item "e"								
d. Imaging	Included in Item "e"								
e. Clinic Visits / Other Ancillary	228,779	228,665	221,628	221,628	221,628	226,528	229,376	232,223	235,105
TOTAL OUTPATIENT VISITS	277,222	280,646	276,208	276,208	276,208	281,108	283,956	286,803	289,686
7. OBSERVATIONS**									
a. Number of Patients	3,756	3,821	3,636	3,636	3,636	3,636	3,636	3,636	3,636
b. Hours	113,088	138,102	123,889	123,889	123,889	123,889	123,889	123,889	123,889

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

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

TABLE G. REVENUES & EXPENSES, UNINFLATED - ENTIRE FACILITY

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

	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Add columns if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.					
	FY21	FY22	FY23	FY24	FY25	FY26	FY27	FY28	FY29
Indicate CY or FY									
1. REVENUE									
a. Inpatient Services	\$1,405,371	\$1,431,200	\$1,471,160	\$ 1,432,600	\$ 1,434,650	\$ 1,440,117	\$ 1,445,583	\$ 1,451,734	\$ 1,455,834
b. Outpatient Services	616,878	666,749	672,830	663,815	664,765	667,298	669,831	672,681	674,581
Gross Patient Service Revenues	\$2,022,249	\$2,097,949	\$2,143,989	\$2,096,415	\$2,099,415	\$2,107,415	\$2,115,415	\$2,124,415	\$2,130,415
c. Allowance For Bad Debt	\$ 49,246	\$ 51,392	\$ 51,929	\$ 50,777	\$ 50,850	\$ 51,043	\$ 51,237	\$ 51,455	\$ 51,600
d. Contractual Allowance	195,934	223,069	225,401	239,464	239,807	240,720	241,634	242,662	243,348
e. Charity Care	20,877	21,746	21,973	21,486	21,516	21,598	21,680	21,773	21,834
Net Patient Services Revenue	\$ 1,756,192	\$ 1,801,742	\$ 1,844,686	\$ 1,784,688	\$ 1,787,242	\$ 1,794,052	\$ 1,800,863	\$ 1,808,525	\$ 1,813,632
f. Other Operating Revenues (Specify/add rows if needed)	\$ 205,193	\$ 219,353	\$ 247,431	\$ 214,431	\$ 214,431	\$ 219,431	\$ 223,431	\$ 226,431	\$ 228,431
NET OPERATING REVENUE	\$ 1,961,385	\$ 2,021,095	\$ 2,092,116	\$ 1,999,119	\$ 2,001,672	\$ 2,013,483	\$ 2,024,293	\$ 2,034,955	\$ 2,042,063
2. EXPENSES									
a. Salaries & Wages (including benefits)	\$ 732,429	\$ 785,407	\$ 786,433	\$ 739,633	\$ 727,933	\$ 738,463	\$ 740,897	\$ 743,704	\$ 743,922
b. Contractual Services	511,461	533,586	554,444	551,944	552,944	554,978	556,464	558,053	558,123
c. Interest on Current Debt	17,012	13,377	20,782	22,398	21,944	21,966	21,499	21,030	20,690
d. Interest on Project Debt	-	-	-	-	-	7,899	7,755	7,603	7,443
e. Current Depreciation	94,920	95,624	94,246	92,928	95,170	94,218	93,276	92,343	90,506
f. Project Depreciation	-	-	-	-	-	11,818	11,818	11,818	11,818
g. Current Amortization	-	-	-	-	-	-	-	-	-
h. Project Amortization	-	-	-	-	-	-	-	-	-
i. Supplies	468,373	477,808	502,651	492,701	496,901	500,909	504,157	506,927	508,077
j. Other Expenses (Utilities / Insurance)	46,792	51,517	55,431	55,708	55,708	55,708	55,708	55,708	55,708
TOTAL OPERATING EXPENSES	\$ 1,870,987	\$ 1,957,319	\$ 2,013,987	\$ 1,955,312	\$ 1,950,600	\$ 1,985,960	\$ 1,991,574	\$ 1,997,186	\$ 1,996,286
3. INCOME									
a. Income From Operation	\$ 90,399	\$ 63,776	\$ 78,129	\$ 43,807	\$ 51,073	\$ 27,523	\$ 32,720	\$ 37,770	\$ 45,777
b. Non-Operating Income	\$ 49,675	\$ (55,571)							
SUBTOTAL	\$ 140,074	\$ 8,205	\$ 78,129	\$ 43,807	\$ 51,073	\$ 27,523	\$ 32,720	\$ 37,770	\$ 45,777
c. Income Taxes	\$ -	\$ -							
NET INCOME (LOSS)	\$ 140,074	\$ 8,205	\$ 78,129	\$ 43,807	\$ 51,073	\$ 27,523	\$ 32,720	\$ 37,770	\$ 45,777
4. PATIENT MIX									
a. Percent of Total Revenue									
1) Medicare	35.9%	36.8%	37.3%	37.5%	37.7%	37.9%	38.1%	38.3%	38.4%
2) Medicaid	28.4%	28.0%	27.1%	27.1%	27.1%	27.1%	27.0%	26.9%	26.8%
3) Blue Cross	15.8%	16.1%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%
4) Commercial Insurance	15.5%	14.4%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
5) Self-pay	0.9%	1.2%	1.4%	1.4%	1.3%	1.2%	1.2%	1.2%	1.2%
6) Other	3.6%	3.6%	4.1%	4.0%	3.9%	3.8%	3.7%	3.6%	3.6%
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

