CARMODY
TORRANCE | SANDAK | HENNESSEY LLP

Ann H. Zucker
Partner
Direct: 203.252.2652
Fax: 203.325.8608
azucker@carmodylaw.com

707 Summer Street
Stamford, CT 06901

February 16, 2016

VIA HAND DELIVERY

Office of the Attorney General
55 Elm St.
P.O. Box 120
Hartford, CT 06141-0120
Attn: Atty. Gary W. Hawes, Assistant Attorney General

Office of Health Care Access
Department of Public Health
410 Capital Avenue
Hartford, CT 06134
Attn: Steven W. Lazarus, Health Care Analyst

Re: **Greater Waterbury Health Network, Inc. Proposed Asset Purchase by Prospect Medical Holdings, Inc.; OHCA Docket Number: 15-32017-486 and Attorney General Docket Number: 15-486-02**

Dear Mr. Hawes and Mr. Lazarus:

Greater Waterbury Health Network, Inc. and Prospect Medical Holdings, Inc. hereby submit the enclosed responses to the completeness questions issued by the Office of the Attorney General and the Office of Health Care Access on January 12, 2016.

At your request, one (1) hard copy and (1) electronic copy have been provided to each Office. If you have any questions or need anything further, please feel free to contact Ann Zucker at (203) 252-2652 or Michele Volpe at (203) 777-6995. Thank you for your assistance in this matter.

{N5167586}

CARMODY
TORRANCE | SANDAK | HENNESSEY LLP

Very truly yours,

Carmody Torrance Sandak & Hennessey LLP

By: Ann H. Zucker
Ann H. Zucker
Its Partner

Bershtein Volpe & McKeon, P.C.

By:________________________
Michele Volpe
Its Partner

cc. Kimberly Martone, Director of Operations, Department of Public Health
Division of Office of Health Care Access
Jonathan Spees, Prospect Medical Holdings, Inc. (via regular mail)
Darlene Stromstad, Greater Waterbury Health Network, Inc. (via regular mail)

On January 12, 2016, Greater Waterbury Health Network, Inc. ("GWHN") and Prospect Medical Holdings, Inc. ("PMH" and, together with GWHN, the "Applicants"), received correspondence from the Office of the Attorney General ("OAG") and the Office of Health Care Access ("OHCA") requesting additional clarification for certain deficiencies identified in the Application submitted on October 28, 2015, and the Response to Deficiencies submitted on December 24, 2015. The Applicants' Response to these deficiencies is provided below.

1. Reference is made to the April 1, 2014 Statement of Deficiencies report of surveyors from the California Department of Public Health following a Full Sampled Validation Survey of Southern California Hospital at Hollywood ("Initial Report") and the August 21, 2014 Statement of Deficiencies report of the agency following a Follow-up Visit to the same facility ("Follow-up Report"). These reports were provided as Exhibit P to PMH's and ECHN's Response to Deficiencies dated October 30, 2015 and November 12, 2015 under OHCA Docket No. 15-31216-486 and OAG Docket No. 15-486-01, and the page numbers referenced in this Question #1 refer to that submission. In both reports the surveyors determined Immediate Jeopardy situations to exist. With respect to these reports, please address the following:

> **a. In the Initial Report, the surveyors determined that Southern California Hospital at Hollywood (the "Hospital") failed to meet the CMS Conditions of Participation in the following areas: Governing Body; Patient Rights; Nursing Services; Pharmaceutical Services; Food and Dietetic Services; Physical Environment; Infection Control; and Surgical Services. On page 2836, the Initial Report states that the Governing Body failed to provide oversight of operations in each of the other areas. Please explain how a situation where Condition Level deficiencies in eight separate areas came to exist at the Hospital, the accountability of both the Hospital's and PMH's senior management for allowing such a situation to exist, and steps taken at the PMH system level to rectify the situation.**

<u>Response:</u>

PMH is committed to providing the highest quality healthcare to patients in the communities we serve. As previously provided in our CON filing, we have received a substantial number of quality awards and we continuously strive to make improvements in our quality programs at a local level.

Partly in response to the Statement of Deficiencies received in 2014 and partly due to events in late 2015 and early 2016, PMH has created and hired for the following three new positions at the corporate level: (i) Chief Clinical Officer; (ii) Senior Chief Nursing Officer; and (iii) Vice President of Regulatory and Patient Safety. PMH is also currently recruiting for, and is currently seeking to fill a new position of Chief Quality Officer. The roles of these new officers are to interact with local boards and local leadership on continuous basis to ensure safety, adherence to regulatory requirements, clinical excellence and patient satisfaction at all PMH hospitals and to closely monitor execution of plans of correction in response to any issue raised in surveys by regulatory authorities responsible for quality.

It will also be the responsibility of these new officers and their staffs to identify issues early and communicate them to PMH corporate so that we may address such issues quickly and efficiently. It will also be the responsibility of the new officers to marshal corporate resources to address all of the above areas. An example of this "resourcing" is the engagement of a nationally recognized consulting firm described below.

At the local level, direct responsibility for the quality programs for each PMH hospital is administered by hospital leadership so that any and all quality issues raised by physicians and/or staff are timely addressed and quickly resolved. Oversight of the local leadership is provided by, and is the responsibility of, PMH's senior management. The Quality Assurance and Performance Improvement Plan at Southern California Hospital at Hollywood (the "Hospital") are overseen by a local advisory governing board and the Medical Executive Committee (the "MEC").

While not intended to be exculpatory, a brief history of the Hospital will help explain the contributing factors that led to the Statement of Deficiencies.

Prior to January 1, 2013, the licensure of Hollywood Community Hospital included the Van Nuys campus, therefore constituting a two campus license for state licensure and Medicare purposes. On January 1, 2013, Hollywood Community Hospital's license was amended to merge with Brotman Hospital's license (previously a standalone facility), thereby creating a three campus license. As a result of this license consolidation, the legal names of the hospitals were changed to Southern California Healthcare System, Inc. d/b/a Southern California Hospital at Hollywood, Southern California Hospital at Culver City and Southern California Hospital at Van Nuys.

The license consolidation necessitated the implementation of new policies and procedures across all three campuses. Essentially, the policies and procedures of the new 3 campus system were to be the amalgamation of the best practices of these campuses prior to the consolidation.

Hospital leadership failed to adequately ensure that these new policies and procedures which were adopted by the board were implemented and that the staff educated on the new policies and procedures, and that adherence to such policies was monitored. In part, because of such failure PMH made executive-level changes at key positions including, the CEO, CNO and Director of Quality Management. A by-product and an unintended consequence of the turnover at these key positions resulted in temporary problems with change management and leadership in such areas resulting in the Deficiencies and poor communication to PMH corporate regarding such issues.

At the local hospital leadership level, these key positions are now filled by strong experienced leaders. In addition, PMH has hired a nationally recognized consulting firm to conduct a review of the Hospital's action plan and policies and procedures. To the extent necessary, policies and procedures will be updated to reflect the best practices given the services provided by the Hospital at each campus. The consulting firm will educate the staff on all policies and procedures and implement corrective action plans. Furthermore, for a period of time, the consulting firm will also monitor the adherence of the staff to the policies and procedures.

b. **In the Follow-up Report, the surveyors found Condition Level deficiencies still existed in that the Hospital failed to develop, implement, and maintain an effective quality assurance and performance improvement (QAPI) program (p. 2686 *et seq*.); failed to provide a sanitary environment to avoid sources and transmissions of infections and communicable diseases (p. 2764 *et seq*.), and found a repeat violation as to the**

acceptability of surgical services (p. 2788 *et seq*.). Please explain the accountability of both the Hospital's and PMH's senior management for allowing such a situation to exist and steps taken at the PMH system level to rectify the situation.

Response:

For the list of steps please refer to response to Questions 1a.

c. **Please identify and provide the Statement of Deficiencies reports for any other instances where PMH owned hospitals have been determined to have Immediate Jeopardy situations during the term of PMH's ownership.**

Response:

All issues related to the 2014 Statement of Deficiencies were resolved. However, in late 2015 and 2016, additional Immediate Jeopardy deficiencies were noted for Los Angeles Community Hospital and Southern California Hospital at Culver City. The deficiency giving rise to Immediate Jeopardy status at Los Angeles Community Hospital is set forth in Exhibit Q1c-1 attached hereto. One deficiency giving rise to Immediate Jeopardy Status in Southern California Hospital at Culver City relates to the hospital's process in sterilization and infection control, and is set forth in Exhibit Q1c-2 attached hereto. The hospital was orally informed of the deficiency and resulting Immediate Jeopardy status, but the hospital has not yet formally received a written notice from CMS. PHM believes that the third Immediate Jeopardy notice (although not yet received), involves essentially the issues described in Exhibit Q1c-2. Since receiving the written notice at Los Angeles Community Hospital and oral notices at Southern California Hospital at Culver City, PMH has been closely working with the Center for Medicare and Medicaid Services. On February 9, 2016, Los Angeles Community Hospital submitted its plan of correction, and in anticipation of receipt of an Immediate Jeopardy citation for Southern California Hospital at Culver City is in the process of correcting these deficiencies and will provide evidence of same in a plan of correction once it receives a formal written notice.

d. **With respect to all Immediate Jeopardy determinations identified in Question 1a, b and c above, please describe all system-wide improvements (including system-wide policies and procedures), management reporting, business strategies and/or changes in culture that have been put into place to prevent recurrence of such situations. PMH is requested to provide documentation of any system-wide communications evidencing these prevention activities.**

Response:

For the list of steps please refer to response to Question 1a.

2. **In response to Question 15, Applicants refer to PMH's participation in the Private Essential Access Community Hospitals ("PEACH") network as evidence of PMH's experience with "safety net" hospitals that serve low-income patients. Please elaborate on how PMH's experience and participation in the PEACH network in California will translate into improved access to quality care for underserved populations in Waterbury and its surrounding areas. In your response, please highlight**

specific programs, insights, or innovations PMH has acquired through participation in PEACH that PMH expects to apply to PMH-owned "safety net" hospitals in Connecticut.

Response:

PEACH is the statewide association of California's private community safety net hospitals that care for significant numbers of low-income, medically vulnerable Californians. Member hospitals are core safety net providers that devote at least 25 percent of their revenues to care for low-income and uninsured patients. PMH participation in PEACH was meant as evidence of our commitment to serve low-income patients. A number of PMH's California hospitals devote at least 25% of their revenues for care of low income patients.

Please note that PEACH is committed to preserving private safety net hospitals through the advocacy of public policy at the local, state and federal level. As such, it does not generate any specific programs or innovations that improve quality of care.

3. **In response to Question 20, Applicants summarize PMH's medical management program for high risk patients with significant co-morbidities in a sub-acute setting. Please elaborate on the following:**

a. **What types of facilities comprise sub-acute settings and how many facilities of this type does PMH own, operate or manage?**

Response:

Sub-acute care is a level of care needed by a patient who does not require hospital acute care. Sub-acute patients are medically fragile and require special services, such as inhalation therapy, tracheotomy care, intravenous tube feeding, and complex wound management care. PMH also considers a skilled nursing facility as a sub-acute setting.

In its California hospitals, PMH operates 59 licensed sub-acute beds. PMH also operates a 42 bed pediatric sub-acute unit at Foothill Regional Medical Center in California.

PMH also has an 85% ownership interest in and operates a 194 bed skilled nursing facility in Rhode Island.

b. **What is the relationship of the physicians and nurse practitioners performing the rounding on high-risk patients in these settings to PMH?**

Response:

The physicians and nurse practitioners rounding in sub-acute facilities are generally contracted with Prospect IPAs.

c. **How does PMH assure that rounding on the frequency mentioned (2-5x per week) is completed in sub-acute settings that it does not own, operate or manage?**

Response:

The Prospect IPA oversees the frequency of provider rounding, the care plans for patients, and a patient's progress toward discharge goals. A medical director and a case manager employed or contracted by Prospect IPA conduct phone rounds with the facilities to ensure the execution of the care plans, rounding and progress towards discharge. The IPA case manager tracks any issues with either the providers or facilities, in order to perform on-going quality and performance improvement.

4. **In reference to the response to Question 23, please clarify why the change in charity care policy at Waterbury Hospital in October 2013 wherein patients who do not apply for or do not qualify for charity care are responsible for the balance due would result in an increase in charity care and a decrease in bad debt in FY2014 as opposed to an increase in bad debt alone.**

Response:

It is Waterbury Hospital's policy to write down the balance due for patients without insurance to 50% of billed charges. Per the charity care policy, patients who are uninsured are expected to pay 50% of the balance due. This would be the amount for which they would receive a bill for and payment expected, and any portion of this billed balance that is not paid would be classified as bad debt. Based on the policy, this original 50% write-down of charges is considered charity care, under the policy.

5. **In reference to Applicants' answer to Question 34 of the Response, the Applicants failed to provide the requested updated Financial Measurements/Indicators for the months of July, August and September 2015 and comparable months from the previous fiscal year for PMH, the methodology utilized to calculate the financial ratios on Sections A through C and an explanation for any decreases or increases that apply to any of the items listed on Section D between YTD FYs 2014 and 2015. Please provide the requested information.**

Response:

PMH:

Please see attached Exhibit Q5-1.

GWHN: [1]

Waterbury Hospital Only	Month of Jul-14	Y-T-D 07/31/14	Month of Jul-15	Y-T-D 07/31/15	Month of Aug-14	Y-T-D 08/31/14	Month of Aug-15	Y-T-D 08/31/15	Month of Sep-14	Y-T-D 09/30/14	Month of Sep-15	Y-T-D 09/30/15
A. Operating Performance												
Operating Margin	-1.23%	-0.06%	-18.30%	-3.40%	-3.87%	-0.40%	-10.44%	-4.01%	6.34%	0.18%	-37.28%	-5.91%
Non-Operating Margin	-0.22%	1.40%	-17.27%	-2.20%	-2.41%	1.06%	-9.51%	-2.83%	7.20%	1.59%	-35.16%	-4.68%
Total Margin	-0.19%	1.43%	-17.34%	-2.16%	-2.36%	1.10%	-9.58%	-2.80%	7.27%	1.63%	-38.19%	-4.82%
Bad Debt as % Gross Revenue	-3.18%	0.09%	1.03%	0.35%	0.77%	0.15%	0.86%	0.39%	3.19%	0.41%	0.58%	0.41%
B. Liquidity												
Current Ratio	1.73	1.73	1.53	1.53	1.91	1.91	1.56	1.56	1.70	1.70	1.27	1.27
Days Cash on Hand	59.77	59.77	41.80	41.80	54.40	54.40	39.66	39.66	70.07	70.07	48.2	48.20
Days In Net Accounts Receivables	50.26	50.26	60.18	60.18	53.72	53.72	59.94	59.94	47.90	47.9	60.73	60.73
Average Payment Period	45.69	45.69	43.83	43.83	41.18	41.18	43.69	43.69	54.38	54.38	58.9	58.90
C. Leverage and Capital Structure												
Long-term Debt to Equity	1.9083	1.9083	-23.7088	-23.7088	2.0337	2.0337	-6.2679	-6.2679	2.1620	2.1620	-2.8563	-2.8563
Long-term Debt to Capitalization	0.6562	0.6562	1.0440	1.0440	0.6704	0.6704	1.1898	1.1898	0.6837	0.6837	1.5387	1.5387
Unrestricted Cash to Debt	0.7582	0.7582	0.3218	0.3218	0.6156	0.6156	0.2694	0.2694	1.0347	1.0347	0.5303	0.5303
Times Interest Earned Ratio	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Debt Service Coverage Ratio	1.34	1.34	-2.72	-2.72	0.99	0.99	-3.31	-3.31	1.55	1.55	-5.09	-5.09
Equity Financing Ratio	5.81	5.81	-76.40	-76.40	5.95	5.95	-20.33	-20.33	7.10	7.10	-9.14	-9.14
D. Additional Statistics												
Income from Operations	447,817	6,756,462	(2,301,275)	412,302	4,351	6,760,813	(1,055,933)	(648,631)	1,907,078	8,667,899	(2,987,821)	(3,631,452)
Revenue Over/(Under) Expense	(35,827)	2,588,543	(2,772,128)	(3,707,507)	(416,695)	2,171,848	(1,547,662)	(5,255,169)	1,358,560	3,530,414	(4,350,148)	(9,605,317)
Patient Cash Collected	16,953,790	173,216,936	17,588,030	165,780,926	16,391,215	189,608,151	16,367,950	182,148,876	19,856,343	209,464,494	17,283,378	199,432,254
Cash and Cash Equivalents	20,457,074	20,457,074	8,257,373	8,257,373	16,563,273	16,563,273	6,880,235	6,880,235	27,540,954	27,540,954	16,284,244	16,284,244
Net Working Capital	22,842,265	22,842,265	15,242,354	15,242,354	25,043,856	25,043,856	16,052,250	16,052,250	24,599,297	24,599,297	10,506,595	10,506,595
Unrestricted Assets	13,704,068	13,704,068	(1,045,742)	(1,045,742)	12,825,022	12,825,022	(3,936,749)	(3,936,749)	11,890,055	11,890,055	(10,064,752)	(10,064,752)
Credit Ratings (S&P, FITCH and Moody's)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Methodology

A. Operating Performance

Operating Margin	Income/(Loss) from Operations divided by Total Revenue
Non-Operating Margin	Net Income/(Loss) Before Changes in Unrealized Gains/(Losses) Divided by Total Revenue
Total Margin	Net Income/(Loss) divided by Total Revenue
Bad Debt as % of Gross Revenue	Bad debt divided by Gross Revenue

B. Liquidity

Current Ratio	Total Current Assets divided by Total Current Liabilities
Days Cash on Hand	Total Cash and Cash Equivalents on Balance Sheet divided by Average Daily Expenses
Days in Net Accounts Receivable	Net Accounts Receivable divided by Average Daily Revenue (rolling 3 months)
Average Payment Period	Total Current Liabilities on Balance Sheet divided by Average Daily Expenses

C. Leverage and Capital Structure

Long Term Debt to Equity	Non-Current Portion Long Term Debt divided by Net Assets

[1] In preparing the response to Question 5, a correction to the chart originally submitted in response to Question 34 was noted. This correction, which applies to Waterbury Hospital only, is reflected in the highlighted portion of the chart above.

