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Department of Health

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560th MEETING OF THE HEALTH SERVICES COST REVIEW COMMISSION
April 10, 2019

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 Administration of Model - Authority General Provisions Article, §3-103 and §3-104**
3. **Legal Consultation - Authority General Provisions Article, §3-305 (b) (7)**

PUBLIC SESSION
1:00 p.m.

1. **Review of the Minutes from the Public Meeting and Executive Session on March 13, 2019**
2. **New Model Monitoring**
3. **Docket Status – Cases Closed**
4. **Docket Status – Cases Open**

   2475R - Calvert Health Medical Center   2476A – Johns Hopkins Health System
   2477A – Johns Hopkins Health System

5. **2018 Community Benefit Report**
6. **Report on Disclosure of Hospital Financial and Statistical Data**
7. **Nursing Support Program II - Draft Recommendations**
8. **Legal Report**
9. **Policy Update and Discussion**
   a. **Capital funding discussion**

b. Legislative Update

10. CRISP Update

11. Hearing and Meeting Schedule

Closed Session Minutes
Of the
Health Services Cost Review Commission

March 13, 2019

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 Administration of Model - Authority General Provisions Article, §3-103 and §3-104

The Closed Session was called to order at 11:00 a.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, Bayless, Colmers, Elliott, Kane, and Keane.

In attendance representing Staff were Katie Wunderlich, Allan Pack, Chris Peterson, Alyson Schuster, Geoff Dougherty, Will Daniel, Claudine Williams, Amanda Vaughan, Joe Delenick, Bob Gallion, and Dennis Phelps.

Also attending were Eric Lindemann, Commission Consultant, and Adam Malizio, Commission Counsel.

Item One

Clarification of the vote on the Proposed Acquisition Transaction involving LifeBridge Health, Inc. and Bon Secours Baltimore Health System taken during the February 13, 2019 Closed Session to reflect that Commissioner Keane, while fundamentally in favor of the staff recommendation, has technical concerns and is therefore a "no" vote. Chairman Sabatini cast a fourth vote in favor of the staff recommendation.

Item Two

Ms. Wunderlich updated the Commission on the funding mechanism for the Maryland Primary Care Program.

Item Three

Mr. Lindemann updated the Commission on Maryland Medicare Fee-For-Service Total Cost of Care (TCOC) trends versus the nation.

Item Four

Ms. Wunderlich updated the Commission on adjustments to hospital global budget revenue caps for shifts of services from regulated to unregulated status, University of Maryland Medical Center's full rate application, and the conversion of acute hospitals to Free Standing Medical Facilities.

Item Five

Ms. Wunderlich and Mr. Daniel presented staff's work plan for developing policies to address TCOC Model issues.

Item Six

Mr. Dougherty summarized the proposal to the Centers for Medicare and Medicaid Innovation on Diabetes Outcomes-based Credits
.
The Closed Session was adjourned at 1:11 p.m.

MINUTES OF THE
559th MEETING OF THE
HEALTH SERVICES COST REVIEW COMMISSION
March 13, 2019

Chairman Nelson Sabatini called the public meeting to order at 11:00 a.m. Commissioners Joseph Antos, Victoria Bayless, John Colmers, James Elliott, M.D., Adam Kane, and Jack Keane were also in attendance. Upon motion made by Commissioner Colmers and seconded by Commissioner Keane, the meeting was moved to Closed Session. Chairman Sabatini reconvened the public meeting at 1:18 p.m.

REPORT OF MARCH 13, 2019 CLOSED SESSION

Mr. Dennis Phelps, Associate Director, Audit & Compliance, summarized the minutes of the March 13, 2019 Closed Session.

ITEM I
REVIEW OF THE MINUTES FROM JANUARY 9, 2019 CLOSED SESSION AND PUBLIC MEETING AND FEBRUARY 13, 2019 CLOSED SESSION

The Commissioners voted unanimously to approve the minutes of the January 9, 2019 Public Meeting and the minutes of the Closed Session. The Commissioners also voted unanimously to approve the minutes of the February 13, 2019 Closed session.

ITEM II
NEW MODEL MODELING

Ms. Caitlyn Cooksey, Assistant Chief, Hospital Rate Regulation presented CY2018 Medicare FFS data through October 2018 (with claims paid through December 2018). During this period, Maryland Medicare per capita Total Cost of Care (TCOC) spending has been mostly favorable when compared to the nation. More specifically, Maryland Medicare per capita hospital spending has been favorable when compared to the nation, and per capita non-hospital spending has been mostly unfavorable. Ms. Cooksey noted that Maryland is projected to have $250 million in Medicare TCOC savings for calendar year 2018.

Staff has not presented Medicare Fee-for-Service (FFS) data since reporting was suspended in November of 2018 due to concerns about the national data. CMS addressed several of the concerns, but Staff remains concerned about the decline in beneficiaries in 2018 and the high national TCOC growth rate. Staff has sent a second memorandum to CMS asking them to review and affirm the data. A response from CMS is anticipated by early April.

Ms. Amanda Vaughan, Associate Director Clinical and Financial Information, stated that Monitoring Maryland Performance (MMP) for the new All-Payer Model focuses on 2019 fiscal year (July 1 through January 31) and on calendar year 2018 results.

Ms. Vaughan reported that for the seven months of the fiscal year ending January 31, 2019, All-Payer total gross hospital revenue increased by 1.48% over the same period in FY 2018. All-Payer total gross hospital revenue for Maryland residents increased by 1.56%. All-Payer gross hospital revenue for non-Maryland residents increased by 0.71%.

Ms. Vaughan reported that for the twelve months of the calendar year ending December 31, 2018, All-Payer total gross hospital revenue increased by 1.57% over the same period in CY 2017. All-Payer total gross hospital revenue for Maryland residents increased by 1.80%. All-Payer gross hospital revenue for non-Maryland residents decreased by 0.95%.

Ms. Vaughan reported that for the seven months of fiscal year ending January 31, 2019, Medicare Fee-For-Service gross hospital revenue decreased by 0.67% over the same period in FY 2018. Medicare Fee-For-Service gross hospital revenue for Maryland residents decreased by 0.57 %. Maryland Fee-For-Service gross hospital revenue for non-residents increased by 1.80%.

Ms. Vaughan reported that for the twelve months of the calendar year ending December 31, 2018, Medicare Fee-For-Service gross hospital revenue increased by 0.84% over the same period in CY 2017. Medicare Fee-For-Service gross hospital revenue for Maryland residents increased by 1.10%. Maryland Fee-For-Service gross hospital revenue for non-residents decreased by 2.19%.

Ms. Vaughan reported that for the seven months of the fiscal year ending January 31, 2019 over the same period in FY 2018, All Payer in State per capita hospital revenue growth was 1.25%. Ms. Vaughan noted that he Medicare Fee-For-Service in State per capita hospital revenue for the same period declined by 2.57%

Ms. Vaughan reported that for the twelve months of the calendar year ending December 31, 2018 over the same period in FY 2017, the All Payer in State per capita hospital revenue growth was 1.50%. The Medicare Fee for Service per capita hospital revenue growth declined by 1.06% over the same period in CY 2017

According to Ms. Vaughan, for the seven months fiscal year ending January 31, 2019, unaudited average operating profit for acute hospitals was 2.38%. The median hospital profit was 1.30%, with a distribution of negative 1.57% in the 25th percentile and 4.86% in the 75th percentile. Rate Regulated profits were 5.98%.

ITEM III
DOCKET STATUS CLOSED CASES

2470A – Johns Hopkins Health System
2471A – Johns Hopkins Health System
2472A – Johns Hopkins Health System

ITEM IV
DOCKET STATUS – CASES OPEN

2473A- University of Maryland Medical Center

The University of Maryland Medical Center ("the Hospital") filed an application with the HSCRC on February 8, 2019 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, 2019.

Staff recommends that the Commission approve the Hospital's application to continue to participate in an alternative method of rate determination for solid organ and blood and bone marrow transplant services with LifeTrac, Inc. for a one year period commencing April 1, 2019. 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.

The Commission voted unanimously to approve staff's recommendation.

2474A- Johns Hopkins Health System

Johns Hopkins Health System ("System") filed an application with the HSCRC on February 25, 2019, on behalf of its member hospitals, Johns Hopkins Hospital, Johns Hopkins Bayview Medical Center, and Howard County General Hospital (the "Hospitals") 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 heart failure services and solid organ and bone marrow transplants with Optum Health, a division of United HealthCare Services, for a period of one year beginning April 1, 2019.

The staff recommends that the Commission approve the Hospitals' application for an alternative method of rate determination for heart failure, solid organ and bone marrow transplant services for a one year period commencing April 1, 2019. The Hospitals will need to file a renewal application for review 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 Hospitals for the approved contract.

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

2475R- Calvert Health Medical Center

No action is required as Commissioners granted Staff a 30 day extension for review of Proceeding 2475R- Calvert Health Medical Center.

ITEM V
CONFIDENTIAL DATA REQUEST: JOHNS HOPKINS UNIVERSITY: BLOOMBERG SCHOOL OF PUBLIC HEALTH, CENTER FOR POPULATION HEALTH IT

Ms. Claudine Williams, Associate Director Policy Analysis, presented Staff's final recommendation on the Johns Hopkins Bloomberg School of Public Health confidential data request (See "Final Staff Recommendation on the Johns Hopkins Bloomberg School of Public Health Request to Access HSCRC Confidential Patient Level Data" on the HSCRC website).

The Johns Hopkins University: Bloomberg School of Public Health, Center for Population Health IT, is requesting to use limited confidential data to explore patterns of clinical encounters and characteristics of individuals who have committed suicide.

This research will help identify predictive models to detect factors that may lead to suicide death and develop new methods to identify clinical and social patterns that lead to suicide. The aim is the iterative integration and merging of various data sources and to develop analytics to find patters of clinical encounters and attributes. The limited dataset will include confidential variables such as dates of service, age, and location at a census block group level which will be provided by CRISP. Investigators received approval from the Johns Hopkins Bloomberg School of Public Health - Institutional Review Board on October 29, 2018. These data will not be used to identify individual hospitals or patients. The data will be retained by John Hopkins University until December 31, 2023; at that time, the files will be destroyed, and a Certification of Destruction will be submitted to the HSCRC.

Staff's final recommendation is as follows:

- HSCRC staff recommends that the request for the limited inpatient and outpatient confidential data files for Calendar Year 2011 through 2017 be approved.

- This access will be limited to identifiable data for subjects enrolled in the research.

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

ITEM VI
CONFIDENTIAL DATA REQUEST: OREGON HEALTH & SCIENCE UNIVERSITY: SCHOOL OF MEDICINE, CENTER FOR POLICY AND RESEARCH IN EMERGENCY MEDICINE

Ms. Williams presented Staff's final recommendation on the Oregon Health & Science University School of Medicine confidential data request (See "Final Staff Recommendation on the Oregon Health & Science University School of Medicine Request to Access HSCRC Confidential Patient Level Data" on the HSCRC website).

The Oregon Health & Science University: School of Medicine, Center for Policy and Research in Emergency Medicine, is requesting to use limited confidential data to evaluate the emergency care system for children in terms of quality, outcomes, and cost. They are requesting key protected health information variables to link these data to state death registry records to provide 12-month mortality outcomes for each subject. Death registry data has been requested and approved through a separate application with the Maryland Department of Health Vital Statistics Administration.

This research on ER readiness will determine whether aligning children with higher readiness hospitals (i.e., to match patient need with hospital capability) is associated with better outcomes and higher quality of care. The limited dataset will include confidential variables such as dates of service, date of birth, hospital name, home zip code, and gender. All PHI (including all dates, DOB, zip code and hospital names) will be removed and destroyed after linking ED and inpatient records to death records. Investigators received approval from The Oregon Health & Science University - Institutional Review Board on August 22, 2017. These data will not be used to identify individual hospitals or patients. The data will be retained by OHSU School of Medicine, until June 30, 2022; at that time, the files will be destroyed, and a Certification of Destruction will be submitted to the HSCRC.

Staff's final recommendation is as follows:

- HSCRC staff recommends that the request for the limited inpatient and outpatient confidential data files for Calendar Year 2012 through 2017 be approved.

- This access will be limited to identifiable data for subjects meeting the criteria for the research.

The Commission voted unanimously to approve staff's recommendation.

ITEM VII

FINAL RECOMMENDATION ON UPDATES TO THE MARYLAND HOSPITAL ACQUIRED CONDITIONS PROGRAM POLICY FOR RY 2021

Dr. Alyson Schuster Ph.D., Associate Director Quality Initiatives presented the Staff's final recommendation to update the Maryland Hospital Acquired Conditions program policy for Rate Year 2021 (See "Final Recommendation for the Maryland Hospital Acquired Conditions Program for Rate Year 2021" on the HSCRC website).

This final MHAC recommendation provides updates to methodology and modeling in the assessment section and responds to stakeholder input. Staff appreciates the stakeholder input that was received on the draft MHAC recommendation at the Performance Measurement Workgroup meetings and through two rounds of comment letters. In general, the workgroup members and comment letters were supportive of the process for selecting complication measures, the attainment only approach, and use of 3M cost weights as proxies for patient harm. However, as is outlined in this final recommendation, there was no consensus on the linear versus non-linear scaling options for revenue adjustments. Based on the stakeholder input and additional staff analysis, staff is recommending to continue with the linear scaling with the hold harmless zone, because we believe that hospital concerns regarding case-mix adjustment are mitigated with the narrowed down list of PPCs and other methodology changes being proposed, and because we take very seriously the input that the non-linear scaling reduces incentives drastically. The non-linear scaling option and hospital concerns are presented for Commission consideration, and staff is prepared to implement either scale. Finally, staff thanks stakeholders who participated over the last year to redesign the MHAC program and believe that these final recommendations represent substantial improvements to the MHAC policy.

Staff's final recommendation for the Maryland Rate Year (RY) 2021 Hospital-Acquired Conditions (MHAC) policy is as follows:

- Continue to use 3M Potentially Preventable Complications (PPCs) to assess hospital-acquired complications.
    1. Include focused list of PPCs in payment program which are clinically recommended and which generally have higher statewide rates and variation across hospitals.
    2. Monitor all PPCs and provide reports for hospitals and other stakeholders.
    3. Explore development of national benchmarks for PPCs in future years.
- Assess hospital performance on attainment only using a wider and more continuous scale that better differentiates performance, rewarding high attainment but also incentivizing improvement.
    1. Weight the PPCs in payment program by 3M cost weights as a proxy for patient harm.