TABLE G. REVENUES & EXPENSES, UNINFLATED - ENTIRE FACILITY

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

Indicate CY or FY	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Add columns if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.					
	FY21	FY22	FY23	FY24	FY25	FY26	FY27	FY28	FY29
b. Percent of Equivalent Inpatient Days									
Total MSGA									
1) Medicare									
2) Medicaid				UMMC does not track payer's by patient days					
3) Blue Cross									
4) Commercial Insurance									
5) Self-pay									
6) Other									
TOTAL	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

TABLE H. REVENUES & EXPENSES, INFLATED - ENTIRE FACILITY--Revised June 3, 2019

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

Indicate CY or FY	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Add columns if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.					
	FY21	FY22	FY23	FY24	FY25	FY26	FY27	FY28	FY29
1. REVENUE									
a. Inpatient Services	\$ 1,405,371	\$ 1,431,200	\$ 1,471,160	\$ 1,461,252	\$ 1,508,706	\$ 1,561,403	\$ 1,615,918	\$ 1,673,099	\$ 1,729,837
b. Outpatient Services	616,878	666,749	672,830	\$677,091	\$699,080	\$723,498	\$748,758	\$775,254	\$801,544
Gross Patient Service Revenues	\$2,022,249	\$2,097,949	\$2,143,989	\$2,138,343	\$2,207,786	\$2,284,902	\$2,364,676	\$2,448,353	\$2,531,382
c. Allowance For Bad Debt	\$ 49,246	\$ 51,392	\$ 51,929	\$ 51,792	\$ 53,474	\$ 55,342	\$ 57,274	\$ 59,301	\$ 61,312
d. Contractual Allowance	195,934	223,069	225,401	224,807	232,108	240,215	248,602	257,399	266,128
e. Charity Care	20,877	21,746	21,973	21,915	22,627	23,418	24,235	25,093	25,944
Net Patient Services Revenue	\$ 1,756,192	\$ 1,801,742	\$ 1,844,686	\$ 1,839,828	\$ 1,899,577	\$ 1,965,926	\$ 2,034,564	\$ 2,106,560	\$ 2,177,998
f. Other Operating Revenues (Specify/add rows if needed)	\$ 205,193	\$ 219,353	\$ 247,431	\$ 218,719	\$ 225,499	\$ 237,911	\$ 249,758	\$ 260,958	\$ 271,424
NET OPERATING REVENUE	\$ 1,961,385	\$ 2,021,095	\$ 2,092,116	\$2,058,547	\$2,125,076	\$2,203,837	\$2,284,322	\$2,367,518	\$2,449,421
2. EXPENSES									
a. Salaries & Wages (including benefits)	\$ 732,429	\$ 785,407	\$ 786,433	\$ 765,520	\$ 776,013	\$ 810,856	\$ 837,934	\$ 866,342	\$ 892,593
b. Contractual Services	511,461	533,586	554,444	\$ 568,502	\$ 583,771	\$ 600,566	\$ 617,228	\$ 634,465	\$ 650,409