Long Term Debt to Capitalization	Non-Current Portion Long Term Debt divided by (Non-Current Portion Long Term Debt plus Net Assets)
Unrestricted Cash to Debt	Cash and Cash Equivalents divided by Current Portion Long Term Debt plus Non-Current Portion Long Term Debt
Times Interest Earned Ratio	N/A
Debt Service Coverage Ratio	Net Income Available for Debt Service divided by Maximum Debt Service
Equity Financing Ratio	(Total Current Liabilities plus Non-Current Portion Accrued Pension plus Non-Current Portion Long Term Debt plus Other Non-Current Liabilities) divided by Net Assets

D. Additional Statistics

Income from Operations	Income/(Loss) from Operations minus Depreciation minus Interest
Revenue Over/Under Expenses	Net Income/(Loss) from Income Statement
Patient Cash Collected	Total Patient Cash Collected
Cash and Cash Equivalents	From Balance Sheet
Net Working Capital	Total Current Assets minus Total Current Liabilities
Unrestricted Assets	Net Assets on Balance Sheet
Credits Ratings (S&P, FITCH and Moody's)	N/A

Explanation for any decreases or increases that apply to any of the items listed on Section D between YTD FYs 2014 and 2015

All of the "Additional Statistics" listed under Section D were negatively impacted by Waterbury Hospital's poor operating results during FY15. In FY15, the Hospital had a Deficiency of Revenues over Expenses of ($21,995,354) compared to ($6,029,225) in FY14. This deterioration is primarily attributable to a decline in Inpatient Surgical Cases from 2,126 in FY14 to 1,950 in FY15 (8.28% decline) and a decline in Outpatient Surgical Cases from 4,795 in FY14 to 4,288 in FY15 (10.57% decline). This drop in surgical cases contributed to a drop in Patient Days from 57,901 in FY14 to 55,183 in FY15 (4.69% decline), a decline in Medicare Case Mix Index from 1.51 in FY14 to 1.45 in FY15 (3.85% decline) and a decline in overall Case Mix Index from 1.31 in FY14 to 1.27 in FY15 (3.35% decline). In addition, Outpatient Cases declined from 173,720 in FY14 to 162,091 in FY15 (6.69% decline). The impact of these declines in patient volumes was a decrease in Net Patient Service Revenues of $15,699,982 from FY14 to FY15 which resulted in the decreases from FY14 to FY15 in Income from Operations, Revenue Over/(Under) Expense, Patient Cash Collected, Cash and Cash Equivalents, Net Working Capital and Unrestricted Assets noted in Section D - Additional Statistics.

6. **In reference to the Applicants' answer to Question 33 of the Response, please address the following:**

   a. **In response to question 33(b) the Applicants indicated that *"The non-governmental net revenue by specific payers is not usually finalized until the OHCA filing is***

***completed, so we do not have the FY 2015 final net revenue by specific payer (with allocation of charity care, bad debts, etc.)"*, hence the zero incremental amounts reported under the uninsured, self-pay and workers compensation line items.**

The amounts requested on Financial Worksheet (C) by OHCA are FY 2014 actual and <u>projected</u> amounts with, without and incremental associated with the proposal for FY 2015 and thereafter. Therefore, please provide a revised Financial Worksheet (C) for Waterbury Hospital that will include FY 2014 actual amounts and projected amounts for FYs 2015, and thereafter, for the uninsured, self-pay and workers compensation line items. In addition, include projected incremental amounts associated with the proposal that relates to expense items, operating income, non-operating revenue and net income. Provide the missing assumptions utilized in developing the projections and explain any projected losses from operations; and

<u>Response:</u>

Please see attached <u>Exhibit Q6a-1</u>.

b. In responding to question 33(d) the Applicants explained the expected reduction in expenses for FY 2016 but failed to explain the incremental increases in expenses as the result of this proposal for FYs 2017 and 2018. Please provide the requested information.

<u>Response:</u>

In responses to other questions, the Hospital indicated that they expect a lower cost structure and improved efficiencies that will generate cost savings. These expected cost savings were all built into the FY 2016 budget, and therefore moving forward into FY 2017 and FY 2018 we have only reflected general expense increases. We also noted in a previous response that FY 2017 and FY 2018 expenses increased for salary, pension, and benefit increases.

7. **In Applicants' answer to Question 19 of the Response, Applicants state that PMH has *"[p]roposed a pilot program in the state of Rhode Island to manage the health of 25,000 Medicaid patients at a cost savings to the state of Rhode Island" and that "PMH is prepared to work with the state of Connecticut on a similar proposal to manage a segment of the Medicaid population in Connecticut at cost savings to the State."* Please provide the name of the proposed Rhode Island program and a detailed description of the program and how it will achieve Medicaid savings. Include in your response the cost of implementation and projected cost savings associated with the program.**

<u>Response:</u>

Prospect CharterCARE Health Partners (Prospect or CharterCARE) and our sister organizations, Prospect Health Services RI, Inc. (PHSRI) and Prospect Provider Group RI, LLC (PPGRI), in April 2015 proposed to the General Assembly and Governor Gina Raimondo through the Executive Office of Health and Human Services ("EOHHS")with the elements of a three year Medicaid Coordinated Care Pilot Program which will save the State up to $6 million dollars annually and $18 million over the three years if CharterCARE and its affiliates serve 25,000 of the State's Medicaid Recipients.

The Coordinated Care Pilot Program proposed that PHSRI would contract with one or both of the State's managed care organization (MCO) partners to serve up to 25,000 Medicaid Recipients under a fully delegated, global capitation contract at 95% of the amount for healthcare services that is currently paid by the State to the MCOs for each recipient by aide category. PHSRI would organize and manage a network of physicians, hospitals, behavioral health, social services and other providers to care for these recipients achieving better patient outcomes, higher patient satisfaction and cost reduction through effectively coordinating and integrating the care of the recipients.

The Governor included the Coordinated Care Pilot Program in her budget to the General Assembly. It was accepted by General Assembly in the FY16 budget and EOHHS released an application for interested provider groups to apply as Accountable Entities for the Coordinated Care Pilot.

The program is designed to provide a full continuum of coordinated regional care that offers integrated primary, specialty, and facility care, as well as long-term services and supports that actively engage members at the right level of care at the right time.

PHSRI is developing high impact interventions in critical areas of healthcare delivery for our members to improve their health status, increase the efficiency of the integrated delivery system, and promote the ability of our members to live fully in their communities. Our Accountable Entity ("AE") will coordinate care within a comprehensive system, closing those gaps in care that create unwarranted variation, poor clinical outcomes, avoidable utilization, and excessive cost.

We have extensive experience providing integrated and continuous care for our members in Rhode Island and several other states. Many of these relationships involve full contractual risk, fully delegated and other Value- Based Purchasing arrangements similar to those planned under the AE initiative.

The AE mission is to enhance clinical care and outcomes; engage members in their treatment and recovery, with superior satisfaction; and do so in a manner that reduces costs to Rhode Island taxpayers. We augment this commitment to the Triple Aim with a fourth commitment: to connect with providers in ways that engage and inspire them, ensuring their full commitment to the AE initiative.

This core commitment to the AE program is enhanced by our ability to integrate the mind and body, ensuring that members are offered the full continuum of behavioral healthcare services, and seamlessly integrating this care with medical and healthcare services and necessary social services.

As the program is in its early stages of implementation, actual financial cost savings have not yet accrued. However, our commitment to the State of Rhode Island at its inception was to guarantee that we would save 5% of health care costs during the first year. We anticipate that we will achieve this goal, and that we will improve the clinical quality of care as measured by a range of quality indicators developed in partnership with the State of Rhode Island.

Exhibit Q1c-1

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/25/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	050663	A. BUILDING ______ B. WING ______	C 11/10/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOS ANGELES COMMUNITY HOSPITAL	4081 E OLYMPIC BLVD LOS ANGELES, CA 90023

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)
A 145	The patient has the right to be free from all forms of abuse or harassment. This STANDARD is not met as evidenced by: Based on record review and interview, the hospital failed to ensure a staff physician (Medical Doctor [MD] 6), followed the terms of his probation, specifically, only entering a patient's room with another health care provider, i.e., MD 6 was not to visit a patient alone. This practice had the potential for patient abuse. Findings: During a review of a letter written to the Department, dated 10/15/15, and signed by the Chief Executive Officer (CEO), it read, in part: "Provider's Plan of Correction 1. Ensure that [MD 6] uses a chaperone for each patient visit: a. [MD 6] will be required to check in with Charge Nurse prior to rounding. b. Physician's Assistant (PA)/Nurse Practitioner (NP) will accompany [MD 6] during rounds. c. If PA or NP not available, Charge Nurse will round with [MD 6] or assign staff to accompany [MD 6]. d. Medical Staff Director will notify [MD 6] that he needs to take the PA/NP with him, or round with Charge Nurse or assigned staff. e. This practice will be implemented immediately. f. If [MD 6] fails to round with assigned chaperone, he will be suspended. 2. Nursing staff needs to document in the nursing record that [MD 6] was accompanied during rounds. b. Documentation of Rounding will be done by the

ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	Immediate Actions Taken:	
A 145	1. The CNO talked with Patient 21 and no adverse outcome was identified.	11/9/15
	2. The CNO talked with Patient 23 and no adverse outcome was identified.	11/9/15
	3. The CNO talked with Patient 24 and no adverse outcome was identified.	11/9/15
	4. The Chief of Staff suspended MD 6 for failure to comply with the corrective action plan for a chaperone with each patient visit.	11/9/15
	5. The CNO discussed the survey findings with RN 3, with special emphasis on strict adherence to the corrective action plan for MD 6.	11/9/15
	6. The CEO discussed the survey findings with the Chief of Staff and MD 6, with special emphasis that the corrective action plan regarding a chaperone with each patient visit must be followed by MD 6 at all times. The CEO advised MD 6 that he is to contact Leadership if he has any difficulty with the chaperone.	11/9/15
	7. The CEO, CNO, Chief of Staff and Information Technology (IT) staff discussed implementing an attestation in the EMR system to allow for the chaperone to attest accompanying MD 6 during patient rounds. The IT Department finalized the attestation in the EMR on 11/16/15. The chaperones were educated on the attestation and currently document the attestation in the medical record.	11/16/15
	8. The CEO, CNO and Chief of Staff reviewed and updated the corrective action	11/9/15 - 11/16/15

FORM CMS-2567(02-99) Previous Versions Obsolete   Event ID: MGG211   Facility ID: CA930000086

Excerpts From CMS Statement of Deficiencies And Plan of Correction Related to Immediate Jeopardy Citations at PMH Owned Hospitals.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	050663	A. BUILDING ____ B. WING ____	C 11/10/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOS ANGELES COMMUNITY HOSPITAL	4081 E OLYMPIC BLVD LOS ANGELES, CA 90023

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 145	The patient has the right to be free from all forms of abuse or harassment. This STANDARD is not met as evidenced by: Based on record review and interview, the hospital failed to ensure a staff physician (Medical Doctor [MD] 6), followed the terms of his probation, specifically, only entering a patient's room with another health care provider, i.e., MD 6 was not to visit a patient alone. This practice had the potential for patient abuse. Findings: During a review of a letter written to the Department, dated 10/15/15, and signed by the Chief Executive Officer (CEO), it read, in part: "Provider's Plan of Correction 1. Ensure that [MD 6] uses a chaperone for each patient visit: a. [MD 6] will be required to check in with Charge Nurse prior to rounding. b. Physician's Assistant (PA)/Nurse Practitioner (NP) will accompany [MD 6] during rounds. c. If PA or NP not available, Charge Nurse will round with [MD 6] or assign staff to accompany [MD 6]. d. Medical Staff Director will notify [MD 6] that he needs to take the PA/NP with him, or round with Charge Nurse or assigned staff. e. This practice will be implemented immediately. f. If [MD 6] fails to round with assigned chaperone, he will be suspended. 2. Nursing staff needs to document in the nursing record that [MD 6] was accompanied during rounds. b. Documentation of Rounding will be done by the	A 145	plan for MD 6 to clarify the chaperone instructions. A log was developed to allow for MD 6 and chaperone documentation upon arrival and departure from the hospital. The log specifies the date, a time of arrival with corresponding signatures by MD 6 and the chaperone, and the time of departure with corresponding signatures by MD 6 and the chaperone. In addition, the following instructions were put in place: a) MD 6 will sign in upon arrival to hospital and wait for a chaperone to accompany him on clinical rounds; b) the chaperone will sign the log upon MD 6's arrival and will have MD 6's patient census; c) the chaperone will accompany MD 6 on all rounds and remain with him in patient rooms; d) the chaperone will document an attestation in each patient's medical record attesting that he/she accompanied MD 6; e) the chaperone will accompany MD 6 back to the hospital lobby and both MD 6 and the chaperone signs the log indicating MD 6's departure. Nursing Leadership inserviced the chaperones on the process. 9. The CEO and MEC met with MD 6 regarding the updated corrective action plan and log. The physician's suspension was lifted 11/17/15. Compliance and Monitoring: The Chief Nursing Officer or licensed designee receives the logs on days MD 6 provides patient care at the hospital to achieve the goal of 100% compliance with	11/17/15

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: MGG211 Facility ID: CA930000085

Excerpts From CMS Statement of Deficiencies And Plan of Correction Related to Immediate Jeopardy Citations at PMH Owned Hospitals.

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	050663	A. BUILDING ____ B. WING ____	C 11/10/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOS ANGELES COMMUNITY HOSPITAL	4081 E OLYMPIC BLVD LOS ANGELES, CA 90023

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 145	PA/NP/Charge Nurse, or assigned staff." During an interview with Patient 21, on 11/9/15, at 11:05 AM, he indicated MD 6 had examined him privately, with no other staff present. During an interview with Patient 23, on 11/9/15, at 11:25 AM, she indicated MD 6 had examined her privately, with no other staff present. During an interview with Patient 24, on 11/9/15, at 11:30 AM, he indicated MD 6 had examined him privately, with no other staff present. During an interview with Registered Nurse (RN) 3, on 11/9/15, at 11:40 AM, she indicated she was a Charge Nurse in the hospital. RN 3 indicated she was familiar with MD 6, and the terms of his probation. RN 3 stated in the absence of a PA/NP, nursing staff accompany MD 6 into patient rooms only "sometimes." During an interview with the CEO on 11/9/15, at 11:45 AM, while discussing the terms of MD 6's probation, she stated "[Our compliance is} not as tight as it should be on the nursing side."	A 145	MD 6 performing patient visits with a chaperone. The Director of Quality or qualified designee performs a weekly review of MD 6's medical records to monitor achieve the goal of 100% compliance with the chaperone attestation form in the EMR. The CNO or licensed designee also perform random weekly rounds on at least 3 of MD 6's patients (if available) to confirm that a chaperone was present and no issues with MD 6 are identified. Corrective action is taken as necessary, including immediate notification of the CEO and Chief of Staff for non-compliance by MD 6, and reeducation of chaperones. Data on compliance is tracked, trended, analyzed and reported every other month to MEC and Governing Board. Persons Responsible: Chief Executive Officer Chief Nursing Officer Chief of Staff	
		A 338		

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: MGG211 Facility ID: CA930000085

Excerpts From CMS Statement of Deficiencies And Plan of Correction Related to Immediate Jeopardy Citations at PMH Owned Hospitals.

