

GEORGE JEPSEN
ATTORNEY GENERAL



55 Elm Street
P.O. Box 120
Hartford, CT 06141-0120

Office of the Attorney General
State of Connecticut

August 28, 2014

VIA ELECTRONIC MAIL AND FACSIMILE

Dennis McConville, Senior Vice President &
Chief Strategy Officer
Eastern Connecticut Health Network, Inc.
71 Haynes Street
Manchester, Connecticut 06040

Jeffrey Peterson, Senior Counsel
Tenet Healthcare Corporation
1445 Ross Avenue, Suite 1400
Dallas, Texas 75202

**Re: Eastern Connecticut Health Network, Inc. – Proposed Asset Purchase by Tenet
Healthcare Corporation and Yale-New Haven Health Services Corporation - OHCA
Docket No. 14-31926-486 and Attorney General Docket No. 14-486-01**

Dear Mr. McConville and Mr. Peterson:

After our review of the certificate of need determination letter submitted by you, dated June 4, 2014, we have determined that the proposed transfer of certain assets of the Eastern Connecticut Health Network, Inc. ("ECHN") to a joint venture (the "New ECHN Hospital") to be formed between Tenet Healthcare Corporation ("Tenet") and the Yale-New Haven Health Services Corporation ("YNHH") requires approval pursuant to Conn. Gen. Stat. § 19a-486 et seq.

Accordingly, the parties to the proposed asset purchase (the "Asset Purchase") shall submit to the Commissioner of Public Health (the "Commissioner") and to the Attorney General, within sixty (60) days of the date of the mailing of this application form, an application for approval of the Asset Purchase. Please mail two (2) complete hard copies and two (2) complete electronic copies of the application for approval to the following address:

Office of the Attorney General
55 Elm Street, P.O. Box 120
Hartford, Connecticut 06141-0120
Attn: Gary W. Hawes, AAG

Please mail seven (7) complete hard copies and three (3) complete electronic copies of the application for approval to the following address:

Commissioner of Public Health
410 Capitol Avenue
Hartford, Connecticut 06134
Attn: Kevin Hansted, Staff Attorney

We request that your application for approval include the following information (Conn. Gen. Stat. § 19a-486a(c)), address the following issues (Conn. Gen. Stat. §§ 19a-486c and 19a-486d), and be presented in substantially the following format:

1. Identify the contact information for ECHN, Tenet, and YNHH, including the individual(s) to whom the Attorney General and the Department of Public Health shall submit bills for contracts with experts or consultants.
2. Provide an executive summary of the application for approval.
3. Describe the terms of the proposed joint venture between Tenet and YNHH (the "Joint Venture" or the "New ECHN Hospital"). This section should include, but is not limited to, a financial analysis of the transaction and descriptions of Tenet, YNHH, the new Joint Venture entity that is to be formed between Tenet and YNHH, the assets to be transferred pursuant to the Joint Venture, any other possible undertakings of the Joint Venture, and the Joint Venture's expected financial state and proposed governance structure after the transaction. Provide copies of all contracts, agreements, memoranda of understanding, and pro forma financial statements relating to the proposed Joint Venture.
4. Describe the terms of the proposed Asset Purchase. This section should include, but is not limited to, a financial analysis of the transaction (e.g., projected sources and uses of proceeds and the valuations of included and excluded assets) and descriptions of ECHN, the Joint Venture, the assets to be transferred pursuant to the Asset Purchase and any assets excluded from transaction, the assumed and excluded liabilities of the Asset Purchase, and the Joint Venture's other undertakings, including, but not limited to, the commitment to spend \$75 million dollars on capital items and a plan to expand or acquire new programs or services. Provide copies of all contracts, agreements, memoranda of understanding, and pro forma financial statements relating to the proposed Joint Venture.
5. Describe the due diligence undertaken by ECHN in deciding to enter into the Asset Purchase. This section should include, but is not limited to, considerations regarding the current financial condition of ECHN and any projected financial condition of ECHN, any professional assessments of or reports regarding ECHN or the Joint Venture, any and all alternatives explored by ECHN or other offers received by ECHN, the reasons for rejecting

such alternatives and offers, ECHN's selection of the Joint Venture, and the specific terms of the Asset Purchase. In addition, the parties should discuss the due diligence in obtaining the fairness evaluation required by Conn. Gen. Stat. § 19a-486a(c)(5), including providing a copy of said independent expert's resume or other documentation of his or her qualifications and describing the process undertaken to identify and retain this person as an independent expert.

