

**State of Maryland
Department of Health**



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Health Services Cost Review Commission

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550th MEETING OF THE HEALTH SERVICES COST REVIEW COMMISSION
April 11, 2018

EXECUTIVE SESSION
11:30 a.m.

(The Commission will begin in public session at 11:30 a.m. for the purpose of, upon motion and approval, adjourning into closed session. The open session will resume at 1:00 p.m.)

- 1. Discussion on Planning for Model Progression – Authority General Provisions Article, §3-103 and §3-104**
- 2. Update on Contract and Modeling of the All-payer Model vis-a-vis the All-Payer Model Contract – Administration of Model Moving into Phase II - Authority General Provisions Article, §3-103 and §3-104**
- 3. Discussion of Administrative Processes – Authority General Provisions Article, §3-103 and §3-104**

PUBLIC SESSION
1:00 p.m.

- 1. Review of the Minutes from the Public Meeting and Executive Session on March 14, 2018**
- 2. New Model Monitoring**
- 3. Docket Status – Cases Closed**

2422A – University of Maryland Medical Center 2430A - Johns Hopkins Health System
- 4. Docket Status – Cases Open**

2429R - Garrett Regional Medical Center 2431R – Johns Hopkins Bayview Medical Center
2432R – University of Maryland Medical Center 2433A – Johns Hopkins HealthCare
2434A – University of Maryland Medical Center
- 5. Policy Update Report and Discussion**
 - a. TCOC Model Update**
 - b. Stakeholder Innovation Group Update**
 - c. Rate Update Factor Discussion**
 - d. National Payment Trends Affecting Hospitals**

- 6. Legislative Update**
- 7. Legal Report**
- 8. Hearing and Meeting Schedule**

Additional Reports for Review

- 1. Disclosure of the Hospital Financial and Statistical Data for FY 2017**
- 2. Report on Nurse Support Program I Activities for FY 2017**

**Closed Session Minutes
Of the
Health Services Cost Review Commission
March 14, 2018**

Upon motion made in public session, Chairman Sabatini called for adjournment into closed session to discuss the following items:

1. Discussion on Planning for Model Progression– Authority General Provisions Article, §3-103 and §3-104
2. Update on Contract and Modeling of the All-Payer Model vis-a-vis the All-Payer Model Contract – Administration of Model Moving into Phase II - Authority General Provisions Article, §3-103 and §3-104
3. Discussion of Administrative Processes – Authority General Provisions Article, §3-303 and §3-304

The Closed Session was called to order at 12:10 p.m. and held under authority of §3-103 and §3-104 of the General Provisions Article.

In attendance in addition to Chairman Sabatini were Commissioners Antos, Colmers, Elliott, Kane, and Keane.

In attendance representing Staff were Donna Kinzer, Katie Wunderlich, Chris Peterson, Allan Pack, Claudine Williams, Alyson Schuster, Bob Gallion, and Dennis Phelps.

Also attending were Eric Lindeman, Commission Consultant, and Stan Lustman and Adam Malizio Commission Counsel.

Item One

Mr. Peterson presented and the Commission discussed the status of the Clearance Process of the new Model.

Item Two

Mr. Lindeman updated the Commission on Medicare data and analysis vis-a-vis the All-Payer Model Agreement.

Item Three

Chairman Sabatini presented and the Commission and staff discussed improvements to the handling of staff policy recommendations.

The Closed Session was adjourned at 1:15 p.m.

MINUTES OF THE
549th MEETING OF THE
HEALTH SERVICES COST REVIEW COMMISSION
March 14, 2018

Chairman Nelson Sabatini called the public meeting to order at 12:10 p.m. Commissioners Joseph Antos, John Colmers, James Elliott, M.D., Adam Kane, and Jack C. Keane were also in attendance. Upon motion made by Commissioner Colmers and seconded by Commissioner Antos, the meeting was moved to Executive Session. Chairman Sabatini reconvened the public meeting at 1:23 p.m.

REPORT OF MARCH 14, 2018 EXECUTIVE SESSION

Dennis Phelps, Associate Director, Audit & Compliance, summarized the minutes of the March 14, 2018 Executive Session.

NEW STAFF

Chris Peterson, Director Clinical & Financial Information, introduced new staff member Karen Teague. Ms. Teague will be working as a Rate Analyst.

ITEM I
REVIEW OF THE MINUTES FROM FEBRUARY 14, 2018 EXECUTIVE SESSION
AND PUBLIC MEETING

The Commissioners voted unanimously to approve the minutes of the February 14, 2018 Public Meeting and Executive Session.

ITEM II
NEW MODEL MONITORING

Ms. Caitlin Grim, Assistant Chief, Hospital Rate Regulation, reported that the total cost of care savings for the twelve months ending December 2017 was \$128,848,551. Ms. Grim noted that Maryland's Medicare Total Cost of Care per Capita spending growth is trending closer to the nation for the same period.

Ms. Grimm stated that Monitoring Maryland Performance (MMP) for the new All-Payer Model for the month of January focuses on the fiscal year (July 1 through June 30) results.

Ms. Grimm reported that for the seven month period ended January 31, 2018, All-Payer total gross hospital revenue increased by 4.35% over the same period in FY 2017. All-Payer total gross hospital revenue for Maryland residents increased by 4.47%. All-Payer gross hospital revenue for non-Maryland residents increased by 3.13%.

Ms. Grimm reported that for the seven month period ended January 31, 2018, Medicare Fee-For-

Service gross hospital revenue increased by 3.85% over the same period in FY 2017. Medicare Fee-For-Service gross hospital revenue for Maryland residents increased by 3.84%. Maryland Fee-For-Service gross hospital revenue for non-residents increased by 3.99%.

Ms. Grimm reported that for the seven months of the fiscal year ended January 31, 2018 over the same period in CY 2017:

- All Payer in State capita hospital revenue growth was 3.99 %.
- Medicare Fee for Service hospital revenue growth in State was 2.91%.

According to Ms. Grimm, for the seven months of the fiscal year ended January 31, 2018, unaudited average operating profit for acute hospitals was 2.87%. The median hospital profit was 3.13%, with a distribution of (0.02%) in the 25th percentile and 7.60% in the 75th percentile. Rate Regulated profits were 6.76%.

ITEM III
DOCKET STATUS- CLOSED CASES

2423A – Johns Hopkins Health System	2424A – Johns Hopkins Health System
2425A – Johns Hopkins Health System	2426A – Johns Hopkins Health System
2427A – Johns Hopkins Health System	2428A – Johns Hopkins Health System

ITEM IV
DOCKET STATUS- OPEN CASES

2422A- University of Maryland Medical Center

The University of Maryland Medical Center (“the Hospital”) filed an application with the HSCRC on January 12, 2018 for an alternative method of rate determination, pursuant to COMAR 10.37.10.06. The Hospital requests approval from the HSCRC to continue to participate in a global rate arrangement for solid organ and blood and bone marrow transplant services with LifeTrac, Inc. Network for a period of one year, effective April 1, 2018

Staff recommends that the Commission approve the Hospital’s application to continue to participate in the global rate arrangement for solid organ and bone marrow transplant services with LifeTrac, Inc. Network for one year beginning on April 1, 2018, and that approval be contingent upon the execution of the standard Memorandum of Understanding.

The Commission voted unanimously to approve staff’s recommendation.

2430A- Johns Hopkins Health System

Johns Hopkins Health System (the “System”) filed an application with the HSCRC on February 27, 2018 on behalf of Johns Hopkins Hospital and Johns Hopkins Bayview Medical Center (the “Hospitals”) and on behalf of Johns Hopkins HealthCare, LLC and Johns Hopkins Employer Health Programs, Inc. for an alternative method of rate determination, pursuant to COMAR

10.37.10.06. The System requests approval from the HSCRC to continue to participate in a global rate arrangement for transplant, joint replacement, and pancreatic cancer services with Crawford Advisors, LLC for a period of one year beginning April 1, 2018.

Staff recommends that the Commission approve the Hospitals' application to continue to participate in the global rate arrangement for transplant, joint replacement, and pancreatic cancer services with Crawford Advisors, LLC for a period of one year beginning April 1, 2018, and that approval be contingent upon the execution of the standard Memorandum of Understanding.

The Commission voted unanimously to approve staff's recommendation. Commissioner Colmers recused himself from the discussion and vote.

2431R- Johns Hopkins Bayview Medical Center

No action is required as Commissioners granted Staff a 30 day extension for review of Proceeding 2431R Johns Hopkins Bayview Medical Center.

2429R Garrett Regional Medical Center

Adam Malizio, Commission Counsel, noted that the statute requires that if a hearing is to be held, the Commission must set a time and place for such hearing within 65 days of the filing of the full rate application. Mr. Malizio indicated that the Hospital, through its attorney, agreed to waive this requirement.

ITEM V **PRESENTATION BY PENINSULA REGIONAL MEDICAL CENTER ON** **POPULATION HEALTH INITIATIVES**

Steven Leonard, President and Chief Executive Officer, Bruce Ritchie, Vice President of Finance and Chief Financial Officer, and Dr. Kathryn Fiddler, Vice President of Population Health, of Peninsula Regional Medical Center (PRMC), presented an update of the PRMC population health program (See "Population Health/System Update" on the HSCRC website).

Mr. Leonard provided a background on the history of PRMC and the services and level of care provided both in the hospital and in the community. Mr. Leonard noted that PRMC service area population is approximately 480,000.

Dr. Fiddler explained how PRMC is focused on building population health models outside the walls of the hospital by engaging the community and following the "triple aim" of health care. Dr. Fiddler reviewed the PRMC population timeline highlighting various milestones over the past five years. Noted milestones included the formation of the Executive Leadership group in 2014, the conversion to EPIC system in 2016, and more recently, participation in various care redesign programs. She also provided data detailing the cost savings produced by the Transforming Clinical Practice Initiative program (TCPI). The TCPI program is a grant funded initiative that promotes improved quality and reduced costs in primary and specialty care.

Mr. Leonard noted a concern regarding challenges to population health evolution, including rising drug costs and patient flow. Mr. Leonard noted that patient flow is difficult in Maryland and that hospitals have resorted to sending patients to other states as a result. Mr. Leonard also stated that physician employment is increasingly challenging as recruitment is negatively impacted by a lack of access to technology. The lack of access is due to reduced resources and the burden of unregulated physician expense.

Commissioner Kane asked whether or not the EPIC initiative was a one-time expense of an ongoing expense. Mr. Ritchie stated that the one-time cost for the EPIC infrastructure \$30 million was depreciated over seven years, while other fees would be ongoing.

ITEM VI
FINAL RECOMMENDATION FOR UPDATES TO THE READMISSIONS
REDUCTION INCENTIVE PROGRAM FOR RY 2020

Andrea Zumbrum, Chief Quality Analysis and Reporting, presented Staff's final recommendation on the Readmission Incentive Program for FY 2020 (see "Final Recommendation for the Readmissions Reduction Incentive Program for Rate Year 2020"- on the HSCRC website).

Ms. Zumbrum noted that the only change from the draft recommendation was the addition of an update to the improvement target. Therefore, Staff's final recommendation for the Maryland Rate Year (RY) 2020 Readmissions Reduction Incentive Program policy (RRIP) is as follows:

1. The RRIP policy provides incentives to reduce readmissions on an all-payer basis.
2. Hospital performance is measured as the better of attainment or improvement.
3. Due to ICD-10 transition, a compounded improvement target is used that combines Calendar Year (CY) 2013 to Calendar Year (CY) 2016 improvement (under ICD-9) and CY2016 to CY 2018 improvement (under ICD-10); the preliminary combined improvement target will be set at 14.30% percent for CY 2020.
4. The attainment threshold is set at the 25th percentile of hospital performance in CY 2017, with an improvement factor (currently 2% from previous calendar year); the preliminary attainment target is 10.70 percent for CY 2018.
5. Hospitals are eligible for a maximum reward of 1 percent, or a maximum penalty of 2 percent, based on the better of their attainment or improvement scores.

Staff will review the improvement target and attainment benchmark in April/May against finalized CY 2017 data in order to bring back to the Commission revised performance targets if data trends warrant the revision. This may necessitate an additional vote from Commissioners.

Commissioner Keane commented that, in the future, we should focus on Medicare readmission only. Also, we should be looking at an attainment only scale for readmissions. And finally, that going forward it is important to make sure that the possible substitution of ER visits and observation stays and their impact on readmissions be taken into account in the methodology.

Mr. Peterson noted that in discussion with the Center for Medicare & Medicaid Innovation (CMMI) representative that our authority for the waiver is based on an All-Payer system and that switching to Medicare only for readmissions is problematical.

Commissioner Colmers noted that for the upcoming year we need to redouble our efforts in the area of socioeconomic and other adjustments. Commissioner Colmers agreed with Commissioner Keane that attainment with the appropriate adjustments is a better approach to measuring quality.

The Commission voted unanimously to approve staff's recommendation.

ITEM VII **POLICY UPDATE REPORT AND DISCUSSION**

Mr. Peterson provided an update on the status of the enhanced Total Cost of Care (TCOC) Model. He noted that the leadership at the Department of Health and Human Services (HHS) and the Centers for Medicare & Medicaid Services (CMS) have expressed support of the current agreement. Staff has received new contract language for the TCOC Model, as well as a new draft of the amendment to the current agreement to institute the Medicare Performance Adjustment (MPA). Though no timeline was provided, HHS promised to review the model and continue to move through the clearance process.

Mr. Peterson discussed the formation of the Stakeholder Innovation Group (SIG) to develop new provider led care redesign tracks and delivery models. Mr. Peterson stated that SIG is discussing the provider survey issued by the Maryland Department of Health, which deals with identifying those ideas which are most likely to expand innovation, to improve quality, and reduce care. The SIG is also discussing accessing data to guide Medicare savings opportunities and develop new programs.

Allan Pack, Director Population Based Methodologies, provided an update on the status of three work groups

Performance Measurement-Work group is completing its work to update the rate year 2020 policies. The work group is also finalizing the definition of "avoidable utilization" for rate year 2019.

Clinical Adverse Event Measures –Nominations for this sub-group of the Performance Measurement workgroup which is to evaluate and recommend changes to measuring hospital acquired complications met for the first time in February and will continue to meet monthly.

Inter-hospital Cost Comparisons (ICC) - This work group is developing a scoring matrix to use in full rate applications. The scoring matrix includes price efficiency, Medicare total cost of care growth in primary service areas, and quality improvement and attainment scoring. The ICC work group will continue to meet quarterly to address other comparison issues, including revenue excluded from price efficiency measures.

Mr. Peterson noted that the TCOC work group is collecting the information needed for Accountable Care Organization attribution under the Medicare Performance Adjustment (MPA). The work group continues to explore options under the MPA.

ITEM VIII **LEGISLATIVE UPDATE**

Ms. Katie Wunderlich, Director Engagement and Alignment presented a summary of the legislation of interest to the HSCRC (See Legislative List Feb. 2018- on the HSCRC website)

The Bills included: 1) House Bill 160/Senate Bill 185 – Budget Bill FY 2019, House Bill 161/Senate Bill 187- Budget Reconciliation and Financing Act of 2018, House Bill 1782 – Maryland Health Care Access Act of 2018, House Bill 1795- Maryland Health Benefit Exchange – Establishment of a Reinsurance Program Senate Bill 387 - Health Insurance- Health Care Access Program, House Bill 660- Public Health- State Provided Health Care Benefits for State Benefits, Senate Bill 878/House Bill 1312- Health Insurance- Medicaid Buy-In Task Force, Senate Bill 1011/House Bill 1167 – Protect Maryland Health Care Act of 2018, Senate Bill 690/House Bill 726- Maryland Department of Health- Basic Health Program – Implementation, Senate Bill 30/House Bill 1581- Health Care Malpractice Qualified Expert, House Bill 0289/Senate Bill 36- Civil Actions- Noneconomic Damages, Senate Bill 0862/House Bill 909- Maryland No-Fault Birth Injury, House Bill 384 – Substance Use Facilities and Programs – Certificate of Need- Repeal of Requirement, Senate Bill 619/House Bill 1282- Health Maintenance Organization- Certificate of - Patient’s Bill of Rights, House Bill 596/Senate Bill 234- Interstate Medical Licensure Compact, House Bill 614/Senate Bill 390- Hospitals- Changes in Status- Hospital Employee Retraining and Placement, House Bill 562/Senate Bill 530- Hospitals- Patient’s Bill of Rights, House Bill 855/Senate Bill 1082- State Government- Regulations Impacting Small Businesses – Economic Impact Analysis, Senate Bill 0923 – Maryland All-Payer Model Agreement – Medicare Skilled Nursing Facility 3 – Day Rule – Waiver, Senate Bill 1056- Rural Health Collaborative Pilot, Senate Bill 682- Medical Assistance Program and Health Insurance- Emergency Medical Services Providers – Coverage and Reimbursement of Services, Senate Bill 1056- Rural Health Collaborative Pilot, Senate Bill 0017- Health Information Exchange- Definitions and Regulations, Senate Bill 527 – Health- Standards of Involuntary Admissions and Petitions for Emergency Evaluation- Modification, Senate Bill 1023/House Bill 1194- Drug Cost Review Commission, Senate Bill 835/House Bill 1682- Maryland Medical Assistance Program- Collaborative Care Pilot Program, Senate Bill 0921/House Bill 1531- Task Force on the Premature Discharge of Patients With Substance Use Disorders, Senate Bill 994/House Bill 1541- Disclosure of Tax Benefits- Nonprofit Hospitals, House Bill 115/ Senate Bill 13- Electronic Prescription Records Cost Saving Act of 2018, House Bill 1804- Health- University of Maryland System - Grant and House Bill 0041 Hospitals- Community Benefit Report – Disclosure of Tax Exemption and Senate Bill 1024/House Bill 1519- Self Referrals- Oncology Group Practices- Exemptions

ITEM IX
HEARING AND MEETING SCHEDULE

April 11, 2018 Times to be determined, 4160 Patterson Avenue
HSCRC Conference Room

May 9, 2018 Times to be determined, 4160 Patterson Avenue
HSCRC Conference Room

There being no further business, the meeting was adjourned at 2:47 p.m.



Monitoring Maryland Performance Medicare Fee-for-Service (FFS)

Data through December 2017 – Claims paid through February

Source: CMMI Monthly Data Set

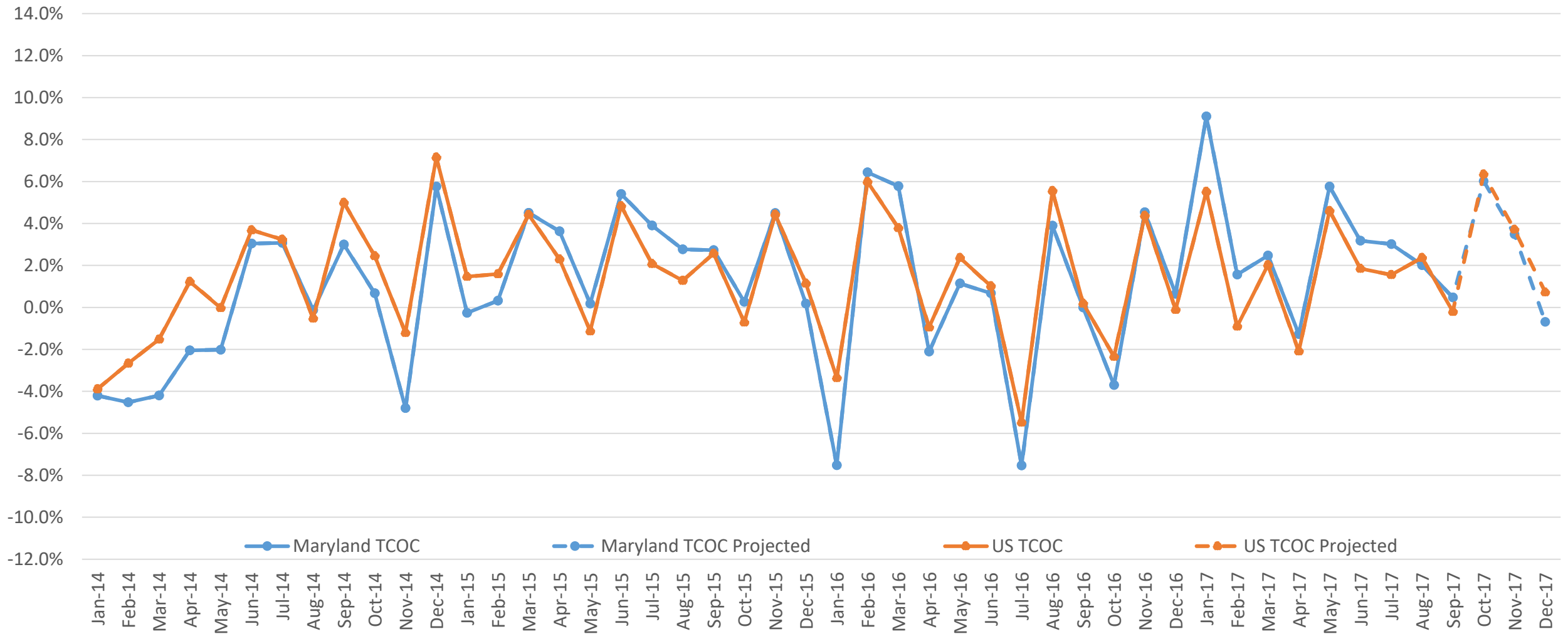


Disclaimer:

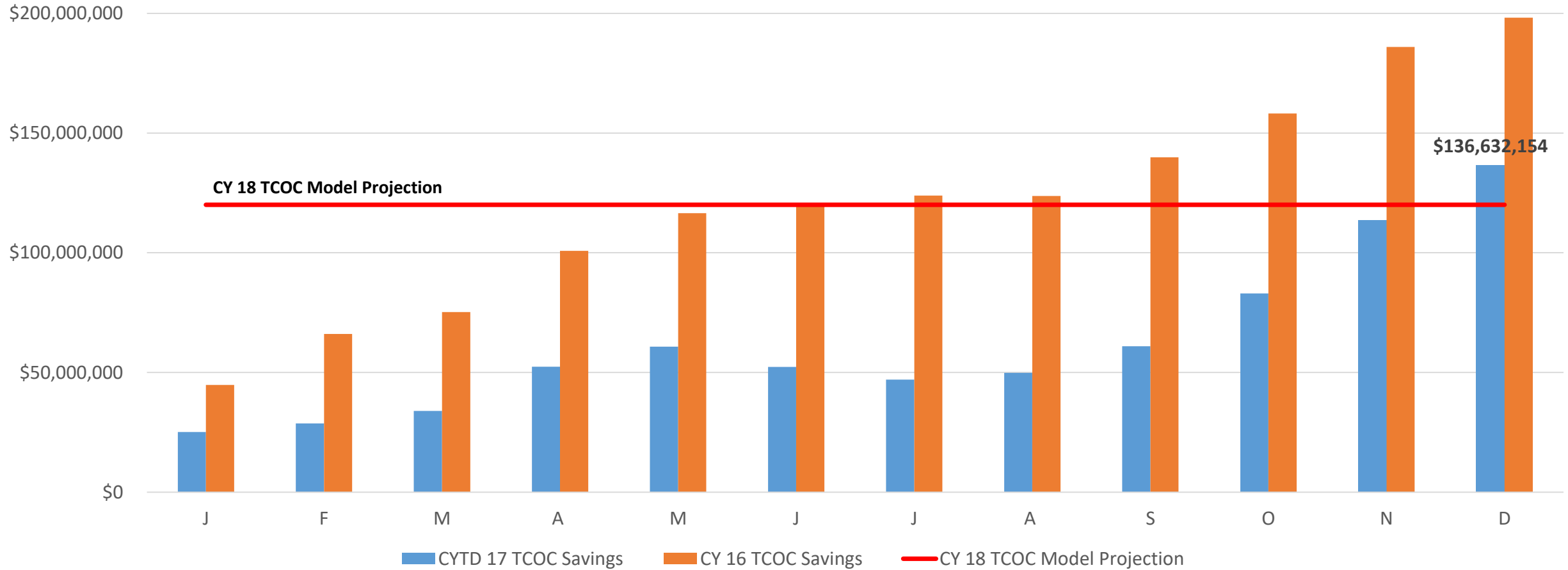
Data contained in this presentation represent analyses prepared by HSCRC staff based on data summaries provided by the Federal Government. The intent is to provide early indications of the spending trends in Maryland for Medicare FFS patients, relative to national trends. HSCRC staff has added some projections to the summaries. This data has not yet been audited or verified. Claims lag times may change, making the comparisons inaccurate. ICD-10 implementation and EMR conversion could have an impact on claims lags. These analyses should be used with caution and do not represent official guidance on performance or spending trends. These analyses may not be quoted until public release.

Medicare Total Cost of Care per Capita

Actual Growth Trend (CY month vs. prior CY month)



Annual Total Cost of Care Savings





Monitoring Maryland Performance Financial Data

Year to Date through February 2018*

Source: Hospital Monthly Volume and Revenue and Financial Statement Data
Run: April 2018

*Not adjusted for undercharge that occurred in Jul-Dec 2016

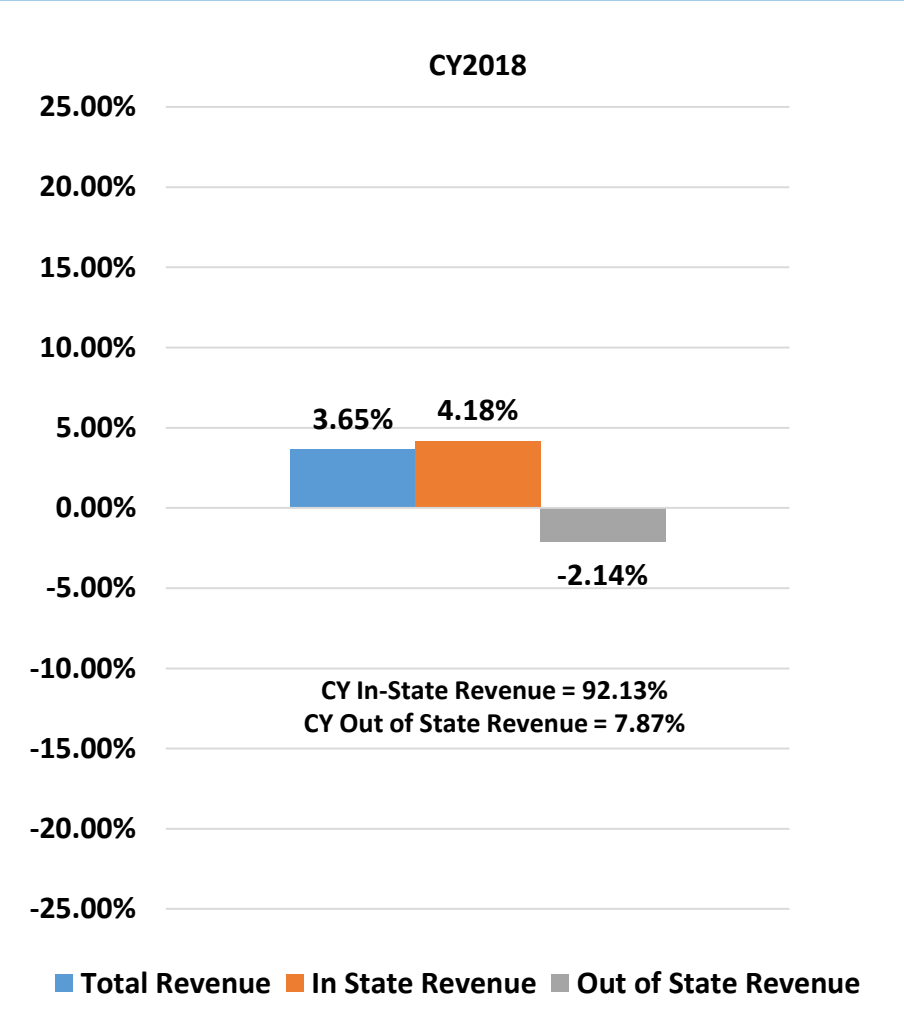
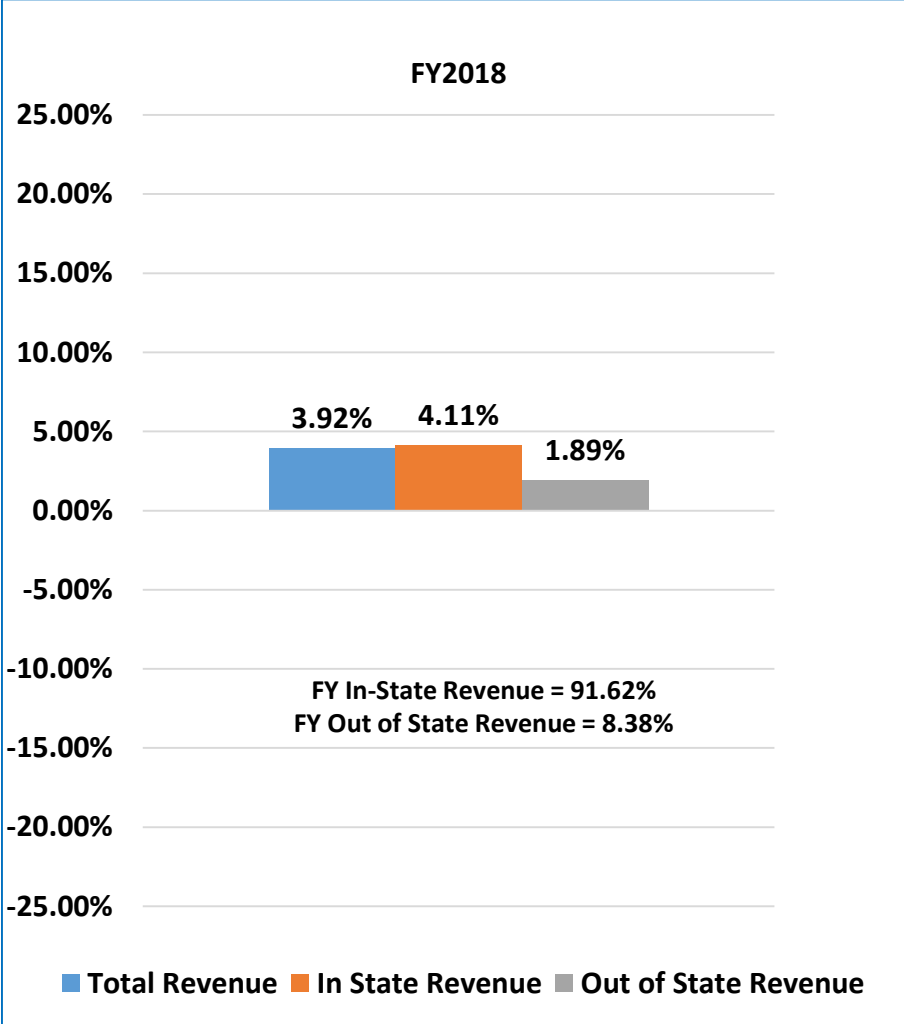


The per capita growth data pertaining to the Medicare FFS beneficiary counts beginning January 1, 2017 have been revised. CMS has changed the enrollment source for the Chronic Condition Data Warehouse (CCW) from the Enrollment Database (EDB) to the Common Medicare Environment (CME) database. Part A changed very slightly and Part B is more noticeably changed.

The Population Estimates from the Maryland Department of Planning have been revised in December, 2017. The new FY 18 Population growth number is 0.46%.

Gross All Payer Hospital Revenue Growth

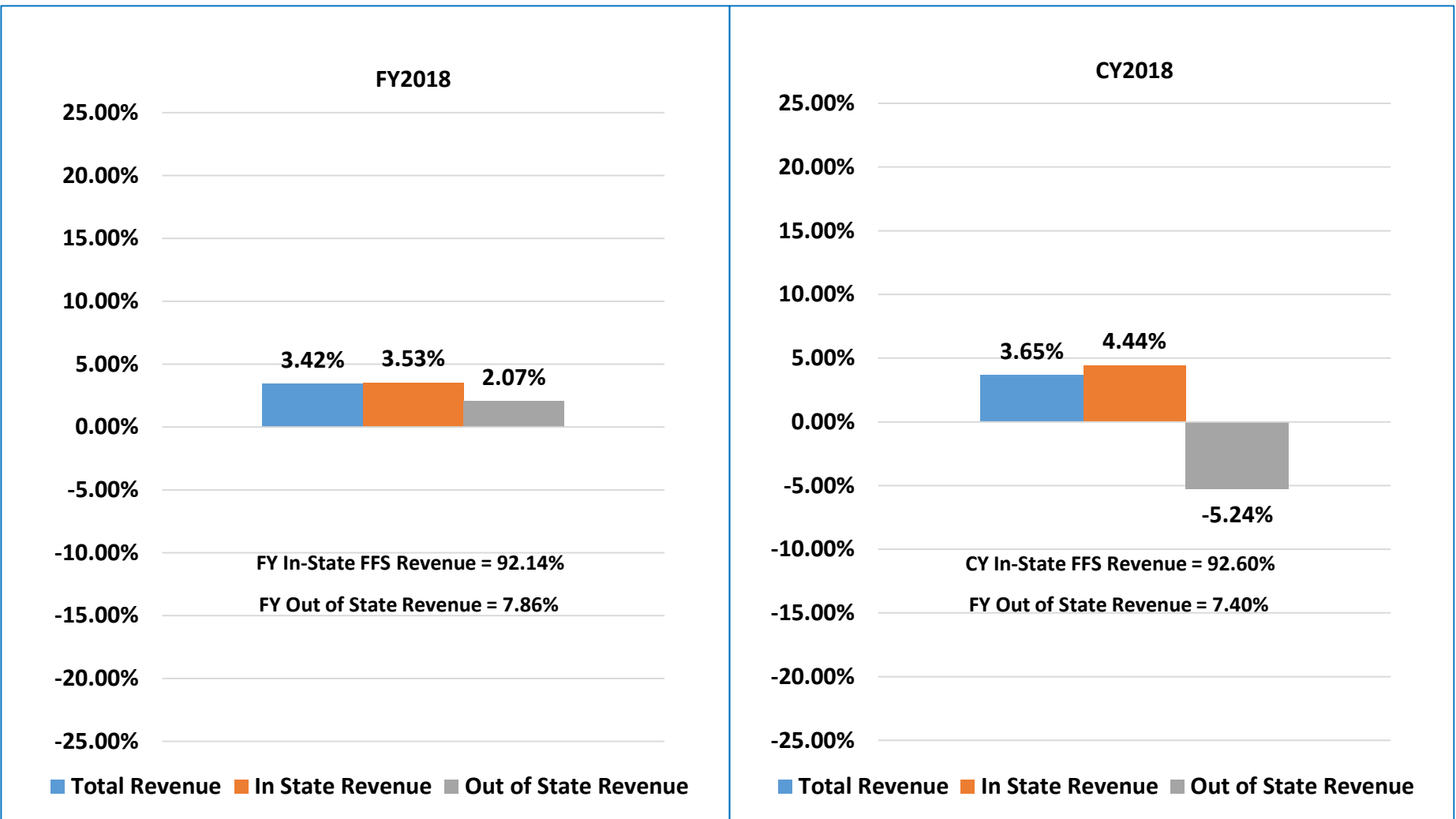
FY 2018 (July 17 – Feb 18 over July 16 – Feb 17) and CY 2018 (Jan-Feb 18 over Jan-Feb 17)



The State's Fiscal Year begins July 1

Gross Hospital Medicare Fee for Service Revenue Growth

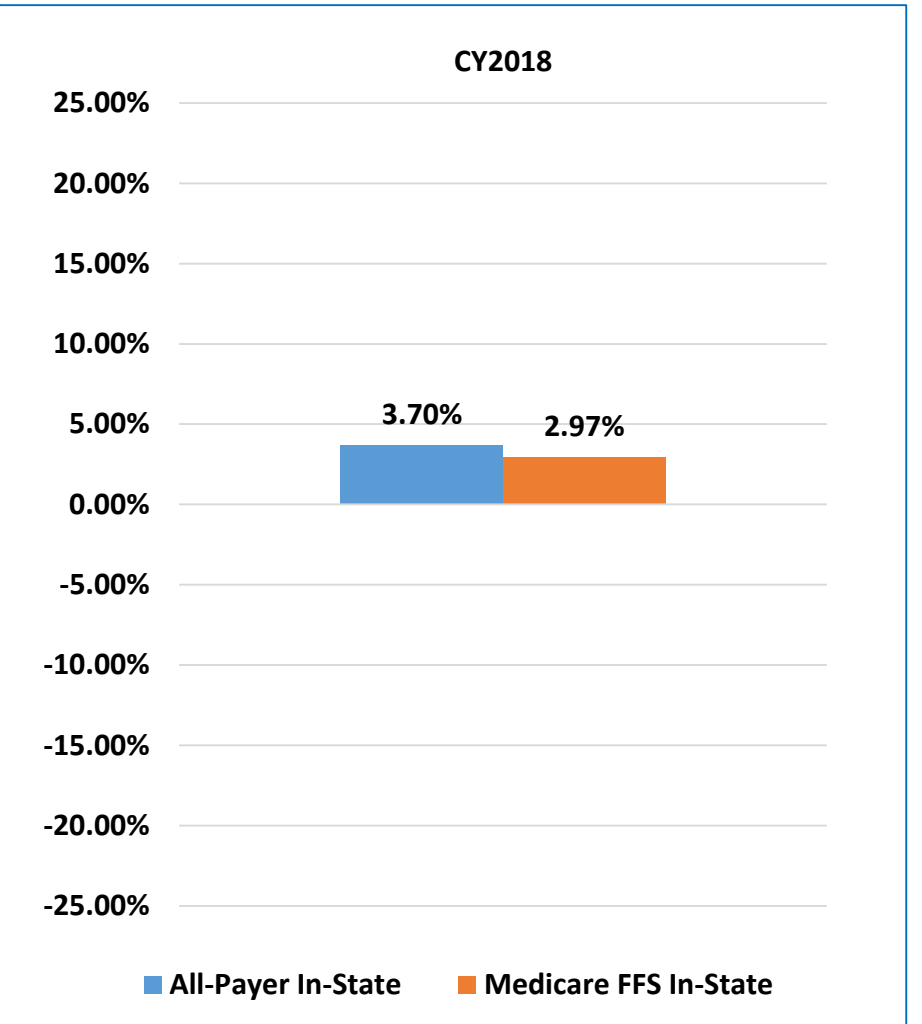
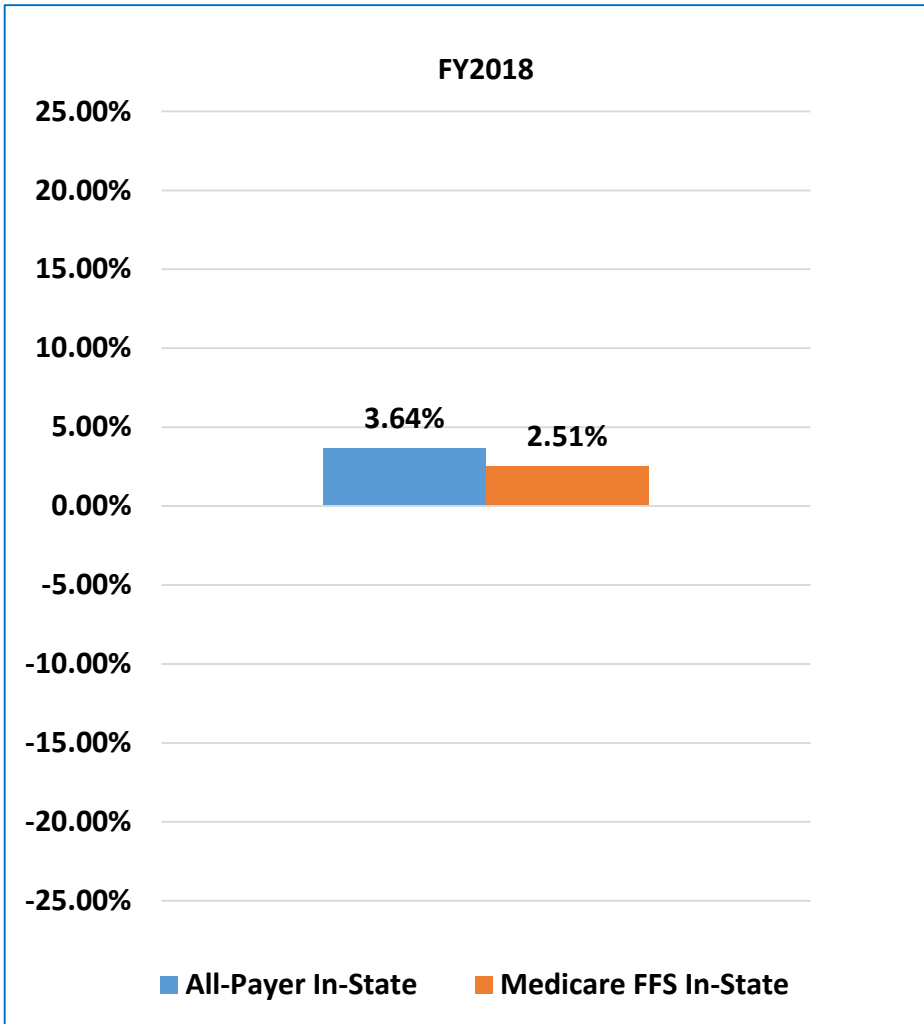
FY 2018 (July 17 – Feb 18 over July 16 – Feb 17) and CY 2018 (Jan - Feb 18 over Jan – Feb 17)



The State's Fiscal Year begins July 1

Hospital Revenue Per Capita Growth Rates

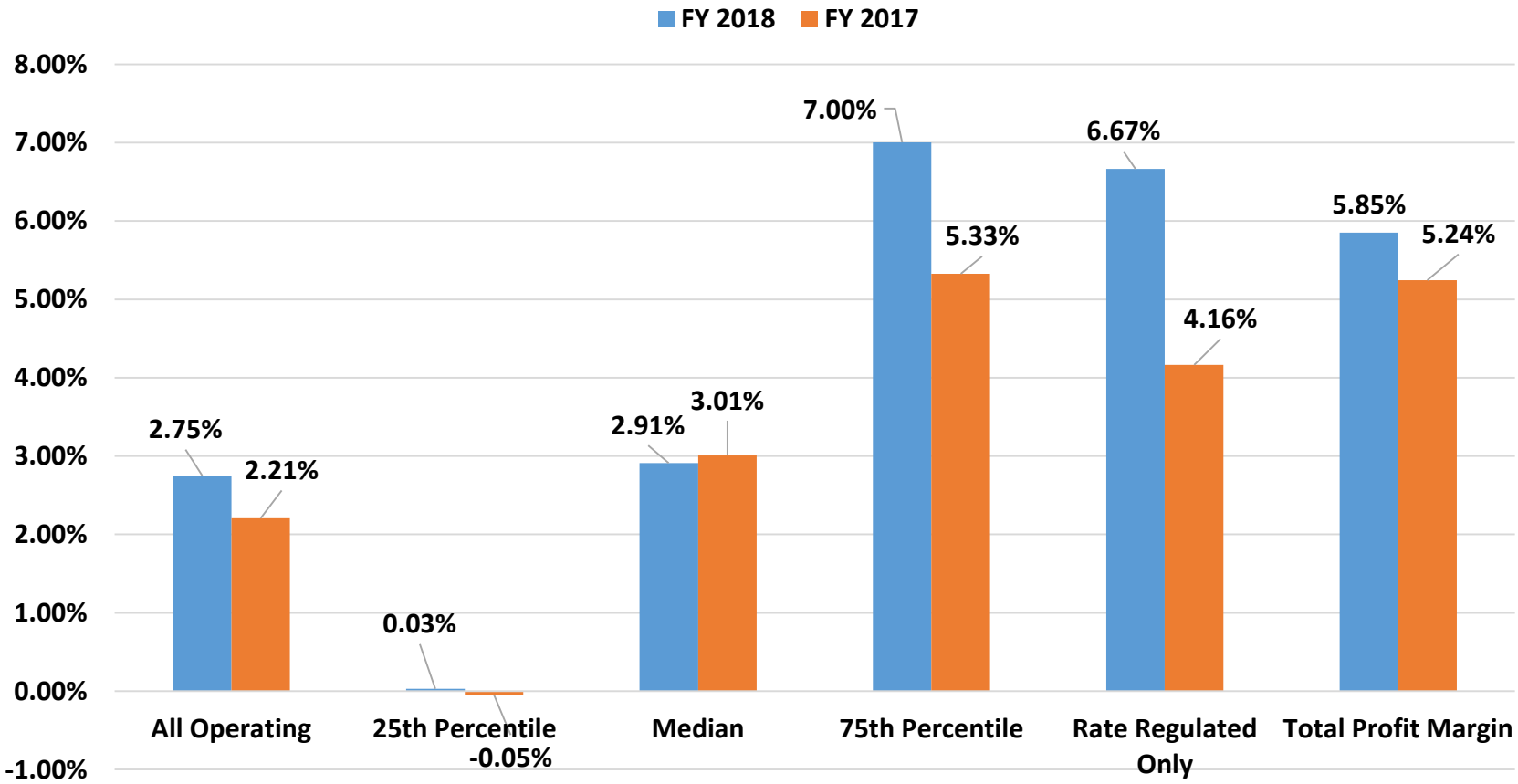
FY 2018 (Jul 17–Feb 18 over July 16–Feb 17) and CY 2018 (Jan-Feb 17 over Jan-Feb 18)



The State's Fiscal Year begins July 1

Hospital Operating and Total Profits

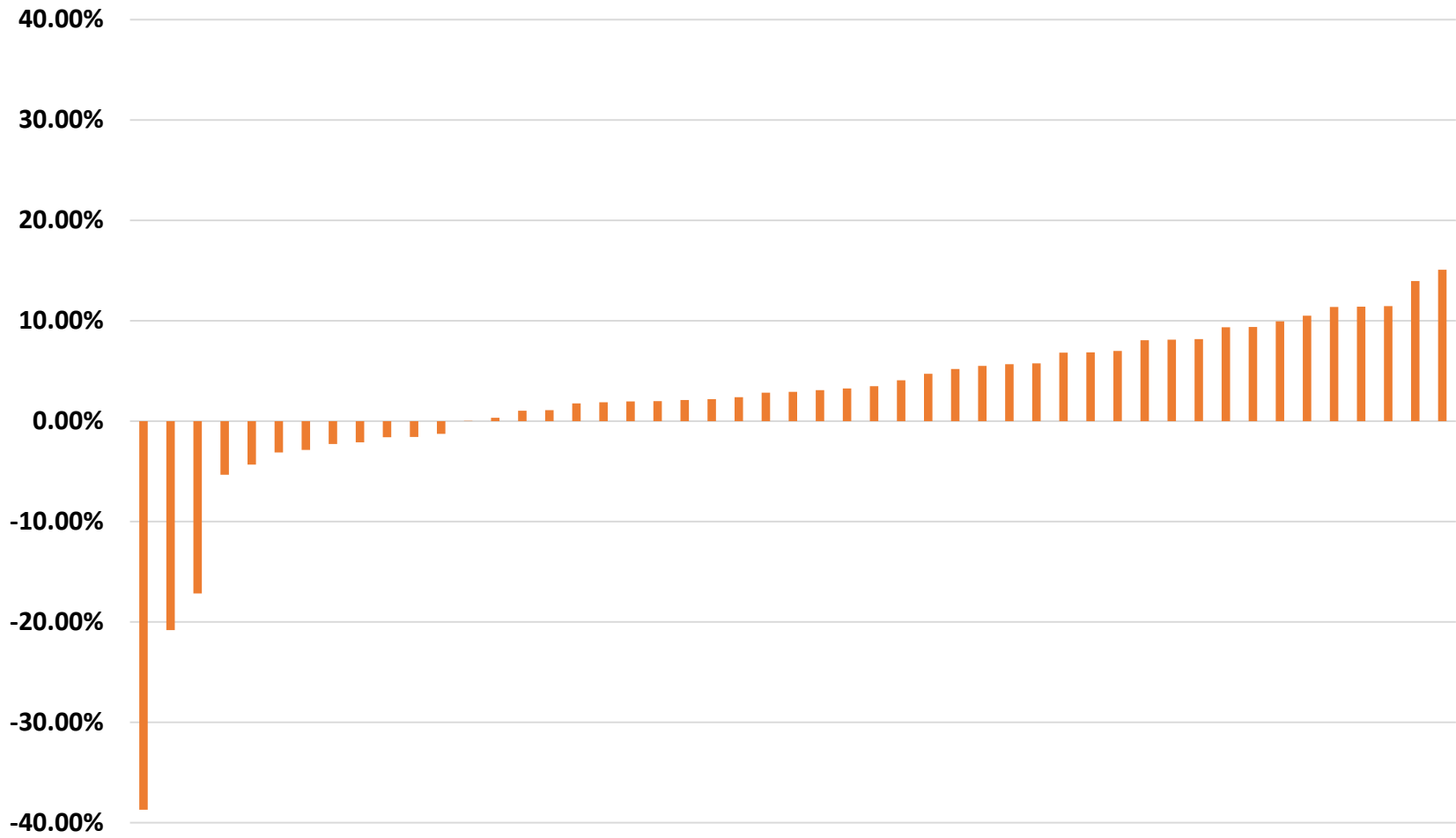
Fiscal Year 2018 (July 2017 – February 2018) Compared to Same Period in Fiscal Year 2017 (July 2016 – February 2017)



FY 2018 unaudited hospital operating profits to date show an increase of 0.54 percentage points in total operating profits compared to the same period in FY 2017. Rate regulated profits for FY 2018 have increased by 2.51 percentage points compared to the same period in FY 2017.