Exhibit Q1c-2

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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	050135	A. BUILDING ____ B. WING ____	09/25/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHERN CALIFORNIA HOSPITAL AT HOLLYWOOD	6245 DE LONGPRE AVE HOLLYWOOD, CA 90028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health, Licensing and Certification, during a COMPLAIN VALIDATION SURVEY conducted 9/21/15 through 9/25/15. Reference Federal complaint intake CA00458231. The inspection was limited to specific Conditions of Participation: Governing Body, Patients' Rights, Quality Assessment Performance Improvement (QAPI), Nursing services, Physical Environment, Infection Control, Surgical Services and Emergency Services; and does not reflect the findings of a full inspection of the hospital. Representing the California Department of Public Health: Surveyor 22363, HFEDA Surveyor 25092, HFEN Surveyor 33720, HFEN Surveyor 32661, HFEN Surveyor 35399, HFEN Trainee Medical Consultant, 26881 Medical Consultant, 29775 The census at the Culver City campus was: 200 The census at the Hollywood campus was: 61 The census at the Van Nuys campus was: 46 Patient Records Sampled: 36 Immediate Jeopardy (IJ) 1. On 9/22/15 at 5:40 P.M. an immediate Jeopardy (IJ) was declared for the widespread pattern of potential ineffective sterility of equipment/instruments and surgical suites not	A 000	**The inspection was limited to specific Conditions or Participation: Governing Body, Patients' Rights, Quality Assessment Performance Improvement (QAPI), Nursing Services, Physical Environment, Infection Control, Surgical Services and Emergency Services; and does not reflect the findings of a full inspection of the hospital.** **Hollywood Campus** **(a, b, c)** **Immediate and Permanent Corrective Action** • On 09/22/15 at 7:15pm, Immediate Jeopardy was abated after compliant practices in maintaining surgical suites temperature and humidity within regulatory limits and surgical instruments and endoscopes storage issues were identified. All surgical instruments and endoscopes were reprocessed. All OR activity ceased until compliance could be assured. • On 9/22/15 Johnson Control provided emergency service call for no cooling. • On 9/22/15 temperature and humidity were brought to within acceptable ranges. **Process Improvement:** • When a room is considered out of range, a work order is created and engineering is notified. • Ongoing monitoring with temperature and humidity assessed prior to surgery as well as documented checks throughout the day in both the OR and the Staff has been educated on the process.	9/24/2015

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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SOUTHERN CALIFORNIA HOSPITAL AT HOLLYWOOD	6245 DE LONGPRE AVE HOLLYWOOD, CA 90028

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A 000	Continued From page 1 meeting the regulatory temperature and humidity limits when: a) On 9/22/15 at 3:30 p.m. during the Hollywood campus surgical services tour, main tray surgical instruments were observed stored in OR-2 where temperatures were out of regulatory limits. OR-2's thermostat meter indicated temperature of 78.8 Fahrenheit (F) and humidity of 58%. Several instrument trays were found piled on top of each other on a surgical supply storage cart. Concurrent interview was held with the administrator who confirmed that OR-2 was "too hot" and storing surgical instruments was "not good". The Administrator shared there was nowhere else to store the instruments. According to the Administrator and surgical staff interviews, instruments have always been stored in OR-2. b) Endoscopes were observed being stored in OR-3 where the thermostat meter indicated the temperature was 82.4 F and humidity was 46%. Concurrent interview was held with the interim director of infection control (IDIC) who confirmed the room temperature was out of the regulatory limits. c) The sterile processing room thermostat meter indicated a temperature of 82.5 F and humidity of 51%. Concurrent interview was held with surgical staff who confirmed the room was "hot." A review of both facilities Culver City and Hollywood Campus "Temperature and Humidity Reading" logs revealed temperature and humidity readings were out of limits on several dates. d) The index case indicated humidity ranges has been out of range at Culver City in OR # 2 for 13 days, OR # 2 for 10 days and OR # 7 for 20 days. During a tour on 9/22/15, the Department found the facility had difficulty regulating temperature and humidity in the OR's due to maintenance	A 000	Continued From page 1 • Temperatures and humidity are assessed hourly as well as prior to procedure. • When fall out occurs the plant operations team is notified to adjust temperature. Monthly trend reporting to ACNO, IC and Quality Department occurs. No procedures will occur unless temperature and humidity are within normal limits. • When a room is out of range and is not correctable prior to a scheduled procedure, infection control is notified by OR. • Plan for infection control surveillance to monitor and report as well as plant operations at monthly committee meetings. • Electronic/Digital monitoring devices will be installed in December, • Upon completion of the installation staff will be educated on requirements and individuals will be identified for notification, reporting and action. Anticipated completion date is 1/1/2016. **Date of Implementation:** • Immediate concerns corrected on 09-24-15. Installation of new monitoring devices to be completed by 01-01-2016. **Monitoring Process:** • Staff monitors and documents temperature and humidity prior to procedure. Staff monitor daily as well, on an hourly basis. Trending reports to be sent to Quality Council through EOC and Infection Control reports which will flow up to the MEC and Infection Control	

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SOUTHERN CALIFORNIA HOSPITAL AT HOLLYWOOD	6245 DE LONGPRE AVE HOLLYWOOD, CA 90028

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A 000	Continued From page 2 issues with air handlers and coolers in the facility. According to administrative staff the 3 cooling units at the Culver City Campus were not adequate for the needs of the facility. Administrative staff shared the two cooling units serving the tower and surgical area needed to be replaced and the cooling unit serving the pavilion needed to be rebuilt. The HVAC systems did not have the capability of dehumidification. On 9/22/15 at 1:00 p.m., OR 3's humidity was 66%, OR 3's humidity was 66% and OR 7's humidity was 67 % to 70 %. 2. On 9/22/15 at 5:50 P.M., the CDPH survey team informed the Facility Administrative Team of an Immediate Jeopardy (IJ) identified throughout the facilities regarding questionable sterility of their surgical instruments and endoscopes since both the endoscopes and the surgical instruments were stored in surgical suites where temperatures were out of regulatory limits as well as OR humidity and temperatures ranges in both the Hollywood and Culver City campus being out of regulatory humidity and temperature ranges. 3. On 9/22/2015 at 7:10 P.M., following a meeting to discuss corrected actions taken to ensure sterility of instruments & endoscopes as well as temperature and humidity in the facility surgical suites the hospital submitted a corrective action plan, which included: 1) The immediate cessation of elective surgeries and procedures. 2) Immediately reprocessing of all surgical instruments at the Hollywood Campus. 3) Reprocessing of all the endoscopes prior to use at the Hollywood Campus. 4) All OR's at the Culver City and Hollywood campuses will be monitored for	A 000	Continued From page 2 reports which will flow up to the MEC and Governing Board for review discussion and any further action. **Position Responsible:** • Nursing Leadership, Director of Plant Operations, Director of Quality, Director of Infection Control, CEO. **Culver City Campus** **Immediate and Permanent Corrective Action (a, b, c):** • On 09/22/15 at 7:15pm, Immediate Jeopardy was abated after compliant practices in maintaining surgical suites temperature and humidity within regulatory limits and surgical instruments and endoscopes storage issues were identified. All surgical instruments and endoscopes were reprocessed. All OR activity ceased until compliance could be assured. **Process Improvement:** • When a room is considered out of range, a work order is created and engineering is notified. • Ongoing monitoring with temperature and humidity assessed prior to surgery as well as documented checks throughout the day in both the OR and the sterile supply room. • Sterile instruments were reprocessed on 9/22/15 Sterile supplies were assessed for integrity. • All sterile instruments moved to location where temperature and humidity were in range. • Nursing staff have been educated on the process. Temperatures and humidity are assessed hourly as well	9/22/2015

FORM CMS-2567(02-99) Previous Versions Obsolete   Event ID: SZ5K11   Facility ID: CA930000064

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SOUTHERN CALIFORNIA HOSPITAL AT HOLLYWOOD	6245 DE LONGPRE AVE HOLLYWOOD, CA 90028

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A 000	Continued From page 3 temperature ranges every hour each 24 hours and before each procedure for each room. Temperatures will be maintained consistently on a log by nursing and engineering. OR will be taken out of service until temperatures are attained. 5) Surgical instruments will be stored in an area where temperature & humidity are within regulatory limits. 6) Assess room supplies for moisture if moisture permeation. The plan of abatement was accepted on 9/22/2015 by the survey team. 4. On 09/22/2015 at 7:15 P.M., Immediate Jeopardy was abated after compliant practices in maintaining surgical suites temperature & humidity within regulatory limits and surgical instruments & endoscopes storage issues were identified. The cumulative effects of these systemic problems resulted in the hospital's in ability to provide an effective hospital wide infection control program. Resulting in the facilities inability to provide patient care in a safe and effective manner as agreed in accordance with the Condition of Participation for Infection Control Services (A 747). The seriousness of which, resulted in an Immediate Jeopardy identified by the survey team.	A 000	Continued From page 3 as prior to procedure. • When fall out occurs the plant operations team is notified to adjust temperature is performed. Simultaneous reporting to Quality will occur. • No procedures will occur unless temperature and humidity are within normal limits. • When a room is out of range and is not correctable prior to a scheduled procedure, infection control is notified by OR. • Plan for infection control surveillance to monitor and report as well as plant operations at monthly committee meetings. • Electronic/Digital devices will monitor temperature and humidity in the OR rooms. • On 9/24/15 a temporary cooling tower was installed in Culver City. The permanent completion of the cooling tower was accomplished on 10-28-15 for Culver City. The temporary cooling tower was removed on 11-13-15 from Culver City. **Date of Implementation:** • Immediate concerns corrected on 09-24-15. Electronic monitoring devices to be installed by 01-01- 2016. **Monitoring Process:** • Nursing monitors and documents temperature and humidity prior to procedure. Nursing staff also monitors daily on an hourly basis. Trending reports to be sent to Quality Council through EOC and Infection Control Committee reports which will flow up to the MEC and Governing Board for review discussion and any further action.	

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			Continued From page 4 **Position Responsible:** • CNO, Nursing Leadership, Directors of Plant Operations, Director of Quality, Director of Infection Control, CEO.	

Excerpts From CMS Statement of Deficiencies And Plan of Correction Related to Immediate Jeopardy Citations at PMH Owned Hospitals.

Exhibit Q5-1

Prospect Medical Holdings, Inc. & Subsidiaries

	Month Ended 7/31/2014	FYTD 7/31/2014	Month Ended 7/31/2015	FYTD 7/31/2015	Month Ended 8/31/2014	FYTD 8/31/2014	Month Ended 8/31/2015	FYTD 8/31/2015	Month Ended 9/30/2014	FYTD 9/30/2014	Month Ended 9/30/2015	FYTD 9/30/2015	Methodology/Comments
A. Operating Performance													
Operating Margin	6.3%	7.3%	6.2%	8.0%	6.1%	7.1%	0.1%	7.3%	12.4%	7.7%	15.5%	8.0%	Operating Income / Net Revenue
Non-Operating Margin	-4.0%	-4.7%	-3.0%	-3.2%	-3.8%	-4.5%	-3.3%	-3.2%	-2.8%	-4.3%	-3.2%	-3.2%	Other (Income) Expense / Net Revenue
Total Margin	1.4%	1.4%	2.2%	3.1%	1.7%	1.4%	-1.9%	2.7%	8.4%	2.2%	1.8%	2.6%	Net Income / Net Revenue
Bad Debt as % of Gross Revenue	3.4%	4.1%	3.8%	3.4%	1.6%	3.8%	1.9%	3.3%	3.0%	3.7%	2.3%	3.2%	Bad Debt Expense / Revenue before Bad Debts (All segments)
B. Liquidity													
Current Ratio	1.0	1.0	1.1	1.1	1.0	1.0	1.1	1.1	1.0	1.0	1.1	1.1	Current Assets / Current Liabilities
Days Cash on Hand	20.7	20.7	15.0	15.0	20.1	20.1	18.4	18.4	18.6	18.6	19.8	19.8	Cash / (Trailing Twelve Months Operating Expense / 365)
Days in Net Accounts Receivables	89.0	89.0	72.5	72.5	74.1	74.1	75.6	75.6	66.4	66.4	73.4	73.4	Hospital Segment Net Accounts Receivable / (Trailing 3 Months Hospital Segment Normalized Net Patient Service Revenue / Trailing 3 Months Number of Days)
Average Payment Period	29.0	29.0	18.1	18.1	24.6	24.6	18.6	18.6	24.2	24.2	18.6	18.6	Accounts Payable / (Trailing Twelve Months Operating Expenses / 365)
C. Leverage and Capital Structure													
Long-term Debt to Equity	(37.0)	(37.0)	11.3	11.3	(42.9)	(42.9)	11.9	11.9	(349.8)	(349.8)	11.6	11.6	(Long-term debt (Current + LT portion) plus OID/OIP) / Equity
Long-term Debt to Capitalization	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	(Long-Term Debt) / (Long-term Debt + Line of Credit + Capital Leases + Equity)
Unrestricted Cash to Debt	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	Unrestricted Cash / (Long-term Debt + Line of Credit + Capital Leases)
Times Interest Earned Ratio	2.1	2.1	3.4	3.4	2.0	2.0	3.2	3.2	2.2	2.2	3.4	3.4	TTM EBITDA / TTM Interest Expense
Debt Service Coverage Ratio	12.9	12.9	42.6	42.6	13.9	13.9	42.2	42.2	18.6	18.6	46.9	46.9	TTM EBITDA / (Current portion long-term debt + Current portion of capital leases) Excludes Line of Credit
Equity Financing Ratio	(40.5)	(40.5)	12.2	12.2	(46.5)	(46.5)	12.8	12.8	(378.9)	(378.9)	12.5	12.5	(Long-term Debt + Line of Credit + Capital Leases) / Equity
D. Additional Statistics (In Thousands $ unless noted)													
Income from Operations	5,606	47,670	7,192	89,510	5,969	53,639	128	89,638	12,514	66,153	18,423	108,061	Increase from $66.2 million for FY 2014 to $108.1 million for FY 2015 due to a variety of factors. One of the primary factors was a $37.3 million increase in the net benefit of the California Hospital Fee Program (supplemental Medi-Cal reimbursement)
Net Income	1,197	8,887	2,517	34,562	1,680	10,567	(2,035)	32,528	8,448	19,015	2,111	34,639	See above regarding increase in Income from Operations from FY 2014 to FY 2015.
Patient Cash Collected - Hospital Segment only	52,482	315,730	58,220	526,009	51,706	367,436	49,913	575,923	53,637	421,073	55,047	630,969	Increase from $421 million for FY 2014 to $631 million for FY 2015 due primarily to full year of cash collections for CharterCARE during FY 2015 (acquired June 20, 2014). August 2015 low of $49.9 million due to CharterCARE Medicare billing delay resolved after several weeks. July 2015 high of $58.2 million due to increased collection efforts at Alta.
Cash and Cash Equivalents	35,715	35,715	48,625	48,625	38,638	38,638	60,247	60,247	39,072	39,072	65,606	65,606	$26.5 million increase in cash and cash equivalents from September 30, 2014 to September 30, 2015 due primarily to cash generated from operations, net of $39.5 million cash used in investing activities (primarily capital expenditures), and $8.8 million used in financing activities.
Net Working Capital	4,938	4,938	38,856	38,856	6,927	6,927	36,940	36,940	8,618	8,618	25,710	25,710	Increase in net working capital due from September 30, 2014 to September 30, 2015 due to multiple factors including: (1) $26.5 million increase in unrestricted cash (see comment above). (2) $20.1 million increase in net QAF receivable/liability due to timing of GAAP recognition versus cash receipts (3) $14.2 million increase in medical claims IBNR due to increased membership in our Hospital and Medical Group segments (4) Various changes in other components of net working capital
Unrestricted Assets	694,684	694,684	829,153	829,153	699,754	699,754	838,760	838,760	761,317	761,317	782,851	782,851	Total assets increased $21.5 million from $761.3 million at September 30, 2014 to $782.9 million at September 30, 2015. See comments above regarding net working capital. In addition, net fixed assets increased $10.9 million as a result of capital expenditures.
Credit Ratings									B2 /B-	B2 / B-	B1 / B	B1 / B	

Exhibit Q6a-1

FINANCIAL WORKSHEET DESCRIPTIONS

Financial Worsheet:

C– Sale of Non-Profit Hospital to For-Profit Entity

Cells Legend:

	Indicates input cell
	Indicates calculated cell

Columns 1,2,5,8 & 11: **Add Non-Profit data (without CON)**

Columns 3,4,6,7,9,10,12 & 13: **Add For-Profit data (with CON & incremental to CON)**

Sale of Non-Profit Hosptal to For-Profit Entity

Name Entity:
Financial Worksheet (C):

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:

		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
LINE	**Total Entity:**	**FY**	**FY**	**FY**	**FY**	**FY**	**FY**	**FY**	**FY**	**FY**	**FY**	**FY**	**FY**	**FY**
		Actual	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**
	Description	**Results**	**W/out CON**	**Incremental**	**With CON**	**W/out CON**	**Incremental**	**With CON**	**W/out CON**	**Incremental**	**With CON**	**W/out CON**	**Incremental**	**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	Less: 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**

Sale of Non-Profit Hosptal to For-Profit Entity

Name Entity:

Financial Worksheet (C):

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:

		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
LINE	**Total Entity:**	**FY**	**FY**	**FY**	**FY**	**FY**	**FY**	**FY**	**FY**	**FY**	**FY**	**FY**	**FY**	**FY**
		Actual	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**
	Description	**Results**	**W/out CON**	**Incremental**	**With CON**	**W/out CON**	**Incremental**	**With CON**	**W/out CON**	**Incremental**	**With CON**	**W/out CON**	**Incremental**	**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**

[a]Total amount should equal the total amount on cell line "Net Patient Revenue" Row 14.

[b]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.

[c]Provide the amount of income taxes as defined by the Internal Revenue Services for for-profit entities.

[d]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.

Financial Worksheet Assumptions

Waterbury Hospital

FY 2015

October through August results annualized

FY 2016

Revenue and Volume-annualized 5 months of actual results (February through June). Inlcuded additional revenue for anticipated increase in outpatient volume and known revenue increases from Medicare and Commercial payers.

Expenses-annualized 7 months of actual results (October through April). Included any projected changes as identified during the budget process

Both revenue and expenses reflect expected changes due to the impact of the recent State Supplemental Pool payment cuts.

FY 2017 and 2018

FTE's and volume was kept the same as the budget. No increases.
Revenue increases reflected for known Commercial contract changes.
Expenses increased for overall salary, pension, and medical benefit increases.

Alliance Medical Group

FY 2015

Base was an average of the previous 11 months for individual government and non-government revenue. For all other items, used the 11 month YTD plus the month of August again.