6. Describe any and all potential conflicts of interest between, among, or pertaining to, at a minimum, any and all board members, officers, key employees, and experts of ECHN. Tenet, YNHH, any other party to the transaction, and any person or entity that performed assessments requested in this application. In addition, describe the due diligence taken to determine the existence of any conflicts of interest, including how ECHN, Tenet, and YNHH defined "conflict of interest" for purposes of the response to this question.
7. Provide an assessment of the fair market value of the transaction, including, but not limited to, a discussion regarding whether the fair market value of ECHN's assets has been manipulated. Describe how the assessment was performed (including any method to verify results of the assessment), the persons that performed the assessment, and their qualifications to perform the assessment. Provide copies of all documents and statements, financial and otherwise, in support of this assessment.
8. Provide an assessment of whether the transaction will place ECHN's assets, including but not limited to Manchester Memorial Hospital and Rockville General Hospital, at unreasonable risk. Provide copies of all documents and statements, financial and otherwise, in support of this assessment. Describe how the assessment was performed (including any method to verify results of the assessment), the persons that performed the assessment, and their qualifications to perform the assessment.
9. Provide an assessment of whether any managerial contracts to be entered into are for reasonable fair value. Provide copies of the managerial contracts and of all documents and statements, financial and otherwise, in support of the fair value assessment. Describe how the assessment was performed (including any method to verify results of the assessment), the persons that performed the assessment, and their qualifications to perform the assessment.
10. Describe the entity to which the fair market value of ECHN's assets will be transferred including the funding of the entity, its corporate structure, governance and membership, and the charitable purpose of the entity. Provide copies of any documents related to the creation, structure, and purpose of the entity.
11. Identify any and all assets of ECHN that are subject to a charitable use restriction imposed by a donor and the intended handling of those assets as a result of the Joint Venture. Please provide a listing of these assets in Microsoft Excel format. Also, please provide copies of the original gift instruments for each gift identified.

12. Provide copies of all correspondence, memoranda, and any other documents that include the terms of any other offers to transfer assets or operations or change control of operations received by the Hospital.
13. Provide a copy of a fairness evaluation by an independent person who is an expert in such Asset Purchases that includes the expert's evaluation of each of the criteria set forth in Conn. Gen. Stat. § 19a-486c(a). Also provide copies of the information and documents relied upon by the expert in the preparation and issuance of the fairness evaluation.
14. Describe the proposed corporate relationship between the New ECHN Hospital and the proposed VHS Waterbury Health System, LLC, including but not limited to any and all coordination of governance, control, and funding. Please disclose any related strategic, market, and/or financial analyses related to Tenet's and YNHH's contemplated ownership of VHS Waterbury Health System, LLC, and the New ECHN Hospital.
15. Describe the proposed corporate relationship between the New ECHN Hospital and the proposed VHS Saint Mary's Health System, LLC, including but not limited to any and all coordination of governance, control, and funding. Please disclose any related strategic, market, and/or financial analyses related to Tenet's contemplated ownership of VHS Saint Mary's Health System, LLC, and Tenet's and YNHH's contemplated ownership the New ECHN Hospital.
16. Describe the proposed corporate relationship between the New ECHN Hospital and the proposed VHS Bristol Health System, LLC, including but not limited to any and all coordination of governance, control, and funding. Please disclose any related strategic, market, and/or financial analyses related to Tenet's and YNHH's contemplated ownership of VHS Bristol Health System, LLC, and the New ECHN Hospital.
17. Please provide a copy of the transcript for the informal hearing required by Public Act 14-168, Section 9(c).
18. Explain how ECHN determined the need for the Asset Purchase and discuss the benefits of this Asset Purchase for the Manchester Memorial Hospital ("MMH") and Rockville General Hospital ("RGH"), respectively (provide discussion on history and time-line).
19. For each of MMH and RGH, provide a listing of the hospital's current service lines and service locations and describe any planned changes to both the service lines and service locations as a result of the Asset Purchase. Provide an explanation for each change and detail how the hospital's affiliation with the Yale New Haven Health System ("YNHHS") will aid in service line development.

