STATE OF VERMONT

GREEN MOUNTAIN CARE BOARD

Grace Cottage Family Health and Hospital

Application for Certificate of Need

Construction of a New Primary Care Practice Building and Demolition of the Stratton House/North Clinic Building

Docket No. GMCB-003-23con

Date: April 10, 2023

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I. Background and Project Overview

A. Replacement of Existing Medical Office Building

Carlos G. Otis Health Care Center Inc., dba Grace Cottage Family Health & Hospital, respectfully submits this application for a Certificate of Need (CON) to the Green Mountain Care Board (GMCB) pursuant to 18 V.S.A. § 9434(b)(1) and GMCB Rule 4.000 § 4.302.

Grace Cottage requests a CON approving the construction of a new two-story Primary Care Practice Building and demolition of the Stratton House/North Clinic building, which is now part of the existing primary care practice area. The project cost is projected to be $19,152,993.

B. Description of the Organization

Grace Cottage Family Health & Hospital is a private, independent, non-profit corporation located in Townshend, VT. It is certified as a Critical Access Hospital (CMS Certification #471300) and as a Rural Health Clinic. Grace Cottage was founded in 1949 and is committed to promoting the health and well-being of local residents. Grace Cottage's mission is "to serve the healthcare needs of our community; to promote wellness, relieve suffering, and restore health." (An organizational chart is attached hereto as Appendix A)

C. Description of Facility, Populations Served; Service Area; Services Offered

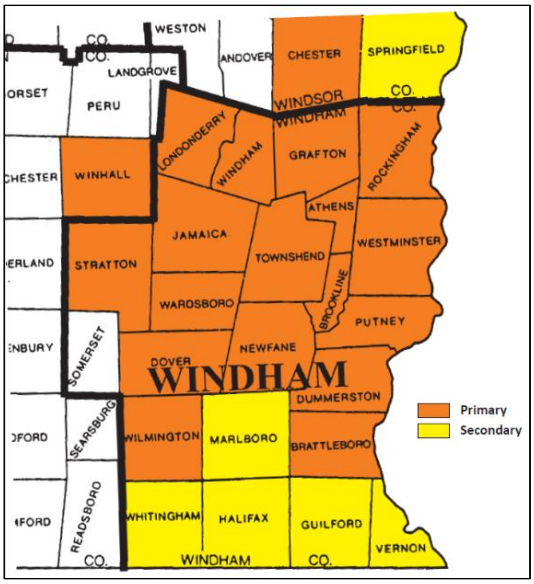
Grace Cottage Family Health & Hospital is located in the center of Townshend, on Vermont Route 35, near its intersection with Vermont Route 30. The five-building healthcare center contains:

- a Rural Health Clinic with family practice, pediatrics, geriatrics, and mental health care;
- a 19-bed Critical Access Hospital with a 24/7 Emergency Department, inpatient acute and rehabilitative care, hospice care, digital imaging (CT scanner, X-ray, ultrasound, bone densitometer), and a lab;
- an outpatient rehabilitation center offering physical and occupational therapy;
- a Community Wellness Center offering classes and support groups; and
- a full-service retail pharmacy open to the public.

The Rural Health Clinic, known as Grace Cottage Family Health and hereafter referred to as "the Practice," is the subject of this application.

The Practice received a Rural Health Clinic designation from the Centers for Medicare and Medicaid Services ("CMS") in 1995. Rural Health Clinics provide care to medically underserved rural populations using a team approach to maximize access to providers. Eleven towns in Windham County, where Grace Cottage is located, are listed by the federal government as

"Medically Underserved Areas" for primary care and thus depend on Grace Cottage for basic medical care.[1]



Grace Cottage serves patients from throughout Windham County and beyond. Most patients reside in one of the 25 surrounding towns: Athens, Brattleboro, Brookline, Chester, Dover, Dummerston, Grafton, Guilford, Halifax, Jamaica, Londonderry, Marlboro, Newfane, Putney, Rockingham, Springfield, Stratton, Townshend, Vernon, Wardsboro, Westminster, Whitingham, Wilmington, Windham, and Winhall. As the closest medical facility for many area residents, Grace Cottage Family Health & Hospital provides vital healthcare services to the community.

The Practice provides primary care (from neonatal to geriatric) to approximately 8,500 established patients. The Practice currently has 10 primary care and three mental health providers. Demand for the Practice's services is growing. During the past year, the Practice established care with 1,100 new patients. In FY22 (10/1/21 to 9/30/22) the Practice provided 31,376 patient visits (up from 28,207 in FY21 and 25,398 in FY20).

As part of its pediatric care, the Practice is enrolled in the Vermont Immunization Program. The Practice currently serves 755 patients who are under the age of 18.

The Practice also includes a behavioral health department. During the past two years, 677 of Grace Cottage's primary care patients also received mental health services in the Practice. In addition, the Practice provided mental health services to 222 patients who receive primary care elsewhere. The Practice is a model for other healthcare organizations because of the way it integrates mental health care into a primary care practice. When the Practice's primary care providers see a patient for a physical issue, and they determine that the patient needs mental health care as well, they can refer that patient immediately to a Grace Cottage mental health provider, just down the hall. Co-location makes collaboration easy to accomplish. The Practice's mental health providers treat patients with anxiety, depression, PTSD, social isolation, and stress, among other conditions.

The Practice also operates a Suboxone Clinic, called a "Spoke" program, for patients recovering from addiction and receiving maintenance-level Medication Assisted Treatment (MAT) for their substance use disorder. This Spoke program is part of the Vermont Blueprint for Health's "Hub and Spoke" program. Until recently, Grace Cottage served Spoke patients in collaboration with the Brattleboro Retreat. Now that the Retreat has ended its opioid addiction treatment services, patients from the region rely directly on Grace Cottage to oversee their addiction-treatment care.

[1] https://data.hrsa.gov/tools/shortage-area/mua-find

The Practice is recognized by the National Committee of Quality Assurance (NCQA) as a Patient-Centered Medical Home (PCMH). The PCMH system is a way of coordinating primary care, so that patients get the right care at the right time. A team of dedicated health professionals, led by a primary care provider, work together to meet each patient's individual health care needs. Team members meet with patients individually to set goals for better health and to support each patient's efforts to meet these goals.

As part of this coordinated care, the Practice works closely with the regional Community Health Team ("CHT"), a Vermont Blueprint for Health Initiative. CHTs supplement the services available in PCMHs and link patients with the social and economic services that make healthy living possible. Each CHT is designed to meet the needs of the community it serves. At Grace Cottage, one RN CHT staff member supports patients through chronic-care case management; the other focuses on diabetes education. They conduct outreach to patients who have been recently hospitalized, provide patient education, help patients find resources they need, give in-person and phone support, and coordinate volunteer drivers who help get patients to and from appointments.

The Institute for Healthcare Improvement (IHI) has designated Grace Cottage Family Health as a nationally recognized Level 2 "Age-Friendly" facility. Currently, 2,543 patients in the Practice are 65 years of age or older.

Becoming an Age-Friendly Health System is a lengthy process that entails documenting that the healthcare facility is reliably providing a set of four evidence-based elements of high-quality care, known as the "4Ms," to all older adults in the Practice. These 4Ms are: "What Matters, Medication, Mentation, and Mobility."

To implement these 4Ms, the medical staff in the Practice must listen attentively to their patients and families to understand the patients' priorities, including at end-of-life. Patients choose how to approach any treatment proposed, based on what matters to them the most. When medication is necessary, it must be chosen by considering the other three "Ms," so the medication doesn't inhibit mobility, thought process, or a patient's priorities. The patient's mental status must always be guarded to protect against depression, dementia and delirium, and, finally, patients must be encouraged to move safely every day in order to maintain function and participate in their priorities.

The Age-Friendly Practice recognition is part of an initiative of The John A. Hartford Foundation and the IHI in partnership with the American Hospital Association (AHA) and the Catholic Health Association of the United States (CHA). The IHI reports that as of October 2022, there are over 2,900 recognized Age-Friendly Health System participants nationwide.[2]

[2] http://www.ihi.org/Engage/Initiatives/Age-Friendly-Health-Systems/Pages/Background.aspx

The Practice has also been recognized nationally for its gender-affirming care. The Practice standard is that healthcare which is specifically supportive of and focused on gender and sexuality should be a part of primary care. The Practice has several providers who focus especially on caring for the Practice's LGBTQ+ patients. In recognition for the work that Grace Cottage has done to improve this care and to be a welcoming facility, Grace Cottage Family Health & Hospital was named a "Top Performer" in the Human Rights Campaign's "Healthcare Equality Index," earning a score of 95 out of 100. The Veterans Administration Medical Center and Grace Cottage were the only two hospitals in Vermont to earn this high distinction.

In summary, the Practice strives to help each patient feel "at home" with their health care at Grace Cottage by offering a full range of services and support and empowering their efforts.

D. Explanation of Need and What is Being Proposed

1. The Practice's Current Facility is Inadequate for its Current Use

Grace Cottage Family Health & Hospital has long been recognized for providing a superior level of compassionate care. However, the Practice facility itself is far from superior.

The Practice currently provides services in two old adjacent houses, built in the 1800s and now connected by a narrow winding hallway. One of the houses was donated for the establishment of the original hospital in 1949. The second house was donated in 1953 to serve as a nursing home. From 1953-1997, Grace Cottage founder Dr. Carlos G. Otis and his associates provided primary care, inpatient, and nursing home care in these two connected houses. In 1997, Federal regulations required Grace Cottage to build a new wing combining the hospital and nursing home up the hill behind the original buildings. At this point, both houses were converted into a larger primary care clinic.

Grace Cottage's primary care practice has grown exponentially in the 26 years since 1997. The tremendous growth of both patient and provider populations, as well as reconfiguration necessitated by the COVID-19 pandemic, make providing primary care in these two old buildings quite challenging. Today, approximately 50 employees, including 13 medical practitioners, provide approximately 31,000 patient visits per year in these antiquated buildings. With five entrances and a connecting hallway that does not allow for both a wheelchair and another person to pass side-by-side (see illustration at right), the current facility makes it difficult to provide comfortable and efficient patient care. These buildings cannot adequately accommodate the volume of care provided here today.

In addition, the buildings have structural deficits. Because these buildings were originally homes, the interiors hamper efficient patient flow, and they lack proper insulation and other energy conservation elements. To make space for nursing staff, offices have been created on an uninsulated glassed-in porch, and the North Clinic portion of the Practice has its waiting room on another glassed-in porch. Seasonally, a stream flows through the basement, creating annual, unavoidable expenses for the Facilities Department.

To continue serving the burgeoning needs of the local community, Grace Cottage has constantly retrofitted these two buildings, most notably in 1998 and 2008. Over the years, Grace Cottage has done the best it could with the resources available, but the need for a new building for the Practice has long been identified as a key capital need.

In September 2021, generous donors came forward, pledging $5 million toward a new facility. These donors are very familiar with the logistical issues at the Practice facility and made it clear that their pledge is to go towards a new clinic building, not toward renovations of the existing buildings. With this resource in hand, it is finally possible to plan a modern, efficient, professional space in which to provide forward-thinking primary care and mental health care for the community.

2. The Proposed Project Addresses Current Needs and Positions the Practice for the Future

The new building must be designed for the future, with sufficient space for all of the Practice's practitioners, ancillary staff, and patients.

For this project, Grace Cottage proposes to first construct a new medical office building to house the entire Practice, then to demolish the old nursing home portion of the existing Practice, now known as the North Clinic.

Consolidating the Practice into one energy-and-space-efficient building will allow the Practice to serve more patients and to serve them better. Currently, the Practice strives to give new patients a provider appointment as soon as possible. Established patients with urgent primary care needs can often be accommodated in our same-day clinic, but this is not always possible. The new building will allow the Practice to increase community access to primary care for both new and existing patients.

This project does not propose to add new services or subtract from current services. This project simply proposes to provide adequate space for the services the Practice already provides, along with room for modest expansion. Along with consolidating the Practice into one building, Grace Cottage will increase total exam room capacity from 16 to 20, allowing the addition of 2-3 new providers for better community access to primary care. (Please see Floor Plans-Appendix B and Space Comparison-Appendix C).

The State of Vermont currently has significant need for additional primary care and mental health capacity. The Vermont Medical Society (VMS) has called the lack of primary care "the most pressing issue facing the state," and VMS Deputy Executive Director Stephanie Winters has described the supply-demand trajectory as "looking dire." In response to a wait-times study

conducted for the GMCB and the VT Agency of Human Services, VMS, Blue Cross Blue Shield, and the GMCB all said that anecdotal evidence of a primary care shortage is "irrefutable."[3]

For its 2021 Community Health Needs Assessment, Grace Cottage surveyed community members about barriers to care, and over 20% of respondents cited "can't get an appointment" as a major reason for not accessing care.[4] Grace Cottage has providers at all levels who are accepting new patients, and with 2-3 new providers, the population not currently being served will have better access to primary care.

Because of the urgency of increasing patient access to primary care, and because of Grace Cottage's commitment to maintaining its high standards of service for its patients, we will, by separate letter, be requesting expedited review of this project.

E. Staffing

The Practice currently has ten primary care and three mental health providers. It is continually receiving requests from new patients wishing to be added to the Practice.

The following statistics, showing the total primary/mental health care visits in our Rural Health Clinic for the past five fiscal years, illustrate the increasing demand:

FY18 - 20,696 FY19 - 21,475 FY20 - 25,398 FY21 - 28,207 FY22 - 31,376

This increasing demand is showing the need for the potential addition of new providers. However, without a new medical office building, the Practice would not be able to provide space for any new providers, and thus would be unable to meet the demand for primary and mental health care in our area.

F. This Project is Necessary

Demand for the Practice's primary care and outpatient mental health services at Grace Cottage continues to grow. Grace Cottage's most recently completed Community Health Needs Assessment (dated Nov. 19, 2021, and attached hereto as Appendix D) demonstrates that there remain significant gaps in the community's ability to access primary care and outpatient mental health and addiction services. Because the Practice is located in a relatively remote region of Windham County, it serves an isolated population that would otherwise have to travel a significant distance for services. Other details presented above, including the description of the status of the current buildings now housing primary and mental health care, all illustrate the need for a new facility to best serve the needs of patients in Grace Cottage's service area.

The Bennington County Regional Commission (BCRC) and the Brattleboro Development Credit Corporation (BDCC) have designated the Practice's new primary care clinic building as a "Top Ten Vital Project" in its 2022 Southern Vermont Comprehensive Economic Development Strategy (CEDS) report.

[3] https://www.vermontpublic.org/vpr-news/2022-03-15/as-primary-care-system-nears-breaking-point-vermont-lawmakers-consider-a-rescue-plan

[4] https://gracecottage.org/pdf/2021-CHNA-Report-9-10-21.pdf, p. 74.

G. Explanation of the Construction Process

Grace Cottage must obtain two permits in order for construction to proceed – a Certificate of Need from the GMCB, and an Act 250 permit from the VT Natural Resources Board. Once these permitting processes are complete, Grace Cottage anticipates beginning construction of the new, two-story, 22,828-square-foot building as soon as funds allow.

The first phase of the project will be the construction of the new medical office building (architectural rendering at right). This will ensure that primary and mental health services continue uninterrupted during construction. We anticipate that completing the new building will take 20 months, depending on the time of year that permits are received. When the new building construction is complete, Grace Cottage will need approximately one month for moving in furniture and equipment and preparing the space to receive patients. We will minimize disruption of services during this time.