2. Convert weighted PPC scores to revenue adjustments using a prospective revenue adjustment scale that focuses on performance outliers; two options for a revenue adjustment scale presented are:
   - ❖ Set maximum penalty at 2 percent and maximum reward at 1 percent and use continuous linear scaling with a hold harmless zone between 60 and 70 percent; or
   - ❖ Set maximum penalty at 2 percent and maximum reward at 1 percent and use continuous non-linear scaling with a 65 percent cut point.

Commissioner Colmers commented that the Staff recommendation represents a major step forward. It reduces the number of PPCs and is a move towards an attainment-only performance scale. Commissioner Colmers expressed concern with the nonlinear scaling approach.

Commissioner Keane agreed with Commissioner Colmers that the movement towards an attainment only scale is the right approach, and that linear scaling makes sense. He recommended that Staff remove the hold-harmless zone from the final policy. Commissioner Keane added that reducing the number of PPCs and expanding the reward/penalty range to +/-2% to provide increased incentives for performance improvement make sense. Commissioner Keane also noted that moving forward, concerns with several technical aspects of the policy will require further revision and simplification.

Ms. Traci LaValle, Senior Vice President Quality & Health Improvement, Maryland Hospital Association, agreed that the methodology is improved by the reductions of the number of PPCs. However Ms. LaValle expressed MHA's concern with the risk adjustment methodology. Since there is no readily available benchmark to compare the State's performance against, assessing performance improvement is difficult. These concerns resulted in MHA's support of the non-linear approach and the hold harmless zone. Ms. LaValle also expressed MHA' support for the reward/penalty scaling to be adjusted to +/-2%.

Mr. Robert Murray, CareFirst Consultant, agreed with the decision to reduce the number of PPCs under the policy. Mr. Murray also expressed CareFirst's support for the linear scale approach, since the non-linear approach effectively removes the performance incentives behind the program. Mr. Murray added that increasing the reward/penalty range to +/-2% would ensure that performance incentives under the program remain strong.

Commissioner Bayless proposed an amendment to the Staff recommendation to raise the maximum reward under the policy to 2%.

Dr. Schuster expressed Staff's support for adjusting the reward/penalty range to +/- 2%.

The Commission voted unanimously to approve staff's amended recommendation.

ITEM VIII
DRAFT RECOMMENDATION ON THE MPA EFFICIENCY ADJUSTMENT POLICY

Mr. Chris Peterson, Principal Deputy Director, Payment Reform and Provider Alignment, presented Staff's draft recommendation for the Medicare Performance Adjustment (MPA) Efficiency Component. (See "Draft Recommendation for the MPA Efficiency Component for Rate Year 2020" on the HSCRC website).

The Maryland All-Payer Model ended on December 31, 2018, after the State successfully met or exceeded all its obligations to the federal government. The State met its savings obligations by targeting the annual growth rate of the hospitals' Global Budget Revenue (GBR) to be 0.50 percentage points less than the national growth rate in hospital costs. This approach relied on two policies: limiting the growth in the GBR, which created savings to all payers; and allowing hospitals to keep any utilization savings, which created the potential for savings to hospitals if they were successful at care transformation. Combined, the All-Payer Model both generated savings to payers and incentivized the creation of successful care transformation programs.

The Maryland TCOC Model replaced the All-Payer Model beginning January 1, 2019. The State committed to reach an annual Medicare total cost of care savings rate of $300 million by 2023, inclusive of nonhospital costs. Because the State lacks regulatory authority over nonhospital providers, meeting the Medicare TCOC financial test will require a greater emphasis on initiatives that reduce nonhospital costs though care transformation. Currently, hospital GBRs do not capture utilization savings that occur outside of their GBR. Thus, there is relatively little incentive for hospitals to develop care transformation initiatives that target the total cost of care. While a hospital's success at reducing total cost of care helps the State meet the Medicare TCOC financial test and increases the proportion of savings that come from nonhospital providers, the success of those initiatives do not benefit the hospitals themselves. The draft MPA Efficiency Component policy creates a reward mechanism for hospitals that produces total cost of care savings while ensuring that the TCOC savings targets are met.

Staff recommends that the State continue to apply an MPA Efficiency Component equal to 25 percent of the difference between the run rate and the ultimate $300 million savings target. The 25 percent is calculated based on using the MPA Efficiency Component over four years to reach the $300 million target in CY 2023. Smoothing the MPA Efficiency Component accordingly ensures there is a predictable schedule for meeting the Medicare TCOC savings targets, and avoids large increases in the required savings in future years. Additionally, staff recommends making continuous progress toward meeting the savings targets in order to demonstrate continuous progress to CMS.

Staff intends to calculate the MPA Efficiency Component during the spring of each year to coincide with the annual Update Factor development and stakeholder engagement. Staff believes that announcing both the MPA Efficiency Component and the annual Update Factor simultaneously will reduce hospitals' uncertainty about their Medicare revenues during the upcoming rate year and increase transparency in the HSCRC rate-setting process.

Staff's draft recommendation is as follows:

- The Update Factor will be set to ensure that hospitals' Medicare payments do not exceed the Medicare TCOC Guardrail, thereby constraining the growth of hospital costs for all payers in the system. The MPA Efficiency Component will be set to attain additional incremental savings necessary to attain the $300 million Medicare savings target by CY 2023.

- The State will institute an MPA Efficiency Component on hospitals' Medicare payments for January to June 2020 equal to the sum of $7.5 million, and any ECIP payments to hospitals and any payments to hospitals under the traditional MPA during the period.

- Commission staff will work with hospitals through the Total Cost of Care Workgroup before deciding on the best method to allocate that $7.5 million across hospitals.

- Commission staff will continue to work with hospitals to develop opportunities to offset the MPA Efficiency Component payment reductions through care transformation, such as payments to hospitals who are successful in ECIP.

Commissioner Bayless expressed concern about the coupling of ECIP participation and the MPA efficiency adjustment.

Mr. Peterson responded that the ECIP represents another opportunity for savings, and the goal is to ensure the Commission is providing performance incentives and additional opportunities for hospitals. Mr. Peterson also noted that given the State's annual evaluation with CMS, it would be in the State's best interest to show continued improvement and Medicare TCOC savings that go beyond the agreed-upon savings target.

Ms. Katie Wunderlich, Executive Director, added that to the extent hospitals perform well on the ECIP program, it can help to offset the impact of the MPA efficiency adjustment.

Commissioner Colmers expressed support for the concept of the MPA efficiency adjustment, but noted that in his opinion the Staff proposal is incomplete. Mr. Colmers asked that Staff clarify the policy so that the Commissioners would understand what they would ultimately be voting on.

Commissioner Keane reiterated his support for the concept of the MPA because we should not reduce All-Payer revenue to achieve the agreed-upon Medicare savings targets. However Mr. Keane expressed opposition to the ECIP program because he believes it will only have a marginal impact on Medicare TCOC. Mr. Keane stated that Staff continues to develop new programs without assessing whether or not they are worth the time and investment that we put into them. Mr. Keane stated that items such as MDPCP care management fees, and the differential change will ultimately have a larger impact on the TCOC calculation.

Ms. Wunderlich noted that comments related to the draft policy recommendation are due by March 22nd, and that Staff will continue to hold conversations with key stakeholders concerning the development of this policy.

Commissioner Colmers expressed concern that reviewing and responding to all the questions and issues raised by the draft recommendation may not be completed by the March 22nd deadline, and asked Staff for an expectation on when a final recommendation that addresses all the issues raised would be ready.

Mr. Peterson replied that the final recommendation timeline will depend on the feedback received by stakeholders during the comment period.

As this is a draft recommendation, no Commission action is necessary.

ITEM VIII
POLICY UPDATE AND DISCUSSION

NEW STAFF

Ms. Wunderlich introduced new staff members William Henderson and Will Daniels. Mr. Henderson is the Principal Deputy Director, Medical Economics and Data Analytics. Mr. Daniels is the Deputy Director, Payment Reform and Provider Alignment. Ms. Wunderlich also reported that Xavier Colo has been promoted to Chief Operating Officer for Administration.

MDPCP Update

Dr. Howard Haft, Executive Director of the MDPCP program, presented an update on MDPCP program enrollment and achievements to date. The highlights include:

- 380 practices were approved for program participation, some of which include 30-40 providers
- Approximately 220K Medicare Fee-for-Service beneficiaries are covered through the program
- Approximately 1,500 primary care providers, of which 40% are employed by hospitals

- 21 Care Transformation Organizations (CTOs) are supporting the program participants, 14 of which are hospital-based
- Total program payments of $67.1M estimated at the end of the year (which could vary based on PCP engagement and changes in utilization)
- 62 practices have already integrated behavioral health services, with a target of 200 physician practices by year end

Legislative Update

Ms. Wunderlich presented a summary of legislation of interest to the HSCRC introduced in the Maryland General Assembly (See "HSCRC Legislative List" on the HSCRC website).

The Bills include 1) House Bill 1423/Senate Bill 1045- Maryland Health Insurance Plan- Use of Remaining Funds, 2) House Bill 1426 - Health Services Cost Review Commission- Duties and Reports, 3) House Bill 1407/Senate Bill 1040- Budget Reconciliation and Financing Act of 2019, 4) House Bill 940- Unregulated Space in Hospital Operating Suites Pilot Project, 5) Senate Bill 803/House Bill 849- Hospitals – Disclosure of Outpatient Facility Fees, 6) House Bill 626/ Senate Bill 649- Health Care Facilities- Change in Bed Capacity, 7) Senate Bill 597/House Bill 646- MHCC- State Health Plan and Certificate of Need for Hospital Capital Expenditures, 8) House Bill 931/ Senate Bill 940- Certificate of Need- Modifications, 9) Senate Bill 1018- Health Facilities- Chestertown Rural Health Care Delivery Innovations Pilot Program, 10) House Bill 768/Senate Bill 759- Prescription Drug Affordability Board, 11) Senate Bill 784/House Bill 1323- Civil Actions- Health Care Malpractice Claims (Life Care Act 2019), 12) Senate Bill 869/ Health Bill 1320- Maryland No-Fault Birth Injury Fund, 13) Senate Bill 773- Health Care Malpractice Qualified Expert- Qualification, 14) Senate Bill 813- Personal Injury or Wrongful Death- Noneconomic Damages, 15) Senate Bill 482/Health Bill 846- Maryland Medical Assistance Program- MCOs- Behavioral Health Services

ITEM XI
HEARING AND MEETING SCHEDULE

April 10, 2019	Times to be determined, 4160 Patterson Avenue HSCRC Conference Room
May 8, 2019	Times to be determined, 4160 Patterson Avenue HSCRC Conference Room

There being no further business, the meeting was adjourned at 3:40 p.m.

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

Data through December 2018 – Claims paid through February 2019

Source: CMMI Monthly Data Set

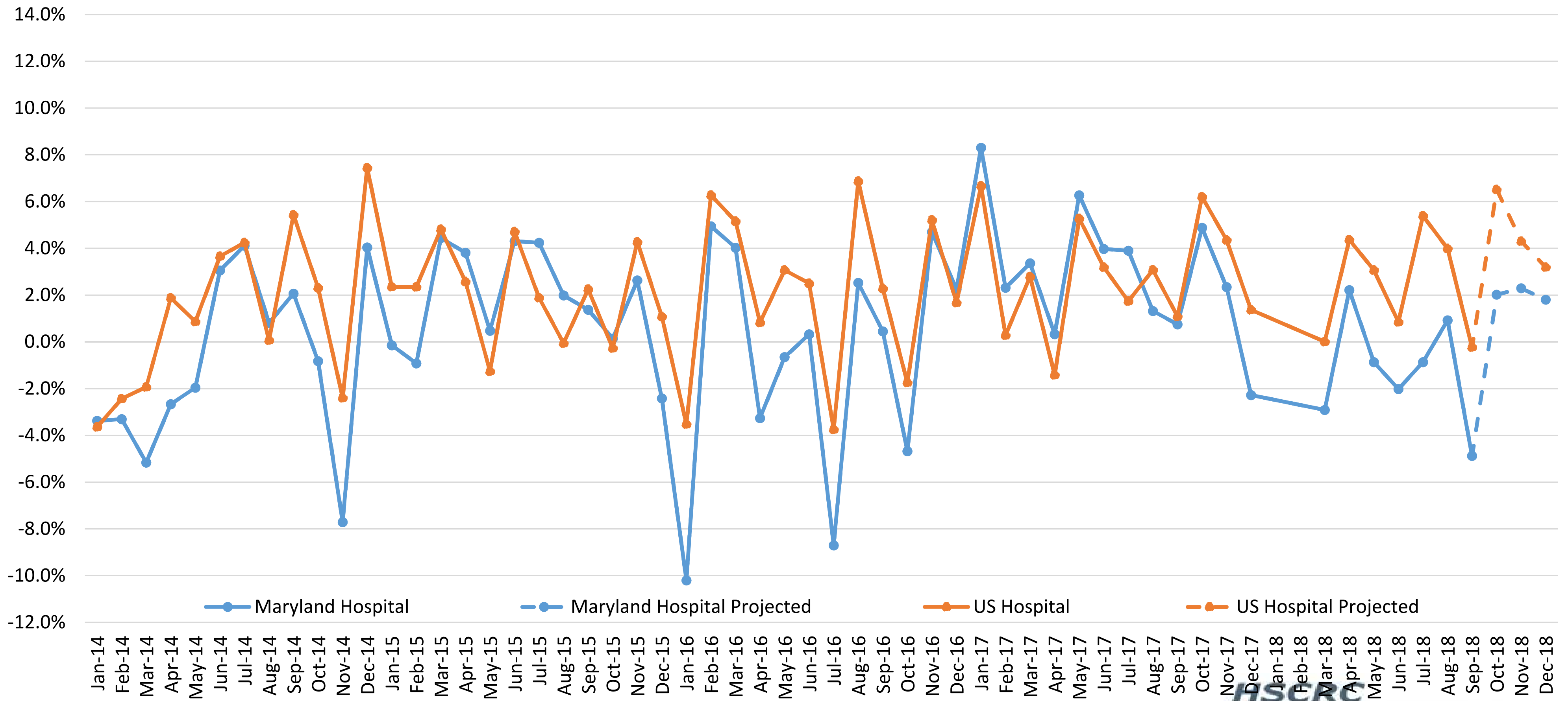
HSCRC
Health Services Cost Review Commission

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.