20. Describe the existing populations served by MMH and RGH (collectively, the "ECHN Hospitals") and how the Asset Purchase will affect these populations. Include demographic information.
21. How will the for-profit nature of Tenet affect the provision of health care in the community?
22. Provide a transition plan for the Asset Purchase and describe how ECHN, YNHHS and Tenet (collectively, the "Applicants") will ensure continuity of care and hospital services through this plan.
23. Understanding that the proposal is for VHS to exercise common ownership over MMH and RGH, how will care be coordinated between the two hospitals? Please explain in detail how care coordination efforts will be aided by the proposed Asset Purchase (i.e., how they will be different from ECHN's present efforts), the role YNHHS will play in these efforts and provide any written plans documenting this coordinated approach to care for the patient population served.
24. Provide a description of the relationship between the proposal and the Statewide Health Care Facilities and Services Plan.
25. Reference is made to the MMH and RGH Community Health Needs Assessment Final Report 2013 and the priority health needs of heart disease incidence, cancer incidence, diabetes incidence and arthritis incidence identified therein. Please explain how the new joint venture entity, VHS Eastern Connecticut Health System, LLC ("VHS") will address the needs of service area residents with respect to prevention and treatment of these diseases and conditions.
26. Provide a description of plans that VHS will implement to control cost, such as discharge care coordination, implementation of electronic medical records and emergency department triaging to the appropriate level of care. In responding to this question, report any anticipated savings from the following expense categories for the ECHN hospitals: salaries and wages, fringe benefits, contractual labor fees, medical supplies and pharmaceutical costs, depreciation and amortization, bad debts, interest expense, malpractice expense, utilities, business expense and other operating expenses.
27. Provide a description of VHS' plans to continue to provide services to the uninsured and underinsured. In responding to this question, please describe any changes to the ECHN Hospital's current charity care, uncompensated care and financial assistance policies and procedures, and hospital bed funds that will result from the Asset Purchase. Describe any plans VHS has to work with other providers in the community, such as federally qualified health centers or community health centers, to provide specialty care to patients, or low cost programs that VHS will provide in the area that are tailored towards the uninsured or underinsured.

28. Submit a list of all key professional, administrative and clinical department heads related to this proposal. Additionally, provide a copy of the Curriculum Vitae of each individual listed.
29. Provide evidence as to how the Asset Purchase will improve quality, accessibility and cost effectiveness of health care delivery in the region, including but not limited to:
 - a. provision of or any change in the access to services for Medicaid recipients and indigent persons; and
 - b. the impact upon the cost effectiveness of providing access to services provided under the Medicaid program.
30. Provide the corporate organizational chart prior to and after the proposed Asset Purchase, including all affiliates. For the organizational chart that depicts the post-Asset Purchase structure, working upward on the chain of ownership from VHS, the entity that will own and operate the two hospitals, please: (i) describe the nature of the ownership and control that each entity has in the entity directly below it; (ii) describe the major business activities/functions of each entity; (iii) provide the principal place of business address for each entity; and (iv) provide the name and business address of each individual currently serving as a member of the governing body of each entity.
31. Please provide the date on which each of MMH and RGH filed audited financial statements with OHCA. Applicants may reference these statements in responding to questions.
32. List all funding or financing sources for the \$105,000,000 Asset Purchase (the "Purchase Price") by VHS and VHS' commitment to invest \$75,000,000 in facility improvements, general upgrades and renovations, deferred maintenance, and initiatives to develop, expand or acquire new programs or services, and to support the recruitment of medical staff (the "Capital Commitment"). Provide applicable details such as interest rate; term; monthly payment; pledges and funds received to date; letter of interest or approval from a lending institution.
33. Please explain in detail the reasons why, and with respect to each item, the extent to which, the Purchase Price for ECHN's assets may be adjusted for each of the following:
 - a. outstanding indebtedness;
 - b. pension liabilities;
 - c. retiree health benefits;
 - d. captive insurers;
 - e. capital leases;
 - f. asbestos abatement; and
 - g. joint venture interests that may not transfer.