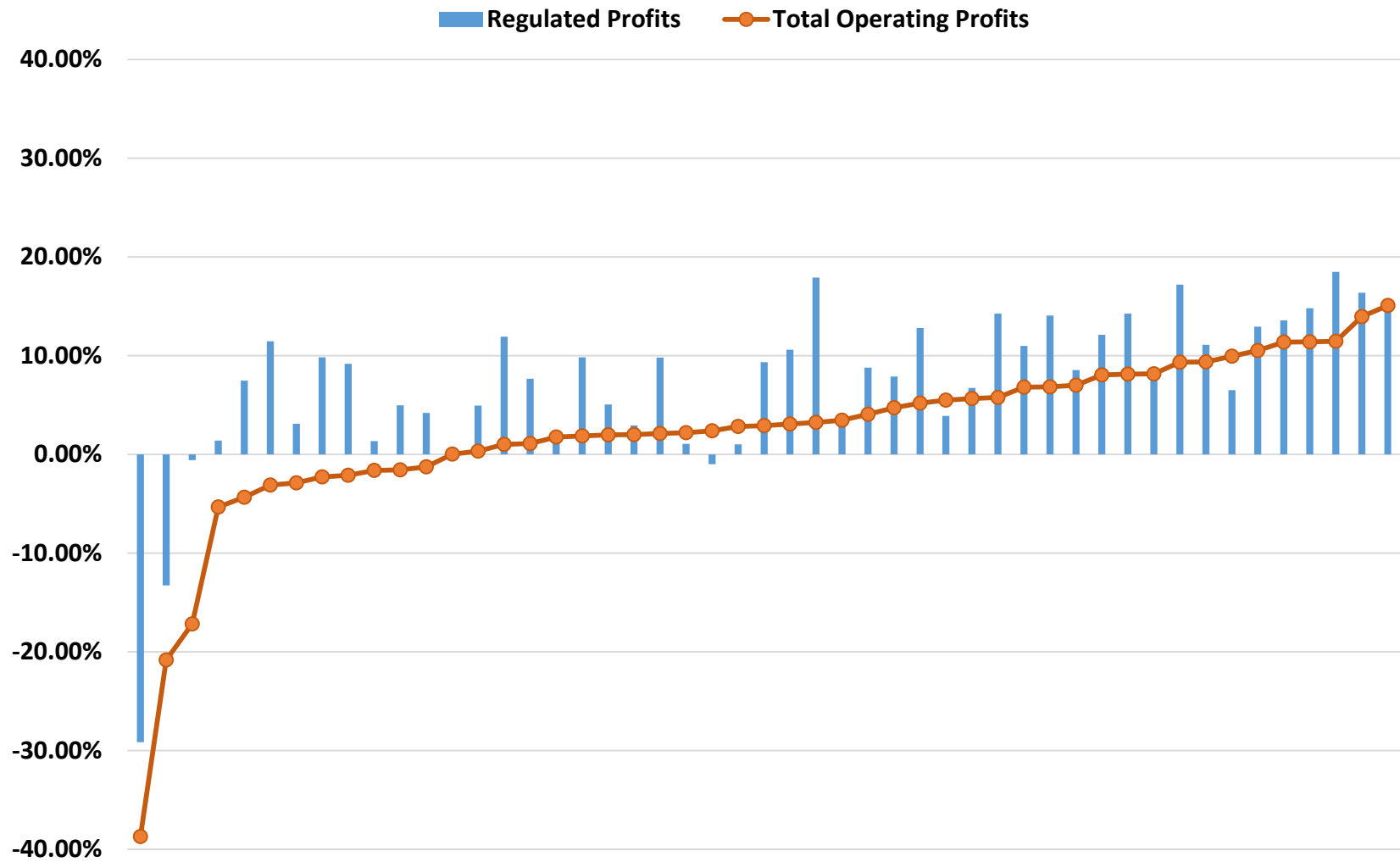
Operating Profits by Hospital

Fiscal Year 2018 (July 2017 – February 2018)



Regulated and Operating Profits by Hospital

Fiscal Year 2018 (July 2017 – February 2018)



Monitoring Maryland Performance Financial/Utilization Data

Calendar Year to Date through February 2018

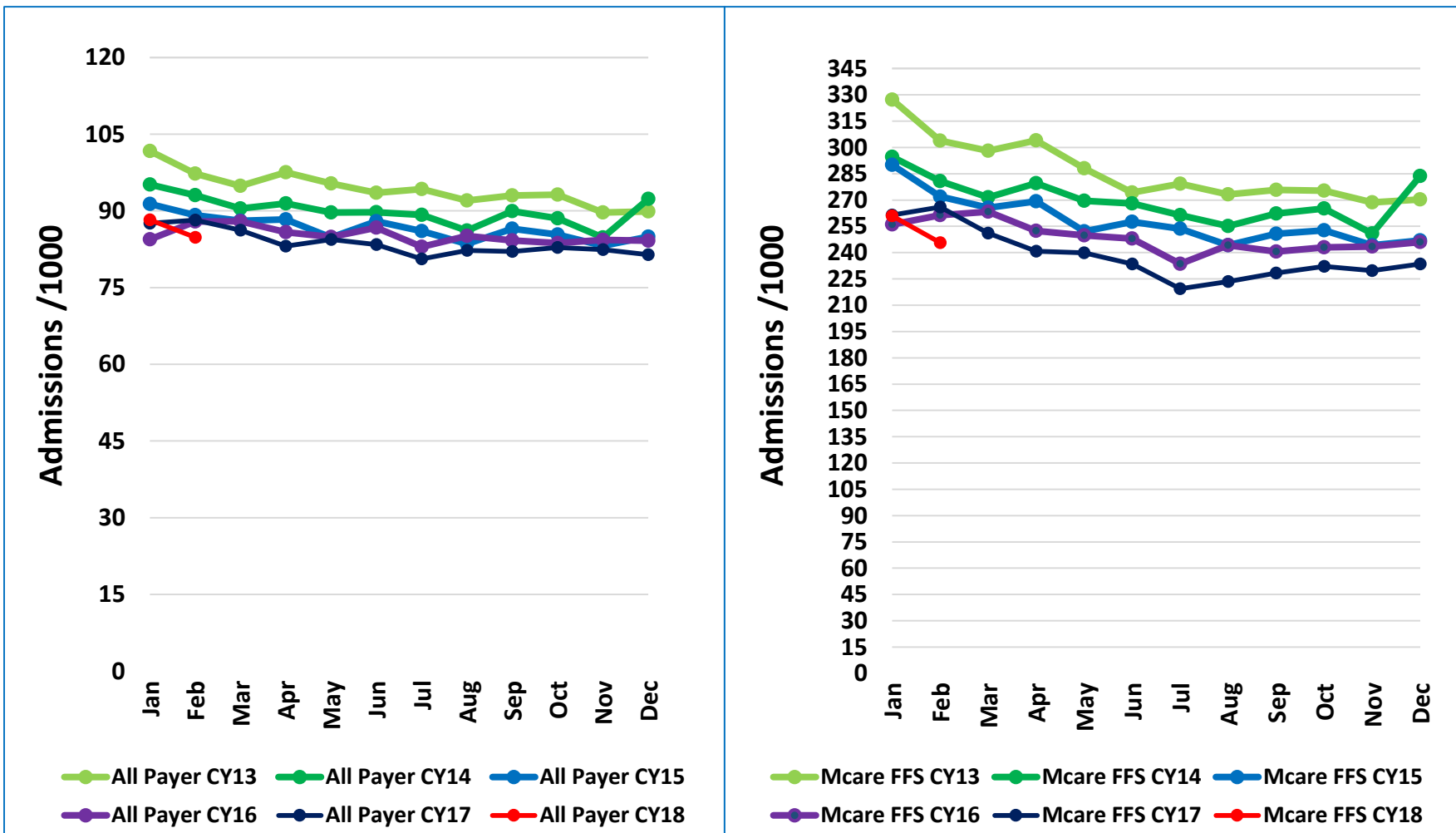
Source: Hospital Monthly Volume and Revenue Data

The per capita growth data pertaining to the Medicare FFS beneficiary counts beginning January 1, 2017 have been revised. CMS has changed the enrollment source for the Chronic Condition Data Warehouse (CCW) from the Enrollment Database (EDB) to the Common Medicare Environment (CME) database. Part A changed very slightly and Part B is more noticeably changed.

The Maryland Department of Planning released new population estimates in December 2017. The population numbers used to calculate the ADK, BDK and EDK have been revised accordingly.

Annual Trends for ADK Annualized

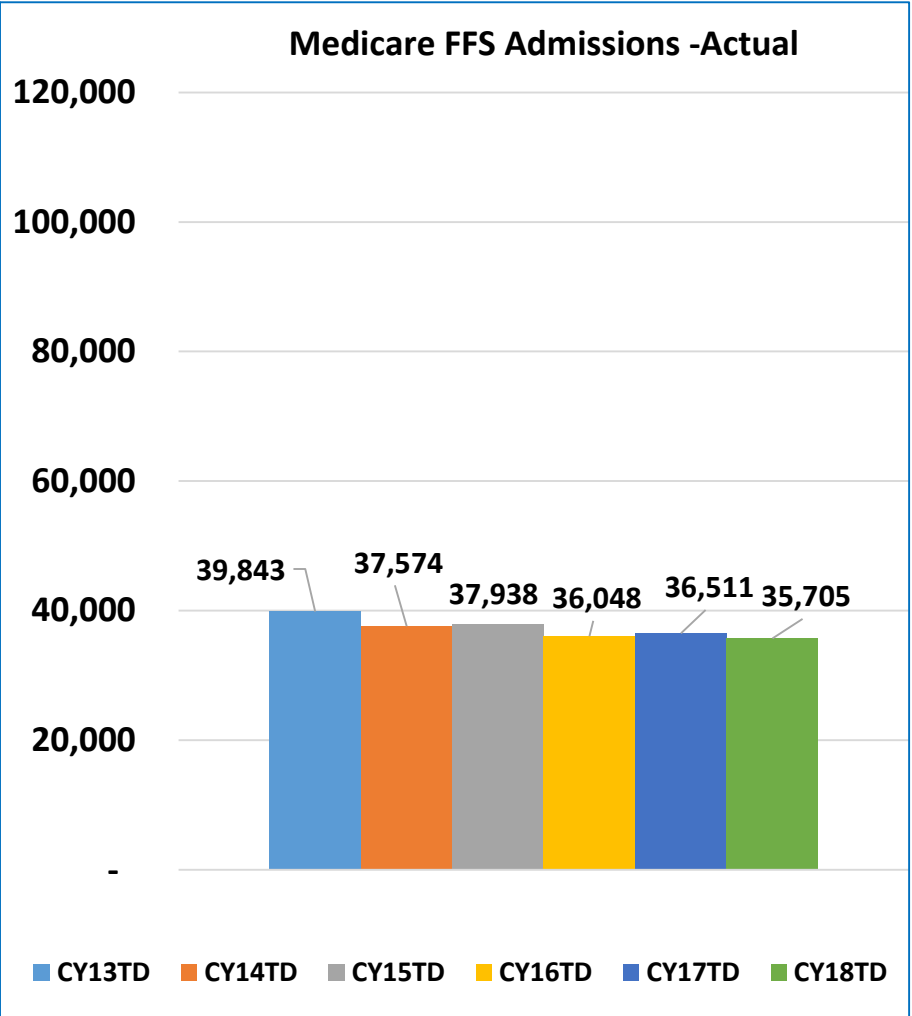
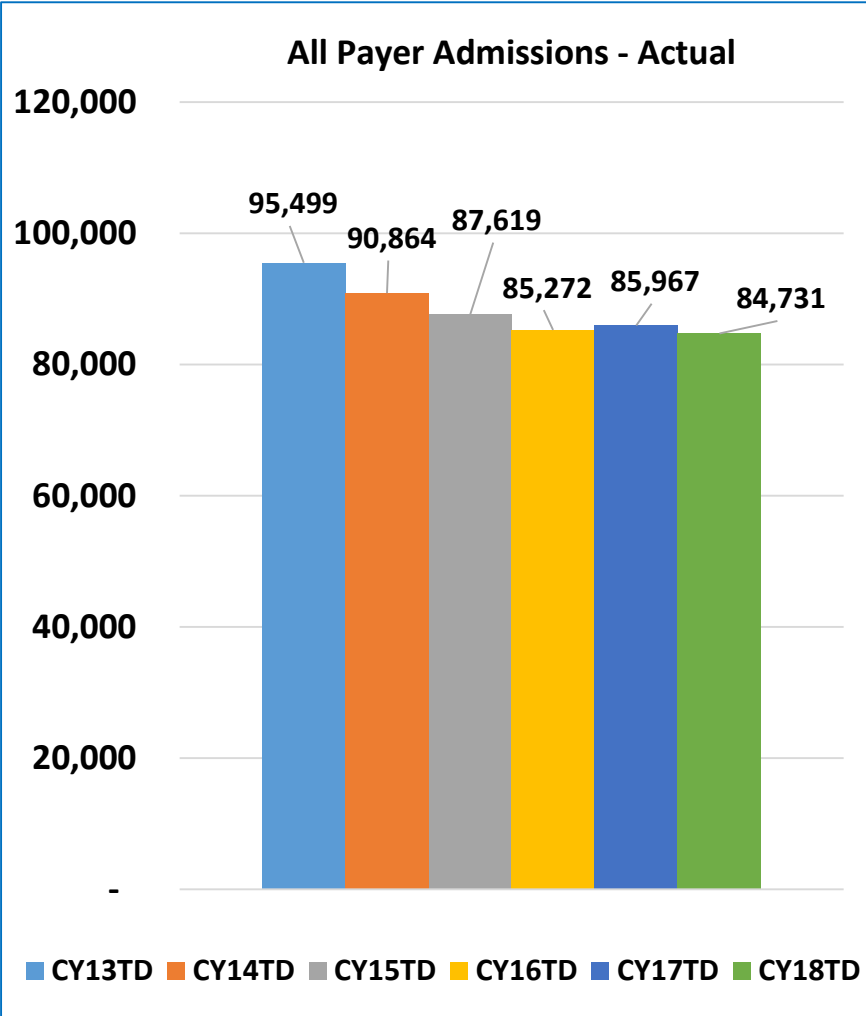
All Payer and Medicare Fee For Service (CY 2013 through CY 2018 February)



Note - The admissions do not include out of state migration or specialty psych and rehab hospitals.

Actual Admissions by Calendar Year - January

(CY 2013 through CY 2018)



Note - The admissions do not include out of state migration or specialty psych and rehab hospitals.



Change in Admissions by Calendar YTD February

(CY 2013 through CY 2018)

Change in All Payer Admissions CYTD13 vs. CYTD14 = -4.85%
Change in All Payer Admissions CYTD14 vs. CYTD15 = -3.57%
Change in All Payer Admissions CYTD15 vs. CYTD16 = -2.68%
Change in All Payer Admissions CYTD16 vs. CYTD17 = 0.81%
Change in All Payer Admissions CYTD17 vs. CYTD18 = -1.44%

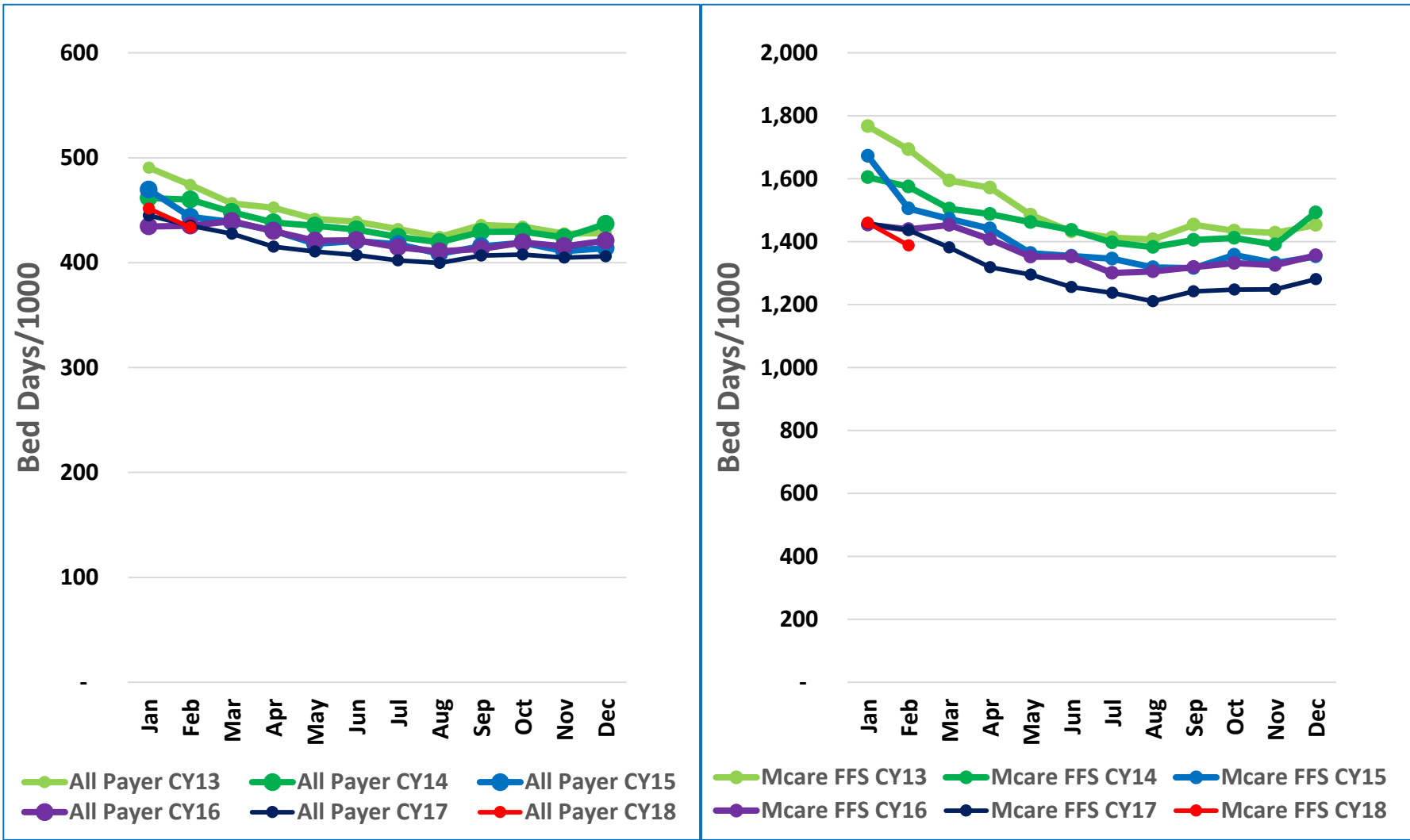
Change in ADK CYTD 13 vs. CYTD 14 = -5.45%
Change in ADK CYTD 14 vs. CYTD 15 = -4.06%
Change in ADK CYTD 15 vs. CYTD 16 = -3.07%
Change in ADK CYTD 16 vs. CYTD 17 = 0.36%
Change in ADK CYTD 17 vs. CYTD 18 = -1.44%

Change in Medicare FFS Admissions CYTD13 vs. CYTD14 = -5.69%
Change in Medicare FFS Admissions CYTD14 vs. CYTD15 = 0.97%
Change in Medicare FFS Admissions CYTD15 vs. CYTD16 = -4.98%
Change in Medicare FFS Admissions CYTD16 vs. CYTD17 = 1.28%
Change in Medicare FFS Admissions CYTD17 vs. CYTD18 = -2.21%

Change in Medicare FFS ADK CYTD 13 vs. CYTD 14 = -8.86%
Change in Medicare FFS ADK CYTD 14 vs. CYTD 15 = -2.31%
Change in Medicare FFS ADK CYTD 15 vs. CYTD 16 = -6.53%
Change in Medicare FFS ADK CYTD 16 vs. CYTD 17 = 0.19%
Change in Medicare FFS ADK CYTD 17 vs. CYTD 18 = -3.71%

Annual Trends for BDK Annualized

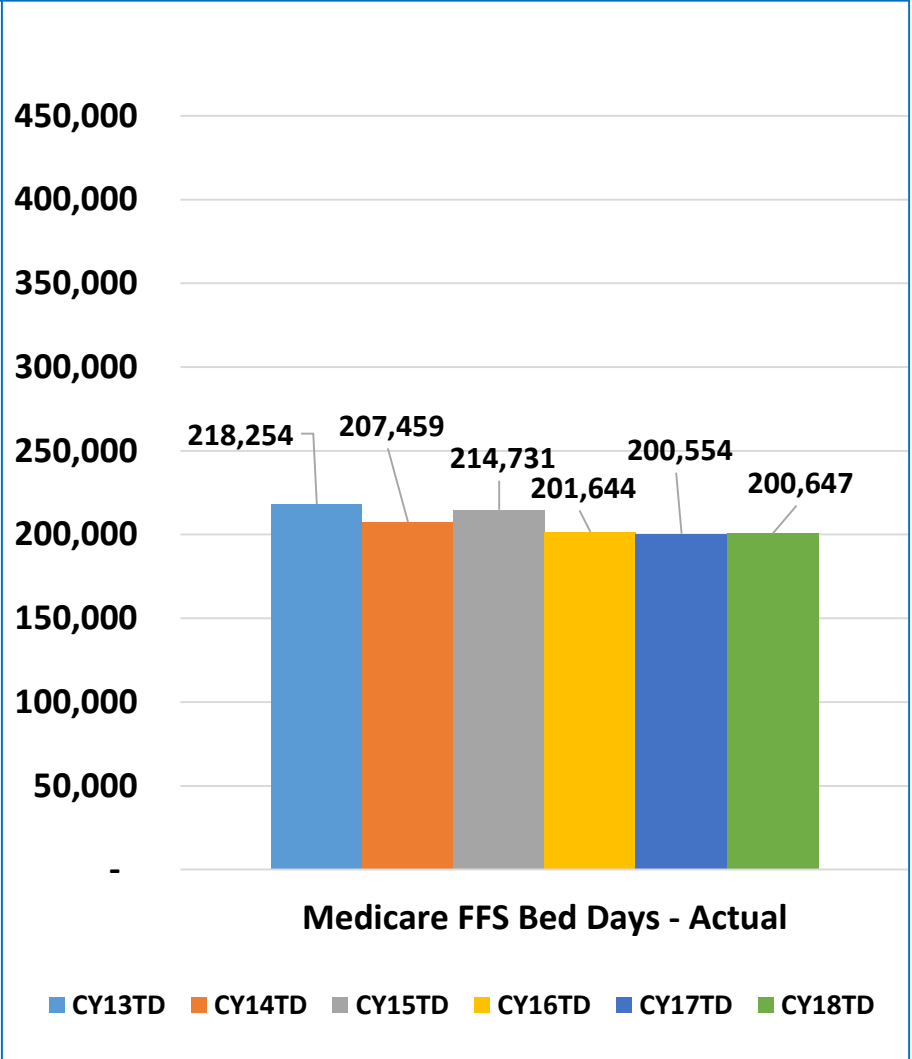
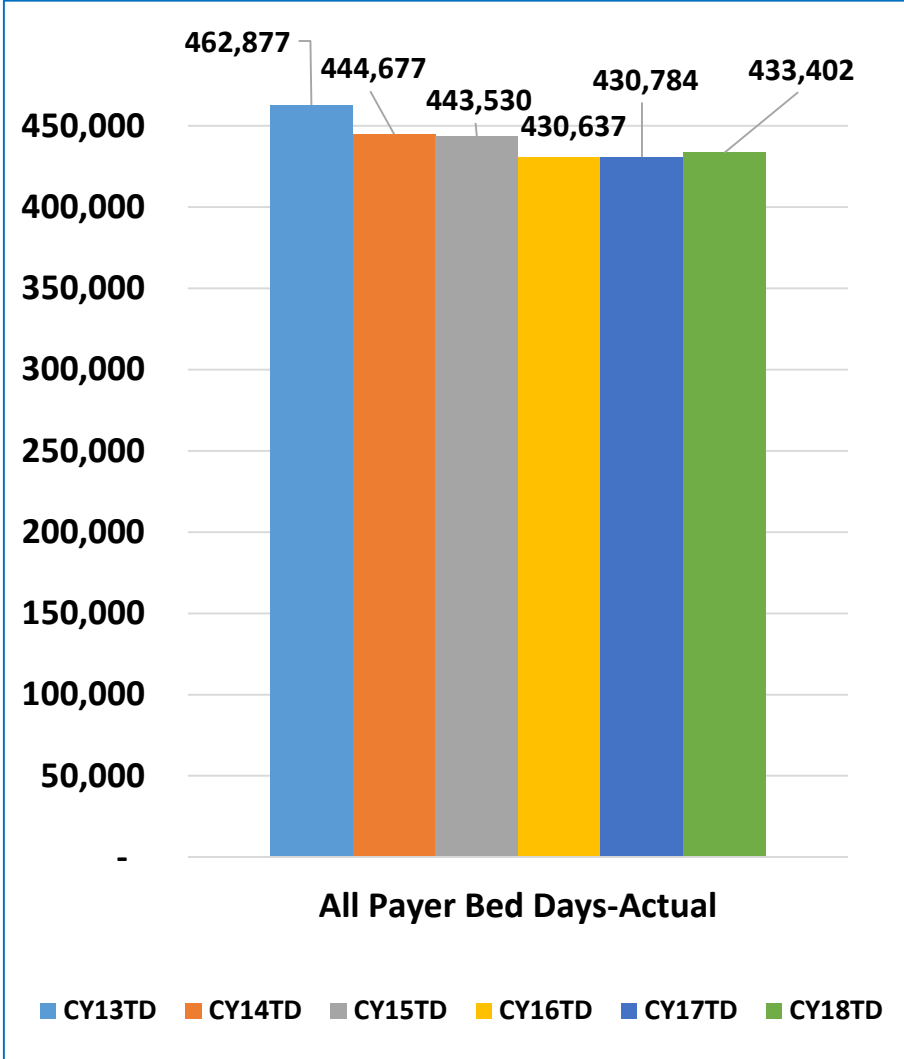
All Payer and Medicare Fee For Service (CY 2013 through CY 2018 February)



Note - The bed days do not include out of state migration or specialty psych and rehab hospitals.

Actual Bed Days by Calendar YTD February

(CY 2013 through CY 2018)



Note - The bed days do not include out of state migration or specialty psych and rehab hospitals.

Change in Bed Days by Calendar YTD February

(CY 2013 through CY 2018)

Change in All Payer Bed Days CYTD13 vs. CYTD14 = -3.93%

Change in All Payer Bed Days CYTD14 vs. CYTD15 = -0.26%

Change in All Payer Bed Days CYTD15 vs. CYTD16 = -2.91%

Change in All Payer Bed Days CYTD16 vs. CYTD17 = 0.03%

Change in All Payer Bed Days CYTD17 vs. CYTD18 = 0.61%

Change in BDK CYTD 13 vs. CYTD 14 = -4.54%

Change in BDK CYTD 14 vs. CYTD 15 = -0.76%

Change in BDK CYTD 15 vs. CYTD 16 = -3.30%

Change in BDK CYTD 16 vs. CYTD 17 = -0.42%

Change in BDK CYTD 17 vs. CYTD 18 = 0.61%

Change in Medicare FFS Bed Days CYTD13 vs. CYTD14 = -4.95%

Change in Medicare FFS Bed Days CYTD14 vs. CYTD15 = 3.51%

Change in Medicare FFS Bed Days CYTD15 vs. CYTD16 = -6.09%

Change in Medicare FFS Bed Days CYTD16 vs. CYTD17 = -0.54%

Change in Medicare FFS Bed Days CYTD17 vs. CYTD18 = 0.05%

Change in Medicare FFS BDK CYTD 13 vs. CYTD 14 = -8.14%

Change in Medicare FFS BDK CYTD 14 vs. CYTD 15 = 0.14%

Change in Medicare FFS BDK CYTD 15 vs. CYTD 16 = -7.63%

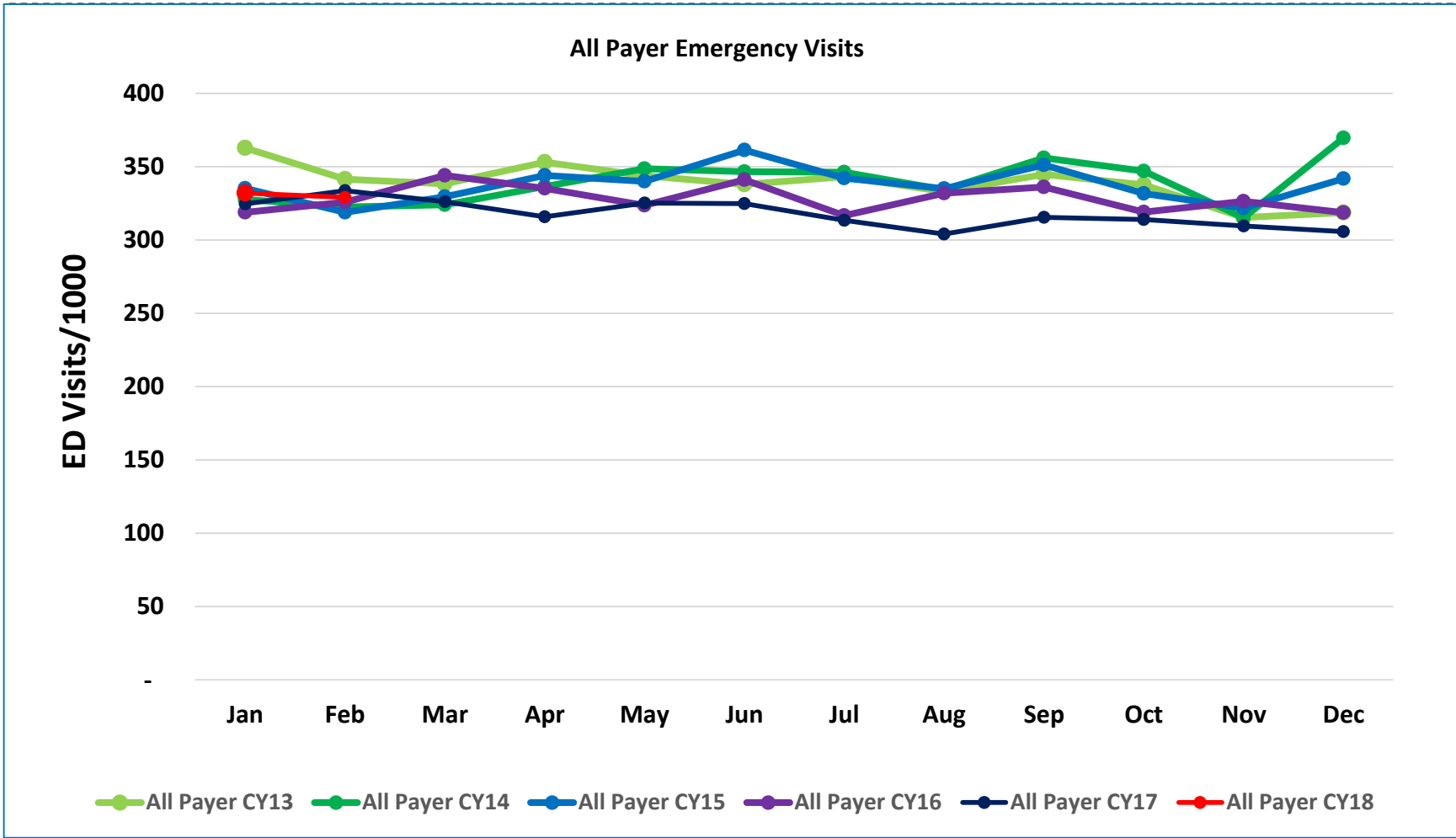
Change in Medicare FFS BDK CYTD 16 vs. CYTD 17 = -1.61%

Change in Medicare FFS BDK CYTD 17 vs. CYTD 18 = -1.50%



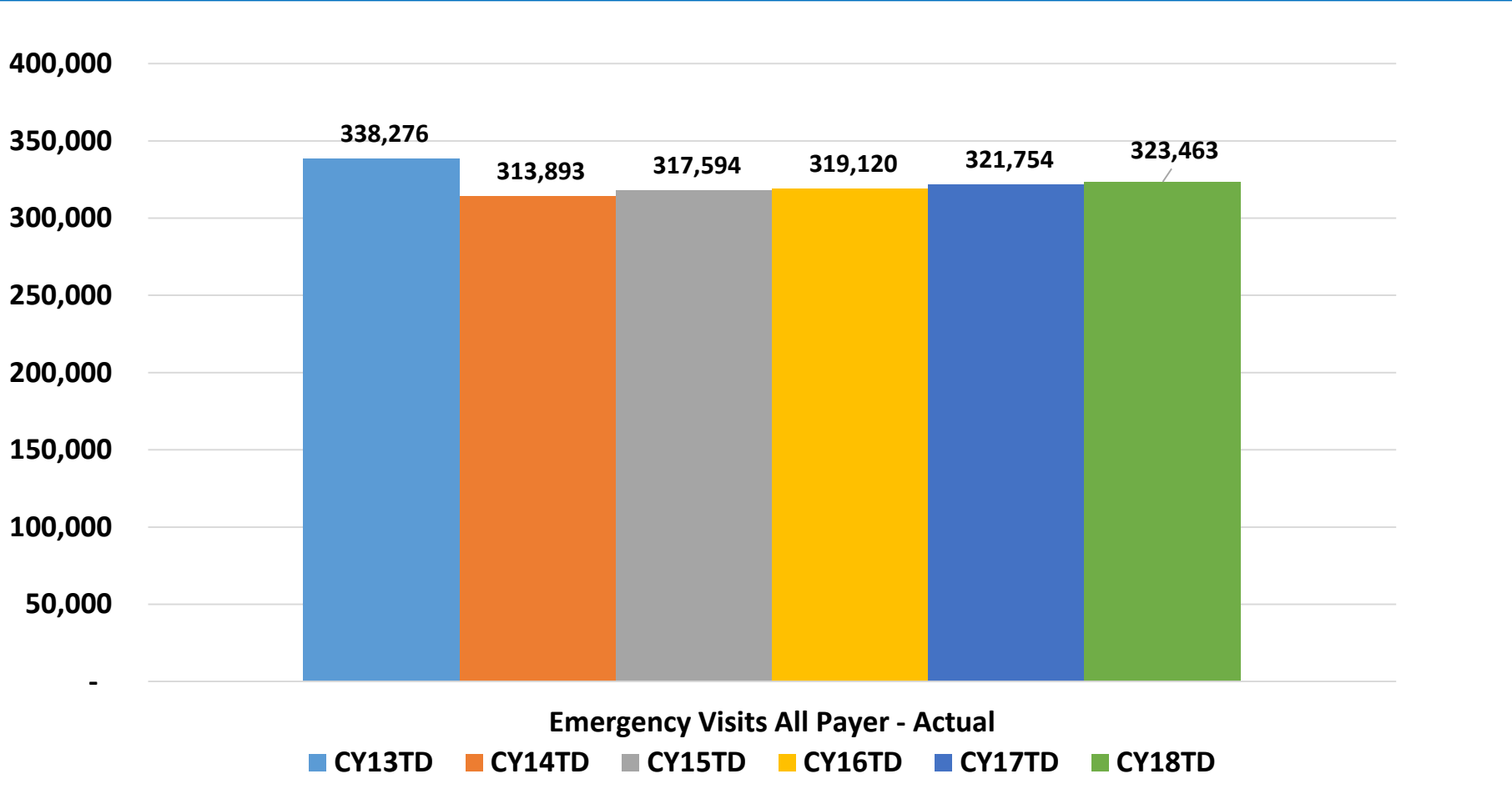
Annual Trends for EDK Annualized

All Payer (CY 2013 through CY2018 February)



Note - The ED Visits do not include out of state migration or specialty psych and rehab hospitals.

Actual Emergency Department Visits by Calendar YTD February (CY 2013 through CY 2018)



Note - The ED Visits do not include out of state migration or specialty psych and rehab hospitals.

Change in ED Visits by Calendar YTD February

(CY 2013 through CY 2018)

- Change in ED Visits CYTD 13 vs. CYTD 14 = - 7.21%**
- Change in ED Visits CYTD 14 vs. CYTD 15 = 1.18%**
- Change in ED Visits CYTD 15 vs. CYTD 16 = 0.48%**
- Change in ED Visits CYTD 16 vs. CYTD 17 = 0.83%**
- Change in ED Visits CYTD 17 vs. CYTD 18 = 0.53%**

- Change in EDK CYTD 13 vs. CYTD 14 = -7.79%**
- Change in EDK CYTD 14 vs. CYTD 15 = 0.67%**
- Change in EDK CYTD 15 vs. CYTD 16 = 0.08%**
- Change in EDK CYTD 16 vs. CYTD 17 = 0.37%**
- Change in EDK CYTD 17 vs. CYTD 18 = 0.53%**

Purpose of Monitoring Maryland Performance

Evaluate Maryland's performance against All-Payer Model requirements:

All-Payer total hospital per capita revenue growth ceiling for Maryland residents tied to long term state economic growth (GSP) per capita

- 3.58% annual growth rate
- **Medicare payment savings** for Maryland beneficiaries compared to dynamic national trend. Minimum of \$330 million in savings over 5 years
- **Patient and population centered-measures** and targets to promote population health improvement
 - Medicare readmission reductions to national average
 - 30% reduction in preventable conditions under Maryland's Hospital Acquired Condition program (MHAC) over a 5 year period
 - Many other quality improvement targets

Data Caveats

- Data revisions are expected.
- For financial data if residency is unknown, hospitals report this as a Maryland resident. As more data becomes available, there may be shifts from Maryland to out-of-state.
- Many hospitals are converting revenue systems along with implementation of Electronic Health Records. This may cause some instability in the accuracy of reported data. As a result, HSCRC staff will monitor total revenue as well as the split of in state and out of state revenues.
- All-payer per capita calculations for Calendar Year 2015 CY 2016 and FY 2017 rely on Maryland Department of Planning projections of population growth of .36% for FY18 and FY17, .52% for FY 16, and .52% for CY 15. Medicare per capita calculations use actual trends in Maryland Medicare beneficiary counts as reported monthly to the HSCRC by CMMI.



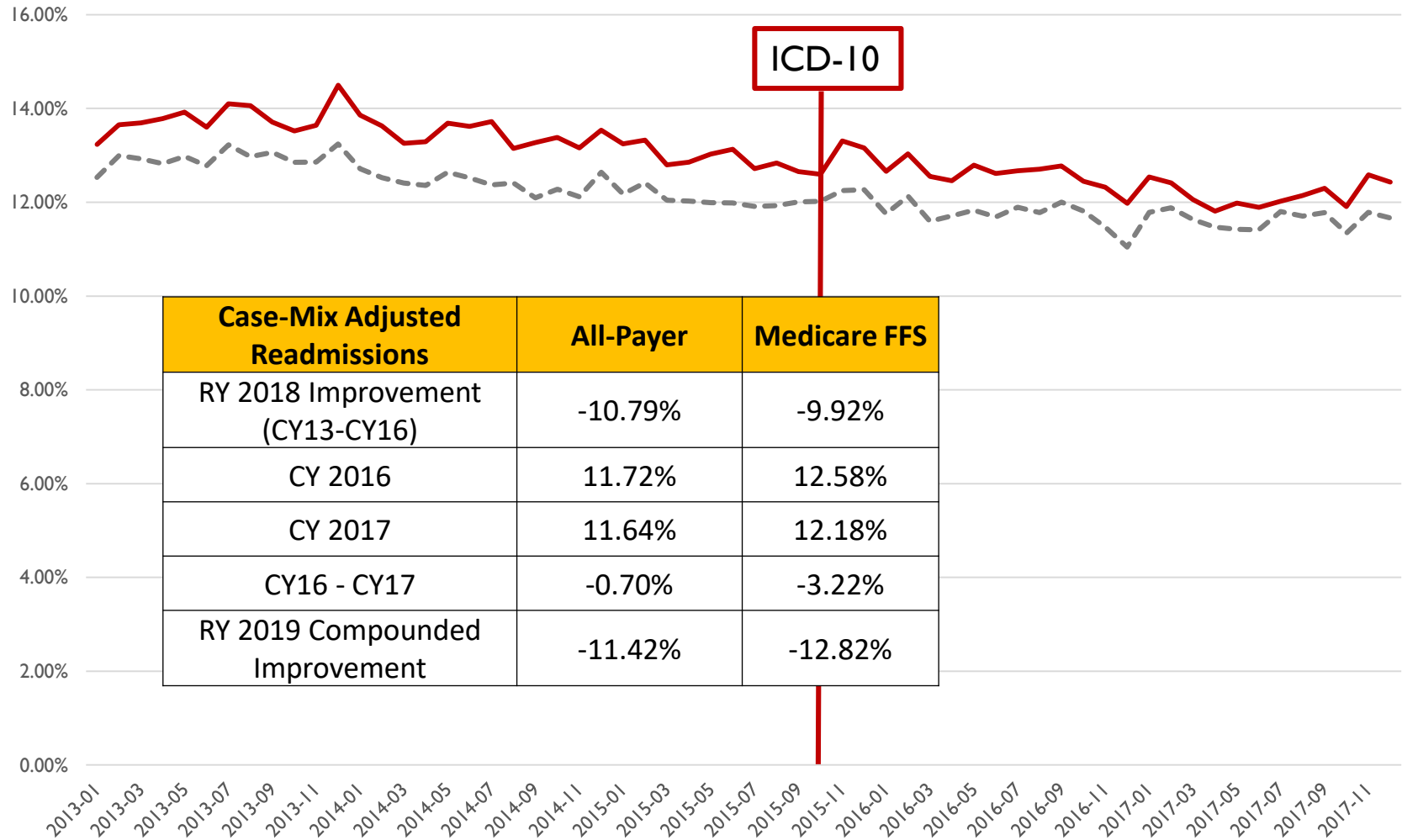
Monitoring Maryland Performance Quality Data

April 2018 Commission Meeting Update



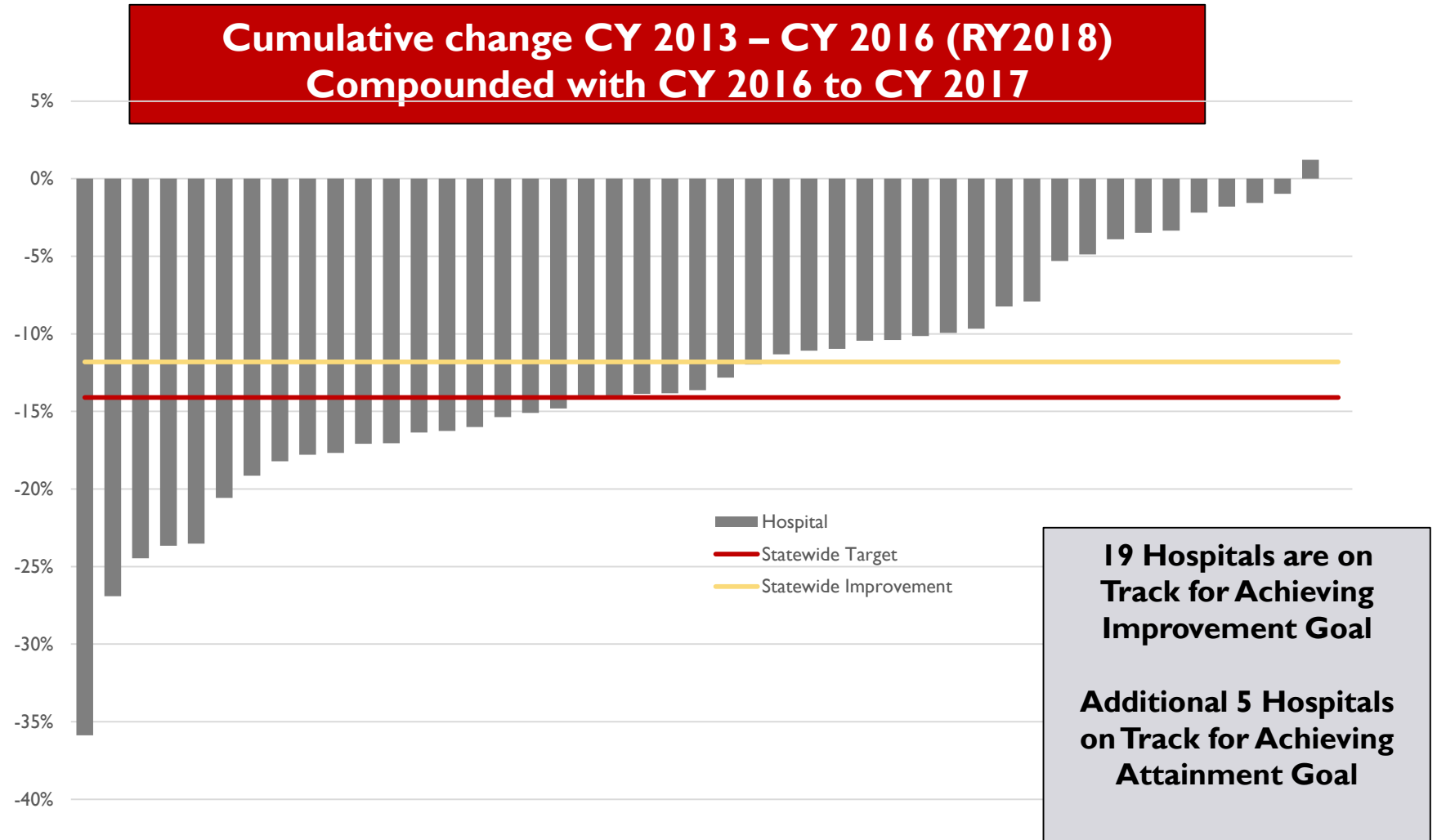
Readmission Reduction Analysis

Monthly Case-Mix Adjusted Readmission Rates



Note: Based on final data for Jan 2012 – Dec 2017; Preliminary data Jan 2018. Statewide improvement to-date in RY 2019 is compounded with RY 2018 improvement.