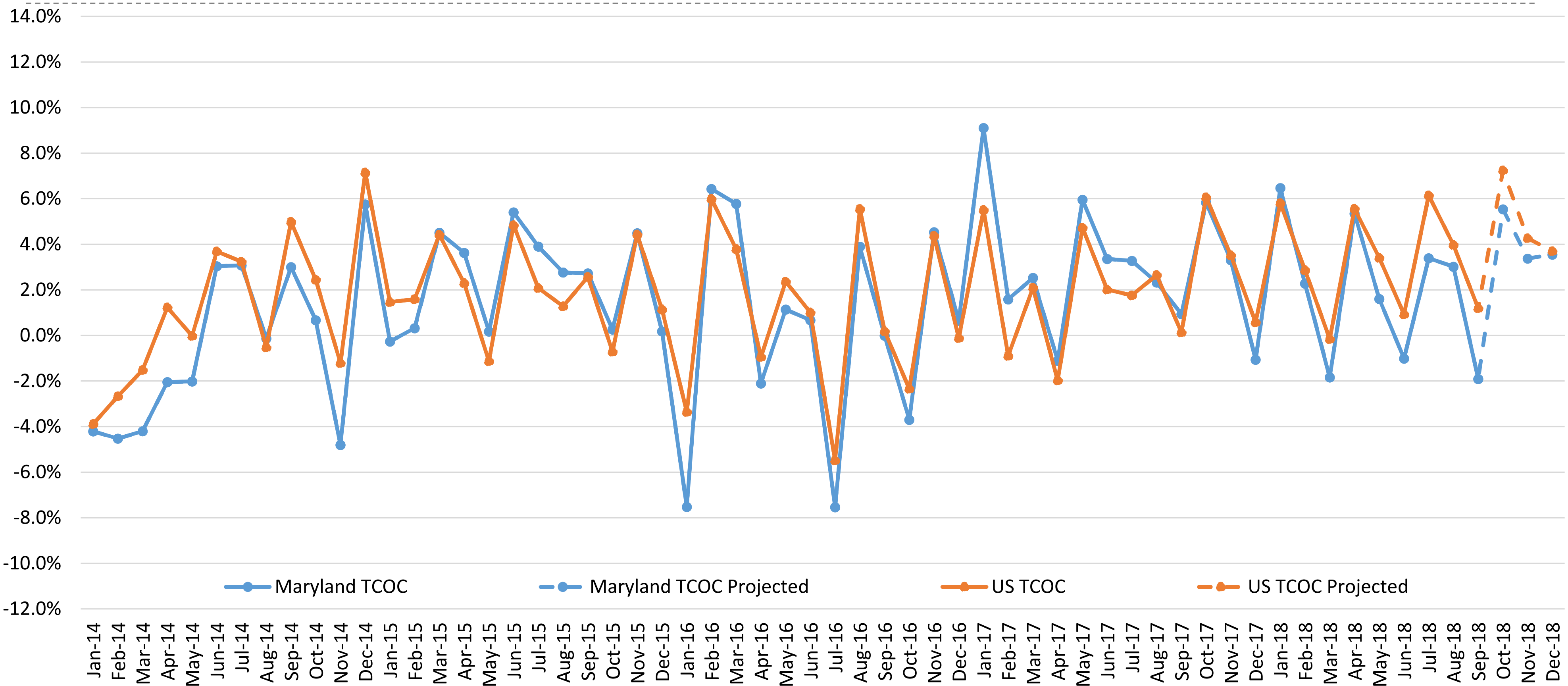
Medicare Hospital Spending per Capita

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



Medicare Total Cost of Care Spending per Capita

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



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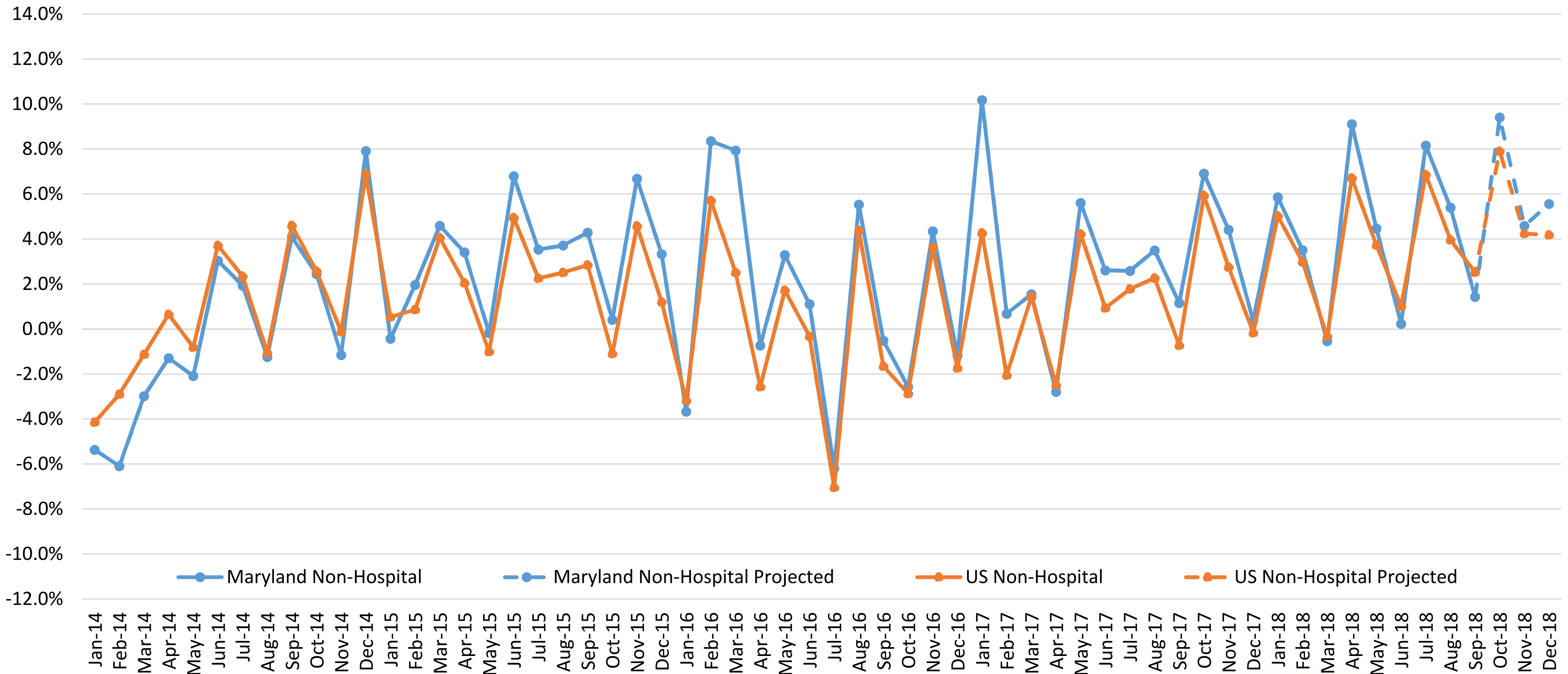
Medicare Non-Hospital Spending per Capita

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



HSCRC

Health Services Cost Review Commission

Monitoring Maryland Performance Financial Data

Fiscal Year to Date through February 2019

Source: Hospital Monthly Volume and Revenue

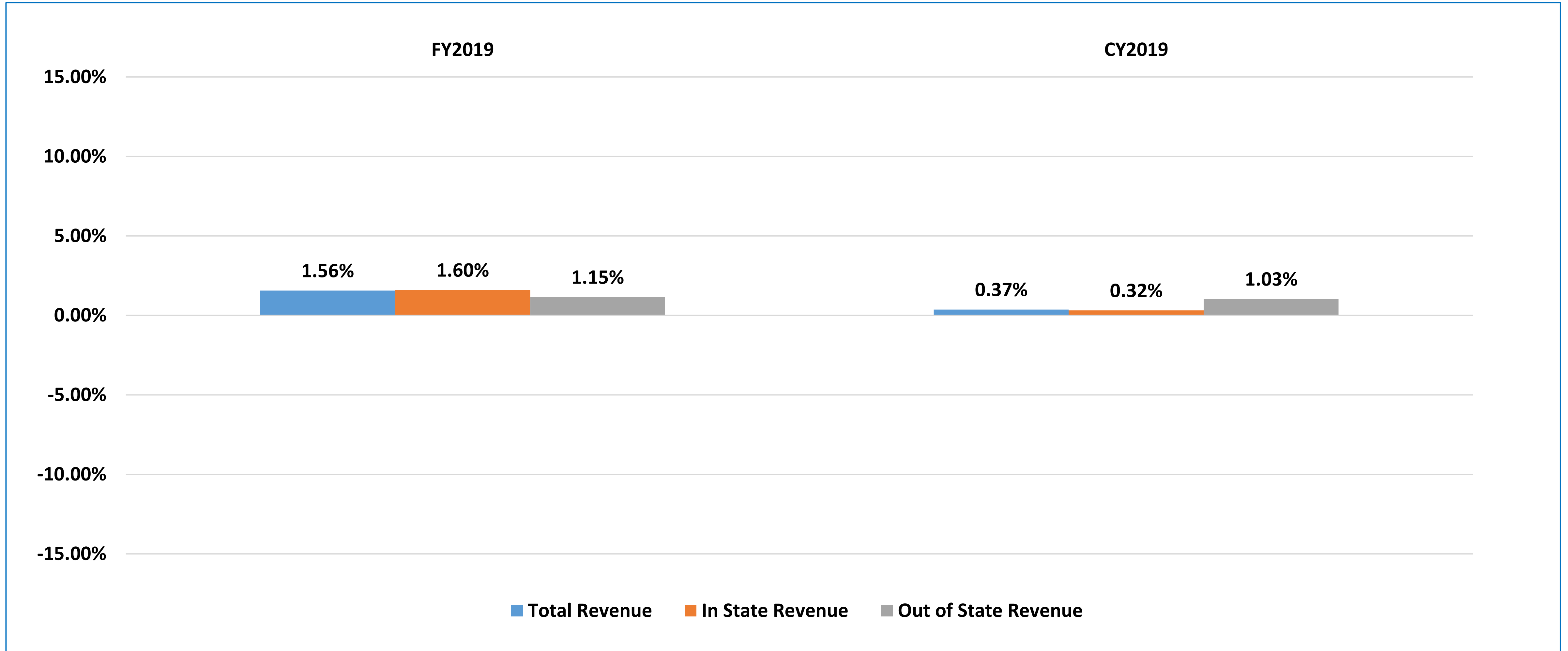
Run: April 5, 2019

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. We have determined that the Beneficiary counts for CY 2018 are currently being understated, and we are working to resolve this issue with CMS.

The Population Estimates from the Maryland Department of Planning have been revised in December, 2018.
The new FY 18 Population growth number is 0.30%.

Gross All Payer Hospital Revenue Growth

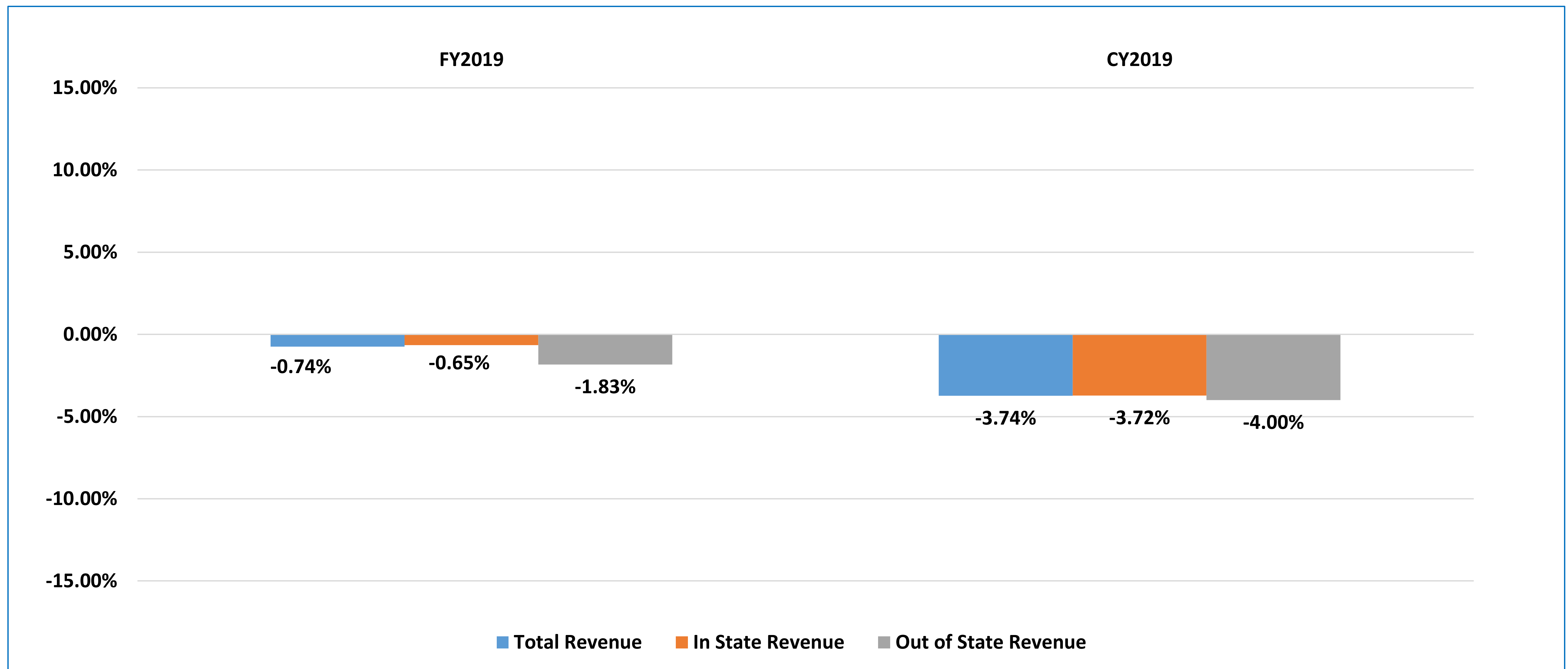
FY 2019 (July 18 – February 19 over July 17 – February 18) CY 2019 (January 19 – February 19 over January 18 – February 18)



The State's Fiscal Year begins July 1

Gross Medicare Fee for Service Hospital Revenue Growth

FY 2019 (July 18 – Feb 19 over July 17 – Feb 18) CY 2019 (Jan 19 – Feb 19 over Jan 18 – Feb 18)



The State's Fiscal Year begins July 1

HSCRC
Health Services Cost Review Commission

Hospital Revenue Per Capita Growth Rates

FY 2019 (July 18 – Feb 19 over July 17 – Feb 18) CY 2019 (Jan 19 – Feb 19 over Jan 18 – Feb 18)

	FY2019	CY2019
All-Payer In-State	1.30%	0.02%
Medicare FFS In-State	-2.60%	-5.34%

The State's Fiscal Year begins July 1

Hospital Operating, Regulated and Total Profits

Fiscal Year 2019 (July 2018 – February 2019) Compared to Fiscal Year 2018 (July 2017 – February 2019)

	FY 2019	FY 2018
All Operating	2.19%	3.01%
25th Percentile	-0.40%	0.32%
Median	1.69%	2.91%
75th Percentile	5.06%	6.84%
Rate Regulated Only	5.90%	6.91%
Total Profit Margin	2.99%	6.09%

FY 2019 unaudited hospital operating profits show a decline of .82 percentage points in total operating profits compared to FY 2018. Rate regulated profits for FY 2019 have decreased by 1.01 percentage points compared to FY 2018.