FY 2016

Based on potential visit volumes for the upcoming year.

FY 2017 and 2018

Based on the expected increase of 1% to 2% per year due to the primary care recruitment which will include opening offices in new markets.

For the new fiscal years, there has been extensive evaluation of the expenses associated with the hospital and all affiliates. The Hospital engaged the Camden Group to look at opportunities to remove expenses from the organization and we have begun or about to begin implementing many of these based on the data analyzed. Our goal moving forward and starting in FY 2016 is to increase our revenue capability but also make significant changes that will allow us to decrease our expenses where appropriate.

Sale of Non-Profit Hospital to For-Profit Entity

Name Entity: Greater Waterbury Health Network
Financial Worksheet (C):

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:

		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
LINE	**Total Entity:**	**FY 14**	**FY 15**	**FY 15**	**FY 15**	**FY 16**	**FY 16**	**FY 16**	**FY 17**	**FY 17**	**FY 17**	**FY 18**	**FY 18**	**FY 18**
		Actual	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**
	Description	**Results**	**W/out CON**	**Incremental**	**With CON**	**W/out CON**	**Incremental**	**With CON**	**W/out CON**	**Incremental**	**With CON**	**W/out CON**	**Incremental**	**With CON**
A.	**OPERATING REVENUE**													
1	Total Gross Patient Revenue	$990,678,984	$1,000,485,065		$1,000,485,065	$1,006,038,550		$1,006,038,550	$1,019,877,764		$1,019,877,764	$1,029,226,891		$1,029,226,891
2	Less: Allowances	$723,461,546	$743,265,348		$743,265,348	$745,519,202		$745,519,202	$756,087,352		$756,087,352	$763,176,134		$763,176,134
3	Less: Charity Care	$5,831,559	$5,144,570		$5,144,570	$5,228,272		$5,228,272	$5,228,272		$5,228,272	$5,228,272		$5,228,272
4	Less: Other Deductions	$8,317,191	$9,054,147		$9,054,147	$12,436,400		$12,436,400	$12,436,400		$12,436,400	$12,436,400		$12,436,400
	Net Patient Service Revenue	**$253,068,688**	**$243,021,000**	**$0**	**$243,021,000**	**$242,854,677**	**$0**	**$242,854,677**	**$246,125,740**	**$0**	**$246,125,740**	**$248,386,086**	**$0**	**$248,386,086**
5	Medicare	$103,628,153	$94,049,325		$94,049,325	$93,959,132		$93,959,132	$94,250,524		$94,250,524	$94,408,975		$94,408,975
6	Medicaid	$39,293,712	$49,412,291		$49,412,291	$53,348,771		$53,348,771	$53,529,715		$53,529,715	$53,615,899		$53,615,899
7	CHAMPUS & TriCare	$384,633	$361,306		$361,306	$371,375		$371,375	$372,204		$372,204	$372,816		$372,816
8	Other	$0	$0		$0	$0		$0	$0		$0	$0		$0
	Total Government	**$143,306,497**	**$143,822,921**	**$0**	**$143,822,921**	**$147,679,278**	**$0**	**$147,679,278**	**$148,152,443**	**$0**	**$148,152,443**	**$148,397,690**	**$0**	**$148,397,690**
9	Commercial Insurers	$90,287,422	$87,265,292		$87,265,292	$91,679,052		$91,679,052	$94,158,116		$94,158,116	$95,949,432		$95,949,432
10	Uninsured	$130,613	$128,767		$128,767	$182,978		$182,978	$183,574		$183,574	$183,574		$183,574
11	Self Pay	$3,734,316	$5,041,516		$5,041,516	$2,957,704		$2,957,704	$3,028,936		$3,028,936	$3,077,104		$3,077,104
12	Workers Compensation	$16,167,440	$10,309,021		$10,309,021	$8,708,474		$8,708,474	$8,953,588		$8,953,588	$9,126,126		$9,126,126
13	Other	($557,601)	($3,546,517)		($3,546,517)	($8,352,810)		($8,352,810)	($8,350,917)		($8,350,917)	($8,347,840)		($8,347,840)
	Total Non-Government	**$109,762,190**	**$99,198,079**	**$0**	**$99,198,079**	**$95,175,399**	**$0**	**$95,175,399**	**$97,973,297**	**$0**	**$97,973,297**	**$99,988,396**	**$0**	**$99,988,396**
	Net Patient Service Revenue[a] (Government+Non-Government)	**$253,068,688**	**$243,021,000**	**$0**	**$243,021,000**	**$242,854,677**	**$0**	**$242,854,677**	**$246,125,740**	**$0**	**$246,125,740**	**$248,386,086**	**$0**	**$248,386,086**
14	Less: Provision for Bad Debts	$4,480,248	$4,347,405		**$4,347,405**	$3,468,763		**$3,468,763**	$3,516,689		**$3,516,689**	$3,543,303		**$3,543,303**
	Net Patient Service Revenue less provision for bad debts	**$248,588,440**	**$238,673,596**	**$0**	**$238,673,596**	**$239,385,914**	**$0**	**$239,385,914**	**$242,609,051**	**$0**	**$242,609,051**	**$244,842,783**	**$0**	**$244,842,783**
15	Other Operating Revenue	$12,014,569	$11,694,375		**$11,694,375**	$14,643,067		**$14,643,067**	$14,825,462		**$14,825,462**	$14,878,373		**$14,878,373**
17	Net Assets Released from Restrictions	$5,542,491	$5,080,455		**$5,080,455**	$5,251,632		**$5,251,632**	$5,251,632		**$5,251,632**	$5,251,632		**$5,251,632**
	TOTAL OPERATING REVENUE	**$266,145,499**	**$255,448,426**	**$0**	**$255,448,426**	**$259,280,613**	**$0**	**$259,280,613**	**$262,686,146**	**$0**	**$262,686,146**	**$264,972,788**	**$0**	**$264,972,788**
B.	**OPERATING EXPENSES**													
1	Salaries and Wages	$119,127,829	$120,430,846		$120,430,846	$115,590,029		$115,590,029	$117,692,915		$117,692,915	$119,507,521		$119,507,521
2	Fringe Benefits	$29,567,048	$35,027,007		$35,027,007	$33,907,301		$33,907,301	$34,900,546		$34,900,546	$36,161,608		$36,161,608
3	Physicians Fees	$18,806,920	$14,968,038		$14,968,038	$12,697,776		$12,697,776	$12,680,260		$12,680,260	$12,682,807		$12,682,807
4	Supplies and Drugs	$31,348,505	$29,295,392		$29,295,392	$23,712,061		$23,712,061	$23,917,529		$23,917,529	$24,142,219		$24,142,219
5	Depreciation and Amortization	$7,913,151	$7,063,006		$7,063,006	$6,849,701		$6,849,701	$6,838,400		$6,838,400	$6,830,365		$6,830,365
6	Provision for Bad Debts-Other[b]	$15,000	$15,000		$15,000	$15,000		$15,000	$15,000		$15,000	$15,000		$15,000
7	Interest Expense	$1,213,488	$1,172,296		$1,172,296	$1,278,230		$1,278,230	$1,246,208		$1,246,208	$1,213,800		$1,213,800
8	Malpractice Insurance Cost	$8,249,305	$8,268,731		$8,268,731	$6,901,688		$6,901,688	$6,928,910		$6,928,910	$6,931,831		$6,931,831
9	Lease Expense	$3,787,527	$4,045,091		$4,045,091	$3,612,010		$3,612,010	$3,623,435		$3,623,435	$3,635,055		$3,635,055
10	Other Operating Expenses	$54,014,082	$53,166,763		$53,166,763	$57,710,072		$57,710,072	$57,496,322		$57,496,322	$57,779,059		$57,779,059
	TOTAL OPERATING EXPENSES	**$274,042,856**	**$273,452,169**	**$0**	**$273,452,169**	**$262,273,868**	**$0**	**$262,273,868**	**$265,339,526**	**$0**	**$265,339,526**	**$268,899,265**	**$0**	**$268,899,265**
	Provision for Income Taxes[c]	$150,779	$141,985		**$141,985**	$136,181		**$136,181**	$136,181		**$136,181**	$136,181		**$136,181**
	Earnings Before Interest, Taxes, Depreciation & Amortization **(EBITDA)**	**$1,229,283**	**($9,768,441)**	**$0**	**($9,768,441)**	**$5,134,676**	**$0**	**$5,134,676**	**$5,431,229**	**$0**	**$5,431,229**	**$4,117,688**	**$0**	**$4,117,688**
	INCOME / (LOSS) FROM OPERATIONS	**($8,048,136)**	**($18,145,727)**	**$0**	**($18,145,727)**	**($3,129,436)**	**$0**	**($3,129,436)**	**($2,789,561)**	**$0**	**($2,789,561)**	**($4,062,658)**	**$0**	**($4,062,658)**
	NON-OPERATING INCOME / REVENUE	$3,370,120	$2,425,698		**$2,425,698**	$3,442,234		**$3,442,234**	$3,467,981		**$3,467,981**	$3,494,886		**$3,494,886**
	NET INCOME / EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES	**($4,678,016)**	**($15,720,030)**	**$0**	**($15,720,030)**	**$312,798**	**$0**	**$312,798**	**$678,420**	**$0**	**$678,420**	**($567,772)**	**$0**	**($567,772)**
C.	**Retained Earnings / Net Assets, beginning of year**	**$51,708,831**	**$45,505,137**		**$45,505,137**	**$29,061,392**		**$29,061,392**	**$29,374,190**		**$29,374,190**	**$30,052,610**		**$30,052,610**
	Retained Earnings / Net Assets, end of year	**$45,505,137**	**$29,061,392**		**$29,061,392**	**$29,374,190**		**$29,374,190**	**$30,052,610**		**$30,052,610**	**$29,484,839**		**$29,484,839**
	Principal Payments	$298,904	$44,701		**$44,701**	$29,709		**$29,709**	$14,001		**$14,001**	$6,571		**$6,571**
D.	**PROFITABILITY SUMMARY**													
1	Hospital Operating Margin	**-3.0%**	**-7.0%**	**0.0%**	**-7.0%**	**-1.2%**	**0.0%**	**-1.2%**	**-1.0%**	**0.0%**	**-1.0%**	**-1.5%**	**0.0%**	**-1.5%**
2	Hospital Non Operating Margin	**1.3%**	**0.9%**	**0.0%**	**0.9%**	**1.3%**	**0.0%**	**1.3%**	**1.3%**	**0.0%**	**1.3%**	**1.3%**	**0.0%**	**1.3%**
3	Hospital Total Margin	**-1.7%**	**-6.1%**	**0.0%**	**-6.1%**	**0.1%**	**0.0%**	**0.1%**	**0.3%**	**0.0%**	**0.3%**	**-0.2%**	**0.0%**	**-0.2%**
E.	**FTEs**	**1,530**	**1,417**		**1,417**	**1,484**		**1,484**	**1,486**		**1,486**	**1,489**		**1,489**

Sale of Non-Profit Hospital to For-Profit Entity

Name Entity: Greater Waterbury Health Network
Financial Worksheet (C):

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:

		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
LINE	**Total Entity:**	**FY 14**	**FY 15**	**FY 15**	**FY 15**	**FY 16**	**FY 16**	**FY 16**	**FY 17**	**FY 17**	**FY 17**	**FY 18**	**FY 18**	**FY 18**
		Actual	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**
	Description	**Results**	**W/out CON**	**Incremental**	**With CON**	**W/out CON**	**Incremental**	**With CON**	**W/out CON**	**Incremental**	**With CON**	**W/out CON**	**Incremental**	**With CON**
F.	**VOLUME STATISTICS[d]**													
1	Inpatient Discharges	11,693	11,699		**11,699**	11,344		**11,344**	11,344		**11,344**	11,344		**11,344**
2	Outpatient Visits	199,362	188,806		**188,806**	192,582		**192,582**	192,582		**192,582**	192,582		**192,582**
	TOTAL VOLUME	**211,055**	**200,505**	**0**	**200,505**	**203,926**	**0**	**203,926**	**203,926**	**0**	**203,926**	**203,926**	**0**	**203,926**

[a]Total amount should equal the total amount on cell line "Net Patient Revenue" Row 14.
[b]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.
[c]Provide the amount of income taxes as defined by the Internal Revenue Services for for-profit entities.
[d]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.

Sale of Non-Profit Hospital to For-Profit Entity

Name Entity: GW Network

Financial Worksheet (C):

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:

		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
LINE	Total Entity:	FY 14	FY 15	FY 15	FY 15	FY 16	FY 16	FY 16	FY 17	FY 17	FY 17	FY 18	FY 18	FY 18
		Actual	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected
	Description	Results	W/out CON	Incremental	With CON	W/out CON	Incremental	With CON	W/out CON	Incremental	With CON	W/out CON	Incremental	With CON
A.	**OPERATING REVENUE**													
1	Total Gross Patient Revenue	$0	$0		$0	$0		$0	$0		$0	$0		$0
2	Less: Allowances	$0	$0		$0	$0		$0	$0		$0	$0		$0
3	Less: Charity Care	$0	$0		$0	$0		$0	$0		$0	$0		$0
4	Less: Other Deductions	$0	$0		$0	$0		$0	$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		$0	$0		$0	$0		$0
6	Medicaid	$0	$0		$0	$0		$0	$0		$0	$0		$0
7	CHAMPUS & TriCare	$0	$0		$0	$0		$0	$0		$0	$0		$0
8	Other	$0	$0		$0	$0		$0	$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		$0	$0		$0	$0		$0
10	Uninsured	$0	$0		$0	$0		$0	$0		$0	$0		$0
11	Self Pay	$0	$0		$0	$0		$0	$0		$0	$0		$0
12	Workers Compensation	$0	$0		$0	$0		$0	$0		$0	$0		$0
13	Other	$0	$0		$0	$0		$0	$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	Less: Provision for Bad Debts	$0	$0		**$0**	$0		**$0**	$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		**$0**	$0		**$0**	$0		**$0**
17	Net Assets Released from Restrictions	$0	$0		**$0**	$0		**$0**	$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		$0	$0		$0	$0		$0
2	Fringe Benefits	$0	$0		$0	$0		$0	$0		$0	$0		$0
3	Physicians Fees	$0	$0		$0	$0		$0	$0		$0	$0		$0
4	Supplies and Drugs	$0	$0		$0	$0		$0	$0		$0	$0		$0
5	Depreciation and Amortization	$0	$0		$0	$0		$0	$0		$0	$0		$0
6	Provision for Bad Debts-Other[b]	$0	$0		$0	$0		$0	$0		$0	$0		$0
7	Interest Expense	$0	$0		$0	$0		$0	$0		$0	$0		$0
8	Malpractice Insurance Cost	$0	$0		$0	$0		$0	$0		$0	$0		$0
9	Lease Expense	$0	$0		$0	$0		$0	$0		$0	$0		$0
10	Other Operating Expenses	$68,181	$95,413		$95,413	$84,048		$84,048	$84,048		$84,048	$84,048		$84,048
	TOTAL OPERATING EXPENSES	**$68,181**	**$95,413**	**$0**	**$95,413**	**$84,048**	**$0**	**$84,048**	**$84,048**	**$0**	**$84,048**	**$84,048**	**$0**	**$84,048**
	Provision for Income Taxes[c]	$0	$0		**$0**	$0		**$0**	$0		**$0**	$0		**$0**
	Earnings Before Interest, Taxes, Depreciation & Amortization **(EBITDA)**	**($68,181)**	**($95,413)**	**$0**	**($95,413)**	**($84,048)**	**$0**	**($84,048)**	**($84,048)**	**$0**	**($84,048)**	**($84,048)**	**$0**	**($84,048)**
	INCOME / (LOSS) FROM OPERATIONS	**($68,181)**	**($95,413)**	**$0**	**($95,413)**	**($84,048)**	**$0**	**($84,048)**	**($84,048)**	**$0**	**($84,048)**	**($84,048)**	**$0**	**($84,048)**
	NON-OPERATING INCOME / REVENUE	($18,434)	($235,193)		**($235,193)**	$643,190		**$643,190**	$668,351		**$668,351**	$694,645		**$694,645**
	NET INCOME / EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES	**($86,615)**	**($330,607)**	**$0**	**($330,607)**	**$559,142**	**$0**	**$559,142**	**$584,303**	**$0**	**$584,303**	**$610,597**	**$0**	**$610,597**
C	**Retained Earnings/ Net Assets, beginning of year**	**$17,178,778**	**$17,092,163**		**$17,092,163**	**$16,761,556**		**$16,761,556**	**$17,320,698**		**$17,320,698**	**$17,905,002**		**$17,905,002**

Sale of Non-Profit Hospital to For-Profit Entity

Name Entity: GW Network

Financial Worksheet (C):

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: Description	(1) FY 14 Actual Results	(2) FY 15 Projected W/out CON	(3) FY 15 Projected Incremental	(4) FY 15 Projected With CON	(5) FY 16 Projected W/out CON	(6) FY 16 Projected Incremental	(7) FY 16 Projected With CON	(8) FY 17 Projected W/out CON	(9) FY 17 Projected Incremental	(10) FY 17 Projected With CON	(11) FY 18 Projected W/out CON	(12) FY 18 Projected Incremental	(13) FY 18 Projected With CON
C.	**Retained Earnings / Net Assets, end of year**	**$17,092,163**	**$16,761,556**		**$16,761,556**	**$17,320,698**		**$17,320,698**	**$17,905,002**		**$17,905,002**	**$18,515,599**		**$18,515,599**
	Principal Payments	$0	$0		**$0**	$0		**$0**	$0		**$0**	$0		**$0**
D.	**PROFITABILITY SUMMARY**													
1	Hospital Operating Margin	**369.9%**	**40.6%**	**0.0%**	**40.6%**	**-13.1%**	**0.0%**	**-13.1%**	**-12.6%**	**0.0%**	**-12.6%**	**-12.1%**	**0.0%**	**-12.1%**
2	Hospital Non Operating Margin	**100.0%**	**100.0%**	**0.0%**	**100.0%**	**100.0%**	**0.0%**	**100.0%**	**100.0%**	**0.0%**	**100.0%**	**100.0%**	**0.0%**	**100.0%**
3	Hospital Total Margin	**469.9%**	**140.6%**	**0.0%**	**140.6%**	**86.9%**	**0.0%**	**86.9%**	**87.4%**	**0.0%**	**87.4%**	**87.9%**	**0.0%**	**87.9%**
E.	**FTEs**	$0	$0		**0**	$0		**0**	$0		**0**	$0		**0**
F.	**VOLUME STATISTICS[d]**													
1	Inpatient Discharges	$0	$0		**0**	$0		**0**	$0		**0**	$0		**0**
2	Outpatient Visits	$0	$0		**0**	$0		**0**	$0		**0**	$0		**0**
	TOTAL VOLUME	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

[a]Total amount should equal the total amount on cell line "Net Patient Revenue" Row 14.