Change in All-Payer Case-Mix Adjusted Readmission Rates by Hospital

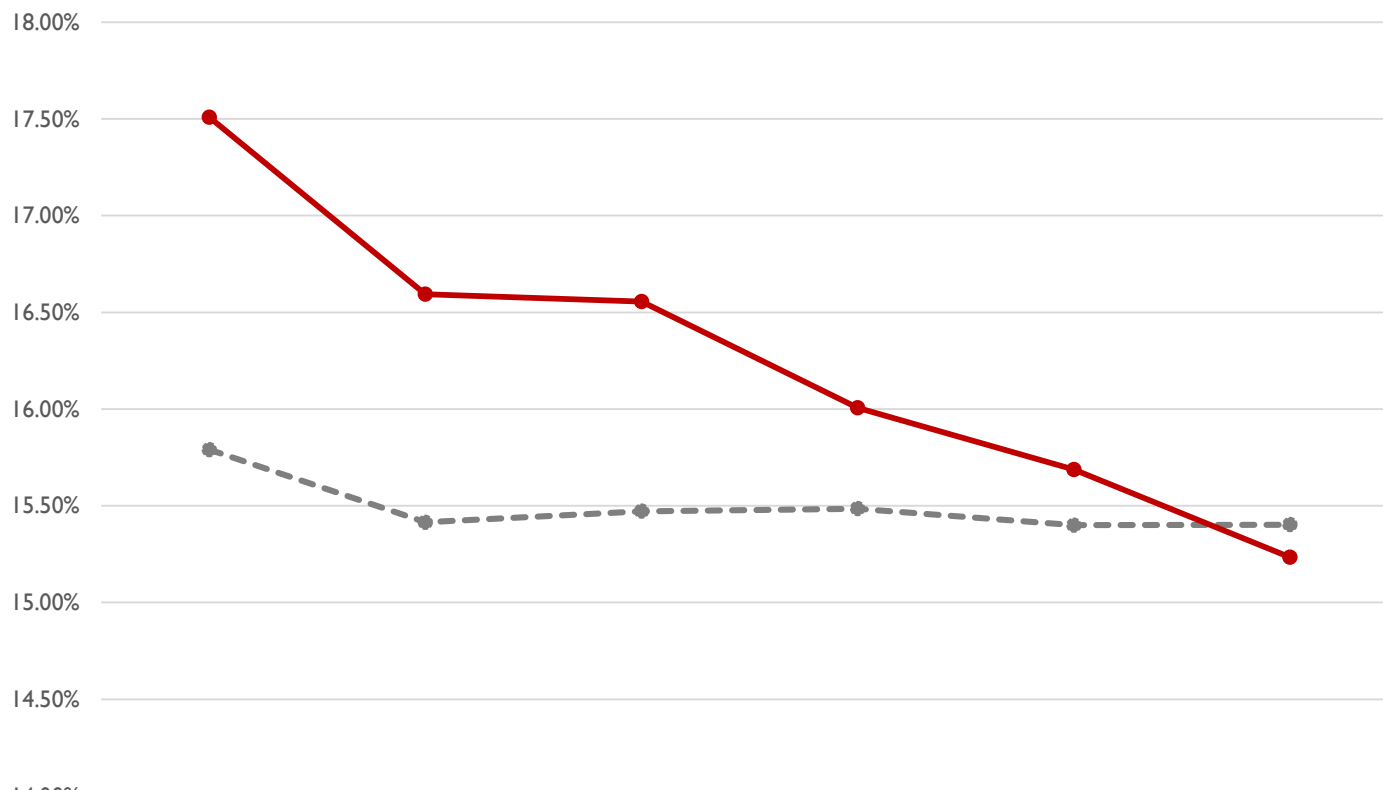


Note: Based on Final data for Jan 2013 - Dec 2017.

Medicare Readmission Model Test

Medicare Readmissions – Rolling 12 Months Trend

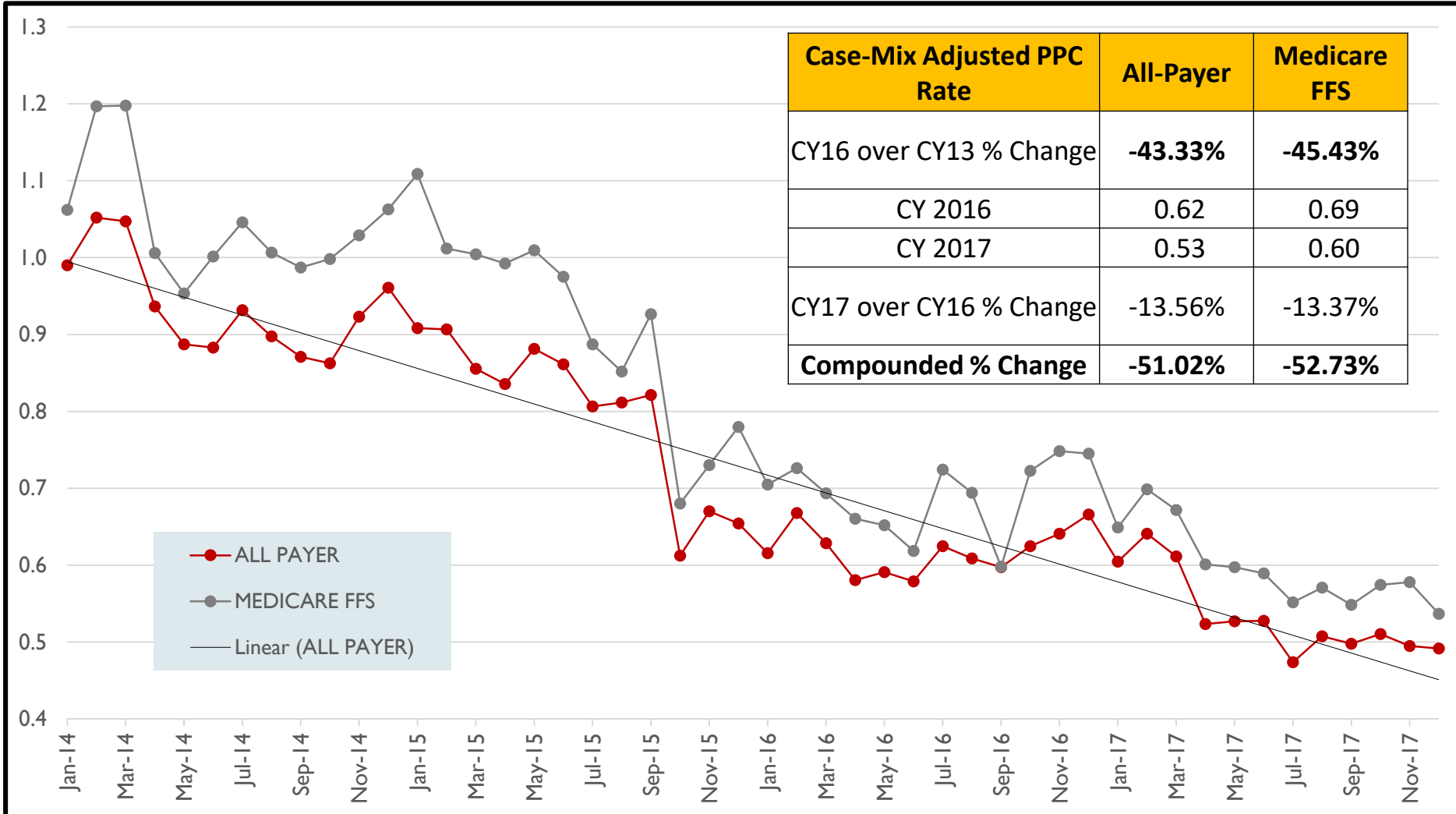
Readmissions - Rolling 12M through Nov



	Rolling 12M 2012	Rolling 12M 2013	Rolling 12M 2014	Rolling 12M 2015	Rolling 12M 2016	Rolling 12M 2017
—●— National	15.79%	15.41%	15.47%	15.49%	15.40%	15.40%
—●— Maryland	17.51%	16.59%	16.56%	16.01%	15.69%	15.23%

MHAC PPC Reduction Update

Monthly Case-Mix Adjusted PPC Rates



▶ **Note:** Line graph based on v32 prior to October 2015; and v34.3 October 2015 to December 2017; data are subject to final validation.

Potentially Avoidable Utilization (PAU) Monitoring

There is no Potentially Avoidable Utilization update this month due to additional data validation.

Cases Closed

The closed cases from last month are listed in the agenda

H.S.C.R.C's CURRENT LEGAL DOCKET STATUS (OPEN)

AS OF MARCH 26, 2018

A: PENDING LEGAL ACTION : NONE
 B: AWAITING FURTHER COMMISSION ACTION: NONE
 C: CURRENT CASES:

Docket Number	Hospital Name	Date Docketed	Decision Required by:	Rate Order Must be Issued by:	Purpose	Analyst's Initials	File Status
2429R	Garrett Regional Medical Center	2/1/2018	7/3/2018	7/3/2018	Full Rate	GS	OPEN
2431R	Johns Hopkins Bayview Medical Center	3/2/2018	5/3/2018	7/30/2018	Partial	CK	OPEN
2432R	University of Maryland Medical Center	3/19/2018	4/18/2018	8/16/2018	Cancer Clinics	GS	OPEN
2433A	Johns Hopkins HealthCare	3/30//18	N/A	N/A	ARM	DNP	OPEN
2434R	University of Maryland Medical Center	4/3/2018	N/A	N/A	ARM	DNP	OPEN

PROCEEDINGS REQUIRING COMMISSION ACTION - NOT ON OPEN DOCKET

NONE

IN RE: THE PARTIAL RATE	*	BEFORE THE HEALTH SERVICES
APPLICATION OF THE	*	COST REVIEW COMMISSION
JOHNS HOPKINS BAYVIEW	*	DOCKET: 2018
MEDICAL CENTER	*	FOLIO: 2241
BALTIMORE, MARYLAND	*	PROCEEDING: 2431R

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Staff Recommendation

April 11, 2018

I. Introduction

On March 2, 2018, Johns Hopkins Bayview Medical Center (the “Hospital”), a member of the Johns Hopkins Health System, submitted a partial rate application to the Commission pursuant to COMAR 10.37.10.03-1. The Hospital requests that its July 1, 2018 Medical Surgical Intensive Care (MIS) and Coronary Care (CCU) rates be combined effective July 1, 2018, utilizing FY 2019 approved volumes and revenues.

II. Staff Evaluation

This rate request is revenue neutral and will not result in any additional revenue for the Hospital as it only involves the combining of two revenue centers. The Hospital wishes to combine these two centers because the majority of the services provided relate to medical/surgical intensive care versus coronary care; the patients have similar staffing needs; and the nursing-to-patient staffing ratios for both patient populations are very similar. The Hospital’s currently approved rates are as follows:

	Current Rate	Budgeted Volume	Approved Revenue
Medical Surgical Intensive Care	\$,1755.02	10,094	\$17,715,657
Coronary Care	\$1,979.58	3,638	\$7,201,329
Combined Rate	\$1,814.52	13,732	\$24,916.986

III. Recommendation

After reviewing the Hospital’s application, the staff recommends as follows:

1. That the Hospital be allowed to consolidate its CCU rate into its MIS rate effective July 1, 2018;
2. That FY 2019 approved volume and revenue will be utilized to calculate the combined rate; and
3. That no change be made to the Hospital’s Global Budget Revenue.

**IN RE: THE APPLICATION FOR
ALTERNATIVE METHOD OF RATE
DETERMINATION
JOHNS HOPKINS HEALTH
SYSTEM
BALTIMORE, MARYLAND**

*** BEFORE THE MARYLAND HEALTH
* SERVICES COST REVIEW
* COMMISSION
* DOCKET: 2018
* FOLIO: 2243
* PROCEEDING: 2433A**

Staff Recommendation

April 11, 2018

I. INTRODUCTION

On March 30, 2018, Johns Hopkins Health System (“System”) filed a renewal application on behalf of its member hospitals, Johns Hopkins Hospital, Johns Hopkins Bayview Medical Center, and Howard County General Hospital (the “Hospitals”) requesting approval to continue to participate in a revised global price arrangement with Life Trac (a subsidiary of Allianz Insurance Company of North America) for solid organ and bone marrow transplants and cardiovascular services. The Hospitals request that the Commission approve the arrangement for one year beginning July 1, 2018.

II. OVERVIEW OF APPLICATION

The contract will continue to be held and administered by Johns Hopkins HealthCare, LLC (“JHHC”), which is a subsidiary of the System. JHHC will continue to manage all financial transactions related to the global price contract including payments to the System hospitals and to bear all risk relating to regulated services associated with the contract.

III. FEE DEVELOPMENT

The hospital portion of the global rates, which was originally developed by calculating mean historical charges for patients receiving the procedures for which global rates are to be paid, has been adjusted to reflect recent hospital rate increases. The remainder of the global rate is comprised of physician service costs. Additional per diem payments, calculated for cases that exceeded a specific length of stay outlier threshold, were similarly adjusted.

IV. IDENTIFICATION AND ASSESSMENT RISK

The Hospitals will continue to submit bills to JHHC for all contracted and covered services. JHHC is responsible for billing the payers, collecting payments, disbursing payments to the Hospitals at their full HSCRC approved rates, and reimbursing the physicians. The System

contends that the arrangement among JHHC, the Hospitals, and the physicians holds the Hospitals harmless from any shortfalls in payment from the global price contract. JHHC maintains that it has been active in similar types of fixed fee contracts for several years, and that JHHC is adequately capitalized to bear the risk of potential losses.

V. STAFF EVALUATION

The staff found that the experience under the arrangement has been favorable for the last year. Staff believes that the Hospitals can continue to achieve a favorable performance under the arrangement.

VI. STAFF RECOMMENDATION

The staff recommends that the Commission approve the Hospitals' application for an alternative method of rate determination for solid organ and bone marrow transplant services for the period beginning July 1, 2018. The Hospitals must file a renewal application annually for continued participation.

Consistent with its policy paper regarding applications for alternative methods of rate determination, the staff recommends that this approval be contingent upon the execution of the standard Memorandum of Understanding ("MOU") with the Hospitals for the approved contract. This document would formalize the understanding between the Commission and the Hospitals, and would include provisions for such things as payments of HSCRC-approved rates, treatment of losses that may be attributed to the contract, quarterly and annual reporting, confidentiality of data submitted, penalties for noncompliance, project termination and/or alteration, on-going monitoring, and other issues specific to the proposed contract. The MOU will also stipulate that operating losses under the contract cannot be used to justify future requests for rate increases.

**IN RE: THE APPLICATION FOR
ALTERNATIVE METHOD OF RATE
DETERMINATION
UNIVERSITY OF MARYLAND
MEDICAL CENTER
BALTIMORE, MARYLAND**

*** BEFORE THE MARYLAND HEALTH
* SERVICES COST REVIEW
* COMMISSION
* DOCKET: 2018
* FOLIO: 2224
* PROCEEDING: 2434A**

Staff Recommendation

April 11, 2018

I. INTRODUCTION

University of Maryland Medical Center (the Hospital) filed an application with the HSCRC on April 3, 2018 for an alternative method of rate determination, pursuant to COMAR 10.37.10.06. The Hospital requests approval from the HSCRC to continue to participate in a global rate arrangement for heart, liver, kidney, lung, and pancreas transplants, SPK services, blood and bone marrow transplants and VAD services for a period of one year with Cigna Health Corporation beginning June 1, 2018.

II. OVERVIEW OF APPLICATION

The contract will continue be held and administered by University Physicians, Inc. ("UPI"), which is a subsidiary of the University of Maryland Medical System. UPI will manage all financial transactions related to the global price contract including payments to the Hospital and bear all risk relating to services associated with the contract.

III. FEE DEVELOPMENT

The hospital portion of the global rates was developed by calculating historical charges for patients receiving the procedures for which global rates are to be paid. The remainder of the global rate is comprised of physician service costs. Additional per diem payments were calculated for cases that exceed a specific length of stay outlier threshold.

IV. IDENTIFICATION AND ASSESSMENT OF RISK

The Hospital will continue submit bills to UPI for all contracted and covered services. UPI is responsible for billing the payer, collecting payments, disbursing payments to the Hospital at its full HSCRC approved rates, and reimbursing the physicians. The Hospital contends that the arrangement between UPI and the Hospital holds the Hospital harmless from any shortfalls in payment from the global price contract.

V. STAFF EVALUATION

The staff found that the Hospital's experience under this arrangement for the previous year was favorable.

VI. STAFF RECOMMENDATION

The staff recommends that the Commission approve the Hospital's application for an alternative method of rate determination for heart, liver, kidney, lung, and pancreas transplants, SPK services, blood and bone marrow transplants and VAD services, for a one year period commencing June 1, 2018. The Hospital will need to file a renewal application to be considered for continued participation.

Consistent with its policy paper regarding applications for alternative methods of rate determination, the staff recommends that this approval be contingent upon the execution of the standard Memorandum of Understanding ("MOU") with the Hospital for the approved contract. This document would formalize the understanding between the Commission and the Hospital, and would include provisions for such things as payments of HSCRC-approved rates, treatment of losses that may be attributed to the contract, quarterly and annual reporting, confidentiality of data submitted, penalties for noncompliance, project termination and/or alteration, on-going monitoring, and other issues specific to the proposed contract. The MOU will also stipulate that operating losses under the contract cannot be used to justify future requests for rate increases.



Payment Model Work Group Update

April 11th, 2018

Balanced Update Model for Discussion

<u>Components of Revenue Change Linked to Hospital Cost Drivers/Performance</u>		July - Dec 2018
		Weighted Allowance
Adjustment for Inflation		0.00%
- Total Drug Cost Inflation for All Hospitals*		0.00%
Gross Inflation Allowance	A	0.00%
Care Coordination		
-Rising Risk With Community Based Providers		
-Complex Patients With Regional Partnerships & Community Partners		
-Long Term Care & Post Acute		
	B	
Adjustment for volume	C	0.00%
-Demographic Adjustment (0.46%)		
-Transfers		
-Drug Population/Utilization		
Other adjustments (positive and negative)		
- Set Aside for Unknown Adjustments	D	0.00%
- Categoricals	E	0.00%
Net Other Adjustments	F = Sum of D thru E	0.00%
-Reversal of one-time adjustments for drugs	G	0.00%
-Reverse prior year's PAU savings reduction	H	0.00%
-PAU Savings	I	0.00%
-Reversal of prior year quality incentives	J	0.00%
-QBR, MHAC, Readmissions		
-Positive incentives & Negative scaling adjustments	K	0.00%
Adjustments in Second Half of Fiscal Year 19	L	
-QBR, Oncology Drug Adjustment		
Net Quality and PAU Savings	M = Sum of G thru L	0.00%
Net increase attributable to hospitals	N = Sum of A + B + C + F + M	0.00%
Per Capita	O = (1+N)/(1+Volume)	0.00%
<u>Components of Revenue Offsets with Neutral Impact on Hospital Financial Statements</u>		
-Uncompensated care reduction, net of differential	P	0.00%
-Deficit Assessment	Q	0.00%
Net decreases	R = P+ Q	0.00%
Revenue growth, net of offsets	S= M + Q	0.00%
Per capita revenue growth	T = (1+S)/(1+Volume)	0.00%

Balanced Update Adjustments

- ▶ Inflation
 - ▶ Global Insights Market Basket for Inflation
 - ▶ Total Gross Inflation
 - ▶ Inflation for Drugs
- ▶ Care Coordination
 - ▶ Additional Adjustments to Allow for Investments in Population Health
- ▶ Volume (Department of Planning Population Growth)
 - ▶ Demographic Adjustment: Hospital specific based on hospital's primary and secondary service area by age cohort
 - ▶ Transfers
 - ▶ Drug Population/Utilization
 - ▶ Categoricals

Balanced Update Adjustments – Quality Measures

- ▶ **Potentially Avoidable Utilization (PAU Savings)**
 - ▶ Reverse Prior Year's Adjustment (2018)
 - ▶ Input Adjustment for new Year (2019)
 - ▶ PAU is a Quality Adjustment & Volume Adjustment

- ▶ **Quality Incentives**
 - ▶ Reverse Prior Year's Quality Incentives
 - ▶ Actual for QBR, MHAC, & Readmissions
 - ▶ Input Positive/Negative Incentives for new Year (2019)
 - ▶ Projected/Proposed for MHAC & Readmissions

Balanced Update Adjustments

- ▶ **Set Aside for Unknown Adjustments**
 - ▶ Amount built in for Hospital Specific Adjustments throughout the Year
- ▶ **Adjustments Made in Second Half of Fiscal Year 2019**
 - ▶ QBR: Data is ready in the fall, adjustments made mid-year
 - ▶ Drug Adjustment: Audits are completed and adjustments are made mid-year
- ▶ **Adjustments that do not Impact Hospital Financial Statements**
 - ▶ Uncompensated Care: allows for additional amounts in rates to all payers to cover cost of providing uncompensated care
 - ▶ Deficit Assessment: amount that needs to be paid to MDH

Balanced Update & Compliance with the Waiver

- ▶ Increase in Hospital Spending per Capita
 - ▶ 3.58%
- ▶ Medicare Savings Test
 - ▶ \$330 million over 5 years
- ▶ Total Cost of Care Guardrail
 - ▶ Can't be above 1% in any given year
 - ▶ Can't be above the nation two consecutive years



National Trends and Impact on Hospitals

April 2018



Overview

- ▶ Healthcare affordability continues to be the centerpiece of national conversations
- ▶ Increasing federal and state participation in funding is creating budgetary challenges
 - ▶ The ACA created funding cuts for providers
 - ▶ Providers are experiencing financial challenges
- ▶ Some systems are adopting innovative approaches to alleviate cost pressures
- ▶ Maryland's All-Payer Model provides additional avenues for success and innovation



National Challenges for Hospitals



Hospitals are experiencing margin pressure

- ▶ Growth in lower yielding Medicare and Medicaid revenues is putting pressures on margins
- ▶ Price pressure from commercial payers is increasing
- ▶ Increasing supply and drug costs are outstripping revenue growth
- ▶ The CBO projects a contraction of Medicare margins due to Medicare's ACA-related reductions
 - ▶ Affordable Care Act rate reductions (-0.75%)
 - ▶ DSH reductions
- ▶ Assumption of risk – provider-owned health plans
- ▶ Consolidation, mergers and acquisitions
- ▶ Shift to outpatient treatment and value-based reimbursement means significant behavior changes are needed

Hospitals around the country are feeling the effects

UPMC's operating income down 35% in first 9 months of fiscal year

Written by Ayla Ellison ([Twitter](#) | [Google+](#)) | May 05, 2017 | [Print](#) | [Email](#)

UPMC saw revenues increase in the first nine months of fiscal year 2017, but the Pittsburgh-based health system ended the period with lower operating income than in the first nine months of fiscal year 2016.

UPMC recorded operating income of \$178 million on revenues of \$10.6 billion in the first nine months of fiscal year 2017, compared to operating income of \$272 million on revenues of \$9.5 billion in the same period last year.

University of Iowa Health Care halves 2017 operating income estimates due to Medicaid denials

Texas Children's records \$36.2M operating loss on insurance arm

Written by Ayla Ellison ([Twitter](#) | [Google+](#)) | May 30, 2017

Houston-based Texas Children's Hospital saw its financial picture improve in the first six months of fiscal year 2017, despite recording an operating loss of \$36.2 million on its health plan, according to bondholder [documents](#).

Texas Children's reported operating income of \$28.5 million on revenues of \$1.7 billion in the first six months of fiscal year 2017. In the same period of fiscal year 2016, the hospital recorded an operating loss of \$14.9 million on revenues of \$1.5 billion. The hospital said its financial boost was primarily attributed to higher net patient service revenue.

Texas Children's health plan struggled in the six-month period that ended March 31. The hospital



Southeast Alabama Medical Center cuts 80 jobs as revenue trends downward

Written by Ayla Ellison ([Twitter](#) | [Google+](#)) | May 25, 2017 | [Print](#) | [Email](#)

Southeast Alabama Medical Center in Dothan has eliminated 80 jobs as part of a cost-cutting plan, according to the *Dothan Eagle*.

The 80 jobs represent about 2.8 percent of the 2,800 jobs at the hospital. The hospital did not say which positions were affected by the cuts.

SAMC's revenue has been on a decline in recent years, and the hospital ended 2016 with a loss of \$2 million. To stem its losses, the hospital in February set a goal to cut \$30 million and created task force groups to explore where cost reductions could be made, according to the *Dothan Eagle*.

Although the hospital isn't facing a financial crisis, Mark Stewart, director of community relations at SAMC, told the *Dothan Eagle* the cost-cutting efforts will help prepare the facility for changes in the industry.

Partners HealthCare cutting \$600m in costs





NYC Health & Hospitals eliminates 476 positions

MEIKO

By Alex Kacik | June 2, 2017

New York hospitals brace for bloodbath of pink slips

By Carl Campanile

May 30, 2017 | 5:19pm | Updated

Rural hospitals report deficits last year

BY JON O'CONNELL, STAFF WRITER / PUBLISHED: APRIL 26, 2017

Centegra unexpectedly loses money after opening its latest hospital

By Kristen Schorsch | June 5, 2017

Centegra Health System made a risky bet last August that most systems in

Data Points -- Financial pressures mounting for hospitals

By Modern Healthcare | May 13, 2017

MedStar hospital lays off 100 employees in attempt to close budget shortfall

Written by Ayla Ellison (Twitter | Google+) | June 07, 2017 | Print | Email

Swelling health plan losses batter Northwell's earnings

By Dave Barkholz | May 31, 2017

Layoffs at South Shore Hospital meant to contain costs

KentuckyOne to sell its Louisville hospitals to stop losses

Nashville General Hospital Leaders Say Cuts May Be Ahead

By [Lamb](#)
8:05 PM, May 20, 2017

MAY 26 | MORE ON MERGERS & ACQUISITIONS

Dover's Union Hospital to join Cleveland Clinic System after year of cost-cutting, layoffs

Two entities have signed a letter of intent; details of agreement to be finalized over the next 90 days, hospital says.

Dallas hospital abruptly closes as independent hospitals flounder in value-based models

By Alex Kacik | June 5, 2017

Sibley Memorial Hospital plans to cut staff through buyouts

Slumping Medicare margins put hospitals on precarious cliff

Tenet reports \$366M net loss, plans to cut 1,300 jobs

Written by Ayla Ellison ([Twitter](#) | [Google+](#)) | October 27, 2017 | [Print](#) | [Email](#)

Dallas-based Tenet Healthcare ended the third quarter with a net loss, but the 77-hospital chain is launching a \$150 million cost reduction plan with an aim of improving its financial picture.

Memorial Hermann to cut additional 350 jobs

Written by Kelly Gooch | June 28, 2017 | [Print](#) | [Email](#)

Houston-based Memorial Hermann Health System will lay off an additional 350 employees, or less than 2 percent of its total workforce of more than 25,000.

Providers reduce waste to work around ballooning drug prices

By [Alex Kacik](#) | September 11, 2017

Cleveland Clinic is one of the most prolific users of the heart drugs nitroprusside and isoproterenol, so when their respective prices surged 30-fold and 70-fold over a three-year span, it caught the provider's attention.

As Ascension restructures, it hints at smaller hospital footprint

IU Health's operating income dips 18% in first 9 months of 2017

Written by Ayla Ellison ([Twitter](#) | [Google+](#)) | October 31, 2017 | [Print](#) | [Email](#)

Indianapolis-based Indiana University Health's operating income declined in the first nine months of this year, but the health system ended the period with higher net income due to strong investment gains.

S&P downgrades Care New England Health System's rating to 'BB-'

Written by Alia Paavola | October 23, 2017 | [Print](#) | [Email](#)

[S&P Global Ratings](#) downgraded Providence, R.I.-based Care New England Health System's rating to "BB-" from "BB."

Jefferson Health announces job cuts

Written by Ayla Ellison ([Twitter](#) | [Google+](#)) | October 26, 2017 | [Print](#) | [Email](#)

Philadelphia-based Jefferson Health is eliminating less than 1 percent of its 30,000-person workforce.

UPMC hit with bond downgrade on PinnacleHealth integration risk

By [Dave Barkholz](#) | September 8, 2017

The UPMC health system's debt was downgraded this week by Moody's Investors Service, citing

As Ascension restructures, it hints at smaller hospital footprint

By Alex Kacik | March 22, 2018

- ▶ Recent cost pressures, operating income drops and volume decreases led the system to large-scale layoffs, executive pay cuts, mergers with similar systems and other cost containment mechanisms such as:
 - ▶ A new Advanced Strategic Direction focused on dual transformation of operations and innovative care delivery models
 - ▶ Consolidation of nonclinical services to reduce redundancies across the organization
 - ▶ Aligning pay practices to increase efficiency and eliminate inconsistencies
 - ▶ Increased telemedicine and outpatient service investment
 - ▶ Increased focus on community access to care
 - ▶ Developing a multi-system generic drug company

The All-Payer Model Provides Additional Tools to Maryland Hospitals

- ▶ Maryland hospitals are subject to the same pressures as hospitals nationally
- ▶ The All-Payer Model has additional tools for hospitals to work with to meet performance requirements through reduced avoidable utilization
- ▶ Some of the the tools that Maryland proposed in the Progression Plan are:
 - ▶ All-Payer hospital global revenues
 - ▶ Funding for care management initiatives
 - ▶ Care Redesign Program tools (began July 1, 2017)
 - ▶ The Total Cost of Care All-Payer Model is designed to expand alignment beyond hospitals
 - ▶ Maryland Primary Care Program, proposed to launch in 2019
 - ▶ Population health resources from the State (increased focus through the Progression Plan)

Subject	Bill Number	Title	Bill Summary	Update	Status	HSCRC Position
Budget						
	SB 185	Budget Bill (Fiscal Year 2019)	Annual Budget Bill	Final budget contains HSCRC appropriations reductions to the UCC fund appropriation by \$20 million and the ICN by \$6 million. We concurred with both appropriation reductions. ICN submission was a budgeting error. UCC fund appropriation reduction is in line with FY 17 and FY 18 actual levels.	Passed	Support
	SB 187	Budget Reconciliation and Financing Act of 2018	Reduction of Medicaid Deficit Assessment by \$30 million in FY 19, \$40 million in FY 20, and \$25 million annually thereafter. The BRFA also delays capital funds for the construction of the new Prince George's County Regional Medical Center from \$48 million to \$19 million in FY 2019. Capital funds are extended to FY 2021.	1. Medicaid Deficit Assessment – Senate subcommittee modified the spend down from \$25 million in FY 19 to \$30 million in FY 19. 2. Medicaid Total Cost of Care language- Senate subcommittee added BRFA language directing Medicaid and HSCRC to develop, outside of the All-payer Model Contract, Medicaid-specific savings and total cost of care goals.	Approved by the Governor	Support
Insurance- Market Stabilization						
	HB 1782/SB 387	Maryland Health Care Access Act of 2018 (Emergency bill)	Creates funding for a state reinsurance program through a 2.75% assessment on all amounts used to calculate the entity's premium tax liability, in order to recoup the health insurance provider fee assessed under the ACA. Requires the Health Insurance Coverage Protection Commission to study and make recommendations for individual and small group health insurance market stability.	HSCRC letter of support with amendment to strike the provision related to the hospital assessment to fund the reinsurance program in FY 19.	Approved by the Governor	Letter of support with amendment to strike hospital assessment funding for reinsurance program.
	HB 1795	Maryland Health Benefit Exchange - Establishment of a Reinsurance Program	The Exchange must establish a Health Care Access Program to provide reinsurance to carriers that offer individual health benefit plans in Maryland in order to mitigate the impact of high-risk individuals on rates in the individual insurance market inside and outside the exchange.	Letter of information expressing support for emergency legislation.	Approved by the Governor	Letter of information

Subject	Bill Number	Title	Bill Summary	Update	Status	HSCRC Position
CON						
	SB 619/ HB 1282	Health Maintenance Organizations - Certificate of Need Requirements - Modification	Repeals the Certificate of Need requirement for an ambulatory surgical facility or other project under the direction of an HMO if 90% of the potential patients served by the facility will be enrolled in that particular HMO.		Passed	No Position
Workforce						
	HB 596/SB 234	Interstate Medical Licensure Compact	Allows Maryland to enter into the Interstate Medical Licensure Compact that allows physicians from member states to expedite licensure in Maryland. A similar interstate compact is in place for nurses in Maryland and surrounding states.	The bill was amended to add additional licensing fees, disciplinary language, and to delay the effective date until July 1, 2019 and place a 3-year sunset on the bill to September 30, 2022.	Passed	No Position
Other						
	SB 682	Medical Assistance Program and Health Insurance - Emergency Medical Services Providers - Coverage and Reimbursement of Services	Creates reimbursement for services provided by emergency medical services providers for health assessments, chronic disease monitoring and education, medication compliance, immunizations and vaccinations, hospital discharge follow-up care and minor medical procedures provided within the scope of the provider and provided in a home or other community-based settings. Reimbursement is also required for transportation to an urgent care center for patients that do not need emergency services.	Bill amended to require MHCC, MIEMSS, MDH, and others including HSCRC to develop a plan for Medicaid reimbursement of certain EMS services and to identify the process by which the State could apply for Medicare reimbursement for certain services. Also requires MIEMSS and MHCC to work with private insurance carriers to determine the feasibility of reimbursement for EMS services by private carriers.	Passed	Letter of Information

Subject	Bill Number	Title	Bill Summary	Update	Status	HSCRC Position
	SB1056	Rural Health Collaborative Pilot	Establishes a Rural Health Collaborative to lead a regional partnership in building a rural health system that enhances access to and utilization of health care services designed to provide health care, align with the State's Medicare waiver, and improve population health in rural areas.		Passed	No Position
	SB 17	Health Information Exchanges - Definitions and Regulations	Departmental bill to expand the definition of		Passed	No Position
	SB 835/ HB 1682	Maryland Medical Assistance Program - Collaborative Care Pilot Program	Creates a Collaborative Care Pilot Program within MDH to integrate somatic and behavioral health care in primary care settings for enrollees of HealthChoice (4-year program)	6- year sunset was added to the bill.	Passed	No Position
	HB 115/SB 13	Electronic Prescription Records Cost Saving Act of 2018	This bill requires a dispenser to submit prescription drug information to the State's HIE in order to make it available to a health care providers for purposes of care coordination.	HB 115 was amended to direct MHCC to convene stakeholders to assess and report on bill.	Passed	No Position
	HB 1804	Health - University of Maryland Medical System - Grant	This bill authorizes a grant in FY 2020 of \$2.5 million to the University of Maryland Medical System from the fund balance of the Maryland Trauma Physicians Services Fund. The grant is intended to to establish a partnership between the Institute of Human Virology, the University of Maryland School of Medicine, and UMMS for the purpose of immunotherapy research.		Passed	No Position
Withdrawn						

Subject	Bill Number	Title	Bill Summary	Update	Status	HSCRC Position
	HB0041	Hospitals - Community Benefit Report - Disclosure of Tax Exemptions	Requires hospitals to include an itemized list of taxable deductions in the hospital's community benefit report.		Hearing canceled	
	SB 1024/ HB 1519	Self-Referrals - Oncology Group Practices - Exemption	Creates an exemption from physician self-referral for an oncology group practice that provides radiation therapy services or nondiagnostic CT scan services. One exemptions will be available in each of three regions of the State- Eastern Shore, Southern, or Western Maryland. Integrated community oncology practices must be able to safely and appropriately delivery radiation therapy to patients, achieve the goals and milestones of the State's All-Payer Model contract. Practice must submit an annual performance report to MHCC for review and to retain the exemption		Hearing 3/07 in EHEA Canceled; HB1519 Withdrawn	
	HB 660	Public Health - State-Provided Health Care Benefits for State Residents (HealthcareMaryland)	Establishes an Office of Health Care Coverage within MDH to set up the HealthcareMaryland Program to provide health insurance benefits to Maryland residents who do not receive benefits through Medicare, Tricare, plans that are subject to ERISA, or any other federal medical program. The program would be funded through a 10% payroll tax.		Withdrawn	No Position
	SB 878 / HB 1312	Health Insurance - Medicaid Buy-In Task Force	Creates a Task Force to study the feasibility of a Medicaid buy-in program to expand health care coverage choices available to individuals purchasing individual insurance.		Withdrawn	No Position

Subject	Bill Number	Title	Bill Summary	Update	Status	HSCRC Position
	SB 1011/ HB 1167	Protect Maryland Health Care Act of 2018	Establishes a system for the purchase of and enrollment in health insurance coverage. The Comptroller and the Health Benefit Exchange are tasked with developing a system to encourage an individual to use the individual's insurance tax credit to purchase health insurance beginning January 1, 2020.		Died in Committee	No Position
	SB 690/ HB 726	Maryland Department of Health - Basic Health Program - Implementation	Requires MDH and the Maryland Health Benefit Exchange to explore the possibility of offering a Basic Health Program for individuals up to 200% of the federal poverty level beginning in 2020. The State must report if it can implement the BHP, access federal funds to pay for the BHP services, implement with existing State resources, and retain enough covered lives in health plans		Withdrawn	No Position
	SB 30 / HB 1581	Health Care Malpractice Qualified Expert	Repeals requirement that a health care provider attesting in a certificate of a qualified expert or in relation to an arbitration panel/court proceeding concerning compliance with or departure from standards of care may not devote more than 20% of the expert's professional activities to those involving testimony in personal injury claims. A health care provider will be able to qualify as an expert in more cases.	SB 30 was amended by the House in a favorable position to require the expert witness to qualify only in the beginning of a trial. That amendment was rejected by the Senate.	Did not pass House	Letter of information
	HB0289/SB 36	Civil Actions - Noneconomic Damages	Increases the cap on non-economic damages for a wrongful death action arising on or after October 1, 2018. HSCRC submitted a letter of concern.		Died in Committee	Letter of concern

Subject	Bill Number	Title	Bill Summary	Update	Status	HSCRC Position
	SB0862/HB 909	Maryland No-Fault Birth Injury Fund	Creates a Birth Injury Fund for adjudication and compensation of claims arising from birth-related neurological injuries. The bill establishes the governance, administration, funding, and purposes of the fund. The Maryland Patient Safety Center (MPSC) is charged with developing patient safety initiatives and, through its Perinatal Clinical Advisory Committee (PCAC), must also review fund claims.		Died in Committee	Letter of support
	HB0384	Substance Use Facilities and Programs - Certificate of Need - Repeal of Requirement	MDH bill to repeal the CON requirement for a substance use disorder facility that offers nonhospital substance abuse outpatient, residential, or inpatient treatment services licensed by the Behavioral Health Administration		Died in Committee	No Position
	HB 660	Public Health - State-Provided Health Care Benefits for State Residents (HealthcareMaryland)	Establishes an Office of Health Care Coverage within MDH to set up the HealthcareMaryland Program to provide health insurance benefits to Maryland residents who do not receive benefits through Medicare, Tricare, plans that are subject to ERISA, or any other federal medical program. The program would be funded through a 10% payroll tax.		Withdrawn	No Position
	SB 878 / HB 1312	Health Insurance - Medicaid Buy-In Task Force	Creates a Task Force to study the feasibility of a Medicaid buy-in program to expand health care coverage choices available to individuals purchasing individual insurance.		Withdrawn	No Position

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	SB 690/ HB 726	Maryland Department of Health - Basic Health Program - Implementation	Requires MDH and the Maryland Health Benefit Exchange to explore the possibility of offering a Basic Health Program for individuals up to 200% of the federal poverty level beginning in 2020. The State must report if it can implement the BHP, access federal funds to pay for the BHP services, implement with existing State resources, and retain enough covered lives in health plans offered through the Exchange to assure market stability.		Withdrawn	No Position
	HB 614/ SB 390	Hospitals - Changes in Status - Hospital Employee Retraining and Placement	Requires the HSCRC to levy an assessment for the Hospital Employees Training Fund when a hospital downsizes, defined as a reduction in force of 10 FTEs over a 3-month period.	Senate amendment added conversion to a Freestanding Medical Center to statute triggering an assessment for the Hospital Employees Training Fund. Bill ultimately died.	Passed Senate, but did not pass House	Letter of information
	HB 562/ SB 530	Hospitals - Patient's Bill of Rights	Requires each hospital to have a patient's bill of rights with certain provisions; and to provide patients with a copy of the patient's bill of rights, conspicuously post the bill of rights and provide a translator if needed.	Senate bill amended; House bill withdrawn.	Unfavorable report; Withdrawn.	No Position
	HB 855 / SB 1082	State Government - Regulations Impacting Small Businesses - Economic Impact Analyses	Alters the period before a proposed regulation is submitted to the Maryland Register and to the AELR Committee for review. HB 855 would elongate the process for regulations from 15 days to 30 days before the proposal is submitted for publication.		Died in Committee	Letter of concern from MDH with HSCRC comments

Subject	Bill Number	Title	Bill Summary	Update	Status	HSCRC Position
	SB0923	Maryland All-Payer Model Agreement - Medicare Skilled Nursing Facility 3-Day Rule - Waiver	Requires MDH to apply for a waiver from the Medicare Skilled Nursing 3-Day Rule by September 1, 2018. Request for a waiver should be included with the extension of the All-Payer Model.		Died in Committee	Letter of information
	SB 527	Health - Standards for Involuntary Admissions and Petitions for Emergency Evaluation - Modification	Expands the circumstances under which a patient can be admitted to an inpatient facility on an involuntary basis to include individuals who have experienced an overdose, history of chronic and persistent substance abuse or presents a danger to the life or safety of the individual or others.		Died in Committee	No Position
	SB 1023/HB 1194	Health - Drug Cost Review Commission	Establishes a Drug Cost Review Commission in State government to "protect State residents, State and local governments, commercial health plans, health care providers, pharmacies licensed in the State, and other stakeholders within the health care system from excessive costs of prescription drugs." Legislation requires a drug (or biological) manufacturer to notify the Commission if the wholesale cost of the drug is increasing by more than 10% or by more than \$10,000 during any 12-month period, or if the manufacturer intends to introduce a brand-name drug that has a wholesale cost of \$30,000 per calendar year or per course of treatment. The Commission, along with stakeholders, will determine other thresholds that would require manufacturer reporting. Legislation also allows the Commission to set reimbursement rates for drugs that have been identified as creating excess costs for payors and consumers.	Bill was amended only to create the Drug Cost Commission and set a 3-year sunset for the Commission.	Passed House; Did not pass Senate (no Senate floor vote)	No Position

Subject	Bill Number	Title	Bill Summary	Update	Status	HSCRC Position
	SB 921/HB 1531	Task Force on the Premature Discharge of Patients With Substance Use Disorders	Creates a Task Force to collect information on treatment practices of patients with substance use disorders at facilities designed to treat substance use disorders, including reasons why patients may be prematurely discharged and "abandonment practices". Task Force is charged with making recommendations to improve patient care, staff training, and the possibility of required reporting on the frequency of early patient discharge.		Unfavorable; Withdrawn	No Position
	SB 994 / HB 1541	Disclosure of Tax Benefits - Nonprofit Hospitals	Requires nonprofit hospitals to submit to the Comptroller an itemized list of the tax benefits that the hospital received during the previous taxable year. The Comptroller is directed to review the submission and prepare a report that summarizes the aggregate value of the tax benefits received by each nonprofit hospital.		Died in Committee	No Position

Title 10 MARYLAND DEPARTMENT OF HEALTH
Subtitle 37 HEALTH SERVICES COST REVIEW COMMISSION
Chapter 01 Uniform Accounting and Reporting System for Hospitals and Related Institutions

Authority: Health-General Article, §§ 19-207, 19-211, 19-212, 19-215 – 19-217, 19-218, 19-220, 19-224, and 19-303, Annotated Code of Maryland

NOTICE OF PROPOSED ACTION

The Health Services Cost Review Commission proposes to amend Regulation .02 under COMAR 10.37.01 Uniform Accounting and Reporting System for Hospitals and Related Institutions. This action was considered and approved for promulgation by the Commission at a previously announced open meeting held on April 11, 2018, notice of which was given pursuant to General Provisions Article, § 3-302(c), Annotated Code of Maryland. If adopted, the proposed amendments will become effective on or about July 12, 2018.