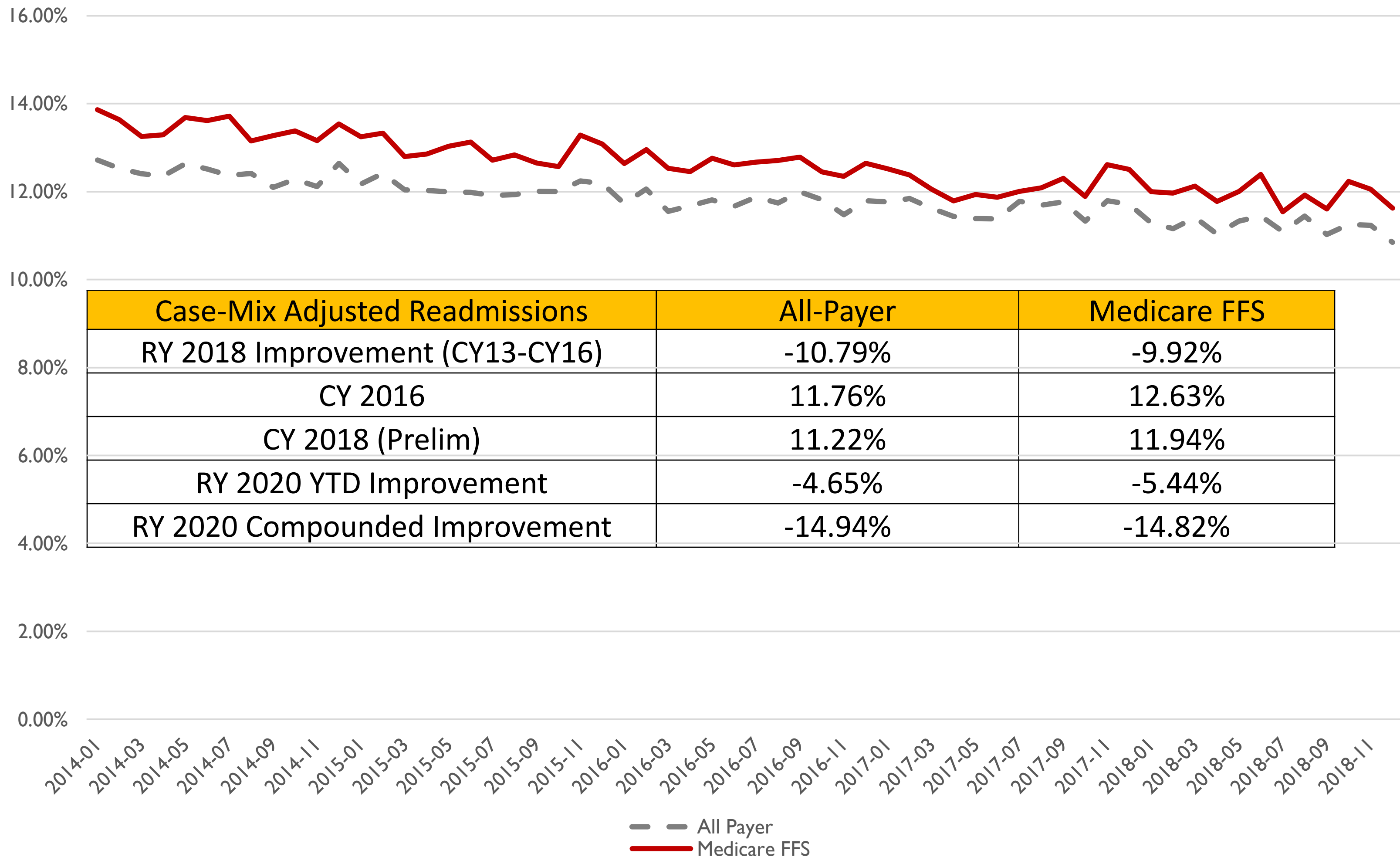
Monitoring Maryland Performance

Quality Data

April 2019 Commission Meeting Update

Readmission Reduction Analysis

Monthly Case-Mix Adjusted Readmission Rates

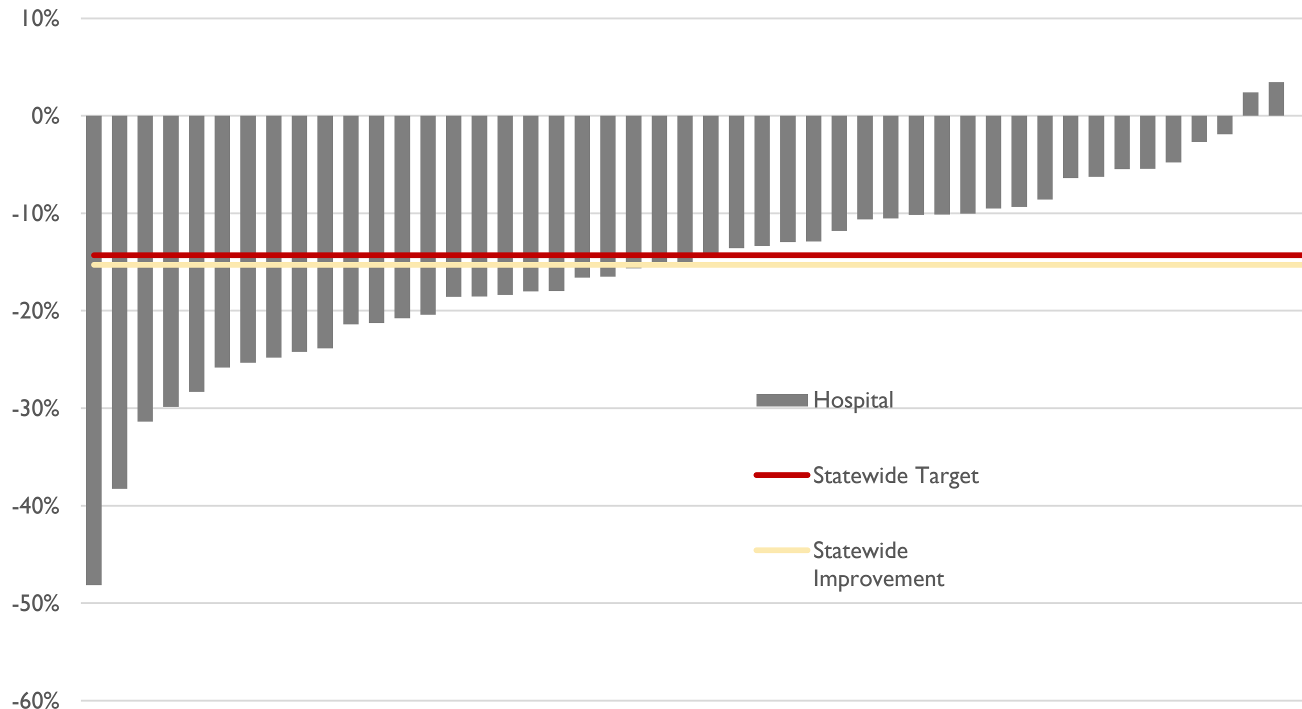


Case-Mix Adjusted Readmissions	All-Payer	Medicare FFS
RY 2018 Improvement (CY13-CY16)	-10.79%	-9.92%
CY 2016	11.76%	12.63%
CY 2018 (Prelim)	11.22%	11.94%
RY 2020 YTD Improvement	-4.65%	-5.44%
RY 2020 Compounded Improvement	-14.94%	-14.82%

Note: Based on final data for Jan 2013 – Dec 2018; Preliminary data through Feb 2019. Statewide improvement to-date in RY 2020 is compounded with RY 2018 improvement.

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

Cumulative change CY 2013 – CY 2016 (RY2018) Compounded with CY 2016 to CY 2018

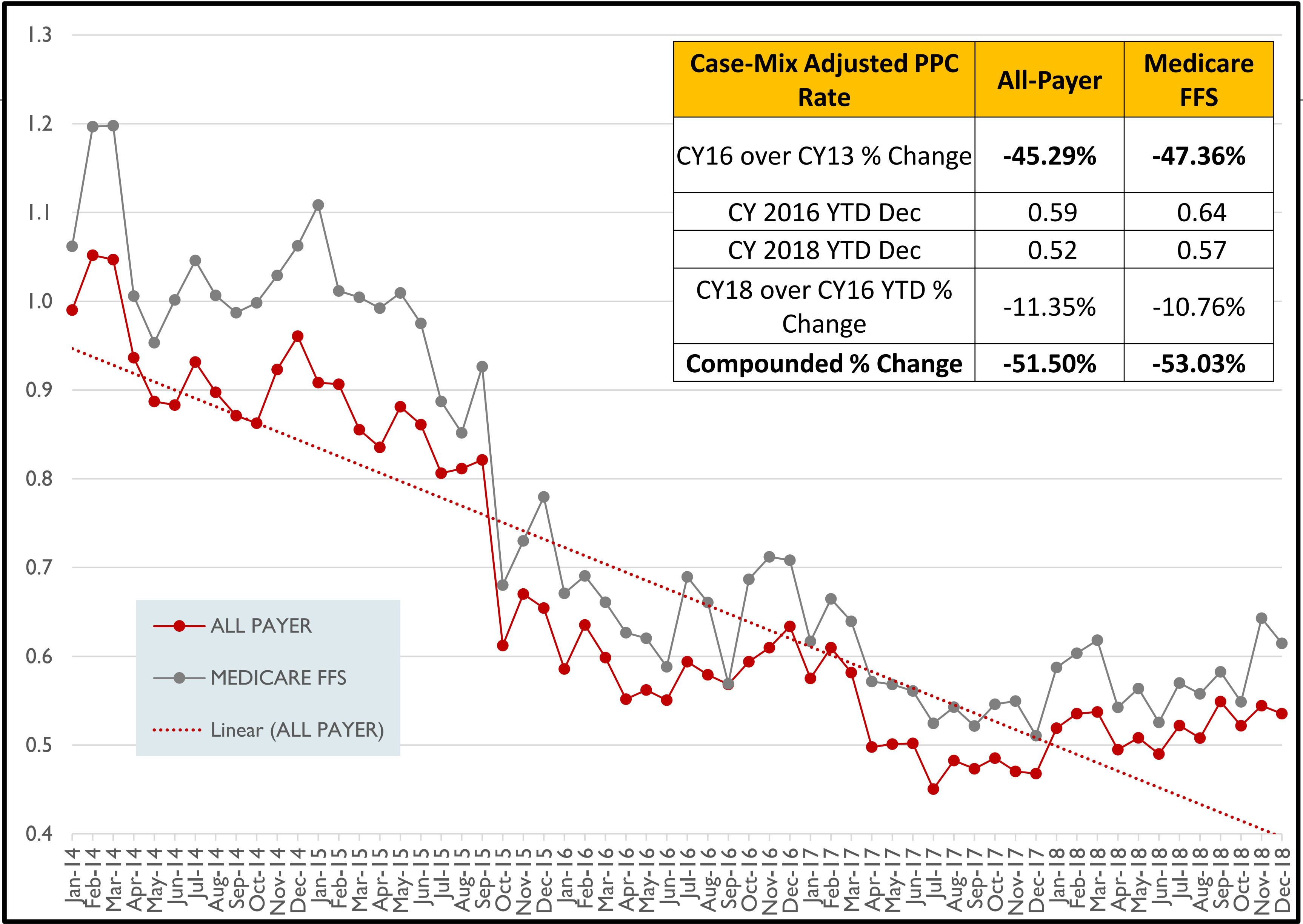


24 Hospitals are on Track for Achieving Improvement Goal

Additional 4 Hospitals on Track for Achieving Attainment Goal

Note: Based on Final data through Dec 2018; Prelim through Feb 2019.