[b]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.

[c]Provide the amount of income taxes as defined by the Internal Revenue Services for for-profit entities.

[d]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.

Assumed no increases in volume. Only increase was managed care

Sale of Non-Profit Hospital to For-Profit Entity

Name Entity: Waterbury Hospital
Financial Worksheet (C):

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:

		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
LINE	**Total Entity:**	**FY 14**	**FY 15**	**FY 15**	**FY 15**	**FY 16**	**FY 16**	**FY 16**	**FY 17**	**FY 17**	**FY 17**	**FY 18**	**FY 18**	**FY 18**
		Actual	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**
	Description	**Results**	**W/out CON**	**Incremental**	**With CON**	**W/out CON**	**Incremental**	**With CON**	**W/out CON**	**Incremental**	**With CON**	**W/out CON**	**Incremental**	**With CON**
A.	**OPERATING REVENUE**													
1	Total Gross Patient Revenue	$905,475,426	915,214,960		$915,214,960	$921,598,035		$921,598,035	$934,060,739		$934,060,739	$942,681,350		$942,681,350
2	Less: Allowances	$679,028,148	698,950,496		$698,950,496	$702,469,850		$702,469,850	$712,240,611		$712,240,611	$718,999,172		$718,999,172
3	Less: Charity Care	$5,839,904	5,156,745		$5,156,745	$5,243,272		$5,243,272	$5,243,272		$5,243,272	$5,243,272		$5,243,272
4	Less: Other Deductions	$8,287,736	9,039,311		$9,039,311	$12,421,400		$12,421,400	$12,421,400		$12,421,400	$12,421,400		$12,421,400
	Net Patient Service Revenue	**$212,319,638**	**$202,068,409**	**$0**	**$202,068,409**	**$201,463,513**	**$0**	**$201,463,513**	**$204,155,456**	**$0**	**$204,155,456**	**$206,017,506**	**$0**	**$206,017,506**
5	Medicare	$88,141,859	$77,846,951		$77,846,951	$77,683,507		$77,683,507	$77,683,507		$77,683,507	$77,683,507		$77,683,507
6	Medicaid	$31,612,939	$41,641,364		$41,641,364	$45,383,059		$45,383,059	$45,383,059		$45,383,059	$45,383,059		$45,383,059
7	CHAMPUS & TriCare	$278,693	$257,504		$257,504	$264,002		$264,002	$264,002		$264,002	$264,002		$264,002
8	Other				$0			$0			$0			$0
	Total Government	**$120,033,491**	**$119,745,818**	**$0**	**$119,745,818**	**$123,330,568**	**$0**	**$123,330,568**	**$123,330,568**	**$0**	**$123,330,568**	**$123,330,568**	**$0**	**$123,330,568**
9	Commercial Insurers	$76,415,094	$73,778,665		$73,778,665	$77,915,859		$77,915,859	$80,308,310		$80,308,310	$81,963,198		$81,963,198
10	Uninsured	$0	$0		$0	$0		$0	$0		$0	$0		$0
11	Self Pay	$3,063,302	$4,256,654		$4,256,654	$2,156,999		$2,156,999	$2,223,231		$2,223,231	$2,269,044		$2,269,044
12	Workers Compensation	$14,664,997	$8,890,001		$8,890,001	$7,596,670		$7,596,670	$7,829,930		$7,829,930	$7,991,279		$7,991,279
13	Other	($1,857,246)	($4,602,729)		($4,602,729)	($9,536,583)		($9,536,583)	($9,536,583)		($9,536,583)	($9,536,583)		($9,536,583)
	Total Non-Government	**$92,286,147**	**$82,322,591**	**$0**	**$82,322,591**	**$78,132,945**	**$0**	**$78,132,945**	**$80,824,888**	**$0**	**$80,824,888**	**$82,686,938**	**$0**	**$82,686,938**
	Net Patient Service Revenue[a] (Government+Non-Government)	**$212,319,638**	**$202,068,409**	**$0**	**$202,068,409**	**$201,463,513**	**$0**	**$201,463,513**	**$204,155,456**	**$0**	**$204,155,456**	**$206,017,506**	**$0**	**$206,017,506**
14	Less: Provision for Bad Debts	$3,692,986	3,602,119		**$3,602,119**	$2,696,864		**$2,696,864**	$2,732,899		**$2,732,899**	$2,757,825		**$2,757,825**
	Net Patient Service Revenue less provision for bad debts	**$208,626,652**	**$198,466,291**	**$0**	**$198,466,291**	**$198,766,649**	**$0**	**$198,766,649**	**$201,422,556**	**$0**	**$201,422,556**	**$203,259,680**	**$0**	**$203,259,680**
15	Other Operating Revenue	$2,671,751	1,164,098		**$1,164,098**	$2,364,706		**$2,364,706**	$2,364,706		**$2,364,706**	$2,364,706		**$2,364,706**
17	Net Assets Released from Restrictions	$5,542,491	5,080,455		**$5,080,455**	$5,251,632		**$5,251,632**	$5,251,632		**$5,251,632**	$5,251,632		**$5,251,632**
	TOTAL OPERATING REVENUE	**$216,840,894**	**$204,710,844**	**$0**	**$204,710,844**	**$206,382,987**	**$0**	**$206,382,987**	**$209,038,894**	**$0**	**$209,038,894**	**$210,876,018**	**$0**	**$210,876,018**
B.	**OPERATING EXPENSES**													
1	Salaries and Wages	$83,908,937	$82,721,899		$82,721,899	$77,111,340		$77,111,340	$78,653,567		$78,653,567	$80,226,638		$80,226,638
2	Fringe Benefits	$23,614,272	$28,882,017		$28,882,017	$27,269,762		$27,269,762	$28,417,803		$28,417,803	$29,645,411		$29,645,411
3	Physicians Fees	$17,306,125	$11,926,799		$11,926,799	$11,229,459		$11,229,459	$11,229,459		$11,229,459	$11,229,459		$11,229,459
4	Supplies and Drugs	$29,780,875	$27,722,303		$27,722,303	$21,913,022		$21,913,022	$22,125,763		$22,125,763	$22,344,887		$22,344,887
5	Depreciation and Amortization	$7,077,295	$6,340,513		$6,340,513	$6,200,315		$6,200,315	$6,200,315		$6,200,315	$6,200,315		$6,200,315
6	Provision for Bad Debts-Other[b]	$0	$0		$0	$0		$0			$0			$0
7	Interest Expense	$1,196,363	$1,169,431		$1,169,431	$1,277,911		$1,277,911	$1,246,139		$1,246,139	$1,213,731		$1,213,731
8	Malpractice Insurance Cost	$6,226,587	$6,543,668		$6,543,668	$5,392,785		$5,392,785	$5,392,785		$5,392,785	$5,392,785		$5,392,785
9	Lease Expense	$2,599,451	$2,852,443		$2,852,443	$2,401,696		$2,401,696	$2,401,696		$2,401,696	$2,401,696		$2,401,696
10	Other Operating Expenses	$56,039,173	$57,223,873		$57,223,873	$58,849,639		$58,849,639	$58,393,012		$58,393,012	$58,506,655		$58,506,655
	TOTAL OPERATING EXPENSES	**$227,749,078**	**$225,382,944**	**$0**	**$225,382,944**	**$211,645,929**	**$0**	**$211,645,929**	**$214,060,539**	**$0**	**$214,060,539**	**$217,161,577**	**$0**	**$217,161,577**
	Provision for Income Taxes[c]				**$0**			**$0**			**$0**			**$0**
	Earnings Before Interest, Taxes, Depreciation & Amortization **(EBITDA)**	**($2,634,526)**	**($13,162,156)**	**$0**	**($13,162,156)**	**$2,215,284**	**$0**	**$2,215,284**	**$2,424,809**	**$0**	**$2,424,809**	**$1,128,487**	**$0**	**$1,128,487**
	INCOME / (LOSS) FROM OPERATIONS	**($10,908,184)**	**($20,672,100)**	**$0**	**($20,672,100)**	**($5,262,942)**	**$0**	**($5,262,942)**	**($5,021,645)**	**$0**	**($5,021,645)**	**($6,285,559)**	**$0**	**($6,285,559)**
	NON-OPERATING INCOME / REVENUE	$3,136,173	$2,503,676		**$2,503,676**	$2,658,589		**$2,658,589**	$2,658,589		**$2,658,589**	$2,658,589		**$2,658,589**
	NET INCOME / EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES	**($7,772,011)**	**($18,168,424)**	**$0**	**($18,168,424)**	**($2,604,353)**	**$0**	**($2,604,353)**	**($2,363,056)**	**$0**	**($2,363,056)**	**($3,626,970)**	**$0**	**($3,626,970)**
C.	**Retained Earnings / Net Assets, beginning of year**	**$18,667,399**	**$11,890,055**		**$11,890,055**	**($4,698,443)**		**($4,698,443)**	**($7,302,796)**		**($7,302,796)**	**($9,665,852)**		**($9,665,852)**
	Retained Earnings / Net Assets, end of year	**$11,890,055**	**($4,698,443)**		**($4,698,443)**	**($7,302,796)**		**($7,302,796)**	**($9,665,852)**		**($9,665,852)**	**($13,292,821)**		**($13,292,821)**
	Principal Payments				**$0**			**$0**			**$0**			**$0**

Assumed no increases in volume. Only increase was managed care

Sale of Non-Profit Hospital to For-Profit Entity

Name Entity: Waterbury Hospital

Financial Worksheet (C):

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:

		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
LINE	**Total Entity:**	**FY 14**	**FY 15**	**FY 15**	**FY 15**	**FY 16**	**FY 16**	**FY 16**	**FY 17**	**FY 17**	**FY 17**	**FY 18**	**FY 18**	**FY 18**
		Actual	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**
	Description	**Results**	**W/out CON**	**Incremental**	**With CON**	**W/out CON**	**Incremental**	**With CON**	**W/out CON**	**Incremental**	**With CON**	**W/out CON**	**Incremental**	**With CON**
D.	**PROFITABILITY SUMMARY**													
1	Hospital Operating Margin	**-5.0%**	**-10.0%**	**0.0%**	**-10.0%**	**-2.5%**	**0.0%**	**-2.5%**	**-2.4%**	**0.0%**	**-2.4%**	**-2.9%**	**0.0%**	**-2.9%**
2	Hospital Non Operating Margin	**1.4%**	**1.2%**	**0.0%**	**1.2%**	**1.3%**	**0.0%**	**1.3%**	**1.3%**	**0.0%**	**1.3%**	**1.2%**	**0.0%**	**1.2%**
3	Hospital Total Margin	**-3.5%**	**-8.8%**	**0.0%**	**-8.8%**	**-1.2%**	**0.0%**	**-1.2%**	**-1.1%**	**0.0%**	**-1.1%**	**-1.7%**	**0.0%**	**-1.7%**
E.	**FTEs**	**1,152**	1,028		**1,028**	1,091		**1,091**	1,091		**1,091**	1,091		**1,091**
F.	**VOLUME STATISTICS[d]**													
1	Inpatient Discharges	11,693	11,699		**11,699**	11,344		**11,344**	11,344		**11,344**	11,344		**11,344**
2	Outpatient Visits	199,362	188,806		**188,806**	192,582		**192,582**	192,582		**192,582**	192,582		**192,582**
	TOTAL VOLUME	**211,055**	**200,505**	**0**	**200,505**	**203,926**	**0**	**203,926**	**203,926**	**0**	**203,926**	**203,926**	**0**	**203,926**

[a]Total amount should equal the total amount on cell line "Net Patient Revenue" Row 14.

[b]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.

[c]Provide the amount of income taxes as defined by the Internal Revenue Services for for-profit entities.

[d]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.

Sale of Non-Profit Hospital to For-Profit Entity

Name Entity: Alliance Medical Group

Financial Worksheet (C):

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:

		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
LINE	**Total Entity:**	**FY 14**	**FY 15**	**FY 15**	**FY 15**	**FY 16**	**FY 16**	**FY 16**	**FY 17**	**FY 17**	**FY 17**	**FY 18**	**FY 18**	**FY 18**
		Actual	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**
	Description	**Results**	**W/out CON**	**Incremental**	**With CON**	**W/out CON**	**Incremental**	**With CON**	**W/out CON**	**Incremental**	**With CON**	**W/out CON**	**Incremental**	**With CON**
A.	**OPERATING REVENUE**													
1	Total Gross Patient Revenue	$37,156,345	$36,005,955		$36,005,955	$35,887,319		$35,887,319	$36,605,066		$36,605,066	$36,971,116		$36,971,116
2	Less: Allowances	$20,282,805	$19,353,356		$19,353,356	$19,027,905		$19,027,905	$19,408,463		$19,408,463	$19,602,547		$19,602,547
3	Less: Charity Care	$0	$0		$0	$0		$0	$0		$0	$0		$0
4	Less: Other Deductions	$0	$0		$0	$0		$0	$0		$0	$0		$0
	Net Patient Service Revenue	**$16,873,540**	**$16,652,599**	**$0**	**$16,652,599**	**$16,859,415**	**$0**	**$16,859,415**	**$17,196,603**	**$0**	**$17,196,603**	**$17,368,569**	**$0**	**$17,368,569**
5	Medicare	$5,901,290	$6,138,897		$6,138,897	$6,211,423		$6,211,423	$6,335,651		$6,335,651	$6,399,007		$6,399,007
6	Medicaid	$3,068,780	$3,045,122		$3,045,122	$3,143,744		$3,143,744	$3,206,619		$3,206,619	$3,238,685		$3,238,685
7	CHAMPUS & TriCare	$0	$0		$0	$0		$0	$0		$0	$0		$0
8	Other	$0	$0		$0	$0		$0	$0		$0	$0		$0
	Total Government	**$8,970,070**	**$9,184,019**	**$0**	**$9,184,019**	**$9,355,166**	**$0**	**$9,355,166**	**$9,542,270**	**$0**	**$9,542,270**	**$9,637,692**	**$0**	**$9,637,692**
9	Commercial Insurers	$7,634,611	$7,290,724		$7,290,724	$7,328,573		$7,328,573	$7,475,145		$7,475,145	$7,549,896		$7,549,896
10	Uninsured	$0	$0		$0	$0		$0	$0		$0	$0		$0
11	Self Pay	$129,981	$128,167		$128,167	$126,614		$126,614	$129,146		$129,146	$130,438		$130,438
12	Workers Compensation	$106,554	$46,164		$46,164	$45,520		$45,520	$46,431		$46,431	$46,895		$46,895
13	Other	$32,324	$3,526		$3,526	$3,540		$3,540	$3,611		$3,611	$3,647		$3,647
	Total Non-Government	**$7,903,470**	**$7,468,580**	**$0**	**$7,468,580**	**$7,504,248**	**$0**	**$7,504,248**	**$7,654,333**	**$0**	**$7,654,333**	**$7,730,877**	**$0**	**$7,730,877**
	Net Patient Service Revenue[a] (Government+Non-Government)	**$16,873,540**	**$16,652,599**	**$0**	**$16,652,599**	**$16,859,415**	**$0**	**$16,859,415**	**$17,196,603**	**$0**	**$17,196,603**	**$17,368,569**	**$0**	**$17,368,569**
14	Less: Provision for Bad Debts	$518,641	$471,378		**$471,378**	$473,971		**$473,971**	$473,971		**$473,971**	$473,971		**$473,971**
	Net Patient Service Revenue less provision for bad debts	**$16,354,898**	**$16,181,221**	**$0**	**$16,181,221**	**$16,385,444**	**$0**	**$16,385,444**	**$16,722,632**	**$0**	**$16,722,632**	**$16,894,598**	**$0**	**$16,894,598**
15	Other Operating Revenue	$4,481,259	$5,461,132		**$5,461,132**	$7,363,945		**$7,363,945**	$7,363,945		**$7,363,945**	$7,363,945		**$7,363,945**
17	Net Assets Released from Restrictions	$0	$0		**$0**	$0		**$0**	$0		**$0**	$0		**$0**
	TOTAL OPERATING REVENUE	**$20,836,157**	**$21,642,353**	**$0**	**$21,642,353**	**$23,749,389**	**$0**	**$23,749,389**	**$24,086,577**	**$0**	**$24,086,577**	**$24,258,543**	**$0**	**$24,258,543**
B.	**OPERATING EXPENSES**													
1	Salaries and Wages	$16,530,304	$17,932,673		$17,932,673	$18,926,070		$18,926,070	$18,926,070		$18,926,070	$18,926,070		$18,926,070
2	Fringe Benefits	$2,917,173	$2,820,283		$2,820,283	$2,857,626		$2,857,626	$2,857,626		$2,857,626	$2,857,626		$2,857,626
3	Physicians Fees	$731,660	$2,370,482		$2,370,482	$748,943		$748,943	$748,943		$748,943	$748,943		$748,943
4	Supplies and Drugs	$843,095	$838,257		$838,257	$1,037,432		$1,037,432	$1,037,432		$1,037,432	$1,037,432		$1,037,432
5	Depreciation and Amortization	$371,630	$312,280		$312,280	$257,869		$257,869	$257,869		$257,869	$257,869		$257,869
6	Provision for Bad Debts-Other[b]	$0	$0		$0	$0		$0	$0		$0	$0		$0
7	Interest Expense	$17,085	$2,864		$2,864	$19		$19	$19		$19	$19		$19
8	Malpractice Insurance Cost	$1,616,892	$1,300,883		$1,300,883	$1,107,023		$1,107,023	$1,107,023		$1,107,023	$1,107,023		$1,107,023
9	Lease Expense	$31,776	$27,445		$27,445	$28,025		$28,025	$28,025		$28,025	$28,025		$28,025
10	Other Operating Expenses	($2,260,006)	($3,993,483)		($3,993,483)	($1,240,509)		($1,240,509)	($903,321)		($903,321)	($731,355)		($731,355)
	TOTAL OPERATING EXPENSES	**$20,799,609**	**$21,611,684**	**$0**	**$21,611,684**	**$23,722,498**	**$0**	**$23,722,498**	**$24,059,686**	**$0**	**$24,059,686**	**$24,231,652**	**$0**	**$24,231,652**
	Provision for Income Taxes[c]	$150,779	$141,985		**$141,985**	$136,181		**$136,181**	$136,181		**$136,181**	$136,181		**$136,181**
	Earnings Before Interest, Taxes, Depreciation & Amortization **(EBITDA)**	**$425,263**	**$345,812**	**$0**	**$345,812**	**$284,779**	**$0**	**$284,779**	**$284,779**	**$0**	**$284,779**	**$284,779**	**$0**	**$284,779**
	INCOME / (LOSS) FROM OPERATIONS	**($114,231)**	**($111,316)**	**$0**	**($111,316)**	**($109,290)**	**$0**	**($109,290)**	**($109,290)**	**$0**	**($109,290)**	**($109,290)**	**$0**	**($109,290)**
	NON-OPERATING INCOME / REVENUE	$114,231	$111,316		**$111,316**	$109,290		**$109,290**	$109,290		**$109,290**	$109,290		**$109,290**
	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**	**$4,342,656**	**$4,403,019**		**$4,403,019**	**$4,403,019**		**$4,403,019**	**$4,403,019**		**$4,403,019**	**$4,403,019**		**$4,403,019**