After the Practice is operational in the new building, the North Clinic building will be demolished to make room for parking. This sequence will allow the Practice to continue to provide services without interruption during construction. The demolition, landscaping, and parking lot construction will be the final phase of the project.

A narrative description of the proposed MEP systems for the project are included here as Appendix E.

New equipment will be purchased for all treatment rooms and provider spaces (please see Appendix F), and the quoted price for these is included in total project cost. Other furniture and equipment will be repurposed from existing space.

H. Timeline

During the last several GMCB budget cycles, Grace Cottage has placed $5 million in capital expenditures in the 4-5-year forecast for necessary repairs to the two clinic buildings. This minimal amount was set aside for minor renovations, to get by with the current facility for the short-term. As discussed above and below, a $5 million pledge now offers the opportunity for a long-term solution. To complete this project, Grace Cottage must secure both a Certificate of Need and an Act 250 Permit. Currently, Grace Cottage anticipates that construction could commence in April 2024 with completion by December 2025.

I. Financing

The total project cost, as noted in Table 1, is $19,152,993. Grace Cottage has a long history of generous community support. A local couple has pledged $5 million for the express purpose of building a new facility to house the Practice. Grace Cottage will engage in a robust fundraising campaign, including applying for grants, to cover a significant portion of the cost of the project. Grace Cottage also anticipates applying for a USDA "Community Facilities" Rural Development Loan, likely in the amount of $4.2 million to cover the anticipated remainder after fundraising and grants. The financial tables attached hereto explain the financing model in detail.

II. Consistency of Grace Cottage's Project with 18 V.S.A. § 9437

The proposed project meets the statutory criteria set forth in Section 9437 of the Certificate of Need law and the HRAP Standards.

A. Section 9437 Criteria #1

1. **The proposed project aligns with statewide health care reform goals and principles because the project:**
    - **a. considers health care payment and delivery system reform initiatives;**
    - **b. addresses current and future community needs in a manner that balances statewide needs (if applicable); and**
    - **c. is consistent with appropriate allocation of health care resources, including appropriate utilization of services, as identified in the HRAP developed pursuant to section 9405 of this title.**

1.a. **health care payment and delivery system reform initiatives**: This project aligns with statewide healthcare reform goals and principles because increasing access to primary care and integrated mental health and substance use treatment is a fundamental delivery system reform initiative. With adequate primary care access, the system can focus on population health and wellness rather than spending unnecessarily on high-intensity emergency care. The Vermont Blueprint for Health emphasizes the importance or primary care, stating that, "High-quality primary care has been identified as a foundation for Vermont's other healthcare reforms" ("VT's Blueprint for Health Program: An Overview," May 2022, p.1). In this overview, the GMCB defines high-quality care as "primary care, preventive care and care coordination, particularly for chronic conditions." These are exactly the services that Grace Cottage Family Health offers, each and every day.

As noted above, the Practice is recognized by the National Committee of Quality Assurance as a Patient-Centered Medical Home. A Patient Centered Medical Home is a way of coordinating primary care, so patients get the right care at the right time. The Practice is also a designated Rural Health Clinic.

Approximately 2,500 of the Practice's 8,500 established patients are older adults (age 65+). For this population, a robust primary care approach allows patients to remain in their homes or

preferred living environments, discourages social isolation, and avoids frequent hospital admissions. The Practice excels at caring for its senior population, as indicated by its "Age-Friendly" designation, explained in detail above.

1.b. current and future community needs: This project is necessary at present to address the current needs in Grace Cottage's service area, but it also will address the future needs of the community. As described above, the focus on geriatric primary care enables the practice to continue to care for patients as they age throughout their lives. Given the remote nature of the greater Townshend community, this ability to care for people throughout their whole lives is of special importance, because travel to specialty care is challenging for many of our patients.

Currently, approximately 32% of Grace Cottage's primary care patients are age 65+.

A number of Grace Cottage's older adult patients live just ¼ mile away at "Valley Cares," formally known as the West River Valley Senior Housing facility, with independent and assisted living, which currently has 56 residents and capacity for at least a dozen more.

1.c. appropriate allocation of health care resources: Grace Cottage's new clinic building project is precisely in line with statewide healthcare reform goals related to the allocation of resources, because it focuses resources on the efficient, safe, and patient-centered delivery of primary care and outpatient mental health services. Effective delivery of these services has repeatedly been shown to lower system-wide healthcare costs; as patients receive better preventative care and early interventions, this tends to drive down the need for high intensity services, and this averts the effects of untreated disease processes.

B. Health Resource Allocation Plan (HRAP) Standards

CON STANDARD 1.3: To the extent neighboring health care facilities provide the services proposed by a new health care project, an applicant shall demonstrate that a collaborative approach to delivering the service has been taken or is not feasible or appropriate.

The Practice's location in Townshend, VT, is at least 18 miles from the next-nearest primary care provider. The location is important because it provides easier access to care for the more rural communities of south-central Vermont. As a Rural Health Clinic, the Practice's mission is to provide care to otherwise medically underserved rural populations. The statewide deficit of primary and mental health care providers has already been discussed. Therefore, for this project, collaboration with another facility is not feasible.

Collaboration is important. As a Patient Centered Medical Home, the Practice is naturally collaborative. Providers confer on a regular basis and see each other's patients when acute needs arise. Because mental health services, patient education, and resource advocacy are all embedded into the Practice, this collaboration provides a whole-person approach to offering care**.**

CON STANDARD 1.4: If an application proposes services for which a higher volume of such service is positively correlated to better quality, the applicant shall show that it will be able to maintain appropriate volume for the service and that the addition of the service at

the facility will not erode volume at any other Vermont facility in such a way that quality at that facility could be compromised.

The goal of this project is to maintain the current volume of services that Grace Cottage provides and to add services to meet any increase in unmet need. Thus, it will not erode the volume of any other Vermont facility. There is unmet need for primary care and outpatient mental health services in Windham County and especially in the Grace Cottage service area. Many providers have closed practices, and existing practices are not accepting new patients. In fact, Grace Cottage temporarily had to suspend access to new patients for over a month at the end of 2022 because so many patients had already applied to be added to the Practice. The Practice resumed accepting new patients in early 2023. There may be some incidental movement of patients between practices at Grace Cottage and in Brattleboro, but there is no data to support a widespread shift in volume from other area providers to Grace Cottage (or vice versa).

In addition, the goal is to improve efficiency, privacy, safety, and comfort in the delivery of that care. The purpose of this project is to allow for expanded capacity so that the Practice can maintain its high standards for quality of care while also allowing increased access to patients who cannot find care elsewhere.

CON STANDARD 1.6: Applicants seeking to develop a new health care project shall explain how the applicant will collect and monitor data relating to health care quality and outcomes related to the proposed new health care project. To the extent practicable, such data collection and monitoring shall be aligned with related data collection and monitoring, whether within the applicant's organization, other organizations, or the government.

The Practice collects and monitors a broad spectrum of quality data on a regular basis. Grace Cottage Family Health is currently recognized as a Patient Centered Medical Home (PCMH). In order to maintain that recognition, Grace Cottage must follow a data collection and reporting protocol specified by the National Committee for Quality Assurance (NCQA), the organization that oversees the PCMH program.

Each month, the Practice runs quality reports to track and monitor patient data for chronic diseases, behavioral health, and disease prevention. The PCMH specifies categories of data to be collected, and Grace Cottage chooses which conditions within that category for which to provide education, outreach, and follow-up reminders, based on patient trends observed through its Community Health Needs Assessment (CHNA) process and provider-patient interactions. Each December, Grace Cottage must report on the data collected to NCQA.

For example, from December 2021 through November 2022, the Practice monitored the following:

Chronic Diseases:

- Diabetes (data collected for BMI and A1C results; outreach through mailings, phone calls, and patient portal notices to patients due for follow-up appointments)
- Depression (screening at each provider visit)

Immunizations:

- Education and reminders to patients due for shingles vaccine
- Education and reminders to patients who could benefit from the HPV vaccine
- Education and reminders to all patients regarding the importance of the flu vaccine
- Special Saturday office hours for administering flu shots

Preventive:

- Clinic visit screenings regarding risks of tobacco use and education on ways to quit
- Reports and outreach to patients due for colorectal screenings

The Practice also reports data regarding our Medication Assisted Treatment Spoke program to the Vermont Blueprint program on a quarterly basis. This information goes to the Practice's Health Service Area Blueprint Manager. The Practice's MAT services are embedded in its primary care clinic and will continue to be in the new clinic building.

All of these healthcare quality and outcomes efforts will continue in the new clinic facility.

CON STANDARD 1.7: Applicants seeking to develop a new health care project shall explain how such project is consistent with evidence-based practice. Such explanation may include a description of how practitioners will be made aware of evidence-based practice guidelines and how such guidelines will be incorporated into ongoing decision making. (2005 State Health Plan, page 48.)

As a Patient Centered Medical Home, Grace Cottage already attests to its evidence-based practices on an annual basis. These include, as explained above, preventative care, care coordination, and patient education. Widely accepted research has demonstrated over and over that increased access to primary care with these features lowers medical costs to the system. These are hallmarks of the care provided at Grace Cottage Family Health.

Evidence-based practices guide all health care at Grace Cottage. The Practice uses the Cerner Electronic Medical Record system, and all providers have easy access to Up-To-Date and Lexicomp via institutional subscriptions. Grace Cottage also refers to the U.S. Preventive Services Task Force recommendations for clinical primary care practice. In addition, the Practice makes evidence-based practice information available to all providers via Grace Cottage's Intranet.

All of our providers are members of the Grace Cottage Hospital Medical Staff, and some of them serve as members of the Medical Executive Committee (MedExec), which meets monthly to discuss new evidence-based practices and plan implementation of those practices within the various settings in which the providers work (in the hospital as well as in the Rural Health Clinic). The last hour of the MedExec's monthly meeting is an educational session conducted by a medical expert.

Additionally, Grace Cottage's Chief Medical Officer maintains an extensive collection of clinical guidelines for a wide variety of clinical issues and sends out frequent clinical updates regarding new best practices for a wide variety of topics. Most recently, this has been focused on Covid-19-related issues. All patient care policies are approved by MedExec.

An evidence-based explanation of the need for a new clinic building at Grace Cottage includes consideration of the following six quality assessment measurements from the Institute of Medicine (IOM). IOM is one of the most influential frameworks for quality of health care in the public and private sectors. It includes the following six aims, with an explanation to show how the new clinic building advances each of these quality measures:

i. **Safe: Avoiding unintended harms to patients from the care that is intended to help them.** Our aging facility has flaws that present small barriers or fall risks that are not remediable. The Project will improve fire safety and patient access. Improved soundproofing will improve patient privacy and patient and provider comfort. Finally, the Project will create one public entrance to the building. This will improve patient flow and create a safer and more secure environment within the building.

ii. **Effective: Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and misuse, respectively).** As described above in section i and below in section iii, improving patient flow through the building, and increasing opportunities for effective collaboration among providers will make the already excellent care more effective, as it will reduce patient wait times and staffing inefficiencies created by the physical layout of the current buildings.

iii. **Patient-centered: Providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions.** Our aging facility was constructed in an ad-hoc fashion in old structures that make preserving confidentiality more difficult. While technically handicapped-accessible, the uneven, narrow, and winding hallways between the old buildings and narrow entrances and steps into public restrooms do not provide easy access to those with disabilities.

iv. **Timely: Reducing waits and delays for both those who receive and those who give care.** Currently, there is not enough room in our facility to allow all the providers to practice at the same time. Patient demand for primary care could easily support more providers on-site at the same time. If we had more space, we could house more primary care providers and thus provide more timely access to better meet our community's need for medical care.

v. **Efficient: Avoiding waste, including waste of equipment, supplies, ideas, and energy.** A new facility that is designed from the ground up will increase provider efficiency and patient/staff flow, helping to reduce waiting times, delays, and redundancies. In addition, as described above, the new construction will allow Grace Cottage to take advantage of more energy-efficient construction practices and materials and to replace aging and less efficient structures.

vi. **Equitable: Providing care that does not vary in quality because of personal characteristics such as disabilities, age, gender, ethnicity, geographic location, and socioeconomic status.** Providing patient-centered care to each patient is a core value of the Practice. A well-designed, modern facility will allow its providers to deliver better,

easier access to each patient, and it will create spaces that feel physically safer and more private. Equity is best protected when each patient receives the care that they need in a manner that honors and respects their particular health care priorities.

CON STANDARD 1.8: **Applicants seeking to develop a new health care project shall demonstrate, as appropriate, that the applicant has a comprehensive evidence-based system for controlling infectious disease.**

The Practice's Infection Control general policy is attached hereto as Appendix G.

CON STANDARD 1.9: Applicants proposing construction projects shall show that costs and methods of the proposed construction are necessary and reasonable. Applicants shall show that the project is cost-effective and that reasonable energy conservation measures have been taken.

Lavallee Brensinger Architects Project Designer Steve Hebsch has supplied the following explanation in response to CON 1.9:

"Due to the site constraints, the goal to have the Medical Office Building (MOB) attached to the hospital, and the necessity to keep existing clinic services available to the community during construction, only one location for the new MOB became apparent. The proposed location is at the North end of the hospital, keeping the parking at the bottom of the site slope.

The MOB will have 2 levels. The lower level provides access to the MOB from the patient parking lot and most of the infrastructure supporting the MOB. All clinic space will be located on the upper level with direct access to the hospital.

The method of construction will be phased construction.

Phase one, build the new MOB and move the clinic into the new building.

Phase two, move administration located on the second floors into the vacated clinic space and demolish a portion of the existing clinic building to expand patient parking. The original 1844 Otis House currently used for clinic services will remain and will be repurposed.

The construction costs noted below are fair and reasonable for sloped site and phased construction. The construction costs represent the current construction market and anticipate cost escalation for a construction start date in 2024.

Earthwork, Fencing and Landscaping	$ 1,528,804
Building (foundations, structure, finishes, enclosure)	$ 7,169,533
Building (mechanical/electrical/fire protection (MEP/FP))	$ 3,938,193
CM Contingencies	$ 1,263,653
CM Insurance, Bond and Fees	$ 637,830
Escalation to 2024 - Spring 2024	$945,712
Total	**$ 15,483,725**

After conducting cost analyses on building configurations that included a more detached MOB, and three-story MOB (comparable internal space but with a reduced footprint), and options for

infrastructure locations, the proposed plan of a two-story building with all of the clinic and staff space on one floor proved to be the most cost effective.

The design team has included the input from Efficiency Vermont for the design of the building thermal envelope, design of infrastructure systems and selection of infrastructure equipment."

CON STANDARD 1.10: Applicants proposing new health care projects requiring construction shall show such projects are energy efficient. As appropriate, applicants shall show that Efficiency Vermont, or an organization with similar expertise, has been consulted on the proposal.

Grace Cottage has conducted several meetings and discussions with staff from Efficiency Vermont and Green Mountain Power to ensure the project is as energy efficient as possible and to verify that the power grid can fully serve the new facility. Efficiency Vermont has provided a support letter to verify that this project has been enrolled in the Efficiency Vermont program. Efficiency Vermont will continue to work with Grace Cottage and its design team to provide drawing review, savings calculations, cost benefit analyses, and identification of cost-effective, proven, and efficient technologies. Efficiency Vermont's letter is attached as Appendix H.