MHAC PPC Reduction Update



Case-Mix Adjusted PPC Rate	All-Payer	Medicare FFS
CY16 over CY13 % Change	**-45.29%**	**-47.36%**
CY 2016 YTD Dec	0.59	0.64
CY 2018 YTD Dec	0.52	0.57
CY18 over CY16 YTD % Change	-11.35%	-10.76%
Compounded % Change	**-51.50%**	**-53.03%**

Note: Line graph based on v32 prior to October 2015; and v35 October 2015 to December 2018; all data are final, but are subject to 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 APRIL 4, 2019

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
2475R	Calvert Health Medical Center	3/4/2019	4/3/2019	9/2/2019	MSG/DEF	WH	OPEN
2476A	Johns Hopins Health System	3/25/2019	N/A	N/A	ARM	DNP	OPEN
2477A	Johns Hopins Health System	3/28/2019	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**	
CALVERT HEALTH	*	**DOCKET:**	**2019**
MEDICAL CENTER	*	**FOLIO:**	**2285**
PRINCE FREDERICK, MARYLAND	*	**PROCEEDING:**	**2475R**

Staff Recommendation

April 10, 2019

Introduction

On March 1, 2019, Calvert Health Medical Center ("the Hospital") submitted a partial rate application to the Commission requesting that its July 1, 2018 Medical Surgical Acute (MSG) and Definitive Observation (DEF) approved rates be combined effective July 1, 2019.

Staff Evaluation

This rate request is revenue neutral and will not result in any additional revenue for the Hospital. The Hospital wishes to combine these two centers, because the patients in both units are cared for in the same area and have similar nurse staffing ratios. The Hospital's currently approved rates and the new proposed rate are as follows:

	Current Rate	Budgeted Volume	Approved Revenue
Medical Surgical Acute	$1,226.80	5,487	$ 6,731,435
Definitive Observation	$ 928.84	7,564	$ 7,026,093
Combined Rate Proposed	$1,054.13	13,051	$13,757,528

Recommendation

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

1. That the Hospital be allowed to collapse its DEF rate into its MSG rate;
2. That a MSG rate of $1,054.13 per day be approved effective July 1, 2019; and
3. That no change be made to the Hospital's Global Budget Revenue for MSG services.

IN RE: THE APPLICATION FOR	*	BEFORE THE MARYLAND HEALTH	
ALTERNATIVE METHOD OF RATE	*	SERVICES COST REVIEW	
DETERMINATION	*	COMMISSION	
JOHNS HOPKINS HEALTH	*	DOCKET:	2019
SYSTEM	*	FOLIO:	2286
BALTIMORE, MARYLAND	*	PROCEEDING:	2476A

Staff Recommendation

April 10, 2019

I. INTRODUCTION

Johns Hopkins Health System ("System") filed a renewal application with the HSCRC on March 25, 2019 on behalf of its member hospitals, Johns Hopkins Hospital, Johns Hopkins Bayview Medical Center, and Howard County General Hospital (the "Hospitals") requesting approval from the HSCRC for continued participation in a global rate arrangement for solid organ and bone marrow transplants with Preferred Health Care LLC. The Hospitals request that the Commission approve the arrangement for one year beginning May 1, 2019.

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 Hospitals and bear all risk relating to regulated services associated with the contract.

III. FEE DEVELOPMENT

The hospital portion of the global rates was developed by calculating mean 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 Hospitals will continue to submit bills to JHHC for all contracted and covered services. JHHC is responsible for billing the payer, 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

Although there was no activity under this arrangement in the last year, staff believes that the Hospitals can achieve favorable experience under this 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 a one year period commencing May 1, 2019. The Hospitals will need to file a renewal application for review 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 Hospitals for the approved contract. This document will formalize the understanding between the Commission and the Hospitals, and will 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	*	BEFORE THE MARYLAND HEALTH	
ALTERNATIVE METHOD OF RATE	*	SERVICES COST REVIEW	
DETERMINATION	*	COMMISSION	
JOHNS HOPKINS HEALTHCARE, LLC	*	DOCKET:	2019
	*	FOLIO:	2287
BALTIMORE, MARYLAND	*	PROCEEDING:	2477A

Staff Recommendation

April 10, 2019

I. INTRODUCTION

Johns Hopkins Health System ("System") filed an application with the HSCRC on March 28, 2019 on behalf of Johns Hopkins Hospital and Johns Hopkins Bayview Medical Center (the Hospitals) 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 solid organ and bone marrow transplants services with 6 Degrees Health, Inc. The System requests approval for a period of one year beginning May 1, 2019.

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 manage all financial transactions related to the global price contract including payments to the Hospitals and bear all risk relating to regulated services associated with the contract.

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Maryland Hospital Community Benefit Report: FY 2018

April 10, 2019

Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore, Maryland 21215
(410) 764-2605
FAX: (410) 358-6217

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LIST OF ABREVIATIONS

ACA	Affordable Care Act
CBR	Community Benefit Report
CBSA	Community Benefit Service Area
CHNA	Community Health Needs Assessment
DME	Direct Medical Education
ED	Emergency Department
FPL	Federal Poverty Level
FY	Fiscal Year
GBR	Global Budget Revenue
HSCRC	Health Services Cost Review Commission
IRC	Internal Revenue Code
IRS	Internal Revenue Service
MHA	Maryland Hospital Association
NSPI	Nurse Support Program I
PSA	Primary Service Area
SHIP	State Health Improvement Plan
VHA	Voluntary Hospitals of America

INTRODUCTION

Community benefit refers to initiatives, activities, and investments undertaken by tax-exempt hospitals to improve the health of the communities they serve. Maryland law defines community benefit as an activity that intends to address community needs and priorities primarily through disease prevention and improvement of health status.[1] Activities can include the following:

- Health services provided to vulnerable or underserved populations such as Medicaid, Medicare, or Maryland Children's Health Program participants
- Financial or in-kind support of public health programs
- Donations of funds, property, or other resources that contribute to a community priority
- Health care cost containment activities
- Health education, screening, and prevention services
- Financial or in-kind support of the Maryland Behavioral Health Crisis Response System

In 2001, the Maryland General Assembly passed House Bill 15,[2] which required the Maryland Health Services Cost Review Commission (HSCRC) to collect community benefit information from individual hospitals to compile into a statewide, publicly available Community Benefit Report (CBR). In response to this legislative mandate, the HSCRC initiated a community benefit reporting system for Maryland's nonprofit hospitals that included two components. The first component is the *Community Benefit Collection Tool*, a spreadsheet that inventories community benefit expenses in specific categories defined by the HSCRC's *Community Benefit Reporting Guidelines and Standard Definitions*. These categories are similar—but not identical—to the federal community benefit reporting categories found in Part I of IRS Form 990, Schedule H.[3] The second component of Maryland's reporting system is the CBR narrative report. The HSCRC developed the *Community Benefit Narrative Reporting Instructions* to guide hospitals' preparation of these reports, which strengthen and supplement the quantitative community benefit data that hospitals report in their inventory spreadsheets. *New to this year's report, the HSCRC rolled out an online reporting tool for the narrative section to collect information that is more consistent across hospitals and to better allow for trending analysis going forward.*

This summary report provides background information on hospital community benefits, the history of CBRs in Maryland, and summaries of the community benefit narrative and financial reports for fiscal year (FY) 2018. It concludes with a summary of data reports from the past 15 years.

[1] MD. CODE. ANN., Health-Gen. § 19-303(a)(3).
[2] H.B. 15, 2001 Gen. Assem., 415th Sess. (Md. 2001).
[3] https://www.irs.gov/pub/irs-pdf/f990sh.pdf

BACKGROUND

Federal Requirements

The Internal Revenue Code (IRC) defines tax-exempt organizations as those that are organized and operated exclusively for specific purposes, including religious, charitable, scientific, and educational purposes.[4] Nonprofit hospitals are generally exempt from federal income and unemployment taxes, as well as state and local income, property, and sales taxes. In addition, nonprofit hospitals may raise funds through tax-deductible donations and tax-exempt bond financing.

Originally, the Internal Revenue Service (IRS) considered hospitals to be "charitable" if they provided charity care to the extent of their financial ability to do so.[5] However, in 1969, the IRS issued Revenue Ruling 69-545, which modified the "charitable" standard to focus on "community benefits" rather than "charity care."[6] Under this IRS ruling, nonprofit hospitals must provide benefits to the community in order to be considered charitable. This created the "community benefit standard," which is necessary for hospitals to satisfy in order to qualify for tax-exempt status.

The Affordable Care Act (ACA) created additional requirements for hospitals to maintain tax-exempt status. Every §501(c)(3) hospital, whether independent or part of a hospital system, must conduct a community health needs assessment (CHNA) at least once every three years in order to maintain its tax-exempt status and avoid an annual penalty of up to $50,000.[7] A CHNA is a written document developed for a hospital facility that includes a description of the community served, the process used to conduct the assessment, identification of any persons with whom the hospital has worked on the assessment, and the health needs identified through the assessment process. CHNAs must incorporate input from individuals who represent the broad interests of the communities served, and hospitals must make them widely available to the public.[8] CHNAs must include an implementation strategy that describes how the hospital plans to meet the community's health needs, as well as a description of what the hospital has historically done to address its community's needs.[9] Further, the hospital must identify any needs that have not been met and explain why they have not been addressed. Tax-exempt hospitals must report this information on Schedule H of IRS Form 990.

Maryland Requirements

The Maryland General Assembly adopted the Maryland CBR process in 2001,[10] and the first data collection period was FY 2004. Maryland law requires hospitals to include the following in their CBRs: the hospital's mission statement, a list of the hospital's initiatives, the costs and objectives

[4] 26 U.S.C. §501(c)(3).
[5] Rev. Ruling 56-185, 1956-1 C.B. 202.
[6] Rev. Ruling 69-545, 1969-2 C.B. 117.
[7] 26 U.S.C. §501(r)(3); 26 U.S.C. §4959.
[8] 26 U.S.C. §501(r)(3)(B).
[9] 26 U.S.C. §501(r)(3)(A).
[10] MD. CODE. ANN., Health-Gen. §19-303.

of each community benefit initiative, a description of efforts taken to evaluate the effectiveness of initiatives, a description of gaps in the availability of specialist providers, and a description of the hospital's efforts to track and reduce health disparities in the community.[11]

The HSCRC worked with the Maryland Hospital Association (MHA), interested hospitals, local health departments, and health policy organizations and associations to establish the initial details and format of the CBR. In developing the format for data collection, the group relied heavily on the experience of the Voluntary Hospitals of America (VHA) community benefit process. Maryland hospitals used the resulting data reporting spreadsheet and instructions to submit their FY 2004 data to the HSCRC in January 2005, and the HSCRC published the first CBR in July 2005. The HSCRC continues to work with MHA, public health officials, individual hospitals, and other stakeholders to further improve the reporting process and refine the definitions and periodically convenes a Community Benefit Work Group. The data collection process offers an opportunity for each Maryland nonprofit hospital to critically review and report the activities it has designed to benefit the community. This FY 2018 report represents the HSCRC's 15th year of reporting on Maryland hospital community benefit data.

NARRATIVE REPORTS

This section of the document summarizes the findings of the narrative reports.

Hospitals Submitting Reports

The HSCRC received a total of 48 CBR narratives from 51 hospitals in FY 2018. Please note that the University of Maryland Health System submits a single CBR for three of its hospitals on the Eastern Shore and another CBR for two of its hospitals in Harford County. These reports sometimes break out individual metrics for each hospital and sometimes combine responses. Therefore, the denominator for hospital response rates varies between 48 and 51 throughout the remainder of this document. Table 1 summarizes the hospitals submitting CBRs by hospital system. New to this year's report, University of Maryland Prince George's and Laurel Regional hospitals have merged into University of Maryland Capital Region Health.

[11] MD. CODE. ANN., Health-Gen. §19-303(c)(2).

Table 1. List of Hospitals Submitting CBRs in FY 2018, by System

Independent Hospitals	Johns Hopkins Medicine:
1. Anne Arundel Medical Center	25. Howard County General Hospital
2. Atlantic General Hospital	26. Johns Hopkins Bayview Medical Center
3. Bon Secours Baltimore Health System	27. Johns Hopkins Hospital
4. CalvertHealth Medical Center	28. Suburban Hospital
5. Doctors Community Hospital	**Lifebridge Health:**
6. Fort Washington Medical Center	29. Carroll Hospital Center
7. Frederick Memorial Hospital 8. Garrett Regional Medical Center	30. Levindale Hebrew Geriatric Center and Hospital of Baltimore, Inc.
9. Greater Baltimore Medical Center	31. Northwest Hospital Center, Inc.
10. McCready Health Foundation, Inc.	32. Sinai Hospital of Baltimore, Inc.
11. Mercy Medical Center	**MedStar Health:**
12. Meritus Medical Center	33. MedStar Franklin Square Medical Center
13. Peninsula Regional Medical Center	34. MedStar Good Samaritan Hospital
14. Saint Agnes Hospital	35. MedStar Harbor Hospital
15. Sheppard Pratt Health System	36. MedStar Montgomery Medical Center
16. Union Hospital of Cecil County	37. MedStar Southern Maryland Hospital Center
17 Western Maryland Health System	38. MedStar St. Mary's Hospital
Jointly Owned Hospitals:	39. MedStar Union Memorial Hospital
18. Mt. Washington Pediatric Hospital*	**University of Maryland:**
Adventist HealthCare:	40. UM Baltimore Washington Medical Center
19. Adventist HealthCare Behavioral Health & Wellness Services	41. UM Charles Regional Medical Center 42. University of Maryland Medical Center
20. Adventist Healthcare Rehabilitation	43. UMMC Midtown Campus
21 Adventist HealthCare Shady Grove Medical Center	44. UM Capital Region Health** 45. UM Rehabilitation & Orthopaedic Institute
22. Washington Adventist Hospital	46. UM Shore Regional Health***
Holy Cross Health	47. UM St. Joseph Medical Center
23. Holy Cross Germantown Hospital 24. Holy Cross Hospital	48.UM Upper Chesapeake Health****

*Mt. Washington Pediatric is jointly owned by the University of Maryland Medical System and Johns Hopkins Medicine
**Previously Prince George's and Laurel Regional hospitals
***One narrative report includes three hospitals: Easton, Chester River, and Dorchester
****One narrative report includes two hospitals: Upper Chesapeake Medical Center and Harford Memorial Hospital

Section I. General Hospital Demographics and Characteristics

Section I of the report collects demographic and other characteristics of the hospital and its service area.