34. How, if at all, will non-approval by any of the joint venture interests referred to in Question 32(g) above affect the Asset Purchase, other than an adjustment of the purchase price?
35. Please explain in detail the terms of the Capital Commitment and in particular:
 - a. how it will be allocated as between MMH and RGH, including the annual amounts projected to be available to each hospital;
 - b. the capital projects for each of the hospitals that are deemed top priorities by the Applicants; and
 - c. the service improvements for each of the hospitals that are deemed top priorities by the Applicants.
36. Describe in detail how this proposal will affect the financial strength of the State's health care system and will be financially feasible.

37. Please provide the current payer mix for each of MMH and RGH and the projected payer mix for each respective hospital after the Asset Purchase (based on the number of patients, not based on revenue) in the following reporting format:

Table 1: Patient Population/Payer Mix

Total Facility Description	Current Payer Mix	Year 1 Projected Payer Mix	Year 2 Projected Payer Mix	Year 3 Projected Payer Mix
Medicare*	%	%	%	%
Medicaid* (includes other medical assistance)				
CHAMPUS or TriCare				
Total Government Payers				
Commercial Insurers*				
Uninsured				
Workers Compensation				
Total Non-Government Payers				
Total Payer Mix	100.0%	100.0%	100.0%	100.0%

*Includes managed care activity.

38. Provide the assumptions used to project the patient population/payer mix after the proposed Asset Purchase.
39. Please provide one year of actual results and three years of projections of total revenue, expense and volume statistics without, incremental to and with the CON proposal in the following reporting format:
 - a. Financial Attachment I(A) – for ECHN without the CON project (columns 1, 2 5, 8 & 11) and for VHS with the CON project and incremental to the CON project (remainder columns); and
 - b. Submit Financial Attachment I(A) using the same page and print layouts (size, font, page orientation, margins, etc.) as provided by OHCA.

Note that the actual results for the fiscal year reported in the first column must agree with ECHN's audited financial statements. The projections must include the first three full fiscal years of the project.

40. Provide the assumptions utilized in developing Financial Attachment I (e.g., full-time equivalents, volume statistics, other expenses, revenue and expense percentage increases, project commencement of operation date, etc.).
41. Explain any projected incremental losses from operations contained in the financial projections that result from approval of the Asset Purchase and operation of VHS, MMH or RGH.
42. Please describe any anticipated change to existing reimbursement contracts with payers (e.g., Medicare, Medicaid, commercial) as a result of the Asset Purchase. Is it assumed in the financial projections that VHS will willingly negotiate with the payers that ECHN currently has contracts with?
43. Please explain in detail how the proposed Asset Purchase will be able to assure satisfaction of ECHN's and/or each of MMH's and RGH's debt and pension obligations.
44. For each of MMH and RGH, please address the following regarding staffing at the hospital by completing "Staffing Attachments I&II."
 - a. Provide the levels of staffing for fiscal year ("FY") 2013 broken out as follows:
 - i. Average patient to nursing staff ratios per shift (a.m., p.m. and overnight) for each department and/or unit of the hospital;