Sale of Non-Profit Hospital to For-Profit Entity

Name Entity: Alliance Medical Group

Financial Worksheet (C):

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:

		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
LINE	**Total Entity:**	**FY 14**	**FY 15**	**FY 15**	**FY 15**	**FY 16**	**FY 16**	**FY 16**	**FY 17**	**FY 17**	**FY 17**	**FY 18**	**FY 18**	**FY 18**
		Actual	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**
	Description	**Results**	**W/out CON**	**Incremental**	**With CON**	**W/out CON**	**Incremental**	**With CON**	**W/out CON**	**Incremental**	**With CON**	**W/out CON**	**Incremental**	**With CON**
C.	**Retained Earnings / Net Assets, end of year**	**$4,403,019**	**$4,403,019**		**$4,403,019**	**$4,403,019**		**$4,403,019**	**$4,403,019**		**$4,403,019**	**$4,403,020**		**$4,403,020**
	Principal Payments	$296,512	$44,701		**$44,701**	$29,709		**$29,709**	$14,001		**$14,001**	$6,571		**$6,571**
D.	**PROFITABILITY SUMMARY**													
1	Hospital Operating Margin	**-0.5%**	**-0.5%**	**0.0%**	**-0.5%**	**-0.5%**	**0.0%**	**-0.5%**	**-0.5%**	**0.0%**	**-0.5%**	**-0.4%**	**0.0%**	**-0.4%**
2	Hospital Non Operating Margin	**0.5%**	**0.5%**	**0.0%**	**0.5%**	**0.5%**	**0.0%**	**0.5%**	**0.5%**	**0.0%**	**0.5%**	**0.4%**	**0.0%**	**0.4%**
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**	**173**	175		**175**	175		**175**	175		**175**	175		**175**
F.	**VOLUME STATISTICS**[d]													
1	Inpatient Discharges				**0**			**0**			**0**			**0**
2	Outpatient Visits	153,852	117,793		**117,793**	126,213		**126,213**	128,737		**128,737**	131,262		**131,262**
	TOTAL VOLUME	**153,852**	**117,793**	**0**	**117,793**	**126,213**	**0**	**126,213**	**128,737**	**0**	**128,737**	**131,262**	**0**	**131,262**

[a]Total amount should equal the total amount on cell line "Net Patient Revenue" Row 14.

[b]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.

[c]Provide the amount of income taxes as defined by the Internal Revenue Services for for-profit entities.

[d]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.

Sale of Non-Profit Hospital to For-Profit Entity

Name Entity: Cardiology Associates of GW Please provide one year of actual results and three years of projections of **Total Entity** revenue, expense and volume statistics
Financial Worksheet (C): without, incremental to and with the CON proposal in the following reporting format:

		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
LINE	Total Entity:	FY 14	FY 15	FY 15	FY 15	FY 16	FY 16	FY 16	FY 17	FY 17	FY 17	FY 18	FY 18	FY 18
		Actual	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected
	Description	Results	W/out CON	Incremental	With CON	W/out CON	Incremental	With CON	W/out CON	Incremental	With CON	W/out CON	Incremental	With CON
A.	OPERATING REVENUE													
1	Total Gross Patient Revenue	$18,524,368	$18,612,257		$18,612,257	$17,417,382		$17,417,382	$17,681,644		$17,681,644	$17,681,644		$17,681,644
2	Less: Allowances	$11,987,051	$12,171,075		$12,171,075	$11,318,109		$11,318,109	$11,562,521		$11,562,521	$11,562,521		$11,562,521
3	Less: Charity Care	$6,655	$2,825		$2,825	$0		$0	$0		$0	$0		$0
4	Less: Other Deductions	$0	$0		$0	$0		$0	$0		$0	$0		$0
	Net Patient Service Revenue	**$6,530,662**	**$6,438,357**	**$0**	**$6,438,357**	**$6,099,273**	**$0**	**$6,099,273**	**$6,119,123**	**$0**	**$6,119,123**	**$6,119,123**	**$0**	**$6,119,123**
5	Medicare	$4,179,624	$4,120,548		$4,120,548	$3,964,527		$3,964,527	$4,038,621		$4,038,621	$4,038,621		$4,038,621
6	Medicaid	$522,453	$579,452		$579,452	$548,935		$548,935	$611,912		$611,912	$611,912		$611,912
7	CHAMPUS & TriCare	$65,307	$64,384		$64,384	$60,993		$60,993	$61,191		$61,191	$61,191		$61,191
8	Other	$0	$0		$0	$0		$0	$0		$0	$0		$0
	Total Government	**$4,767,383**	**$4,764,384**	**$0**	**$4,764,384**	**$4,574,455**	**$0**	**$4,574,455**	**$4,711,725**	**$0**	**$4,711,725**	**$4,711,725**	**$0**	**$4,711,725**
9	Commercial Insurers	$1,110,213	$965,754		$965,754	$731,913		$731,913	$611,912		$611,912	$611,912		$611,912
10	Uninsured	$130,613	$128,767		$128,767	$182,978		$182,978	$183,574		$183,574	$183,574		$183,574
11	Self Pay	$326,533	$450,685		$450,685	$487,942		$487,942	$489,530		$489,530	$489,530		$489,530
12	Workers Compensation	$65,307	$64,384		$64,384	$60,993		$60,993	$61,191		$61,191	$61,191		$61,191
13	Other	$130,613	$64,384		$64,384	$60,993		$60,993	$61,191		$61,191	$61,191		$61,191
	Total Non-Government	**$1,763,279**	**$1,673,973**	**$0**	**$1,673,973**	**$1,524,818**	**$0**	**$1,524,818**	**$1,407,398**	**$0**	**$1,407,398**	**$1,407,398**	**$0**	**$1,407,398**
	Net Patient Service Revenue[a] (Government+Non-Government)	**$6,530,662**	**$6,438,357**	**$0**	**$6,438,357**	**$6,099,273**	**$0**	**$6,099,273**	**$6,119,123**	**$0**	**$6,119,123**	**$6,119,123**	**$0**	**$6,119,123**
14	Less: Provision for Bad Debts	$133,571	$193,152		**$193,152**	$182,979		**$182,979**	$193,152		**$193,152**	$193,152		**$193,152**
	Net Patient Service Revenue less provision for bad debts	**$6,397,091**	**$6,245,205**	**$0**	**$6,245,205**	**$5,916,294**	**$0**	**$5,916,294**	**$5,925,971**	**$0**	**$5,925,971**	**$5,925,971**	**$0**	**$5,925,971**
15	Other Operating Revenue	$1,762,014	$1,688,040		**$1,688,040**	$1,483,782		**$1,483,782**	$1,613,040		**$1,613,040**	$1,613,040		**$1,613,040**
17	Net Assets Released from Restrictions	$0	$0		**$0**	$0		**$0**	$0		**$0**	$0		**$0**
	TOTAL OPERATING REVENUE	**$8,159,105**	**$7,933,245**	**$0**	**$7,933,245**	**$7,400,076**	**$0**	**$7,400,076**	**$7,539,011**	**$0**	**$7,539,011**	**$7,539,011**	**$0**	**$7,539,011**
B.	OPERATING EXPENSES													
1	Salaries and Wages	$8,789,526	$8,893,185		$8,893,185	$8,291,096		$8,291,096	$8,593,185		$8,593,185	$8,593,185		$8,593,185
2	Fringe Benefits	$1,148,898	$1,192,338		$1,192,338	$1,230,142		$1,230,142	$1,117,338		$1,117,338	$1,117,338		$1,117,338
3	Physicians Fees	$0	$0		$0	$0		$0	$0		$0	$0		$0
4	Supplies and Drugs	$85,994	$93,565		$93,565	$96,310		$96,310	$93,565		$93,565	$93,565		$93,565
5	Depreciation and Amortization	$77,732	$76,990		$76,990	$63,240		$63,240	$60,000		$60,000	$60,000		$60,000
6	Provision for Bad Debts-Other[b]	$0	$0		$0	$0		$0	$0		$0	$0		$0
7	Interest Expense	$0	$0		$0	$0		$0	$0		$0	$0		$0
8	Malpractice Insurance Cost	$318,692	$331,882		$331,882	$308,154		$308,154	$331,882		$331,882	$331,882		$331,882
9	Lease Expense	$335,018	$336,711		$336,711	$336,725		$336,725	$336,711		$336,711	$336,711		$336,711
10	Other Operating Expenses	($2,596,755)	($2,991,426)		($2,991,426)	($2,925,591)		($2,925,591)	($2,993,670)		($2,993,670)	($2,993,670)		($2,993,670)
	TOTAL OPERATING EXPENSES	**$8,159,105**	**$7,933,245**	**$0**	**$7,933,245**	**$7,400,076**	**$0**	**$7,400,076**	**$7,539,011**	**$0**	**$7,539,011**	**$7,539,011**	**$0**	**$7,539,011**
	Provision for Income Taxes[c]	$0	$0		**$0**	$0		**$0**	$0		**$0**	$0		**$0**
	Earnings Before Interest, Taxes, Depreciation & Amortization **(EBITDA)**	**$77,732**	**$76,990**	**$0**	**$76,990**	**$63,240**	**$0**	**$63,240**	**$60,000**	**$0**	**$60,000**	**$60,000**	**$0**	**$60,000**
	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		**$0**	$0		**$0**	$0		**$0**
	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**	**$1,815,341**	**$1,815,341**		**$1,815,341**	**$1,815,341**		**$1,815,341**	**$1,815,341**		**$1,815,341**	**$1,815,341**		**$1,815,341**
	Retained Earnings / Net Assets, end of year	**$1,815,341**	**$1,815,341**		**$1,815,341**	**$1,815,341**		**$1,815,341**	**$1,815,341**		**$1,815,341**	**$1,815,341**		**$1,815,341**

Sale of Non-Profit Hospital to For-Profit Entity

Name Entity: Cardiology Associates of GW
Financial Worksheet (C):

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:

		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
LINE	**Total Entity:**	**FY 14**	**FY 15**	**FY 15**	**FY 15**	**FY 16**	**FY 16**	**FY 16**	**FY 17**	**FY 17**	**FY 17**	**FY 18**	**FY 18**	**FY 18**
		Actual	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**
	Description	**Results**	**W/out CON**	**Incremental**	**With CON**	**W/out CON**	**Incremental**	**With CON**	**W/out CON**	**Incremental**	**With CON**	**W/out CON**	**Incremental**	**With CON**
	Principal Payments	$0	$0		**$0**	$0		**$0**	$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**	**54**	54		**54**	54		**54**	54		**54**	54		**54**
F.	**VOLUME STATISTICS[d]**													
1	Inpatient Discharges	9,392	10,213		**10,213**	9,196		**9,196**	9,696		**9,696**	9,696		**9,696**
2	Outpatient Visits	23,548	23,099		**23,099**	21,249		**21,249**	22,749		**22,749**	22,749		**22,749**
	TOTAL VOLUME	**32,940**	**33,312**	**0**	**33,312**	**30,445**	**0**	**30,445**	**32,445**	**0**	**32,445**	**32,445**	**0**	**32,445**

[a]Total amount should equal the total amount on cell line "Net Patient Revenue" Row 14.

[b]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.

[c]Provide the amount of income taxes as defined by the Internal Revenue Services for for-profit entities.

[d]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.

Sale of Non-Profit Hospital to For-Profit Entity

Name Entity: GW Imaging Center

Financial Worksheet (C):

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:

		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
LINE	**Total Entity:**	**FY 14**	**FY 15**	**FY 15**	**FY 15**	**FY 16**	**FY 16**	**FY 16**	**FY 17**	**FY 17**	**FY 17**	**FY 18**	**FY 18**	**FY 18**
		Actual	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**
	Description	**Results**	**W/out CON**	**Incremental**	**With CON**	**W/out CON**	**Incremental**	**With CON**	**W/out CON**	**Incremental**	**With CON**	**W/out CON**	**Incremental**	**With CON**
A.	**OPERATING REVENUE**													
1	Total Gross Patient Revenue	$10,077,378	$9,737,665		$9,737,665	$9,422,020		$9,422,020	$9,460,020		$9,460,020	$9,460,020		$9,460,020
2	Less: Allowances	$5,623,132	$5,839,606		$5,839,606	$5,303,920		$5,303,920	$5,348,020		$5,348,020	$5,348,020		$5,348,020
3	Less: Charity Care	($15,000)	($15,000)		($15,000)	($15,000)		($15,000)	($15,000)		($15,000)	($15,000)		($15,000)
4	Less: Other Deductions	$29,455	$14,836		$14,836	$15,000		$15,000	$15,000		$15,000	$15,000		$15,000
	Net Patient Service Revenue	**$4,439,791**	**$3,898,223**	**$0**	**$3,898,223**	**$4,118,100**	**$0**	**$4,118,100**	**$4,112,000**	**$0**	**$4,112,000**	**$4,112,000**	**$0**	**$4,112,000**
5	Medicare	$976,754	$857,609		$857,609	$864,801		$864,801	$863,520		$863,520	$863,520		$863,520
6	Medicaid	$355,183	$311,858		$311,858	$329,448		$329,448	$328,960		$328,960	$328,960		$328,960
7	CHAMPUS & TriCare	$0	$0		$0	$0		$0	$0		$0	$0		$0
8	Other	$0	$0		$0	$0		$0	$0		$0	$0		$0
	Total Government	**$1,331,937**	**$1,169,467**	**$0**	**$1,169,467**	**$1,194,249**	**$0**	**$1,194,249**	**$1,192,480**	**$0**	**$1,192,480**	**$1,192,480**	**$0**	**$1,192,480**
9	Commercial Insurers	$1,753,717	$1,539,798		$1,539,798	$1,647,240		$1,647,240	$1,644,800		$1,644,800	$1,644,800		$1,644,800
10	Uninsured	$0	$0		$0	$0		$0	$0		$0	$0		$0
11	Self Pay	$155,393	$136,438		$136,438	$123,543		$123,543	$123,360		$123,360	$123,360		$123,360
12	Workers Compensation	$310,785	$272,876		$272,876	$205,905		$205,905	$205,600		$205,600	$205,600		$205,600
13	Other	$887,958	$779,645		$779,645	$947,163		$947,163	$945,760		$945,760	$945,760		$945,760
	Total Non-Government	**$3,107,854**	**$2,728,756**	**$0**	**$2,728,756**	**$2,923,851**	**$0**	**$2,923,851**	**$2,919,520**	**$0**	**$2,919,520**	**$2,919,520**	**$0**	**$2,919,520**
	Net Patient Service Revenue[a] (Government+Non-Government)	**$4,439,791**	**$3,898,223**	**$0**	**$3,898,223**	**$4,118,100**	**$0**	**$4,118,100**	**$4,112,000**	**$0**	**$4,112,000**	**$4,112,000**	**$0**	**$4,112,000**
14	Less: Provision for Bad Debts	$0	$0		**$0**	$0		**$0**	$0		**$0**	$0		**$0**
	Net Patient Service Revenue less provision for bad debts	**$4,439,791**	**$3,898,223**	**$0**	**$3,898,223**	**$4,118,100**	**$0**	**$4,118,100**	**$4,112,000**	**$0**	**$4,112,000**	**$4,112,000**	**$0**	**$4,112,000**
15	Other Operating Revenue	$0	$0		**$0**	$0		**$0**	$0		**$0**	$0		**$0**
17	Net Assets Released from Restrictions	$0	$0		**$0**	$0		**$0**	$0		**$0**	$0		**$0**
	TOTAL OPERATING REVENUE	**$4,439,791**	**$3,898,223**	**$0**	**$3,898,223**	**$4,118,100**	**$0**	**$4,118,100**	**$4,112,000**	**$0**	**$4,112,000**	**$4,112,000**	**$0**	**$4,112,000**
B.	**OPERATING EXPENSES**													
1	Salaries and Wages	$710,000	$690,000		$690,000	$698,000		$698,000	$708,000		$708,000	$718,000		$718,000
2	Fringe Benefits	$67,350	$52,350		$52,350	$69,184		$69,184	$74,184		$74,184	$79,000		$79,000
3	Physicians Fees	$674,155	$573,755		$573,755	$620,000		$620,000	$600,000		$600,000	$600,000		$600,000
4	Supplies and Drugs	$342,348	$322,471		$322,471	$340,000		$340,000	$330,000		$330,000	$330,000		$330,000
5	Depreciation and Amortization	$213,716	$192,646		$192,646	$190,000		$190,000	$180,000		$180,000	$170,000		$170,000
6	Provision for Bad Debts-Other[b]	$15,000	$15,000		$15,000	$15,000		$15,000	$15,000		$15,000	$15,000		$15,000
7	Interest Expense	$0	$0		$0	$0		$0	$0		$0	$0		$0
8	Malpractice Insurance Cost	$30,000	$30,000		$30,000	$30,000		$30,000	$30,000		$30,000	$30,000		$30,000
9	Lease Expense	$105,628	$105,628		$105,628	$105,628		$105,628	$105,628		$105,628	$105,628		$105,628
10	Other Operating Expenses	$759,157	$825,545		$825,545	$937,245		$937,245	$860,000		$860,000	$860,000		$860,000
	TOTAL OPERATING EXPENSES	**$2,917,354**	**$2,807,395**	**$0**	**$2,807,395**	**$3,005,057**	**$0**	**$3,005,057**	**$2,902,812**	**$0**	**$2,902,812**	**$2,907,628**	**$0**	**$2,907,628**
	Provision for Income Taxes[c]	$0	$0		**$0**	$0		**$0**	$0		**$0**	$0		**$0**
	Earnings Before Interest, Taxes, Depreciation & Amortization **(EBITDA)**	**$1,736,153**	**$1,283,474**	**$0**	**$1,283,474**	**$1,303,043**	**$0**	**$1,303,043**	**$1,389,188**	**$0**	**$1,389,188**	**$1,374,372**	**$0**	**$1,374,372**
	INCOME / (LOSS) FROM OPERATIONS	**$1,522,437**	**$1,090,828**	**$0**	**$1,090,828**	**$1,113,043**	**$0**	**$1,113,043**	**$1,209,188**	**$0**	**$1,209,188**	**$1,204,372**	**$0**	**$1,204,372**
	NON-OPERATING INCOME / REVENUE	$0	$0		**$0**	$0		**$0**	$0		**$0**	$0		**$0**
	NET INCOME / EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES	**$1,522,437**	**$1,090,828**	**$0**	**$1,090,828**	**$1,113,043**	**$0**	**$1,113,043**	**$1,209,188**	**$0**	**$1,209,188**	**$1,204,372**	**$0**	**$1,204,372**
C	**Retained Earnings / Net Assets, beginning of year**	**$3,538,663**	**$3,267,350**		**$3,267,350**	**$3,155,053**		**$3,155,053**	**$4,268,096**		**$4,268,096**	**$5,477,284**		**$5,477,284**

Sale of Non-Profit Hospital to For-Profit Entity

Name Entity: GW Imaging Center

Financial Worksheet (C):

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:

		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
LINE	**Total Entity:**	**FY 14**	**FY 15**	**FY 15**	**FY 15**	**FY 16**	**FY 16**	**FY 16**	**FY 17**	**FY 17**	**FY 17**	**FY 18**	**FY 18**	**FY 18**
		Actual	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**
	Description	**Results**	**W/out CON**	**Incremental**	**With CON**	**W/out CON**	**Incremental**	**With CON**	**W/out CON**	**Incremental**	**With CON**	**W/out CON**	**Incremental**	**With CON**
C.	**Retained Earnings / Net Assets, end of year**	**$3,267,350**	**$3,155,053**		**$3,155,053**	**$4,268,096**		**$4,268,096**	**$5,477,284**		**$5,477,284**	**$6,681,656**		**$6,681,656**
	Principal Payments	$0	$0		**$0**	$0		**$0**	$0		**$0**	$0		**$0**
D.	**PROFITABILITY SUMMARY**													
1	Hospital Operating Margin	**34.3%**	**28.0%**	**0.0%**	**28.0%**	**27.0%**	**0.0%**	**27.0%**	**29.4%**	**0.0%**	**29.4%**	**29.3%**	**0.0%**	**29.3%**
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	**34.3%**	**28.0%**	**0.0%**	**28.0%**	**27.0%**	**0.0%**	**27.0%**	**29.4%**	**0.0%**	**29.4%**	**29.3%**	**0.0%**	**29.3%**
E.	**FTEs**	**13**	12		**12**	12		**12**	12		**12**	12		**12**
F.	**VOLUME STATISTICS**[d]													
1	Inpatient Discharges	0	0		**0**	0		**0**	0		**0**	0		**0**
2	Outpatient Visits	8,377	7,712		**7,712**	7,844		**7,844**	7,850		**7,850**	7,850		**7,850**
	TOTAL VOLUME	**8,377**	**7,712**	**0**	**7,712**	**7,844**	**0**	**7,844**	**7,850**	**0**	**7,850**	**7,850**	**0**	**7,850**

[a]Total amount should equal the total amount on cell line "Net Patient Revenue" Row 14.

[b]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.

[c]Provide the amount of income taxes as defined by the Internal Revenue Services for for-profit entities.

[d]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.

Sale of Non-Profit Hospital to For-Profit Entity

Name Entity: Access Rehab Centers

Financial Worksheet (C):

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:

		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
LINE	**Total Entity:**	FY 14	FY 15	FY 15	FY 15	FY 16	FY 16	FY 16	FY 17	FY 17	FY 17	FY 18	FY 18	FY 18
		Actual	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected
	Description	**Results**	**W/out CON**	**Incremental**	**With CON**	**W/out CON**	**Incremental**	**With CON**	**W/out CON**	**Incremental**	**With CON**	**W/out CON**	**Incremental**	**With CON**
A.	**OPERATING REVENUE**													
1	Total Gross Patient Revenue	$13,825,075	$14,934,587		$14,934,587	$15,554,805		$15,554,805	$15,788,127		$15,788,127	$16,024,949		$16,024,949
2	Less: Allowances	$5,486,575	$5,984,491		$5,984,491	$6,459,911		$6,459,911	$6,569,440		$6,569,440	$6,686,410		$6,686,410
3	Less: Charity Care	$0	$0		$0	$0		$0	$0		$0	$0		$0
4	Less: Other Deductions	$0	$0		$0	$0		$0	$0		$0	$0		$0
	Net Patient Service Revenue	**$8,338,500**	**$8,950,096**	**$0**	**$8,950,096**	**$9,094,894**	**$0**	**$9,094,894**	**$9,218,687**	**$0**	**$9,218,687**	**$9,338,539**	**$0**	**$9,338,539**
5	Medicare	$1,099,940	$1,527,223		$1,527,223	$1,619,574		$1,619,574	$1,641,618		$1,641,618	$1,662,961		$1,662,961
6	Medicaid	$3,393,811	$3,534,922		$3,534,922	$3,645,892		$3,645,892	$3,695,517		$3,695,517	$3,743,562		$3,743,562
7	CHAMPUS & TriCare	$40,633	$39,419		$39,419	$46,380		$46,380	$47,011		$47,011	$47,623		$47,623
8	Other	$0	$0		$0	$0		$0	$0		$0	$0		$0
	Total Government	**$4,534,384**	**$5,101,564**	**$0**	**$5,101,564**	**$5,311,846**	**$0**	**$5,311,846**	**$5,384,146**	**$0**	**$5,384,146**	**$5,454,146**	**$0**	**$5,454,146**
9	Commercial Insurers	$2,654,252	$2,701,993		$2,701,993	$2,915,467		$2,915,467	$2,955,150		$2,955,150	$2,993,570		$2,993,570
10	Uninsured	$0	$0		$0	$0		$0	$0		$0	$0		$0
11	Self Pay	$35,137	$42,459		$42,459	$29,606		$29,606	$30,009		$30,009	$30,399		$30,399
12	Workers Compensation	$988,123	$1,004,327		$1,004,327	$772,986		$772,986	$783,508		$783,508	$793,694		$793,694
13	Other	$126,604	$99,753		$99,753	$64,989		$64,989	$65,874		$65,874	$66,730		$66,730
	Total Non-Government	**$3,804,116**	**$3,848,532**	**$0**	**$3,848,532**	**$3,783,048**	**$0**	**$3,783,048**	**$3,834,541**	**$0**	**$3,834,541**	**$3,884,393**	**$0**	**$3,884,393**
	Net Patient Service Revenue[a] (Government+Non-Government)	**$8,338,500**	**$8,950,096**	**$0**	**$8,950,096**	**$9,094,894**	**$0**	**$9,094,894**	**$9,218,687**	**$0**	**$9,218,687**	**$9,338,539**	**$0**	**$9,338,539**
14	Less: Provision for Bad Debts	$108,185	$72,942		**$72,942**	$90,949		**$90,949**	$92,187		**$92,187**	$93,385		**$93,385**
	Net Patient Service Revenue less provision for bad debts	**$8,230,315**	**$8,877,155**	**$0**	**$8,877,155**	**$9,003,945**	**$0**	**$9,003,945**	**$9,126,501**	**$0**	**$9,126,501**	**$9,245,154**	**$0**	**$9,245,154**
15	Other Operating Revenue	$2,822,386	$3,037,502		**$3,037,502**	$3,094,330		**$3,094,330**	$3,150,028		**$3,150,028**	$3,206,728		**$3,206,728**
17	Net Assets Released from Restrictions	$0	$0		**$0**	$0		**$0**	$0		**$0**	$0		**$0**
	TOTAL OPERATING REVENUE	**$11,052,701**	**$11,914,657**	**$0**	**$11,914,657**	**$12,098,275**	**$0**	**$12,098,275**	**$12,276,528**	**$0**	**$12,276,528**	**$12,451,882**	**$0**	**$12,451,882**
B.	**OPERATING EXPENSES**													
1	Salaries and Wages	$6,684,283	$7,419,427		$7,419,427	$7,459,925		$7,459,925	$7,646,423		$7,646,423	$7,814,644		$7,814,644
2	Fringe Benefits	$1,345,857	$1,559,453		$1,559,453	$1,766,427		$1,766,427	$1,705,152		$1,705,152	$1,719,222		$1,719,222
3	Physicians Fees	$94,586	$96,954		$96,954	$99,374		$99,374	$101,858		$101,858	$104,405		$104,405
4	Supplies and Drugs	$202,172	$200,432		$200,432	$206,797		$206,797	$209,899		$209,899	$213,047		$213,047
5	Depreciation and Amortization	$110,717	$108,852		$108,852	$100,489		$100,489	$101,996		$101,996	$103,526		$103,526
6	Provision for Bad Debts-Other[b]	$0	$0		$0	$0		$0	$0		$0	$0		$0
7	Interest Expense	$40	$2		$2	$300		$300	$50		$50	$50		$50
8	Malpractice Insurance Cost	$45,568	$46,211		$46,211	$49,326		$49,326	$52,532		$52,532	$55,159		$55,159
9	Lease Expense	$605,327	$612,172		$612,172	$629,244		$629,244	$638,683		$638,683	$648,263		$648,263
10	Other Operating Expenses	$956,248	$941,853		$941,853	$984,140		$984,140	$1,014,517		$1,014,517	$990,596		$990,596
	TOTAL OPERATING EXPENSES	**$10,044,797**	**$10,985,355**	**$0**	**$10,985,355**	**$11,296,022**	**$0**	**$11,296,022**	**$11,471,110**	**$0**	**$11,471,110**	**$11,648,913**	**$0**	**$11,648,913**
	Provision for Income Taxes[c]	$0	$0		**$0**	$0		**$0**	$0		**$0**	$0		**$0**
	Earnings Before Interest, Taxes, Depreciation & Amortization **(EBITDA)**	**$1,118,661**	**$1,038,155**	**$0**	**$1,038,155**	**$903,042**	**$0**	**$903,042**	**$907,464**	**$0**	**$907,464**	**$906,546**	**$0**	**$906,546**
	INCOME / (LOSS) FROM OPERATIONS	**$1,007,904**	**$929,302**	**$0**	**$929,302**	**$802,253**	**$0**	**$802,253**	**$805,418**	**$0**	**$805,418**	**$802,970**	**$0**	**$802,970**
	NON-OPERATING INCOME / REVENUE	$24,828	$400		**$400**	$0		**$0**	$0		**$0**	$0		**$0**
	NET INCOME / EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES	**$1,032,733**	**$929,702**	**$0**	**$929,702**	**$802,253**	**$0**	**$802,253**	**$805,418**	**$0**	**$805,418**	**$802,970**	**$0**	**$802,970**
C	**Retained Earnings / Net Assets, beginning of year**	**$3,946,714**	**$4,192,489**		**$4,192,489**	**$4,121,675**		**$4,121,675**	**$4,923,928**		**$4,923,928**	**$5,729,346**		**$5,729,346**

Sale of Non-Profit Hospital to For-Profit Entity

Name Entity: Access Rehab Centers
Financial Worksheet (C):

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:

		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
LINE	**Total Entity:**	**FY 14**	**FY 15**	**FY 15**	**FY 15**	**FY 16**	**FY 16**	**FY 16**	**FY 17**	**FY 17**	**FY 17**	**FY 18**	**FY 18**	**FY 18**
		Actual	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**
	Description	**Results**	**W/out CON**	**Incremental**	**With CON**	**W/out CON**	**Incremental**	**With CON**	**W/out CON**	**Incremental**	**With CON**	**W/out CON**	**Incremental**	**With CON**
C.	**Retained Earnings / Net Assets, end of year**	**$4,192,489**	**$4,121,675**		**$4,121,675**	**$4,923,928**		**$4,923,928**	**$5,729,346**		**$5,729,346**	**$6,532,316**		**$6,532,316**
	Principal Payments	$2,391	$0		**$0**	$0		**$0**	$0		**$0**	$0		**$0**
D.	**PROFITABILITY SUMMARY**													
1	Hospital Operating Margin	**9.1%**	**7.8%**	**0.0%**	**7.8%**	**6.6%**	**0.0%**	**6.6%**	**6.6%**	**0.0%**	**6.6%**	**6.4%**	**0.0%**	**6.4%**
2	Hospital Non Operating Margin	**0.2%**	**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	**9.3%**	**7.8%**	**0.0%**	**7.8%**	**6.6%**	**0.0%**	**6.6%**	**6.6%**	**0.0%**	**6.6%**	**6.4%**	**0.0%**	**6.4%**
E.	**FTEs**	**103**	111		**111**	110		**110**	112		**112**	114		**114**
F.	**VOLUME STATISTICS**[d]													
1	Inpatient Discharges	21,753	23,189		**23,189**	22,530		**22,530**	22,530		**22,530**	22,530		**22,530**
2	Outpatient Visits	95,907	102,362		**102,362**	106,154		**106,154**	107,746		**107,746**	109,363		**109,363**
	TOTAL VOLUME	**117,660**	**125,551**	**0**	**125,551**	**128,684**	**0**	**128,684**	**130,276**	**0**	**130,276**	**131,893**	**0**	**131,893**

[a]Total amount should equal the total amount on cell line "Net Patient Revenue" Row 14.
[b]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.
[c]Provide the amount of income taxes as defined by the Internal Revenue Services for for-profit entities.
[d]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.