Hospital-Specific Demographics

The first section of the CBR narrative collects information on hospital demographic and utilization statistics, as summarized in Table 2 below. Overall, there were 10,164 beds and 612,361 inpatient admissions. The percentage of admissions ranged from 0.1 to 6.5 percent for

charity care/self-pay patients, 2.0 to 78.6 percent for Medicaid, and 14.2 to 92.2 percent for Medicare. New to this year's report, the information in this table was derived from HSCRC data to ensure consistency in reporting and measurement across hospitals.

Table 2. Hospital Bed Designation, Inpatient Admissions, and Patient Insurance Status, FY 2018

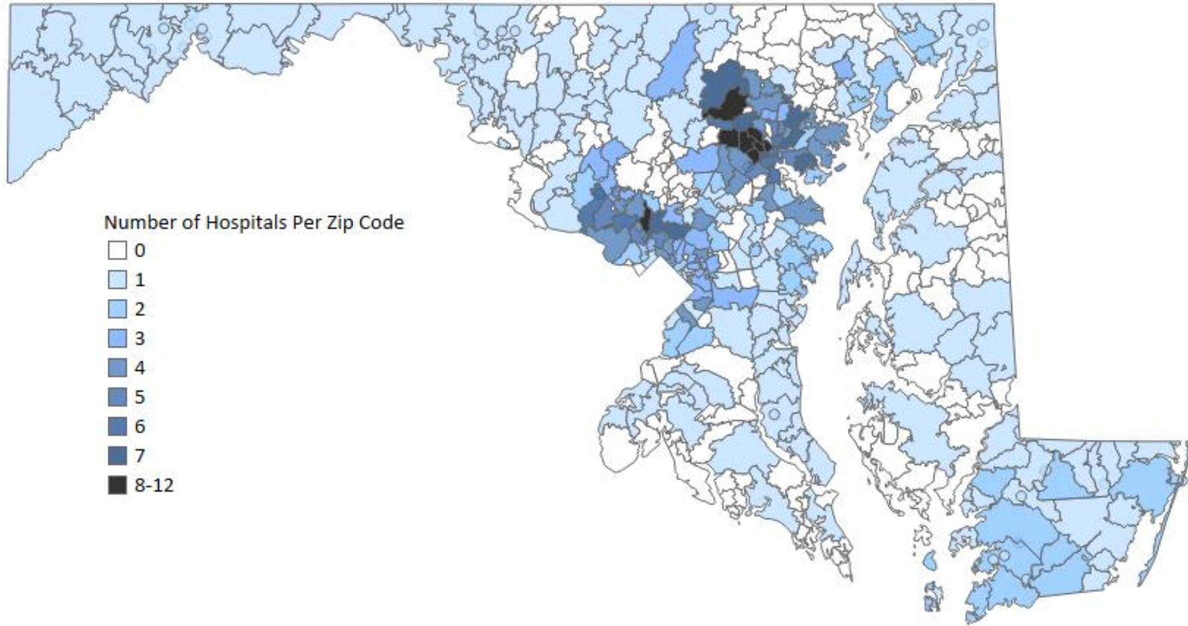
Hospital Name	Bed Designation	Inpatient Admissions	Percentage of Admissions Charity Care/Self-Pay	Percentage of Admissions Medicaid	Percentage of Admissions Medicare
Independent Hospitals					
Anne Arundel Medical Center	381	30,487	0.9	14.3	34.9
Atlantic General Hospital	44	3,188	1.7	13.6	67.8
Bon Secours Baltimore Health System	69	3,356	0.6	64.2	28.8
CalvertHealth Medical Center	72	6,039	0.9	21.3	42.0
Doctors Community Hospital	209	9,326	1.8	17.9	52.1
Fort Washington Medical Center	31	2,052	3.5	16.5	58.3
Frederick Memorial Hospital	262	18,698	1.7	8.7	41.2
Garrett Regional Medical Center	28	2,376	1.7	18.5	49.3
Greater Baltimore Medical Center	232	21,298	0.8	15.2	32.5
McCready Health	3	228	2.2	10.1	74.6
Mercy Medical Center	176	16,127	6.5	32.6	28.8
Meritus Medical Center	238	17,143	1.9	24.5	45.8
Peninsula Regional Medical Center	290	18,950	1.3	23.5	47.8
Saint Agnes Hospital	249	17,222	1.8	28.9	40.3
Sheppard Pratt Health System	414	8,336	2.1	41.3	14.2
Union Hospital of Cecil County	79	5,762	1.7	31.6	43.6
Western Maryland Regional Medical Center	202	12,164	1.3	18.7	55.0
Jointly Owned Hospitals					
Mt. Washington Pediatric Hospital	20	597	0.2	78.6	-
Adventist HealthCare					
Adventist HealthCare Behavioral Health & Wellness Services	36	3,723	2.6	39.6	15.5
Adventist HealthCare Rehabilitation	97	1,906	0.1	6.7	61.3
Adventist HealthCare Shady Grove Medical Center	259	20,982	2.5	20.5	27.6
Washington Adventist Hospital	203	12,368	3.4	48.4	30.9
Holy Cross Health					
Holy Cross Germantown Hospital	71	5,489	2.7	27.1	31.7
Holy Cross Hospital	403	35,532	2.5	29.6	21.9
Johns Hopkins Medicine					

Hospital Name	Bed Designation	Inpatient Admissions	Percentage of Admissions Charity Care/Self-Pay	Percentage of Admissions Medicaid	Percentage of Admissions Medicare
Howard County General Hospital	263	18,776	0.6	16.7	36.1
Johns Hopkins Bayview Medical Center	341	20,891	2.0	34.0	39.3
Suburban Hospital	234	14,164	2.3	9.6	56.6
The Johns Hopkins Hospital	1,099	46,559	0.4	29.2	28.2
Lifebridge Health					
Carroll Hospital	147	11,089	0.5	17.0	50.1
Levindale Hebrew Geriatric Center and Hospital of Baltimore, Inc.	210	1,310	1.6	2.0	92.2
Northwest Hospital	194	10,244	0.8	24.4	56.1
Sinai Hospital	358	19,083	0.7	29.6	41.3
MedStar Health					
MedStar Franklin Square Medical Center	347	24,125	1.1	32.1	42.3
Medstar Good Samaritan Hospital	134	8,524	1.3	21.6	61.2
Medstar Harbor Hospital	118	8,694	1.0	45.5	32.9
MedStar Montgomery Medical Center	118	7,572	1.0	20.0	50.9
MedStar Southern Maryland Hospital Center	180	11,168	1.6	27.4	40.7
MedStar St. Mary's Hospital	105	7,916	1.5	22.7	40.1
MedStar Union Memorial Hospital	186	10,923	0.9	20.0	56.0
University of Maryland					
Baltimore Washington Medical Center	281	16,699	0.5	22.7	49.3
Charles Regional Medical Center	107	7,414	0.1	20.7	43.7
Laurel Regional Medical Center	58	3,621	4.7	24.5	47.6
University of Maryland Medical Center	634	25,037	0.5	38.4	32.3
UMMC Midtown Campus	93	4,667	0.7	47.6	42.3
Prince George’s Hospital Center	226	13,581	5.8	43.5	32.7
UM Rehabilitation & Orthopaedic Institute	3	2,490	0.1	21.9	46.1
Shore Regional Health – Easton	117	8,293	0.6	25.2	50.1
Shore Regional Health – Dorchester	48	1,995	0.4	30.9	54.2
Shore Regional Health – Chester River	26	1,262	0.6	13.3	74.1
St. Joseph Medical Center	220	16,961	1.5	15.9	42.3
Upper Chesapeake Health – Upper Chesapeake Medical Center	165	11,557	0.5	16.0	47.2
Upper Chesapeake Health – Harford Memorial Hospital	84	4,397	1.0	22.7	49.0
Total	**10,164**	**612,361**	**1.6**	**25.6**	**39.3**

Primary Service Area

In prior years, the CBR requested hospitals to report the ZIP codes in their primary service areas (PSAs), which were defined based on volume. For consistency with the Total Cost of Care Model, the CBR now collects the ZIP codes in hospital PSAs as defined in their global budget revenue (GBR) agreements.[12] Figure 1 displays a map of Maryland's ZIP codes. Each ZIP code has a color indicating how many hospitals claim that area in their PSAs.

Figure 1. Number of Hospitals Claiming the ZIP Code in Their PSAs, FY 2018



Community Benefit Service Area

The CBR also collects the ZIP codes included in each hospital's community benefit service area (CBSA). Each hospital defines its own CBSA and must disclose the methodology behind this definition in both their CBRs and their federally mandated CHNAs.[13] Table 3 summarizes the methods reported by Maryland hospitals. The most common method was based on patterns of service utilization, such as percentages of hospital discharges and emergency department (ED) visits. In general, the other methods that hospitals reported were based on proximity to the facility, social determinants of health indicators, and the proportion of residents medically

[12] The exception is the specialty hospitals that do not have GBRs. For these hospitals, the ZIP codes that account for 60 percent of discharges are reported.
[13] 26 CFR § 1.501(r)-3(b).

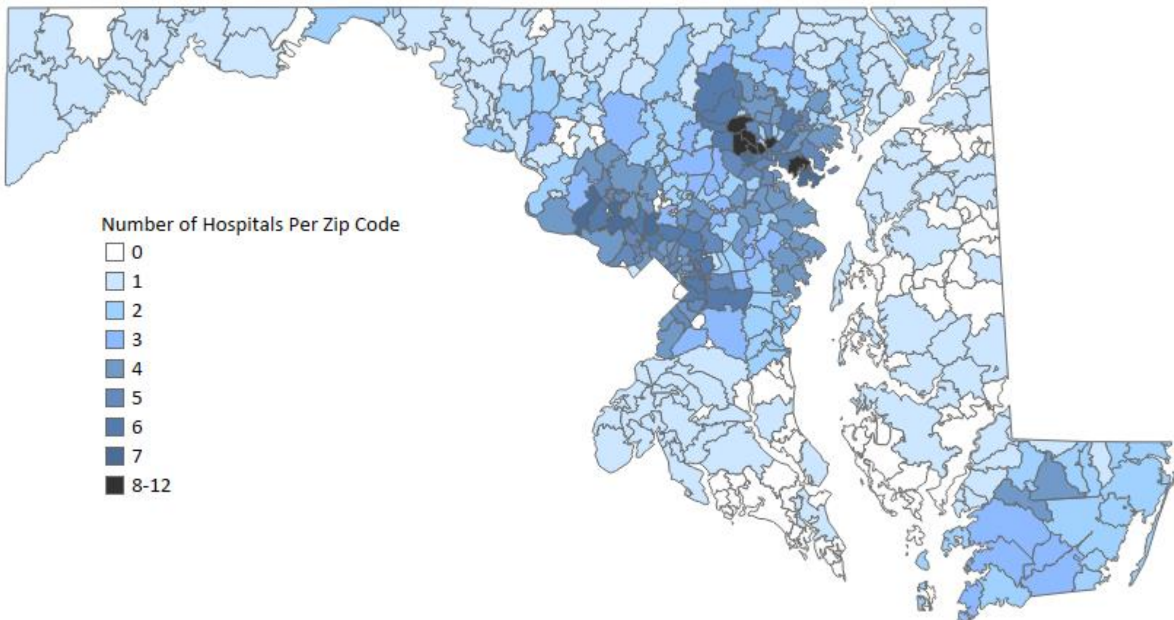
underserved or uninsured/underinsured. Eleven hospitals base their CBSAs on the PSAs described above.

Table 3. Methods Used by Hospitals to Identify Their CBSAs, FY 2018

CBSA Identification Method	Number of Hospitals
Based on ZIP Codes in Financial Assistance Policy	6
Based on ZIP Codes in their PSA	11
Based on Patterns of Utilization	26
Other Method	26

Figure 2 displays the number of hospitals claiming each ZIP code in their CBSAs. A total of 79 ZIP codes—those that appear white on the map—are not a part of any hospital's CBSA. This shows an improvement over FY 2017, which identified 106 ZIP codes that were not covered. Seven ZIP codes in Baltimore City/County—those that appear black on the map—are part of eight or more hospitals' CBSAs. Although hospital CBSAs and PSAs overlap, the PSAs (displayed in Figure 1 above) cast a wider net within the state. Please note that there is no requirement for CBSAs and PSAs to overlap. Please also note that hospitals may include out of state ZIP codes in their CBSA, but these are not displayed below.

Figure 2. Number of Hospitals Claiming the ZIP Code in Their CBSAs, FY 2018



Other Demographic Characteristics of Service Areas

Hospitals are required to submit details about the communities in their CBSAs. Because most of the required measures in this section of the report are not available at the ZIP code level, they are reported at the county level instead. Table 4 displays examples of the county-level demographic measures required in the CBR. Because hospitals vary in their approaches to describing their service areas, the data in Table 4 were retrieved independently. See Appendix A for other community health data sources reported by hospitals.

The following measures were derived from the five-year (2013-2017) average estimates of the U.S. Census Bureau's American Community Survey: median household income, percentage of families below the federal poverty level (FPL), percentage uninsured, percentage with public health insurance, mean travel time to work, percentage that speak a language other than English at home, percentage by racial categories, and percentage by ethnicity categories. The life expectancy three-year average (2015-2017) and the crude death rate (2017) measures are from the Maryland Department of Health's Vital Statistics Administration.