- ii. The same information as provided in subsection (a)(i) above showing the RN to patient ratio only; and
 - iii. The average nursing hours per patient day (NHPPD) for each department and/or unit of the hospital (all nursing staff should be included in the calculation of nursing hours).
 - b. Provide the projected levels of staffing by department and/or unit for the hospital for the first three (3) full FYs following approval of the Asset Purchase broken out as follows:
 - i. Average patient to nursing staff ratios per shift (a.m., p.m. and overnight) for each department and/or unit of the Hospital; and
 - ii. The same information as provided in subsection (b)(i) above showing the projected RN to patient ratio only.
45. For each of MMH and RGH, provide a detailed explanation by department and/or unit as completed by the Applicants in Staffing Attachment I, to reconcile any differences between FY 2013 nursing staff levels and those projected for the first three (3) full FYs following approval of the Asset Purchase.
46. For each of MMH and RGH, describe any other hospital-employed or hospital-contracted staff besides nursing staff (e.g., hospitalists, mid-level providers, therapists, etc.) that were engaged to provide direct patient care at the hospital (collectively, "Ancillary Caregivers") for FY 2013 broken out as follows:
- a. The type of Ancillary Caregivers and the department and/or unit to which such staff was assigned;
 - b. The average number of hours per week that such Ancillary Caregivers provided patient care for the department and/or unit; and
 - c. For the first three (3) full FYs following approval of the Asset Purchase, the average number of hours per week that such Ancillary Caregivers are projected to provide patient care for each department and/or unit of the hospital described in subsection (a) above.
47. For each of MMH and RGH, provide a detailed explanation by department and/or unit to reconcile any differences between the average number of hours per week that the Ancillary Caregivers described in Question [44] above provided patient care in FY 2013 with those projected for the first three (3) full FYs following approval of the Asset Purchase.
48. For each of MMH and RGH, provide evidence that the proposed staffing for nursing staff and Ancillary Caregivers for the first three (3) full FYs following approval of the Asset Purchase meet all Connecticut Department of Public Health ("DPH") staffing requirements

and assure continued access to high quality and affordable health care. Be sure to cite the appropriate DPH regulations and/or other industry benchmarks as applicable.

49. Applicants are required to provide copies of all CMS statements of deficiencies and plans of correction (CMS Form 2567) for hospitals owned by Tenet for the two (2) most recently completed federal fiscal years. Provide these documents in an electronic format only. PDF file on a CD to accompany the responses. No paper copies required.
50. Provide a copy of, and describe any changes to, any of the following policies and procedures that will be in place at MMH and RGH if the Asset Purchase is approved:
 - a. hospital collection policies (including charity care and bad debt);
 - b. annual or periodic review and/or revision to the hospital's pricing structure (the chargemaster or pricemaster); and
 - c. the annual or periodic market rate assessment for the hospital.
51. MMH and RGH have provided OHCA with their annual FY 2014 pricemasters, which were most recently updated for the months of [April,] 2014[, respectively]. With respect to these submissions and for each of MMH and RGH, please answer the following: [NB: This question assumes separate pricemasters were submitted for each hospital, please correct if this is not the case.]
 - a. Will the pricemaster change as a result of the Asset Purchase?
 - b. If so, please identify any anticipated increases or decreases to the pricemaster as a result of the Asset Purchase.
 - c. Please quantify the overall percentage increase or decrease in the pricemaster that is anticipated in subsection (b) above and explain the rationale for such change.

52. Please provide monthly financial statistics reports for FY 2014, current month and year-to-date, and comparable period for FY 2013 to OHCA, for each of MMH and RGH only and for ECHN, with the Application and thereafter on a monthly basis for each month (formatted side by side), until a public hearing in this matter is held. The following financial measurements/indicators should be addressed in the reports:

Monthly Financial Measurement/Indicators	
A. <u>Operating Performance</u>	
	Operating Margin
	Non-Operating Margin
	Total Margin
	Bad Debt as % Gross Revenue
B. <u>Liquidity</u>	
	Current Ratio
	Days Cash on Hand
	Days in Net Accounts Receivables
	Average Payment Period
C. <u>Leverage and Capital Structure</u>	
	Long-term Debt to Equity
	Long-term Debt to Capitalization
	Unrestricted Cash to Debt
	Times Interest Earned Ratio
	Debt Service Coverage Ratio
	Equity Financing Ratio
D. <u>Additional Statistics</u>	
	Income from Operations
	Revenue Over/(Under) Expense
	EBITDA
	Patient Cash Collected
	Cash and Cash Equivalents
	Net working Capital
	Unrestricted Assets
	Credit Ratings (S&P, FITCH and Moody's)


53. Please describe in detail the corporate structure, governance, controlling body, purpose and function of the ECHN Community Healthcare Foundation, Inc. ("Foundation") after the Asset Purchase, including the identity of all members of the Foundation and their authority.