c. Interest on Current Debt	17,012	13,377	20,782	22,398	21,944	21,966	21,499	21,030	20,690
d. Interest on Project Debt	-	-	-	-	-	7,899	7,755	7,603	7,443
e. Current Depreciation	94,920	95,624	94,246	92,928	95,170	94,218	93,276	92,343	90,506
f. Project Depreciation	-	-	-	-	-	11,818	11,818	11,818	11,818
g. Current Amortization	-	-	-	-	-	-	-	-	-
h. Project Amortization	-	-	-	-	-	-	-	-	-
i. Supplies	468,373	477,808	502,651	\$ 514,872	\$ 541,330	\$ 568,889	\$ 596,912	\$ 625,700	\$ 653,771
j. Other Expenses (Utilities / Insurance)	46,792	51,517	55,431	\$ 57,379	\$ 58,908	\$ 60,478	\$ 62,090	\$ 63,745	\$ 65,444
TOTAL OPERATING EXPENSES	\$ 1,870,987	\$ 1,957,319	\$ 2,013,987	\$ 2,021,600	\$ 2,077,136	\$ 2,176,690	\$ 2,248,512	\$ 2,323,046	\$ 2,392,674
3. INCOME									
a. Income From Operation	\$ 90,399	\$ 63,776	\$ 78,129	\$ 36,947	\$ 47,940	\$ 27,147	\$ 35,810	\$ 44,472	\$ 56,747
b. Non-Operating Income	\$ 49,675	\$ (55,571)	\$ -						
SUBTOTAL	\$ 140,074	\$ 8,205	\$ 78,129	\$ 36,947	\$ 47,940	\$ 27,147	\$ 35,810	\$ 44,472	\$ 56,747
c. Income Taxes	\$ -	\$ -	\$ -						
NET INCOME (LOSS)	\$ 140,074	\$ 8,205	\$ 78,129	\$ 36,947	\$ 47,940	\$ 27,147	\$ 35,810	\$ 44,472	\$ 56,747
4. PATIENT MIX									
a. Percent of Total Revenue									
1) Medicare	35.9%	36.8%	37.3%	37.5%	37.7%	37.9%	38.1%	38.3%	38.4%
2) Medicaid	28.4%	28.0%	27.1%	27.1%	27.1%	27.1%	27.0%	26.9%	26.8%
3) Blue Cross	15.8%	16.1%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%
4) Commercial Insurance	15.5%	14.4%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
5) Self-pay	0.9%	1.2%	1.4%	1.4%	1.3%	1.2%	1.2%	1.2%	1.2%
6) Other	3.6%	3.6%	4.1%	4.0%	3.9%	3.8%	3.7%	3.6%	3.6%
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

TABLE H. REVENUES & EXPENSES, INFLATED - ENTIRE FACILITY--Revised June 3, 2019

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

Indicate CY or FY	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Add columns if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.					
	FY21	FY22	FY23	FY24	FY25	FY26	FY27	FY28	FY29
b. Percent of Equivalent Inpatient Days									
Total MSGA									
1) Medicare									
2) Medicaid									
3) Blue Cross				UMMC does not track payer's by patient days					
4) Commercial Insurance									
5) Self-pay									
6) Other									
TOTAL	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

