

State of Connecticut

PERRY ZINN ROWTHORN
DEPUTY ATTORNEY GENERAL



Hartford

August 4, 2014

VIA ELECTRONIC MAIL AND FACSIMILE

Chad Wable, President and CEO
Saint Mary's Hospital
56 Franklin Street
Waterbury, Connecticut 06706

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

Re: Saint Mary's Health System, Inc. – Proposed Asset Purchase by Tenet Healthcare Corporation - OHCA Docket No. 14-31927-486 and Attorney General Docket No. 14-486-02

Dear Mr. Wable and Mr. Peterson:

After our review of the certificate of need determination letter submitted by you, dated July 9, 2014, we have determined that the proposed transfer of substantially all of the assets of Saint Mary's Health System, Inc. ("SMHS") to Tenet Healthcare Corporation ("Tenet") requires approval pursuant to Conn. Gen. Stat. § 19a-486 et seq.

Accordingly, the parties to the proposed 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 three 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 SMHS and Tenet, 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 asset purchase between Tenet and SMHS (the "Asset Purchase"). This section should include, but is not limited to, a financial analysis of the transaction and descriptions of Tenet, SMHS, the new entity that is to be formed by Tenet to effect the acquisition and ownership of SMHS's assets (the "New SM Hospital"), 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, Tenet's commitment to spend \$85 million dollars on capital expenditures and services improvements, and how Tenet intends to employ SMHS's physicians on staff. Provide copies of all contracts, agreements, and memoranda of understanding, schedules, and pro forma financial statements relating to the proposed Asset Purchase.
4. Describe the due diligence undertaken by SMHS in deciding to enter into the Asset Purchase agreement. This section should include, but is not limited to, considerations regarding the current financial condition of SMHS and any projected financial condition of SMHS, any professional assessments of or reports regarding SMHS or Tenet, any and all alternatives explored by SMHS or other offers received by SMHS, the reasons for rejecting such alternatives and offers, SMHS's selection of Tenet, 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.
5. 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 SMHS, Tenet, 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 SMHS and Tenet defined "conflict of interest" for purposes of the response to this question.

6. 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 SMHS'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.
7. Provide an assessment of whether the transaction will place SMHS's assets, including but not limited to Saint Mary's Hospital itself, 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.
8. Provide an assessment of whether any management contracts to be entered into are for reasonable fair market value. Provide copies of the management contracts and of all documents and statements, financial and otherwise, in support of the fair market 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.
9. Describe the charitable entity to which the fair market value of SMHS'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.
10. Identify any and all assets of SMHS that are subject to a charitable use restriction imposed by a donor and the intended handling of those assets as a result of the Asset Purchase. Please provide a listing of these assets in Microsoft Excel format. Also, please provide copies of the original gift instruments for each gift identified.
11. 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 SMHS.
12. Provide a copy of a fairness evaluation/opinion 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/opinion.
13. Describe the proposed corporate relationship between the New SM 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 contemplated ownership of VHS Waterbury Health System, LLC, and the New SM Hospital.

14. Describe the proposed corporate relationship between the New SM Hospital and the proposed VHS Eastern Connecticut 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 Eastern Connecticut Health System, LLC, and the New SM Hospital.
15. Describe the proposed corporate relationship between the New SM 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 contemplated ownership of VHS Bristol Health System, LLC, and the New SM Hospital.
16. Please provide a copy of the transcript for the informal hearing required by Public Act 14-168, Section 9(c).
17. Describe the proposed corporate relationship between the New SM Hospital and the proposed partnership between Yale New Haven Health System and Tenet ("YNHHS/Tenet Partnership"). Please also comment on whether there is or is not any planned relationship between the New SM Hospital and the YNHHS/Tenet Partnership or any entity formed as a result of the YNHHS/Tenet Partnership, and the nature of such partnership.
18. Explain how SMHS determined the need for the Asset Purchase and discuss the benefits of this Asset Purchase for St. Mary's Hospital ("Hospital") (provide discussion on history and time-line).
19. 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 for the first three years post-approval of the Asset Purchase. Provide an explanation for each change.
20. Describe the existing populations served by the Hospital and how the Asset Purchase will affect these populations. Include demographic information.
21. Provide a transition plan for the Asset Purchase and describe how SMHS and Tenet (collectively, the "Applicants") will ensure continuity of care and hospital services through this plan.
22. Understanding the proposed common ownership of the hospitals in Waterbury with Tenet, how will care be coordinated in the Waterbury region? Please explain in detail and provide any written plans documenting this coordinated approach to care for the patient population served.
23. Provide a description of the relationship between the proposal and the Statewide Health Care

Facilities and Services Plan.

24. Reference is made to the Greater Waterbury Health Improvement Partnership's Community Health Needs Assessment Final Summary Report dated September 2013 and the prioritized health issues identified at page 3. Please explain how the New SM Hospital will address each of these issues and specifically how the Asset Purchase will aid in attempting to remove cost of care as a barrier to health care access for Waterbury-area residents.
25. Provide a description of plans that the New SM Hospital 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: 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.
26. Provide a description of the New SM Hospital's plans to continue to provide services to the uninsured and underinsured. In responding to this question, please describe any changes to the 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 the New SM Hospital 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 the New SM Hospital will provide in the area that are tailored towards the uninsured or underinsured.
27. 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.
28. 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.
29. Explain the roles that the two entities described in the July 9, 2014 Determination Letter, VHS Saint Mary's Health System, LLC and VHS of Connecticut, LLC, will play in the ownership and operation of the New SM Hospital.
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 the entity that will own and operate the New SM Hospital, 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 the Hospital filed audited financial statements with OHCA. SMHS may reference these statements in responding to questions.
30. List all funding or financing sources for the \$150,000,000 Asset Purchase by Tenet and Tenet's \$85,000,000 capital expenditure commitment, and the dollar amount of each source. 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.
31. Describe in detail how this proposal will affect the financial strength of the state's health care system or will be financially feasible.
32. Please provide the current payer mix for the Hospital and projected payer mix for New SM Hospital (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.

