

**New York State Department of Health
Certificate of Need Application**

Schedule 13A

Schedule 13 A. Assurances From Article 28 Applicants

Article 28 applicants seeking combined establishment and construction or construction approval only must complete this schedule.

The undersigned, as a duly authorized representative of the applicant, hereby gives the following assurances:

- a) The applicant has or will have a fee simple or such other estate or interest in the site, including necessary easements and rights-of-way, sufficient to assure use and possession for the purpose of the construction and operation of the facility.
- b) The applicant will obtain the approval of the Commissioner of Health of all required submissions, which shall conform to the standards of construction and equipment in Subchapter C of Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York (Title 10).
- c) The applicant will submit to the Commissioner of Health final working drawings and specifications, which shall conform to the standards of construction and equipment of Subchapter C of Title 10, prior to contracting for construction, unless otherwise provided for in Title 10.
- d) The applicant will cause the project to be completed in accordance with the application and approved plans and specifications.
- e) The applicant will provide and maintain competent and adequate architectural and/or engineering inspection at the construction site to insure that the completed work conforms to the approved plans and specifications.
- f) If the project is an addition to a facility already in existence, upon completion of construction all patients shall be removed from areas of the facility that are not in compliance with pertinent provisions of Title 10, unless a waiver is granted by the Commissioner of Health, under Title 10.
- g) The facility will be operated and maintained in accordance with the standards prescribed by law.
- h) The applicant will comply with the provisions of the Public Health Law and the applicable provisions of Title 10 with respect to the operation of all established, existing medical facilities in which the applicant has a controlling interest.
- i) The applicant understands and recognizes that any approval of this application is not to be construed as an approval of, nor does it provide assurance of, reimbursement for any costs identified in the application. Reimbursement for all cost shall be in accordance with and subject to the provisions of Part 86 of Title 10.

Date

11/6/17



Signature:

Scott Perra

Name (Please Type)

President and Chief Executive Officer
Mohawk Valley Health System

Title (Please type)

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Schedule 13B

Schedule 13 B. Staffing

Table 13B - 1: See "Schedules Required for Each Type of CON" to determine when this form is required. Use the "Other" categories for providers, such as dentists, that are not mentioned in the staff categories. If a project involves multiple sites please create a staffing table for each site.

Total Project Subproject number _____

A			B	C	D	
			Number of FTEs to the Nearest Tenth			
Staffing Categories		FSLH	SEMC	Current Year*	First Year incremental	Third Year incremental
1.	Management & Supervision	96.6	48.2	144.8	134.8	134.8
2.	Technician & Specialist	152.7	99.9	252.6	220.0	220.0
3.	Registered Nurses	630.5	489.6	1,120.1	1,068.8	1,068.8
4.	Licensed Practical Nurses	48.2	25.7	73.9	70.1	70.1
5.	Aides, Orderlies & Attendants	132.6	170.6	303.2	285.6	285.6
6.	Physicians	38.0	36.0	74.0	74.0	74.0
7.	PGY Physicians		34.1	34.1	34.1	34.1
8.	Physicians' Assistants	13.7	10.4	24.1	24.1	24.1
9.	Nurse Practitioners	40.0	11.5	51.5	51.5	51.5
10.	Nurse Midwife			-	-	-
11.	Social Workers and Psychologist**	24.9	15.5	40.4	40.4	40.4
12.	Physical Therapists and PT Assistants	31.7	13.3	45.0	43.2	43.2
13.	Occupational Therapists and OT Assistants	28.1	8.3	36.4	34.9	34.9
14.	Speech Therapists and Speech Assistants	8.8	2.0	10.8	7.9	7.9
15.	Other Therapists and Assistants	23.0	28.0	51.0	46.6	46.6
16.	Infection Control, Environment and Food Service	111.8	93.3	205.1	181.3	181.3
17.	Clerical & Other Administrative	403.0	166.0	569.0	543.7	543.7
18.	Other: Pharmacists	50.0	13.4	63.4	57.4	57.4
19.	Other: Dieticians	2.0	1.0	3.0	3.0	3.0
20.	Other: Other	292.6	428.2	720.8	717.7	717.7
21.	Total Number of Employees	2,128.2	1,695.0	3,823.2	3,639.1	3,639.1

* Last complete year prior to submitting application

** Use only for RHCF and D and T Center proposals

Describe how the number and mix of staff were determined:

The number and mix of staff were based on the projected utilization, given comparable facilities with similar volumes for FTEs that would be needed after the two (2) hospitals are physically combined.