It is also worth emphasizing that moving the Practice from two drafty, 19th Century, wood-frame houses into a modern building constructed with energy efficiency as a major goal will achieve a significant improvement in energy efficiency over the current facility.

CON STANDARD 1.11: Applicants proposing new health care projects requiring new construction shall demonstrate that new construction is the more appropriate alternative when compared to renovation.

Lavallee Brensinger Architects, the firm that conducted the 2015 study described below, has provided the following summary:

"In 2015, Grace Cottage conducted a study to determine if renovation to the existing clinic buildings was feasible and at what cost. The study provided analysis on the building structure, infrastructure, energy conservation measures, patient flow and staff workflow efficiency, and planning options to support current delivery trends of healthcare services.

The current clinic is in two residential buildings that have been attached to each other and expanded over time by multiple additions.

The original structures were built in the 1840s. The report indicated that the existing rubble foundation and wood structure that consisted of wide board, balloon framing, hand hewn beams and log roof structure would need substantial structural replacement to allow for additional live and dead loading to meet current structural loads and added snow accumulation due to meeting current energy codes.

The current heating and cooling systems do not provide consistent comfort for patients or staff. Plumbing fixtures do not meet current conservation requirements. Power has limitations and does not meet the demands for energy efficiency or clinical needs. The current fire alarm system is antiquated with limited capability for modification or expansion.

Architecturally there are multiple spaces that are not compliant with ADA or FGI. The series of building additions (typical of how the New England farmhouse develops over the years) are not conducive for planning a clinic with efficient patient and staff workflow that supports the patient experience and privacy. Lastly, to renovate the existing buildings while maintaining clinical services would be extremely disruptive and take multiple construction phases adding prohibitive cost."

CON STANDARD 1.12: New construction health care projects shall comply with the Guidelines for Design and Construction of Health Care Facilities as issued by the Facility Guidelines Institute (FGI), current edition. See Bulletin 001 for CON on GMCB website.

This project complies. Please see Appendix I.

CON STANDARD 2.1: Applicants seeking to develop new health care projects in an area identified as having a shortage of primary care capacity shall explain how the proposed project will expand, promote or enhance primary care capacity in such area.

Grace Cottage serves patients in 11 towns listed by the federal government as located in Medically Underserved Areas. If Grace Cottage were to close, these and other towns in the Practice's primary and secondary shortage areas would be severely impacted in terms of access to health care services. The new clinic building that is the subject of this application is important because it will ensure that Grace Cottage can adequately serve its patients for years to come. The new clinic building will serve existing patients in a much better facility, and, since the Practice is currently accepting new patients, it will provide the capacity to serve even more patients.

CON STANDARD 2.2: Applicants seeking to introduce new ambulatory care services, including hospital ambulatory care center or physician office-based services, shall show how such services are consistent with Vermont's focus on health promotion. Services to prevent the onset of disease and to minimize the effects of disease shall be given the highest priority.

As an existing primary care practice, preventative medicine is the core of the Practice's work. Services to prevent the onset of disease (both mental and physical) and to minimize the effects of disease are central to everything the Practice does. Grace Cottage does not propose adding any new ambulatory care services at this time and looks forward to providing its existing services in a setting that is more patient-friendly, safe, and efficient.

CON STANDARD 3.4: Applicants subject to budget review shall demonstrate that a proposed project has been included in hospital budget submissions or explain why inclusion was not feasible.

As noted above, this project has not specifically been included in hospital budget review submissions. However, the need for capital expenditures to improve this practice setting has been identified in the budget for the last four to five years, and the anticipated cost of a new facility was included in the four-year Capital Needs schedule included with Grace Cottage's FY23 budget submission. In past years, the minimal amount set aside was for stop-gap measures. Until Grace Cottage received the pledge of a $5M donation, it did not seem feasible to engage in such a large capital expenditure to solve the clinic facility's problems long-term, which can only be

fully resolved with a new facility. Thus, although the bare outline of this project has been suggested in the budget submissions, nothing as concrete as this proposal was conceived of until the additional funding source became apparent.

CON STANDARD 3.24: An applicant shall disclose potential financial conflicts of interest between hospitals and physicians and an equipment purchase.

There are no potential financial conflicts. Any necessary new equipment to outfit additional exam rooms will be purchased by the hospital from entities that have no relationships with Grace Cottage physicians.

CON STANDARD 4.5: To the extent possible, an applicant seeking to implement a new health care project shall ensure that such project supports further integration of mental health, substance abuse and other health care. (Explain in detail)

As discussed above, the Practice has three integrated behavioral health practitioners within the Practice. This integration is very important to the Practice and will continue in the new facility.

The Practice serves 677 patients who receive primary care together with mental health services here, and another 222 patients who receive only mental health services through the Practice and receive primary care elsewhere. Our practitioners are Benjamin Wright, PMHNP-BC; Meredith Kenyon, LICSW; Elise Kraus, PMHNP-BC.

In addition, the Practice serves as a Spoke site, collaborating with Vermont's Blueprint for Health Medication Assisted Treatment (MAT) program. Spokes are office-based opioid treatment settings, located in communities across Vermont. The program uses a whole-patient approach that includes counseling and behavioral therapies as well as medications. This is the most effective treatment for most people, supported by the American Medical Association, the American Academy of Addiction Psychiatry, and the American Society of Addiction Medicine. Grace Cottage collaborates with Vermont Blueprint and Brattleboro Memorial Hospital to provide these Spoke MAT services.

In the Practice, addiction care is integrated into general medical care, like treatment for other chronic diseases. Several physicians at Grace Cottage are MAT-certified providers. The Practice employs two Spoke program RN case managers to provide follow-up, counseling, and care coordination for Grace Cottage's 160 MAT patients, thus helping to ensure that the Practice's primary care providers have the support they need to manage MAT for opioid use disorder. Plans are underway to also hire an Addiction Counselor.

CON STANDARD 4.7: Applicants seeking to establish, expand or otherwise modify services available to elderly Vermonters shall establish how those services will support the mental health and well-being of this population, including addressing how the applicant supports or otherwise integrates with mental health services currently available.

Although the Practice was not founded with a special emphasis on geriatric care, Windham County, VT, ranks in the highest median-age bracket of all U.S. counties. Among the states, Vermont ranks third, following Maine and New Hampshire, as the state with the highest median age in the country (Maine = 45.0; New Hampshire = 43.1; Vermont = 43.0), according to statsamerica.org.

At the time of the 2010 U.S. Census, 14.6% of Vermont's population was age 65+, and Windham County's was 22%. The 2020 U.S Census showed Vermont at 20.6% (an increase of 6%) and Windham County at 24.6% (a 2.6% increase).

The Practice is recognized by the Institute of Healthcare Improvement as an Age-Friendly Practice. Age-Friendly Health Systems is an initiative of The John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI) in partnership with the American Hospital Association (AHA) and the Catholic Health Association of the United States (CHA). As of October 2022, there are over 2900 recognized Age-Friendly Health System participants nationwide.[5]

As our patient population has aged, the Practice has modified its services to support its patients. Currently 2,543 patients in the Practice are over age 65. As noted above, the Practice has a fully integrated complement of mental health providers. They work with our elderly patients to ensure that their mental health and physical health needs can be addressed simultaneously.

C. Triple Aims: Institute of Healthcare Improvement (IHI)

Explain how your project is:

(a) improving the individual experience of care;
(b) improving health of populations;
(c) reducing the per capita costs of care for populations.

(a.) **improving the individual experience of care**: This project will improve the individual experience of care by creating a smoother, more efficient, and COVID-19-safe patient flow, providing additional space so that patients wait-times are reduced. In addition, because the Practice provides primary care, mental health, and substance use disorder treatment, patients struggling with all three of these issues will have better access to collaborative care provided by a team that will treat them as a whole person instead of collection of disparate conditions. By creating better patient flow, and adding space to expand these services, the Practice will be able to treat more patients more efficiently, which will allow more members of the community to get the services they need.

A new medical office building for the Practice will also improve the individual patient's experience. Currently, the Practice facility has multiple entrances to monitor. The new building will have only one entrance, increasing security for patients and staff. Also, clinic spaces in the new building are being designed with more soundproofing to increase privacy. Currently, because space is at such a premium, some patient intake processes occur in cubbies that have only curtains separating the patient from public spaces. Provider offices and clinic spaces are scattered in multiple areas within the building, making it difficult to remember where to go to find a particular provider. In the narrow winding hallway that connects the two clinic houses, one person frequently has to back up and step into a doorway in order to allow another person

[5] http://www.ihi.org/Engage/Initiatives/Age-Friendly-Health-Systems/Pages/Background.aspx

passage, and those with any tendency to fall must be careful as the floor level changes. A modern, efficiently designed space will increase patient privacy, security, and comfort.

(b.) **improving population health**: Primary care is the first line of defense for population health.

This project will improve the health of the Windham County population by increasing access to primary care, outpatient mental health, and substance use disorder treatment and making all of these more comfortable. These three are clearly areas of need, both statewide and in the Grace Cottage service area, as demonstrated in Grace Cottage's 2021 Community Health Needs Assessment. CHNA surveys of individual community members yielded the following data:

- 53% of community members said that Covid has affected their mental health somewhat or moderately, and 24% said it has affected their mental health significantly or severely.
- 55% of community members said that Covid has affected their neighbors' mental health somewhat or moderately; 36% said significantly or severely.[6]
- Asked to rank their top 10 health concerns, community respondents cited anxiety, depression, and mental health as their top three issues; stress was ranked 5th.[7]
- Mental health in general was listed as their top concern throughout their communities (mental health ranked 2nd among top community concerns in the 2018 CHNA survey). Drug misuse was ranked 2nd, alcohol as 5th, and opiates as 7th as community concerns. [8]
- Nearly half of respondents (436 out of 1072) said that "isolation/loneliness" are major barriers to accessing care, indicating that mental health is a major concern.[9]

These concerns were also cited by Windham County social service organizations and Grace Cottage's Practice providers. In June 2021, the Grace Cottage Senior Leadership Team and members of its Medical Executive Committee reviewed and discussed the demographic information and survey results collected for the CHNA report, comparing it to their clinical experience with patients. They especially considered the top ten health concerns of community members, as cited by survey respondents. Considering these concerns alongside the services that Grace Cottage can actually offer,[10] the group established the priorities that Grace Cottage will address over the next three years. Their Level 1 Priorities are Mental Health (anxiety, depression, social isolation, stress), Substance Abuse, and Nutritional Fitness/Diabetes.

A new safe, efficient, and comfortable medical office building will improve Grace Cottage's ability to serve these community needs.

(c.) **reducing the per capita costs:** This project will reduce the per-capita costs of care for the populations it serves by providing access to the right care at the right time, and by providing increased access to primary care and mental health care.

When patients seek care to avoid becoming ill or to manage chronic conditions with routine care, they reduce the number of Emergency Services and Emergency Department visits needed. The

[6] https://gracecottage.org/pdf/2021-CHNA-Report-9-10-21.pdf, p. 71.
[7] https://gracecottage.org/pdf/2021-CHNA-Report-9-10-21.pdf, p. 72.
[8] Ibid
[9] https://gracecottage.org/pdf/2021-CHNA-Report-9-10-21.pdf, p. 78.
[10] For example, dental issues were set aside since Grace Cottage does not provide dentistry.

COVID-19 pandemic has highlighted how delayed care can have severe and deleterious effects on a health care system, especially when routine care is delayed until more intensive treatments are required. Creating a Practice where patients can access early preventative care will allow providers to continue to manage the health of their patients proactively, so the costs of delayed care do not accrue in the system.

D. 18 V.S.A. § 9437, Statutory Criteria 2-9

2. The cost of the project is reasonable because each of the following conditions is met:

(a) The applicant's financial condition will sustain any financial burden likely to result from completion of the project;

(b) The project will not result in an undue increase in the costs of medical care or an undue impact on the affordability of medical care for consumers. In making a finding, the Board shall consider and weigh relevant factors, including:

(i) The financial implications of the project on hospitals and other clinical settings, including the impact on their services, expenditures, and charges; and

(ii) Whether the impact on services, expenditures, and charges is outweighed by the benefit of the project to the public;

(c) Less expensive alternatives do not exist, would be unsatisfactory, or are not feasible or appropriate.

(d) If applicable, the applicant has incorporated appropriate energy efficiency measures.

The cost of the project is reasonable because:

2.a. As evidenced by the financial tables, Grace Cottage's financial condition will sustain the relatively small financial burdens that are likely to result from completion of the project. Indeed, because the Practice will move into a single building that is more energy-efficient, the operating costs of the Practice may not see a net increase over the current operating costs.

2.b. The project will not result in an undue increase in the costs of medical care or an undue impact on the affordability of medical care for consumers, because, to the extent there is increased utilization, the care will be provided in the most efficient and cost-effective setting.

(i) As noted above, this project will have very little financial implications on hospitals and other clinical settings besides Grace Cottage because there is abundant need for these services in Windham County. It is unlikely that nearby hospitals' services, expenditures, or charges will change as a result of this change at one primary care practice.

(ii) Any impact on services, expenditures, and charges is outweighed by the benefit of the project to the public that results from increased access to integrated primary and mental health care and increased privacy, safety, and comfort of patients and staff.

2.c. Less expensive alternatives do not exist, would be unsatisfactory, or are not feasible or appropriate. Due to the site constraints, setbacks and operational/occupancy requirements, building configurations are limited to the current design approach. The proposed project allows the existing facility to continue operating with minimal disruptions while the proposed project is being constructed.

2.d. The applicant has incorporated appropriate energy efficiency measures.

Grace Cottage has consulted with Efficiency Vermont in order to design a building that is as energy efficient as possible. A letter indicating this is included in this application.

3. There is an identifiable, existing, or reasonably anticipated need for the proposed project that is appropriate for the applicant to provide.

The condition of the existing Practice building, the steady increase in the call for the Practice's services, and Grace Cottage's CHNA all demonstrate that this project is necessary. The Practice already provides these services, so it is the most appropriate entity to continue to do so. It is perfectly positioned and seeks only a more efficient building in which to work.

4. The project will improve the quality of health care in the State or provide greater access to health care for Vermont's residents, or both.

The project will improve the quality of health care in the state by allowing more patients to access the high-quality care already provided by the Practice and by providing better access to care for patients of all abilities.

5. The project will not have an undue adverse impact on any other existing services provided by the applicant.

The project will not draw resources away from the services already being provided by the Practice and by Grace Cottage. Indeed, as noted earlier, the Project is likely to increase efficiency and perhaps even reduce operating costs of the Practice. Primary and mental health care services will continue uninterrupted during the construction of the new medical office building.

6. REPEALED

7. The applicant has adequately considered the availability of affordable, accessible transportation services to the facility, if applicable.

Transportation is always a challenge in a rural area like Townshend. However, the Practice continues to do its best to assist its patients in accessing care. The Project will not change the facility in any way that will hamper the access of transportation services that already run to the Practice. In fact, the new patient drop-off portico will provide

protection from the weather that does not currently exist. Vehicles will be able to pull up closer to the building so that patients can disembark more safely and conveniently.