Table 4. Community Statistics by County

County	# of Hospitals w/ CBSAs in that County	Median Household Income	% Below FPL	% Uninsured	% Public Health Insurance	% Medicaid	Mean Travel Time to Work (mins)	% Speak Language Other than English at Home	Race: % White	Race: % Black	Ethnicity: % Hispanic or Latino	Life Expectancy	Crude Death Rate (per 100,000)
Maryland		**78,916**	**6.6**	**7.3**	**30.7**	**23.5**	**32.7**	**18.0**	**59.1**	**31.5**	**9.6**	**79.2**	**826.3**
Allegany	1	42,771	10.6	5.9	44.4	30.6	20.9	4.3	90.3	9.2	1.7	76.0	1304.2
Anne Arundel	6	94,502	3.9	5.4	26.8	16.9	30.2	11.0	77.0	18.1	7.3	79.5	778.2
Baltimore	12	71,810	6.0	6.7	31.2	24.0	29.5	14.0	64.3	29.5	5.1	78.3	1019.6
Baltimore City	18	46,641	17.2	8.0	45.1	42.5	30.7	9.5	32.0	64.3	5.0	72.8	1086.6
Calvert	1	100,350	3.3	5.3	26.5	16.0	41.9	4.5	85.2	14.3	3.6	79.3	790.1
Caroline	1	52,469	12.1	8.3	44.6	36.5	32.1	7.0	83.3	15.3	6.9	76.2	1069.5
Carroll	3	90,510	3.4	3.7	25.8	14.1	35.6	5.0	93.8	4.3	3.2	79.0	965.5
Cecil	2	70,516	6.5	5.5	32.8	26.4	29.3	4.9	90.3	8.1	4.1	76.1	1005.4
Charles	1	93,973	5.2	4.1	26.5	20.6	43.9	7.7	50.8	47.3	5.4	78.9	683.8
Dorchester	1	50,532	11.9	5.6	49.7	40.4	26.3	5.9	68.9	29.8	5.0	76.1	1355.6
Frederick	4	88,502	4.5	5.3	24.9	16.6	35.0	13.1	84.0	10.9	8.8	80.0	736.0
Garrett	1	48,174	7.6	7.5	43.5	29.8	24.2	2.2	98.6	1.5	1.1	78.2	1173.3
Harford	2	83,445	5.4	3.9	28.4	18.1	32.1	7.0	81.9	15.0	4.2	79.0	865.7
Howard	4	115,576	3.6	4.8	21.8	14.7	30.9	25.2	62.0	20.5	6.5	83.5	515.4
Kent	1	56,638	7.8	6.3	44.1	25.8	26.7	5.5	83.7	15.9	4.3	79.1	1382.6
Montgomery	9	103,178	4.8	8.4	25.2	18.1	34.7	40.5	57.5	19.9	19.0	84.8	575.3
Prince George's	9	78,607	6.5	11.9	30.2	25.2	36.9	24.3	20.6	65.1	17.4	79.1	717.2
Queen Anne's	2	89,241	3.8	5.0	30.8	17.6	36.2	4.9	90.6	8.0	3.7	79.8	870.0
Saint Mary's	1	86,508	5.8	5.8	26.6	20.8	30.9	6.9	81.9	16.1	4.8	79.2	775.7
Somerset	3	39,239	18.0	8.7	46.4	34.4	24.9	8.5	54.9	43.5	3.5	75.0	1207.7
Talbot	1	65,595	6.7	6.2	42.2	23.0	26.6	7.5	85.0	13.5	6.5	81.3	1183.2

County	# of Hospitals w/ CBSAs in that County	Median Household Income	% Below FPL	% Uninsured	% Public Health Insurance	% Medicaid	Mean Travel Time to Work (mins)	% Speak Language Other than English at Home	Race: % White	Race: % Black	Ethnicity: % Hispanic or Latino	Life Expectancy	Crude Death Rate (per 100,000)
Washington	1	58,260	9.7	7.0	38.3	29.9	29.3	7.2	86.0	13.0	4.5	77.5	1048.6
Wicomico	2	54,493	10.2	8.3	39.5	34.2	21.2	11.4	70.0	27.1	5.0	76.7	967.7
Worcester	2	59,458	7.8	7.4	43.8	26.6	24.3	5.2	84.3	14.6	3.4	77.9	1249.8
Source	[14]	[15]	[16]	[17]	[18]	[19]	[20]	[21]	[22]	[23]	[24]	[25]	[26]

[14] As reported by hospitals in their FY 2018 Community Benefit Narrative Reports

[15] American Community Survey 5-Year Estimates 2013 – 2017, Selected Economic Characteristics, Median Household Income (Dollars), https://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t

[16] American Community Survey 5-Year Estimates 2013 – 2017, Selected Economic Characteristics, Percentage of Families and People Whose Income in the Past 12 Months is Below the Federal Poverty Level – All Families

[17] American Community Survey 5-Year Estimates 2013 – 2017, Selected Economic Characteristics, Health Insurance Coverage (Civilian Noninstitutionalized Population) – No Health Insurance Coverage

[18] American Community Survey 5-Year Estimates 2013 – 2017, Selected Economic Characteristics, Health Insurance Coverage (Civilian Noninstitutionalized Population) – With Public Coverage

[19] American Community Survey 5-Year Estimates, 2013–2017 (denominator) and The Hilltop Institute (numerator)

[20] American Community Survey 5-Year Estimates 2013 – 2017, Selected Economic Characteristics, Commuting to Work – Mean Travel Time to Work (Minutes)

[21] American Community Survey 5-Year Estimates 2013 – 2017, Language Spoken at Home, Speak a Language Other Than English

[22] American Community Survey 5-Year Estimates 2013 – 2017, ACS Demographic and Housing Estimates, Race - Race alone or in combination with one or more other races - Total Population - White

[23] American Community Survey 5-Year Estimates 2013 – 2017, ACS Demographic and Housing Estimates, Race - Race alone or in combination with one or more other races - Total Population – Black or African American

[24] American Community Survey 5-Year Estimates 2013 – 2017, ACS Demographic and Housing Estimates, Hispanic or Latino and race - Total Population - Hispanic or Latino (of any race)

[25] Maryland Department of Health and Mental Hygiene Vital Statistics Report: 2017, Table 7. Life Expectancy at Birth by Race, Region, and Political Subdivision, Maryland, 2015 – 2017.

[26] Maryland Department of Health and Mental Hygiene Vital Statistics Report: 2017, Table 39A. Crude Death Rates by Race, Hispanic Origin of Mother, Region, and Political Subdivision, Maryland, 2017.

Section II. Community Health Needs Assessment

Section II of the narrative CBR asks hospitals whether they conducted a CHNA, when they last conducted it, and whether they adopted an implementation strategy. All hospitals reported conducting a CHNA that conforms to the IRS definition within the past three fiscal years, and all but one reported adopting an implementation strategy.[27] See Appendix B for the dates in which hospitals conducted their last CHNAs. These dates ranged from June 2015 to June 2018.

This section also asks the hospitals to report on internal and external participants involved in the CHNA process and their corresponding roles. Just over half of all hospitals reported collaborating with other hospitals or community/neighborhood organizations to identify community health needs. Over half partner with local health improvement collaboratives in data collection, prioritization, and resource linking. Additionally, 38 hospitals worked with local health departments to identify community health needs. See Appendix C for more detail.

Section III. Community Benefit Administration

This section of the narrative CBR requires hospitals to report on the process of determining which needs in the community would be addressed through community benefits activities. This section asks the hospitals to report on internal and external participants involved in community benefit activities and their corresponding roles. Tables 5 and 6 present some highlights; see Appendix D for full detail. Of note, the vast majority of hospitals now employ population health staff, and over 80 percent employ staff dedicated to community benefit. Additionally, the majority of hospitals collaborated with local health departments to administer community benefit activities. Just over half of all hospitals worked with community/neighborhood organizations to deliver community benefit initiatives, while just under half of all hospitals collaborated with other hospitals specifically for community benefit delivery.

Table 5. Number of Hospital Reporting Staff in the Following Categories

Staff Category	Number of Hospitals	% of Hospitals
Population Health Staff	45	93.8%
Community Benefit Staff	39	81.3%
CB/Pop Health Director	44	91.7%

Table 6. Number of Hospitals that Collaborated with Selected Types of External Organizations

Collaborator Type	Number of Hospitals	% of Hospitals
Post-Acute Care Organizations	13	27.1%
Local Health Departments	39	81.2%
Other Hospitals	29	60.4%
Behavioral Health Organizations	22	45.8%

[27] This hospital did not respond to the question asking to explain why the implementation strategy was not adopted and did not respond to a follow-up request for clarification/

Internal Audit and Board Review

This section asks whether the hospital conducts an internal audit of the CBR financial spreadsheet and narrative. All hospitals responded to this question. Table 7 shows that 46 out of 48 hospitals conduct an internal audit of the financial spreadsheet. Audits are most frequently performed by staff.

Table 7. Hospital Audits of CBR Financial Spreadsheet

	Number of Hospitals	
Audit Type	**Yes**	**No**
Hospital Staff	37 (77.1%)	11 (22.9%)
System Staff	31 (64.6%)	17 (35.4%)
Third-Party	8 (16.7%)	40 (83.3%)
No Audit	2 (4.2%)	46 (95.8%)
Two or More Audit Types	29 (60.4%)	19 (39.6%)
Three or More Audit Types	1 (2.1%)	47 (97.9%)

This section also asks whether the hospital board reviews and approves the CBR spreadsheet and narrative. Table 8 shows that most hospital boards review and approve the CBR. Of the hospitals that reported that they did not submit their reports for board review, their reasons were largely related to timing issues or because the board had delegated this authority to executive staff. For example, several hospitals reported that their board meets only twice per year and did not have the opportunity to review before the report deadline.

Table 8. Hospital Board Review of the CBR

	Number of Hospitals	
Board Review	**Yes**	**No**
Spreadsheet	40 (83.3%)	8 (16.7%)
Narrative	38 (79.2%)	10 (20.8%)

This section also asks if community benefit investments are incorporated into the major strategies of the Hospital Strategic Transformation Plan. Table 9 shows that nearly all hospitals indicated that community benefit investments are a part of their Strategic Transformation Plan.

Table 9. Community Benefit Investments in Hospital Strategic Transformation Plan

Community Benefit Investments in Strategic Transformation Plan	Number of Hospitals
Yes	46 (95.8%)
No	1 (2.1%)
No response	1 (2.1%)

Section IV. Hospital Community Benefit Program and Initiatives

The CBR asks hospitals to describe three, ongoing community benefit initiatives undertaken to address needs in the community. Table 10 summarizes the types of initiatives reported. Hospital community benefit initiatives were much more likely to target chronic conditions than acute conditions. Of 144 total initiatives reported across all hospitals, 97 addressed either the treatment or prevention of chronic conditions, or both. The most common types of interventions were chronic condition (prevention), social determinants of health, and community engagement (addressed by 55.6 percent, 47.2 percent, and 45.1 percent of all initiatives, respectively). Hospitals could report more than one category of intervention for each initiative.

Table 10. Types of Community Benefit Initiatives

	Number of Interventions in Each Category	Percentage of Interventions that Fall within Category
Chronic condition-based intervention: treatment intervention	50	34.7%
Chronic condition-based intervention: prevention intervention	80	55.6%
Acute condition-based intervention: treatment intervention	38	26.4%
Acute condition-based intervention: prevention intervention	40	27.8%
Condition-agnostic treatment intervention	9	6.3%
Social determinants of health intervention	68	47.2%
Community engagement intervention	65	45.1%
Other	15	10.4%

Table 11 presents the types of evidence that hospitals use to evaluate the effectiveness of their community benefit initiatives. By far, the most common category of evidence used to evaluate the effectiveness of community benefit initiatives was the count of participants, which was used in all but 13 initiatives reported. The next most common criteria reported were surveys of participants and biophysical health indicators, which were used in 35.4 percent and 29.2 percent of initiatives, respectively. Hospitals could report more than one type of evaluative criteria for each initiative.

Table 11. Types of Evidence Used to Evaluate Effectiveness of Initiatives

	Number of Interventions Using each Type of Evaluation Criteria	Percentage of Interventions that Use each Type of Evaluation Criteria
Count of Participants	131	91.0%
Other Process Measures	34	23.6%
Surveys of Participants	51	35.4%
Biophysical Health Indicators	42	29.2%
Assessment of Environmental Change	7	4.9%
Impact on Policy Change	4	2.8%
Effects on Healthcare Utilization or Cost	26	18.1%
Assessment of Workforce Development	6	4.2%
Other	28	19.4%

Table 12 summarizes the community health needs addressed by these initiatives, as identified in hospitals' CHNAs. Diabetes and heart disease were the top two community health needs.

Table 12. Community Health Needs Addressed by Selected Hospital Community Benefit Initiatives, FY 2018

Community Health Needs	Number of Hospitals	Percentage of Hospitals
Diabetes	34	70.8%
Heart Disease and Stroke	33	68.8%
Educational and Community-Based Programs	30	62.5%
Nutrition and Weight Status	29	60.4%
Social Determinants of Health	24	50.0%
Substance Abuse	23	47.9%
Mental Health and Mental Disorders	22	45.8%
Physical Activity	22	45.8%
Health-Related Quality of Life and Well-Being	21	43.8%
Cancer	17	35.4%
Tobacco Use	17	35.4%

Community Health Needs	Number of Hospitals	Percentage of Hospitals
Other	17	35.4%
Older Adults	16	33.3%
Access to Health Services: Health Insurance	12	25.0%
Access to Health Services: Practicing PCPs	10	20.8%
Access to Health Services: Regular PCP Visits	10	20.8%
Maternal and Infant Health	8	16.7%
Violence Prevention	8	16.7%
Adolescent Health	7	14.6%
Injury Prevention	7	14.6%
Access to Health Services: ED Wait Times	6	12.5%
HIV	6	12.5%
Sexually Transmitted Diseases	6	12.5%
Community Unity	5	10.4%
Chronic Kidney Disease	4	8.3%
Disability and Health	4	8.3%
Immunization and Infectious Diseases	4	8.3%
Respiratory Diseases	4	8.3%
Telehealth	3	6.3%
Health Communication and Health Information Technology	2	4.2%
Oral Health	2	4.2%
Arthritis, Osteoporosis, and Chronic Back Conditions	1	2.1%
Dementias, Including Alzheimer's Disease	1	2.1%
Food Safety	1	2.1%
Lesbian, Gay, Bisexual, and Transgender Health	1	2.1%
Sleep Health	1	2.1%

The CBR also asks hospitals about community health needs identified through the CHNA process that were not addressed. Overall, 29 hospitals reported that one or more primary community health needs were not addressed; 17 responded that all needs were addressed; and 2 did not respond to the question. At least one hospital identified the following community health needs, but no hospital reported initiatives to address them: environmental health, vision, and wound care. Some hospitals listed the following reasons for not addressing all of the needs identified in their CHNAs: lack of resources, lack of expertise, or that the needs are being addressed by other local organizations, hospitals, or partnerships

Community Benefit Operations/Activities Related to State Initiatives

Hospitals were asked how their community benefit operations/activities work toward the state's initiatives for improvement in population health, as identified by the State Health Improvement Process (SHIP). The SHIP seeks to provide a framework for accountability, local action, and public engagement to advance the health of Maryland residents. In the context of the state's All-Payer Model, hospitals are tasked with improving quality, including decreasing readmissions and

hospital-acquired conditions. Of the 48 hospitals, 44 reported that their community benefit activities addressed at least one SHIP goal. Table 13 presents the SHIP goals that hospitals most and least commonly addressed. Because hospitals target their community benefit initiatives to address community health needs identified in their CHNAs, the SHIP goals selected tended to be those that were in alignment with hospital CHNAs.