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Schedule 13B

1.) All diagnostic and treatment centers should complete the following section: N/A

Name of medical director:	
License number of the Medical Director	

	Not Applicable:	Title of Attachment	Filename of attachment
Attach a copy of the medical director's curriculum vitae.	<input type="checkbox"/>		

Acute care facility with which an affiliation agreement is being negotiated:	
In the space below, Indicate the status of those negotiations:	

Distance in miles from the proposed facility to the acute care affiliate.	
Distance in minutes of travel time from the proposed facility to the acute care affiliate.	
Name of the acute care facility, nearest the proposed facility:	
Distance in miles from the proposed facility to the nearest acute care facility:	
Distance in minutes of travel time from the proposed facility to the nearest acute care facility.	

	Not Applicable:	Title of Attachment	Filename of attachment
Attach a copy of a letter of intent or the affiliation agreement, if appropriate.	<input type="checkbox"/>		

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Schedule 13B

Table 13B - 2. Ambulatory surgery centers should complete the following Table: N/A

List all practitioners -- including surgeons, Dentists and Podiatrists, who have expressed an interest in practicing at the Center.
NOTE: Attach copies of letters from each giving the number and type of procedures he or she expects to perform per year.

Practitioner's Name	License No.	Specialty (s)	Board Certified or Eligible YES <input type="checkbox"/> NO <input type="checkbox"/>	Expected Number of Procedures	List hospitals where Physician has Admitting Privileges:	Title and File Name of attachment
			YES <input type="checkbox"/> NO <input type="checkbox"/>			
			YES <input type="checkbox"/> NO <input type="checkbox"/>			
			YES <input type="checkbox"/> NO <input type="checkbox"/>			
			YES <input type="checkbox"/> NO <input type="checkbox"/>			
			YES <input type="checkbox"/> NO <input type="checkbox"/>			
			YES <input type="checkbox"/> NO <input type="checkbox"/>			
			YES <input type="checkbox"/> NO <input type="checkbox"/>			

Schedule 13 C. Annual Operating Costs

See "Schedules Required for Each Type of CON" to determine when this form is required.

Use this schedule to summarize the first full year's incremental cost for the categories, which are affected by this project. The first full year is defined as the first 12 months of full operation after project completion. Project the first and third full year's total incremental costs in current year dollars. Current year costs added to first year incremental cost impact should equal total first year budget. Current year costs added to third year incremental budget should equal total third year budget. Show cost reductions in parentheses.

Total Project
 Subproject Number

Table 13C - 1

Categories	FSLH*	SEMC*	a	b	c
			Current Year	Year 1 Incremental Cost Impact**	Year 3 Incremental Cost Impact**
Start date of year in question: (m/d/yyyy)	1/1/2016	1/1/2016	1/1/2016	1/1/2022	1/1/2024
1. Salaries and Wages	\$138,026,697	\$103,019,932	\$241,046,629	\$263,219,105	\$273,933,708
1a. FTEs	2,128.20	1,695.00	3,823.20	3,639.09	3,639.09
2. Employee Benefits	\$24,984,148	\$22,809,678	\$47,793,826	\$58,221,865	\$60,591,846
3. Professional Fees	\$9,088,221	\$4,334,603	\$13,422,824	\$18,488,500	\$19,141,260
4. Medical & Surgical Supplies	\$24,294,916	\$41,477,220	\$65,772,136	\$75,182,755	\$77,455,153
5. Non-med., non-surg. Supplies	\$3,790,582	\$3,570,827	\$7,361,409	\$7,802,358	\$7,959,186
6. Utilities	\$3,314,606	\$1,748,492	\$5,063,098	\$5,694,339	\$5,924,391
7. Purchased Services	\$20,290,401	\$10,104,192	\$30,394,593	\$30,953,776	\$32,046,638
8. Other Direct Expenses	\$39,560,373	\$16,227,781	\$55,788,154	\$72,681,383	\$77,850,573
9. Subtotal (total 1-8)	\$ 263,349,944	\$ 203,292,725	\$ 466,642,669	\$ 532,244,081	\$ 554,902,755
10. Interest	\$1,743,087	\$1,427,239	\$3,170,326	\$9,172,114	\$8,520,695
11. Depreciation and Rent	\$19,891,135	\$11,633,613	\$31,524,748	\$33,796,894	\$35,593,402
12. Total Incremental Operating Costs	\$ 284,984,166	\$ 216,353,577	\$ 501,337,743	\$ 575,213,089	\$ 599,016,852

* Information taken directly from the 2016 Audited Financial Statement. Please note that the New York State gross tax receipts are classified as an offset to revenue in order to be consistent with the cost report classification.