TABLE I. STATISTICAL PROJECTIONS - NEW FACILITY OR SERVICE

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

Indicate CY or FY	FY21	FY22	FY23	FY24	FY25	FY26	FY27	FY28	FY29
1. DISCHARGES									
a. General Medical/Surgical*	1,347	1,146	1,158	1,173	1,173	1,195	1,217	1,239	1,261
b. ICU/CCU									
Total MSGA	1,347	1,146	1,158	1,173	1,173	1,195	1,217	1,239	1,261
c. Pediatric									
d. Obstetric									
e. Acute Psychiatric									
Total Acute	1,347	1,146	1,158	1,173	1,173	1,195	1,217	1,239	1,261
f. Rehabilitation									
g. Comprehensive Care									
h. Other (Specify/add rows of needed)									
TOTAL DISCHARGES	1,347	1,146	1,158	1,173	1,173	1,195	1,217	1,239	1,261
2. PATIENT DAYS									
a. General Medical/Surgical*	15,209	13,575	14,386	14,530	14,530	14,786	15,042	15,276	15,430
b. ICU/CCU									
Total MSGA	15,209	13,575	14,386	14,530	14,530	14,786	15,042	15,276	15,430
c. Pediatric									
d. Obstetric									
e. Acute Psychiatric									
Total Acute	15,209	13,575	14,386	14,530	14,530	14,786	15,042	15,276	15,430
f. Rehabilitation									
g. Comprehensive Care									
h. Other (Specify/add rows of needed)									
TOTAL PATIENT DAYS	15,209	13,575	14,386	14,530	14,530	14,786	15,042	15,276	15,430
3. AVERAGE LENGTH OF STAY									
a. General Medical/Surgical*	11.3	11.8	12.4	12.4	12.4	12.4	12.4	12.3	12.2
b. ICU/CCU									
Total MSGA	11.3	11.8	12.4	12.4	12.4	12.4	12.4	12.3	12.2
c. Pediatric									
d. Obstetric									
e. Acute Psychiatric									
Total Acute	11.3	11.8	12.4	12.4	12.4	12.4	12.4	12.3	12.2
f. Rehabilitation									
g. Comprehensive Care									
h. Other (Specify/add rows of needed)									
TOTAL AVERAGE LENGTH OF STAY	11.3	11.8	12.4	12.4	12.4	12.4	12.4	12.3	12.2

TABLE I. STATISTICAL PROJECTIONS - NEW FACILITY OR SERVICE

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

Indicate CY or FY	FY21	FY22	FY23	FY24	FY25	FY26	FY27	FY28	FY29
4. NUMBER OF LICENSED BEDS									
a. General Medical/Surgical*	52	52	52	52	52	52	52	52	52
b. ICU/CCU									
Total MSGA	52	52	52	52	52	52	52	52	52
c. Pediatric									
d. Obstetric									
e. Acute Psychiatric									
Total Acute	52	52	52	52	52	52	52	52	52
f. Rehabilitation									
g. Comprehensive Care									
h. Other (Specify/add rows of needed)									
TOTAL LICENSED BEDS	52	52	52	52	52	52	52	52	52
5. OCCUPANCY PERCENTAGE *IMPORTANT NOTE: Leap year formulas should be changed by applicant to reflect 366 days per year.									
a. General Medical/Surgical*	80.1%	71.5%	75.8%	76.6%	76.6%	77.9%	79.3%	80.5%	81.3%
b. ICU/CCU									
Total MSGA	80.1%	71.5%	75.8%	76.6%	76.6%	77.9%	79.3%	80.5%	81.3%
c. Pediatric									
d. Obstetric									
e. Acute Psychiatric									
Total Acute	80.1%	71.5%	75.8%	76.6%	76.6%	77.9%	79.3%	80.5%	81.3%
f. Rehabilitation									
g. Comprehensive Care									
h. Other (Specify/add rows of needed)									
TOTAL OCCUPANCY %	80.1%	71.5%	75.8%	76.6%	76.6%	77.9%	79.3%	80.5%	81.3%
6. OUTPATIENT VISITS									
a. Emergency Department									
b. Same-day Surgery									
c. Laboratory									
d. Imaging									
e. Clinic Visits / Other Ancillary	69,166	72,013	74,865	79,765	82,613	87,513	90,361	93,208	96,090
TOTAL OUTPATIENT VISITS	69,166	72,013	74,865	79,765	82,613	87,513	90,361	93,208	96,090
7. OBSERVATIONS**									
a. Number of Patients									
b. Hours									