Statement of Purpose

The purpose of this action is to update the Commission’s manual entitled “Accounting and Budget Manual for Fiscal and Operating Management” (August, 1987), which has been incorporated by reference.

Comparison of Federal Standards

There is no corresponding federal standard to this proposed action.

Estimate of Economic Impact

The proposed action has an economic impact.

Opportunity for Public Comment

Comments may be sent to Diana M. Kemp, Regulations Coordinator, Health Services Cost Review Commission, 4160 Patterson Avenue, Baltimore, Maryland 21215, or (410) 764-2576, or fax to (410) 358-6217, or email to diana.kemp@maryland.gov. The Health Services Cost Review Commission will consider comments on the proposed amendments until May 29, 2018. A hearing may be held at the discretion of the Commission.

.02 Accounting System; Hospitals.

A. The Accounting System.

(1)-(2) (text unchanged)

(a)-(u) (text unchanged)

(v) Supplement 22 (March 3, 2014); [and]

(w) Supplement 23 (July 28, 2015)[.]; *and*

(x) Supplement 24 (April 12, 2018).
(3)-(5) (text unchanged)
B. D. (text unchanged)

NELSON SABATINI
Chairman
Health Services Cost Review Commission

State of Maryland
Department of Health



Nelson J. Sabatini
Chairman
Joseph Antos, PhD
Vice-Chairman
Victoria W. Bayless
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Donna Kinzer
Executive Director
Katie Wunderlich, Director
Engagement and Alignment
Allan Pack, Director
Population Based
Methodologies
Chris Peterson, Director
Clinical & Financial
Information
Gerard J. Schmith, Director
Revenue & Regulation
Compliance

Health Services Cost Review Commission

4160 Patterson Avenue, Baltimore, Maryland 21215
Phone: 410-764-2605 · Fax: 410-358-6217
Toll Free: 1-888-287-3229
hscrc.maryland.gov

TO: Commissioners
FROM: HSCRC Staff
DATE: April 11, 2018
RE: Hearing and Meeting Schedule

May 9, 2018 To be determined - 4160 Patterson Avenue
HSCRC/MHCC Conference Room

June 13, 2018 To be determined - 4160 Patterson Avenue
HSCRC/MHCC Conference Room

Please note that Commissioner's binders will be available in the Commission's office at 11:15 a.m.

The Agenda for the Executive and Public Sessions will be available for your review on the Thursday before the Commission meeting on the Commission's website at <http://hscrc.maryland.gov/Pages/commission-meetings.aspx>.

Post-meeting documents will be available on the Commission's website following the Commission meeting.

Nurse Support Program I (NSP I) Outcomes Evaluation FY 2013-2017 Update

April 11, 2018

Health Services Cost Review Commission

4160 Patterson Avenue
Baltimore, Maryland 21215
(410) 764-2605
FAX: (410) 358-6217

This is an update report for the Commission's information. No action is required.

LIST OF ABBREVIATIONS

AD	Associates Degree in Nursing
BSN	Baccalaureate Degree in Nursing
EBP	Evidence-Based Practice
FTE	Fulltime Equivalent Employee
FY	Fiscal Year
GBR	Global Budget Revenue
HSCRC	Health Services Cost Review Commission
HRSA	Health Resources and Services Administration
IOM	Institute of Medicine
LPN	Licensed Practical Nurse
MS/MSN	Master's Degree/Master's in Nursing Degree
NESP	Nurse Education Support Program
NRP	Nurse Residency Program
NSP I	Nurse Support Program I
QI	Quality Improvement
RN	Registered Nurse

EXECUTIVE SUMMARY

Nurse Support Program I (NSP I) Outcomes Evaluation FY 2013-2017

Highlights

- Hospitals continued to invest extensively in nurse residency and orientation programs in FY 2017.
- For the last three consecutive fiscal years, retention rates for hospitals offering nurse residency programs (NRPs) for newly licensed registered nurses (NLRN) have held around 92 percent compared to retention rates for hospitals not offering NRPs retention rates which have remained, on average, at 85 percent.
- Hospitals offering one-year NRPs preferred hiring BSN nurses whereas hospitals not offering NRPs were more likely to hire associates degree nurses.
- Unlike prior FYs, hospitals did not fund nurse refresher classes in FY2017.
- In FY 2017, turnover rates for hard-to-fill RN positions were higher for experienced RNs when compared with NLRNs, however, the overall turnover rate remained consistent with previous years.
- Between FYs 2013 to 2017, more than 3,000 RNs received financial assistance towards advanced nursing degree programs. Of those nurses, approximately 685 graduated from these programs.
- Between FYs 2013 to 2017, hospitals added 381 new RNs to the workforce.
- There was a nine (9) percentage point growth (more than 400) in the number of certified RNs in Maryland for FY 2017.
- Hospitals continued to invest in continuing education in FY 2017. Of interest, educational offerings focused on building leaders and teams as opposed to previous years where the focus was on quality and patient safety. .
- In FY 2017, 17 hospitals were pursuing either Magnet® or Pathway to Excellence® designation, up from 13 hospitals in FY 2014.
- More than 200 Evidenced-based Practice and Quality Improvement projects and approximately 12 research studies were funded by NSP in FY 2017.
- In FY 2017, vacancy rates rose two percentage points. Correspondingly, hospitals used an additional 150 agency RN FTEs equating to \$30,000,000 compared to the previous year.

Summary

Hospitals continue to successfully retain newly licensed nurses through residency and orientation programs in FY 2017. Additionally, retention of newly hired RNs has remained constant at 86 percent for three consecutive years. However, experienced RNs participating in hard-to-fill orientation programs are more likely to leave their position and overall hospital vacancy rates rose in FY 2017, adversely affecting agency costs. These data may suggest an exodus of experienced nurses occurring at hospitals.

Interestingly, hospitals are putting new emphasis on leadership, team building, and healthy work environment, unlike prior years where the focus was on quality and patient safety programs. Programs like these may foster professional advancement, create safe work environments, and enhance retention of the experienced RNs. Additionally, strong emphasis should continue to be placed on advancing nursing education, certification, and programs designed to promote nursing excellence.

Programs Supported Through the NSP I

More than \$85 million of NSP I funds were invested in RNs at participating hospitals between FYs 2013 and 2017. A comparison of actual project, administrative, and total expenditures for the five years revealed that administrative expenses increased from 50 percent of total expenses in FYs 2013 and 2014; to 57 percent in FYs 2015 and 2016; to a high of 62 percent by FY 2017.

During the five years, hospitals spent the highest percentage of funds on programs supporting Education and Career Advancement (Figure 1). An analysis of spending by individual programs found more than 40 percent of NSP I funds were invested in nurse residency and orientation programs (Figure 2). With the advent of the Global Budget Revenue (GBR) payment methodology, funding by hospitals for quality improvement, evidence-based practice, and research programs substantially increased from five (5) percent of total expended dollars in the previous years to more than 13 percent in FYs 2015 and 2016, then declined in FY 2017 to three (3) percent. Additionally, the amounts allocated to nursing excellence programs also declined in FY 2017. However, funding for continuing education for nurses substantially increased to 18 percent in FY 2017. Although the percentage of total funds for tuition assistance declined in FYs 2015 and 2016, amounts had increased again by FY 2017. Furthermore, the amount of tuition assistance supporting nursing students doubled from less than \$500,000 in FY 2015, to almost one million in FY 2016, then stabilized at approximately \$800,000 in FY 2017. The increased interest by hospitals for nursing students may suggest concerns about older RNs leaving the workforce and potential of RN nursing workforce shortage in Maryland.

In FYs 2013 and 2014, staff found an unexplained variance of 30 percent when comparing reported program expenditures (i.e., the sum of individual program expenses) with the reported total expenditures. NSP I coordinators attributed the variance to misunderstanding the question, lack of knowledge of NSP I expenditures, inadequate assistance from financial officers, and excluding funds for programs that appeared not to fit into one of the listed categories.

To improve reporting of program expenses in FY 2015, an explanation of funding for the “Other” category was required. Additionally, extensive education was provided to NSP I

coordinators to improve the reporting of end-of-the-year expenses. Although expense reporting substantially improved and no unexplained variances were found, the amount of expenses reported in the “Other” category was still concerning. In FY 2017, more than 20 hospitals cited the use of funds for programs outside the recommended categories, accounting for more than 11 percent of NSP I expenditures. HSCRC staff will continue to work with hospitals to further reduce the percent of expenditures in the “Other” category for the next reporting period.

Figure 1: Percent of NSP I Funds Invested in Future of Nursing Program Aims, FYs 2013 - 2017

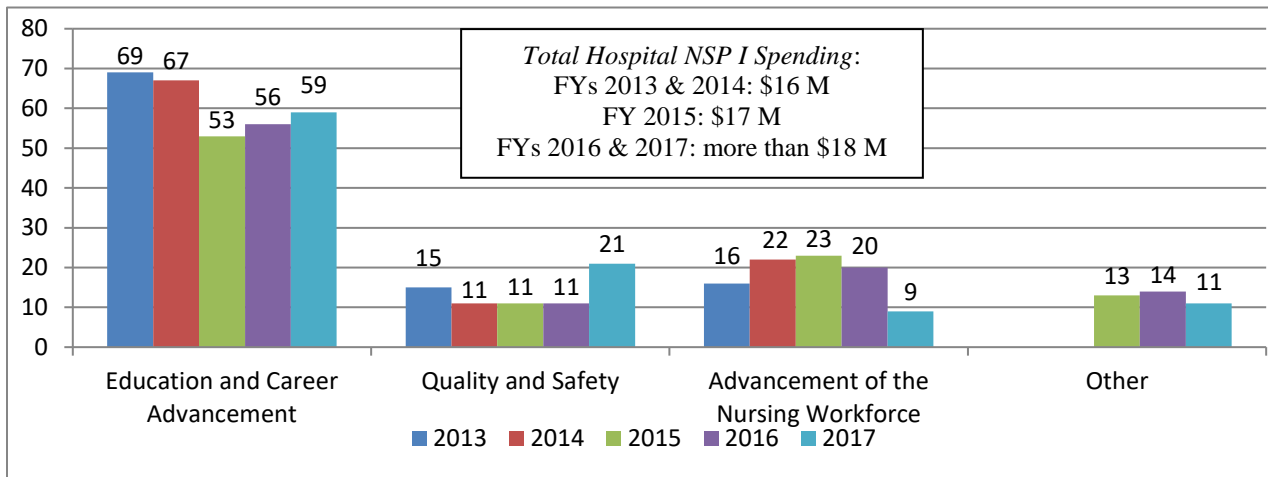
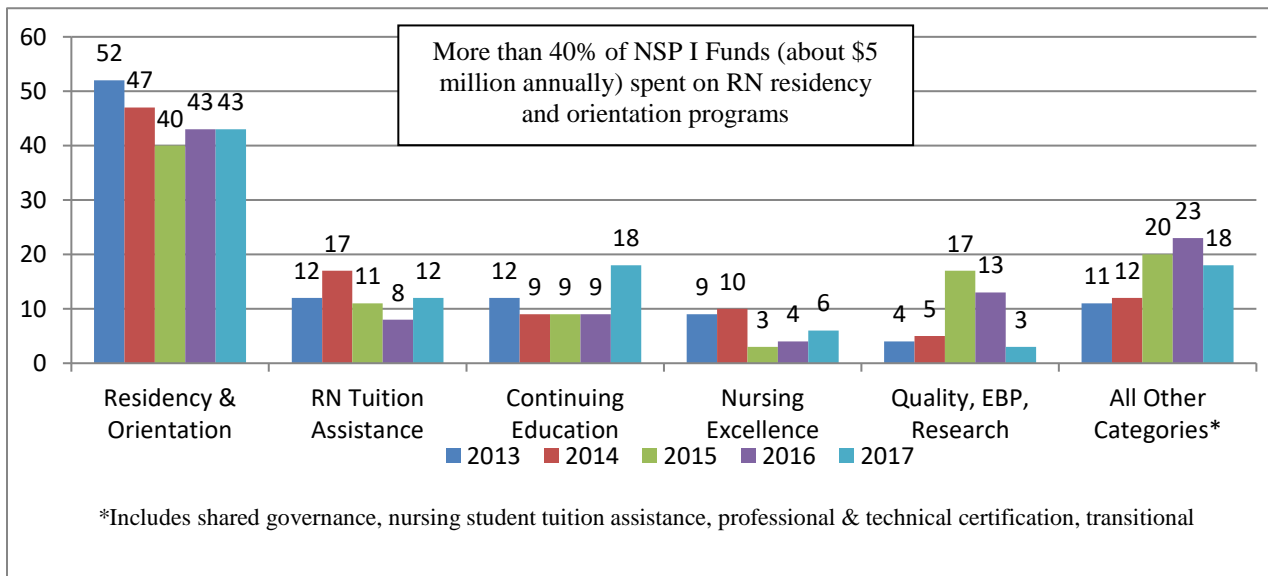


Figure 2: Percent of Total Expenditures for NSP I Top Funding Categories, FYs 2013 - 2017



Increasing Bedside Nurses through RN Transition into Practice Programs

The concept of nurse residency programs emerged in an effort to prevent newly licensed RNs from leaving their employer or the profession entirely. Nurse residency programs for newly

licensed RNs improve their organization, management, communication, and clinical skills. Additionally, NRPs improve nurse retention and reduce hospital costs associated with attrition¹. Unlike other professions in medicine, transition programs (referred to as residencies) have not been mandated by the nursing profession to integrate new graduates into the workplace. Maryland is recognized nationally as a leader in the nurse residency program; having one of the only statewide collaborative models with 24 participating hospitals and financial support through the NSP I.

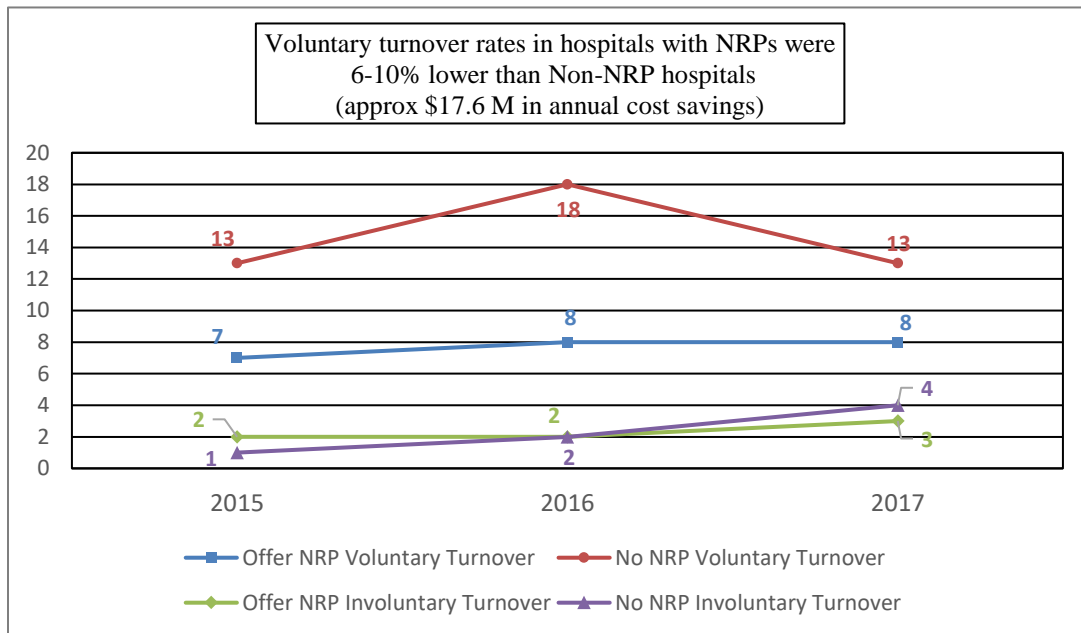
Approximately half of the responding hospitals invested NSP I funds into nurse residency programs (NRP) over the five years. Through NSP, hospitals were able to fund program coordinators and instructors; nurse residents' or other staff salaries that facilitate resident attendance; and program expenses such as educational materials. More than 7,600 newly licensed RNs participated in nurse residency programs supported by NSP I between FYs 2013-2015. Voluntary turnover rates for hospitals offering a NRP were between six (6) and ten (10) percentage points lower than hospitals not offering NRPs (Figure 3). Cost savings due to decreased attrition (cost to recruit and retain a replacement RN) is estimated at \$88,000 per RN². Thus, the cost savings at NRP hospitals for approximately 200 fewer nurses leaving the workforce equates to an annual statewide cost saving of \$17.6 million by hospitals investing in residency programs. This program alone demonstrates the far-reaching impact NSP I has had on bedside hospital nurse retention.

When comparing hospital hiring practices for baccalaureate-prepared (BSN) and associates degree (AD) RNs, it was found that hospitals offering one-year nurse residency programs preferred hiring BSN nurses. In fact, BSNs were almost twice as likely to be hired compared to their AD counterparts, whereas, hospitals with no residency program are more likely to hire AD RNs. The hospitals offering no residency program are also more likely to be smaller and more rural.

¹ National Academies of Sciences, Engineering and Medicine. *Assessing Progress on the Institute of Medicine Report The Future of Nursing*. Washington, DC: The National Academies Press; 2015. <http://www.nationalacademies.org/hmd/Reports/2015/Assessing-Progress-on-the-IOM-Report-The-Future-of-Nursing.aspx>. Accessed May 26, 2017.

² Jones, C. B. Revisiting Nurse Turnover Costs: Adjusting For Inflation. *JONA*. 2008; 38(1): 11-18.

Figure 3: Comparison of Hospital Turnover Rates for 1-Year Nurse Residency vs No Nurse Residency Program, FY 2015 - 2017



Decreasing Turnover Rates for Hard-to-Fill Critical Need Positions

Nationally, nurse leaders are struggling with transitioning newly licensed RNs and experienced RNs to hard-to-fill specialty clinical roles and critical leadership roles. Areas of greatest need for RNs in Maryland are the emergency department, adult critical care/intermediate care, perioperative, women and infant health, and medical-surgical specialties. Maryland hospital workforce data, collected from hospital Chief Nursing Officers, also identified nurse manager, director, and nursing professional development practitioner (hospital-based nurse educator) as difficult roles to fill³. Furthermore, respondents cited a continued need for experienced clinical bedside nurses.

Over the five years, about half of the hospitals reported using NSP I funds to support the implementation of orientation programs for hard-to-fill positions. But unlike nurse residency programs, poorly reported outcome metrics associated with the orientation programs make it difficult to examine the impact of these funds. As discussed in the HSCRC NSP I interim outcome evaluation report⁴ that was presented to the Commission in February 2017, turnover rates for nurses participating in orientation programs increased 25 percentage points between FYs 2013 and 2014. Further analysis and discussions with NSP I coordinators indicated that the

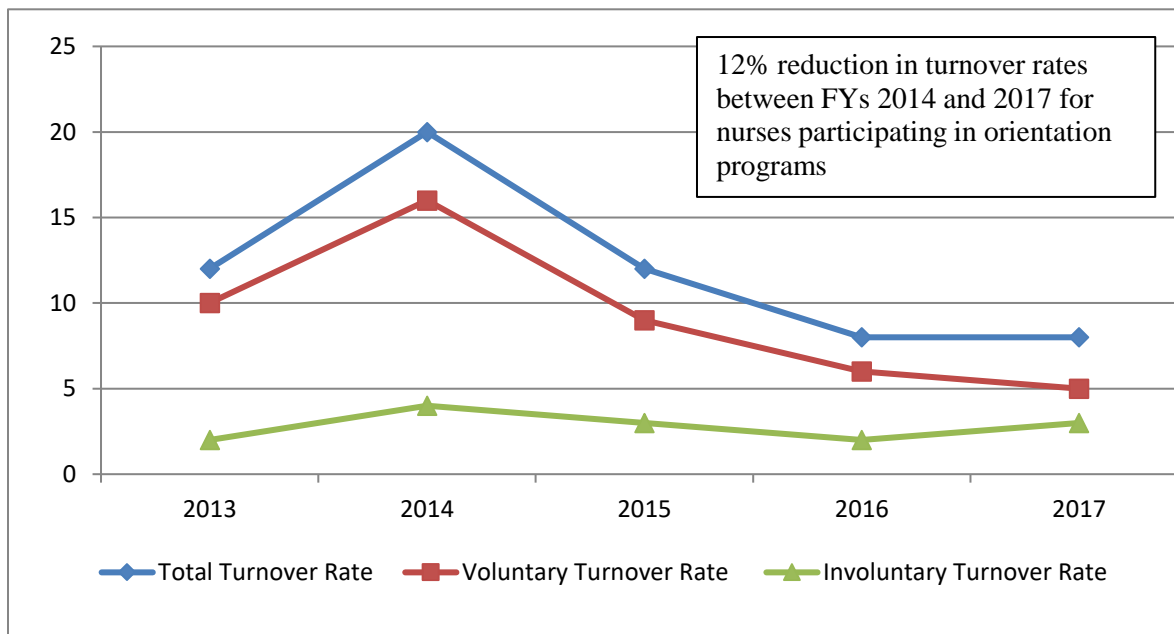
³ Daw, P. & Warren, J. I. *Transforming the Future Nursing Workforce: Innovative Statewide Opportunities*. Podium presentation at the Maryland Nurses Association 113th Annual Convention “Every Nurse A Leader” Conference Center At The Maritime Institute Linthicum Heights, MD October 13-14, 2016

⁴ Health Services Cost Review Commission. *Nurse Support Program I Outcomes Evaluation FY 2013-2014 and Recommendations for the Future, February 8 2017*; <http://www.Hscrc.State.Md.Us/Documents/Commission-Meeting/2017/02/HSCRC-Public-CM-Pre-Meeting-Packet-2017-02-02.Pdf>. 2017. Web. Apr. 30 2017.

turnover data may have been overstated. For this final analysis, inaccurate data were removed and the turnover rates declined from a high of 20 percent in FY 2014 to 8 percent in FYs 2016 and 2017 (Figure 4).

Of interest in FY 2017, NLRN voluntary and involuntary turnover rates (five and two percent, respectively) were less than the voluntary and involuntary turnover rates (nine and four percent, respectively) for experienced RNs. Despite issues with the data, this downward trend suggests orientation programs are positively impacting hard-to-fill RN turnover rates.

Figure 4: Turnover Rates for NSP I-Supported Orientation Programs, FYs 2013 - 2017



Preparing a Highly Educated RN Workforce

It can become imperative for RNs to achieve higher levels of education due to demands for new and expanded RN roles to provide care across the health care continuum, as well as, shortages of RNs as primary care providers, faculty, and researchers. Strong research evidence has linked lower mortality rates, fewer medication errors, and positive outcomes to nurses prepared at the baccalaureate and graduate degree levels⁵. Quality patient care hinges on a well-educated, highly functioning, motivated nursing workforce. The IOM Future of Nursing report called for 80 percent of RNs to hold a BSN degree by 2020 and a doubling of doctoral-prepared RNs.⁶

Through NSP I, the pool of BSN, master’s degree and doctoral RNs in Maryland hospitals has substantially increased over the past 10 years of reporting. Between FYs 2007 and 2012, about

⁵ American Association of Colleges of Nurses. *Creating a More Highly Qualified Nursing Workforce*. <http://www.aacn.nche.edu/media-relations/fact-sheets/nursing-workforce>. 26 May 2017.

⁶ IOM (Institute of Medicine). *Future Directions of Credentialing Research in Nursing: Workshop Summary*. Washington, DC: The National Academies Press, 2015.

25 hospitals invested \$8.5 million in tuition assistance supporting approximately 800 RNs. Similarly, between FYs 2013 and 2017, 17 to 22 hospitals invested almost \$9 million in tuition assistance; allowing approximately 3,000 RNs to obtain financial assistance towards advanced nursing degrees. Of those nurses receiving assistance in the last five years, approximately 685 graduated from nursing programs (73 percent with BSNs and 24 percent with MS/MSNs). Additionally, six RNs graduated with doctoral degrees in nursing. Furthermore, the student attrition rate has remained between two (2) and four (4) percent during this period.

These successes may be partially attributed to the synergistic effects of the NSP I and II programs. NSP II grants have funded programs for RNs to easily transition into BSN, MS/MSN, and doctoral programs. For example, NSP II programs that are helping to facilitate this movement are the newly-funded Associate-to-Bachelor's nursing programs that facilitate dual enrollment in an AD nursing program at a community college and the BSN degree at a partner nursing school. Another NSP II program uses shared resources among hospital and schools of nursing to increase the pool of nurse clinical instructors, while advancing the numbers of masters-prepared RNs in the hospitals. Since its initial funding in FY 2006, the NSP II program has grown from two to 19 participating hospitals in FY 2017.

Increasing the Nursing Pipeline

Between FYs 2013 and 2017, financial support for nursing students by hospitals increased almost fivefold and added 381 new RNs to the workforce. Anecdotally, hospitals reported using NSP I funds beyond the traditional tuition assistance. Hospitals paid wages for student time while attending classes; stipends for incidentals such as textbooks and fees; and supported hospital-based externship and internship programs. More than half of the approximately 652 nursing students funded through NSP I graduated from their basic licensure programs. Of those graduating, approximately 68 completed associate degree programs, 257 completed baccalaureate degree programs and 51 completed generic master's degree programs⁷. Student nurse attrition rates also fell by six (6) percentage points, from seven (7) percent to less than one (1) percent over the five years.

Hiring practices for newly graduated nurses whose education was funded by NSP I funds have increased from 85 percent in FY 2013 to 100 percent by FY 2017. This suggests that hospitals are hiring more new graduates to fill positions being vacated by older counterparts as they start to exit the workforce with the improving economy.

Advancing Lifelong Learning through RN Certification and Continuing Education

As described in the previous 5-year renewal report to the Commission in July 2017, Maryland hospitals continue to encourage RNs to obtain specialty and technical certification and participate in continuing education classes. Certified nurses can positively impact their workplace, peers, and patients⁸. Hospitals employing certified wound care nurses were found to

⁷ Data by degree type was not reported for all new nursing graduates by hospitals

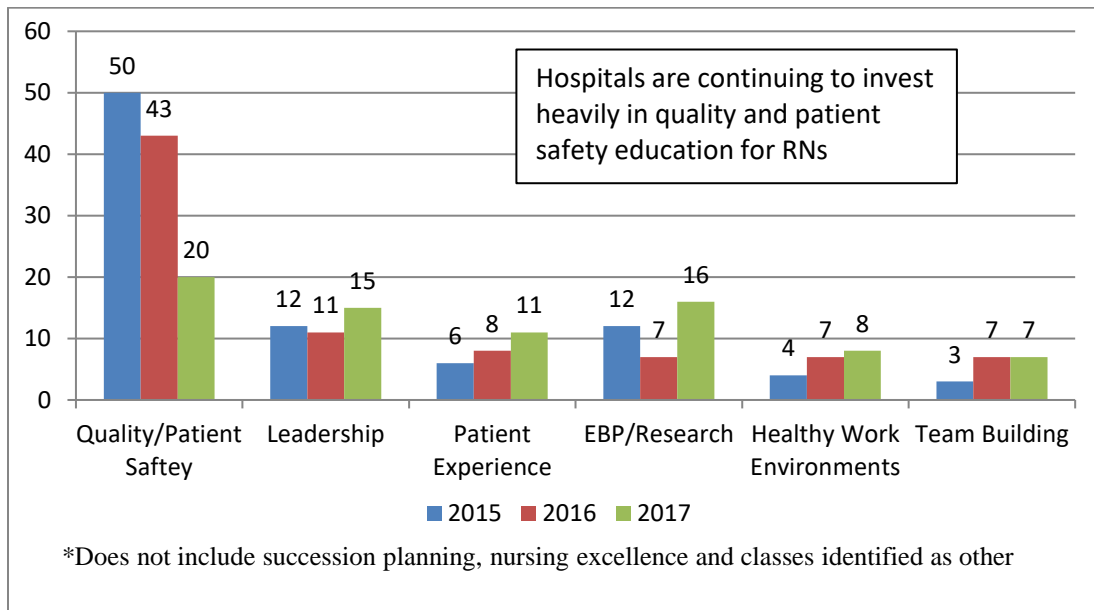
⁸ IOM (Institute of Medicine). *Future Directions Of Credentialing Research In Nursing: Workshop Summary*. Washington, DC: The National Academies Press, 2015.

have better RN pressure ulcer assessment and prevention practices and lower rates of pressure ulcers⁹. Approximately 2,800 RNs completed technical and professional certifications between FYs 2007 and 2012. In the last five years, more than 4,200 RNs obtained initial technical or recertification. Overall, hospitals reported increases upwards of 19 percentage points in the number of professional specialty and/or technical certified nurses between FYs 2013 and 2017.

An examination of the number of nurses obtaining professional certification shows a consistent increase in FYs 2015, 2016, and 2017 by nine (9) percentage points. More than 400 RNs obtained professional nursing specialty certification or recertification in FY 2017, alone. RNs obtained professional certification in multiple specialty nursing areas; ranging from medical-surgical to women’s health, wound care, and nurse executive certifications.

Another method to foster lifelong learning is providing ongoing continuing education. Almost half of the hospitals over the course of the five years reported the use of NSP I to support continuing education programs for RNs. More than 16,000 RNs attended educational programs focused on topics associated with goals of the quadruple aim (better quality, better health, lower cost, and healthier workforce). Quality and patient safety classes comprised more than 40 percent of the educational offerings in FYs 2015 and 2016. In FY 2017, offerings for education to build leaders and teams began to emerge. (Figure 5).

Figure 5: Number of Classes for NSP I Top Internal & External Continuing Education Categories, FYs 2015 - 2017



⁹ Boyle, D. K., Bergquist-Beringer, S. & Cramer, E. Relationship of Wound, Ostomy, and Continence Certified Nurses and Healthcare-Acquired Conditions in Acute Care Hospitals. *J Wound Ostomy Continence Nurs.* 2017; 44(3):283-292. DOI: 10.1097/WON.0000000000000327

Advancing the Practice of Nursing

Between FYs 2012 and 2017, eight (8) hospitals in Maryland have successfully achieved Magnet® and one has achieved Pathway to Excellence® designation with funding from the NSP I program. Of those hospitals, six were re-designated as Magnet® hospitals between FYs 2013 and 2014 and one in FY 2016. Seventeen hospitals are pursuing either Magnet® or Pathway to Excellence® designation in FY 2017, up from 13 in FY 2014. Magnet designated hospitals with the initial and re-designation dates are listed below.

- Anne Arundel Medical Center (2014)
- Mercy Medical Center (2011, 2016)
- Sinai Hospital of Baltimore (2008; 2013)
- MedStar Franklin Square Medical Center (2008; 2013)
- Johns Hopkins Hospital (2003; 2008; 2013)
- University of Maryland Medical Center (2009; 2014)
- UM Shore Medical Center at Easton (2009; 2014)
- UM Shore Medical Center at Dorchester (2009; 2014)

Pathway to Excellence

- Union Hospital of Cecil County (2016)

Advancing Nursing Science

The NSP I supports research studies, evidence-based practice (EBP), or quality improvement (QI) projects to build the science of nursing and improve patient care outcomes. The numbers of hospitals involved in QI, EBP, or research studies grew from five (5) in FY 2013 to ten (10) in FY 2017 and the expended funds increased almost seven-fold. More than 200 EBP and QI projects and approximately 12 research studies were funded by NSP in FY 2017. Much of the funding supported nurse residents and RN teams in conducting QI/EBP projects.

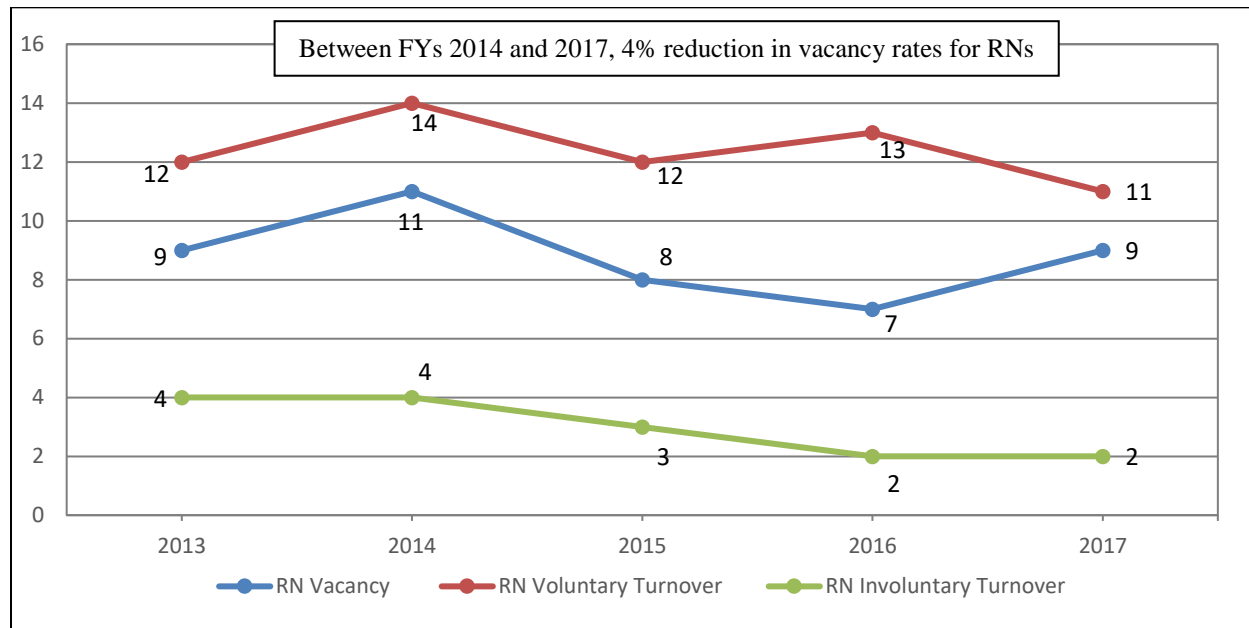
Improving Hospital Vacancy & Turnover Rates While Reducing RN Agency Costs

Although vacancy rates decreased by four (4) percentage points between FY 2014 and FY 2016, a slight upturn occurred in FY 2017. Voluntary retention rates also rose in FY 2017 by two (2) percentage points (Figure 6). New hire RN retention rates have remained steady at approximately 86 percent since FY 2015.

The overall hospital vacancy rate decreased by four (4) percentage points between FYs 2014 and 2016, then increased by two (2) percentage points in FY2017. Conversely, the hospital voluntary turnover rate declined by two (2) percentage points in FY 2017, indicating improved retention of RN staff by hospitals. Despite improved hospital retention of RNs, agency nurse usage increased by 17 percent between FYs 2016 and 2017 (from 854 to 1,001 FTEs), costing hospitals \$138 million. The uptick in agency costs may be related to specific geographic locations experiencing RN workforce losses as evidenced by the higher vacancy rate. Hospitals continue to report

difficulty filling emergency, critical care, and perioperative care RN positions and hospitals pay premium dollars to agency services to fill these holes.

Figure 6: Overall Hospital RN Vacancy & Turnover Rates, FY 2013 - 2017



Update on Status of Recommendations for the NSP I for FY 2018 - 2022

The future growth of the national nursing workforce (RNs per capita) is projected to vary significantly; ranging from zero growth in New England to 40 percent growth in the West South and Central Region. Growth forecasts for the Mid-Atlantic Region suggest less than 10 percent growth in RN FTEs and only eight (8) percent growth in RN FTEs per capita. Unlike other fast growing regions in the nation with a projected surplus of nurses, Maryland is projected to be one of the slowest growth regions and projected to have workforce shortfall by 2030¹⁰. The HSCRC’s investment in nursing practice and education is as timely and relevant today as it was decades ago. Transforming nursing in Maryland will, by virtue of the sheer numbers in hospitals, have far-reaching statewide effects on the quality and safety of the state’s hospitals.

To ensure continuous program improvement, the following programmatic changes were recommended at the June 2017 Commission Meeting, and updates on the status of these recommendations are highlighted below.

¹⁰ Aurbach, D. I., Buerhaus, P. I., & Staiger, D. O. How Fast will the Registered Nurse Workforce Grow Through 2030? Projections in Nine Regions of the Country. *Nursing Outlook*, 2017, 65 (1), 116-122. DOI: <http://dx.doi.org/10.1016/j.outlook.2016.07.004>

Recommendation 1: Broaden the NSP goal to include all hospital-based RNs.

As health care transitions from a focus on episodic, acute care to population health, new health care models and delivery systems are being introduced to provide high-quality, patient-centered care across the care continuum. Global and national trends are calling for nurse leaders to prepare staff for new and expanding roles that come with new competencies for nurses. Initiatives that expand and encourage partnerships between academic and hospital nurse leaders to prepare nurses for present and future roles and produce the nurse with the right skill sets to meet new care delivery models/workforce requirements in Maryland should continue to be promulgated by NSP I and II.

Update: The NSP goal was broadened to include all hospital-based RNs, and data collection for FY 2018 will include metrics that address programs to increase the number of nurse leaders and nurse educators.

Recommendation 2: Redefine categories for eligible funding.

A well-educated nursing workforce is fundamental to transforming the nursing profession and will address the increasing demand for safe, high-quality, and effective health care services. Bedside RNs are being asked to rapidly transition from a focus on discharge planning to another setting, to providing continuity of care across the health care continuum. With the new health care demands, nurses will have new innovative roles and acquire new skill sets, including the need for strong leadership skills. Future RNs will need to fill a variety of leadership roles from the bedside to the C-suite. It is recommended that a new leadership category is added to the NSP I initiatives and many of the current programs are redefined to keep up with projected health care trends.

Further, the current quality and retention rates of transition to specialty practice programs, such as to the emergency department, are problematic. Continued investment in practice transition programs and recording of outcome metrics are required to determine their effectiveness in retaining RNs.

Finally, new options for hospital-based nursing student programs, such as externships and internships, need to be made available to increase the nursing pipeline. As the economy improves and older RNs exit the workforce, significant geographical shortages of health care providers and nurses are projected. It is also recommended that innovative academic-practice models that maximize the capacity for the preparation of new RNs continue to be funded through NSP I and NSP II.

Update: With the assistance of the Advisory Board, HSCRC staff drafted guidelines that outlined the categories that was eligible for funding, as well as, examples for each category. A processes was established to review program descriptions prior to the beginning of the fiscal year to ensure funds are being used appropriately.

Recommendation 3: Establish NSP I Advisory Board.

HSCRC staff have continuously improved processes for NSP I. However, greater ownership and oversight is required by hospital leaders to strengthen and improve NSP I. An Advisory Board, consisting of key stakeholders, is recommended to advise HSCRC staff about programmatic improvements, monitor hospital programs for alignment with the NSP I goal, and evaluate outcome metrics and make recommendations.

Update: The NSP I Advisory Board was established and 2 members were designated as co-chairs. The Advisory Board has recommended a number of initiatives including instituting a summit for hospitals to showcase NSP I initiatives; developing educational materials to publicize the NSP to RN's in the State; disseminating the Annual Report to participating hospitals; producing educational materials for Human Resources on collecting NSP I data; and updating the HSCRC website to be a resource for Coordinators.

Recommendation 4: Establish categories of initiatives not eligible for funding.

From this analysis, it is evident many hospitals are not using NSP I funds as intended. Program guidelines to include a comprehensive list of approved programs are recommended, as well as, mandatory hospital education about the NSP program. A formal review process of hospital program applications by an Advisory Board should lessen this issue.

Update: With the assistance of the Advisory Board, HSCRC staff drafted guidelines that outlined the categories that was eligible for funding, as well as, examples for each category. A processes was established to review program descriptions prior to the beginning of the fiscal year to ensure funds are being used appropriately.

Recommendation 5: Revise forms to align with the data collection tool.

Hospital respondents expressed confusion about the reporting forms which they believed contributed to problems with reporting data accurately. It is recommended that forms be reviewed and revised as needed, guidelines developed, and education provided to hospitals prior to the next funding cycle.

Update: HSCRC staff and the Advisory Board reviewed and revised all the data collection tools to reduce confusion and improve reporting accuracy. The HSCRC convened a required training for all NSP I coordinators in February to review the Budget and Program Descriptions forms. Another training will be held in September 2018 to review the data collection tool for FY 2018 data.

Recommendation 6: Develop and implement a new data reporting and analytic tool.

This analysis identified the need for hospitals to improve the reporting of organizational metrics. HSCRC staff met with NSP I coordinators to discuss issues with reporting and methods to improve their ability to provide reliable and accurate data. Although staff developed a complete instructional guide, added and revised operational definitions, and offered a live educational webinar (which was recorded for later viewing) to NSP I coordinators, issues persisted. New online systems allowing for real-time data entry are recommended to improve accuracy of data.

Update: HSCRC has procured a database developer to create an online data collection tool to collect the FY 2019 NSP I data. The online tool will have better functionality than the current tool and will allow multiple users from the same hospital to enter information.

Disclosure of Hospital Financial and Statistical Data: Fiscal Year 2017

April 11, 2018

Health Services Cost Review Commission

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EXECUTIVE SUMMARY

The Maryland Health Services Cost Review Commission (HSCRC or Commission) has completed the annual hospital financial disclosure report for fiscal year (FY) 2017.

In FY 2017, Maryland concluded its third year under the new agreement with the federal Centers for Medicare & Medicaid Services (CMS) and began the fourth year. Under the new All-Payer Model, the State's focus shifted from controlling the charge per case for Medicare inpatient hospital stays to controlling per capita hospital revenue growth (including both inpatient and outpatient hospital costs) for all payers. The new Model will assess whether Maryland's hospital all-payer system is a successful model for achieving the goals of:

- Lower costs
- Better patient experience
- Improved health

Calendar year (CY) 2014 was the first year of the new Model. Since FY 2017 straddles the end of the third year under the new Model and the beginning of the fourth year, this report focuses on the third year of the new Model's financial and quality metric performance, as well as traditional measures of hospital financial health.

The following are a number of Maryland All-Payer Model Performance Year 3 results:

1. Gross all-payer per capita hospital revenues from services provided to Maryland residents grew by 0.80 percent, slower than the per capita growth in the Maryland economy, which was 3.17 percent in CY 2016.
2. Over the five-year performance period of the Model, the State must achieve cumulative aggregate savings in the Medicare per beneficiary total hospital expenditures for Maryland resident Medicare fee-for-service (FFS) beneficiaries of at least \$330 million. For Performance Year 3 (CY 2016), the State achieved \$311 million in Medicare savings, as compared to the CY 2013 base. The cumulative savings for CY 2014 through CY 2016 are \$586 million.
3. Over the Model's performance period, the State must have at least 80 percent of all regulated hospital revenue for Maryland residents in population-based payment arrangements. The State successfully shifted 100 percent of hospital revenue into population-based payments through hospital global budgets.
4. Over the Model's performance period, the State must reduce the aggregate Medicare 30-day readmission rate for Medicare FFS beneficiaries to be less than or equal to the national readmission rate. Using rolling 12-months of data through November 2017, Maryland Medicare readmission rates were below the national Medicare rate (15.23% and 15.4%, respectively); based on this data Maryland is anticipated to achieve readmission rates below the nation at the end of 2018 as long as Maryland continues to keep up with national improvements over the next year.

5. Over the performance period of the Model, the State must achieve an aggregate 30 percent reduction for all payers in 65 potentially preventable complications (PPCs) as part of Maryland's Hospital Acquired Conditions program. Based on data through September 2017 the State has achieved a greater than 50% percent reduction in PPCs in 2017 compared to 2013.

This report shows that for Maryland acute hospitals in FY 2017, looking at revenues regulated by the HSCRC as well as hospital revenues and expenses not regulated by the HSCRC:

1. Profits on regulated activities decreased slightly in FY 2017 from \$1.2 billion (or 8.56 percent of regulated net operating revenue) in FY2016 to \$1.2 billion (or 8.01 percent of regulated net operating revenue).
2. Profits on operations (which include profits and losses from regulated and unregulated day-to-day activities) decreased from \$512 million in FY 2016 (or 3.29 percent of total net operating revenue) to \$458 million in FY 2017 (or 2.86 percent of total net operating revenue).
3. Total profits (referred to in the tables that follow by the accounting term "total excess profits," which include profits and losses from regulated and unregulated operating and non-operating activities) increased substantially, from \$362 million in FY 2016 (or 2.33 percent of the total revenue) to \$1.01 billion in FY 2017 (or 6.08 percent of the total revenue), primarily due to unrealized gains on investments.
4. Total regulated net patient revenue rose from \$13.9 billion in FY 2016, to \$14.3 billion in FY 2017, an increase of 2.41 percent.
5. In FY 2017, Maryland hospitals incurred \$707 million in uncompensated care, amounting to approximately four cents of uncompensated care cost for every dollar of gross patient revenue.
6. Gross regulated revenue from potentially avoidable utilization (PAU) readmissions decreased slightly from \$1.138 billion in FY 2016 to \$1.117 billion in FY 2017. However, the percent of gross regulated revenue associated with all PAUs (readmissions and avoidable admissions) increased from 11.11 percent in FY 2016 to 11.13 percent in FY 2017. Case-mix adjusted readmissions declined from 11.72 percent in FY 2016 to 11.61 percent in FY 2017, a 0.91 percent reduction. The case-mix adjusted PPC rate declined from 0.73 percent in FY 2016 to 0.60 percent in FY 2017, a decrease of 17.9 percent. These declines reflect improvement in the quality of care delivered in Maryland hospitals, where readmission rates to below the national levels for Medicare, and the State achieved the 30 percent PPC reduction goal.
7. Total direct graduate medical education expenditures increased from \$328 million in FY 2016, to \$340 million in FY 2017, an increase of 3.68 percent.

The HSCRC, the country's pioneer hospital rate review agency, was established by the Maryland General Assembly in 1971 to regulate rates for all those who purchase hospital care. It is an independent Commission functioning within the Maryland Department of Health. It consists of

seven members who are appointed by the Governor. The HSCRC's rate review authority includes assuring the public that: (a) a hospital's total costs are reasonable; (b) a hospital's aggregate rates are reasonably related to its aggregate costs; and (c) rates are set equitably among all purchasers of care without undue discrimination or preference.