54. For each of MMH and RGH, provide a copy of the hospital's IRS Form 990 for the 2013 tax year and with respect to the amounts listed on each line item within Part 1, Section 7 of Schedule H ("Financial Assistance and Certain Other Community Benefits at Cost"), provide a projected amount for each line item for the first three (3) tax years following the Asset Purchase. Please note that it is understood that MMH and RGH will not file an IRS Form 990 following the Asset Purchase. This question is directed at determining the amount of programmatic and financial support that the hospitals will continue to provide in these community benefit categories. In providing this information, please elaborate on the specific activities included and how the projections demonstrate VHS' commitment to maintain and adhere to ECHN's current policies regarding charity care, indigent care, community volunteer services and community outreach services or to adopt other policies that are at least as favorable to the community as ECH's current policies.
55. For each of MMH and RGH, with respect to the amounts listed on each line item within Part II of Schedule H of the Hospital's IRS Form 990 for the 2013 tax year ("Community Building Activities"), provide a projected amount for each line item for the first three (3) tax years following the Asset Purchase. Please note that it is understood that MMH and RGH will not file an IRS Form 990 following the Asset Purchase. This question is directed at determining the amount of programmatic and financial support that the hospitals will continue to provide in these community building activity categories. In providing this information, please elaborate on the specific activities included and how the projections demonstrate VHS' commitment to maintain and adhere to ECHN's current policies regarding charity care, indigent care, community volunteer services and community outreach services or to adopt other policies that are at least as favorable to the community as ECH's current policies.
56. Please discuss whether the Asset Purchase and formation of VHS is expected to achieve an improved negotiating position with vendors and/or payers and, if such an improved negotiating position is anticipated, how it will translate into tangible savings for the consumer of health care services. Provide a response that both describes any anticipated improvements in detail and quantifies the expected results for the consumer.
57. Provide details of plans to be put in place to ensure the proposed health care services provided by VHS adhere to the National Standards on Culturally and Linguistically Appropriate Services (CLAS) to advance health equity, improve quality and help eliminate health care disparities in the projected service area. (For more details on CLAS standards see <http://minorityhealth.hhs.gov/Default.aspx#sthash.U320zUXq.dpuf>.)
58. What criteria will VHS use to offer current employees employment in the new entity? For those employees that will be employed by VHS, what is the projected difference in salary for current employees and similarly situated employees at other hospitals operated by Tenet in similar markets?


After receipt of your application for approval, the Commissioner and the Attorney General shall review the submission to determine whether the application for approval is complete. If not, the Commissioner and the Attorney General shall provide written notice of any deficiencies within twenty (20) days of receipt of the application for approval.

Should you have any questions regarding this application form, your application for approval, or any other issues relating to the Commissioner's and Attorney General's review, please do not hesitate to contact either Steven Lazarus at the Department of Public Health (860-418-7012; Steven.Lazarus@ct.gov) or Assistant Attorney General Gary W. Hawes at the Office of the Attorney General (860-808-5020; gary.hawes@ct.gov).

Very truly yours,



Perry Zinn Rowthorn
Deputy Attorney General



Lisa A. Davis, MBA, BSN, RN
Deputy Commissioner, DPH

Attachments

cc: Steven W. Lazarus, Associate Health Care Analyst, OHCA
Gary W. Hawes, Assistant Attorney General, OAG

FINANCIAL ATTACHMENT DESCRIPTIONS

Financial Attachment I:

A – Long Form Total Facility

Cells Legend:

	Indicates input cell
	Indicates calculated cell

Name Entity:

Please provide one year of actual results and three years of projections of **Total Entity** revenue, expense and volume statistics without, incremental to and with the CON proposal in the following reporting format:

Financial Attachment I (A):