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

** Services included in the reporting of the "Observation Center", direct expenses incurred in providing bedside care to observation patients; furnished by the hospital on the hospital's premises, including use of a bed and periodic monitoring by the hospital's nursing or other staff, in order to determine the need for a possible admission to the 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. 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		FY26	FY27	FY28	FY29		
1. REVENUE							
a. Inpatient Services							
b. Outpatient Services							
Gross Patient Service Revenues	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
c. Allowance For Bad Debt							
d. Contractual Allowance							
e. Charity Care							
Net Patient Services Revenue	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
f. Other Operating Revenues (Specify)							
NET OPERATING REVENUE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2. EXPENSES							
a. Salaries & Wages (including benefits)		\$ 10,530	\$ 12,964	\$ 15,771	\$ 15,988		
b. Contractual Services		\$ 2,034	\$ 3,520	\$ 5,108	\$ 5,179		
c. Interest on Current Debt							
d. Interest on Project Debt		\$ 7,899	\$ 7,755	\$ 7,603	\$ 7,443		
e. Current Depreciation							
f. Project Depreciation		\$ 11,818	\$ 11,818	\$ 11,818	\$ 11,818		
g. Current Amortization							
h. Project Amortization							
i. Supplies		\$ 1,434	\$ 2,481	\$ 3,601	\$ 3,651		
j. Other Expenses (Specify)							
Other Expense (Utilities)							
TOTAL OPERATING EXPENSES	\$ -	\$ 33,714	\$ 38,538	\$ 43,901	\$ 44,080	\$ -	\$ -
3. INCOME							
a. Income From Operation	\$ -	\$ (33,714)	\$ (38,538)	\$ (43,901)	\$ (44,080)	\$ -	\$ -
b. Non-Operating Income							
SUBTOTAL	\$ -	\$ (33,714)	\$ (38,538)	\$ (43,901)	\$ (44,080)	\$ -	\$ -
c. Income Taxes							
NET INCOME (LOSS)	\$ -	\$ (33,714)	\$ (38,538)	\$ (43,901)	\$ (44,080)	\$ -	\$ -

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		FY26	FY27	FY28	FY29		
4. PATIENT MIX							
a. Percent of Total Revenue							
1) Medicare							
2) Medicaid							
3) Blue Cross							
4) Commercial Insurance							
5) Self-pay							
6) Other							
TOTAL		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
b. Percent of Equivalent Inpatient Days							
Total MSGA							
1) Medicare							
2) Medicaid							
3) Blue Cross							
4) Commercial Insurance							
5) Self-pay							
6) Other							
TOTAL		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

TABLE K. REVENUES & EXPENSES, INFLATED - NEW FACILITY OR SERVICE--July 20, 2020 Updated

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		FY26	FY27	FY28	FY29		
1. REVENUE							
a. Inpatient Services							
b. Outpatient Services							
Gross Patient Service Revenues	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
c. Allowance For Bad Debt							
d. Contractual Allowance							
e. Charity Care							
Net Patient Services Revenue	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
f. Other Operating Revenues (Specify)							
NET OPERATING REVENUE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2. EXPENSES							
a. Salaries & Wages (including benefits)		\$ 11,563	\$ 14,662	\$ 18,371	\$ 19,184		
b. Contractual Services		\$ 2,208	\$ 3,923	\$ 5,845	\$ 6,084		
c. Interest on Current Debt							
d. Interest on Project Debt		\$ 7,899	\$ 7,755	\$ 7,603	\$ 7,443		
e. Current Depreciation							
f. Project Depreciation		\$ 11,818	\$ 11,818	\$ 11,818	\$ 11,818		
g. Current Amortization							
h. Project Amortization							
i. Supplies		\$ 1,628	\$ 2,938	\$ 4,445	\$ 4,698		
j. Other Expenses (Specify)							
Other Expense (Utilities)							
TOTAL OPERATING EXPENSES	\$ -	\$ 35,115	\$ 41,095	\$ 48,083	\$ 49,227	\$ -	\$ -
3. INCOME							
a. Income From Operation	\$ -	\$ (35,115)	\$ (41,095)	\$ (48,083)	\$ (49,227)	\$ -	\$ -
b. Non-Operating Income							
SUBTOTAL	\$ -	\$ (35,115)	\$ (41,095)	\$ (48,083)	\$ (49,227)	\$ -	\$ -
c. Income Taxes							
NET INCOME (LOSS)	\$ -	\$ (35,115)	\$ (41,095)	\$ (48,083)	\$ (49,227)	\$ -	\$ -
4. PATIENT MIX							