8. If the application is for the purchase or lease of new Health Care Information Technology, it conforms with the Health Information Technology Plan established under section 9351 of this title.

Not applicable.

9. The applicant must show the project will support equal access to appropriate mental health care that meets the Institute of Medicine's triple aims. 18 V.S.A. § 9437(9). "The project will support equal access to appropriate mental health care that meets standards of quality, access, and affordability equivalent to other components of health care as part of an integrated, holistic system of care, as appropriate."

As described above in detail, integrated mental health is already a fundamental part of the care provided by the Practice.

III. Conclusion

The Practice epitomizes the opportunities available for rural healthcare as we innovate our healthcare delivery system. Drawing patients from a broad geography, in a deeply rural part of the state, the Practice enables diverse patient populations to access patient-centered primary care including mental health and substance use without delay.

The condition of the existing Practice building, the steady increase in the call for the Practice's services, and Grace Cottage's CHNA all demonstrate that this project is necessary. The Practice already provides all the needed services. It is perfectly positioned to continue and enhance these services and seeks only a more efficient building in which to work.

Granting a Certificate of Need on an expedited basis will allow Grace Cottage to better deliver its mission, and to advance the health policy goals articulated in the HRAP, and the Statute.

21982875.1

PLEASE PROVIDE ASSUMPTIONS

Grace Cottage Hospital

New Primary Care Practice Building

	Proposed Yr 1 2024	Proposed Yr 2 2025	Proposed Yr 3 2026
Table 1			
Project costs based on schematic design documents.			
Table 2			
Financing $4.2m over 25 years to cover balance needed after fundraising.			
INCOME STATEMENT			
Revenue Rate Increase	3.5%	3.5%	3.5%
Expenses:			
Salary Increases	3.0%	3.0%	3.0%
Fringe Benefits Increases	4.0%	4.0%	4.0%
Provider Tax (Based on Revenue)	3.5%	3.5%	3.5%
Interest	2.5%	2.5%	2.5%
Other Operating Inflation	3.0%	3.0%	3.0%
No changes expected in current operations during project period.			
BALANCE SHEET			
Reflects recognition of project costs throughout Year 1 and Year 2, with completion in Year 3.			
REVENUE SOURCE-PAYER			
No changes expected in current operations during project period.			
Additional revenue projected as result of project completion expected to to be same distribution as current revenue by payer.			
UTILIZATION			
No changes expected in current operations during project period.			
Increase in Physician Office Visits in Year 3 as a result of increased efficiencies in new building and addition of 1.0 FTE MLP.			
STAFFING			
No changes expected in current operations during project period.			
Additional 1.0 FTE MLP after project completion.			

Notes to Support Assumptions:

NOTE: When completing this table make entries in the shaded fields only.

Grace Cottage Hospital
New Primary Care Practice Building
TABLE 1
PROJECT COSTS

Construction Costs	
1. New Construction	$ 11,912,844
2. Renovation	211,807
3. Site Work	1,528,804
4. Fixed Equipment	-
5. Design/Bidding Contingency	884,557
6. Construction Contingency	945,712
7. Construction Manager Fee	-
8. Other (please specify)-Project Contingency	890,890
Subtotal	$ 16,374,614
Related Project Costs	
1. Major Moveable Equipment	$ -
2. Furnishings, Fixtures & Other Equip.	893,228
3. Architectural/Engineering Fees	1,198,588
4. Land Acquisition	-
5. Purchase of Buildings	-
6. Administrative Expenses & Permits	242,269
7. Debt Financing Expenses (see below)	444,294
8. Debt Service Reserve Fund	-
9. Working Capital	-
10. Other (please specify)	-
	-
	-
Subtotal	$ 2,778,379
Total Project Costs	**$ 19,152,993**

Debt Financing Expenses	
1. Capital Interest	$ 244,294
2. Bond Discount or Placement Fee	-
3. Misc. Financing Fees & Exp. (issuance costs)	200,000
4. Other	-
Subtotal	$ 444,294
Less Interest Earnings on Funds	
1. Debt Service Reserve Funds	$ -
2. Capitalized Interest Account	-
3. Construction Fund	-
4. Other	-
Subtotal	$ -
Total Debt Financing Expenses	**$ 444,294**
feeds to line 7 above	

NOTE: When completing this table make entries in the shaded fields only.

Grace Cottage Hospital
New Primary Care Practice Building
TABLE 2
DEBT FINANCING ARRANGEMENT, SOURCES & USES OF FUNDS

Sources of Funds

1. Financing Instrument	USDA			
a. Interest Rate	3.75%			
b. Loan Period	Jan 2026	To:	Dec 2051	
c. Amount Financed				$ 4,152,993
2. Equity Contribution				-
3. Other Sources				
a. Working Capital				-
b. Fundraising				15,000,000
c. Grants				-
d. Other				-
Total Required Funds				**$ 19,152,993**

Uses of Funds

Project Costs (feeds from Table 1)		
1. New Construction	$	11,912,844
2. Renovation		211,807
3. Site Work		1,528,804
4. Fixed Equipment		-
5. Design/Bidding Contingency		884,557
6. Construction Contingency		945,712
7. Construction Manager Fee		-
8. Major Moveable Equipment		-
9. Furnishings, Fixtures & Other Equip.		893,228
10. Architectural/Engineering Fees		1,198,588
11. Land Acquisition		-
12. Purchase of Buildings		-
13. Administrative Expenses & Permits		242,269
14. Debt Financing Expenses		444,294
15. Debt Service Reserve Fund		-
16. Working Capital		-
17. Other (please specify)		890,890
Total Uses of Funds	**$**	**19,152,993**

Total sources should equal total uses of funds.

GRACE COTTAGE HOSPITAL

New Primary Care Practice Building

INCOME STATEMENT

Table 3A

WITHOUT PROJECT

	2021	2022		2022		2023		Proposed Yr 1 2024		Proposed Yr 2 2025		Proposed Yr 3 2026	
	Actual	Budget	% change	Actual/Projection	% change	Budget 2023 App	% change		% change		% change		% change
REVENUES													
INPATIENT CARE REVENUE	1,360,155	1,571,257	15.5%	1,669,452	6.2%	1,803,437	8.0%	1,866,557	3.5%	1,931,887	3.5%	1,999,503	3.5%
OUTPATIENT CARE REVENUE	20,162,247	19,429,509	-3.6%	23,490,457	20.9%	23,533,254	0.2%	24,356,918	3.5%	25,209,410	3.5%	26,091,739	3.5%
OUTPATIENT CARE REVENUE - PHYSICIAN	5,557,616	5,462,035	-1.7%	5,903,828	8.1%	7,016,933	18.9%	7,262,526	3.5%	7,516,714	3.5%	7,779,799	3.5%
CHRONIC/SNF PT CARE REVENUE	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
SWING BEDS PT CARE REVENUE	7,318,052	7,926,760	8.3%	7,716,191	-2.7%	7,667,214	-0.6%	7,935,566	3.5%	8,213,311	3.5%	8,500,777	3.5%
GROSS PATIENT CARE REVENUE	34,398,070	34,389,561	0.0%	38,779,928	12.8%	40,020,838	3.2%	41,421,567	3.5%	42,871,322	3.5%	44,371,818	3.5%
DISPROPORTIONATE SHARE PAYMENTS	-	-	0.0%	-	0.0%	-	0.0%	0	0.0%	0	0.0%	0	0.0%
BAD DEBT FREE CARE	(1,019,072)	(969,357)	-4.9%	(1,136,936)	17.3%	(854,615)	-24.8%	(884,527)	3.5%	(915,485)	3.5%	(947,527)	3.5%
DEDUCTIONS FROM REVENUE	(12,792,803)	(11,348,174)	-11.3%	(14,523,943)	28.0%	(13,790,968)	-5.0%	(14,273,652)	3.5%	(14,773,230)	3.5%	(15,290,293)	3.5%
NET PATIENT CARE REVENUE	20,586,195	22,072,030	7.2%	23,119,049	4.7%	25,375,255	9.8%	26,263,388	3.5%	27,182,607	3.5%	28,133,998	3.5%
FIXED PROSPECTIVE PAYMENTS AND RESERVES	-	-	0.0%	-	0.0%	-	0.0%	0	0.0%	0	0.0%	0	0.0%
NET PATIENT CARE REV & FIXED PAYMENTS & RESERVES	20,586,195	22,072,030	7.2%	23,119,049	4.7%	25,375,255	9.8%	26,263,388	3.5%	27,182,607	3.5%	28,133,998	3.5%
OTHER OPERATING REVENUE	4,632,980	1,275,331	-72.5%	1,065,230	-16.5%	1,082,666	1.6%	1,120,559	3.5%	1,159,779	3.5%	1,200,371	3.5%
TOTAL OPERATING REVENUE	25,219,175	23,347,361	-7.4%	24,184,279	3.6%	26,457,921	9.4%	27,383,947	3.5%	28,342,386	3.5%	29,334,369	3.5%
OPERATING EXPENSE													
SALARIES NON MD	11,703,230	12,223,891	4.4%	12,687,446	3.8%	13,707,423	8.0%	14,118,646	3.0%	14,542,205	3.0%	14,978,471	3.0%
FRINGE BENEFITS NON MD	3,245,548	4,380,305	35.0%	3,889,317	-11.2%	4,529,967	16.5%	4,711,165	4.0%	4,899,612	4.0%	5,095,597	4.0%
PHYSICIAN FEES & SALARIES	1,739,785	1,466,048	-15.7%	1,693,912	15.5%	1,866,201	10.2%	1,922,187	3.0%	1,979,853	3.0%	2,039,248	3.0%
FRINGE BENEFITS MD	324,936	305,892	-5.9%	316,667	3.5%	382,109	20.7%	397,393	4.0%	413,289	4.0%	429,821	4.0%
HEALTH CARE PROVIDER TAX	607,935	733,091	20.6%	851,820	16.2%	951,124	11.7%	984,413	3.5%	1,018,868	3.5%	1,054,528	3.5%
DEPRECIATION AMORTIZATION	768,519	895,131	16.5%	874,843	-2.3%	1,010,356	15.5%	958,051	-5.2%	898,825	-6.2%	823,159	-8.4%
INTEREST - LONG/SHORT TERM	86,528	113,559	31.2%	67,327	-40.7%	68,741	2.1%	70,460	2.5%	72,221	2.5%	74,027	2.5%
OTHER OPERATING EXPENSE	4,719,183	4,400,968	-6.7%	6,032,012	37.1%	4,928,326	-18.3%	5,076,175	3.0%	5,228,461	3.0%	5,385,314	3.0%
TOTAL OPERATING EXPENSE	23,195,664	24,518,885	5.7%	26,413,344	7.7%	27,444,247	3.9%	28,238,490	2.9%	29,053,334	2.9%	29,880,165	2.8%
NET OPERATING INCOME (LOSS)	2,023,511	(1,171,524)	-157.9%	(2,229,065)	90.3%	(986,326)	-55.8%	(854,543)	-13.4%	(710,948)	-16.8%	(545,796)	-23.2%
NON-OPERATING REVENUE	2,736,107	937,423	-65.7%	(237,677)	-125.4%	1,192,676	-601.8%	1,192,676	0.0%	1,192,676	0.0%	1,192,676	0.0%
EXCESS (DEFICIT) OF REVENUE OVER EXPENSE	4,759,618	(234,101)	-104.9%	(2,466,742)	953.7%	206,350	-108.4%	338,133	63.9%	481,728	42.5%	646,880	34.3%
Operating Margin %	8.0%	-5.0%		-9.2%		-3.7%		-3.1%		-2.5%		-1.9%	
Bad Debt & Free Care%	3.0%	2.8%		2.9%		2.1%		2.1%		2.1%		2.1%	
Compensation Ratio	73.3%	74.9%		70.4%		74.6%		74.9%		75.2%		75.4%	
Capital Cost % of Total Expenses	3.7%	4.1%		3.6%		3.9%		3.6%		3.3%		3.0%	

Proposed Years Must change from Current Budget

GRACE COTTAGE HOSPITAL

New Primary Care Practice Building

INCOME STATEMENT

Table 3B

PROJECT ONLY

	2021	2022		2022		2023		Proposed Yr 2		Proposed Yr 2		Proposed Yr 3	
	Actual	Budget	% change	Actual/Projection	% change	Budget 2023 App	% change	2024	% change	2025	% change	2026	% change
REVENUES													
INPATIENT CARE REVENUE								-	0.0%	-	0.0%	-	0.0%
OUTPATIENT CARE REVENUE								-	0.0%	-	0.0%	-	0.0%
OUTPATIENT CARE REVENUE - PHYSICIAN								-	0.0%	-	0.0%	1,432,648	0.0%
CHRONIC/SNF PT CARE REVENUE								-	0.0%	-	0.0%	-	0.0%
SWING BEDS PT CARE REVENUE								-	0.0%	-	0.0%	-	0.0%
GROSS PATIENT CARE REVENUE								-	0.0%	-	0.0%	1,432,648	0.0%
DISPROPORTIONATE SHARE PAYMENTS								-	0.0%	-	0.0%	-	0.0%
BAD DEBT FREE CARE								-	0.0%	-	0.0%	(23,700)	0.0%
DEDUCTIONS FROM REVENUE								-	0.0%	-	0.0%	(286,282)	0.0%
								-	0.0%	-	0.0%	-	0.0%
NET PATIENT CARE REVENUE								-	0.0%	-	0.0%	1,122,666	0.0%
FIXED PROSPECTIVE PAYMENTS AND RESERVES								-	0.0%	-	0.0%	-	0.0%
NET PATIENT CARE REV & FIXED PAYMENTS & RESERVES								-	0.0%	-	0.0%	1,122,666	0.0%
OTHER OPERATING REVENUE								-	0.0%	-	0.0%	-	0.0%
TOTAL OPERATING REVENUE								-	0.0%	-	0.0%	1,122,666	0.0%
OPERATING EXPENSE													
SALARIES NON MD								-	0.0%	-	0.0%	121,788	0.0%
FRINGE BENEFITS NON MD								-	0.0%	-	0.0%	41,721	0.0%
FRINGE BENEFITS MD								-	0.0%	-	0.0%	-	0.0%
PHYSICIAN FEES & SALARIES								-	0.0%	-	0.0%	-	0.0%
HEALTH CARE PROVIDER TAX								-	0.0%	-	0.0%	-	0.0%
DEPRECIATION AMORTIZATION								-	0.0%	-	0.0%	574,590	0.0%
INTEREST - LONG/SHORT TERM								-	0.0%	-	0.0%	115,854	0.0%
OTHER OPERATING EXPENSE								-	0.0%	-	0.0%	-	0.0%
TOTAL OPERATING EXPENSE								-	0.0%	-	0.0%	853,953	0.0%
NET OPERATING INCOME (LOSS)								-	0.0%	-	0.0%	268,713	0.0%
NON-OPERATING REVENUE								4,285,714	0.0%	8,571,429	100.0%	2,142,857	-75.0%
EXCESS (DEFICIT) OF REVENUE OVER EXPENSE								4,285,714	0.0%	8,571,429	100.0%	2,411,570	-71.9%