LINE	Total Entity: Description	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
		FY Actual Results	FY Projected W/out CON	FY Projected Incremental	FY Projected With CON	FY Projected W/out CON	FY Projected Incremental	FY Projected With CON	FY Projected W/out CON	FY Projected Incremental	FY Projected With CON	FY Projected W/out CON	FY Projected Incremental	FY Projected With CON
A. OPERATING REVENUE														
1	Total Gross Patient Revenue				\$0			\$0			\$0			\$0
2	Less: Allowances				\$0			\$0			\$0			\$0
3	Less: Charity Care				\$0			\$0			\$0			\$0
4	Less: Other Deductions				\$0			\$0			\$0			\$0
	Net Patient Service Revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
5	Medicare				\$0			\$0			\$0			\$0
6	Medicaid				\$0			\$0			\$0			\$0
7	CHAMPUS & TriCare				\$0			\$0			\$0			\$0
8	Other				\$0			\$0			\$0			\$0
	Total Government	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
9	Commercial Insurers				\$0			\$0			\$0			\$0
10	Uninsured				\$0			\$0			\$0			\$0
11	Self Pay				\$0			\$0			\$0			\$0
12	Workers Compensation				\$0			\$0			\$0			\$0
13	Other				\$0			\$0			\$0			\$0
	Total Non-Government	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Net Patient Service Revenue^a (Government+Non-Government)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
14	Provision for Bad Debts				\$0			\$0			\$0			\$0
	Net Patient Service Revenue less provision for bad debts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
15	Other Operating Revenue				\$0			\$0			\$0			\$0
17	Net Assets Released from Restrictions				\$0			\$0			\$0			\$0
	TOTAL OPERATING REVENUE	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B. OPERATING EXPENSES														
1	Salaries and Wages				\$0			\$0			\$0			\$0
2	Fringe Benefits				\$0			\$0			\$0			\$0
3	Physicians Fees				\$0			\$0			\$0			\$0
4	Supplies and Drugs				\$0			\$0			\$0			\$0
5	Depreciation and Amortization				\$0			\$0			\$0			\$0
6	Provision for Bad Debts-Other ^b				\$0			\$0			\$0			\$0
7	Interest Expense				\$0			\$0			\$0			\$0
8	Malpractice Insurance Cost				\$0			\$0			\$0			\$0
9	Lease Expense				\$0			\$0			\$0			\$0
10	Other Operating Expenses				\$0			\$0			\$0			\$0
	TOTAL OPERATING EXPENSES	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Provision for Income Taxes ^c				\$0			\$0			\$0			\$0
	Earnings Before Interest, Taxes, Depreciation & Amortization (EBITDA)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	INCOME / (LOSS) FROM OPERATIONS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	NON-OPERATING INCOME / REVENUE				\$0			\$0			\$0			\$0

Name Entity:

Please provide one year of actual results and three years of projections of **Total Entity** revenue, expense and volume statistics without, incremental to and with the CON proposal in the following reporting format:

Financial Attachment I (A):

LINE	Total Entity: Description	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
		FY Actual Results	FY Projected W/out CON	FY Projected Incremental	FY Projected With CON	FY Projected W/out CON	FY Projected Incremental	FY Projected With CON	FY Projected W/out CON	FY Projected Incremental	FY Projected With CON	FY Projected W/out CON	FY Projected Incremental	FY Projected With CON
	NET INCOME / EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C.	Retained Earnings/ Net Assets, beginning of year				\$0			\$0			\$0			\$0
	Retained Earnings / Net Assets, end of year				\$0			\$0			\$0			\$0
	Principal Payments				\$0			\$0			\$0			\$0
D. PROFITABILITY SUMMARY														
1	Hospital Operating Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
2	Hospital Non Operating Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
3	Hospital Total Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
E.	FTEs				0			0			0			0
F. VOLUME STATISTICS^d														
1	Inpatient Discharges				0			0			0			0
2	Outpatient Visits				0			0			0			0
	TOTAL VOLUME	0	0	0	0	0	0	0	0	0	0	0	0	0

^aTotal amount should equal the total amount on cell line "Net Patient Revenue" Row 14.

^bProvide the amount of any transaction associated with Bad Debts not related to the provision of direct services to patients. For additional information, refer to FASB, No.2011-07, July 2011.

^cProvide the amount of income taxes as defined by the Internal Revenue Services for for-profit entities.

^dProvide projected inpatient and/or outpatient statistics for any new services and provide actual and projected inpatient and/or outpatient statistics for any existing services which will change due to the proposal.