TABLE K. REVENUES & EXPENSES, INFLATED - NEW FACILITY OR SERVICE--July 20, 2020 Updated

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		FY26	FY27	FY28	FY29		
a. Percent of Total Revenue							
1) Medicare							
2) Medicaid							
3) Blue Cross							
4) Commercial Insurance							
5) Self-pay							
6) Other							
TOTAL	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
b. Percent of Equivalent Inpatient Days							
Total MSGA							
1) Medicare							
2) Medicaid							
3) Blue Cross							
4) Commercial Insurance							
5) Self-pay							
6) Other							
TOTAL	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

TABLE L. WORKFORCE INFORMATION--Revised August 8, 2023

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.

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)
1. Regular Employees											
Administration (List general categories, add rows if needed)											
Managers/Directors/Sr. Administrators	370.0	\$120,264	\$ 44,499,345				4.7	\$120,264	\$ 568,809	374.7	\$ 45,068,155
Total Administration	370.0	\$ 120,264	\$ 44,499,345	0.0	-	\$ -	4.7	\$120,264	\$ 568,809	374.7	\$ 45,068,155
Direct Care Staff (List general categories, add rows if needed)											
RNs	1,849.2	\$104,809	\$ 193,816,673	50.7	\$90,380	\$ 4,581,186	166.2	\$90,380	\$ 15,023,693	2,066.1	\$ 213,421,551
Clinical Professionals	1,144.1	\$100,888	\$ 115,422,303	31.9	\$135,884	\$ 4,333,111	24.8	\$95,844	\$ 2,378,423	1,200.8	\$ 122,133,836
Clinical Techs	593.2	\$78,054	\$ 46,300,430	20.2	\$72,595	\$ 1,467,668	7.6	\$72,595	\$ 550,443	621.0	\$ 48,318,541
Non-Licensed Clinical Residents	960.2	\$42,061	\$ 40,387,816	24.5	\$43,269	\$ 1,059,423	112.3	\$43,269	\$ 4,858,006	1,097.0	\$ 46,305,245
Total Direct Care	5,129.7	\$ 84,639	\$ 434,175,333	127.3	\$ 89,893	\$ 11,441,387	318.4	\$ 73,185	\$ 23,305,775	5,575.4	\$ 468,922,495
Support Staff (List general categories, add rows if needed)											
Administrative and Clerical	508.7	\$ 45,346	\$ 23,066,330	37.3	\$44,094	\$ 1,645,575	11.5	\$44,094	\$ 507,171	557.5	\$ 25,219,076
All Other Support	710.6	\$ 40,135	\$ 28,521,883	0.0	\$0	\$ -	14.3	\$40,135	\$ 572,951	724.9	\$ 29,094,834
Total Support	1,219.3	\$ 42,309	\$ 51,588,212	37.3	\$ 44,094	\$ 1,645,575	25.8	\$ 41,902	\$ 1,080,123	1,282.4	\$ 54,313,910
REGULAR EMPLOYEES TOTAL	6,719.0	\$78,919	\$ 530,262,891	164.6	\$79,509	\$ 13,086,962	349.0	\$71,513	\$ 24,954,707	7,232.6	\$ 568,304,560
2. Contractual Employees											
Administration (List general categories, add rows if needed)											
Total Administration			\$ -								
Direct Care Staff (List general categories, add rows if needed)											
RNs	411.1	\$260,671	\$ 107,156,553			\$ -	(290.0)	\$260,671	\$ (75,594,532)	121.1	\$ 31,562,020
Clinical Professionals	32.4	\$218,524	\$ 7,086,748				(10.0)	\$218,524	\$ (2,185,244)	22.4	\$ 4,901,503
Clinical Techs											
Non-Licensed Clinical	276.5	\$69,659	\$ 19,262,823			\$ -	(150.0)	\$69,659	\$ (10,445,614)	126.6	\$ 8,817,209
Total Direct Care Staff	720.0	185,415	\$ 133,506,123			\$ -	(450.0)	\$ 196,077	\$ (88,225,390)	270.1	\$ 45,280,733
Support Staff (List general categories, add rows if needed)											
Administrative and Clerical	18.7	\$62,815	\$ 1,174,643			\$ -	(4.8)	\$62,815	\$ (300,250)	13.9	\$ 874,393
All Other Support	78.9	\$49,799	\$ 3,929,617			\$ -	(9.2)	\$49,799	\$ (460,527)	69.7	\$ 3,469,090
Total Support Staff	97.6	52,292	\$ 5,104,260			\$ -	(14.0)	\$54,234	\$ (760,777)	83.6	\$ 4,343,484
CONTRACTUAL EMPLOYEES TOTAL	817.7	169,523	\$ 138,610,383			\$ -	(464.0)	\$191,788	\$ (88,986,167)	353.7	\$ 49,624,217
Benefits (State method of calculating benefits below) :											
22.17% of regular employee salaries			\$ 117,559,283			\$ 2,901,379			\$ 5,532,458		\$ 125,993,121
TOTAL COST	7,536.7		\$ 786,432,557	164.6		\$ 15,988,341	(115.0)		\$ (58,499,001)	7,586.3	\$ 743,921,897