** Represents the combined facilities upon the implementation of the new hospital campus. Both Year 1 and Year 3 expenses align with the expenses proposed in the Oneida County Transformation Grant Application of MVHS.

Table 13C - 2

Inpatient Categories			a	b	c
	FSLH*	SEMC*	Current Year	Year 1 Incremental Cost Impact**	Year 3 Incremental Cost Impact**
Start date of year in question: (m/d/yyyy)	1/1/2016	1/1/2016	1/1/2016	1/22/2016	1/24/2016
1. Salaries and Wages	\$67,633,082	\$50,479,767	\$118,112,849	\$125,292,294	\$130,392,445
1a. FTEs	1,042.82	830.55	1,873.37	1,732.00	1,732.00
2. Employee Benefits	\$12,242,233	\$11,176,742	\$23,418,975	\$27,713,608	\$28,841,719
3. Professional Fees	\$4,453,228	\$2,123,955	\$6,577,183	\$8,800,526	\$9,111,240
4. Medical & Surgical Supplies	\$11,904,509	\$20,323,838	\$32,228,347	\$35,786,991	\$36,868,653
5. Non-med., non-surg. Supplies	\$1,857,385	\$1,749,705	\$3,607,090	\$3,713,922	\$3,788,573
6. Utilities	\$1,624,157	\$856,761	\$2,480,918	\$2,710,505	\$2,820,010
7. Purchased Services	\$9,942,296	\$4,951,054	\$14,893,350	\$14,733,997	\$15,254,200
8. Other Direct Expenses	\$19,384,583	\$7,951,613	\$27,336,196	\$34,596,338	\$37,056,873
9. Subtotal (total 1-8)	\$129,041,473	\$99,613,435	\$228,654,908	\$253,348,181	\$264,133,713
10. Interest	\$854,113	\$699,347	\$1,553,460	\$4,365,926	\$4,055,851
11. Depreciation and Rent	\$9,746,656	\$5,700,470	\$15,447,126	\$16,087,322	\$16,942,459
12. Total Incremental Inpatient Operating Costs	\$139,642,242	\$106,013,252	\$245,655,494	\$273,801,429	\$285,132,023

Table 13C - 3

Outpatient Categories			a	b	c
	FSLH*	SEMC*	Current Year	Year 1 Incremental Cost Impact**	Year 3 Incremental Cost Impact**
Start date of year in question: (m/d/yyyy)	1/1/2016	1/1/2016	1/1/2016	1/22/2016	1/24/2016
1. Salaries and Wages	\$70,393,615	\$52,540,165	\$122,933,780	\$137,926,811	\$143,541,263
1a. FTEs	1,085.38	864.45	\$1,950	1,907.09	1,907.09
2. Employee Benefits	\$12,741,915	\$11,632,936	\$24,374,851	\$30,508,257	\$31,750,127
3. Professional Fees	\$4,634,993	\$2,210,648	\$6,845,641	\$9,687,974	\$10,030,020
4. Medical & Surgical Supplies	\$12,390,407	\$21,153,382	\$33,543,789	\$39,395,764	\$40,586,500
5. Non-med., non-surg. Supplies	\$1,933,197	\$1,821,122	\$3,754,319	\$4,088,436	\$4,170,613
6. Utilities	\$1,690,449	\$891,731	\$2,582,180	\$2,983,834	\$3,104,381
7. Purchased Services	\$10,348,105	\$5,153,138	\$15,501,243	\$16,219,779	\$16,792,438
8. Other Direct Expenses	\$20,175,790	\$8,276,168	\$28,451,958	\$38,085,045	\$40,793,700
9. Subtotal (total 1-8)	\$134,308,471	\$103,679,290	\$237,987,761	\$278,895,900	\$290,769,042
10. Interest	\$888,974	\$727,892	\$1,616,866	\$4,806,188	\$4,464,844
11. Depreciation and Rent	\$10,144,479	\$5,933,143	\$16,077,622	\$17,709,572	\$18,650,943
12. Total Incremental Outpatient Operating Costs	\$145,341,924	\$110,340,325	\$255,682,249	\$301,411,660	\$313,884,829

* Information taken directly from the 2016 Audited Financial Statement. Please note that the New York State gross tax receipts are classified as an offset to revenue in order to be consistent with the cost report classification.

** Represents the combined facilities upon the implementation of the new hospital campus. Both Year 1 and Year 3 expenses align with the expenses proposed in the Oneida County Transformation Grant Application of MVHS.