Proposed Years Must change from Current Budget

GRACE COTTAGE HOSPITAL

New Primary Care Practice Building

Note: This table requires no "fill-in" as it is populated automatically

INCOME STATEMENT

Table 3C

WITH PROJECT

Proposed Years Must change from Current Budget

	2021	2022		2022		2023		Proposed Yr 1		Proposed Yr 2		Proposed Yr 3	
	Actual	Budget	% change	Actual/Projection	% change	Budget 2023 App	% change	2024	% change	2025	% change	2026	% change
REVENUES													
INPATIENT CARE REVENUE	1,360,155	1,571,257	15.5%	1,669,452	6.2%	1,803,437	8.0%	1,866,557	3.5%	1,931,887	3.5%	1,999,503	3.5%
OUTPATIENT CARE REVENUE	20,162,247	19,429,509	-3.6%	23,490,457	20.9%	23,533,254	0.2%	24,356,918	3.5%	25,209,410	3.5%	26,091,739	3.5%
OUTPATIENT CARE REVENUE - PHYSICIAN	5,557,616	5,462,035	-1.7%	5,903,828	8.1%	7,016,933	18.9%	7,262,526	3.5%	7,516,714	3.5%	9,212,447	22.6%
CHRONIC/SNF PT CARE REVENUE	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
SWING BEDS PT CARE REVENUE	7,318,052	7,926,760	8.3%	7,716,191	-2.7%	7,667,214	-0.6%	7,935,566	3.5%	8,213,311	3.5%	8,500,777	3.5%
GROSS PATIENT CARE REVENUE	34,398,070	34,389,561	0.0%	38,779,928	12.8%	40,020,838	3.2%	41,421,567	3.5%	42,871,322	3.5%	45,804,466	6.8%
DISPROPORTIONATE SHARE PAYMENTS	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
BAD DEBT FREE CARE	(1,019,072)	(969,357)	-4.9%	(1,136,936)	17.3%	(854,615)	-24.8%	(884,527)	3.5%	(915,485)	3.5%	(971,227)	6.1%
DEDUCTIONS FROM REVENUE	(12,792,803)	(11,348,174)	-11.3%	(14,523,943)	28.0%	(13,790,968)	-5.0%	(14,273,652)	3.5%	(14,773,230)	3.5%	(15,576,575)	5.4%
	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
NET PATIENT CARE REVENUE	20,586,195	22,072,030	7.2%	23,119,049	4.7%	25,375,255	9.8%	26,263,388	3.5%	27,182,607	3.5%	29,256,664	7.6%
FIXED PROSPECTIVE PAYMENTS AND RESERVES	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
NET PATIENT CARE REV & FIXED PAYMENTS & RESERVES	20,586,195	22,072,030	7.2%	23,119,049	4.7%	25,375,255	9.8%	26,263,388	3.5%	27,182,607	3.5%	29,256,664	7.6%
OTHER OPERATING REVENUE	4,632,980	1,275,331	-72.5%	1,065,230	-16.5%	1,082,666	1.6%	1,120,559	3.5%	1,159,779	3.5%	1,200,371	3.5%
TOTAL OPERATING REVENUE	25,219,175	23,347,361	-7.4%	24,184,279	3.6%	26,457,921	9.4%	27,383,947	3.5%	28,342,386	3.5%	30,457,035	7.5%
OPERATING EXPENSE													
SALARIES NON MD	11,703,230	12,223,891	4.4%	12,687,446	3.8%	13,707,423	8.0%	14,118,646	3.0%	14,542,205	3.0%	15,100,259	3.8%
FRINGE BENEFITS NON MD	3,245,548	4,380,305	35.0%	3,889,317	-11.2%	4,529,967	16.5%	4,711,165	4.0%	4,899,612	4.0%	5,137,318	4.9%
FRINGE BENEFITS MD	1,739,785	1,466,048	-15.7%	1,693,912	15.5%	1,866,201	10.2%	1,922,187	3.0%	1,979,853	3.0%	2,039,248	3.0%
PHYSICIAN FEES & SALARIES	324,936	305,892	-5.9%	316,667	3.5%	382,109	20.7%	397,393	4.0%	413,289	4.0%	429,821	4.0%
HEALTH CARE PROVIDER TAX	607,935	733,091	20.6%	851,820	16.2%	951,124	11.7%	984,413	3.5%	1,018,868	3.5%	1,054,528	3.5%
DEPRECIATION AMORTIZATION	768,519	895,131	16.5%	874,843	-2.3%	1,010,356	15.5%	958,051	-5.2%	898,825	-6.2%	1,397,749	55.5%
INTEREST - LONG/SHORT TERM	86,528	113,559	31.2%	67,327	-40.7%	68,741	2.1%	70,460	2.5%	72,221	2.5%	189,881	162.9%
OTHER OPERATING EXPENSE	4,719,183	4,400,968	-6.7%	6,032,012	37.1%	4,928,326	-18.3%	5,076,175	3.0%	5,228,461	3.0%	5,385,314	3.0%
TOTAL OPERATING EXPENSE	23,195,664	24,518,885	5.7%	26,413,344	7.7%	27,444,247	3.9%	28,238,490	2.9%	29,053,334	2.9%	30,734,118	5.8%
NET OPERATING INCOME (LOSS)	2,023,511	(1,171,524)	-157.9%	(2,229,065)	90.3%	(986,326)	-55.8%	(854,543)	-13.4%	(710,948)	-16.8%	(277,083)	-61.0%
NON-OPERATING REVENUE	2,736,107	937,423	-65.7%	(237,677)	-125.4%	1,192,676	-601.8%	5,478,390	359.3%	9,764,105	78.2%	3,335,533	-65.8%
EXCESS (DEFICIT) OF REVENUE OVER EXPENSE	4,759,618	(234,101)	-104.9%	(2,466,742)	953.7%	206,350	-108.4%	4,623,847	2140.8%	9,053,157	95.8%	3,058,450	-66.2%

Operating Margin %	8.0%	-5.0%	-9.2%	-3.7%	-3.1%	-2.5%	-0.9%
Bad Debt & Free Care%	3.0%	2.8%	2.9%	2.1%	2.1%	2.1%	2.1%
Compensation Ratio	73.3%	74.9%	70.4%	74.6%	74.9%	75.2%	73.9%
Capital Cost % of Total Expenses	3.7%	4.1%	3.6%	3.9%	3.6%	3.3%	5.2%

GRACE COTTAGE HOSPITAL

New Primary Care Practice Building

Balance Sheet

WITHOUT PROJECT — **Proposed Years Must change from Current Budget**

	2021 Actual	2022 Budget	% change	2022	% change	2023 Budget	% change	2024 Proposed Year 1	% change	2025 Proposed Year 2	% change	2026 Proposed Year 3	% change
ASSETS													
CURRENT ASSETS													
CASH & INVESTMENTS	8,857,628	2,918,436	-67.1%	2,093,296	-28.3%	1,508,469	-27.9%	1,857,744	23.2%	2,401,859	29.3%	2,672,492.00	11.3%
PATIENT ACCOUNTS RECEIVABLE, GROSS	3,083,654	2,943,036	-4.6%	3,006,287	2.1%	3,163,469	5.2%	3,274,190	3.5%	3,388,787	3.5%	3,507,395.00	3.5%
LESS: ALLOWANCE FOR UNCOLLECTIBLE ACCTS	(686,211)	(656,730)	-4.3%	(702,877)	7.0%	(712,208)	1.3%	(737,135)	3.5%	(762,935)	3.5%	(789,638.00)	3.5%
DUE FROM THIRD PARTIES	-	407,559	0.0%	-	0.0%	635,170	0.0%	657,401	3.5%	680,410	3.5%	704,224.00	3.5%
ACO RISK RESERVE/SETTLEMENT RECEIVABLE	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
OTHER CURRENT ASSETS	695,177	1,168,415	68.1%	813,593	-30.4%	925,399	13.7%	957,788	3.5%	991,311	3.5%	1,026,006.00	3.5%
TOTAL CURRENT ASSETS	11,950,248	6,780,716	-43.3%	5,210,299	-23.2%	5,520,299	5.9%	6,009,988	8.9%	6,699,432	11.5%	7,120,479	6.3%
BOARD DESIGNATED ASSETS					0.0%		0.0%	-	0.0%	-	0.0%	-	0.0%
FUNDED DEPRECIATION	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
ESCROWED BOND FUNDS	56,300	-	-100.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
OTHER	6,443,444	6,491,438	0.7%	4,791,422	-26.2%	6,378,314	33.1%	6,569,663	3.0%	6,766,753	0.0%	6,969,757	0.0%
TOTAL BOARD DESIGNATED ASSETS	6,499,744	6,491,438	-0.1%	4,791,422	-26.2%	6,378,314	33.1%	6,569,663	3.0%	6,766,753	3.0%	6,969,757	3.0%
PROPERTY, PLANT, AND EQUIPMENT													
LAND, BUILDINGS & IMPROVEMENTS	8,847,435	9,420,456	6.5%	9,072,919	-3.7%	9,971,162	9.9%	10,241,762	2.7%	10,398,362	1.5%	11,185,362	7.6%
CONSTRUCTION IN PROGRESS	122,912	-	-100.0%	489,012	0.0%	-	-100.0%	-	0.0%	-	0.0%	-	0.0%
MAJOR MOVABLE EQUIPMENT	7,316,812	8,807,380	20.4%	6,887,146	-21.8%	8,577,024	24.5%	8,779,244	2.4%	8,965,244	2.1%	9,151,244	2.1%
FIXED EQUIPMENT	719,112	719,112	0.0%	432,173	-39.9%	719,112	66.4%	719,112	0.0%	719,112	0.0%	719,112	0.0%
TOTAL PROPERTY, PLANT AND EQUIPMENT	17,006,271	18,946,948	11.4%	16,881,250	-10.9%	19,267,298	14.1%	19,740,118	2.5%	20,082,718	1.7%	21,055,718	4.8%
LESS: ACCUMULATED DEPRECIATION													
LAND, BUILDINGS & IMPROVEMENTS	(6,875,811)	(7,254,257)	5.5%	(7,261,677)	0.1%	(7,733,688)	6.5%	(8,144,863)	5.3%	(8,535,124)	4.8%	(8,955,037)	4.9%
EQUIPMENT - FIXED	(601,890)	(616,579)	2.4%	(324,489)	-47.4%	(629,846)	94.1%	(673,928)	7.0%	(718,010)	6.5%	(762,092)	6.1%
EQUIPMENT - MAJOR MOVEABLE	(5,507,468)	(7,030,799)	27.7%	(4,977,726)	-29.2%	(6,546,679)	31.5%	(7,049,473)	7.7%	(7,513,954)	6.6%	(7,873,117)	4.8%
TOTAL ACCUMULATED DEPRECIATION	(12,985,169)	(14,901,635)	14.8%	(12,563,892)	-15.7%	(14,910,213)	18.7%	(15,868,264)	6.4%	(16,767,088)	5.7%	(17,590,246)	4.9%
TOTAL PROPERTY, PLANT AND EQUIPMENT, NET	4,021,102	4,045,313	0.6%	4,317,358	6.7%	4,357,085	0.9%	3,871,854	-11.1%	3,315,630	-14.4%	3,465,472	4.5%
OTHER LONG-TERM ASSETS	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
TOTAL ASSETS	**22,471,094**	**17,317,467**	-22.9%	**14,319,079**	-17.3%	**16,255,698**	13.5%	**16,451,505**	1.2%	**16,781,815**	2.0%	**17,555,708**	4.6%
LIABILITIES AND FUND BALANCE													
CURRENT LIABILITIES													
ACCOUNTS PAYABLE	349,398	476,930	36.5%	328,577	-31.1%	499,426	52.0%	514,409	56.6%	529,841	3.0%	545,736	3.0%
CURRENT LIABILITIES COVID-19	2,331,306	471,340	-79.8%	572,671	21.5%	-	-100.0%	-	-100.0%	-	0.0%	-	0.0%

GRACE COTTAGE HOSPITAL

SALARIES, WAGES AND PAYROLL TAXES PAYAB	1,140,068	1,010,206	-11.4%	1,251,645	23.9%	1,196,595	-4.4%	1,232,493	-1.5%	1,269,468	3.0%	1,307,552	3.0%
ESTIMATED THIRD-PARTY SETTLEMENTS	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
OTHER CURRENT LIABILITIES	637,165	760,333	19.3%	597,834	-21.4%	682,596	14.2%	703,074	17.6%	724,166	3.0%	745,891	3.0%
CURRENT PORTION OF LONG-TERM DEBT	555,423	395,820	-28.7%	399,338	0.9%	391,383	-2.0%	275,455	-31.0%	102,112	-62.9%	98,103	-3.9%
TOTAL CURRENT LIABILITIES	5,013,360	3,114,629	-37.9%	3,150,065	1.1%	2,770,000	-12.1%	2,725,431	-13.5%	2,625,587	-3.7%	2,697,282	2.7%
LONG-TERM DEBT													
LONG TERM LIABILITIES COVID-19	3,487,192	1,385,652	-60.3%	-	-100.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
BONDS & MORTGAGES PAYABLE	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
CAPITAL LEASE OBLIGATIONS	560,479	407,126	-27.4%	449,894	10.5%	249,415	-44.6%	245,295	-45.5%	213,793	-12.8%	289,819	35.6%
OTHER LONG-TERM DEBT	792,402	571,462	-27.9%	568,201	-0.6%	336,867	-40.7%	243,230	-57.2%	223,158	-8.3%	202,450	-9.3%
TOTAL LONG-TERM DEBT	1,352,881	978,588	-27.7%	1,018,095	4.0%	586,282	-42.4%	488,525	-52.0%	436,951	-10.6%	492,269	12.7%
OTHER NONCURRENT LIABILITIES	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
TOTAL LIABILITIES	**6,366,241**	**4,093,217**	-35.7%	**4,168,160**	1.8%	**3,356,282**	-19.5%	**3,213,956**	-22.9%	**3,062,538**	-4.7%	**3,189,551**	4.1%
FUND BALANCE	12,617,661	11,838,598	-6.2%	10,150,919	-14.3%	12,899,416	27.1%	13,237,549	30.4%	13,719,277	3.6%	14,366,157	4.7%
TOTAL LIABILITIES AND FUND BALANCE	**18,983,902**	**15,931,815**	-16.1%	**14,319,079**	-10.1%	**16,255,698**	13.5%	**16,451,505**	14.9%	**16,781,815**	2.0%	**17,555,708**	4.6%