	2024	2025	2026	2027	2028	2029
Assumptions to Revenue						
Inflation	2.00%	3.10%	3.10%	3.10%	3.10%	3.10%
Quality Adjustments	-0.82%	0.15%	0.10%	0.00%	0.00%	0.00%
Demographic Factor	-0.48%	0.00%	0.00%	0.00%	0.00%	0.00%
Market Shift	-0.30%	0.00%	0.00%	0.05%	0.10%	0.06%
Innovation	-0.51%	0.00%	0.29%	0.29%	0.29%	0.19%
High Cost Drug Funding	0.00%	0.00%	0.00%	0.05%	0.05%	0.03%
All Other	-0.15%	0.00%	0.00%	0.00%	0.00%	0.00%
Total	-0.26%	3.25%	3.49%	3.49%	3.54%	3.39%

	2024	2025	2026	2027	2028	2029
Assumptions to Salaries						
Inflation	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%
Performance Improvement ¹	(\$46.8M)	(\$11.7M)				
New Facility			Variable w/ Volume			

¹ Salaries in the current and prior fiscal year reflect an environment that is heavily dependent on temporary and other premium labor. This is driving up salaries due to the extremely high cost of that labor. UMMC has an action plan in place over the next two years to reduce both the hourly rate for temporary labor (anticipated softening of the market nationwide) as well as the number of premium FTEs. The reduction in FTEs is due to efficiency improvements driving down the number of FTEs needed to provide the care as well market equity salary adjustments to facilitate hiring of regular FTEs. **These changes drive the salaries down which is reflected in the Work Force Table under "Other Anticipated Changes".**

	2024	2025	2026	2027	2028	2029
Assumptions to Benefits						
	21.8%	21.8%	21.8%	21.8%	21.8%	21.8%

	2024	2025	2026	2027	2028	2029
Other Inflation Assumptions)						
Drugs	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%
Supplies	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%
Purchased Services	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%
Physician Services	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%
Insurance	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%