	Title of Attachment	Title of Attachment
1. In an attachment, provide the basis and supporting calculations for depreciation and rent expense	Please refer to the Schedule 13 Attachment	N/A
2. In an attachment, provide the basis for interest cost. Separately identify, with supporting calculations, interest attributed to mortgages and working capital	Please refer to the Schedule 13 Attachment	N/A

Any approval of this application is not to be construed as an approval of any of the above indicated current or projected operating costs. Reimbursement of any such costs shall be in accordance with and subject to the provisions of Part 86 of 10 NYCRR. Approval of this application does not assure reimbursement of any of the costs indicated therein by payers under Title XIX of the Federal Social Security Act (Medicaid) or Article 43 of The State Insurance Law or by any other payers.

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Schedule 13D

Table 13D - 1

Categories	FSLH*	SEMC*	a	b	c
			Current Year	Year 1 Incremental Revenue Impact**	Year 3 Incremental Revenue Impact**
Start date of year in question: (m/d/yyyy)	1/1/2016	1/1/2016	1/1/2016	1/1/2022	1/1/2024
1. Daily Hospital Services	\$145,141,809	\$108,537,434	\$253,679,243	\$347,585,051	\$390,546,563
2. Ambulatory Services	\$121,080,555	\$117,659,573	\$238,740,128	\$256,121,845	\$287,778,505
3. Ancillary Services	\$547,240,668	\$407,283,100	\$954,523,768	\$1,367,221,407	\$1,536,209,972
4. Total Gross Patient Care Services Rendered	\$813,463,032	\$633,480,107	\$1,446,943,139	\$1,970,928,303	\$2,214,535,040
5. Deductions from Revenue	\$546,279,516	\$422,790,045	\$969,069,561	\$1,420,349,514	\$1,641,544,378
6. Net Patient Care Services Revenue	\$267,183,516	\$210,690,062	\$477,873,578	\$550,578,789	\$572,990,662
7. Other Operating Revenue (Identify sources)			\$23,818,241	\$28,359,485	\$28,359,485
340B Drug Program	\$6,801,537		\$6,801,537	\$8,098,335	\$8,098,335
Retail Pharmacy	\$4,069,343		\$4,069,343	\$4,845,214	\$4,845,214
Bad Debt Charity Pool	\$3,136,047		\$3,136,047	\$3,733,973	\$3,733,973
Other	\$3,565,027	\$6,246,287	\$9,811,314	\$11,681,963	\$11,681,963
8. Total Operating Revenue (Total 1-7)	\$284,755,470	\$216,936,349	\$501,691,819	\$578,938,274	\$601,350,147
9. Non-Operating Revenue	\$1,079,311	\$428,794	\$1,508,105	\$1,194,425	\$1,242,680
10. Total Project Revenue	\$285,834,781	\$217,365,143	\$503,199,924	\$580,132,699	\$602,592,827

* Information taken directly from the facility's 2016 Audited Financial Statement. Please note that the New York State gross tax receipts are classified as an offset to revenue in order to be consistent with the cost report classification.

** Represents the combined facilities upon the implementation of the new hospital campus. Both Year 1 and Year 3 revenues align with the revenues proposed in the Oneida County Transformation Grant Application of MVHS.

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Schedule 13D

Table 13D - 3

St. Luke's

* Various inpatient services may be reimbursed as discharges or days. Applicant should indicate which method applies to this table by choosing the appropriate checkbox.

Patient Days Patient Discharges

Inpatient Services Source of Revenue		Total Current Year**			First Year Incremental***			Third Year Incremental***		
		Patient Days or discharges*	Net Revenue		Patient Days or discharges*	Net Revenue		Patient Days or discharges*	Net Revenue	
			%	Dollars (\$)		% based on days or discharges	Dollars-(\$)		% based on days or discharges	Dollars-(\$)
Commercial	Fee for Service	350	2.7%	\$4,097,475	563	2.5%	\$12,489,594	563	2.5%	\$12,997,995
	Managed Care	2,454	18.9%	\$28,682,328	4,144	18.1%	\$87,427,165	4,144	18.1%	\$90,985,977
Medicare	Fee for Service	4,264	32.8%	\$8,048,096	8,347	36.5%	\$83,938,495	8,347	36.5%	\$87,355,298
	Managed Care	1,928	14.8%	\$18,045,607	3,728	16.3%	\$40,394,368	3,728	16.3%	\$42,038,662
Medicaid	Fee for Service	622	4.8%	\$5,280,453	989	4.3%	\$5,127,513	989	4.3%	\$5,336,233
	Managed Care	2,893	22.2%	\$21,114,053	4,023	17.6%	\$29,843,804	4,023	17.6%	\$31,058,627
Private Pay		72	0.6%	\$898,332	133	0.6%	\$808,913	133	0.6%	\$841,841
OASAS										
OMH										
Charity Care		223	1.7%	(\$532,391)	329	1.4%	(\$1,344,274)	329	1.4%	(\$1,398,994)
Bad Debt										
All Other		208	1.6%	1,706,634	584	2.6%	\$10,598,846	584	2.6%	\$11,030,283
Total		13,014	100.0%	\$117,340,587	22,840	100.0%	\$269,284,424	22,840	100.0%	\$280,245,922