INTRODUCTION

Effective January 1, 2014, Maryland entered into a new hospital All-Payer Model with the Centers for Medicare & Medicaid Services (CMS). Under the new Model, the State's focus shifted from controlling the charge per case for a hospital stay to controlling the per capita total hospital revenue growth. The new Model will assess whether Maryland's all-payer system for hospital payments—which is now accountable for the total hospital cost of care on a per capita basis—is a successful model for achieving the goals of:

- Lower costs
- Better patient experience
- Improved health

To facilitate these goals, every acute care hospital in Maryland agreed to a global budget. Global budgets remove the incentives for hospitals to grow volumes and instead focus hospitals on reducing potentially avoidable utilization (PAU), improving population health, and improving outcomes for patients. Maryland's performance under the All-Payer Model is measured by:

- Limiting the growth in gross per capita all-payer hospital revenues since calendar year (CY) 2013. Maryland has committed to holding the average annual growth rate over the five-year life of the Model to 3.58 percent.
- Generating savings for Medicare by holding the growth in Maryland Medicare fee-for-service (FFS) hospital payments per beneficiary below the national Medicare per beneficiary fee-for-service growth rate. Maryland has committed to saving Medicare \$330 million over five years by keeping the State Medicare per beneficiary hospital growth rate below the nation.
- Reducing potentially preventable complications (PPCs) by an aggregate of 30 percent over the five years of the Model.
- Reducing Maryland's Medicare readmission rate to the national average by the final year of the five-year Model.

This report focuses on hospital performance on the new Model's financial and quality metrics, as well as traditional measures of hospital financial health. This report includes hospital-level data on revenues associated with readmissions and other forms of PAU. Readmission and PAU charges provide a financial indicator of opportunity for improvement in selected areas if Maryland hospitals can successfully transform health care to the benefit of consumers. Reducing charges for PAU and readmissions will also provide hospital resources for additional investments in health care transformation. This report also illustrates performance on quality metrics including the rates of case-mix adjusted readmissions (labeled risk-adjusted readmissions in the tables), and the case-mix adjusted PPC rate for each hospital.

Maryland's performance on many of the new Model metrics was favorable:

Disclosure of Hospital Financial and Statistical Data: Fiscal Year 2017

- All-payer per capita hospital revenues grew 0.80 percent, which is below the per capita growth of the Maryland economy in CY 2016 and well below the 3.58 percent annual growth gap contained in the waiver agreement.
- Medicare FFS hospital charges per Maryland Medicare beneficiary increased by 1.12 percent in FY 2017. National data for FY 2017 data indicate that Maryland costs grew slower than the nation.
- Charges for PAU readmissions decreased slightly from \$1.138 billion in FY 2016 to \$1.117 billion in FY 2017. Overall PAU charges increased however, from \$1.808 billion in FY 2016 to \$1.811 billion in FY 2017. As a percentage of gross regulated patient revenue, PAU readmissions decreased between FY 2016 and FY 2017 by 1.8 percent and total PAU charges increased by 0.17 percent.
- Data on quality show that there were reductions in the case-mix adjusted readmission rate and the PPC rate. The case-mix adjusted readmission rate declined from 11.72 percent in FY 2016 to 11.61 percent in FY 2017, a decrease of 0.91 percent. The case-mix adjusted PPC rate declined from 0.73 percent in FY 2016 to 0.60 percent in FY 2017, a decrease of 17.9 percent. This decline reflects improvement in the quality of care delivered at Maryland hospitals. Since CY 2013, the PPC decrease has been greater than the CMS target of a 30 percent reduction by CY 2018.

Data on the collective financial performance of Maryland hospitals are summarized below.

- Gross regulated revenue growth. Gross patient revenue on regulated services increased 2 percent from \$16.4 billion in FY 2016 to \$16.7 billion in FY 2017.
- Net regulated patient revenue. Total regulated net patient revenue rose from \$13.9 billion in FY 2016 to \$14.3 billion in FY 2017, an increase of 2.41 percent.
- Profits on regulated activities. Profits on regulated activities decreased in FY 2017, from \$1.21 billion (8.56 percent of regulated net operating revenue) in FY 2016 to \$1.16 billion (8.01 percent of regulated net operating revenue).
- Profits on operations. Profits on operations (which include profits and losses from regulated and unregulated day-to-day activities) decreased from \$512 million in FY 2016 (or 3.29 percent of total net operating revenue) to \$458 million in FY 2017 (or 2.86 percent of total net operating revenue).
- Total excess profit. Total excess profits (which include profits and losses from regulated and unregulated operating and non-operating activities) increased substantially, from \$362 million in FY 2016 (or 2.33 percent of the total revenue) to \$1.01 billion (or 6.08 percent of the total revenue) in FY 2017, primarily due to unrealized gains on investments.
- Total Direct Graduate Medical Education Expenditures. Total direct graduate medical education expenditures increased from \$328 million in FY 2016 to \$340 million in FY 2017, an increase of 3.68 percent.

Maryland is the only state in which uncompensated care is financed by all payers, including Medicare and Medicaid, because the payment system builds the predicted cost of uncompensated care into the rates, and all payers pay the same rates for hospital care. Because the rates cover predicted uncompensated care amounts, hospitals have no reason to discourage patients who are likely to be without insurance. Thus, Maryland continues to be the only state in the nation that assures its citizens that they can receive care at any hospital, regardless of their ability to pay. As a result, there are no charity hospitals in Maryland; patients who are unable to pay are not transferred into hospitals of last resort. Because the actual uncompensated care is not reimbursed by the system, hospitals have incentives to pursue compensation from patients who generate uncompensated care expenses.

Additionally, the mark-up in Maryland hospitals—the difference between hospitals' costs and what hospitals ultimately charge patients—remained the lowest in the nation. The average mark-up for hospitals nationally is more than 3.5 times that of Maryland hospitals, according to the most recent data from the American Hospital Association. In the absence of rate setting, non-Maryland hospitals must artificially mark up their charges in order to cover shortfalls due to uncompensated care, discounts to large health plans, and low payments from Medicare and Medicaid.

CONTENTS OF REPORT

Under its mandate to publicly disclose information about the financial operations of all hospitals, the Maryland Health Services Cost Review Commission (HSCRC or Commission) has prepared this report of comparative financial information from the respective hospitals.

This report combines the financial data of hospitals with a June 30 fiscal year end with the hospitals with a December 31 year end of the previous year, e.g., June 30, 2016 and December 31, 2015, rather than combining together the financial data of hospitals whose fiscal years end in the same calendar year, e.g., June 30, 2015 and December 31, 2015, as was done in the past. All of the financial data in this report have been combined in this fashion. In FY 2014, the University of Maryland Upper Chesapeake Medical Center and the University of Maryland Harford Memorial Hospital changed from a December 31 fiscal year end to a June 30 fiscal year end. Because of this change in combining hospital data, the data for the six months from January 1, 2014 to June 30, 2014 for these hospitals were not included in this report. This report also marks the second annual filing submitted by Holy Cross Germantown Hospital, and includes nine months of data from its first year of operations, from October 1, 2014 to June 30, 2015.

Gross Patient Revenue, Net Patient Revenue, Other Operating Revenue, Net Operating Revenue, Percentage of Uncollectible Accounts, Total Operating Costs, Operating Profit/Loss, Non-Operating Revenue and Expense, and Total Excess Profit/Loss, as itemized in this report, were derived from the Annual Report of Revenue, Expenses, and Volumes (Annual Report) submitted to the HSCRC. The Annual Report is reconciled with the audited financial statements of the respective institutions.

This year's Disclosure Statement also includes the following three Exhibits:

- Exhibit I - Change in Uncompensated Care (Regulated Operations)
- Exhibit II - Change in Total Operating Profit/Loss (Regulated and Unregulated Operations)
- Exhibit III – Total Excess Profit/Loss (Operating and Non-Operating Activities)

The following explanations are submitted in order to facilitate the reader's understanding of this report:

Gross Patient Revenue refers to all regulated and unregulated patient care revenue and should be accounted for at established rates, regardless of whether the hospital expects to collect the full amount. Such revenues should also be reported on an accrual basis in the period during which the service is provided; other accounting methods, such as the discharge method, are not acceptable. For historical consistency, uncollectible accounts (bad debts) and charity care are included in gross patient revenue.

Net Patient Revenue means all regulated and unregulated patient care revenue realized by the hospital. Net patient revenue is arrived at by reducing gross patient revenue by contractual allowances, charity care, bad debts, and payer denials. Such revenues should be reported on an accrual basis in the period in which the service is provided.

Other Operating Revenue includes regulated and unregulated revenue associated with normal day-to-day operations from services other than health care provided to patients. These include sales and services to non-patients and revenue from miscellaneous sources, such as rental of hospital space, sale of cafeteria meals, gift shop sales, research, and Medicare Part B physician services. Such revenue is common in the regular operations of a hospital but should be accounted for separately from regulated patient revenue.

Net Operating Revenue is the total of net patient revenue and other operating revenue.

Uncompensated Care is composed of charity and bad debts. This is the percentage difference between billings at established rates and the amount collected from charity patients and patients who pay less than their total bill, if at all. For historical consistency, uncollectible accounts are treated as a reduction in revenue.

Total Operating Expenses equal the costs of HSCRC-regulated and unregulated inpatient and outpatient care, plus costs associated with Other Operating Revenue. Operating expenses are presented in this report in accordance with generally accepted accounting principles with the exception of bad debts. For historical consistency, bad debts are treated as a reduction in gross patient revenue.

Operating Profit/Loss is the profit or loss from ordinary, normal recurring regulated and unregulated operations of the entity during the period. Operating Profit/Loss also includes restricted donations for specific operating purposes if such funds were expended for the purpose intended by the donor during the fiscal year being reported upon.

Non-Operating Profit/Loss includes realized as well as unrealized investment income, extraordinary gains, and other non-operating gains and losses.

Total Excess Profit/Loss represents the bottom line figure from the Audited Financial Statement of the institution. It is the total of the Operating Profit/Loss and Non-Operating Profit/Loss. (Provisions for income tax are excluded from the calculation of profit or loss for proprietary hospitals.)

PAU is the general classification of hospital care that is unplanned and can be prevented through improved care, care coordination, and effective community based care. The HSCRC intends to continue to refine the measurement of PAU and thus the current PAU numbers differ from previous disclosure reports. Currently, the following measures are included as PAU cost measures:

- 30-day, all-cause, all-hospital inpatient readmissions, excluding planned readmissions, based on similar specifications for Maryland Readmission Reduction Incentive Program but applied to all inpatient discharges and observation stays greater than 23 hours and the readmission revenue is assigned to the hospital receiving the readmission regardless of where the original admission occurred.
- Prevention quality indicators (PQIs) as defined by the Agency for Healthcare Research and Quality applied to all inpatient discharges and observation stays greater than 23 hours. The PQIs included are the 12 acute and chronic PQIs included in the PQI-90 Composite measure and PQI 02 (Perforated Appendix). It does not include PQI 09 (low birth weight). For this report, the PQI Version 6.01 was used.

Readmissions refer to the methodology for the Readmissions Reduction Incentive Program that measures performance using the 30-day all-payer all-hospital (both intra- and inter-hospital) readmission rate with adjustments for patient severity (based on discharge All Patient Refined Diagnosis Related Group Severity of Illness) and planned admissions. The case-mix adjusted rate that is provided for each hospital are for inpatient discharges only and are assigned to the index hospital.

PPCs consist of a list of measures developed by 3M. PPCs are defined as harmful events (e.g., an accidental laceration during a procedure) or negative outcomes (e.g., hospital-acquired pneumonia) that occur post-admission from the process of care and treatment rather than from a natural progression of underlying disease. The conditions are excluded if present-on-admission indicators show that the patient arrived at the hospital with the condition. Hospital payment is linked to hospital performance by comparing the observed number of PPCs to the expected number of PPCs. In this report, HSCRC only provides the case-mix adjusted PPC rate and not the revenue associated with PPCs.

Direct Graduate Medical Education Expenditures consist of the costs directly related to the training of residents. These costs include stipends and fringe benefits of the residents and the salaries and fringe benefits of the faculty who supervise the residents.

Financial information contained in this report provides only an overview of the total financial status of the institutions. Additional information concerning the hospitals, in the form of Audited Financial Statements and reports filed pursuant to the regulations of the HSCRC, is available at the HSCRC's offices for public inspection between the hours of 8:30 a.m. and 4:30 p.m. Monday through Friday, and in PDF under Financial Data Reports/Financial Disclosure on the HSCRC website at <http://hscrc.maryland.gov/Pages/pdr-annual-reports.aspx>.

NOTES TO THE FINANCIAL AND STATISTICAL DATA

1. Maryland hospitals undercharged their Global Budget Revenue targets by approximately \$79 million from July 2016 to December 2016. The CY 2016 all-payer per capita revenue growth was adjusted from 0.29 percent to 0.80 percent to account for the undercharge.
2. Admissions include infants transferred to neo-natal intensive care units in the hospital in which they were born.
3. Revenues and expenses applicable to physician Medicare Part B professional services are only included in regulated hospital data in hospitals that had HSCRC-approved physician rates on June 30, 1985, and that have not subsequently requested that those rates be removed so that the physicians may bill Medicare FFS.
4. The specialty hospitals in this report are: Adventist Behavioral Health Care-Rockville, Adventist Rehabilitation Hospital of Maryland, Brook Lane Health Services, Adventist Behavioral Health-Eastern Shore, Levindale Hospital, Mt. Washington Pediatric Hospital, and Sheppard Pratt Hospital.
5. In accordance with Health-General Article, Section 19-3A-07, three free-standing medical facilities—Queen Anne's Freestanding Medical Center, Germantown Emergency Center, and Bowie Health Center—fall under the rate-setting jurisdiction of the HSCRC. The HSCRC sets rates for all payers for emergency services provided at Queen Anne's Freestanding Medical Center effective October 1, 2010, and at Germantown Emergency Center and Bowie Health Center effective July 1, 2011.
6. Effective July 1, 2013, data associated with the University of Maryland Cancer Center was combined with that of the University of Maryland Medical Center.
7. Effective January 1, 2014, Levindale Hospital was designated by CMS as an acute care hospital, rather than a specialty hospital.
8. Effective October 1, 2014, Holy Cross Germantown Hospital was issued a rate order to begin business in Maryland as an acute care hospital. The data included in this report contain nine months of data (October 1, 2014 to June 30, 2015) for Holy Cross Germantown Hospital's first annual filing.

DETAILS OF THE DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA: ACUTE HOSPITALS

HEALTH SERVICES COST REVIEW COMMISSION
 DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
 FISCAL YEAR 2015 TO 2017

Page 1

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ALL ACUTE HOSPITALS

FISCAL YEAR ENDING	June 2017 -----	June 2016 -----	June 2015 -----
Gross Patient Revenue:			
Regulated Services	16,742,377,981	16,414,062,529	16,023,174,651
Unregulated Services	1,863,929,050	1,767,905,021	1,765,339,383
TOTAL	18,606,307,031	18,181,967,550	17,788,514,034
Net Patient Revenue (NPR):			
Regulated Services	14,255,058,804	13,918,979,932	13,417,265,413
Unregulated Services	903,405,218	832,676,315	831,105,191
TOTAL	15,158,464,022	14,751,656,247	14,248,370,604
Other Operating Revenue:			
Regulated Services	198,414,245	160,718,431	207,012,377
Unregulated Services	676,703,096	665,160,514	557,485,573
TOTAL	875,117,341	825,878,945	764,497,950
Net Operating Revenue (NOR)			
Regulated Services	14,453,473,049	14,079,698,363	13,624,277,791
Unregulated Services	1,580,108,314	1,497,836,829	1,388,590,764
Total	16,033,581,363	15,577,535,193	15,012,868,554
Total Operating Expenses:			
Regulated Services	13,296,225,370	12,874,250,706	12,481,365,520
Total	15,575,691,957	15,065,706,428	14,481,119,517
Net Operating Profit (Loss):			
Regulated Services	1,157,247,679	1,205,447,657	1,142,912,171
Unregulated Services	-699,358,273	-693,618,892	-611,163,233
Total	457,889,406	511,828,765	531,748,938
Total Non-Operating Profit (Loss):			
Non-Operating Revenue	573,786,997	-34,313,381	51,393,310
Non-Operating Expenses	21,751,737	115,722,725	53,452,924
Total Excess Profit (Loss):	1,009,920,359	361,792,660	529,689,423
% Net Operating Profit of Regulated NOR	8.01	8.56	8.39
% Net Total Operating Profit of Total NOR	2.86	3.29	3.54
% Total Excess Profit of Total Revenue	6.08	2.33	3.52
Total Direct Medical Education:	340,398,287	328,323,025	300,062,898
Inpatient Readmission Charges:	1,117,494,859	1,137,684,481	1,154,176,969
Risk Adjusted Readmission Percent:	11.61%	11.72%	12.20%
Potentially Avoidable Utilization Costs:	1,811,470,857	1,808,407,854	1,821,708,689
Risk Adjusted PPC Rate:	0.60	0.73	0.90

Disclosure of Hospital Financial and Statistical Data: Fiscal Year 2017

HEALTH SERVICES COST REVIEW COMMISSION
 DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
 FISCAL YEAR 2015 TO 2017

ANNE ARUNDEL MEDICAL CENTER

FISCAL YEAR ENDING	June 2017	June 2016	June 2015
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Gross Patient Revenue:			
Regulated Services	601,774,600	576,313,300	562,952,500
Unregulated Services	8,191,534	6,941,900	6,805,400
TOTAL	609,966,134	583,255,200	569,757,900
Net Patient Revenue (NPR):			
Regulated Services	515,360,553	497,838,744	477,344,509
Unregulated Services	7,646,388	6,366,700	6,611,300
TOTAL	523,006,941	504,205,444	483,955,809
Other Operating Revenue:			
Regulated Services	3,477,500	5,914,800	7,170,500
Unregulated Services	8,367,500	6,387,900	19,782,400
TOTAL	11,845,000	12,302,700	26,952,900
Net Operating Revenue (NOR)			
Regulated Services	518,838,053	503,753,544	484,515,009
Unregulated Services	16,013,888	12,754,600	26,393,700
Total	534,851,941	516,508,144	510,908,709
Total Operating Expenses:			
Regulated Services	477,719,120	451,531,237	437,421,849
Total	519,408,967	491,019,800	486,102,500
Net Operating Profit (Loss):			
Regulated Services	41,118,933	52,222,307	47,093,161
Unregulated Services	-25,675,959	-26,733,963	-22,286,951
Total	15,442,974	25,488,344	24,806,209
Total Non-Operating Profit (Loss):			
Non-Operating Revenue	64,008,993	-37,898,800	-40,992,000
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	79,451,967	-12,410,456	-16,185,791
% Net Operating Profit of Regulated NOR	7.93	10.37	9.72
% Net Total Operating Profit of Total NOR	2.89	4.93	4.86
% Total Excess Profit of Total Revenue	13.27	-2.59	-3.44
Total Direct Medical Education:	0	0	0
Inpatient Readmission Charges:	28,997,377	28,651,307	28,655,859
Risk Adjusted Readmission Percent:	11.05%	11.10%	11.48%
Potentially Avoidable Utilization Costs:	52,587,031	51,968,363	51,761,487
Risk Adjusted PPC Rate:	0.33	0.73	0.99

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HEALTH SERVICES COST REVIEW COMMISSION
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ATLANTIC GENERAL HOSPITAL

FISCAL YEAR ENDING	June 2017	June 2016	June 2015
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Gross Patient Revenue:			
Regulated Services	107,265,100	105,461,500	102,371,000
Unregulated Services	54,847,161	50,662,326	42,556,300
TOTAL	162,112,261	156,123,826	144,927,300
Net Patient Revenue (NPR):			
Regulated Services	91,131,000	90,081,400	88,616,700
Unregulated Services	23,330,161	21,406,426	17,503,300
TOTAL	114,461,161	111,487,826	106,120,000
Other Operating Revenue:			
Regulated Services	361,039	794,324	1,315,700
Unregulated Services	3,032,853	2,782,807	1,767,100
TOTAL	3,393,892	3,577,131	3,082,800
Net Operating Revenue (NOR)			
Regulated Services	91,492,039	90,875,724	89,932,400
Unregulated Services	26,363,014	24,189,233	19,270,400
Total	117,855,053	115,064,957	109,202,800
Total Operating Expenses:			
Regulated Services	77,717,176	75,915,305	75,395,800
Total	117,268,349	112,904,611	108,320,800
Net Operating Profit (Loss):			
Regulated Services	13,774,863	14,960,419	14,536,600
Unregulated Services	-13,188,159	-12,800,074	-13,654,600
Total	586,704	2,160,346	882,000
Total Non-Operating Profit (Loss):	2,606,640	263,569	1,560,200
Non-Operating Revenue	2,606,640	263,569	1,560,200
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	3,193,344	2,423,915	2,442,300
% Net Operating Profit of Regulated NOR	15.06	16.46	16.16
% Net Total Operating Profit of Total NOR	0.50	1.88	0.81
% Total Excess Profit of Total Revenue	2.65	2.10	2.20
Total Direct Medical Education:	0	0	0
Inpatient Readmission Charges:	4,029,253	3,487,090	4,908,066
Risk Adjusted Readmission Percent:	8.78%	8.82%	10.32%
Potentially Avoidable Utilization Costs:	9,656,512	8,453,276	10,631,879
Risk Adjusted PPC Rate:	0.37	0.57	0.86

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BON SECOURS HOSPITAL

FISCAL YEAR ENDING	August 2017	August 2016	August 2015
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Gross Patient Revenue:			
Regulated Services	109,889,834	106,732,300	117,217,800
Unregulated Services	59,134,112	56,474,022	36,444,670
TOTAL	169,023,946	163,206,322	153,662,470
Net Patient Revenue (NPR):			
Regulated Services	91,183,374	90,580,150	98,069,566
Unregulated Services	16,004,797	15,365,284	16,757,466
TOTAL	107,188,171	105,945,434	114,827,031
Other Operating Revenue:			
Regulated Services	1,274,515	1,545,300	800,398
Unregulated Services	2,545,390	3,587,084	3,812,977
TOTAL	3,819,904	5,132,384	4,613,375
Net Operating Revenue (NOR)			
Regulated Services	92,457,889	92,125,450	98,869,964
Unregulated Services	18,550,186	18,952,368	20,570,443
Total	111,008,075	111,077,818	119,440,406
Total Operating Expenses:			
Regulated Services	75,753,272	78,575,804	78,959,061
Total	113,068,120	114,507,342	110,395,175
Net Operating Profit (Loss):			
Regulated Services	16,704,617	13,549,646	19,910,902
Unregulated Services	-18,764,662	-16,979,170	-10,865,671
Total	-2,060,045	-3,429,524	9,045,231
Total Non-Operating Profit (Loss):			
Non-Operating Revenue	1,211,230	464,567	299,000
Non-Operating Expenses	1,562,300	212,429	0
Total Excess Profit (Loss):	-2,411,115	-3,177,386	9,344,231
% Net Operating Profit of Regulated NOR	18.07	14.71	20.14
% Net Total Operating Profit of Total NOR	-1.86	-3.09	7.57
% Total Excess Profit of Total Revenue	-2.15	-2.85	7.80
Total Direct Medical Education:	0	0	0
Inpatient Readmission Charges:	14,385,603	13,701,685	18,324,617
Risk Adjusted Readmission Percent:	15.22%	14.37%	15.33%
Potentially Avoidable Utilization Costs:	21,098,578	20,139,210	25,353,720
Risk Adjusted PPC Rate:	0.93	1.13	0.80

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HEALTH SERVICES COST REVIEW COMMISSION
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 FISCAL YEAR 2015 TO 2017

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CALVERT HEALTH MEDICAL CENTER

FISCAL YEAR ENDING	June 2017	June 2016	June 2015
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Gross Patient Revenue:			
Regulated Services	149,192,000	146,698,600	144,499,900
Unregulated Services	16,178,800	11,709,220	11,343,400
TOTAL	165,370,800	158,407,820	155,843,300
Net Patient Revenue (NPR):			
Regulated Services	126,166,246	127,343,293	124,641,770
Unregulated Services	7,321,746	5,210,263	5,090,942
TOTAL	133,487,991	132,553,556	129,732,712
Other Operating Revenue:			
Regulated Services	2,680,541	3,163,881	3,869,985
Unregulated Services	1,094,459	1,097,878	1,084,745
TOTAL	3,775,000	4,261,759	4,954,730
Net Operating Revenue (NOR)			
Regulated Services	128,846,787	130,507,174	128,511,755
Unregulated Services	8,416,204	6,308,142	6,175,687
Total	137,262,991	136,815,315	134,687,442
Total Operating Expenses:			
Regulated Services	115,443,141	111,787,053	109,246,740
Total	135,480,000	129,054,256	124,914,230
Net Operating Profit (Loss):			
Regulated Services	13,403,646	18,720,121	19,265,015
Unregulated Services	-11,620,655	-10,959,061	-9,491,803
Total	1,782,991	7,761,059	9,773,212
Total Non-Operating Profit (Loss):	2,164,000	1,002,915	-2,132,041
Non-Operating Revenue	2,164,000	1,002,915	281,369
Non-Operating Expenses	0	0	2,413,410
Total Excess Profit (Loss):	3,946,991	8,763,974	7,641,171
% Net Operating Profit of Regulated NOR	10.40	14.34	14.99
% Net Total Operating Profit of Total NOR	1.30	5.67	7.26
% Total Excess Profit of Total Revenue	2.83	6.36	5.66
Total Direct Medical Education:	0	0	0
Inpatient Readmission Charges:	7,571,928	7,787,459	6,651,086
Risk Adjusted Readmission Percent:	8.41%	9.26%	8.68%
Potentially Avoidable Utilization Costs:	16,941,532	17,076,942	15,926,766
Risk Adjusted PPC Rate:	0.51	0.48	0.68

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HEALTH SERVICES COST REVIEW COMMISSION
 DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
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CARROLL HOSPITAL CENTER

FISCAL YEAR ENDING	June 2017	June 2016	June 2015
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Gross Patient Revenue:			
Regulated Services	235,036,100	254,064,500	254,037,700
Unregulated Services	79,087,856	74,692,123	73,597,756
TOTAL	314,123,956	328,756,623	327,635,456
Net Patient Revenue (NPR):			
Regulated Services	203,593,415	217,990,560	217,722,362
Unregulated Services	33,810,104	32,103,123	33,093,873
TOTAL	237,403,519	250,093,683	250,816,235
Other Operating Revenue:			
Regulated Services	6,456,700	2,468,694	2,597,080
Unregulated Services	3,964,210	2,890,600	1,240,078
TOTAL	10,420,910	5,359,294	3,837,158
Net Operating Revenue (NOR)			
Regulated Services	210,050,115	220,459,254	220,319,442
Unregulated Services	37,774,314	34,993,723	34,333,951
Total	247,824,429	255,452,977	254,653,393
Total Operating Expenses:			
Regulated Services	180,347,701	199,462,258	199,756,327
Total	222,821,677	239,120,643	238,732,927
Net Operating Profit (Loss):			
Regulated Services	29,702,414	20,996,996	20,563,115
Unregulated Services	-4,699,662	-4,664,662	-4,642,649
Total	25,002,752	16,332,334	15,920,466
Total Non-Operating Profit (Loss):	14,724,000	308,300	-3,927,869
Non-Operating Revenue	14,724,000	8,030,300	1,223,684
Non-Operating Expenses	0	7,722,000	5,151,553
Total Excess Profit (Loss):	39,726,752	16,640,634	11,992,597
% Net Operating Profit of Regulated NOR	14.14	9.52	9.33
% Net Total Operating Profit of Total NOR	10.09	6.39	6.25
% Total Excess Profit of Total Revenue	15.13	6.32	4.69
Total Direct Medical Education:	0	0	0
Inpatient Readmission Charges:	18,088,472	17,861,135	19,212,722
Risk Adjusted Readmission Percent:	11.06%	11.49%	11.30%
Potentially Avoidable Utilization Costs:	36,014,956	33,535,709	35,943,138
Risk Adjusted PPC Rate:	0.78	0.80	1.01

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HEALTH SERVICES COST REVIEW COMMISSION
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DOCTORS COMMUNITY HOSPITAL

FISCAL YEAR ENDING	June 2017	June 2016	June 2015
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Gross Patient Revenue:			
Regulated Services	232,581,700	234,045,500	226,462,500
Unregulated Services	52,080,355	23,864,393	21,074,527
TOTAL	284,662,055	257,909,893	247,537,027
Net Patient Revenue (NPR):			
Regulated Services	201,446,395	196,748,065	186,906,068
Unregulated Services	28,124,953	23,752,910	20,785,043
TOTAL	229,571,348	220,500,975	207,691,111
Other Operating Revenue:			
Regulated Services	-378,275	-749,478	1,978,080
Unregulated Services	9,889,826	6,451,267	4,961,871
TOTAL	9,511,551	5,701,789	6,939,951
Net Operating Revenue (NOR)			
Regulated Services	201,068,120	195,998,587	188,884,148
Unregulated Services	38,014,779	30,204,177	25,746,914
Total	239,082,899	226,202,764	214,631,062
Total Operating Expenses:			
Regulated Services	186,006,529	179,480,079	170,753,892
Total	237,563,824	220,883,373	208,511,680
Net Operating Profit (Loss):			
Regulated Services	15,061,591	16,518,507	18,130,257
Unregulated Services	-13,542,516	-11,199,116	-12,010,875
Total	1,519,075	5,319,391	6,119,382
Total Non-Operating Profit (Loss):	-10,854,493	-3,921,617	-1,022,687
Non-Operating Revenue	576,223	708,268	-1,022,687
Non-Operating Expenses	11,430,716	4,629,885	0
Total Excess Profit (Loss):	-9,335,418	1,397,774	5,096,695
% Net Operating Profit of Regulated NOR	7.49	8.43	9.60
% Net Total Operating Profit of Total NOR	0.64	2.35	2.85
% Total Excess Profit of Total Revenue	-3.90	0.62	2.39
Total Direct Medical Education:	0	0	0
Inpatient Readmission Charges:	22,688,487	23,527,507	21,254,010
Risk Adjusted Readmission Percent:	11.35%	11.97%	11.66%
Potentially Avoidable Utilization Costs:	40,506,104	41,040,201	36,172,611
Risk Adjusted PPC Rate:	0.43	0.67	1.29

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HEALTH SERVICES COST REVIEW COMMISSION
 DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
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FORT WASHINGTON MEDICAL CENTER

FISCAL YEAR ENDING	December 2016	December 2015	December 2014
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Gross Patient Revenue:			
Regulated Services	48,727,769	48,291,192	48,565,970
Unregulated Services	783,927	211,142	404,675
TOTAL	49,511,696	48,502,334	48,970,645
Net Patient Revenue (NPR):			
Regulated Services	41,576,357	41,353,146	40,450,576
Unregulated Services	783,927	211,142	404,675
TOTAL	42,360,284	41,564,288	40,855,251
Other Operating Revenue:			
Regulated Services	287,472	802,900	1,345,091
Unregulated Services	60,529	51,978	39,088
TOTAL	348,001	854,878	1,384,179
Net Operating Revenue (NOR)			
Regulated Services	41,863,829	42,156,046	41,795,667
Unregulated Services	844,456	263,120	443,763
Total	42,708,285	42,419,166	42,239,430
Total Operating Expenses:			
Regulated Services	41,672,698	41,591,264	39,766,800
Total	42,883,376	42,405,199	40,859,285
Net Operating Profit (Loss):			
Regulated Services	191,131	564,782	2,028,867
Unregulated Services	-366,223	-550,815	-648,722
Total	-175,091	13,967	1,380,145
Total Non-Operating Profit (Loss):	-852,195	662	607
Non-Operating Revenue	5,805	662	607
Non-Operating Expenses	858,000	0	0
Total Excess Profit (Loss):	-1,027,286	14,629	1,380,752
% Net Operating Profit of Regulated NOR	0.46	1.34	4.85
% Net Total Operating Profit of Total NOR	-0.41	0.03	3.27
% Total Excess Profit of Total Revenue	-2.41	0.03	3.27
Total Direct Medical Education:	0	0	0
Inpatient Readmission Charges:	2,876,316	2,842,794	3,593,267
Risk Adjusted Readmission Percent:	8.87%	10.27%	11.57%
Potentially Avoidable Utilization Costs:	7,181,181	7,601,516	7,974,754
Risk Adjusted PPC Rate:	0.43	0.11	0.33

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 FISCAL YEAR 2015 TO 2017

FREDERICK MEMORIAL HOSPITAL

FISCAL YEAR ENDING	June 2017	June 2016	June 2015
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Gross Patient Revenue:			
Regulated Services	346,113,400	363,795,700	346,609,902
Unregulated Services	107,448,442	57,294,670	57,086,448
TOTAL	453,561,842	421,090,370	403,696,350
Net Patient Revenue (NPR):			
Regulated Services	291,537,409	307,860,058	293,871,610
Unregulated Services	65,355,818	34,082,959	33,379,435
TOTAL	356,893,227	341,943,017	327,251,045
Other Operating Revenue:			
Regulated Services	4,003,779	4,929,135	5,129,913
Unregulated Services	3,288,221	3,388,865	3,124,506
TOTAL	7,292,000	8,318,000	8,254,419
Net Operating Revenue (NOR)			
Regulated Services	295,541,188	312,789,193	299,001,523
Unregulated Services	68,644,039	37,471,824	36,503,941
Total	364,185,227	350,261,017	335,505,464
Total Operating Expenses:			
Regulated Services	253,327,620	278,175,236	274,234,304
Total	346,207,000	331,555,000	324,400,419
Net Operating Profit (Loss):			
Regulated Services	42,213,568	34,613,957	24,767,220
Unregulated Services	-24,235,341	-15,907,940	-13,662,174
Total	17,978,227	18,706,017	11,105,045
Total Non-Operating Profit (Loss):	13,084,000	-6,465,000	579,400
Non-Operating Revenue	13,084,000	4,598,000	7,448,400
Non-Operating Expenses	0	11,063,000	6,869,000
Total Excess Profit (Loss):	31,062,227	12,241,017	11,684,445
% Net Operating Profit of Regulated NOR	14.28	11.07	8.28
% Net Total Operating Profit of Total NOR	4.94	5.34	3.31
% Total Excess Profit of Total Revenue	8.23	3.45	3.41
Total Direct Medical Education:	0	0	0
Inpatient Readmission Charges:	23,720,692	21,163,164	23,544,839
Risk Adjusted Readmission Percent:	10.04%	9.60%	10.60%
Potentially Avoidable Utilization Costs:	45,109,060	37,720,272	41,457,493
Risk Adjusted PPC Rate:	0.59	0.73	0.89

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GARRETT COUNTY MEMORIAL HOSPITAL

FISCAL YEAR ENDING	June 2017	June 2016	June 2015
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Gross Patient Revenue:			
Regulated Services	55,258,400	48,479,700	44,693,600
Unregulated Services	14,092,770	13,070,536	12,856,975
TOTAL	69,351,170	61,550,236	57,550,575
Net Patient Revenue (NPR):			
Regulated Services	46,518,046	41,011,099	37,569,611
Unregulated Services	5,415,699	5,059,417	6,048,180
TOTAL	51,933,745	46,070,516	43,617,791
Other Operating Revenue:			
Regulated Services	951,888	970,434	1,722,986
Unregulated Services	530,967	551,434	329,639
TOTAL	1,482,855	1,521,868	2,052,625
Net Operating Revenue (NOR)			
Regulated Services	47,469,934	41,981,533	39,292,597
Unregulated Services	5,946,666	5,610,851	6,377,819
Total	53,416,600	47,592,384	45,670,416
Total Operating Expenses:			
Regulated Services	43,427,726	39,247,254	35,427,708
Total	52,655,567	47,660,593	41,597,075
Net Operating Profit (Loss):			
Regulated Services	4,042,208	2,734,279	3,864,889
Unregulated Services	-3,281,175	-2,802,488	208,452
Total	761,033	-68,209	4,073,341
Total Non-Operating Profit (Loss):			
Non-Operating Revenue	1,051,571	334,557	731,976
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	1,812,604	266,348	4,805,317
% Net Operating Profit of Regulated NOR	8.52	6.51	9.84
% Net Total Operating Profit of Total NOR	1.42	-0.14	8.92
% Total Excess Profit of Total Revenue	3.33	0.56	10.36
Total Direct Medical Education:	0	0	0
Inpatient Readmission Charges:	1,496,307	1,107,848	1,359,438
Risk Adjusted Readmission Percent:	6.39%	6.18%	6.43%
Potentially Avoidable Utilization Costs:	4,647,712	3,920,966	4,160,808
Risk Adjusted PPC Rate:	0.39	0.69	0.75

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GERMANTOWN EMERGENCY CENTER

FISCAL YEAR ENDING	December 2016	December 2015	December 2014
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Gross Patient Revenue:			
Regulated Services	14,183,800	13,555,000	14,059,900
Unregulated Services	0	0	0
TOTAL	14,183,800	13,555,000	14,059,900
Net Patient Revenue (NPR):			
Regulated Services	10,910,253	9,691,602	9,216,478
Unregulated Services	0	0	0
TOTAL	10,910,253	9,691,602	9,216,478
Other Operating Revenue:			
Regulated Services	4,028	7,183	7,567
Unregulated Services	3,187	251,097	263,000
TOTAL	7,215	258,280	270,567
Net Operating Revenue (NOR)			
Regulated Services	10,914,281	9,698,785	9,224,045
Unregulated Services	3,187	251,097	263,000
Total	10,917,468	9,949,882	9,487,045
Total Operating Expenses:			
Regulated Services	10,995,298	10,835,481	11,106,309
Total	11,018,598	11,148,023	11,406,414
Net Operating Profit (Loss):			
Regulated Services	-81,017	-1,136,696	-1,882,264
Unregulated Services	-20,113	-61,445	-37,105
Total	-101,130	-1,198,141	-1,919,369
Total Non-Operating Profit (Loss):			
Non-Operating Revenue	-32,347	-418,018	-407,785
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	-133,477	-1,616,159	-2,327,154
% Net Operating Profit of Regulated NOR	-0.74	-11.72	-20.41
% Net Total Operating Profit of Total NOR	-0.93	-12.04	-20.23
% Total Excess Profit of Total Revenue	-1.23	-16.96	-25.63
Total Direct Medical Education:	0	0	0
Inpatient Readmission Charges:	0	0	0
Risk Adjusted Readmission Percent:	0.00%	0.00%	0.00%
Potentially Avoidable Utilization Costs:	0	0	0
Risk Adjusted PPC Rate:	0.00	0.00	0.00

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GREATER BALTIMORE MEDICAL CENTER

FISCAL YEAR ENDING	June 2017	June 2016	June 2015
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Gross Patient Revenue:			
Regulated Services	462,643,278	439,684,200	432,707,700
Unregulated Services	48,940,423	46,382,096	46,277,696
TOTAL	511,583,701	486,066,296	478,985,396
Net Patient Revenue (NPR):			
Regulated Services	397,123,978	378,187,463	369,026,601
Unregulated Services	22,720,259	22,991,225	22,677,372
TOTAL	419,844,237	401,178,688	391,703,973
Other Operating Revenue:			
Regulated Services	9,200,733	8,314,668	8,852,410
Unregulated Services	9,003,267	11,163,100	11,589,157
TOTAL	18,204,000	19,477,768	20,441,567
Net Operating Revenue (NOR)			
Regulated Services	406,324,711	386,502,131	377,879,011
Unregulated Services	31,723,526	34,154,325	34,266,529
Total	438,048,237	420,656,456	412,145,540
Total Operating Expenses:			
Regulated Services	357,450,441	341,360,524	337,071,422
Total	418,965,000	402,047,314	392,458,020
Net Operating Profit (Loss):			
Regulated Services	48,874,270	45,141,607	40,807,589
Unregulated Services	-29,791,033	-26,532,465	-21,120,069
Total	19,083,237	18,609,142	19,687,520
Total Non-Operating Profit (Loss):			
Non-Operating Revenue	14,356,000	-1,754,300	5,100,000
Non-Operating Expenses	1,605,151	3,192,506	2,477,000
Total Excess Profit (Loss):	31,834,086	13,662,336	22,310,520
% Net Operating Profit of Regulated NOR	12.03	11.68	10.80
% Net Total Operating Profit of Total NOR	4.36	4.42	4.78
% Total Excess Profit of Total Revenue	7.04	3.26	5.35
Total Direct Medical Education:	4,194,880	5,237,160	4,976,560
Inpatient Readmission Charges:	16,528,104	21,686,229	21,114,686
Risk Adjusted Readmission Percent:	10.61%	10.13%	10.75%
Potentially Avoidable Utilization Costs:	33,920,134	37,365,847	35,935,033
Risk Adjusted PPC Rate:	0.68	1.00	1.18

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HEALTH SERVICES COST REVIEW COMMISSION
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
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HOLY CROSS HOSPITAL

FISCAL YEAR ENDING	June 2017	June 2016	June 2015
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Gross Patient Revenue:			
Regulated Services	504,632,600	505,712,400	480,562,300
Unregulated Services	42,112,666	34,043,625	29,149,790
TOTAL	546,745,266	539,756,025	509,712,090
Net Patient Revenue (NPR):			
Regulated Services	423,016,922	418,354,058	400,831,157
Unregulated Services	16,267,668	15,991,950	13,882,068
TOTAL	439,284,590	434,346,008	414,713,225
Other Operating Revenue:			
Regulated Services	9,645,000	3,375,639	4,612,845
Unregulated Services	13,043,038	10,438,166	10,728,100
TOTAL	22,688,038	13,813,805	15,340,945
Net Operating Revenue (NOR)			
Regulated Services	432,661,922	421,729,698	405,444,002
Unregulated Services	29,310,706	26,430,116	24,610,168
Total	461,972,628	448,159,813	430,054,170
Total Operating Expenses:			
Regulated Services	381,809,567	362,874,686	354,456,924
Total	430,741,000	413,238,146	398,445,304
Net Operating Profit (Loss):			
Regulated Services	50,852,356	58,855,012	50,987,078
Unregulated Services	-19,620,727	-23,933,345	-19,378,211
Total	31,231,628	34,921,667	31,608,866
Total Non-Operating Profit (Loss):	13,999,000	-6,083,400	6,093,296
Non-Operating Revenue	13,999,000	-6,083,400	6,093,296
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	45,230,600	28,838,267	37,702,162
% Net Operating Profit of Regulated NOR	11.75	13.96	12.58
% Net Total Operating Profit of Total NOR	6.76	7.79	7.35
% Total Excess Profit of Total Revenue	9.50	6.52	8.64
Total Direct Medical Education:	2,634,917	2,708,039	2,658,000
Inpatient Readmission Charges:	36,595,639	40,430,808	38,364,441
Risk Adjusted Readmission Percent:	11.36%	11.70%	11.83%
Potentially Avoidable Utilization Costs:	55,370,371	61,660,606	57,503,822
Risk Adjusted PPC Rate:	0.51	0.59	0.84

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HOLY CROSS HOSPITAL-GERMANTOWN

FISCAL YEAR ENDING	June 2017	June 2016	June 2015
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Gross Patient Revenue:			
Regulated Services	96,340,300	80,883,300	43,305,400
Unregulated Services	1,942,138	797,132	102,457
TOTAL	98,282,438	81,680,432	43,407,857
Net Patient Revenue (NPR):			
Regulated Services	80,048,953	65,244,750	36,057,303
Unregulated Services	1,559,438	797,132	102,457
TOTAL	81,608,391	66,041,882	36,159,760
Other Operating Revenue:			
Regulated Services	1,035,947	395,900	313,191
Unregulated Services	640,088	573,207	461,781
TOTAL	1,676,035	969,107	774,972
Net Operating Revenue (NOR)			
Regulated Services	81,084,899	65,640,650	36,370,494
Unregulated Services	2,199,526	1,370,338	564,238
Total	83,284,426	67,010,988	36,934,732
Total Operating Expenses:			
Regulated Services	87,768,090	76,357,033	56,371,837
Total	97,124,985	86,826,724	62,122,512
Net Operating Profit (Loss):			
Regulated Services	-6,683,191	-10,716,383	-20,001,343
Unregulated Services	-7,157,368	-9,099,352	-5,186,437
Total	-13,840,559	-19,815,736	-25,187,780
Total Non-Operating Profit (Loss):	8,722,092	-698,359	-142,227
Non-Operating Revenue	8,722,092	-698,359	-142,227
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	-5,118,467	-20,514,095	-25,330,007
% Net Operating Profit of Regulated NOR	-8.24	-16.33	-54.99
% Net Total Operating Profit of Total NOR	-16.62	-29.57	-68.20
% Total Excess Profit of Total Revenue	-5.56	-30.94	-68.85
Total Direct Medical Education:	0	0	0
Inpatient Readmission Charges:	7,402,893	6,064,207	3,964,502
Risk Adjusted Readmission Percent:	11.34%	10.48%	11.41%
Potentially Avoidable Utilization Costs:	13,381,592	11,288,480	7,714,257
Risk Adjusted PPC Rate:	0.55	0.61	0.70

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HEALTH SERVICES COST REVIEW COMMISSION
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HOWARD COUNTY GENERAL HOSPITAL

FISCAL YEAR ENDING	June 2017	June 2016	June 2015
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Gross Patient Revenue:			
Regulated Services	303,036,500	297,946,200	286,302,800
Unregulated Services	0	0	0
TOTAL	303,036,500	297,946,200	286,302,800
Net Patient Revenue (NPR):			
Regulated Services	259,837,500	257,850,200	242,889,800
Unregulated Services	0	0	0
TOTAL	259,837,500	257,850,200	242,889,800
Other Operating Revenue:			
Regulated Services	854,090	1,379,422	2,048,754
Unregulated Services	4,591,618	2,386,147	2,508,749
TOTAL	5,445,708	3,765,569	4,557,503
Net Operating Revenue (NOR)			
Regulated Services	260,691,590	259,229,622	244,938,554
Unregulated Services	4,591,618	2,386,147	2,508,749
Total	265,283,208	261,615,769	247,447,303
Total Operating Expenses:			
Regulated Services	247,289,845	242,053,450	227,890,658
Total	260,412,691	252,094,167	237,009,512
Net Operating Profit (Loss):			
Regulated Services	13,401,745	17,176,172	17,047,896
Unregulated Services	-8,531,228	-7,654,570	-6,610,105
Total	4,870,517	9,521,602	10,437,791
Total Non-Operating Profit (Loss):			
Non-Operating Revenue	20,083,292	3,515,431	2,137,497
Non-Operating Expenses	175,309	8,426,833	3,376,488
Total Excess Profit (Loss):	24,778,500	4,610,200	9,198,800
% Net Operating Profit of Regulated NOR	5.14	6.63	6.96
% Net Total Operating Profit of Total NOR	1.84	3.64	4.22
% Total Excess Profit of Total Revenue	8.68	1.74	3.69
Total Direct Medical Education:	0	0	0
Inpatient Readmission Charges:	23,353,116	21,660,178	21,347,026
Risk Adjusted Readmission Percent:	11.11%	11.63%	11.34%
Potentially Avoidable Utilization Costs:	39,964,885	36,860,811	35,601,902
Risk Adjusted PPC Rate:	0.63	0.76	0.88