33. Provide the assumptions used to project the patient population mix after the proposed Asset Purchase.

34. 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) -- SMHS without the CON project (Note that the actual results for the fiscal year reported in the first column must agree with SMHS' audited financial statements.); and
- b. Financial Attachment I(A) -- The New SM Hospital with the CON project and incremental to the CON project.

The projections must include the first three full fiscal years of the project.

35. 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.).

36. Explain any projected incremental losses from operations contained in the financial projections that result from approval of the Asset Purchase and operation of the New SM Hospital.

37. 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 the New SM Hospital will willingly negotiate with the payers that the Hospital currently has contracts with?

38. Please explain in detail how the proposed Asset Purchase will be able to assure satisfaction of SMHS and/or the Hospital's debt and pension obligations.

39. Please explain in detail Tenet's commitment to spend no less than \$85 million over seven years on capital expenditures and service improvements. Also, please specify the following:

- a. The annual amounts projected to be available to the New SM Hospital for each of the seven years;
- b. The capital projects that are deemed top priorities by the Applicants; and
- c. The service improvements that are deemed top priorities by the Applicants.

40. 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 staff¹ 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 New SM 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.
41. 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.
42. For FY 2013, 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") 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.
43. 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 42 above provided patient care in FY 2013 with those projected for the first three (3) full FYs following approval of the Asset Purchase.
44. Provide evidence that the proposed staffing for nursing staff and Ancillary Caregivers for 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

¹ Nursing staff consists of registered nurses (RNs), licensed practical nurses (LPNs) and nurses' aides (NAs) providing direct patient care

high quality and affordable health care. Cite the appropriate DPH regulations and/or other industry benchmarks as applicable.

45. Please provide copies of all CMS statements of deficiencies and plans of correction (CMS Form 2567) for hospitals owned by Tenet for the three (3) 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.
46. Provide a copy of any of the following policies and procedures that will be in place at the New SM Hospital if the Asset Purchase is approved:
 - a. New SM Hospital Collection Policies (including charity care and bad debt)
 - b. The annual or periodic review and/or revision to the New SM Hospital's pricing structure (the chargemaster or pricemaster).
 - c. The annual or periodic market rate assessment for the New SM Hospital.
47. The Hospital has provided OHCA with its annual FY 2014 pricemaster, which was most recently updated for the month of June, 2014. With respect to this submission, please answer the following:
 - 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.
48. Please provide monthly financial statistics report for FY 2014, current month and year-to-date, and comparable period for FY 2013 to OHCA, for both the Hospital only and for SMHS, with the Application and thereafter on a monthly basis for each month, until a public hearing in this matter is held. The following financial measurements/indicators should be addressed in the report:

Monthly Financial Measurement/Indicators

A. Operating Performance
Operating Margin
Non-Operating Margin
Total Margin
Bad Debt as % Gross Revenue
B. Liquidity
Current Ratio
Days Cash on Hand
Days in Net Accounts Receivables
Average Payment Period
C. Leverage and Capital Structure
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. Additional Statistics
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)

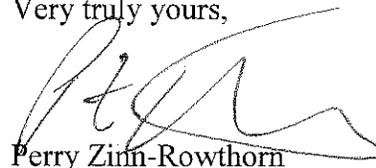
49. Please describe in detail the corporate structure, governance, controlling body, purpose and function of the Saint Mary's Hospital Foundation, Inc. ("Foundation") after the Asset Purchase, including the identity of all members of the Foundation and their authority.
50. Provide a copy of the SMHS's and 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 the proposed New SM Hospital 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 New SM Hospital will continue to provide in these community benefit categories.
51. 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 the proposed New SM Hospital 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 New SM Hospital will continue to provide in these community building activity categories.
52. Please discuss whether the Asset Purchase and formation of the New SM Hospital 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.
53. Provide details of plans to be put in place to ensure the proposed health care services provided by the New SM Hospital 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/templates/browse.aspx?lvl=2&lvlID=15#sthash.U320zUXq.dpuf>)

After receipt of your Application for Approval, the Commissioner and the Attorney General shall review the submission to determine whether the Application 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.

Should you have any questions regarding this Application form, your Application for Approval, or any other issues relating to the Commissioner's and the 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: Robert J. Anthony, Esq. (via electronic mail)
Collin P. Baron, Esq. (via electronic mail)
Kimberly Martone, Director of Operations, OHCA
Gary W. Hawes, Assistant Attorney General, OAG

Name Entity:

Financial Attachment I (B):

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:

LINE	Total Entity:	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
		FY	FY	FY	FY	FY	FY	FY	FY	FY	FY	FY	FY	FY
	Description	Actual Results	Projected W/out CON	Projected Incremental	Projected With CON	Projected W/out CON	Projected Incremental	Projected With CON	Projected W/out CON	Projected Incremental	Projected With CON	Projected W/out CON	Projected Incremental	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* (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**				\$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
	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
	Income before provision for income taxes	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Provision for income taxes				\$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 (B):

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									
	NET INCOME / EXCESS(DEFICIENCY)OF REVENUE OVER EXPENSES	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C.	Retained Earnings, beginning of year				\$0			\$0			\$0			\$0
	Retained Earnings, 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														
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

*Total amount should equal the total amount on cell line "Net Patient Revenue" row 14.

*Provide 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.

**Provide 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.