** Information taken directly from the facility's 2016 Cost Report.

*** Represents the combined facilities upon the implementation of the new hospital campus. Both Year 1 and Year 3 revenues and utilization align with the revenues and utilization proposed in the Oneida County Transformation Grant Application of MVHS.

New York State Department of Health
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Schedule 13D

Table 13D - 3

St. Elizabeth

* Various inpatient services may be reimbursed as discharges or days. Applicant should indicate which method applies to this table by choosing the appropriate checkbox.

Patient Days Patient Discharges

Inpatient Services Source of Revenue		Total Current Year**			First Year Incremental***			Third Year Incremental***		
		Patient Days or discharges*	Net Revenue		Patient Days or discharges*	Net Revenue		Patient Days or discharges*	Net Revenue	
			%	Dollars (\$)		% based on days or discharges	Dollars-(\$)		% based on days or discharges	Dollars-(\$)
Commercial	Fee for Service	204	1.9%	6,640,411						
	Managed Care	1,431	13.3%	46,482,875						
Medicare	Fee for Service	4,209	39.0%	32,962,430						
	Managed Care	2,151	19.9%	16,595,076			See		See	
Medicaid	Fee for Service	484	4.5%	2,062,566			Note		Note	
	Managed Care	1,493	13.8%	8,881,345			Below		Below	
Private Pay		163	1.5%	365,991			***		***	
OASAS										
OMH			0.0%							
Charity Care		393	3.6%	(669,619)						
Bad Debt										
All Other		265	2.5%	3,346,764						
Total		10,793	100.0%	\$116,667,839						

** Information taken directly from the facility's 2016 Cost Report.

*** Please refer to the Table 13D-3 for St. Luke's, which represents the combined facilities upon the implementation of the new hospital campus.

Table 13D - 4

St. Luke's + St. Elizabeth

Outpatient Services** Source of Revenue		Total Current Year*			First Year Incremental			Third Year Incremental		
		Visits	Net Revenue		Visits	Net Revenue		Visits	Net Revenue	
			%	Dollars (\$)		%	Dollars (\$)		%	Dollars (\$)
Commercial	Fee for Service	27,393	4.0%	\$16,272,167	28,426	4.0%	\$18,769,672	28,426	4.0%	\$19,533,711
	Managed Care	155,224	22.6%	\$92,208,949	161,076	22.6%	\$106,361,477	161,076	22.6%	\$110,691,030
Medicare	Fee for Service	180,020	26.2%	\$50,645,409	186,807	26.2%	\$58,418,630	186,807	26.2%	\$60,796,620
	Managed Care	97,049	14.1%	\$33,480,757	100,708	14.1%	\$38,619,492	100,708	14.1%	\$40,191,538
Medicaid	Fee for Service	25,778	3.7%	\$758,533	26,750	3.7%	\$874,955	26,750	3.7%	\$910,571
	Managed Care	158,825	23.1%	\$37,051,409	164,813	23.1%	\$42,738,179	164,813	23.1%	\$44,477,880
Private Pay		20,808	3.0%	\$9,490,695	21,592	3.0%	\$10,947,358	21,592	3.0%	\$11,392,981
OASAS										
OMH										
Charity Care		1,996	0.3%	(\$42,154)	2,071	0.3%	(\$48,624)	2,071	0.3%	(\$50,603)
Bad Debt										
All Other		20,538	3.0%	\$3,999,387	21,312	3.0%	\$4,613,226	21,312	3.0%	\$4,801,012
Total		687,631	100.0%	\$243,865,152	713,555	100.0%	\$281,294,365	713,555	100.0%	\$292,744,740

* Information taken directly from the facility's 2016 Cost Report.

Total of Inpatient and Outpatient Services			\$477,873,578			\$550,578,789			\$572,990,662
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	Title of Attachment	Filename of Attachment
1. In an attachment, provide the basis and supporting calculations for all revenues by payor.	Based upon the experience of St. Elizabeth and St. Luke's	N/A
2. In an attachment, provide the basis for charity care.	Based upon the experience of St. Elizabeth and St. Luke's	N/A