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JOHNS HOPKINS BAYVIEW MEDICAL CENTER

FISCAL YEAR ENDING	June 2017	June 2016	June 2015
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Gross Patient Revenue:			
Regulated Services	645,219,500	643,455,400	618,220,800
Unregulated Services	5,075,600	4,755,600	4,222,500
TOTAL	650,295,100	648,211,000	622,443,300
Net Patient Revenue (NPR):			
Regulated Services	545,302,200	535,127,100	507,487,100
Unregulated Services	4,615,600	4,268,600	3,850,500
TOTAL	549,917,800	539,395,700	511,337,600
Other Operating Revenue:			
Regulated Services	6,607,400	7,814,000	8,098,100
Unregulated Services	51,675,800	56,333,300	55,593,100
TOTAL	58,283,200	64,147,300	63,691,200
Net Operating Revenue (NOR)			
Regulated Services	551,909,600	542,941,100	515,585,200
Unregulated Services	56,291,400	60,601,900	59,443,600
Total	608,201,000	603,543,000	575,028,800
Total Operating Expenses:			
Regulated Services	549,111,394	530,778,637	498,586,635
Total	613,834,000	596,562,000	563,029,000
Net Operating Profit (Loss):			
Regulated Services	2,798,206	12,162,463	16,998,565
Unregulated Services	-8,431,206	-5,181,463	-4,998,765
Total	-5,633,000	6,981,000	11,999,800
Total Non-Operating Profit (Loss):			
Non-Operating Revenue	8,909,000	2,133,900	1,875,200
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	3,276,000	9,114,900	13,875,000
% Net Operating Profit of Regulated NOR	0.51	2.24	3.30
% Net Total Operating Profit of Total NOR	-0.93	1.16	2.09
% Total Excess Profit of Total Revenue	0.53	1.50	2.41
Total Direct Medical Education:	23,453,200	22,135,500	22,227,000
Inpatient Readmission Charges:	48,520,400	52,185,799	48,732,506
Risk Adjusted Readmission Percent:	14.24%	14.14%	14.35%
Potentially Avoidable Utilization Costs:	74,764,221	78,286,182	72,866,555
Risk Adjusted PPC Rate:	0.57	0.49	0.79

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HEALTH SERVICES COST REVIEW COMMISSION
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JOHNS HOPKINS HOSPITAL

FISCAL YEAR ENDING	June 2017	June 2016	June 2015
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Gross Patient Revenue:			
Regulated Services	2,352,718,900	2,282,683,400	2,209,868,500
Unregulated Services	11,766,817	9,641,276	7,110,016
TOTAL	2,364,485,717	2,292,324,676	2,216,978,516
Net Patient Revenue (NPR):			
Regulated Services	1,974,827,162	1,916,625,561	1,839,752,921
Unregulated Services	11,766,817	9,641,276	5,444,904
TOTAL	1,986,593,979	1,926,266,837	1,845,197,825
Other Operating Revenue:			
Regulated Services	15,747,204	15,291,999	14,952,526
Unregulated Services	301,654,366	257,292,975	196,988,003
TOTAL	317,401,570	272,584,974	211,940,529
Net Operating Revenue (NOR)			
Regulated Services	1,990,574,366	1,931,917,560	1,854,705,447
Unregulated Services	313,421,183	266,934,251	202,432,907
Total	2,303,995,549	2,198,851,811	2,057,138,354
Total Operating Expenses:			
Regulated Services	2,022,839,201	1,904,995,652	1,842,294,064
Total	2,307,205,501	2,173,349,352	2,047,447,655
Net Operating Profit (Loss):			
Regulated Services	-32,264,835	26,921,908	12,411,383
Unregulated Services	29,054,883	-1,419,449	-2,720,684
Total	-3,209,952	25,502,459	9,690,699
Total Non-Operating Profit (Loss):			
Non-Operating Revenue	146,589,904	36,798,309	39,589,768
Non-Operating Expenses	24,832,000	0	0
Total Excess Profit (Loss):	118,547,952	62,300,768	49,280,467
% Net Operating Profit of Regulated NOR	-1.62	1.39	0.67
% Net Total Operating Profit of Total NOR	-0.14	1.16	0.47
% Total Excess Profit of Total Revenue	4.84	2.79	2.35
Total Direct Medical Education:	115,867,630	108,442,934	110,114,790
Inpatient Readmission Charges:	158,457,717	163,212,146	163,691,593
Risk Adjusted Readmission Percent:	12.99%	13.22%	14.23%
Potentially Avoidable Utilization Costs:	201,301,987	204,932,455	205,056,596
Risk Adjusted PPC Rate:	0.59	0.77	0.91

Disclosure of Hospital Financial and Statistical Data: Fiscal Year 2017

HEALTH SERVICES COST REVIEW COMMISSION
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
FISCAL YEAR 2015 TO 2017

LEVINDALE

FISCAL YEAR ENDING	June 2017	June 2016	June 2015
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Gross Patient Revenue:			
Regulated Services	59,432,000	60,312,800	59,785,479
Unregulated Services	34,063,990	32,666,054	32,727,172
TOTAL	93,495,990	92,978,854	92,512,651
Net Patient Revenue (NPR):			
Regulated Services	48,076,896	48,514,862	46,832,627
Unregulated Services	28,035,607	26,134,537	26,559,417
TOTAL	76,112,503	74,649,399	73,392,044
Other Operating Revenue:			
Regulated Services	2,257,842	2,098,512	823,334
Unregulated Services	187,442	172,329	206,374
TOTAL	2,445,284	2,270,841	1,029,708
Net Operating Revenue (NOR)			
Regulated Services	50,334,738	50,613,374	47,655,961
Unregulated Services	28,223,049	26,306,866	26,765,791
Total	78,557,787	76,920,240	74,421,752
Total Operating Expenses:			
Regulated Services	42,262,523	41,623,303	39,404,902
Total	74,115,440	72,536,873	72,621,228
Net Operating Profit (Loss):			
Regulated Services	8,072,215	8,990,071	8,251,059
Unregulated Services	-3,629,868	-4,606,704	-6,450,535
Total	4,442,347	4,383,367	1,800,524
Total Non-Operating Profit (Loss):	2,414,091	-457,179	-1,019,876
Non-Operating Revenue	2,414,091	-457,179	-1,019,876
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	6,856,438	3,926,188	780,648
% Net Operating Profit of Regulated NOR	16.04	17.76	17.31
% Net Total Operating Profit of Total NOR	5.65	5.70	2.42
% Total Excess Profit of Total Revenue	8.47	5.13	1.06
Total Direct Medical Education:	0	0	0
Inpatient Readmission Charges:	4,360,768	4,386,400	4,005,942
Risk Adjusted Readmission Percent:	10.29%	11.20%	13.10%
Potentially Avoidable Utilization Costs:	4,360,768	4,386,400	4,017,388
Risk Adjusted PPC Rate:	2.44	2.71	4.69

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MCCREADY MEMORIAL HOSPITAL

FISCAL YEAR ENDING	June 2017	June 2016	June 2015
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Gross Patient Revenue:			
Regulated Services	16,897,400	16,309,200	15,059,800
Unregulated Services	2,496,734	1,946,141	1,255,944
TOTAL	19,394,134	18,255,341	16,315,744
Net Patient Revenue (NPR):			
Regulated Services	13,334,047	12,659,083	11,880,053
Unregulated Services	1,595,634	1,605,431	771,294
TOTAL	14,929,681	14,264,514	12,651,347
Other Operating Revenue:			
Regulated Services	269,147	587,954	784,050
Unregulated Services	2,925	2,520	48,108
TOTAL	272,072	590,474	832,158
Net Operating Revenue (NOR)			
Regulated Services	13,603,194	13,247,037	12,664,103
Unregulated Services	1,598,559	1,607,951	819,402
Total	15,201,753	14,854,988	13,483,505
Total Operating Expenses:			
Regulated Services	14,801,908	14,666,429	13,220,754
Total	15,919,129	15,628,165	13,993,311
Net Operating Profit (Loss):			
Regulated Services	-1,198,714	-1,419,392	-556,651
Unregulated Services	481,338	646,215	46,844
Total	-717,376	-773,177	-509,807
Total Non-Operating Profit (Loss):			
Non-Operating Revenue	85,695	74,030	84,305
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	-631,681	-699,147	-425,502
% Net Operating Profit of Regulated NOR	-8.81	-10.71	-4.40
% Net Total Operating Profit of Total NOR	-4.72	-5.20	-3.78
% Total Excess Profit of Total Revenue	-4.13	-4.68	-3.14
Total Direct Medical Education:	0	0	0
Inpatient Readmission Charges:	425,355	500,641	359,884
Risk Adjusted Readmission Percent:	13.71%	10.64%	7.02%
Potentially Avoidable Utilization Costs:	1,552,695	1,414,780	1,354,570
Risk Adjusted PPC Rate:	0.00	0.76	2.51

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 FISCAL YEAR 2015 TO 2017

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MEDSTAR FRANKLIN SQUARE

FISCAL YEAR ENDING	June 2017	June 2016	June 2015
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Gross Patient Revenue:			
Regulated Services	518,001,600	505,736,100	491,172,800
Unregulated Services	179,126,156	186,298,688	175,283,739
TOTAL	697,127,756	692,034,788	666,456,539
Net Patient Revenue (NPR):			
Regulated Services	439,663,152	427,619,940	418,234,842
Unregulated Services	77,557,515	79,471,571	75,371,387
TOTAL	517,220,667	507,091,510	493,606,230
Other Operating Revenue:			
Regulated Services	4,779,116	3,235,505	3,724,142
Unregulated Services	7,706,185	8,346,177	6,802,058
TOTAL	12,485,301	11,581,681	10,526,200
Net Operating Revenue (NOR)			
Regulated Services	444,442,268	430,855,445	421,958,984
Unregulated Services	85,263,700	87,817,747	82,173,445
Total	529,705,968	518,673,192	504,132,430
Total Operating Expenses:			
Regulated Services	392,688,393	385,528,867	382,118,274
Total	508,539,888	508,064,432	486,989,680
Net Operating Profit (Loss):			
Regulated Services	51,753,875	45,326,578	39,840,710
Unregulated Services	-30,587,795	-34,717,818	-22,697,960
Total	21,166,079	10,608,760	17,142,750
Total Non-Operating Profit (Loss):	461,421	149,318	199,160
Non-Operating Revenue	461,421	149,318	199,160
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	21,627,501	10,758,078	17,341,909
% Net Operating Profit of Regulated NOR	11.64	10.52	9.44
% Net Total Operating Profit of Total NOR	4.00	2.05	3.40
% Total Excess Profit of Total Revenue	4.08	2.07	3.44
Total Direct Medical Education:	11,655,216	9,890,754	8,467,280
Inpatient Readmission Charges:	47,687,645	49,061,778	45,189,281
Risk Adjusted Readmission Percent:	12.97%	12.29%	12.18%
Potentially Avoidable Utilization Costs:	77,802,280	79,891,379	74,675,188
Risk Adjusted PPC Rate:	0.61	0.68	0.88

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MEDSTAR GOOD SAMARITAN

FISCAL YEAR ENDING	June 2017	June 2016	June 2015
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Gross Patient Revenue:			
Regulated Services	297,577,800	289,108,800	303,789,300
Unregulated Services	63,700,300	126,937,836	147,196,441
TOTAL	361,278,100	416,046,636	450,985,741
Net Patient Revenue (NPR):			
Regulated Services	250,477,865	246,708,456	247,347,394
Unregulated Services	29,391,372	48,388,024	51,580,271
TOTAL	279,869,237	295,096,480	298,927,665
Other Operating Revenue:			
Regulated Services	3,178,500	2,953,403	5,004,986
Unregulated Services	8,814,890	8,484,797	7,962,520
TOTAL	11,993,390	11,438,200	12,967,505
Net Operating Revenue (NOR)			
Regulated Services	253,656,365	249,661,859	252,352,380
Unregulated Services	38,206,262	56,872,821	59,542,790
Total	291,862,627	306,534,680	311,895,170
Total Operating Expenses:			
Regulated Services	217,911,402	213,937,895	216,682,038
Total	282,735,786	302,367,777	303,538,841
Net Operating Profit (Loss):			
Regulated Services	35,744,963	35,723,964	35,670,341
Unregulated Services	-26,618,122	-31,557,061	-27,314,012
Total	9,126,840	4,166,904	8,356,329
Total Non-Operating Profit (Loss):	1,917,906	1,987,800	2,380,847
Non-Operating Revenue	1,917,906	1,987,800	2,380,847
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	11,044,746	6,154,704	10,737,176
% Net Operating Profit of Regulated NOR	14.09	14.31	14.14
% Net Total Operating Profit of Total NOR	3.13	1.36	2.68
% Total Excess Profit of Total Revenue	3.76	1.99	3.42
Total Direct Medical Education:	4,806,657	5,371,417	3,914,080
Inpatient Readmission Charges:	24,650,328	28,294,175	31,173,618
Risk Adjusted Readmission Percent:	11.80%	12.62%	12.89%
Potentially Avoidable Utilization Costs:	43,852,369	46,357,773	48,221,283
Risk Adjusted PPC Rate:	0.49	0.62	0.91

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HEALTH SERVICES COST REVIEW COMMISSION
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 FISCAL YEAR 2015 TO 2017

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MEDSTAR HARBOR HOSPITAL CENTER

FISCAL YEAR ENDING	June 2017	June 2016	June 2015
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Gross Patient Revenue:			
Regulated Services	193,637,500	194,368,900	207,452,600
Unregulated Services	51,697,948	60,489,787	62,562,425
TOTAL	245,335,448	254,858,687	270,015,025
Net Patient Revenue (NPR):			
Regulated Services	164,274,809	167,091,643	164,442,500
Unregulated Services	22,866,971	26,548,660	25,629,647
TOTAL	187,141,780	193,640,304	190,072,147
Other Operating Revenue:			
Regulated Services	10,391,341	3,385,440	4,013,879
Unregulated Services	7,787,309	8,222,079	8,578,338
TOTAL	18,178,650	11,607,519	12,592,218
Net Operating Revenue (NOR)			
Regulated Services	174,666,150	170,477,083	168,456,379
Unregulated Services	30,654,280	34,770,740	34,207,986
Total	205,320,430	205,247,823	202,664,365
Total Operating Expenses:			
Regulated Services	143,462,698	143,567,318	144,974,260
Total	187,002,302	190,376,563	191,580,981
Net Operating Profit (Loss):			
Regulated Services	31,203,452	26,909,765	23,482,119
Unregulated Services	-12,885,324	-12,038,506	-12,398,735
Total	18,318,128	14,871,259	11,083,384
Total Non-Operating Profit (Loss):	533,939	-676,135	374,536
Non-Operating Revenue	533,939	316,304	374,536
Non-Operating Expenses	0	992,439	0
Total Excess Profit (Loss):	18,852,067	14,195,125	11,457,920
% Net Operating Profit of Regulated NOR	17.86	15.78	13.94
% Net Total Operating Profit of Total NOR	8.92	7.25	5.47
% Total Excess Profit of Total Revenue	9.16	6.91	5.64
Total Direct Medical Education:	5,343,651	4,696,418	4,637,050
Inpatient Readmission Charges:	16,447,739	16,535,770	16,276,733
Risk Adjusted Readmission Percent:	12.75%	13.24%	11.83%
Potentially Avoidable Utilization Costs:	28,976,223	27,504,971	26,734,610
Risk Adjusted PPC Rate:	0.62	0.55	0.79

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MEDSTAR MONTGOMERY MEDICAL CENTER

FISCAL YEAR ENDING	June 2017	June 2016	June 2015
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Gross Patient Revenue:			
Regulated Services	178,461,400	175,827,977	174,302,200
Unregulated Services	14,137,819	9,723,069	8,452,327
TOTAL	192,599,219	185,551,046	182,754,527
Net Patient Revenue (NPR):			
Regulated Services	152,299,994	150,844,829	147,518,393
Unregulated Services	7,590,390	5,058,651	4,296,785
TOTAL	159,890,384	155,903,480	151,815,179
Other Operating Revenue:			
Regulated Services	1,565,430	3,968,813	3,087,252
Unregulated Services	451,259	153,650	172,711
TOTAL	2,016,689	4,122,463	3,259,963
Net Operating Revenue (NOR)			
Regulated Services	153,865,423	154,813,643	150,605,645
Unregulated Services	8,041,649	5,212,301	4,469,496
Total	161,907,073	160,025,943	155,075,141
Total Operating Expenses:			
Regulated Services	141,184,715	136,647,495	136,227,753
Total	160,725,287	151,876,735	148,463,817
Net Operating Profit (Loss):			
Regulated Services	12,680,708	18,166,147	14,377,892
Unregulated Services	-11,498,922	-10,016,939	-7,766,568
Total	1,181,786	8,149,209	6,611,324
Total Non-Operating Profit (Loss):			
Non-Operating Revenue	1,095,725	1,152	7,758
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	2,277,511	8,150,360	6,619,082
% Net Operating Profit of Regulated NOR	8.24	11.73	9.55
% Net Total Operating Profit of Total NOR	0.73	5.09	4.26
% Total Excess Profit of Total Revenue	1.40	5.09	4.27
Total Direct Medical Education:	0	0	0
Inpatient Readmission Charges:	13,471,846	12,763,581	11,283,494
Risk Adjusted Readmission Percent:	11.48%	10.38%	11.50%
Potentially Avoidable Utilization Costs:	21,508,861	21,064,544	20,054,655
Risk Adjusted PPC Rate:	0.45	0.79	1.01

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MEDSTAR SOUTHERN MARYLAND HOSPITAL CENTER

FISCAL YEAR ENDING	June 2017	June 2016	June 2015
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Gross Patient Revenue:			
Regulated Services	270,322,700	271,938,700	262,672,600
Unregulated Services	26,287,056	27,770,529	9,699,152
TOTAL	296,609,756	299,709,229	272,371,752
Net Patient Revenue (NPR):			
Regulated Services	227,911,853	221,201,757	216,113,395
Unregulated Services	10,158,231	11,041,910	4,606,447
TOTAL	238,070,084	232,243,667	220,719,842
Other Operating Revenue:			
Regulated Services	9,207,735	3,009,259	4,253,655
Unregulated Services	958,063	816,273	833,050
TOTAL	10,165,798	3,825,532	5,086,705
Net Operating Revenue (NOR)			
Regulated Services	237,119,588	224,211,016	220,367,050
Unregulated Services	11,116,294	11,858,184	5,439,497
Total	248,235,881	236,069,199	225,806,547
Total Operating Expenses:			
Regulated Services	212,389,115	210,251,917	216,259,673
Total	243,629,886	242,526,804	233,355,690
Net Operating Profit (Loss):			
Regulated Services	24,730,472	13,959,099	4,107,378
Unregulated Services	-20,124,477	-20,416,703	-11,656,520
Total	4,605,995	-6,457,604	-7,549,143
Total Non-Operating Profit (Loss):	57,645	670	20,445
Non-Operating Revenue	57,645	670	20,445
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	4,663,640	-6,456,935	-7,528,697
% Net Operating Profit of Regulated NOR	10.43	6.23	1.86
% Net Total Operating Profit of Total NOR	1.86	-2.74	-3.34
% Total Excess Profit of Total Revenue	1.88	-2.74	-3.33
Total Direct Medical Education:	0	0	0
Inpatient Readmission Charges:	25,733,067	23,923,653	25,964,453
Risk Adjusted Readmission Percent:	11.24%	10.72%	11.84%
Potentially Avoidable Utilization Costs:	44,793,131	44,431,563	47,033,454
Risk Adjusted PPC Rate:	0.96	0.91	1.03

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MEDSTAR ST. MARY'S HOSPITAL

FISCAL YEAR ENDING	June 2017	June 2016	June 2015
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Gross Patient Revenue:			
Regulated Services	190,011,200	178,043,900	166,124,100
Unregulated Services	11,467,240	11,553,194	12,615,882
TOTAL	201,478,440	189,597,094	178,739,982
Net Patient Revenue (NPR):			
Regulated Services	160,955,162	145,761,191	140,075,188
Unregulated Services	8,333,405	8,895,921	7,713,460
TOTAL	169,288,567	154,657,111	147,788,648
Other Operating Revenue:			
Regulated Services	1,631,543	905,975	3,241,480
Unregulated Services	1,989,435	2,422,716	1,632,552
TOTAL	3,620,978	3,328,691	4,874,032
Net Operating Revenue (NOR)			
Regulated Services	162,586,705	146,667,166	143,316,668
Unregulated Services	10,322,840	11,318,636	9,346,012
Total	172,909,545	157,985,802	152,662,680
Total Operating Expenses:			
Regulated Services	150,392,679	130,856,640	120,822,142
Total	168,757,516	149,998,897	139,396,080
Net Operating Profit (Loss):			
Regulated Services	12,194,026	15,810,526	22,494,526
Unregulated Services	-8,041,997	-7,823,621	-9,227,927
Total	4,152,029	7,986,905	13,266,600
Total Non-Operating Profit (Loss):	212,865	460	-8,804
Non-Operating Revenue	212,865	460	-8,804
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	4,364,894	7,987,366	13,257,796
% Net Operating Profit of Regulated NOR	7.50	10.78	15.70
% Net Total Operating Profit of Total NOR	2.40	5.06	8.69
% Total Excess Profit of Total Revenue	2.52	5.06	8.68
Total Direct Medical Education:	0	0	0
Inpatient Readmission Charges:	10,813,509	10,833,380	8,232,596
Risk Adjusted Readmission Percent:	10.93%	10.81%	10.31%
Potentially Avoidable Utilization Costs:	22,494,670	21,081,604	17,769,613
Risk Adjusted PPC Rate:	0.46	0.50	0.73

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MEDSTAR UNION MEMORIAL HOSPITAL

FISCAL YEAR ENDING	June 2017	June 2016	June 2015
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Gross Patient Revenue:			
Regulated Services	434,442,400	426,343,800	419,374,600
Unregulated Services	179,541,491	130,099,859	137,656,161
TOTAL	613,983,891	556,443,659	557,030,761
Net Patient Revenue (NPR):			
Regulated Services	371,471,942	361,444,621	361,044,332
Unregulated Services	72,666,205	55,829,116	53,324,011
TOTAL	444,138,147	417,273,738	414,368,343
Other Operating Revenue:			
Regulated Services	1,747,565	3,066,146	5,235,322
Unregulated Services	8,414,250	8,885,354	9,315,121
TOTAL	10,161,815	11,951,500	14,550,443
Net Operating Revenue (NOR)			
Regulated Services	373,219,507	364,510,768	366,279,654
Unregulated Services	81,080,456	64,714,470	62,639,133
Total	454,299,962	429,225,238	428,918,786
Total Operating Expenses:			
Regulated Services	318,141,201	320,066,035	323,965,920
Total	443,482,532	424,392,626	420,732,087
Net Operating Profit (Loss):			
Regulated Services	55,078,306	44,444,733	42,313,734
Unregulated Services	-44,260,875	-39,612,122	-34,127,034
Total	10,817,431	4,832,611	8,186,700
Total Non-Operating Profit (Loss):			
Non-Operating Revenue	6,290,841	-617,400	1,393,271
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	17,108,271	4,215,211	9,579,971
% Net Operating Profit of Regulated NOR	14.76	12.19	11.55
% Net Total Operating Profit of Total NOR	2.38	1.13	1.91
% Total Excess Profit of Total Revenue	3.71	0.98	2.23
Total Direct Medical Education:	9,752,671	14,052,897	11,093,490
Inpatient Readmission Charges:	28,190,351	28,336,631	28,779,775
Risk Adjusted Readmission Percent:	12.35%	12.09%	12.43%
Potentially Avoidable Utilization Costs:	47,202,959	44,250,227	46,989,581
Risk Adjusted PPC Rate:	0.72	0.77	0.99

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MERCY MEDICAL CENTER

FISCAL YEAR ENDING	June 2017	June 2016	June 2015
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Gross Patient Revenue:			
Regulated Services	524,091,400	513,599,600	495,805,900
Unregulated Services	827,611	729,398	727,940
TOTAL	524,919,011	514,328,998	496,533,840
Net Patient Revenue (NPR):			
Regulated Services	453,324,647	442,251,408	422,084,601
Unregulated Services	827,611	729,398	727,940
TOTAL	454,152,258	442,980,806	422,812,541
Other Operating Revenue:			
Regulated Services	10,037,504	12,786,038	13,387,504
Unregulated Services	16,103,310	15,405,529	15,057,414
TOTAL	26,140,814	28,191,567	28,444,918
Net Operating Revenue (NOR)			
Regulated Services	463,362,151	455,037,446	435,472,105
Unregulated Services	16,930,921	16,134,927	15,785,354
Total	480,293,072	471,172,373	451,257,459
Total Operating Expenses:			
Regulated Services	435,326,226	435,680,490	415,561,187
Total	464,031,532	461,664,786	440,636,048
Net Operating Profit (Loss):			
Regulated Services	28,035,925	19,356,956	19,910,918
Unregulated Services	-11,774,385	-9,849,369	-9,289,507
Total	16,261,540	9,507,587	10,621,411
Total Non-Operating Profit (Loss):	23,823,750	-1,562,127	5,922,844
Non-Operating Revenue	23,821,611	9,371,416	5,966,826
Non-Operating Expenses	-2,139	10,933,543	43,982
Total Excess Profit (Loss):	40,081,012	7,945,460	16,544,255
% Net Operating Profit of Regulated NOR	6.05	4.25	4.57
% Net Total Operating Profit of Total NOR	3.39	2.02	2.35
% Total Excess Profit of Total Revenue	7.95	1.65	3.62
Total Direct Medical Education:	4,838,569	4,707,423	4,874,380
Inpatient Readmission Charges:	18,449,269	18,232,144	19,146,143
Risk Adjusted Readmission Percent:	12.54%	11.88%	12.67%
Potentially Avoidable Utilization Costs:	27,472,690	28,132,999	29,127,215
Risk Adjusted PPC Rate:	0.54	0.65	0.85

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MERITUS MEDICAL CENTER

FISCAL YEAR ENDING	June 2017	June 2016	June 2015
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Gross Patient Revenue:			
Regulated Services	325,953,100	321,748,760	312,302,400
Unregulated Services	70,609,000	69,776,712	64,034,600
TOTAL	396,562,100	391,525,472	376,337,000
Net Patient Revenue (NPR):			
Regulated Services	279,636,188	261,006,413	256,037,471
Unregulated Services	39,562,501	44,089,120	43,247,127
TOTAL	319,198,689	305,095,532	299,284,598
Other Operating Revenue:			
Regulated Services	5,818,003	-465,632	6,200,021
Unregulated Services	8,334,997	7,759,183	9,609,792
TOTAL	14,153,000	7,293,551	15,809,813
Net Operating Revenue (NOR)			
Regulated Services	285,454,191	260,540,781	262,237,492
Unregulated Services	47,897,498	51,848,303	52,856,919
Total	333,351,689	312,389,083	315,094,411
Total Operating Expenses:			
Regulated Services	252,744,986	247,821,201	249,895,029
Total	309,164,000	299,130,713	298,834,529
Net Operating Profit (Loss):			
Regulated Services	32,709,205	12,719,580	12,342,463
Unregulated Services	-8,521,516	538,790	3,917,419
Total	24,187,689	13,258,370	16,259,882
Total Non-Operating Profit (Loss):	14,073,400	-34,186,290	2,068,739
Non-Operating Revenue	0	0	2,068,739
Non-Operating Expenses	-14,073,400	34,186,290	0
Total Excess Profit (Loss):	38,261,089	-20,927,920	18,328,621
% Net Operating Profit of Regulated NOR	11.46	4.88	4.71
% Net Total Operating Profit of Total NOR	7.26	4.24	5.16
% Total Excess Profit of Total Revenue	11.48	-6.70	5.78
Total Direct Medical Education:	0	0	0
Inpatient Readmission Charges:	22,827,916	22,849,043	23,116,032
Risk Adjusted Readmission Percent:	11.27%	11.53%	12.06%
Potentially Avoidable Utilization Costs:	40,880,483	39,952,836	40,497,213
Risk Adjusted PPC Rate:	0.64	0.70	0.96

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NORTHWEST HOSPITAL CENTER

FISCAL YEAR ENDING	June 2017	June 2016	June 2015
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Gross Patient Revenue:			
Regulated Services	258,801,000	257,944,700	254,115,900
Unregulated Services	45,267,404	44,070,449	45,875,010
TOTAL	304,068,404	302,015,149	299,990,910
Net Patient Revenue (NPR):			
Regulated Services	217,101,689	213,970,769	208,102,926
Unregulated Services	16,619,031	16,387,321	18,285,149
TOTAL	233,720,720	230,358,090	226,388,075
Other Operating Revenue:			
Regulated Services	2,173,539	2,382,809	1,254,036
Unregulated Services	22,817,313	17,210,368	8,137,819
TOTAL	24,990,852	19,593,177	9,391,855
Net Operating Revenue (NOR)			
Regulated Services	219,275,228	216,353,578	209,356,962
Unregulated Services	39,436,344	33,597,689	26,422,968
Total	258,711,572	249,951,267	235,779,930
Total Operating Expenses:			
Regulated Services	182,564,913	181,171,177	175,840,331
Total	244,153,548	236,039,880	219,326,432
Net Operating Profit (Loss):			
Regulated Services	36,710,315	35,182,401	33,516,631
Unregulated Services	-22,152,291	-21,271,014	-17,063,133
Total	14,558,024	13,911,387	16,453,498
Total Non-Operating Profit (Loss):			
Non-Operating Revenue	13,118,772	-4,775,477	2,338,720
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	27,676,796	9,135,910	18,792,218
% Net Operating Profit of Regulated NOR	16.74	16.26	16.01
% Net Total Operating Profit of Total NOR	5.63	5.57	6.98
% Total Excess Profit of Total Revenue	10.18	3.73	7.89
Total Direct Medical Education:	0	0	0
Inpatient Readmission Charges:	21,801,780	22,993,747	24,468,009
Risk Adjusted Readmission Percent:	11.59%	12.96%	12.82%
Potentially Avoidable Utilization Costs:	42,040,059	42,245,266	43,374,091
Risk Adjusted PPC Rate:	0.47	0.80	0.72

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PENINSULA REGIONAL MEDICAL CENTER

FISCAL YEAR ENDING	June 2017	June 2016	June 2015
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Gross Patient Revenue:			
Regulated Services	437,069,300	430,070,800	422,383,500
Unregulated Services	78,171,400	72,999,700	68,171,900
TOTAL	515,240,700	503,070,500	490,555,400
Net Patient Revenue (NPR):			
Regulated Services	369,748,400	366,877,800	359,583,600
Unregulated Services	33,616,900	29,906,900	26,494,900
TOTAL	403,365,300	396,784,700	386,078,500
Other Operating Revenue:			
Regulated Services	947,000	1,314,600	2,474,800
Unregulated Services	7,323,800	6,722,600	5,230,900
TOTAL	8,270,800	8,037,200	7,705,700
Net Operating Revenue (NOR)			
Regulated Services	370,695,400	368,192,400	362,058,400
Unregulated Services	40,940,700	36,629,500	31,725,800
Total	411,636,100	404,821,900	393,784,200
Total Operating Expenses:			
Regulated Services	350,622,967	329,763,075	313,563,770
Total	432,142,100	405,639,700	378,340,200
Net Operating Profit (Loss):			
Regulated Services	20,072,433	38,429,325	48,494,630
Unregulated Services	-40,578,433	-39,247,125	-33,050,630
Total	-20,506,000	-817,800	15,444,000
Total Non-Operating Profit (Loss):	14,818,000	7,654,800	8,624,000
Non-Operating Revenue	14,818,000	7,654,800	15,933,000
Non-Operating Expenses	0	0	7,309,000
Total Excess Profit (Loss):	-5,688,000	6,837,000	24,068,000
% Net Operating Profit of Regulated NOR	5.41	10.44	13.39
% Net Total Operating Profit of Total NOR	-4.98	-0.20	3.92
% Total Excess Profit of Total Revenue	-1.33	1.66	5.87
Total Direct Medical Education:	0	0	0
Inpatient Readmission Charges:	20,213,431	26,794,898	29,539,994
Risk Adjusted Readmission Percent:	11.16%	10.12%	10.92%
Potentially Avoidable Utilization Costs:	41,903,978	48,977,569	52,206,856
Risk Adjusted PPC Rate:	0.59	0.78	0.69

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SHADY GROVE ADVENTIST HOSPITAL

FISCAL YEAR ENDING	December 2016	December 2015	December 2014
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Gross Patient Revenue:			
Regulated Services	388,714,400	389,913,200	383,323,300
Unregulated Services	6,068,052	6,418,886	21,122,086
TOTAL	394,782,452	396,332,086	404,445,386
Net Patient Revenue (NPR):			
Regulated Services	335,476,280	333,295,244	322,939,414
Unregulated Services	1,852,731	1,835,557	11,062,723
TOTAL	337,329,011	335,130,801	334,002,137
Other Operating Revenue:			
Regulated Services	1,269,184	1,632,076	3,045,364
Unregulated Services	5,889,967	5,933,574	6,356,051
TOTAL	7,159,151	7,565,650	9,401,415
Net Operating Revenue (NOR)			
Regulated Services	336,745,464	334,927,320	325,984,778
Unregulated Services	7,742,698	7,769,131	17,418,774
Total	344,488,162	342,696,451	343,403,552
Total Operating Expenses:			
Regulated Services	302,300,894	295,354,588	294,301,624
Total	323,645,883	316,448,393	326,254,601
Net Operating Profit (Loss):			
Regulated Services	34,444,570	39,572,732	31,683,154
Unregulated Services	-13,602,291	-13,324,674	-14,534,203
Total	20,842,279	26,248,058	17,148,951
Total Non-Operating Profit (Loss):	991,302	-968,436	1,178,041
Non-Operating Revenue	991,302	-968,436	1,178,041
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	21,833,581	25,279,622	18,326,992
% Net Operating Profit of Regulated NOR	10.23	11.82	9.72
% Net Total Operating Profit of Total NOR	6.05	7.66	4.99
% Total Excess Profit of Total Revenue	6.32	7.40	5.32
Total Direct Medical Education:	0	0	0
Inpatient Readmission Charges:	25,156,461	24,646,432	26,347,358
Risk Adjusted Readmission Percent:	10.02%	10.04%	10.34%
Potentially Avoidable Utilization Costs:	39,253,484	39,532,190	40,903,622
Risk Adjusted PPC Rate:	0.55	0.84	0.84

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SINAI HOSPITAL

FISCAL YEAR ENDING	June 2017	June 2016	June 2015
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Gross Patient Revenue:			
Regulated Services	769,856,900	732,671,600	717,312,400
Unregulated Services	187,713,487	186,704,461	192,009,500
TOTAL	957,570,387	919,376,061	909,321,900
Net Patient Revenue (NPR):			
Regulated Services	644,901,523	615,507,214	592,096,200
Unregulated Services	95,970,326	74,081,947	83,947,900
TOTAL	740,871,849	689,589,161	676,044,100
Other Operating Revenue:			
Regulated Services	11,547,126	10,332,455	10,212,300
Unregulated Services	24,819,518	56,025,531	49,598,000
TOTAL	36,366,644	66,357,986	59,810,300
Net Operating Revenue (NOR)			
Regulated Services	656,448,649	625,839,669	602,308,500
Unregulated Services	120,789,844	130,107,478	133,545,900
Total	777,238,493	755,947,147	735,854,400
Total Operating Expenses:			
Regulated Services	587,087,824	551,295,426	528,171,600
Total	741,848,425	725,051,986	698,380,500
Net Operating Profit (Loss):			
Regulated Services	69,360,825	74,544,243	74,136,800
Unregulated Services	-33,970,757	-43,649,082	-36,663,000
Total	35,390,068	30,895,161	37,473,800
Total Non-Operating Profit (Loss):	21,790,000	-4,248,000	7,728,000
Non-Operating Revenue	21,790,000	0	7,728,000
Non-Operating Expenses	0	4,248,000	0
Total Excess Profit (Loss):	57,180,068	26,647,161	45,201,800
% Net Operating Profit of Regulated NOR	10.57	11.91	12.31
% Net Total Operating Profit of Total NOR	4.55	4.09	5.09
% Total Excess Profit of Total Revenue	7.16	3.53	6.08
Total Direct Medical Education:	15,229,309	14,784,200	15,453,348
Inpatient Readmission Charges:	45,697,821	45,482,900	46,617,953
Risk Adjusted Readmission Percent:	11.32%	12.04%	12.74%
Potentially Avoidable Utilization Costs:	70,044,809	69,869,829	69,467,905
Risk Adjusted PPC Rate:	0.69	0.75	0.74

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ST. AGNES HOSPITAL

FISCAL YEAR ENDING	June 2017	June 2016	June 2015
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Gross Patient Revenue:			
Regulated Services	431,097,200	432,204,400	418,876,800
Unregulated Services	175,167,153	178,804,137	172,273,343
TOTAL	606,264,353	611,008,537	591,150,143
Net Patient Revenue (NPR):			
Regulated Services	382,173,878	359,834,307	353,198,398
Unregulated Services	76,766,825	78,480,869	74,518,312
TOTAL	458,940,703	438,315,176	427,716,710
Other Operating Revenue:			
Regulated Services	4,541,545	5,114,462	4,998,484
Unregulated Services	6,524,859	5,997,146	5,606,012
TOTAL	11,066,403	11,111,607	10,604,497
Net Operating Revenue (NOR)			
Regulated Services	386,715,423	364,948,769	358,196,882
Unregulated Services	83,291,684	84,478,014	80,124,325
Total	470,007,106	449,426,783	438,321,207
Total Operating Expenses:			
Regulated Services	310,077,312	312,539,167	304,505,439
Total	438,953,889	439,045,002	420,930,671
Net Operating Profit (Loss):			
Regulated Services	76,638,111	52,409,602	53,691,443
Unregulated Services	-45,584,893	-42,027,820	-36,300,907
Total	31,053,217	10,381,782	17,390,536
Total Non-Operating Profit (Loss):	7,476,000	-7,204,699	1,309,904
Non-Operating Revenue	7,476,000	-7,204,699	1,309,904
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	38,529,217	3,177,083	18,700,440
% Net Operating Profit of Regulated NOR	19.82	14.36	14.99
% Net Total Operating Profit of Total NOR	6.61	2.31	3.97
% Total Excess Profit of Total Revenue	8.07	0.72	4.25
Total Direct Medical Education:	7,476,728	7,229,390	6,863,970
Inpatient Readmission Charges:	33,915,868	35,334,774	36,853,275
Risk Adjusted Readmission Percent:	11.91%	12.68%	12.41%
Potentially Avoidable Utilization Costs:	62,458,656	60,298,854	62,680,103
Risk Adjusted PPC Rate:	0.37	0.62	0.81

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FISCAL YEAR 2015 TO 2017

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SUBURBAN HOSPITAL

FISCAL YEAR ENDING	June 2017	June 2016	June 2015
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Gross Patient Revenue:			
Regulated Services	310,897,100	301,899,200	295,844,600
Unregulated Services	2,374,686	2,268,518	2,426,100
TOTAL	313,271,786	304,167,718	298,270,700
Net Patient Revenue (NPR):			
Regulated Services	265,507,832	260,794,287	248,692,415
Unregulated Services	2,310,170	2,240,705	2,155,565
TOTAL	267,818,001	263,034,992	250,847,980
Other Operating Revenue:			
Regulated Services	7,712,395	2,576,865	14,154,340
Unregulated Services	19,429,605	21,776,135	10,102,660
TOTAL	27,142,000	24,353,000	24,257,000
Net Operating Revenue (NOR)			
Regulated Services	273,220,227	263,371,152	262,846,755
Unregulated Services	21,739,774	24,016,840	12,258,225
Total	294,960,001	287,387,992	275,104,980
Total Operating Expenses:			
Regulated Services	250,216,327	236,670,658	226,375,634
Total	283,347,000	270,459,430	262,880,000
Net Operating Profit (Loss):			
Regulated Services	23,003,900	26,700,494	36,471,122
Unregulated Services	-11,390,898	-9,771,932	-24,246,141
Total	11,613,001	16,928,562	12,224,980
Total Non-Operating Profit (Loss):	23,957,000	-6,697,000	-2,411,000
Non-Operating Revenue	23,957,000	457,000	615,000
Non-Operating Expenses	0	7,154,000	3,026,000
Total Excess Profit (Loss):	35,570,001	10,231,562	9,813,980
% Net Operating Profit of Regulated NOR	8.42	10.14	13.88
% Net Total Operating Profit of Total NOR	3.94	5.89	4.44
% Total Excess Profit of Total Revenue	11.15	3.55	3.56
Total Direct Medical Education:	458,561	331,245	339,710
Inpatient Readmission Charges:	20,104,700	21,212,224	20,017,113
Risk Adjusted Readmission Percent:	11.10%	10.55%	11.04%
Potentially Avoidable Utilization Costs:	31,769,918	32,345,499	30,125,408
Risk Adjusted PPC Rate:	0.70	0.73	1.01

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UM-BALTIMORE WASHINGTON MEDICAL CENTER

FISCAL YEAR ENDING	June 2017	June 2016	June 2015
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Gross Patient Revenue:			
Regulated Services	416,534,000	413,064,200	402,010,800
Unregulated Services	5,031,000	4,327,000	32,849,000
TOTAL	421,565,000	417,391,200	434,859,800
Net Patient Revenue (NPR):			
Regulated Services	361,101,590	355,972,969	340,775,694
Unregulated Services	2,084,410	1,661,998	14,655,742
TOTAL	363,186,000	357,634,967	355,431,436
Other Operating Revenue:			
Regulated Services	1,857,045	1,717,392	1,296,993
Unregulated Services	1,823,955	1,878,608	1,652,007
TOTAL	3,681,000	3,596,000	2,949,000
Net Operating Revenue (NOR)			
Regulated Services	362,958,635	357,690,361	342,072,687
Unregulated Services	3,908,365	3,540,607	16,307,749
Total	366,867,000	361,230,967	358,380,436
Total Operating Expenses:			
Regulated Services	326,029,856	322,713,452	303,700,098
Total	334,210,000	330,823,000	328,186,000
Net Operating Profit (Loss):			
Regulated Services	36,928,779	34,976,908	38,372,589
Unregulated Services	-4,271,779	-4,568,941	-8,178,153
Total	32,657,000	30,407,967	30,194,436
Total Non-Operating Profit (Loss):	11,671,000	-5,491,000	-3,607,000
Non-Operating Revenue	0	0	0
Non-Operating Expenses	-11,671,000	5,491,000	3,607,000
Total Excess Profit (Loss):	44,328,000	24,916,967	26,587,436
% Net Operating Profit of Regulated NOR	10.17	9.78	11.22
% Net Total Operating Profit of Total NOR	8.90	8.42	8.43
% Total Excess Profit of Total Revenue	12.08	6.90	7.42
Total Direct Medical Education:	580,333	628,161	422,730
Inpatient Readmission Charges:	36,320,982	37,360,313	38,020,824
Risk Adjusted Readmission Percent:	12.04%	12.65%	13.62%
Potentially Avoidable Utilization Costs:	61,852,268	63,467,779	62,995,214
Risk Adjusted PPC Rate:	0.43	0.65	0.84

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UM-BOWIE HEALTH CENTER

FISCAL YEAR ENDING	June 2017	June 2016	June 2015
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Gross Patient Revenue:			
Regulated Services	19,933,600	20,228,300	20,111,300
Unregulated Services	10,749,722	9,901,346	10,142,311
TOTAL	30,683,322	30,129,646	30,253,611
Net Patient Revenue (NPR):			
Regulated Services	13,273,305	13,863,985	14,488,830
Unregulated Services	4,666,456	4,285,990	4,223,356
TOTAL	17,939,761	18,149,975	18,712,186
Other Operating Revenue:			
Regulated Services	2,275	297,700	189,930
Unregulated Services	170,848	1,457,694	0
TOTAL	173,123	1,755,394	189,930
Net Operating Revenue (NOR)			
Regulated Services	13,275,580	14,161,685	14,678,760
Unregulated Services	4,837,304	5,743,684	4,223,356
Total	18,112,884	19,905,369	18,902,116
Total Operating Expenses:			
Regulated Services	14,818,750	12,614,803	12,222,939
Total	19,782,973	18,564,439	17,267,715
Net Operating Profit (Loss):			
Regulated Services	-1,543,170	1,546,882	2,455,821
Unregulated Services	-126,919	-205,952	-821,420
Total	-1,670,089	1,340,930	1,634,401
Total Non-Operating Profit (Loss):	13,551	0	0
Non-Operating Revenue	13,551	0	0
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	-1,656,538	1,340,930	1,634,401
% Net Operating Profit of Regulated NOR	-11.62	10.92	16.73
% Net Total Operating Profit of Total NOR	-9.22	6.74	8.65
% Total Excess Profit of Total Revenue	-9.14	6.74	8.65
Total Direct Medical Education:	0	0	0
Inpatient Readmission Charges:	0	0	0
Risk Adjusted Readmission Percent:	0.00%	0.00%	0.00%
Potentially Avoidable Utilization Costs:	0	0	0
Risk Adjusted PPC Rate:	0.00	0.00	0.00

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UM-CHARLES REGIONAL MEDICAL CENTER