GRACE COTTAGE HOSPITAL

New Primary Care Practice Building

Balance Sheet

PROJECT ONLY

Proposed Years Must change from Current Budget

	2021	2022		2022		2023		2024		2025		2026	
	Actual	Budget	% change		% change	Budget	% change	Proposed Year 1	% change	Proposed Year 2	% change	Proposed Year 3	% change
ASSETS													
CURRENT ASSETS													
CASH & INVESTMENTS								-	0.0%	-	0.0%	766,990	0.0%
PATIENT ACCOUNTS RECEIVABLE, GROSS								-	0.0%	-	0.0%	-	0.0%
LESS: ALLOWANCE FOR UNCOLLECTIBLE ACCTS								-	0.0%	-	0.0%	-	0.0%
DUE FROM THIRD PARTIES								-	0.0%	-	0.0%	-	0.0%
ACO RISK RESERVE/SETTLEMENT RECEIVABLE								-	0.0%	-	0.0%	-	0.0%
OTHER CURRENT ASSETS								-	0.0%	-	0.0%	-	0.0%
TOTAL CURRENT ASSETS								-	0.0%	-	0.0%	766,990	0.0%
BOARD DESIGNATED ASSETS													
FUNDED DEPRECIATION								-	0.0%	-	0.0%	-	0.0%
ESCROWED BOND FUNDS								-	0.0%	-	0.0%	-	0.0%
OTHER								-	0.0%	-	0.0%	-	0.0%
TOTAL BOARD DESIGNATED ASSETS								-	0.0%	-	0.0%	-	0.0%
PROPERTY, PLANT, AND EQUIPMENT													
LAND, BUILDINGS & IMPROVEMENTS								-	0.0%	-	0.0%	19,152,993	0.0%
CONSTRUCTION IN PROGRESS								5,472,284	0.0%	16,416,851	200.0%	-	-100.0%
MAJOR MOVABLE EQUIPMENT								-	0.0%	-	0.0%	-	0.0%
FIXED EQUIPMENT								-	0.0%	-	0.0%	-	0.0%
TOTAL PROPERTY, PLANT AND EQUIPMENT								5,472,284	0.0%	16,416,851	200.0%	19,152,993	16.7%
LESS: ACCUMULATED DEPRECIATION													
LAND, BUILDINGS & IMPROVEMENTS								-	0.0%	-	0.0%	(574,590)	0.0%
EQUIPMENT - FIXED								-	0.0%	-	0.0%	-	0.0%
EQUIPMENT - MAJOR MOVEABLE								-	0.0%	-	0.0%	-	0.0%
TOTAL ACCUMULATED DEPRECIATION								-	0.0%	-	0.0%	(574,590)	0.0%
TOTAL PROPERTY, PLANT AND EQUIPMENT, NET								5,472,284	0.0%	16,416,851	200.0%	18,578,403	13.2%
OTHER LONG-TERM ASSETS								-	0.0%	-	0.0%	-	0.0%
TOTAL ASSETS								**5,472,284**	0.0%	**16,416,851**	200.0%	**19,345,393**	17.8%
LIABILITIES AND FUND BALANCE													
CURRENT LIABILITIES													

GRACE COTTAGE HOSPITAL

ACCOUNTS PAYABLE			-	0.0%	-	0.0%	-	0.0%
CURRENT LIABILITIES COVID-19			-	0.0%	-	0.0%	-	0.0%
SALARIES, WAGES AND PAYROLL TAXES PAYABLE			-	0.0%	-	0.0%	-	0.0%
ESTIMATED THIRD-PARTY SETTLEMENTS			-	0.0%	-	0.0%	-	0.0%
OTHER CURRENT LIABILITIES			-	0.0%	-	0.0%	-	0.0%
CURRENT PORTION OF LONG-TERM DEBT			-	0.0%	-	0.0%	105,141	0.0%
TOTAL CURRENT LIABILITIES	-	-	-	0.0%	-	0.0%	105,141	0.0%
LONG-TERM DEBT								
LONG TERM LIABILITIES COVID-19			-	0.0%	-	0.0%	-	0.0%
BONDS & MORTGAGES PAYABLE			-	0.0%	-	0.0%	-	0.0%
CAPITAL LEASE OBLIGATIONS			-	0.0%	-	0.0%	3,971,539	0.0%
OTHER LONG-TERM DEBT			1,186,570	0.0%	3,559,708	200.0%	-	-100.0%
TOTAL LONG-TERM DEBT	-	-	1,186,570	0.0%	3,559,708	200.0%	3,971,539	11.6%
OTHER NONCURRENT LIABILITIES			-	0.0%	-	0.0%	-	0.0%
TOTAL LIABILITIES	**-**	**-**	**1,186,570**	0.0%	**3,559,708**	200.0%	**4,076,680**	14.5%
FUND BALANCE			4,285,714	0.0%	12,857,143	200.0%	15,268,713	18.8%
TOTAL LIABILITIES AND FUND BALANCE	**-**	**-**	**5,472,284**	0.0%	**16,416,851**	200.0%	**19,345,393**	17.8%

GRACE COTTAGE HOSPITAL

New Primary Care Practice Building

Note: This table requires no "fill-in" as it is populated automatically

Balance Sheet

WITH PROJECT

Proposed Years Must change from Current Budget

	2021 Actual	2022 Budget	% change	2022	% change	2023 Budget	% change	2024 Proposed Year 1	% change	2025 Proposed Year 2	% change	2026 Proposed Year 3	% change
ASSETS													
CURRENT ASSETS													
CASH & INVESTMENTS	8,857,628	2,918,436	-67.1%	2,093,296	-28.3%	1,508,469	-27.9%	1,857,744	23.2%	2,401,859	29.3%	3,439,482	43.2%
PATIENT ACCOUNTS RECEIVABLE, GROSS	3,083,654	2,943,036	-4.6%	3,006,287	2.1%	3,163,469	5.2%	3,274,190	3.5%	3,388,787	3.5%	3,507,395	3.5%
LESS: ALLOWANCE FOR UNCOLLECTIBLE ACCTS	(686,211)	(656,730)	-4.3%	(702,877)	7.0%	(712,208)	1.3%	(737,135)	3.5%	(762,935)	3.5%	(789,638)	3.5%
DUE FROM THIRD PARTIES	-	407,559	0.0%	-	-100.0%	635,170	0.0%	657,401	3.5%	680,410	3.5%	704,224	3.5%
ACO RISK RESERVE/SETTLEMENT RECEIVABLE	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
OTHER CURRENT ASSETS	695,177	1,168,415	68.1%	813,593	-30.4%	925,399	13.7%	957,788	3.5%	991,311	3.5%	1,026,006	3.5%
TOTAL CURRENT ASSETS	11,950,248	6,780,716	-43.3%	5,210,299	-23.2%	5,520,299	5.9%	6,009,988	8.9%	6,699,432	11.5%	7,887,469	17.7%
BOARD DESIGNATED ASSETS													
FUNDED DEPRECIATION	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
ESCROWED BOND FUNDS	56,300	-	-100.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
OTHER	6,443,444	6,491,438	0.7%	4,791,422	-26.2%	6,378,314	33.1%	6,569,663	3.0%	6,766,753	3.0%	6,969,757	3.0%
TOTAL BOARD DESIGNATED ASSETS	6,499,744	6,491,438	-0.1%	4,791,422	-26.2%	6,378,314	33.1%	6,569,663	3.0%	6,766,753	3.0%	6,969,757	3.0%
PROPERTY, PLANT, AND EQUIPMENT													
LAND, BUILDINGS & IMPROVEMENTS	8,847,435	9,420,456	6.5%	9,072,919	-3.7%	9,971,162	9.9%	10,241,762	2.7%	10,398,362	1.5%	30,338,355	191.8%
CONSTRUCTION IN PROGRESS	122,912	-	-100.0%	489,012	0.0%	-	-100.0%	5,472,284	0.0%	16,416,851	200.0%	-	-100.0%
MAJOR MOVABLE EQUIPMENT	7,316,812	8,807,380	20.4%	6,887,146	-21.8%	8,577,024	24.5%	8,779,244	2.4%	8,965,244	2.1%	9,151,244	2.1%
FIXED EQUIPMENT	719,112	719,112	0.0%	432,173	-39.9%	719,112	66.4%	719,112	0.0%	719,112	0.0%	719,112	0.0%
TOTAL PROPERTY, PLANT AND EQUIPMENT	17,006,271	18,946,948	11.4%	16,881,250	-10.9%	19,267,298	14.1%	25,212,402	30.9%	36,499,569	44.8%	40,208,711	10.2%
LESS: ACCUMULATED DEPRECIATION													
LAND, BUILDINGS & IMPROVEMENTS	(6,875,811)	(7,254,257)	5.5%	(7,261,677)	0.1%	(7,733,688)	6.5%	(8,144,863)	5.3%	(8,535,124)	4.8%	(9,529,627)	11.7%
EQUIPMENT - FIXED	(601,890)	(616,579)	2.4%	(324,489)	-47.4%	(629,846)	94.1%	(673,928)	7.0%	(718,010)	6.5%	(762,092)	6.1%
EQUIPMENT - MAJOR MOVEABLE	(5,507,468)	(7,030,799)	27.7%	(4,977,726)	-29.2%	(6,546,679)	31.5%	(7,049,473)	7.7%	(7,513,954)	6.6%	(7,873,117)	4.8%
TOTAL ACCUMULATED DEPRECIATION	(12,985,169)	(14,901,635)	14.8%	(12,563,892)	-15.7%	(14,910,213)	18.7%	(15,868,264)	6.4%	(16,767,088)	5.7%	(18,164,836)	8.3%
TOTAL PROPERTY, PLANT AND EQUIPMENT, NET	4,021,102	4,045,313	0.6%	4,317,358	6.7%	4,357,085	0.9%	9,344,138	114.5%	19,732,481	111.2%	22,043,875	11.7%
OTHER LONG-TERM ASSETS	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
TOTAL ASSETS	**22,471,094**	**17,317,467**	-22.9%	**14,319,079**	-17.3%	**16,255,698**	13.5%	**21,923,789**	34.9%	**33,198,666**	51.4%	**36,901,101**	11.2%
LIABILITIES AND FUND BALANCE													
CURRENT LIABILITIES													

GRACE COTTAGE HOSPITAL

ACCOUNTS PAYABLE	349,398	476,930	36.5%	328,577	-31.1%	499,426	52.0%	514,409	56.6%	529,841	3.0%	545,736	3.0%
CURRENT LIABILITIES COVID-19	2,331,306	471,340	-79.8%	572,671	21.5%	-	-100.0%	-	-100.0%	-	0.0%	-	0.0%
SALARIES, WAGES AND PAYROLL TAXES PAYAB	1,140,068	1,010,206	-11.4%	1,251,645	23.9%	1,196,595	-4.4%	1,232,493	-1.5%	1,269,468	3.0%	1,307,552	3.0%
ESTIMATED THIRD-PARTY SETTLEMENTS	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
OTHER CURRENT LIABILITIES	637,165	760,333	19.3%	597,834	-21.4%	682,596	14.2%	703,074	17.6%	724,166	3.0%	745,891	3.0%
CURRENT PORTION OF LONG-TERM DEBT	555,423	395,820	-28.7%	399,338	0.9%	391,383	-2.0%	275,455	-31.0%	102,112	-62.9%	203,244	99.0%
TOTAL CURRENT LIABILITIES	5,013,360	3,114,629	-37.9%	3,150,065	1.1%	2,770,000	-12.1%	2,725,431	-13.5%	2,625,587	-3.7%	2,802,423	6.7%
LONG-TERM DEBT													
LONG TERM LIABILITIES COVID-19	3,487,192	1,385,652	-60.3%	-	-100.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
BONDS & MORTGAGES PAYABLE	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
CAPITAL LEASE OBLIGATIONS	560,479	407,126	-27.4%	449,894	10.5%	249,415	-44.6%	245,295	-45.5%	213,793	-12.8%	4,261,358	1893.2%
OTHER LONG-TERM DEBT	792,402	571,462	-27.9%	568,201	-0.6%	336,867	-40.7%	1,429,800	151.6%	3,782,866	164.6%	202,450	-94.6%
TOTAL LONG-TERM DEBT	1,352,881	978,588	-27.7%	1,018,095	4.0%	586,282	-42.4%	1,675,095	64.5%	3,996,659	138.6%	4,463,808	11.7%
OTHER NONCURRENT LIABILITIES	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
TOTAL LIABILITIES	**6,366,241**	**4,093,217**	-35.7%	**4,168,160**	1.8%	**3,356,282**	-19.5%	**4,400,526**	5.6%	**6,622,246**	50.5%	**7,266,231**	9.7%
FUND BALANCE	12,617,661	11,838,598	-6.2%	10,150,919	-14.3%	12,899,416	27.1%	17,523,263	72.6%	26,576,420	51.7%	29,634,870	11.5%
TOTAL LIABILITIES AND FUND BALANCE	**18,983,902**	**15,931,815**	-16.1%	**14,319,079**	-10.1%	**16,255,698**	13.5%	**21,923,789**	53.1%	**33,198,666**	51.4%	**36,901,101**	11.2%

PLEASE PROVIDE ASSUMPTIONS

PROJECT NAME

PAYER PROJECTIONS--TABLE 6

	Proposed Yr 1 YYYY	Proposed Yr 2 YYYY	Proposed Yr 3 YYYY
Commercial			
Hospital			
Physician			
Total Revenue			
Allowances - Hospital			
Allowances - Physicians			
Free Care			
Bad Debt			
Net Payer Revenue			
Medicaid			
Hospital			
Physician			
Total Revenue			
Allowances - Hospital			
Allowances - Physicians			
Free Care			
Bad Debt			
Graduate Medical Education Payments_Phys.			
Graduate Medical Education Payments-Hosp			
Net Payer Revenue			
Medicare			
Hospital			
Physician			
Total Revenue			
Allowances - Hospital			
Allowances - Physicians			
Free Care			
Bad Debt			
Net Payer Revenue			
Disproportionate Share Payments			
Total Payer Revenue			
Hospital			
Physician			
Total Revenue			
Allowances - Hospital			
Allowances - Physicians			
Free Care			
Bad Debt			

Disproportionate Share Payments
Graduate Medical Education Payments_Phys.
Graduate Medical Education Payments-Hosp
Net Payer Revenue

NOTES:

GRACE COTTAGE HOSPITAL

New Primary Care Practice Building

PAYER REVENUE REPORT

WITHOUT PROJECT

Proposed Years Must change from Current Budget

	2021 Actual	2022 Budget	% change	2022	% change	2023 Budget	% change	2024 Proposed Year 1	% change	2025 Proposed Year 2	% change	2026 Proposed Year 3	% change
Commercial													
Hospital	10,365,519	10,229,855	-1.3%	12,888,482	26.0%	12,404,313	-3.8%	12,838,464	3.5%	13,287,810	3.5%	13,752,884	3.5%
Physician	2,386,500	2,346,745	-1.7%	2,658,926	13.3%	3,017,625	13.5%	3,123,242	3.5%	3,232,555	3.5%	3,345,695	3.5%
Total Revenue	12,752,019	12,576,600	-1.4%	15,547,408	23.6%	15,421,938	-0.8%	15,961,706	3.5%	16,520,365	3.5%	17,098,579	3.5%
Allowances - Hospital	(3,354,669)	(3,248,611)	-3.2%	(4,311,584)	32.7%	(4,136,487)	-4.1%	(4,318,524)	4.4%	(4,469,672)	3.5%	(4,626,111)	3.5%
Allowances - Physicians	(1,123,346)	(1,156,901)	3.0%	(966,304)	-16.5%	(1,111,477)	15.0%	(1,150,379)	3.5%	(1,190,642)	3.5%	(1,232,314)	3.5%
Free Care	(270,373)	(318,693)	17.9%	(361,581)	13.5%	(219,882)	-39.2%	(227,578)	3.5%	(235,543)	3.5%	(243,787)	3.5%
Bad Debt	(748,699)	(650,664)	-13.1%	(775,355)	19.2%	(634,733)	-18.1%	(656,949)	3.5%	(679,942)	3.5%	(703,740)	3.5%
Net Payer Revenue	7,214,339	7,165,694	-0.7%	8,988,984	25.4%	9,283,359	3.3%	9,608,276	3.5%	9,944,566	3.5%	10,292,627	3.5%
Fixed Prospective Payment & Reserves	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Total Net Payer Revenue & Fixed Prospective Payment	7,214,339	7,165,694	-0.7%	8,988,984	25.4%	9,283,359	3.3%	9,608,276	3.5%	9,944,566	3.5%	10,292,627	3.5%
Reimbursement Rate - Commercial	57%	57%		58%		60%		60%		60%		60%	
Payer Mix - Commercial	35%	32%		39%		37%		37%		37%		37%	
Medicaid													
Hospital	3,723,564	3,681,087	-1.1%	4,811,992	30.7%	5,040,137	4.7%	5,216,542	3.5%	5,399,121	3.5%	5,588,090	3.5%
Physician	1,430,595	1,234,394	-13.7%	1,580,170	28.0%	1,778,477	12.5%	1,840,724	3.5%	1,905,149	3.5%	1,971,829	3.5%
Total Revenue	5,154,159	4,915,481	-4.6%	6,392,162	30.0%	6,818,614	6.7%	7,057,266	3.5%	7,304,270	3.5%	7,559,919	3.5%
Allowances - Hospital	(2,993,999)	(2,960,870)	-1.1%	(3,844,903)	29.9%	(4,188,994)	8.9%	(4,335,609)	3.5%	(4,487,355)	3.5%	(4,644,413)	3.5%
Allowances - Physicians	(518,694)	(438,450)	-15.5%	(620,716)	41.6%	(752,950)	21.3%	(779,303)	3.5%	(806,579)	3.5%	(834,809)	3.5%
Free Care	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Bad Debt	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Graduate Medical Education Payments-Phys.	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Graduate Medical Education Payments-Hosp	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Net Payer Revenue	1,641,466	1,516,161	-7.6%	1,926,543	27.1%	1,876,670	-2.6%	1,942,354	3.5%	2,010,336	3.5%	2,080,697	3.5%
Fixed Prospective Payment & Reserves	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Total Net Payer Revenue & Fixed Prospective Payment	1,641,466	1,516,161	-7.6%	1,926,543	27.1%	1,876,670	-2.6%	1,942,354	3.5%	2,010,336	3.5%	2,080,697	3.5%
Reimbursement Rate - Medicaid	32%	31%		30%		28%		28%		28%		28%	
Payer Mix - Medicaid	8%	7%		8%		7%		7%		7%		7%	
Medicare													
Hospital	14,751,371	15,016,584	1.8%	15,175,626	1.1%	15,559,455	2.5%	16,104,035	3.5%	16,667,677	3.5%	17,251,045	3.5%
Physician	1,740,521	1,880,896	8.1%	1,664,732	-11.5%	2,220,831	33.4%	2,298,560	3.5%	2,379,010	3.5%	2,462,275	3.5%
Total Revenue	16,491,892	16,897,480	2.5%	16,840,358	-0.3%	17,780,286	5.6%	18,402,595	3.5%	19,046,687	3.5%	19,713,320	3.5%
Allowances - Hospital	(5,171,491)	(3,538,562)	-31.6%	(4,832,319)	36.6%	(3,994,339)	-17.3%	(4,134,141)	3.5%	(4,278,836)	3.5%	(4,428,595)	3.5%
Allowances - Physicians	409,989	31,257	-92.4%	195,483	525.4%	429,279	119.6%	444,304	3.5%	459,854	3.5%	475,949	3.5%
Free Care	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Bad Debt	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Net Payer Revenue	11,730,390	13,390,175	14.1%	12,203,522	-8.9%	14,215,226	16.5%	14,712,758	3.5%	15,227,705	3.5%	15,760,674	3.5%
Fixed Prospective Payment & Reserves	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	
Total Net Payer Revenue & Fixed Prospective Payment	11,730,390	13,390,175	14.1%	12,203,522	-8.9%	14,215,226	16.5%	14,712,758	3.5%	15,227,705	3.5%	15,760,674	
Reimbursement Rate - Medicare	71%	79%		72%		80%		80%		80%		80%	
Payer Mix - Medicare	57%	61%		53%		56%		56%		56%		56%	
Disproportionate Share Payments	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Total Payer Revenue													
Hospital	28,840,454	28,927,526	0.3%	32,876,100	13.6%	33,003,905	0.4%	34,159,041	3.5%	35,354,608	3.5%	36,592,019	3.5%
Physician	5,557,616	5,462,035	-1.7%	5,903,828	8.1%	7,016,933	18.9%	7,262,526	3.5%	7,516,714	3.5%	7,779,799	3.5%
Total Revenue	34,398,070	34,389,561	0.0%	38,779,928	12.8%	40,020,838	3.2%	41,421,567	3.5%	42,871,322	3.5%	44,371,818	3.5%
Allowances - Hospital	(11,560,731)	(9,784,043)	-15.4%	(13,132,406)	34.2%	(12,355,820)	-5.9%	(12,788,274)	3.5%	(13,235,863)	3.5%	(13,699,119)	3.5%
Allowances - Physicians	(1,232,072)	(1,564,131)	27.0%	(1,391,537)	-11.0%	(1,435,148)	3.1%	(1,485,378)	3.5%	(1,537,367)	3.5%	(1,591,174)	3.5%
Free Care	(270,373)	(318,693)	17.9%	(361,581)	13.5%	(219,882)	-39.2%	(227,578)	3.5%	(235,543)	3.5%	(243,787)	3.5%
Bad Debt	(748,699)	(650,664)	-13.1%	(775,355)	19.2%	(634,733)	-18.1%	(656,949)	3.5%	(679,942)	3.5%	(703,740)	3.5%
Disproportionate Share Payments	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Graduate Medical Education Payments_Phys.	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Graduate Medical Education Payments-Hosp	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Net Payer Revenue	20,586,195	22,072,030	7.2%	23,119,049	4.7%	25,375,255	9.8%	26,263,388	3.5%	27,182,607	3.5%	28,133,998	3.5%
Fixed Prospective Payment & Reserves	-	-		-		-							
Total Net Payer Revenue & Fixed Prospective Payment	20,586,195	22,072,030		23,119,049		25,375,255		26,263,388		27,182,607		28,133,998	
Reimbursement Rate - All Payers	60%	64%		60%		63%		63%		63%		63%	

GRACE COTTAGE HOSPITAL

New Primary Care Practice Building

PAYER REVENUE REPORT

PROJECT ONLY

Proposed Years Must change from Current Budget

	2021 Actual	2022 Budget	% change	2022	% change	2023 Budget	% change	2024 Proposed Year 1	% change	2025 Proposed Year 2	% change	2026 Proposed Year 3	% change
Commercial													
Hospital								-	0.0%	-	0.0%	-	0.0%
Physician								-	0.0%	-	0.0%	616,109	0.0%
Total Revenue								-	0.0%	-	0.0%	616,109	0.0%
Allowances - Hospital								-	0.0%	-	0.0%	-	0.0%
Allowances - Physicians								-	0.0%	-	0.0%	(220,198)	0.0%
Free Care								-	0.0%	-	0.0%	(6,172)	0.0%
Bad Debt								-	0.0%	-	0.0%	(17,528)	0.0%
Net Payer Revenue								-	0.0%	-	0.0%	372,211	0.0%
Fixed Prospective Payment & Reserves													
Total Net Payer Revenue & Fixed Prospective Payment								-		-		372,211	
Reimbursement Rate - Commercial								0%		0%		60%	
Payer Mix - Commercial								0%		0%		33%	
Medicaid													
Hospital								-	0.0%	-	0.0%	-	0.0%
Physician								-	0.0%	-	0.0%	363,112	0.0%
Total Revenue								-	0.0%	-	0.0%	363,112	0.0%
Allowances - Hospital								-	0.0%	-	0.0%	-	0.0%
Allowances - Physicians								-	0.0%	-	0.0%	(153,730)	0.0%
Free Care								-	0.0%	-	0.0%	-	0.0%
Bad Debt								-	0.0%	-	0.0%	-	0.0%
Graduate Medical Education Payments-Phys.								-	0.0%	-	0.0%	-	0.0%
Graduate Medical Education Payments-Hosp								-	0.0%	-	0.0%	-	0.0%
Net Payer Revenue								-	0.0%	-	0.0%	209,382	0.0%
Fixed Prospective Payment & Reserves													
Total Net Payer Revenue & Fixed Prospective Payment								-		-		209,382	
Reimbursement Rate - Medicaid								0%		0%		58%	
Payer Mix - Medicaid								0%		0%		19%	
Medicare													
Hospital								-	0.0%	-	0.0%	-	0.0%
Physician								-	0.0%	-	0.0%	453,427	0.0%
Total Revenue								-	0.0%	-	0.0%	453,427	0.0%
									0.0%		0.0%		0.0%
Allowances - Hospital								-	0.0%	-	0.0%	-	0.0%
Allowances - Physicians								-	0.0%	-	0.0%	87,646	0.0%
Free Care								-	0.0%	-	0.0%	-	0.0%
Bad Debt								-	0.0%	-	0.0%	-	0.0%
Net Payer Revenue								-	0.0%	-	0.0%	541,073	0.0%
Fixed Prospective Payment & Reserves													
Total Net Payer Revenue & Fixed Prospective Payment								-		-		541,073	
Reimbursement Rate - Medicare								0%		0%		119%	
Payer Mix - Medicare								0%		0%		48%	
Disproportionate Share Payments								-	0.0%	-	0.0%	-	0.0%
Total Payer Revenue													
Hospital								-	0.0%	-	0.0%	-	0.0%
Physician								-	0.0%	-	0.0%	1,432,648	0.0%
Total Revenue								-	0.0%	-	0.0%	1,432,648	0.0%
Allowances - Hospital								-	0.0%	-	0.0%	-	0.0%
Allowances - Physicians								-	0.0%	-	0.0%	(286,282)	0.0%
Free Care								-	0.0%	-	0.0%	(23,700)	0.0%
Bad Debt								-	0.0%	-	0.0%	-	0.0%
Disproportionate Share Payments								-	0.0%	-	0.0%	-	0.0%
Graduate Medical Education Payments-Phys.								-	0.0%	-	0.0%	-	0.0%
Graduate Medical Education Payments-Hosp								-	0.0%	-	0.0%	-	0.0%
Net Payer Revenue								-	0.0%	-	0.0%	1,122,666	0.0%
Fixed Prospective Payment & Reserves													
Total Net Payer Revenue & Fixed Prospective Payment								-		-		1,122,666	
Reimbursement Rate - All Payers								0%		0%		78%	

GRACE COTTAGE HOSPITAL

New Primary Care Practice Building

Note: This table requires no "fill-in" as it is populated automatically

PAYER REVENUE REPORT

WITH PROJECT

Proposed Years Must change from Current Budget

	2021 Actual	2022 Budget	% change	2022	% change	2023 Budget	% change	2024 Proposed Year 1	% change	2025 Proposed Year 2	% change	2026 Proposed Year 3	% change
Commercial													
Hospital	10,365,519	10,229,855	-1.3%	12,888,482	26.0%	12,404,313	-3.8%	12,838,464	3.5%	13,287,810	3.5%	13,752,884	3.5%
Physician	2,386,500	2,346,745	-1.7%	2,658,926	13.3%	3,017,625	13.5%	3,123,242	3.5%	3,232,555	3.5%	3,961,804	22.6%
Total Revenue	12,752,019	12,576,600	-1.4%	15,547,408	23.6%	15,421,938	-0.8%	15,961,706	3.5%	16,520,365	3.5%	17,714,688	7.2%
Allowances - Hospital	(3,354,669)	(3,248,611)	-3.2%	(4,311,584)	32.7%	(4,136,487)	-4.1%	(4,318,524)	4.4%	(4,469,672)	3.5%	(4,626,111)	3.5%
Allowances - Physicians	(1,123,346)	(1,156,901)	3.0%	(966,304)	-16.5%	(1,111,477)	15.0%	(1,150,379)	3.5%	(1,190,642)	3.5%	(1,452,512)	22.0%
Free Care	(270,373)	(318,693)	17.9%	(361,581)	13.5%	(219,882)	-39.2%	(227,578)	3.5%	(235,543)	3.5%	(249,959)	6.1%
Bad Debt	(748,699)	(650,664)	-13.1%	(775,355)	19.2%	(634,733)	-18.1%	(656,949)	3.5%	(679,942)	3.5%	(721,268)	6.1%
Net Payer Revenue	7,214,339	7,165,694	-0.7%	8,988,984	25.4%	9,283,359	3.3%	9,608,276	3.5%	9,944,566	3.5%	10,664,838	7.2%
Fixed Prospective Payment & Reserves	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Total Net Payer Revenue & Fixed Prospective Payment	7,214,339	7,165,694	-0.7%	8,988,984	25.4%	9,283,359	3.3%	9,608,276	3.5%	9,944,566	3.5%	10,664,838	0
Reimbursement Rate - Commercial	57%	57%		58%		60%		60%		60%		60%	
Payer Mix - Commercial	35%	32%		39%		37%		37%		37%		36%	
Medicaid													
Hospital	3,723,564	3,681,087	-1.1%	4,811,992	30.7%	5,040,137	4.7%	5,216,542	3.5%	5,399,121	3.5%	5,588,090	3.5%
Physician	1,430,595	1,234,394	-13.7%	1,580,170	28.0%	1,778,477	12.5%	1,840,724	3.5%	1,905,149	3.5%	2,334,941	22.6%
Total Revenue	5,154,159	4,915,481	-4.6%	6,392,162	30.0%	6,818,614	6.7%	7,057,266	3.5%	7,304,270	3.5%	7,923,031	8.5%
Allowances - Hospital	(2,993,999)	(2,960,870)	-1.1%	(3,844,903)	29.9%	(4,188,994)	8.9%	(4,335,609)	3.5%	(4,487,355)	3.5%	(4,644,413)	3.5%
Allowances - Physicians	(518,694)	(438,450)	-15.5%	(620,716)	41.6%	(752,950)	21.3%	(779,303)	3.5%	(806,579)	3.5%	(988,539)	22.6%
Free Care	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Bad Debt	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Graduate Medical Education Payments-Phys.	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Graduate Medical Education Payments-Hosp	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Net Payer Revenue	1,641,466	1,516,161	-7.6%	1,926,543	27.1%	1,876,670	-2.6%	1,942,354	3.5%	2,010,336	3.5%	2,290,079	13.9%
Fixed Prospective Payment & Reserves	-	-		-		-		-		-		-	
Total Net Payer Revenue & Fixed Prospective Payment	1,641,466	1,516,161		1,926,543		1,876,670		1,942,354		2,010,336		2,290,079	
Reimbursement Rate - Medicaid	32%	31%		30%		28%		28%		28%		29%	
Payer Mix - Medicaid	8%	7%		8%		7%		7%		7%		8%	
Medicare													
Hospital	14,751,371	15,016,584	1.8%	15,175,626	1.1%	15,559,455	2.5%	16,104,035	3.5%	16,667,677	3.5%	17,251,045	3.5%
Physician	1,740,521	1,880,896	8.1%	1,664,732	-11.5%	2,220,831	33.4%	2,298,560	3.5%	2,379,010	3.5%	2,915,702	22.6%
Total Revenue	16,491,892	16,897,480	2.5%	16,840,358	-0.3%	17,780,286	5.6%	18,402,595	3.5%	19,046,687	3.5%	20,166,747	5.9%
Allowances - Hospital	(5,171,491)	(3,538,562)	-31.6%	(4,832,319)	36.6%	(3,994,339)	-17.3%	(4,134,141)	3.5%	(4,278,836)	3.5%	(4,428,595)	3.5%
Allowances - Physicians	409,989	31,257	-92.4%	195,483	525.4%	429,279	119.6%	444,304	3.5%	459,854	3.5%	563,595	22.6%
Free Care	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Bad Debt	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Net Payer Revenue	11,730,390	13,390,175	14.1%	12,203,522	-8.9%	14,215,226	16.5%	14,712,758	3.5%	15,227,705	3.5%	16,301,747	7.1%
Fixed Prospective Payment & Reserves	-	-		-		-		-		-		-	
Total Net Payer Revenue & Fixed Prospective Payment	11,730,390	13,390,175		12,203,522		14,215,226		14,712,758		15,227,705		16,301,747	
Reimbursement Rate - Medicare	71%	79%		72%		80%		80%		80%		81%	
Payer Mix - Medicare	57%	61%		53%		56%		56%		56%		56%	
Disproportionate Share Payments	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Total Payer Revenue													
Hospital	28,840,454	28,927,526	0.3%	32,876,100	13.6%	33,003,905	0.4%	34,159,041	3.5%	35,354,608	3.5%	36,592,019	3.5%
Physician	5,557,616	5,462,035	-1.7%	5,903,828	8.1%	7,016,933	18.9%	7,262,526	3.5%	7,516,714	3.5%	9,212,447	22.6%
Total Revenue	34,398,070	34,389,561	0.0%	38,779,928	12.8%	40,020,838	3.2%	41,421,567	3.5%	42,871,322	3.5%	45,804,466	6.8%
Allowances - Hospital	(11,560,731)	(9,784,043)	-15.4%	(13,132,406)	34.2%	(12,355,820)	-5.9%	(12,788,274)	3.5%	(13,235,863)	3.5%	(13,699,119)	3.5%
Allowances - Physicians	(1,232,072)	(1,564,131)	27.0%	(1,391,537)	-11.0%	(1,435,148)	3.1%	(1,485,378)	3.5%	(1,537,367)	3.5%	(1,877,456)	22.1%
Free Care	(270,373)	(318,693)	17.9%	(361,581)	13.5%	(219,882)	-39.2%	(227,578)	3.5%	(235,543)	3.5%	(267,487)	13.6%
Bad Debt	(748,699)	(650,664)	-13.1%	(775,355)	19.2%	(634,733)	-18.1%	(656,949)	3.5%	(679,942)	3.5%	(703,740)	3.5%
Disproportionate Share Payments	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Graduate Medical Education Payments-Phys.	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Graduate Medical Education Payments-Hosp	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Net Payer Revenue	20,586,195	22,072,030	7.2%	23,119,049	4.7%	25,375,255	9.8%	26,263,388	3.5%	27,182,607	3.5%	29,256,664	7.6%
Fixed Prospective Payment & Reserves	-	-		-		-		-		-		-	
Total Net Payer Revenue & Fixed Prospective Payment	20,586,195	22,072,030		23,119,049		25,375,255		26,263,388		27,182,607		29,256,664	
Reimbursement Rate - All Payers	60%	64%		60%		63%		63%		63%		64%	