Sale of Non-Profit Hospital to For-Profit Entity

Name Entity: Imaging Partners

Financial Worksheet (C):

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:

		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
LINE	**Total Entity:**	**FY 14**	**FY 15**	**FY 15**	**FY 15**	**FY 16**	**FY 16**	**FY 16**	**FY 17**	**FY 17**	**FY 17**	**FY 18**	**FY 18**	**FY 18**
		Actual	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**
	Description	**Results**	**W/out CON**	**Incremental**	**With CON**	**W/out CON**	**Incremental**	**With CON**	**W/out CON**	**Incremental**	**With CON**	**W/out CON**	**Incremental**	**With CON**
A.	**OPERATING REVENUE**													
1	Total Gross Patient Revenue	$0	$0		$0	$0		$0	$0		$0	$0		$0
2	Less: Allowances	$0	$0		$0	$0		$0	$0		$0	$0		$0
3	Less: Charity Care	$0	$0		$0	$0		$0	$0		$0	$0		$0
4	Less: Other Deductions	$0	$0		$0	$0		$0	$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		$0	$0		$0	$0		$0
6	Medicaid	$0	$0		$0	$0		$0	$0		$0	$0		$0
7	CHAMPUS & TriCare	$0	$0		$0	$0		$0	$0		$0	$0		$0
8	Other	$0	$0		$0	$0		$0	$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		$0	$0		$0	$0		$0
10	Uninsured	$0	$0		$0	$0		$0	$0		$0	$0		$0
11	Self Pay	$0	$0		$0	$0		$0	$0		$0	$0		$0
12	Workers Compensation	$0	$0		$0	$0		$0	$0		$0	$0		$0
13	Other	$0	$0		$0	$0		$0	$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	Less: Provision for Bad Debts	$0	$0		**$0**	$0		**$0**	$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	$179,223	$259,924		**$259,924**	$250,424		**$250,424**	$246,146		**$246,146**	$240,604		**$240,604**
17	Net Assets Released from Restrictions	$0	$0		**$0**	$0		**$0**	$0		**$0**	$0		**$0**
	TOTAL OPERATING REVENUE	**$179,223**	**$259,924**	**$0**	**$259,924**	**$250,424**	**$0**	**$250,424**	**$246,146**	**$0**	**$246,146**	**$240,604**	**$0**	**$240,604**
B.	**OPERATING EXPENSES**													
1	Salaries and Wages	$0	$0		$0	$0		$0	$0		$0	$0		$0
2	Fringe Benefits	$0	$0		$0	$0		$0	$0		$0	$0		$0
3	Physicians Fees	$394	$48		$48	$0		$0	$0		$0	$0		$0
4	Supplies and Drugs	$1,500	$1,094		$1,094	$1,500		$1,500	$1,530		$1,530	$1,561		$1,561
5	Depreciation and Amortization	$6,034	$2,067		$2,067	$1,788		$1,788	$1,500		$1,500	$1,200		$1,200
6	Provision for Bad Debts-Other[b]	$0	$0		$0	$0		$0	$0		$0	$0		$0
7	Interest Expense	$0	$0		$0	$0		$0	$0		$0	$0		$0
8	Malpractice Insurance Cost	$0	$0		$0	$0		$0	$0		$0	$0		$0
9	Lease Expense	$10,328	$10,692		$10,692	$10,692		$10,692	$10,692		$10,692	$10,692		$10,692
10	Other Operating Expenses	$32,438	$36,593		$36,593	$44,896		$44,896	$46,008		$46,008	$47,142		$47,142
	TOTAL OPERATING EXPENSES	**$50,694**	**$50,494**	**$0**	**$50,494**	**$58,876**	**$0**	**$58,876**	**$59,730**	**$0**	**$59,730**	**$60,595**	**$0**	**$60,595**
	Provision for Income Taxes[c]	$0	$0		**$0**	$0		**$0**	$0		**$0**	$0		**$0**
	Earnings Before Interest, Taxes, Depreciation & Amortization **(EBITDA)**	**$134,563**	**$211,497**	**$0**	**$211,497**	**$193,336**	**$0**	**$193,336**	**$187,916**	**$0**	**$187,916**	**$181,209**	**$0**	**$181,209**
	INCOME / (LOSS) FROM OPERATIONS	**$128,529**	**$209,430**	**$0**	**$209,430**	**$191,548**	**$0**	**$191,548**	**$186,416**	**$0**	**$186,416**	**$180,009**	**$0**	**$180,009**
	NON-OPERATING INCOME / REVENUE	($14,239)	$1,153		**$1,153**	$1,165		**$1,165**	$1,150		**$1,150**	$1,150		**$1,150**
	NET INCOME / EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES	**$114,290**	**$210,583**	**$0**	**$210,583**	**$192,713**	**$0**	**$192,713**	**$187,566**	**$0**	**$187,566**	**$181,159**	**$0**	**$181,159**

Sale of Non-Profit Hospital to For-Profit Entity

Name Entity: Imaging Partners

Financial Worksheet (C):

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:

		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
LINE	**Total Entity:**	**FY 14**	**FY 15**	**FY 15**	**FY 15**	**FY 16**	**FY 16**	**FY 16**	**FY 17**	**FY 17**	**FY 17**	**FY 18**	**FY 18**	**FY 18**
		Actual	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**
	Description	**Results**	**W/out CON**	**Incremental**	**With CON**	**W/out CON**	**Incremental**	**With CON**	**W/out CON**	**Incremental**	**With CON**	**W/out CON**	**Incremental**	**With CON**
C.	**Retained Earnings / Net Assets, beginning of year**	**$370,223**	**$484,513**		**$484,513**	**$595,096**		**$595,096**	**$787,809**		**$787,809**	**$975,375**		**$975,375**
	Retained Earnings / Net Assets, end of year	**$484,513**	**$595,096**		**$595,096**	**$787,809**		**$787,809**	**$975,375**		**$975,375**	**$1,156,534**		**$1,156,534**
	Principal Payments	$0	$0		**$0**	$0		**$0**	$0		**$0**	$0		**$0**
D.	**PROFITABILITY SUMMARY**													
1	Hospital Operating Margin	**77.9%**	**80.2%**	**0.0%**	**80.2%**	**76.1%**	**0.0%**	**76.1%**	**75.4%**	**0.0%**	**75.4%**	**74.5%**	**0.0%**	**74.5%**
2	Hospital Non Operating Margin	**-8.6%**	**0.4%**	**0.0%**	**0.4%**	**0.5%**	**0.0%**	**0.5%**	**0.5%**	**0.0%**	**0.5%**	**0.5%**	**0.0%**	**0.5%**
3	Hospital Total Margin	**69.3%**	**80.7%**	**0.0%**	**80.7%**	**76.6%**	**0.0%**	**76.6%**	**75.8%**	**0.0%**	**75.8%**	**74.9%**	**0.0%**	**74.9%**
E.	**FTEs**	**0**	0		**0**	0		**0**	0		**0**	0		**0**
F.	**VOLUME STATISTICS**[d]													
1	Inpatient Discharges	0	0		**0**	0		**0**	0		**0**	0		**0**
2	Outpatient Visits	0	0		**0**	0		**0**	0		**0**	0		**0**
	TOTAL VOLUME	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

[a]Total amount should equal the total amount on cell line "Net Patient Revenue" Row 14.

[b]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.

[c]Provide the amount of income taxes as defined by the Internal Revenue Services for for-profit entities.

[d]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.

Sale of Non-Profit Hospital to For-Profit Entity

Name Entity: VNA

Financial Worksheet (C):

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:

		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
LINE	**Total Entity:**	**FY 14**	**FY 15**	**FY 15**	**FY 15**	**FY 16**	**FY 16**	**FY 16**	**FY 17**	**FY 17**	**FY 17**	**FY 18**	**FY 18**	**FY 18**
		Actual	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**	**Projected**
	Description	**Results**	**W/out CON**	**Incremental**	**With CON**	**W/out CON**	**Incremental**	**With CON**	**W/out CON**	**Incremental**	**With CON**	**W/out CON**	**Incremental**	**With CON**
A.	**OPERATING REVENUE**													
1	Total Gross Patient Revenue	$5,620,392	$5,979,640		$5,979,640	$6,158,989		$6,158,989	$6,282,169		$6,282,169	$6,407,812		$6,407,812
2	Less: Allowances	$1,053,835	$966,324		$966,324	$939,507		$939,507	$958,297		$958,297	$977,463		$977,463
3	Less: Charity Care	$0	$0		$0	$0		$0	$0		$0	$0		$0
4	Less: Other Deductions	$0	$0		$0	$0		$0	$0		$0	$0		$0
	Net Patient Service Revenue	**$4,566,557**	**$5,013,316**	**$0**	**$5,013,316**	**$5,219,482**	**$0**	**$5,219,482**	**$5,323,872**	**$0**	**$5,323,872**	**$5,430,349**	**$0**	**$5,430,349**
5	Medicare	$3,328,686	$3,558,096		$3,558,096	$3,615,300		$3,615,300	$3,687,606		$3,687,606	$3,761,358		$3,761,358
6	Medicaid	$340,546	$299,573		$299,573	$297,694		$297,694	$303,648		$303,648	$309,721		$309,721
7	CHAMPUS & TriCare	$0	$0		$0	$0		$0	$0		$0	$0		$0
8	Other	$0	$0		$0	$0		$0	$0		$0	$0		$0
	Total Government	**$3,669,232**	**$3,857,669**	**$0**	**$3,857,669**	**$3,912,994**	**$0**	**$3,912,994**	**$3,991,254**	**$0**	**$3,991,254**	**$4,071,079**	**$0**	**$4,071,079**
9	Commercial Insurers	$719,535	$988,359		$988,359	$1,140,000		$1,140,000	$1,162,800		$1,162,800	$1,186,056		$1,186,056
10	Uninsured	$0	$0		$0	$0		$0	$0		$0	$0		$0
11	Self Pay	$23,970	$27,113		$27,113	$33,000		$33,000	$33,660		$33,660	$34,333		$34,333
12	Workers Compensation	$31,674	$31,270		$31,270	$26,400		$26,400	$26,928		$26,928	$27,467		$27,467
13	Other	$122,146	$108,905		$108,905	$107,088		$107,088	$109,230		$109,230	$111,414		$111,414
	Total Non-Government	**$897,325**	**$1,155,647**	**$0**	**$1,155,647**	**$1,306,488**	**$0**	**$1,306,488**	**$1,332,618**	**$0**	**$1,332,618**	**$1,359,270**	**$0**	**$1,359,270**
	Net Patient Service Revenue[a] (Government+Non-Government)	**$4,566,557**	**$5,013,316**	**$0**	**$5,013,316**	**$5,219,482**	**$0**	**$5,219,482**	**$5,323,872**	**$0**	**$5,323,872**	**$5,430,349**	**$0**	**$5,430,349**
14	Less: Provision for Bad Debts	$26,865	$7,815		**$7,815**	$24,000		**$24,000**	$24,480		**$24,480**	$24,970		**$24,970**
	Net Patient Service Revenue less provision for bad debts	**$4,539,692**	**$5,005,501**	**$0**	**$5,005,501**	**$5,195,482**	**$0**	**$5,195,482**	**$5,299,392**	**$0**	**$5,299,392**	**$5,405,379**	**$0**	**$5,405,379**
15	Other Operating Revenue	$97,936	$83,679		**$83,679**	$85,880		**$85,880**	$87,598		**$87,598**	$89,350		**$89,350**
17	Net Assets Released from Restrictions	$0	$0		**$0**	$0		**$0**	$0		**$0**	$0		**$0**
	TOTAL OPERATING REVENUE	**$4,637,628**	**$5,089,180**	**$0**	**$5,089,180**	**$5,281,362**	**$0**	**$5,281,362**	**$5,386,989**	**$0**	**$5,386,989**	**$5,494,729**	**$0**	**$5,494,729**
B.	**OPERATING EXPENSES**													
1	Salaries and Wages	$2,504,779	$2,773,662		$2,773,662	$3,103,598		$3,103,598	$3,165,670		$3,165,670	$3,228,983		$3,228,983
2	Fringe Benefits	$473,498	$520,566		$520,566	$714,160		$714,160	$728,443		$728,443	$743,012		$743,012
3	Physicians Fees	$0	$0		$0	$0		$0	$0		$0	$0		$0
4	Supplies and Drugs	$92,521	$117,270		$117,270	$117,000		$117,000	$119,340		$119,340	$121,727		$121,727
5	Depreciation and Amortization	$56,028	$29,658		$29,658	$36,000		$36,000	$36,720		$36,720	$37,454		$37,454
6	Provision for Bad Debts-Other[b]	$0	$0		$0	$0		$0	$0		$0	$0		$0
7	Interest Expense	$0	$0		$0	$0		$0	$0		$0	$0		$0
8	Malpractice Insurance Cost	$11,567	$16,087		$16,087	$14,400		$14,400	$14,688		$14,688	$14,982		$14,982
9	Lease Expense	$100,000	$100,000		$100,000	$100,000		$100,000	$102,000		$102,000	$104,040		$104,040
10	Other Operating Expenses	$1,015,646	$1,028,395		$1,028,395	$976,204		$976,204	$995,728		$995,728	$1,015,643		$1,015,643
	TOTAL OPERATING EXPENSES	**$4,254,039**	**$4,585,638**	**$0**	**$4,585,638**	**$5,061,362**	**$0**	**$5,061,362**	**$5,162,589**	**$0**	**$5,162,589**	**$5,265,841**	**$0**	**$5,265,841**
	Provision for Income Taxes[c]	$0	$0		**$0**	$0		**$0**	$0		**$0**	$0		**$0**
	Earnings Before Interest, Taxes, Depreciation & Amortization **(EBITDA)**	**$439,617**	**$533,200**	**$0**	**$533,200**	**$256,000**	**$0**	**$256,000**	**$261,120**	**$0**	**$261,120**	**$266,342**	**$0**	**$266,342**
	INCOME / (LOSS) FROM OPERATIONS	**$383,589**	**$503,542**	**$0**	**$503,542**	**$220,000**	**$0**	**$220,000**	**$224,400**	**$0**	**$224,400**	**$228,888**	**$0**	**$228,888**
	NON-OPERATING INCOME / REVENUE	$127,561	$ 44,346		**$44,346**	$ 30,000		**$30,000**	$30,600		**$30,600**	$31,212		**$31,212**
	NET INCOME / EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES	**$511,150**	**$547,888**	**$0**	**$547,888**	**$250,000**	**$0**	**$250,000**	**$255,000**	**$0**	**$255,000**	**$260,100**	**$0**	**$260,100**

Sale of Non-Profit Hospital to For-Profit Entity

Name Entity: VNA

Financial Worksheet (C):

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:

		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
LINE	Total Entity:	FY 14	FY 15	FY 15	FY 15	FY 16	FY 16	FY 16	FY 17	FY 17	FY 17	FY 18	FY 18	FY 18
		Actual	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected	Projected
	Description	Results	W/out CON	Incremental	With CON	W/out CON	Incremental	With CON	W/out CON	Incremental	With CON	W/out CON	Incremental	With CON
C.	**Retained Earnings / Net Assets, beginning of year**	**$1,849,057**	**$2,360,207**		**$2,360,207**	**$2,908,095**		**$2,908,095**	**$3,158,095**		**$3,158,095**	**$3,413,095**		**$3,413,095**
	Retained Earnings / Net Assets, end of year	**$2,360,207**	**$2,908,095**		**$2,908,095**	**$3,158,095**		**$3,158,095**	**$3,413,095**		**$3,413,095**	**$3,673,195**		**$3,673,195**
	Principal Payments	$0	$0		**$0**	$0		**$0**	$0		**$0**	$0		**$0**
D.	**PROFITABILITY SUMMARY**													
1	Hospital Operating Margin	**8.0%**	**9.8%**	**0.0%**	**9.8%**	**4.1%**	**0.0%**	**4.1%**	**4.1%**	**0.0%**	**4.1%**	**4.1%**	**0.0%**	**4.1%**
2	Hospital Non Operating Margin	**2.7%**	**0.9%**	**0.0%**	**0.9%**	**0.6%**	**0.0%**	**0.6%**	**0.6%**	**0.0%**	**0.6%**	**0.6%**	**0.0%**	**0.6%**
3	Hospital Total Margin	**10.7%**	**10.7%**	**0.0%**	**10.7%**	**4.7%**	**0.0%**	**4.7%**	**4.7%**	**0.0%**	**4.7%**	**4.7%**	**0.0%**	**4.7%**
E.	**FTEs**	**36**	**38**		**38**	**42**		**42**	**43**		**43**	**44**		**44**
F.	**VOLUME STATISTICS[d]**													
1	Inpatient Discharges	$0	$0		**0**	$0		**0**	$0		**0**	$0		**0**
2	Outpatient Visits	34,845	37,276		**37,276**	38,000		**38,000**	38,760		**38,760**	39,515		**39,515**
	TOTAL VOLUME	**34,845**	**37,276**	**0**	**37,276**	**38,000**	**0**	**38,000**	**38,760**	**0**	**38,760**	**39,515**	**0**	**39,515**

[a] Total amount should equal the total amount on cell line "Net Patient Revenue" Row 14.

[b] 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.

[c] Provide the amount of income taxes as defined by the Internal Revenue Services for for-profit entities.

[d] 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.

Per Affiliate worksheets:

	FY14	FY15	FY16	FY17	FY18
ARC			521,464		
GWIC			712,348		
Imaging Partners			163,807		
AMG	(8,152,669)	(8,891,112)	(7,485,718)	(7,485,718)	(7,485,718)
CAGW	(3,143,116)	(3,564,981)	(3,696,333)	(3,729,372)	(3,729,372)
	(11,295,785)	(12,456,093)			