FISCAL YEAR ENDING	June 2017	June 2016	June 2015
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Gross Patient Revenue:			
Regulated Services	148,862,300	148,692,700	148,386,400
Unregulated Services	1,852,059	1,451,471	1,069,773
TOTAL	150,714,359	150,144,171	149,456,173
Net Patient Revenue (NPR):			
Regulated Services	128,909,182	126,752,451	123,706,426
Unregulated Services	951,862	848,732	722,392
TOTAL	129,861,044	127,601,183	124,428,818
Other Operating Revenue:			
Regulated Services	65,517	288,272	53,527
Unregulated Services	441,483	420,568	490,473
TOTAL	507,000	708,840	544,000
Net Operating Revenue (NOR)			
Regulated Services	128,974,700	127,040,723	123,759,953
Unregulated Services	1,393,345	1,269,300	1,212,865
Total	130,368,044	128,310,023	124,972,818
Total Operating Expenses:			
Regulated Services	111,584,695	109,027,757	106,346,702
Total	116,779,000	113,563,000	109,684,000
Net Operating Profit (Loss):			
Regulated Services	17,390,005	18,012,966	17,413,251
Unregulated Services	-3,800,961	-3,265,943	-2,124,433
Total	13,589,044	14,747,023	15,288,818
Total Non-Operating Profit (Loss):	2,784,000	-1,187,000	-1,005,000
Non-Operating Revenue	3,218,000	408,000	-1,005,000
Non-Operating Expenses	434,000	1,595,000	0
Total Excess Profit (Loss):	16,373,044	13,560,023	14,283,818
% Net Operating Profit of Regulated NOR	13.48	14.18	14.07
% Net Total Operating Profit of Total NOR	10.42	11.49	12.23
% Total Excess Profit of Total Revenue	12.26	10.53	11.52
Total Direct Medical Education:	0	0	0
Inpatient Readmission Charges:	10,310,510	10,696,710	11,854,863
Risk Adjusted Readmission Percent:	9.58%	9.98%	11.95%
Potentially Avoidable Utilization Costs:	19,988,008	21,421,792	22,975,561
Risk Adjusted PPC Rate:	0.38	0.79	0.77

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UM-HARFORD MEMORIAL HOSPITAL

FISCAL YEAR ENDING	June 2017	June 2016	June 2015
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Gross Patient Revenue:			
Regulated Services	105,314,800	104,106,100	104,703,700
Unregulated Services	171,000	220,000	156,000
TOTAL	105,485,800	104,326,100	104,859,700
Net Patient Revenue (NPR):			
Regulated Services	88,949,958	89,067,100	86,689,400
Unregulated Services	171,000	220,000	91,600
TOTAL	89,120,958	89,287,100	86,781,000
Other Operating Revenue:			
Regulated Services	847,242	633,667	1,453,800
Unregulated Services	314,758	313,191	661,900
TOTAL	1,162,000	946,858	2,115,700
Net Operating Revenue (NOR)			
Regulated Services	89,797,200	89,700,767	88,143,200
Unregulated Services	485,758	533,191	753,500
Total	90,282,958	90,233,958	88,896,700
Total Operating Expenses:			
Regulated Services	80,697,100	80,295,000	77,762,696
Total	84,926,000	82,723,000	79,992,100
Net Operating Profit (Loss):			
Regulated Services	9,100,100	9,405,767	10,380,504
Unregulated Services	-3,743,142	-1,894,809	-1,475,904
Total	5,356,958	7,510,958	8,904,600
Total Non-Operating Profit (Loss):			
Non-Operating Revenue	8,142,000	490,000	4,800,000
Non-Operating Expenses	0	0	4,299,000
Total Excess Profit (Loss):	13,498,958	8,000,958	9,405,600
% Net Operating Profit of Regulated NOR	10.13	10.49	11.78
% Net Total Operating Profit of Total NOR	5.93	8.32	10.02
% Total Excess Profit of Total Revenue	13.71	8.82	10.04
Total Direct Medical Education:	0	0	0
Inpatient Readmission Charges:	10,937,410	10,446,530	9,729,882
Risk Adjusted Readmission Percent:	11.78%	11.37%	10.46%
Potentially Avoidable Utilization Costs:	18,295,144	18,251,507	17,804,194
Risk Adjusted PPC Rate:	0.43	0.63	0.90

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UM-LAUREL REGIONAL HOSPITAL

FISCAL YEAR ENDING	June 2017	June 2016	June 2015
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Gross Patient Revenue:			
Regulated Services	100,491,800	106,117,500	106,467,900
Unregulated Services	2,090,370	1,985,672	1,517,991
TOTAL	102,582,170	108,103,172	107,985,891
Net Patient Revenue (NPR):			
Regulated Services	81,678,189	90,443,295	90,359,092
Unregulated Services	821,960	1,419,848	123,792
TOTAL	82,500,149	91,863,143	90,482,885
Other Operating Revenue:			
Regulated Services	120,760	1,193,454	1,509,271
Unregulated Services	226,175	249,504	276,336
TOTAL	346,935	1,442,958	1,785,607
Net Operating Revenue (NOR)			
Regulated Services	81,798,949	91,636,749	91,868,363
Unregulated Services	1,048,135	1,669,352	400,129
Total	82,847,084	93,306,101	92,268,492
Total Operating Expenses:			
Regulated Services	81,820,607	85,066,992	96,291,469
Total	94,726,907	97,371,992	108,774,321
Net Operating Profit (Loss):			
Regulated Services	-21,658	6,569,757	-4,423,106
Unregulated Services	-11,858,165	-10,635,648	-12,082,723
Total	-11,879,823	-4,065,891	-16,505,829
Total Non-Operating Profit (Loss):	6,357,783	2,833,438	7,391,088
Non-Operating Revenue	6,357,783	2,833,438	7,391,088
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	-5,522,040	-1,232,453	-9,114,741
% Net Operating Profit of Regulated NOR	-0.03	7.17	-4.81
% Net Total Operating Profit of Total NOR	-14.34	-4.36	-17.89
% Total Excess Profit of Total Revenue	-6.19	-1.28	-9.15
Total Direct Medical Education:	0	0	0
Inpatient Readmission Charges:	7,140,345	7,855,667	7,679,937
Risk Adjusted Readmission Percent:	12.75%	12.13%	13.15%
Potentially Avoidable Utilization Costs:	11,628,957	12,789,251	12,759,064
Risk Adjusted PPC Rate:	0.53	0.99	1.14

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UM-PRINCE GEORGE'S HOSPITAL CENTER

FISCAL YEAR ENDING	June 2017	June 2016	June 2015
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Gross Patient Revenue:			
Regulated Services	293,522,700	285,682,600	279,091,000
Unregulated Services	17,421,289	20,080,356	21,066,946
TOTAL	310,943,989	305,762,956	300,157,946
Net Patient Revenue (NPR):			
Regulated Services	249,393,120	253,113,614	237,779,691
Unregulated Services	7,130,481	8,591,716	8,129,982
TOTAL	256,523,601	261,705,330	245,909,673
Other Operating Revenue:			
Regulated Services	4,160,944	4,996,438	6,259,988
Unregulated Services	1,174,972	2,110,695	1,383,449
TOTAL	5,335,916	7,107,133	7,643,437
Net Operating Revenue (NOR)			
Regulated Services	253,554,064	258,110,053	244,039,679
Unregulated Services	8,305,453	10,702,411	9,513,431
Total	261,859,517	268,812,464	253,553,109
Total Operating Expenses:			
Regulated Services	240,080,693	227,352,248	220,302,096
Total	294,418,452	271,879,717	254,630,833
Net Operating Profit (Loss):			
Regulated Services	13,473,371	30,757,805	23,737,583
Unregulated Services	-46,032,306	-33,825,058	-24,815,306
Total	-32,558,935	-3,067,254	-1,077,724
Total Non-Operating Profit (Loss):	19,445,979	7,709,817	18,773,845
Non-Operating Revenue	19,445,979	7,709,817	18,773,845
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	-13,112,956	4,642,564	17,696,121
% Net Operating Profit of Regulated NOR	5.31	11.92	9.73
% Net Total Operating Profit of Total NOR	-12.43	-1.14	-0.43
% Total Excess Profit of Total Revenue	-4.66	1.68	6.50
Total Direct Medical Education:	6,074,694	5,117,267	4,388,670
Inpatient Readmission Charges:	24,513,806	22,724,970	22,639,952
Risk Adjusted Readmission Percent:	10.66%	10.33%	10.63%
Potentially Avoidable Utilization Costs:	39,849,795	38,496,054	37,373,182
Risk Adjusted PPC Rate:	0.51	1.05	0.98

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UM-QUEEN ANNE'S FREESTANDING EMERGENCY CENTER

FISCAL YEAR ENDING	June 2017	June 2016	June 2015
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Gross Patient Revenue:			
Regulated Services	6,432,800	6,243,200	4,794,500
Unregulated Services	0	0	0
TOTAL	6,432,800	6,243,200	4,794,500
Net Patient Revenue (NPR):			
Regulated Services	5,146,413	4,951,239	4,322,561
Unregulated Services	0	0	0
TOTAL	5,146,413	4,951,239	4,322,561
Other Operating Revenue:			
Regulated Services	10,608	5,780	5,799
Unregulated Services	0	0	0
TOTAL	10,608	5,780	5,799
Net Operating Revenue (NOR)			
Regulated Services	5,157,021	4,957,019	4,328,360
Unregulated Services	0	0	0
Total	5,157,021	4,957,019	4,328,360
Total Operating Expenses:			
Regulated Services	7,117,707	6,871,442	7,275,580
Total	7,142,407	6,871,442	7,290,680
Net Operating Profit (Loss):			
Regulated Services	-1,960,686	-1,914,423	-2,947,220
Unregulated Services	-24,700	0	-15,100
Total	-1,985,386	-1,914,423	-2,962,320
Total Non-Operating Profit (Loss):			
Non-Operating Revenue	-107,203	0	6,253
Non-Operating Expenses	0	44,000	0
Total Excess Profit (Loss):	-2,092,589	-1,958,423	-2,956,067
% Net Operating Profit of Regulated NOR	-38.02	-38.62	-68.09
% Net Total Operating Profit of Total NOR	-38.50	-38.62	-68.44
% Total Excess Profit of Total Revenue	-41.44	-39.51	-68.20
Total Direct Medical Education:	0	0	0
Inpatient Readmission Charges:	0	0	0
Risk Adjusted Readmission Percent:	0.00%	0.00%	0.00%
Potentially Avoidable Utilization Costs:	0	0	0
Risk Adjusted PPC Rate:	0.00	0.00	0.00

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UM-REHABILITATION & ORTHOPAEDIC INSTITUTE

FISCAL YEAR ENDING	June 2017	June 2016	June 2015
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Gross Patient Revenue:			
Regulated Services	124,286,800	118,766,800	120,364,600
Unregulated Services	991,566	1,084,001	1,043,037
TOTAL	125,278,366	119,850,801	121,407,637
Net Patient Revenue (NPR):			
Regulated Services	107,250,465	100,742,920	101,157,600
Unregulated Services	590,566	677,001	573,037
TOTAL	107,841,031	101,419,921	101,730,637
Other Operating Revenue:			
Regulated Services	683,381	3,971,892	2,453,297
Unregulated Services	1,918,619	1,747,108	1,917,058
TOTAL	2,602,000	5,719,000	4,370,355
Net Operating Revenue (NOR)			
Regulated Services	107,933,846	104,714,812	103,610,897
Unregulated Services	2,509,184	2,424,109	2,490,095
Total	110,443,031	107,138,921	106,100,992
Total Operating Expenses:			
Regulated Services	103,671,463	100,941,425	102,984,560
Total	107,006,000	103,856,400	106,210,000
Net Operating Profit (Loss):			
Regulated Services	4,262,383	3,773,387	626,337
Unregulated Services	-825,352	-490,867	-735,345
Total	3,437,031	3,282,521	-109,008
Total Non-Operating Profit (Loss):	3,350,000	-1,057,000	-524,000
Non-Operating Revenue	3,350,000	-1,057,000	-524,000
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	6,787,031	2,225,521	-633,008
% Net Operating Profit of Regulated NOR	3.95	3.60	0.60
% Net Total Operating Profit of Total NOR	3.11	3.06	-0.10
% Total Excess Profit of Total Revenue	5.96	2.10	-0.60
Total Direct Medical Education:	3,901,174	4,088,269	4,287,880
Inpatient Readmission Charges:	154,578	299,256	402,445
Risk Adjusted Readmission Percent:	9.27%	9.82%	8.59%
Potentially Avoidable Utilization Costs:	154,578	299,256	402,445
Risk Adjusted PPC Rate:	0.76	0.86	0.78

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HEALTH SERVICES COST REVIEW COMMISSION
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
FISCAL YEAR 2015 TO 2017

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UM-SHOCK TRAUMA

FISCAL YEAR ENDING	June 2017	June 2016	June 2015
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Gross Patient Revenue:			
Regulated Services	213,195,100	202,325,400	197,941,300
Unregulated Services	5,493,306	4,442,063	5,318,329
TOTAL	218,688,406	206,767,463	203,259,629
Net Patient Revenue (NPR):			
Regulated Services	201,031,694	173,816,937	169,890,126
Unregulated Services	5,493,306	4,442,063	5,318,329
TOTAL	206,525,000	178,259,000	175,208,455
Other Operating Revenue:			
Regulated Services	3,476,000	3,378,000	3,375,000
Unregulated Services	0	0	0
TOTAL	3,476,000	3,378,000	3,375,000
Net Operating Revenue (NOR)			
Regulated Services	204,507,694	177,194,937	173,265,126
Unregulated Services	5,493,306	4,442,063	5,318,329
Total	210,001,000	181,637,000	178,583,455
Total Operating Expenses:			
Regulated Services	162,417,200	159,078,900	155,366,237
Total	163,160,000	162,363,000	160,789,537
Net Operating Profit (Loss):			
Regulated Services	42,090,494	18,116,037	17,898,888
Unregulated Services	4,750,506	1,157,963	-104,971
Total	46,841,000	19,274,000	17,793,917
Total Non-Operating Profit (Loss):	0	1,500,000	1,500,000
Non-Operating Revenue	0	1,500,000	1,500,000
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	46,841,000	20,774,000	19,293,917
% Net Operating Profit of Regulated NOR	20.58	10.22	10.33
% Net Total Operating Profit of Total NOR	22.31	10.61	9.96
% Total Excess Profit of Total Revenue	22.31	11.34	10.71
Total Direct Medical Education:	11,488,844	11,303,486	8,483,190
Inpatient Readmission Charges:	0	0	0
Risk Adjusted Readmission Percent:	0.00%	0.00%	0.00%
Potentially Avoidable Utilization Costs:	0	0	0
Risk Adjusted PPC Rate:	0.00	0.00	0.00

Disclosure of Hospital Financial and Statistical Data: Fiscal Year 2017

HEALTH SERVICES COST REVIEW COMMISSION
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 FISCAL YEAR 2015 TO 2017

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UM-SHORE REGIONAL HEALTH AT CHESTERTOWN

FISCAL YEAR ENDING	June 2017	June 2016	June 2015
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Gross Patient Revenue:			
Regulated Services	59,206,500	60,065,200	64,477,400
Unregulated Services	3,848,139	4,040,268	3,756,475
TOTAL	63,054,639	64,105,468	68,233,875
Net Patient Revenue (NPR):			
Regulated Services	48,155,807	49,733,012	46,873,264
Unregulated Services	3,654,782	3,848,356	3,571,140
TOTAL	51,810,589	53,581,368	50,444,404
Other Operating Revenue:			
Regulated Services	9,071	-236,735	32,274
Unregulated Services	393,929	217,267	226,834
TOTAL	403,000	-19,468	259,108
Net Operating Revenue (NOR)			
Regulated Services	48,164,878	49,496,277	46,905,538
Unregulated Services	4,048,711	4,065,623	3,797,974
Total	52,213,589	53,561,900	50,703,512
Total Operating Expenses:			
Regulated Services	41,001,663	42,567,673	43,026,022
Total	46,048,000	48,612,000	49,362,348
Net Operating Profit (Loss):			
Regulated Services	7,163,216	6,928,604	3,879,516
Unregulated Services	-997,626	-1,978,704	-2,538,352
Total	6,165,589	4,949,900	1,341,164
Total Non-Operating Profit (Loss):	1,684,000	-403,000	-166,984
Non-Operating Revenue	1,756,000	390,000	-162,293
Non-Operating Expenses	72,000	793,000	4,691
Total Excess Profit (Loss):	7,849,589	4,546,900	1,174,180
% Net Operating Profit of Regulated NOR	14.87	14.00	8.27
% Net Total Operating Profit of Total NOR	11.81	9.24	2.65
% Total Excess Profit of Total Revenue	14.54	8.43	2.32
Total Direct Medical Education:	0	0	0
Inpatient Readmission Charges:	3,366,896	3,603,074	3,594,136
Risk Adjusted Readmission Percent:	12.32%	13.05%	11.18%
Potentially Avoidable Utilization Costs:	7,178,417	8,062,886	8,996,487
Risk Adjusted PPC Rate:	0.82	0.96	1.10

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HEALTH SERVICES COST REVIEW COMMISSION
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FISCAL YEAR 2015 TO 2017

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UM-SHORE REGIONAL HEALTH AT DORCHESTER

FISCAL YEAR ENDING	June 2017	June 2016	June 2015
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Gross Patient Revenue:			
Regulated Services	49,851,200	51,452,800	56,007,200
Unregulated Services	2,789,571	2,871,072	3,201,167
TOTAL	52,640,771	54,323,872	59,208,367
Net Patient Revenue (NPR):			
Regulated Services	42,072,925	42,352,628	43,898,251
Unregulated Services	1,237,169	1,601,672	1,107,367
TOTAL	43,310,094	43,954,300	45,005,618
Other Operating Revenue:			
Regulated Services	74,825	48,433	43,602
Unregulated Services	260,413	278,833	263,178
TOTAL	335,238	327,266	306,780
Net Operating Revenue (NOR)			
Regulated Services	42,147,750	42,401,061	43,941,853
Unregulated Services	1,497,582	1,880,505	1,370,545
Total	43,645,332	44,281,566	45,312,398
Total Operating Expenses:			
Regulated Services	40,362,846	36,427,923	35,650,610
Total	42,908,878	39,379,514	38,814,754
Net Operating Profit (Loss):			
Regulated Services	1,784,904	5,973,138	8,291,243
Unregulated Services	-1,048,450	-1,071,086	-1,793,599
Total	736,454	4,902,052	6,497,644
Total Non-Operating Profit (Loss):			
Non-Operating Revenue	-751,000	-322,815	45,254
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	-14,546	4,579,237	6,542,898
% Net Operating Profit of Regulated NOR	4.23	14.09	18.87
% Net Total Operating Profit of Total NOR	1.69	11.07	14.34
% Total Excess Profit of Total Revenue	-0.03	10.42	14.43
Total Direct Medical Education:	0	0	0
Inpatient Readmission Charges:	5,032,230	4,482,558	6,108,177
Risk Adjusted Readmission Percent:	12.44%	10.97%	12.08%
Potentially Avoidable Utilization Costs:	9,630,238	9,890,209	12,477,786
Risk Adjusted PPC Rate:	0.35	0.68	1.03

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UM-SHORE REGIONAL HEALTH AT EASTON

FISCAL YEAR ENDING	June 2017	June 2016	June 2015
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Gross Patient Revenue:			
Regulated Services	203,067,800	199,614,100	192,831,500
Unregulated Services	47,002,098	45,475,282	45,431,600
TOTAL	250,069,898	245,089,382	238,263,100
Net Patient Revenue (NPR):			
Regulated Services	174,176,326	172,262,074	163,132,861
Unregulated Services	18,528,965	17,354,162	15,693,215
TOTAL	192,705,291	189,616,236	178,826,076
Other Operating Revenue:			
Regulated Services	531,986	369,942	691,214
Unregulated Services	3,697,945	2,054,649	2,241,300
TOTAL	4,229,931	2,424,591	2,932,514
Net Operating Revenue (NOR)			
Regulated Services	174,708,312	172,632,016	163,824,075
Unregulated Services	22,226,910	19,408,811	17,934,515
Total	196,935,222	192,040,827	181,758,590
Total Operating Expenses:			
Regulated Services	158,069,606	146,753,345	140,456,749
Total	183,503,895	168,978,020	161,959,446
Net Operating Profit (Loss):			
Regulated Services	16,638,706	25,878,671	23,367,326
Unregulated Services	-3,207,379	-2,815,864	-3,568,182
Total	13,431,327	23,062,807	19,799,144
Total Non-Operating Profit (Loss):	8,333,000	-3,721,000	-296,359
Non-Operating Revenue	8,333,000	3,787,000	-296,359
Non-Operating Expenses	0	7,508,000	0
Total Excess Profit (Loss):	21,764,327	19,341,807	19,502,785
% Net Operating Profit of Regulated NOR	9.52	14.99	14.26
% Net Total Operating Profit of Total NOR	6.82	12.01	10.89
% Total Excess Profit of Total Revenue	10.60	9.88	10.75
Total Direct Medical Education:	0	0	0
Inpatient Readmission Charges:	11,902,441	11,183,228	11,133,957
Risk Adjusted Readmission Percent:	10.56%	11.29%	11.53%
Potentially Avoidable Utilization Costs:	21,398,864	23,460,362	23,684,641
Risk Adjusted PPC Rate:	0.52	0.67	1.08

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HEALTH SERVICES COST REVIEW COMMISSION
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UM-ST. JOSEPH MEDICAL CENTER

FISCAL YEAR ENDING	June 2017	June 2016	June 2015
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Gross Patient Revenue:			
Regulated Services	408,176,900	402,082,700	390,826,300
Unregulated Services	0	2,818,692	3,044,464
TOTAL	408,176,900	404,901,392	393,870,764
Net Patient Revenue (NPR):			
Regulated Services	359,500,143	345,943,269	323,889,336
Unregulated Services	133,857	2,677,731	2,849,664
TOTAL	359,634,000	348,621,000	326,739,000
Other Operating Revenue:			
Regulated Services	570,456	415,243	503,132
Unregulated Services	2,660,544	2,921,010	2,623,868
TOTAL	3,231,000	3,336,252	3,127,000
Net Operating Revenue (NOR)			
Regulated Services	360,070,600	346,358,512	324,392,467
Unregulated Services	2,794,400	5,598,741	5,473,533
Total	362,865,000	351,957,252	329,866,000
Total Operating Expenses:			
Regulated Services	313,497,766	301,275,913	294,947,644
Total	339,093,000	325,630,352	319,343,921
Net Operating Profit (Loss):			
Regulated Services	46,572,834	45,082,599	29,444,823
Unregulated Services	-22,800,834	-18,755,699	-18,922,744
Total	23,772,000	26,326,900	10,522,079
Total Non-Operating Profit (Loss):	-3,206,000	-3,502,000	-2,797,000
Non-Operating Revenue	834,000	0	0
Non-Operating Expenses	4,040,000	3,502,000	2,797,000
Total Excess Profit (Loss):	20,566,000	22,824,900	7,725,079
% Net Operating Profit of Regulated NOR	12.93	13.02	9.08
% Net Total Operating Profit of Total NOR	6.55	7.48	3.19
% Total Excess Profit of Total Revenue	5.65	6.49	2.34
Total Direct Medical Education:	0	0	0
Inpatient Readmission Charges:	21,153,437	20,953,253	21,550,484
Risk Adjusted Readmission Percent:	10.57%	10.60%	11.28%
Potentially Avoidable Utilization Costs:	34,607,693	33,408,789	33,189,427
Risk Adjusted PPC Rate:	0.61	0.70	0.90

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HEALTH SERVICES COST REVIEW COMMISSION
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 FISCAL YEAR 2015 TO 2017

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UM-UPPER CHESAPEAKE MEDICAL CENTER

FISCAL YEAR ENDING	June 2017	June 2016	June 2015
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Gross Patient Revenue:			
Regulated Services	341,416,000	330,967,000	320,267,600
Unregulated Services	1,095,000	986,000	1,089,734
TOTAL	342,511,000	331,953,000	321,357,334
Net Patient Revenue (NPR):			
Regulated Services	296,121,934	284,816,000	268,193,832
Unregulated Services	712,018	986,000	1,089,734
TOTAL	296,833,952	285,802,000	269,283,566
Other Operating Revenue:			
Regulated Services	2,507,731	3,449,774	6,358,000
Unregulated Services	1,429,269	1,170,199	0
TOTAL	3,937,000	4,619,972	6,358,000
Net Operating Revenue (NOR)			
Regulated Services	298,629,666	288,265,774	274,551,832
Unregulated Services	2,141,287	2,156,199	1,089,734
Total	300,770,952	290,421,972	275,641,566
Total Operating Expenses:			
Regulated Services	271,742,558	248,188,841	231,433,257
Total	284,219,000	261,076,000	241,611,000
Net Operating Profit (Loss):			
Regulated Services	26,887,108	40,076,933	43,118,575
Unregulated Services	-10,335,156	-10,730,960	-9,088,009
Total	16,551,952	29,345,972	34,030,566
Total Non-Operating Profit (Loss):	7,659,000	790,000	-10,687,000
Non-Operating Revenue	9,884,000	4,526,000	329,000
Non-Operating Expenses	2,225,000	3,736,000	11,016,000
Total Excess Profit (Loss):	24,210,952	30,135,972	23,343,566
% Net Operating Profit of Regulated NOR	9.00	13.90	15.71
% Net Total Operating Profit of Total NOR	5.50	10.10	12.35
% Total Excess Profit of Total Revenue	7.79	10.22	8.46
Total Direct Medical Education:	0	0	0
Inpatient Readmission Charges:	21,263,101	20,699,179	22,009,623
Risk Adjusted Readmission Percent:	10.20%	11.21%	11.84%
Potentially Avoidable Utilization Costs:	36,724,737	36,276,116	38,305,376
Risk Adjusted PPC Rate:	0.44	0.67	0.72

Disclosure of Hospital Financial and Statistical Data: Fiscal Year 2017

HEALTH SERVICES COST REVIEW COMMISSION
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 FISCAL YEAR 2015 TO 2017

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UMMC MIDTOWN CAMPUS

FISCAL YEAR ENDING	June 2017	June 2016	June 2015
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Gross Patient Revenue:			
Regulated Services	239,136,400	226,817,000	228,795,700
Unregulated Services	3,805,628	5,604,180	15,788,605
TOTAL	242,942,028	232,421,180	244,584,305
Net Patient Revenue (NPR):			
Regulated Services	201,669,034	187,121,556	185,184,700
Unregulated Services	3,481,966	5,038,625	6,810,964
TOTAL	205,151,000	192,160,180	191,995,664
Other Operating Revenue:			
Regulated Services	239,193	-281,532	471,695
Unregulated Services	9,981,807	1,108,352	1,066,278
TOTAL	10,221,000	826,820	1,537,973
Net Operating Revenue (NOR)			
Regulated Services	201,908,227	186,840,024	185,656,395
Unregulated Services	13,463,773	6,146,976	7,877,242
Total	215,372,000	192,987,000	193,533,638
Total Operating Expenses:			
Regulated Services	170,320,562	162,862,836	162,177,865
Total	204,226,000	191,264,500	192,081,025
Net Operating Profit (Loss):			
Regulated Services	31,587,664	23,977,188	23,478,530
Unregulated Services	-20,441,664	-22,254,688	-22,025,917
Total	11,146,000	1,722,500	1,452,613
Total Non-Operating Profit (Loss):			
Non-Operating Revenue	-462,000	-544,000	-509,000
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	10,684,000	1,178,500	943,613
% Net Operating Profit of Regulated NOR	15.64	12.83	12.65
% Net Total Operating Profit of Total NOR	5.18	0.89	0.75
% Total Excess Profit of Total Revenue	4.97	0.61	0.49
Total Direct Medical Education:	3,978,733	3,073,957	4,028,360
Inpatient Readmission Charges:	25,006,271	23,461,327	26,330,021
Risk Adjusted Readmission Percent:	14.07%	15.17%	15.49%
Potentially Avoidable Utilization Costs:	35,418,781	31,784,923	34,725,098
Risk Adjusted PPC Rate:	0.43	0.30	1.05

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HEALTH SERVICES COST REVIEW COMMISSION
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FISCAL YEAR 2015 TO 2017

UNION HOSPITAL OF CECIL COUNTY

FISCAL YEAR ENDING	June 2017	June 2016	June 2015
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Gross Patient Revenue:			
Regulated Services	160,871,300	160,304,000	157,025,000
Unregulated Services	36,127,900	37,385,100	36,162,400
TOTAL	196,999,200	197,689,100	193,187,400
Net Patient Revenue (NPR):			
Regulated Services	137,576,843	136,329,669	132,874,783
Unregulated Services	15,201,900	15,817,800	16,574,100
TOTAL	152,778,743	152,147,469	149,448,883
Other Operating Revenue:			
Regulated Services	3,326,700	1,469,400	1,927,000
Unregulated Services	1,933,600	2,144,800	2,003,400
TOTAL	5,260,300	3,614,200	3,930,400
Net Operating Revenue (NOR)			
Regulated Services	140,903,543	137,799,069	134,801,783
Unregulated Services	17,135,500	17,962,600	18,577,500
Total	158,039,043	155,761,669	153,379,283
Total Operating Expenses:			
Regulated Services	123,418,300	121,512,400	120,149,000
Total	157,083,000	152,643,900	150,750,000
Net Operating Profit (Loss):			
Regulated Services	17,485,243	16,286,669	14,652,783
Unregulated Services	-16,529,200	-13,168,900	-12,023,500
Total	956,043	3,117,769	2,629,283
Total Non-Operating Profit (Loss):	5,022,800	-257,800	-466,100
Non-Operating Revenue	5,286,600	35,000	596,700
Non-Operating Expenses	263,800	292,800	1,062,800
Total Excess Profit (Loss):	5,978,843	2,859,969	2,163,183
% Net Operating Profit of Regulated NOR	12.41	11.82	10.87
% Net Total Operating Profit of Total NOR	0.60	2.00	1.71
% Total Excess Profit of Total Revenue	3.66	1.84	1.40
Total Direct Medical Education:	0	0	0
Inpatient Readmission Charges:	8,643,963	9,245,194	10,520,633
Risk Adjusted Readmission Percent:	9.97%	10.81%	11.07%
Potentially Avoidable Utilization Costs:	19,834,547	19,955,420	21,091,433
Risk Adjusted PPC Rate:	0.60	0.60	0.83

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HEALTH SERVICES COST REVIEW COMMISSION
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
FISCAL YEAR 2015 TO 2017

UNIVERSITY OF MARYLAND MEDICAL CENTER

FISCAL YEAR ENDING	June 2017	June 2016	June 2015
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Gross Patient Revenue:			
Regulated Services	1,389,993,000	1,345,458,400	1,313,670,900
Unregulated Services	15,860,726	11,821,641	11,691,229
TOTAL	1,405,853,726	1,357,280,041	1,325,362,129
Net Patient Revenue (NPR):			
Regulated Services	1,185,195,229	1,173,234,222	1,124,828,668
Unregulated Services	15,580,771	11,453,778	11,167,335
TOTAL	1,200,776,000	1,184,688,000	1,135,996,003
Other Operating Revenue:			
Regulated Services	33,946,582	17,699,437	24,332,274
Unregulated Services	84,016,418	101,319,563	77,095,726
TOTAL	117,963,000	119,019,000	101,428,000
Net Operating Revenue (NOR)			
Regulated Services	1,219,141,811	1,190,933,659	1,149,160,942
Unregulated Services	99,597,189	112,773,341	88,263,061
Total	1,318,739,000	1,303,707,000	1,237,424,003
Total Operating Expenses:			
Regulated Services	1,188,774,203	1,159,018,353	1,100,361,772
Total	1,306,935,000	1,283,342,000	1,201,701,000
Net Operating Profit (Loss):			
Regulated Services	30,367,608	31,915,307	48,799,170
Unregulated Services	-18,563,608	-11,550,307	-13,076,167
Total	11,804,000	20,365,000	35,723,003
Total Non-Operating Profit (Loss):	64,456,000	-71,817,000	-41,947,000
Non-Operating Revenue	64,456,000	-71,817,000	-41,947,000
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	76,260,000	-51,452,000	-6,223,997
% Net Operating Profit of Regulated NOR	2.49	2.68	4.25
% Net Total Operating Profit of Total NOR	0.90	1.56	2.89
% Total Excess Profit of Total Revenue	5.51	-4.18	-0.52
Total Direct Medical Education:	108,662,521	104,524,509	82,832,410
Inpatient Readmission Charges:	94,350,710	96,441,649	97,442,359
Risk Adjusted Readmission Percent:	13.13%	12.92%	13.44%
Potentially Avoidable Utilization Costs:	122,655,309	120,149,791	123,712,476
Risk Adjusted PPC Rate:	0.53	0.66	0.86

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HEALTH SERVICES COST REVIEW COMMISSION
 DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
 FISCAL YEAR 2015 TO 2017

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WASHINGTON ADVENTIST HOSPITAL

FISCAL YEAR ENDING	December 2016	December 2015	December 2014
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Gross Patient Revenue:			
Regulated Services	263,177,900	260,621,900	260,306,100
Unregulated Services	13,550	0	3,791
TOTAL	263,191,450	260,621,900	260,309,891
Net Patient Revenue (NPR):			
Regulated Services	227,111,427	222,422,118	209,906,016
Unregulated Services	13,550	0	3,791
TOTAL	227,124,977	222,422,118	209,909,807
Other Operating Revenue:			
Regulated Services	941,652	1,625,794	1,378,906
Unregulated Services	3,703,118	3,556,908	3,547,691
TOTAL	4,644,770	5,182,702	4,926,597
Net Operating Revenue (NOR)			
Regulated Services	228,053,079	224,047,912	211,284,922
Unregulated Services	3,716,668	3,556,908	3,551,482
Total	231,769,747	227,604,820	214,836,404
Total Operating Expenses:			
Regulated Services	204,234,173	202,140,053	194,645,259
Total	219,120,045	217,955,646	210,709,734
Net Operating Profit (Loss):			
Regulated Services	23,818,906	21,907,859	16,639,663
Unregulated Services	-11,169,204	-12,258,685	-12,512,993
Total	12,649,702	9,649,174	4,126,670
Total Non-Operating Profit (Loss):			
Non-Operating Revenue	-366,429	-1,216,081	-1,500,747
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	12,283,273	8,433,093	2,625,923
% Net Operating Profit of Regulated NOR	10.44	9.78	7.88
% Net Total Operating Profit of Total NOR	5.46	4.24	1.92
% Total Excess Profit of Total Revenue	5.31	3.73	1.23
Total Direct Medical Education:	0	0	0
Inpatient Readmission Charges:	20,484,833	20,490,762	22,000,761
Risk Adjusted Readmission Percent:	9.68%	10.64%	11.99%
Potentially Avoidable Utilization Costs:	34,111,116	33,105,529	35,194,145
Risk Adjusted PPC Rate:	0.61	1.00	1.10

Disclosure of Hospital Financial and Statistical Data: Fiscal Year 2017

HEALTH SERVICES COST REVIEW COMMISSION
 DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
 FISCAL YEAR 2015 TO 2017

WESTERN MARYLAND REGIONAL MEDICAL CENTER

FISCAL YEAR ENDING	June 2017	June 2016	June 2015
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Gross Patient Revenue:			
Regulated Services	329,028,900	325,608,000	322,958,900
Unregulated Services	79,186,000	73,613,400	68,884,200
TOTAL	408,214,900	399,221,400	391,843,100
Net Patient Revenue (NPR):			
Regulated Services	270,829,300	268,769,800	262,636,400
Unregulated Services	52,505,400	43,776,800	42,475,800
TOTAL	323,334,700	312,546,600	305,112,200
Other Operating Revenue:			
Regulated Services	3,758,200	4,372,600	3,966,600
Unregulated Services	1,614,800	2,247,800	2,512,300
TOTAL	5,373,000	6,620,400	6,478,900
Net Operating Revenue (NOR)			
Regulated Services	274,587,500	273,142,400	266,603,000
Unregulated Services	54,120,200	46,024,600	44,988,100
Total	328,707,700	319,167,000	311,591,100
Total Operating Expenses:			
Regulated Services	243,710,720	237,078,721	225,634,304
Total	321,550,600	313,183,200	289,953,900
Net Operating Profit (Loss):			
Regulated Services	30,876,780	36,063,679	40,968,696
Unregulated Services	-23,719,680	-30,079,879	-19,331,496
Total	7,157,100	5,983,800	21,637,200
Total Non-Operating Profit (Loss):			
Non-Operating Revenue	13,294,500	1,976,900	-450,600
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	20,451,600	7,960,700	21,186,600
% Net Operating Profit of Regulated NOR	11.24	13.20	15.37
% Net Total Operating Profit of Total NOR	2.18	1.87	6.94
% Total Excess Profit of Total Revenue	5.98	2.48	6.81
Total Direct Medical Education:	0	0	0
Inpatient Readmission Charges:	22,253,188	20,189,284	21,068,604
Risk Adjusted Readmission Percent:	11.22%	10.96%	12.23%
Potentially Avoidable Utilization Costs:	37,328,516	33,999,071	36,728,584
Risk Adjusted PPC Rate:	0.76	0.87	1.00

DETAILS OF THE DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA: SPECIALTY HOSPITALS

ALL SPECIALTY HOSPITALS

Year Ending	FY 2017	FY 2016	FY 2015
Gross Patient Revenue	368,897,190	353,829,271	350,995,883
Net Patient Revenue (NPR)	296,793,792	281,267,798	274,488,326
Other Operating Revenue	110,105,878	109,598,804	103,990,946
Net Operating Revenue (NOR)	406,899,669	390,866,602	378,479,272
Operating Expenses	392,880,159	367,130,290	358,955,776
Inpatient Admissions (IPAs)	16,643	16,756	16,781
Net Operating Profit (Loss)	14,019,510	23,736,312	19,523,496
Total Non-Operating Profit (Loss)	12,213,820	2,070,417	4,168,263
Total Excess Profits (Loss)	26,233,330	25,806,729	23,691,759

Adventist Behavioral Health-Rockville

FISCAL YEAR ENDING	CY 2016	CY 2015	CY 2014
Gross Patient Revenue	42,450,815	38,914,821	50,079,100
Net Patient Revenue (NPR)	35,901,649	32,013,100	42,020,400
Other Operating Revenue	6,493,107	6,182,750	6,435,200
Net Operating Revenue (NOR)	42,394,756	38,195,850	48,455,600
Operating Expenses	40,204,927	35,253,025	43,380,600
Inpatient Admissions (IPAs)	3,151	2,627	2,949
Net Operating Profit (Loss)	2,189,829	2,942,825	5,075,000
Total Non-Operating Profit (Loss)	(20,155)	(78,700)	(150,200)
Total Excess Profits (Loss)	2,169,674	2,864,125	4,924,800

Adventist Rehab Hospital of MD.

FISCAL YEAR ENDING	CY 2016	CY 2015	CY 2014
Gross Patient Revenue	71,815,975	68,932,729	63,183,083
Net Patient Revenue (NPR)	43,030,350	40,331,779	31,243,964
Other Operating Revenue	691,555	442,854	393,446
Net Operating Revenue (NOR)	43,721,905	40,774,633	31,637,410
Operating Expenses	41,367,839	38,791,987	34,784,403
Inpatient Admissions (IPAs)	1,879	1,941	1,801
Net Operating Profit (Loss)	2,354,066	1,982,646	(3,146,993)
Total Non-Operating Profit (Loss)	253,359	(23,783)	103,663
Total Excess Profits (Loss)	2,607,425	1,958,863	(3,043,330)

Brook Lane Health Services

FISCAL YEAR ENDING	FY 2017	FY 2016	FY 2015
Gross Patient Revenue	32,308,600	30,539,800	25,350,400
Net Patient Revenue (NPR)	25,456,100	23,993,000	20,295,000

Other Operating Revenue	8,094,100	7,098,400	6,153,900
Net Operating Revenue (NOR)	33,550,200	31,091,400	26,448,900
Operating Expenses	32,339,700	29,513,500	25,579,000
Inpatient Admissions (IPAs)	1,997	2,033	1,770
Net Operating Profit (Loss)	1,210,500	1,577,900	869,900
Total Non-Operating Profit (Loss)	1,077,000	128,400	1,284,600
Total Excess Profits (Loss)	2,287,500	1,706,300	2,154,500

Adventist Behavioral Health – Eastern Shore

FISCAL YEAR ENDING	CY 2016	CY 2015	CY 2014
Gross Patient Revenue	3,767,827	3,245,821	2,409,200
Net Patient Revenue (NPR)	3,102,887	2,780,319	1,896,662
Other Operating Revenue	11,141	0	0
Net Operating Revenue (NOR)	3,114,028	2,780,319	1,896,662
Operating Expenses	6,689,616	795,278	576,673
Inpatient Admissions (IPAs)	294	302	297
Net Operating Profit (Loss)	(3,575,588)	1,985,041	1,319,989
Total Non-Operating Profit (Loss)	0	0	0
Total Excess Profits (Loss)	(3,575,588)	1,985,041	1,319,989

Mt. Washington Pediatric Hospital

FISCAL YEAR ENDING	FY 2017	FY 2016	FY 2015
Gross Patient Revenue	67,455,663	66,639,000	68,191,600
Net Patient Revenue (NPR)	57,482,642	56,409,800	57,966,400
Other Operating Revenue	774,940	1,068,600	1,164,800
Net Operating Revenue (NOR)	58,257,582	57,478,400	59,131,200
Operating Expenses	55,188,277	53,852,000	53,819,900
Inpatient Admissions (IPAs)	692	761	813
Net Operating Profit (Loss)	3,069,305	3,626,400	5,311,300
Total Non-Operating Profit (Loss)	4,115,821	(55,900)	55,100
Total Excess Profits (Loss)	7,185,126	3,570,500	5,366,400

Sheppard Pratt Hospital

FISCAL YEAR ENDING	FY 2017	FY 2016	FY 2015
Gross Patient Revenue	151,098,310	145,557,100	141,782,500
Net Patient Revenue (NPR)	131,820,164	125,739,800	121,065,900
Other Operating Revenue	94,041,035	94,806,200	89,843,600
Net Operating Revenue (NOR)	225,861,198	220,546,000	210,909,500
Operating Expenses	217,089,800	208,924,500	200,815,200
Inpatient Admissions (IPAs)	8,630	9,092	9,151
Net Operating Profit (Loss)	8,771,398	11,621,500	10,094,300
Total Non-Operating Profit (Loss)	6,787,795	2,100,400	2,875,100
Total Excess Profits (Loss)	15,559,193	13,721,900	12,969,400

CHANGE IN UNCOMPENSATED CARE (UCC) : EXHIBIT I-A
REGULATED OPERATIONS
Listed in Alphabetical Order by Region

EXHIBIT I-A. CHANGE IN UNCOMPENSATED CARE, REGULATED OPERATIONS

Hospital Area	Hospital	2016			2017			% Change UCC Amount
		Gross Revenues	Charity & Bad Debts	UCC %	Gross Revenues	Charity & Bad Debts	UCC %	
M E T R O	ANNE ARUNDEL MEDICAL CENTER	576,313,300	14,649,098	2.54	601,774,600	17,745,300	2.95	21.1
	BON SECOURS HOSPITAL	106,732,300	3,965,309	3.72	109,889,834	2,708,992	2.47	-31.7
	DOCTORS COMMUNITY HOSPITAL	234,045,500	17,202,246	7.35	232,581,700	10,922,730	4.70	-36.5
	FORT WASHINGTON MEDICAL CENTER	48,291,192	4,215,392	8.73	48,727,769	4,621,427	9.48	9.6
	GERMANTOWN EMERGENCY CENTER	13,555,000	2,998,458	22.12	14,183,800	2,085,858	14.71	-30.4
	GREATER BALTIMORE MEDICAL CENTER	439,684,200	11,490,159	2.61	462,643,278	15,250,593	3.30	32.7
	HOLY CROSS HOSPITAL	505,712,400	45,443,000	8.99	504,632,600	36,304,769	7.19	-20.1
	HOLY CROSS HOSPITAL-GERMANTOWN	80,883,300	8,061,600	9.97	96,340,300	8,823,707	9.16	9.5
	HOWARD COUNTY GENERAL HOSPITAL	297,946,200	9,809,000	3.29	303,036,500	8,747,000	2.89	-10.8
	JOHNS HOPKINS BAYVIEW MEDICAL CENTER	643,455,400	32,847,000	5.10	645,219,500	26,502,000	4.11	-19.3
	JOHNS HOPKINS HOSPITAL	2,282,683,400	47,821,500	2.09	2,352,718,900	61,819,012	2.63	29.3
	LEVINDALE	60,312,800	2,615,214	4.34	59,432,000	2,555,234	4.30	-2.3
	MEDSTAR FRANKLIN SQUARE	505,736,100	22,427,068	4.43	518,001,600	18,349,622	3.54	-18.2
	MEDSTAR GOOD SAMARITAN	289,108,800	14,558,603	5.04	297,577,800	11,802,477	3.97	-18.9
	MEDSTAR HARBOR HOSPITAL CENTER	194,368,900	11,195,426	5.76	193,637,500	9,128,344	4.71	-18.5
	MEDSTAR MONTGOMERY MEDICAL CENTER	175,827,977	7,101,577	4.04	178,461,400	5,384,827	3.02	-24.2
	MEDSTAR SOUTHERN MARYLAND HOSPITAL CEN	271,938,700	16,181,442	5.95	270,322,700	11,778,977	4.36	-27.2
	MEDSTAR UNION MEMORIAL HOSPITAL	426,343,800	18,071,382	4.24	434,442,400	13,519,707	3.11	-25.2

CHANGE IN UNCOMPENSATED CARE (UCC) : EXHIBIT I-A
REGULATED OPERATIONS
Listed in Alphabetical Order by Region