PLEASE PROVIDE ASSUMPTIONS

New Primary Care Practice Building
UTILIZATION PROJECTIONS--TABLE 7

	Proposed YYYY	Proposed YYYY	Proposed Yr 3 YYYY
Inpatient Utilization			
Acute Beds (Staffed)			
Acute Admissions			
Acute Patient Days			
Acute Average Length Of Stay			
Outpatient			
All Outpatient Visits			
Operating Room Procedure			
Operating Room Cases			
Physician Office Visits			
Ancillary			
All Operating Room Procedure			
Emergency Room Visits			
Cat Scan Procedures			
Magnetic Resonance Image Exams			
Nuclear Medicine Procedures			
Radiology - Diagnostic Procedures			
Laboratory Tests			
Adjusted Statistics			
Adjusted Admissions			
Adjusted Days			

NOTES:

Grace Cottage Hospital

New Primary Care Practice Building

UTILIZATION PROJECTIONS--TABLE 7

	WITHOUT PROJECT							Proposed Years Must change from Current Budget					
	2021 Actual	2022 Budget	% change	2022	% change	2023 Budget	% change	Proposed Yr 1 2024	% change	Proposed Yr 2 2025	% change	Proposed Yr 3 2026	% change
Inpatient Utilization													
Acute Beds (Staffed)	7	7	0.0%	7	0.0%	7	0.0%	7	0.0%	7	0.0%	7	0.0%
Acute Admissions	93	91	-2.2%	104	14.3%	111	6.7%	111	0.0%	111	0.0%	111	0.0%
Acute Patient Days	264	285	8.0%	375	31.6%	393	4.8%	393	0.0%	393	0.0%	393	0.0%
Acute Average Length Of Stay	2.84	3.13	10.3%	3.61	15.1%	3.54	-1.8%	3.54	0.0%	3.54	0.0%	3.54	0.0%
Outpatient													
All Outpatient Visits	23,483	22,223	-5.4%	25,528	14.9%	26,261	2.9%	26,261	0.0%	26,261	0.0%	26,261	0.0%
Physician Office Visits	21,699	20,872	-3.8%	21,746	4.2%	24,602	13.1%	24,602	0.0%	24,602	0.0%	24,602	0.0%
Ancillary													
All Operating Room Procedure	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
All Operating Room Cases	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Emergency Room Visits	2,769	2,350	-15.1%	3,497	48.8%	3,146	-10.0%	3,146	0.0%	3,146	0.0%	3,146	0.0%
Cat Scan Procedures	1,514	1,493	-1.4%	1,508	1.0%	1,529	1.4%	1,529	0.0%	1,529	0.0%	1,529	0.0%
Magnetic Resonance Image Exams	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Nuclear Medicine Procedures	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Radiology - Diagnostic Procedures	3,143	2,957	-5.9%	3,432	16.1%	3,353	-2.3%	3,353	0.0%	3,353	0.0%	3,353	0.0%
Laboratory Tests	57,728	52,702	-8.7%	62,633	18.8%	58,726	-6.2%	58,726	0.0%	58,726	0.0%	58,726	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%
Adjusted Statistics													
Adjusted Admissions	2,352	1,992	-15.3%	2,416	21.3%	2,463	2.0%	2,463	0.0%	2,463	0.0%	2,463	0.0%
Adjusted Days	6,677	6,238	-6.6%	8,711	39.6%	8,721	0.1%	8,721	0.0%	8,721	0.0%	8,721	0.0%

Grace Cottage Hospital

New Primary Care Practice Building

UTILIZATION PROJECTIONS--TABLE 7

	2021 Actual	2022 Budget	% change	2022	% change	2023 Budget	% change	Proposed Yr 1 2024	% change	Proposed Yr 2 2025	% change	Proposed Yr 3 2026	% change
				PROJECT ONLY				Proposed Years Must change from Current Budget					
Inpatient Utilization													
Acute Beds (Staffed)								-	0.0%	-	0.0%	-	0.0%
Acute Admissions								-	0.0%	-	0.0%	-	0.0%
Acute Patient Days								-	0.0%	-	0.0%	-	0.0%
Acute Average Length Of Stay								-	0.0%	-	0.0%	-	0.0%
Outpatient													
All Outpatient Visits								-	0.0%	-	0.0%	-	0.0%
Physician Office Visits								-	0.0%	-	0.0%	5,002	0.0%
Ancillary													
All Operating Room Procedure								-	0.0%	-	0.0%	-	0.0%
All Operating Room Cases								-	0.0%	-	0.0%	-	0.0%
Emergency Room Visits								-	0.0%	-	0.0%	-	0.0%
Cat Scan Procedures								-	0.0%	-	0.0%	-	0.0%
Magnetic Resonance Image Exams								-	0.0%	-	0.0%	-	0.0%
Nuclear Medicine Procedures								-	0.0%	-	0.0%	-	0.0%
Radiology - Diagnostic Procedures								-	0.0%	-	0.0%	-	0.0%
Laboratory Tests								-	0.0%	-	0.0%	-	0.0%
								-	0.0%	-	0.0%	-	0.0%
								-	0.0%	-	0.0%	-	0.0%
Adjusted Statistics													
Adjusted Admissions								-	0.0%	-	0.0%	-	0.0%
Adjusted Days								-	0.0%	-	0.0%	-	0.0%

Grace Cottage Hospital

New Primary Care Practice Building

UTILIZATION PROJECTIONS--TABLE 7

Note: This table requires no "fill-in" as it is populated automatically

WITH PROJECT — **Proposed Years Must change from Current Budget**

	2021 Actual	2022 Budget	% change	2022	% change	2023 Budget	% change	Proposed Yr 1 2024	% change	Proposed Yr 2 2025	% change	Proposed Yr 3 2026	% change
Inpatient Utilization													
Acute Beds (Staffed)	7	7	0.0%	7	0.0%	7	0.0%	7	0.0%	7	0.0%	7	0.0%
Acute Admissions	93	91	-2.2%	104	14.3%	111	6.7%	111	0.0%	111	0.0%	111	0.0%
Acute Patient Days	264	285	8.0%	375	31.6%	393	4.8%	393	0.0%	393	0.0%	393	0.0%
Acute Average Length Of Stay	2.84	3.13	10.3%	3.61	15.1%	3.54	-1.8%	3.54	0.0%	3.54	0.0%	3.54	0.0%
Outpatient													
All Outpatient Visits	23,483	22,223	-5.4%	25,528	14.9%	26,261	2.9%	26,261	0.0%	26,261	0.0%	26,261	0.0%
Physician Office Visits	21,699	20,872	-3.8%	21,746	4.2%	24,602	13.1%	24,602	0.0%	24,602	0.0%	29,604	20.3%
Ancillary													
All Operating Room Procedure	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
All Operating Room Cases	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Emergency Room Visits	2,769	2,350	-15.1%	3,497	48.8%	3,146	-10.0%	3,146	0.0%	3,146	0.0%	3,146	0.0%
Cat Scan Procedures	1,514	1,493	-1.4%	1,508	1.0%	1,529	1.4%	1,529	0.0%	1,529	0.0%	1,529	0.0%
Magnetic Resonance Image Exams	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Nuclear Medicine Procedures	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Radiology - Diagnostic Procedures	3,143	2,957	-5.9%	3,432	16.1%	3,353	-2.3%	3,353	0.0%	3,353	0.0%	3,353	0.0%
Laboratory Tests	57,728	52,702	-8.7%	62,633	18.8%	58,726	-6.2%	58,726	0.0%	58,726	0.0%	58,726	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%
Adjusted Statistics													
Adjusted Admissions	2,352	1,992	-15.3%	2,416	21.3%	2,463	2.0%	2,463	0.0%	2,463	0.0%	2,463	0.0%
Adjusted Days	6,677	6,238	-6.6%	8,711	39.6%	8,721	0.1%	8,721	0.0%	8,721	0.0%	8,721	0.0%

PLEASE PROVIDE ASSUMPTIONS

PROJECT NAME

STAFFING REPORT--TABLE 8

	Proposed Yr 1 YYYY	Proposed Yr 2 YYYY	Proposed Yr 3 YYYY
PHYSICIAN FTEs			
TRAVELERS			
Residents & Fellows			
MLPs			
Non-MD FTEs			
TOTAL NON-MD FTEs			

NOTES:

GRACE COTTAGE HOSPITAL

New Primary Care Practice Building

STAFFING REPORT - TABLE 8

WITHOUT PROJECT

Proposed Years Must change from Current Budget

	2021 Actual	2022 Budget	% change	2022 Actual	% change	2023 Budget	% change	Proposed Year 1 2024	% change	Proposed Year 2 2025	% change	Proposed Year 3 2026	% change
PHYSICIAN FTEs	**6.5**	**5.4**	-17.2%	**6.2**	14.4%	**7.1**	14.9%	**7.1**	0.0%	**7.1**	0.0%	**7.1**	0.0%
TRAVELERS	3.0	-	-100.0%	5.3	0.0%	-	-100.0%	-	0.0%	-	0.0%	-	0.0%
Residents & Fellows	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
MLPs	10.3	11.6	12.5%	12.1	3.6%	12.6	4.4%	12.6	0.2%	12.6	0.0%	12.6	0.0%
Non-MD FTEs	135.6	140.2	3.4%	138.7	-1.1%	146.9	5.9%	146.9	0.0%	146.9	0.0%	146.9	0.0%
TOTAL NON-MD FTEs	**146.0**	**151.9**	4.0%	**150.7**	-0.7%	**159.5**	5.8%	**159.5**	0.0%	**159.5**	0.0%	**159.5**	0.0%

Note: Mid-Level Providers and Residents are now included in Non-MD Employees, prior to 2013 Actual they were included in Physician FTEs

STAFFING REPORT - TABLE 8

PROJECT ONLY

Proposed Years Must change from Current Budget

	2021 Actual	2022 Budget	% change	2022 Actual	% change	2023 Budget	% change	Proposed Year 1 2024	% change	Proposed Year 2 2025	% change	Proposed Year 3 2026	% change
PHYSICIAN FTEs								**-**	0.0%	**-**	0.0%	**-**	0.0%
TRAVELERS								-	0.0%	-	0.0%	-	0.0%
Residents & Fellows								-	0.0%	-	0.0%	-	0.0%
MLPs								-	0.0%	-	0.0%	0.75	0.0%
Non-MD FTEs								-	0.0%	-	0.0%	-	0.0%
TOTAL NON-MD FTEs								**-**	0.0%	**-**	0.0%	**0.75**	0.0%

Note: Mid-Level Providers and Residents are now included in Non-MD Employees, prior to 2013 Actual they were included in Physician FTEs

Note: This table requires no "fill-in" as it is populated automatically

STAFFING REPORT - TABLE 8

WITH PROJECT

Proposed Years Must change from Current Budget

	2021 Actual	2022 Budget	% change	2022 Actual	% change	2023 Budget	% change	Proposed Year 1 2024	% change	Proposed Year 2 2025	% change	Proposed Year 3 2026	% change
PHYSICIAN FTEs	**6.5**	**5.4**	-17.2%	**6.2**	14.4%	**7.1**	14.9%	**7.1**	0.0%	**7.1**	0.0%	**7.1**	0.0%
TRAVELERS	3.0	-	-100.0%	5.3	0.0%	-	-100.0%	-	0.0%	-	0.0%	-	0.0%
Residents & Fellows	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
MLPs	10.3	11.6	12.5%	12.1	3.6%	12.6	4.4%	12.6	0.2%	12.6	0.0%	13.4	6.0%
Non-MD FTEs	135.6	140.2	3.4%	138.7	-1.1%	146.9	5.9%	146.9	0.0%	146.9	0.0%	146.9	0.0%
TOTAL NON-MD FTEs	**146.0**	**151.9**	4.0%	**150.7**	-0.7%	**159.5**	5.8%	**159.5**	0.0%	**159.5**	0.0%	**160.3**	0.5%

Note: Mid-Level Providers and Residents are now included in Non-MD Employees, prior to 2013 Actual they were included in Physician FTEs