		2016			2017			
Hospital Area	Hospital	Gross Revenues	Charity & Bad Debts	UCC %	Gross Revenues	Charity & Bad Debts	UCC %	% Change UCC Amount
	MERCY MEDICAL CENTER	513,599,600	27,253,260	5.31	524,091,400	22,377,757	4.27	-17.9
	NORTHWEST HOSPITAL CENTER	257,944,700	14,575,617	5.65	258,801,000	12,445,662	4.81	-14.6
	SHADY GROVE ADVENTIST HOSPITAL	389,913,200	18,664,288	4.79	388,714,400	16,235,824	4.18	-13.0
	SINAI HOSPITAL	732,671,600	28,586,943	3.90	769,856,900	25,314,296	3.29	-11.4
	ST. AGNES HOSPITAL	432,204,400	24,889,102	5.76	431,097,200	17,258,902	4.00	-30.7
	SUBURBAN HOSPITAL	301,899,200	6,213,087	2.06	310,897,100	9,175,854	2.95	47.7
	UM-BALTIMORE WASHINGTON MEDICAL CENTER	413,064,200	23,239,033	5.63	416,534,000	26,478,000	6.36	13.9
	UM-BOWIE HEALTH CENTER	20,228,300	5,464,725	27.02	19,933,600	3,673,841	18.43	-32.8
	UM-LAUREL REGIONAL HOSPITAL	106,117,500	12,313,260	11.60	100,491,800	10,539,259	10.49	-14.4
	UM-PRINCE GEORGE'S HOSPITAL CENTER	285,682,600	27,058,517	9.47	293,522,700	25,535,102	8.70	-5.6
	UM-QUEEN ANNE'S FREESTANDING EMERGENCY	6,243,200	715,309	11.46	6,432,800	704,335	10.95	-1.5
	UM-REHABILITATION & ORTHOPAEDIC INSTIT	118,766,800	7,254,441	6.11	124,286,800	7,351,047	5.91	1.3
	UM-SHOCK TRAUMA	202,325,400	12,183,975	6.02	213,195,100	13,227,735	6.20	8.6
	UM-ST. JOSEPH MEDICAL CENTER	402,082,700	16,456,039	4.09	408,176,900	16,815,857	4.12	2.2
	UM-UPPER CHESAPEAKE MEDICAL CENTER	330,967,000	11,900,000	3.60	341,416,000	12,874,950	3.77	8.2
	UMMC MIDTOWN CAMPUS	226,817,000	18,527,678	8.17	239,136,400	17,430,941	7.29	-5.9
	UNIVERSITY OF MARYLAND MEDICAL CENTER	1,345,458,400	54,173,072	4.03	1,389,993,000	56,583,290	4.07	4.4
	WASHINGTON ADVENTIST HOSPITAL	260,621,900	26,591,693	10.20	263,177,900	19,536,154	7.42	-26.5
<i>M E T R O</i>		<i>13,499,546,969</i>	<i>626,713,512</i>	<i>4.64</i>	<i>13,823,379,181</i>	<i>581,609,383</i>	<i>4.21</i>	<i>-7.2</i>

CHANGE IN UNCOMPENSATED CARE (UCC) : EXHIBIT I-A
REGULATED OPERATIONS
Listed in Alphabetical Order by Region

		2016			2017			% Change UCC Amount
Hospital Area	Hospital	Gross Revenues	Charity & Bad Debts	UCC %	Gross Revenues	Charity & Bad Debts	UCC %	
R U R A L	ATLANTIC GENERAL HOSPITAL	105,461,500	5,877,300	5.57	107,265,100	6,017,400	5.61	2.4
	CALVERT HEALTH MEDICAL CENTER	146,698,600	4,272,000	2.91	149,192,000	6,190,300	4.15	44.9
	CARROLL HOSPITAL CENTER	254,064,500	7,317,300	2.88	235,036,100	3,574,400	1.52	-51.2
	FREDERICK MEMORIAL HOSPITAL	363,795,700	14,836,477	4.08	346,113,400	15,287,371	4.42	3.0
	GARRETT COUNTY MEMORIAL HOSPITAL	48,479,700	3,347,088	6.90	55,258,400	4,318,383	7.81	29.0
	MCCREADY MEMORIAL HOSPITAL	16,309,200	466,080	2.86	16,897,400	774,068	4.58	66.1
	MEDSTAR ST. MARY'S HOSPITAL	178,043,900	9,293,047	5.22	190,011,200	7,498,784	3.95	-19.3
	MERITUS MEDICAL CENTER	321,748,760	15,154,666	4.71	325,953,100	13,963,741	4.28	-7.9
	PENINSULA REGIONAL MEDICAL CENTER	430,070,800	17,736,800	4.12	437,069,300	18,225,400	4.17	2.8
	UM-CHARLES REGIONAL MEDICAL CENTER	148,692,700	8,669,229	5.83	148,862,300	7,878,109	5.29	-9.1
	UM-HARFORD MEMORIAL HOSPITAL	104,106,100	6,426,000	6.17	105,314,800	7,134,000	6.77	11.0
	UM-SHORE REGIONAL HEALTH AT CHESTERTOW	60,065,200	2,989,497	4.98	59,206,500	2,956,643	4.99	-1.1
	UM-SHORE REGIONAL HEALTH AT DORCHESTER	51,452,800	2,500,687	4.86	49,851,200	2,554,401	5.12	2.1
	UM-SHORE REGIONAL HEALTH AT EASTON	199,614,100	6,973,525	3.49	203,067,800	6,393,709	3.15	-8.3
	UNION HOSPITAL OF CECIL COUNTY	160,304,000	7,698,131	4.80	160,871,300	6,651,657	4.13	-13.6
	WESTERN MARYLAND REGIONAL MEDICAL CENT	325,608,000	15,900,100	4.88	329,028,900	15,940,900	4.84	0.3
R U R A L		2,914,515,560	129,457,927	4.44	2,918,998,800	125,359,266	4.29	-3.2
		16,414,062,529	756,171,438	4.61	16,742,377,981	706,968,649	4.22	-6.5

**CHANGE IN UNCOMPENSATED CARE (UCC) : EXHIBIT I-B
REGULATED OPERATIONS**

Listed by Percentage of Uncompensated Care by Region

EXHIBIT 1-B. CHANGE IN UNCOMPENSATED CARE, REGULATED OPERATIONS

		2016			2017			
Hospital Area	Hospital	Gross Revenues	Charity & Bad Debts	UCC %	Gross Revenues	Charity & Bad Debts	UCC %	% Change UCC Amount
M E T R O	UM-SHOCK TRAUMA	202,325,400	12,183,975	6.02	213,195,100	13,227,735	6.20	8.6
	SINAI HOSPITAL	732,671,600	28,586,943	3.90	769,856,900	25,314,296	3.29	-11.4
	UM-BALTIMORE WASHINGTON MEDICAL CENTER	413,064,200	23,239,033	5.63	416,534,000	26,478,000	6.36	13.9
	HOLY CROSS HOSPITAL	505,712,400	45,443,000	8.99	504,632,600	36,304,769	7.19	-20.1
	ST. AGNES HOSPITAL	432,204,400	24,889,102	5.76	431,097,200	17,258,902	4.00	-30.7
	UM-ST. JOSEPH MEDICAL CENTER	402,082,700	16,456,039	4.09	408,176,900	16,815,857	4.12	2.2
	MEDSTAR FRANKLIN SQUARE	505,736,100	22,427,068	4.43	518,001,600	18,349,622	3.54	-18.2
	SHADY GROVE ADVENTIST HOSPITAL	389,913,200	18,664,288	4.79	388,714,400	16,235,824	4.18	-13.0
	GREATER BALTIMORE MEDICAL CENTER	439,684,200	11,490,159	2.61	462,643,278	15,250,593	3.30	32.7
	MEDSTAR HARBOR HOSPITAL CENTER	194,368,900	11,195,426	5.76	193,637,500	9,128,344	4.71	-18.5
	UM-UPPER CHESAPEAKE MEDICAL CENTER	330,967,000	11,900,000	3.60	341,416,000	12,874,950	3.77	8.2
	MERCY MEDICAL CENTER	513,599,600	27,253,260	5.31	524,091,400	22,377,757	4.27	-17.9
	ANNE ARUNDEL MEDICAL CENTER	576,313,300	14,649,098	2.54	601,774,600	17,745,300	2.95	21.1
	NORTHWEST HOSPITAL CENTER	257,944,700	14,575,617	5.65	258,801,000	12,445,662	4.81	-14.6
	WASHINGTON ADVENTIST HOSPITAL	260,621,900	26,591,693	10.20	263,177,900	19,536,154	7.42	-26.5
	UNIVERSITY OF MARYLAND MEDICAL CENTER	1,345,458,400	54,173,072	4.03	1,389,993,000	56,583,290	4.07	4.4
	SUBURBAN HOSPITAL	301,899,200	6,213,087	2.06	310,897,100	9,175,854	2.95	47.7

CHANGE IN UNCOMPENSATED CARE (UCC) : EXHIBIT I-B
REGULATED OPERATIONS
Listed by Percentage of Uncompensated Care by Region

Hospital Area	Hospital	2016			2017			% Change UCC Amount
		Gross Revenues	Charity & Bad Debts	UCC %	Gross Revenues	Charity & Bad Debts	UCC %	
	UMMC MIDTOWN CAMPUS	226,817,000	18,527,678	8.17	239,136,400	17,430,941	7.29	-5.9
	MEDSTAR UNION MEMORIAL HOSPITAL	426,343,800	18,071,382	4.24	434,442,400	13,519,707	3.11	-25.2
	MEDSTAR GOOD SAMARITAN	289,108,800	14,558,603	5.04	297,577,800	11,802,477	3.97	-18.9
	HOWARD COUNTY GENERAL HOSPITAL	297,946,200	9,809,000	3.29	303,036,500	8,747,000	2.89	-10.8
	MEDSTAR SOUTHERN MARYLAND HOSPITAL CEN	271,938,700	16,181,442	5.95	270,322,700	11,778,977	4.36	-27.2
	LEVINDALE	60,312,800	2,615,214	4.34	59,432,000	2,555,234	4.30	-2.3
	UM-REHABILITATION & ORTHOPAEDIC INSTIT	118,766,800	7,254,441	6.11	124,286,800	7,351,047	5.91	1.3
	DOCTORS COMMUNITY HOSPITAL	234,045,500	17,202,246	7.35	232,581,700	10,922,730	4.70	-36.5
	MEDSTAR MONTGOMERY MEDICAL CENTER	175,827,977	7,101,577	4.04	178,461,400	5,384,827	3.02	-24.2
	GERMANTOWN EMERGENCY CENTER	13,555,000	2,998,458	22.12	14,183,800	2,085,858	14.71	-30.4
	FORT WASHINGTON MEDICAL CENTER	48,291,192	4,215,392	8.73	48,727,769	4,621,427	9.48	9.6
	UM-BOWIE HEALTH CENTER	20,228,300	5,464,725	27.02	19,933,600	3,673,841	18.43	-32.8
	UM-QUEEN ANNE'S FREESTANDING EMERGENCY	6,243,200	715,309	11.46	6,432,800	704,335	10.95	-1.5
	BON SECOURS HOSPITAL	106,732,300	3,965,309	3.72	109,889,834	2,708,992	2.47	-31.7
	JOHNS HOPKINS HOSPITAL	2,282,683,400	47,821,500	2.09	2,352,718,900	61,819,012	2.63	29.3
	JOHNS HOPKINS BAYVIEW MEDICAL CENTER	643,455,400	32,847,000	5.10	645,219,500	26,502,000	4.11	-19.3
	UM-LAUREL REGIONAL HOSPITAL	106,117,500	12,313,260	11.60	100,491,800	10,539,259	10.49	-14.4
	HOLY CROSS HOSPITAL-GERMANTOWN	80,883,300	8,061,600	9.97	96,340,300	8,823,707	9.16	9.5

CHANGE IN UNCOMPENSATED CARE (UCC) : EXHIBIT I-B
REGULATED OPERATIONS
Listed by Percentage of Uncompensated Care by Region

		2016			2017			
Hospital Area	Hospital	Gross Revenues	Charity & Bad Debts	UCC %	Gross Revenues	Charity & Bad Debts	UCC %	% Change UCC Amount
	UM-PRINCE GEORGE'S HOSPITAL CENTER	285,682,600	27,058,517	9.47	293,522,700	25,535,102	8.70	-5.6
<i>METRO</i>		<i>13,499,546,969</i>	<i>626,713,512</i>	<i>4.64</i>	<i>13,823,379,181</i>	<i>581,609,383</i>	<i>4.21</i>	<i>-7.2</i>

		2016			2017			
Hospital Area	Hospital	Gross Revenues	Charity & Bad Debts	UCC %	Gross Revenues	Charity & Bad Debts	UCC %	% Change UCC Amount
R U R A L	CARROLL HOSPITAL CENTER	254,064,500	7,317,300	2.88	235,036,100	3,574,400	1.52	-51.2
	MERITUS MEDICAL CENTER	321,748,760	15,154,666	4.71	325,953,100	13,963,741	4.28	-7.9
	FREDERICK MEMORIAL HOSPITAL	363,795,700	14,836,477	4.08	346,113,400	15,287,371	4.42	3.0
	UM-CHARLES REGIONAL MEDICAL CENTER	148,692,700	8,669,229	5.83	148,862,300	7,878,109	5.29	-9.1
	UM-SHORE REGIONAL HEALTH AT EASTON	199,614,100	6,973,525	3.49	203,067,800	6,393,709	3.15	-8.3
	WESTERN MARYLAND REGIONAL MEDICAL CENT	325,608,000	15,900,100	4.88	329,028,900	15,940,900	4.84	0.3
	UM-SHORE REGIONAL HEALTH AT CHESTERTOW	60,065,200	2,989,497	4.98	59,206,500	2,956,643	4.99	-1.1
	UM-HARFORD MEMORIAL HOSPITAL	104,106,100	6,426,000	6.17	105,314,800	7,134,000	6.77	11.0
	MEDSTAR ST. MARY'S HOSPITAL	178,043,900	9,293,047	5.22	190,011,200	7,498,784	3.95	-19.3
	CALVERT HEALTH MEDICAL CENTER	146,698,600	4,272,000	2.91	149,192,000	6,190,300	4.15	44.9
	UNION HOSPITAL OF CECIL COUNTY	160,304,000	7,698,131	4.80	160,871,300	6,651,657	4.13	-13.6

**CHANGE IN UNCOMPENSATED CARE (UCC) : EXHIBIT I-B
REGULATED OPERATIONS**

Listed by Percentage of Uncompensated Care by Region

		2016			2017			
Hospital Area	Hospital	Gross Revenues	Charity & Bad Debts	UCC %	Gross Revenues	Charity & Bad Debts	UCC %	% Change UCC Amount
	GARRETT COUNTY MEMORIAL HOSPITAL	48,479,700	3,347,088	6.90	55,258,400	4,318,383	7.81	29.0
	UM-SHORE REGIONAL HEALTH AT DORCHESTER	51,452,800	2,500,687	4.86	49,851,200	2,554,401	5.12	2.1
	ATLANTIC GENERAL HOSPITAL	105,461,500	5,877,300	5.57	107,265,100	6,017,400	5.61	2.4
	MCCREADY MEMORIAL HOSPITAL	16,309,200	466,080	2.86	16,897,400	774,068	4.58	66.1
	PENINSULA REGIONAL MEDICAL CENTER	430,070,800	17,736,800	4.12	437,069,300	18,225,400	4.17	2.8
<i>R U R A L</i>		<i>2,914,515,560</i>	<i>129,457,927</i>	<i>4.44</i>	<i>2,918,998,800</i>	<i>125,359,266</i>	<i>4.29</i>	<i>-3.2</i>
		<i>16,414,062,529</i>	<i>756,171,438</i>	<i>4.61</i>	<i>16,742,377,981</i>	<i>706,968,649</i>	<i>4.22</i>	<i>-6.5</i>

CHANGE IN TOTAL OPERATING PROFIT/LOSS : EXHIBIT II-A
REGULATED & UNREGULATED OPERATIONS
Listed by Alphabetical Order

EXHIBIT II-A. CHANGE IN TOTAL OPERATING PROFIT/LOSS, REGULATED AND UNREGULATED OPERATIONS

Hospital	2016			2017			% Change Reg. Operating	% Change Total Operating
	Regulated Operating	Unregulated Operating	Total Operating	Regulated Operating	Unregulated Operating	Total Operating		
ANNE ARUNDEL MEDICAL CENTER	52,222,307	-26,733,963	25,488,344	41,118,933	-25,675,959	15,442,974	-21.26	-39.41
ATLANTIC GENERAL HOSPITAL	14,960,419	-12,800,074	2,160,346	13,774,863	-13,188,159	586,704	-7.92	-72.84
BON SECOURS HOSPITAL	13,549,646	-16,979,170	-3,429,524	16,704,617	-18,764,662	-2,060,045	23.28	39.93
CALVERT HEALTH MEDICAL CENTER	18,720,121	-10,959,061	7,761,059	13,403,646	-11,620,655	1,782,991	-28.40	-77.03
CARROLL HOSPITAL CENTER	20,996,996	-4,664,662	16,332,334	29,702,414	-4,699,662	25,002,752	41.46	53.09
DOCTORS COMMUNITY HOSPITAL	16,518,507	-11,199,116	5,319,391	15,061,591	-13,542,516	1,519,075	-8.82	-71.44
FORT WASHINGTON MEDICAL CENTER	564,782	-550,815	13,967	191,131	-366,223	-175,091	-66.16	-1353.61
FREDERICK MEMORIAL HOSPITAL	34,613,957	-15,907,940	18,706,017	42,213,568	-24,235,341	17,978,227	21.96	-3.89
GARRETT COUNTY MEMORIAL HOSPITAL	2,734,279	-2,802,488	-68,209	4,042,208	-3,281,175	761,033	47.83	1215.74
GERMANTOWN EMERGENCY CENTER	-1,136,696	-61,445	-1,198,141	-81,017	-20,113	-101,130	92.87	91.56
GREATER BALTIMORE MEDICAL CENTER	45,141,607	-26,532,465	18,609,142	48,874,270	-29,791,033	19,083,237	8.27	2.55
HOLY CROSS HOSPITAL	58,855,012	-23,933,345	34,921,667	50,852,356	-19,620,727	31,231,628	-13.60	-10.57
HOLY CROSS HOSPITAL-GERMANTOWN	-10,716,383	-9,099,352	-19,815,736	-6,683,191	-7,157,368	-13,840,559	37.64	30.15
HOWARD COUNTY GENERAL HOSPITAL	17,176,172	-7,654,570	9,521,602	13,401,745	-8,531,228	4,870,517	-21.97	-48.85
JOHNS HOPKINS BAYVIEW MEDICAL CENTER	12,162,463	-5,181,463	6,981,000	2,798,206	-8,431,206	-5,633,000	-76.99	-180.69
JOHNS HOPKINS HOSPITAL	26,921,908	-1,419,449	25,502,459	-32,264,835	29,054,883	-3,209,952	-219.85	-112.59
LEVINDALE	8,990,071	-4,606,704	4,383,367	8,072,215	-3,629,868	4,442,347	-10.21	1.35
MCCREADY MEMORIAL HOSPITAL	-1,419,392	646,215	-773,177	-1,198,714	481,338	-717,376	15.55	7.22
MEDSTAR FRANKLIN SQUARE	45,326,578	-34,717,818	10,608,760	51,753,875	-30,587,795	21,166,079	14.18	99.52

CHANGE IN TOTAL OPERATING PROFIT/LOSS : EXHIBIT II-A
REGULATED & UNREGULATED OPERATIONS
Listed by Alphabetical Order

Hospital	2016			2017			% Change Reg. Operating	% Change Total Operating
	Regulated Operating	Unregulated Operating	Total Operating	Regulated Operating	Unregulated Operating	Total Operating		
MEDSTAR GOOD SAMARITAN	35,723,964	-31,557,061	4,166,904	35,744,963	-26,618,122	9,126,840	0.06	119.03
MEDSTAR HARBOR HOSPITAL CENTER	26,909,765	-12,038,506	14,871,259	31,203,452	-12,885,324	18,318,128	15.96	23.18
MEDSTAR MONTGOMERY MEDICAL CENTER	18,166,147	-10,016,939	8,149,209	12,680,708	-11,498,922	1,181,786	-30.20	-85.50
MEDSTAR SOUTHERN MARYLAND HOSPITAL CEN	13,959,099	-20,416,703	-6,457,604	24,730,472	-20,124,477	4,605,995	77.16	171.33
MEDSTAR ST. MARY'S HOSPITAL	15,810,526	-7,823,621	7,986,905	12,194,026	-8,041,997	4,152,029	-22.87	-48.01
MEDSTAR UNION MEMORIAL HOSPITAL	44,444,733	-39,612,122	4,832,611	55,078,306	-44,260,875	10,817,431	23.93	123.84
MERCY MEDICAL CENTER	19,356,956	-9,849,369	9,507,587	28,035,925	-11,774,385	16,261,540	44.84	71.04
MERITUS MEDICAL CENTER	12,719,580	538,790	13,258,370	32,709,205	-8,521,516	24,187,689	157.16	82.43
NORTHWEST HOSPITAL CENTER	35,182,401	-21,271,014	13,911,387	36,710,315	-22,152,291	14,558,024	4.34	4.65
PENINSULA REGIONAL MEDICAL CENTER	38,429,325	-39,247,125	-817,800	20,072,433	-40,578,433	-20,506,000	-47.77	-2407.46
SHADY GROVE ADVENTIST HOSPITAL	39,572,732	-13,324,674	26,248,058	34,444,570	-13,602,291	20,842,279	-12.96	-20.59
SINAI HOSPITAL	74,544,243	-43,649,082	30,895,161	69,360,825	-33,970,757	35,390,068	-6.95	14.55
ST. AGNES HOSPITAL	52,409,602	-42,027,820	10,381,782	76,638,111	-45,584,893	31,053,217	46.23	199.11
SUBURBAN HOSPITAL	26,700,494	-9,771,932	16,928,562	23,003,900	-11,390,898	11,613,001	-13.84	-31.40
UM-BALTIMORE WASHINGTON MEDICAL CENTER	34,976,908	-4,568,941	30,407,967	36,928,779	-4,271,779	32,657,000	5.58	7.40
UM-BOWIE HEALTH CENTER	1,546,882	-205,952	1,340,930	-1,543,170	-126,919	-1,670,089	-199.76	-224.55
UM-CHARLES REGIONAL MEDICAL CENTER	18,012,966	-3,265,943	14,747,023	17,390,005	-3,800,961	13,589,044	-3.46	-7.85
UM-HARFORD MEMORIAL HOSPITAL	9,405,767	-1,894,809	7,510,958	9,100,100	-3,743,142	5,356,958	-3.25	-28.68
UM-LAUREL REGIONAL HOSPITAL	6,569,757	-10,635,648	-4,065,891	-21,658	-11,858,165	-11,879,823	-100.33	-192.18
UM-PRINCE GEORGE'S HOSPITAL CENTER	30,757,805	-33,825,058	-3,067,254	13,473,371	-46,032,306	-32,558,935	-56.20	-961.50

CHANGE IN TOTAL OPERATING PROFIT/LOSS : EXHIBIT II-A
REGULATED & UNREGULATED OPERATIONS
Listed by Alphabetical Order

Hospital	2016			2017			% Change Reg. Operating	% Change Total Operating
	Regulated Operating	Unregulated Operating	Total Operating	Regulated Operating	Unregulated Operating	Total Operating		
UM-QUEEN ANNE'S FREESTANDING EMERGENCY	-1,914,423	0	-1,914,423	-1,960,686	-24,700	-1,985,386	-2.42	-3.71
UM-REHABILITATION & ORTHOPAEDIC INSTIT	3,773,387	-490,867	3,282,521	4,262,383	-825,352	3,437,031	12.96	4.71
UM-SHOCK TRAUMA	18,116,037	1,157,963	19,274,000	42,090,494	4,750,506	46,841,000	132.34	143.03
UM-SHORE REGIONAL HEALTH AT CHESTERTOW	6,928,604	-1,978,704	4,949,900	7,163,216	-997,626	6,165,589	3.39	24.56
UM-SHORE REGIONAL HEALTH AT DORCHESTER	5,973,138	-1,071,086	4,902,052	1,784,904	-1,048,450	736,454	-70.12	-84.98
UM-SHORE REGIONAL HEALTH AT EASTON	25,878,671	-2,815,864	23,062,807	16,638,706	-3,207,379	13,431,327	-35.70	-41.76
UM-ST. JOSEPH MEDICAL CENTER	45,082,599	-18,755,699	26,326,900	46,572,834	-22,800,834	23,772,000	3.31	-9.70
UM-UPPER CHESAPEAKE MEDICAL CENTER	40,076,933	-10,730,960	29,345,972	26,887,108	-10,335,156	16,551,952	-32.91	-43.60
UMMC MIDTOWN CAMPUS	23,977,188	-22,254,688	1,722,500	31,587,664	-20,441,664	11,146,000	31.74	547.08
UNION HOSPITAL OF CECIL COUNTY	16,286,669	-13,168,900	3,117,769	17,485,243	-16,529,200	956,043	7.36	-69.34
UNIVERSITY OF MARYLAND MEDICAL CENTER	31,915,307	-11,550,307	20,365,000	30,367,608	-18,563,608	11,804,000	-4.85	-42.04
WASHINGTON ADVENTIST HOSPITAL	21,907,859	-12,258,685	9,649,174	23,818,906	-11,169,204	12,649,702	8.72	31.10
WESTERN MARYLAND REGIONAL MEDICAL CENT	36,063,679	-30,079,879	5,983,800	30,876,780	-23,719,680	7,157,100	-14.38	19.61
	<i>1,205,447,657</i>	<i>-693,618,892</i>	<i>511,828,765</i>	<i>1157247679</i>	<i>-699,358,273</i>	<i>457,889,406</i>	<i>-3.99</i>	<i>-10.54</i>

CHANGE IN TOTAL OPERATING PROFIT/LOSS : EXHIBIT II-B
REGULATED & UNREGULATED OPERATIONS
Listed by Total Operating Profit/Loss

EXHIBIT II-B. CHANGE IN TOTAL OPERATING PROFIT/LOSS, REGULATED AND UNREGULATED OPERATIONS

Hospital	2016			2017			% Change Reg. Operating	% Change Total Operating
	Regulated Operating	Unregulated Operating	Total Operating	Regulated Operating	Unregulated Operating	Total Operating		
UM-SHOCK TRAUMA	18,116,037	1,157,963	19,274,000	42,090,494	4,750,506	46,841,000	132.34	143.03
SINAI HOSPITAL	74,544,243	-43,649,082	30,895,161	69,360,825	-33,970,757	35,390,068	-6.95	14.55
UM-BALTIMORE WASHINGTON MEDICAL CENTER	34,976,908	-4,568,941	30,407,967	36,928,779	-4,271,779	32,657,000	5.58	7.40
HOLY CROSS HOSPITAL	58,855,012	-23,933,345	34,921,667	50,852,356	-19,620,727	31,231,628	-13.60	-10.57
ST. AGNES HOSPITAL	52,409,602	-42,027,820	10,381,782	76,638,111	-45,584,893	31,053,217	46.23	199.11
CARROLL HOSPITAL CENTER	20,996,996	-4,664,662	16,332,334	29,702,414	-4,699,662	25,002,752	41.46	53.09
MERITUS MEDICAL CENTER	12,719,580	538,790	13,258,370	32,709,205	-8,521,516	24,187,689	157.16	82.43
UM-ST. JOSEPH MEDICAL CENTER	45,082,599	-18,755,699	26,326,900	46,572,834	-22,800,834	23,772,000	3.31	-9.70
MEDSTAR FRANKLIN SQUARE	45,326,578	-34,717,818	10,608,760	51,753,875	-30,587,795	21,166,079	14.18	99.52
SHADY GROVE ADVENTIST HOSPITAL	39,572,732	-13,324,674	26,248,058	34,444,570	-13,602,291	20,842,279	-12.96	-20.59
GREATER BALTIMORE MEDICAL CENTER	45,141,607	-26,532,465	18,609,142	48,874,270	-29,791,033	19,083,237	8.27	2.55
MEDSTAR HARBOR HOSPITAL CENTER	26,909,765	-12,038,506	14,871,259	31,203,452	-12,885,324	18,318,128	15.96	23.18
FREDERICK MEMORIAL HOSPITAL	34,613,957	-15,907,940	18,706,017	42,213,568	-24,235,341	17,978,227	21.96	-3.89
UM-UPPER CHESAPEAKE MEDICAL CENTER	40,076,933	-10,730,960	29,345,972	26,887,108	-10,335,156	16,551,952	-32.91	-43.60
MERCY MEDICAL CENTER	19,356,956	-9,849,369	9,507,587	28,035,925	-11,774,385	16,261,540	44.84	71.04
ANNE ARUNDEL MEDICAL CENTER	52,222,307	-26,733,963	25,488,344	41,118,933	-25,675,959	15,442,974	-21.26	-39.41
NORTHWEST HOSPITAL CENTER	35,182,401	-21,271,014	13,911,387	36,710,315	-22,152,291	14,558,024	4.34	4.65
UM-CHARLES REGIONAL MEDICAL CENTER	18,012,966	-3,265,943	14,747,023	17,390,005	-3,800,961	13,589,044	-3.46	-7.85

CHANGE IN TOTAL OPERATING PROFIT/LOSS : EXHIBIT II-B
REGULATED & UNREGULATED OPERATIONS
Listed by Total Operating Profit/Loss

Hospital	2016			2017			% Change Reg. Operating	% Change Total Operating
	Regulated Operating	Unregulated Operating	Total Operating	Regulated Operating	Unregulated Operating	Total Operating		
UM-SHORE REGIONAL HEALTH AT EASTON	25,878,671	-2,815,864	23,062,807	16,638,706	-3,207,379	13,431,327	-35.70	-41.76
WASHINGTON ADVENTIST HOSPITAL	21,907,859	-12,258,685	9,649,174	23,818,906	-11,169,204	12,649,702	8.72	31.10
UNIVERSITY OF MARYLAND MEDICAL CENTER	31,915,307	-11,550,307	20,365,000	30,367,608	-18,563,608	11,804,000	-4.85	-42.04
SUBURBAN HOSPITAL	26,700,494	-9,771,932	16,928,562	23,003,900	-11,390,898	11,613,001	-13.84	-31.40
UMMC MIDTOWN CAMPUS	23,977,188	-22,254,688	1,722,500	31,587,664	-20,441,664	11,146,000	31.74	547.08
MEDSTAR UNION MEMORIAL HOSPITAL	44,444,733	-39,612,122	4,832,611	55,078,306	-44,260,875	10,817,431	23.93	123.84
MEDSTAR GOOD SAMARITAN	35,723,964	-31,557,061	4,166,904	35,744,963	-26,618,122	9,126,840	0.06	119.03
WESTERN MARYLAND REGIONAL MEDICAL CENT	36,063,679	-30,079,879	5,983,800	30,876,780	-23,719,680	7,157,100	-14.38	19.61
UM-SHORE REGIONAL HEALTH AT CHESTERTOW	6,928,604	-1,978,704	4,949,900	7,163,216	-997,626	6,165,589	3.39	24.56
UM-HARFORD MEMORIAL HOSPITAL	9,405,767	-1,894,809	7,510,958	9,100,100	-3,743,142	5,356,958	-3.25	-28.68
HOWARD COUNTY GENERAL HOSPITAL	17,176,172	-7,654,570	9,521,602	13,401,745	-8,531,228	4,870,517	-21.97	-48.85
MEDSTAR SOUTHERN MARYLAND HOSPITAL CEN	13,959,099	-20,416,703	-6,457,604	24,730,472	-20,124,477	4,605,995	77.16	171.33
LEVINDALE	8,990,071	-4,606,704	4,383,367	8,072,215	-3,629,868	4,442,347	-10.21	1.35
MEDSTAR ST. MARY'S HOSPITAL	15,810,526	-7,823,621	7,986,905	12,194,026	-8,041,997	4,152,029	-22.87	-48.01
UM-REHABILITATION & ORTHOPAEDIC INSTIT	3,773,387	-490,867	3,282,521	4,262,383	-825,352	3,437,031	12.96	4.71
CALVERT HEALTH MEDICAL CENTER	18,720,121	-10,959,061	7,761,059	13,403,646	-11,620,655	1,782,991	-28.40	-77.03
DOCTORS COMMUNITY HOSPITAL	16,518,507	-11,199,116	5,319,391	15,061,591	-13,542,516	1,519,075	-8.82	-71.44
MEDSTAR MONTGOMERY MEDICAL CENTER	18,166,147	-10,016,939	8,149,209	12,680,708	-11,498,922	1,181,786	-30.20	-85.50
UNION HOSPITAL OF CECIL COUNTY	16,286,669	-13,168,900	3,117,769	17,485,243	-16,529,200	956,043	7.36	-69.34
GARRETT COUNTY MEMORIAL HOSPITAL	2,734,279	-2,802,488	-68,209	4,042,208	-3,281,175	761,033	47.83	1215.74

CHANGE IN TOTAL OPERATING PROFIT/LOSS : EXHIBIT II-B
REGULATED & UNREGULATED OPERATIONS
Listed by Total Operating Profit/Loss

Hospital	2016			2017			% Change Reg. Operating	% Change Total Operating
	Regulated Operating	Unregulated Operating	Total Operating	Regulated Operating	Unregulated Operating	Total Operating		
UM-SHORE REGIONAL HEALTH AT DORCHESTER	5,973,138	-1,071,086	4,902,052	1,784,904	-1,048,450	736,454	-70.12	-84.98
ATLANTIC GENERAL HOSPITAL	14,960,419	-12,800,074	2,160,346	13,774,863	-13,188,159	586,704	-7.92	-72.84
GERMANTOWN EMERGENCY CENTER	-1,136,696	-61,445	-1,198,141	-81,017	-20,113	-101,130	92.87	91.56
FORT WASHINGTON MEDICAL CENTER	564,782	-550,815	13,967	191,131	-366,223	-175,091	-66.16	-1353.61
MCCREADY MEMORIAL HOSPITAL	-1,419,392	646,215	-773,177	-1,198,714	481,338	-717,376	15.55	7.22
UM-BOWIE HEALTH CENTER	1,546,882	-205,952	1,340,930	-1,543,170	-126,919	-1,670,089	-199.76	-224.55
UM-QUEEN ANNE'S FREESTANDING EMERGENCY	-1,914,423	0	-1,914,423	-1,960,686	-24,700	-1,985,386	-2.42	-3.71
BON SECOURS HOSPITAL	13,549,646	-16,979,170	-3,429,524	16,704,617	-18,764,662	-2,060,045	23.28	39.93
JOHNS HOPKINS HOSPITAL	26,921,908	-1,419,449	25,502,459	-32,264,835	29,054,883	-3,209,952	-219.85	-112.59
JOHNS HOPKINS BAYVIEW MEDICAL CENTER	12,162,463	-5,181,463	6,981,000	2,798,206	-8,431,206	-5,633,000	-76.99	-180.69
UM-LAUREL REGIONAL HOSPITAL	6,569,757	-10,635,648	-4,065,891	-21,658	-11,858,165	-11,879,823	-100.33	-192.18
HOLY CROSS HOSPITAL-GERMANTOWN	-10,716,383	-9,099,352	-19,815,736	-6,683,191	-7,157,368	-13,840,559	37.64	30.15
PENINSULA REGIONAL MEDICAL CENTER	38,429,325	-39,247,125	-817,800	20,072,433	-40,578,433	-20,506,000	-47.77	-2407.46
UM-PRINCE GEORGE'S HOSPITAL CENTER	30,757,805	-33,825,058	-3,067,254	13,473,371	-46,032,306	-32,558,935	-56.20	-961.50
	1,205,447,657	-693,618,892	511,828,765	1157247679	-699,358,273	457,889,406	-3.99	-10.54

TOTAL EXCESS PROFIT/LOSS : EXHIBIT III-A
Listed by Alphabetical Order

EXHIBIT III-A. TOTAL EXCESS PROFIT/LOSS

	2016	2017	
Hospital	Excess/Profit Loss	Excess/Profit Loss	% Change in Excess
ALL ACUTE HOSPITALS	361,792,660	1,009,920,359	179.14
ANNE ARUNDEL MEDICAL CENTER	-12,410,456	79,451,967	740.20
ATLANTIC GENERAL HOSPITAL	2,423,915	3,193,344	31.74
BON SECOURS HOSPITAL	-3,177,386	-2,411,115	24.12
CALVERT HEALTH MEDICAL CENTER	8,763,974	3,946,991	-54.96
CARROLL HOSPITAL CENTER	16,640,634	39,726,752	138.73
DOCTORS COMMUNITY HOSPITAL	1,397,774	-9,335,418	-767.88
FORT WASHINGTON MEDICAL CENTER	14,629	-1,027,286	-7122.26
FREDERICK MEMORIAL HOSPITAL	12,241,017	31,062,227	153.76
GARRETT COUNTY MEMORIAL HOSPITAL	266,348	1,812,604	580.54
GERMANTOWN EMERGENCY CENTER	-1,616,159	-133,477	91.74
GREATER BALTIMORE MEDICAL CENTER	13,662,336	31,834,086	133.01
HOLY CROSS HOSPITAL	28,838,267	45,230,600	56.84
HOLY CROSS HOSPITAL-GERMANTOWN	-20,514,095	-5,118,467	75.05
HOWARD COUNTY GENERAL HOSPITAL	4,610,200	24,778,500	437.47
JOHNS HOPKINS BAYVIEW MEDICAL CENTER	9,114,900	3,276,000	-64.06
JOHNS HOPKINS HOSPITAL	62,300,768	118,547,952	90.28
LEVINDALE	3,926,188	6,856,438	74.63
MCCREADY MEMORIAL HOSPITAL	-699,147	-631,681	9.65
MEDSTAR FRANKLIN SQUARE	10,758,078	21,627,501	101.03

TOTAL EXCESS PROFIT/LOSS : EXHIBIT III-A
Listed by Alphabetical Order

Hospital	2016 Excess/Profit Loss	2017 Excess/Profit Loss	% Change in Excess
MEDSTAR GOOD SAMARITAN	6,154,704	11,044,746	79.45
MEDSTAR HARBOR HOSPITAL CENTER	14,195,125	18,852,067	32.81
MEDSTAR MONTGOMERY MEDICAL CENTER	8,150,360	2,277,511	-72.06
MEDSTAR SOUTHERN MARYLAND HOSPITAL CENTER	-6,456,935	4,663,640	172.23
MEDSTAR ST. MARY'S HOSPITAL	7,987,366	4,364,894	-45.35
MEDSTAR UNION MEMORIAL HOSPITAL	4,215,211	17,108,271	305.87
MERCY MEDICAL CENTER	7,945,460	40,081,012	404.45
MERITUS MEDICAL CENTER	-20,927,920	38,261,089	282.82
NORTHWEST HOSPITAL CENTER	9,135,910	27,676,796	202.95
PENINSULA REGIONAL MEDICAL CENTER	6,837,000	-5,688,000	-183.19
SHADY GROVE ADVENTIST HOSPITAL	25,279,622	21,833,581	-13.63
SINAI HOSPITAL	26,647,161	57,180,068	114.58
ST. AGNES HOSPITAL	3,177,083	38,529,217	1112.72
SUBURBAN HOSPITAL	10,231,562	35,570,001	247.65
UM-BALTIMORE WASHINGTON MEDICAL CENTER	24,916,967	44,328,000	77.90
UM-BOWIE HEALTH CENTER	1,340,930	-1,656,538	-223.54
UM-CHARLES REGIONAL MEDICAL CENTER	13,560,023	16,373,044	20.74
UM-HARFORD MEMORIAL HOSPITAL	8,000,958	13,498,958	68.72
UM-LAUREL REGIONAL HOSPITAL	-1,232,453	-5,522,040	-348.05
UM-PRINCE GEORGE'S HOSPITAL CENTER	4,642,564	-13,112,956	-382.45
UM-QUEEN ANNE'S FREESTANDING EMERGENCY	-1,958,423	-2,092,589	-6.85
UM-REHABILITATION & ORTHOPAEDIC INSTITUTE	2,225,521	6,787,031	204.96

TOTAL EXCESS PROFIT/LOSS : EXHIBIT III-A
Listed by Alphabetical Order

Hospital	2016 Excess/Profit Loss	2017 Excess/Profit Loss	% Change in Excess
UM-SHOCK TRAUMA	20,774,000	46,841,000	125.48
UM-SHORE REGIONAL HEALTH AT CHESTERTOWN	4,546,900	7,849,589	72.64
UM-SHORE REGIONAL HEALTH AT DORCHESTER	4,579,237	-14,546	-100.32
UM-SHORE REGIONAL HEALTH AT EASTON	19,341,807	21,764,327	12.52
UM-ST. JOSEPH MEDICAL CENTER	22,824,900	20,566,000	-9.90
UM-UPPER CHESAPEAKE MEDICAL CENTER	30,135,972	24,210,952	-19.66
UMMC MIDTOWN CAMPUS	1,178,500	10,684,000	806.58
UNION HOSPITAL OF CECIL COUNTY	2,859,969	5,978,843	109.05
UNIVERSITY OF MARYLAND MEDICAL CENTER	-51,452,000	76,260,000	248.22
WASHINGTON ADVENTIST HOSPITAL	8,433,093	12,283,273	45.66
WESTERN MARYLAND REGIONAL MEDICAL CENTER	7,960,700	20,451,600	156.91

TOTAL EXCESS PROFIT/LOSS : EXHIBIT III-B
Listed by Excess Profit/Loss

EXHIBIT III-B. TOTAL EXCESS PROFIT/LOSS

Hospital	2016 Excess/Profit Loss	2017 Excess/Profit Loss	% Change in Excess
ALL ACUTE HOSPITALS	361,792,660	1,009,920,359	179.14
JOHNS HOPKINS HOSPITAL	62,300,768	118,547,952	90.28
ANNE ARUNDEL MEDICAL CENTER	-12,410,456	79,451,967	740.20
UNIVERSITY OF MARYLAND MEDICAL CENTER	-51,452,000	76,260,000	248.22
SINAI HOSPITAL	26,647,161	57,180,068	114.58
UM-SHOCK TRAUMA	20,774,000	46,841,000	125.48
HOLY CROSS HOSPITAL	28,838,267	45,230,600	56.84
UM-BALTIMORE WASHINGTON MEDICAL CENTER	24,916,967	44,328,000	77.90
MERCY MEDICAL CENTER	7,945,460	40,081,012	404.45
CARROLL HOSPITAL CENTER	16,640,634	39,726,752	138.73
ST. AGNES HOSPITAL	3,177,083	38,529,217	1112.72
MERITUS MEDICAL CENTER	-20,927,920	38,261,089	282.82
SUBURBAN HOSPITAL	10,231,562	35,570,001	247.65
GREATER BALTIMORE MEDICAL CENTER	13,662,336	31,834,086	133.01
FREDERICK MEMORIAL HOSPITAL	12,241,017	31,062,227	153.76
NORTHWEST HOSPITAL CENTER	9,135,910	27,676,796	202.95
HOWARD COUNTY GENERAL HOSPITAL	4,610,200	24,778,500	437.47
UM-UPPER CHESAPEAKE MEDICAL CENTER	30,135,972	24,210,952	-19.66
SHADY GROVE ADVENTIST HOSPITAL	25,279,622	21,833,581	-13.63
UM-SHORE REGIONAL HEALTH AT EASTON	19,341,807	21,764,327	12.52

TOTAL EXCESS PROFIT/LOSS : EXHIBIT III-B
Listed by Excess Profit/Loss

Hospital	2016 Excess/Profit Loss	2017 Excess/Profit Loss	% Change in Excess
MEDSTAR FRANKLIN SQUARE	10,758,078	21,627,501	101.03
UM-ST. JOSEPH MEDICAL CENTER	22,824,900	20,566,000	-9.90
WESTERN MARYLAND REGIONAL MEDICAL CENT	7,960,700	20,451,600	156.91
MEDSTAR HARBOR HOSPITAL CENTER	14,195,125	18,852,067	32.81
MEDSTAR UNION MEMORIAL HOSPITAL	4,215,211	17,108,271	305.87
UM-CHARLES REGIONAL MEDICAL CENTER	13,560,023	16,373,044	20.74
UM-HARFORD MEMORIAL HOSPITAL	8,000,958	13,498,958	68.72
WASHINGTON ADVENTIST HOSPITAL	8,433,093	12,283,273	45.66
MEDSTAR GOOD SAMARITAN	6,154,704	11,044,746	79.45
UMMC MIDTOWN CAMPUS	1,178,500	10,684,000	806.58
UM-SHORE REGIONAL HEALTH AT CHESTERTOWN	4,546,900	7,849,589	72.64
LEVINDALE	3,926,188	6,856,438	74.63
UM-REHABILITATION & ORTHOPAEDIC INSTITUTE	2,225,521	6,787,031	204.96
UNION HOSPITAL OF CECIL COUNTY	2,859,969	5,978,843	109.05
MEDSTAR SOUTHERN MARYLAND HOSPITAL CENTER	-6,456,935	4,663,640	172.23
MEDSTAR ST. MARY'S HOSPITAL	7,987,366	4,364,894	-45.35
CALVERT HEALTH MEDICAL CENTER	8,763,974	3,946,991	-54.96
JOHNS HOPKINS BAYVIEW MEDICAL CENTER	9,114,900	3,276,000	-64.06
ATLANTIC GENERAL HOSPITAL	2,423,915	3,193,344	31.74
MEDSTAR MONTGOMERY MEDICAL CENTER	8,150,360	2,277,511	-72.06
GARRETT COUNTY MEMORIAL HOSPITAL	266,348	1,812,604	580.54
UM-SHORE REGIONAL HEALTH AT DORCHESTER	4,579,237	-14,546	-100.32

TOTAL EXCESS PROFIT/LOSS : EXHIBIT III-B
Listed by Excess Profit/Loss

Hospital	2016 Excess/Profit Loss	2017 Excess/Profit Loss	% Change in Excess
GERMANTOWN EMERGENCY CENTER	-1,616,159	-133,477	91.74
MCCREADY MEMORIAL HOSPITAL	-699,147	-631,681	9.65
FORT WASHINGTON MEDICAL CENTER	14,629	-1,027,286	-7122.26
UM-BOWIE HEALTH CENTER	1,340,930	-1,656,538	-223.54
UM-QUEEN ANNE'S FREESTANDING EMERGENCY	-1,958,423	-2,092,589	-6.85
BON SECOURS HOSPITAL	-3,177,386	-2,411,115	24.12
HOLY CROSS HOSPITAL-GERMANTOWN	-20,514,095	-5,118,467	75.05
UM-LAUREL REGIONAL HOSPITAL	-1,232,453	-5,522,040	-348.05
PENINSULA REGIONAL MEDICAL CENTER	6,837,000	-5,688,000	-183.19
DOCTORS COMMUNITY HOSPITAL	1,397,774	-9,335,418	-767.88
UM-PRINCE GEORGE'S HOSPITAL CENTER	4,642,564	-13,112,956	-382.45