Table 13. SHIP Goals Most- and Least- Commonly Addressed by Hospitals in FY 2018

SHIP Goal	Number of Hospitals	Percentage of Hospitals
Most-Commonly Addressed SHIP Goals		
Increase the % of adults who are at a healthy weight	36	75.0%
Reduce diabetes-related ED visit rate (per 100,000)	36	75.0%
Reduce hypertension-related ED visit rate (per 100,000)	36	75.0%
Least-Commonly Addressed SHIP Goals		
Reduce the teen birth rate (ages 15-19)	3	6.3%
Increase the % of students entering kindergarten ready to learn	3	6.3%
Reduce Chlamydia infection rate	3	6.3%
Reduce the % of young children with high blood lead levels	3	6.3%

Section V. Physicians

Gaps in Availability

Maryland law requires hospital to provide a written description of gaps in the availability of specialist providers to serve the uninsured cared for by the hospital.[28] Table 14 shows the gaps in availability that were submitted and the number of hospitals reporting each gap. The most frequently reported gap was mental health (reported by 37 hospitals), followed by substance abuse and detoxification. The least frequently reported gaps, each reported by one hospital, were allergy and immunology, anesthesiology, gastroenterology, GYN oncology, nephrology, pain, physiatry, thoracic, and wound care. Three hospitals reported no gaps this year, compared with 13 hospitals in FY 2017.

[28] MD. CODE. ANN., Health-Gen. § 19-303(c)(2)(vi).

Table 14. Gaps in Availability

Physician Specialty Gap	Number of Hospitals
No Gaps	3
Mental Health	37
Substance Abuse/Detoxification	22
Primary Care	20
Dental	19
Neurosurgery	18
General surgery	16
Obstetrics	14
Dermatology	11
Internal medicine	11
Orthopedic Specialties	11
Otolaryngology (ENT)	10
Pulmonology	6
Infectious Diseases	5
Vascular	5
Oncology	4
Endocrinology	3
Rheumatology	3
Cardiology	2
Emergency Department	2
Hematology	2
Laboratory	2
Medical Imaging	2
Urology	2
Allergy/Immunology	1
Anesthesiology	1
Gastroenterology	1
Gyn Oncology	1
Nephrology	1
Pain	1
Physiatry	1
Thoracic	1
Wound Care	1
Other	3

Physician Subsidies

Hospitals that report physician subsidies as a community benefit category are required to further explain why the services would not otherwise be available to meet patient demand. The physician subsidy categories include the following: hospital-based physicians with whom the

hospital has an exclusive contract; non-resident house staff and hospitalists; coverage of ED call; physician provision of financial assistance to encourage alignment with the hospital financial assistance policies; physician recruitment to meet community need; and other subsidies. The most frequently reported categories were "other," and hospital-based physicians. Subsidies described in the "other" category tended to be outpatient services and specialty services. Overall, 43 hospitals reported at least one category of subsidy.

Table 15. Physician Subsidies

Physician Specialty Gap	Number of Hospitals
Hospital-Based Physicians	33
Non-Resident House Staff and Hospitalists	31
Coverage of ED Call	27
Physician Recruitment to Meet Community Need	24
Physician Provision of Financial Assistance	11
Other	33

Section VI. Financial Assistance Policies

Finally, the narrative section of the CBR requires hospitals to submit information about their financial assistance policies. Maryland law established the requirements for hospitals to provide free or reduced cost care as part of their financial assistance policies as follows:[29]

- State statute sets the family income threshold for free, medically necessary care at or below 150 percent of the FPL; however, the statute allows the HSCRC to create higher income thresholds through regulation.[30] HSCRC regulations require hospitals to provide free, medically necessary care to patients with family income at or below 200 percent of the FPL.[31]
- Hospitals must provide reduced-cost, medically necessary care to patients with family income between 200 and 300 percent of the FPL.[32]
- Hospitals must provide reduced-cost, medically necessary care to patients with family income below 500 percent of the FPL who have a financial hardship; this is referred to as the financial hardship policy.[33] In order to qualify as having a financial hardship, the medical debt incurred by a family over a 12-month period must exceed 25 percent of the family's income.[34]

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[29] MD. CODE. ANN., Health-Gen. §19-214.1; COMAR 10.37.10.26.
[30] MD. CODE. ANN., Health-Gen. §19-214.1(b).
[31] COMAR 10.37.10.26(A-2)(2)(a)(i).
[32] COMAR 10.37.10.26(A-2)(2)(a)(ii).
[33] COMAR 10.37.10.26(A-2)(3).
[34] COMAR 10.37.10.26(A-2)(1)(b)(i).

Table 16 summarizes hospital compliance with these thresholds. Overall, 15 hospitals had free care policies that were more generous to patients than required; 36 had sliding scale policies that were more generous; and 15 had financial hardship policies that were more generous. Two hospitals reported policies that fell below the regulatory requirement in at least one category.

Table 16. Summary of Hospital Compliance with Financial Assistance Policy Income Requirements, FY 2018

Income Threshold	Falls Below Requirement	Meets Requirement	Exceeds Requirement	Insufficient Data[35]
Threshold for Free Care	1	32	15	0
Threshold for Sliding Scale Care	2	9	36	1
Threshold for Medical Hardship	0	29	15	4

[35] Several hospitals did not provide a complete enough response to the question to determine the income threshold for the policy and had not yet responded to follow-up requests for more information as of the publication date of this report.

FINANCIAL REPORTS

The financial reports collect information about staff hours, the number of encounters, and direct and indirect costs for community benefits, categorized by type of community benefit activity. The reporting period for these financial data is July 1, 2017, through June 30, 2018. Hospitals submitted their individual CBRs to the HSCRC in December 2018. Audited financial statements were used to calculate the cost of each of the community benefit categories contained in the data reports. Fifty-one hospitals submitted individual data reports.

FY 2018 Financial Reporting Highlights

Table 17 presents a statewide summary of community benefit staff hours, encounters, and expenditures for FY 2018. Maryland hospitals provided roughly $1.75 billion in total community benefit activities in FY 2018—a total that is slightly higher than the $1.56 billion in FY 2017. As with FY 2017, the top three categories in FY 2018 were: $615 million in mission-driven health care services (subsidized health services), $561 million in health professions education, and $311 million in charity care. These totals include hospital-reported indirect costs, which vary by hospital and by category from a fixed dollar amount to a calculated percentage of the hospital's reported direct costs.

Table 17. Total Community Benefits, FY 2018

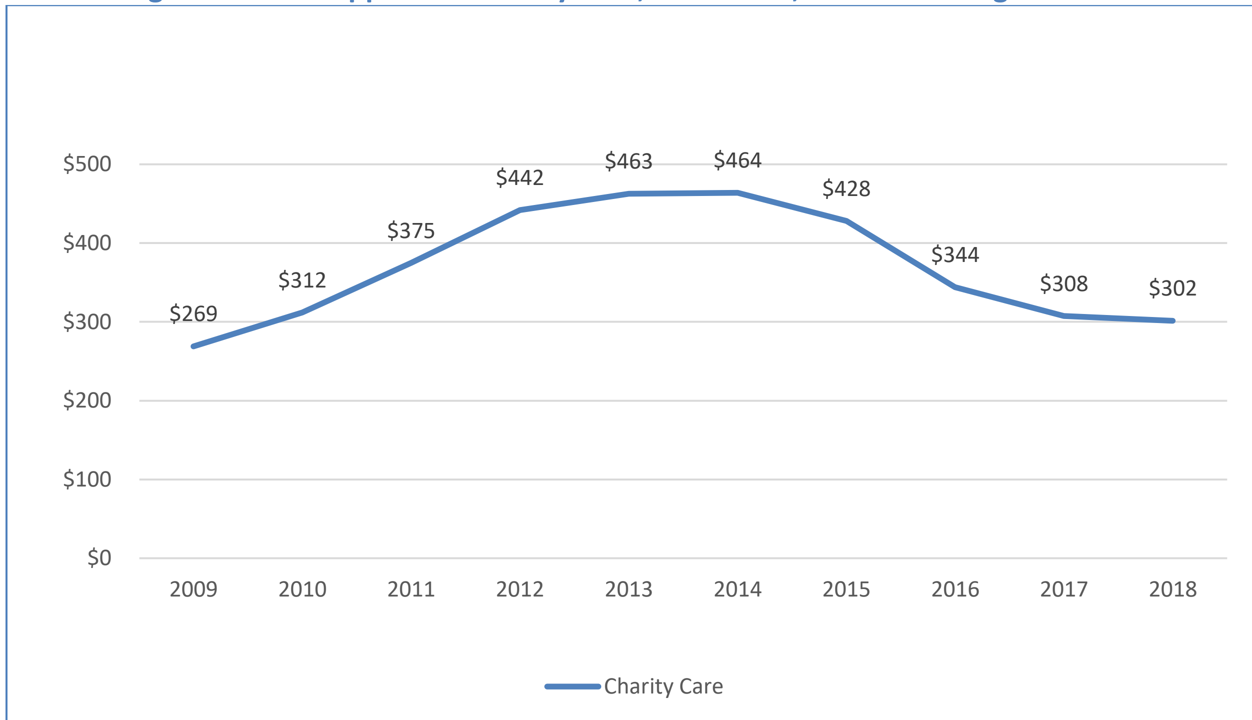
Community Benefit Category	Number of Staff Hours	Number of Encounters	Net Community Benefit Expense	% of Total Community Benefit Expenditures	Net Community Benefit Expense Less: Rate Support	% of Total Community Benefit Expenditures w/o Rate Support
Mission Driven Health Services	4,175,634	1,643,854	$615,041,958	35.18%	$615,041,958	56.63%
Health Professions Education	4,897,638	121,082	$560,999,545	32.09%	$200,280,755	18.44%
Community Health Services	1,977,412	3,051,383	$127,419,231	7.29%	$127,419,231	11.73%
Unreimbursed Medicaid Cost	0	0	$56,475,885	3.23%	$56,475,885	5.20%
Community Building	275,707	295,964	$31,911,655	1.83%	$31,911,655	2.94%
Community Benefit Operations	113,545	2,694	$14,544,083	0.83%	$14,544,083	1.34%
Financial Contributions	29,671	119,941	$14,339,667	0.82%	$14,339,667	1.32%
Research	148,741	6,532	$11,605,193	0.66%	$11,605,193	1.07%
Charity Care	0	0	$310,740,130	17.77%	$9,198,753	0.85%
Foundation	67,248	35,524	$5,334,341	0.31%	$5,334,341	0.49%
Total	**11,685,595**	**5,276,973**	**$1,748,411,689**	**100%**	**$1,086,151,522**	**100%**

In Maryland, the costs of uncompensated care (including charity care and bad debt) and graduate medical education are built into the rates for which hospitals are reimbursed by all payers, including Medicare and Medicaid. Additionally, the HSCRC rates include amounts for nurse support programs provided at Maryland hospitals. These costs are essentially "passed-through" to the purchasers and payers of hospital care and are referred to as "rate support." To comply

with IRS Form 990 and avoid accounting confusion, hospitals include rate support in their CBR worksheets. HSCRC staff then separately account for rate-supported activities, as presented in the last two columns of Table 17 above. Appendix E details the amounts that were included in rates and funded by all payers for charity care, direct graduate medical education, and nurse support programs in FY 2018.

As noted above, the HSCRC includes a provision in hospital rates for uncompensated care, which includes both charity care (which is a community benefit) and bad debt (which is not a community benefit). Figure 3 shows the rate support for charity care from FY 2009 through FY 2018. The rate support for charity care continuously increased from FY 2009 through FY 2014; it has decreased each year since FY 2014 due to implementation of the ACA. See Appendix F for more information about the HSCRC's methodology for determining the amount of charity care that is built into rates.

Figure 3. Rate Support for Charity Care, in Millions, FY 2009 through FY 2018



Another social cost funded through Maryland's rate-setting system is the cost of graduate medical education, generally for interns and residents who are trained in Maryland hospitals. Included in graduate medical education costs are the direct costs (i.e., direct medical education, or DME), which include the residents' and interns' wages and benefits, faculty supervisory expenses, and allocated overhead. The HSCRC's annual cost report quantifies the DME costs of physician training programs at Maryland hospitals. In FY 2018, DME costs totaled $344 million. The HSCRC's Nurse Support Program I (NSP I) is aimed at addressing the short- and long-term nursing shortage affecting Maryland hospitals. In FY 2018, $16.6 million was provided in hospital rate adjustments for the NSPI.

When the reported community benefit costs for Maryland hospitals were offset by rate support, the net community benefits provided in FY 2018 totaled $1.09 billion, or 6.7 percent of total hospital operating expenses. This is an increase from the $896 million in net benefits provided in FY 2017, which totaled 5.7 percent of hospital operating expenses. See Appendix G for additional detail.

Table 18 presents staff hours, the number of encounters, and expenditures for health professional education by activity. The education of physicians and medical students makes up the majority of expenses in the category of health professions education, totaling $493 million. The second highest category is the education of nurses and nursing students, totaling $34 million. The education of other health professionals totaled $23 million.

Table 18. Health Professions Education Activities and Costs, FY 2018

Health Professions Education	Number of Staff Hours	Number of Encounters	Net Community Benefit with Indirect Cost
Physicians and Medical Students	3,922,546	55,008	493,039,660
Nurses and Nursing Students	508,674	21,900	34,425,775
Other Health Professionals	349,670	30,913	22,926,720
Scholarships and Funding for Professional Education	5,310	599	5,262,277
Other	111,437	12,661	5,345,113
Total	**4,897,638**	**121,082**	**$560,999,545**

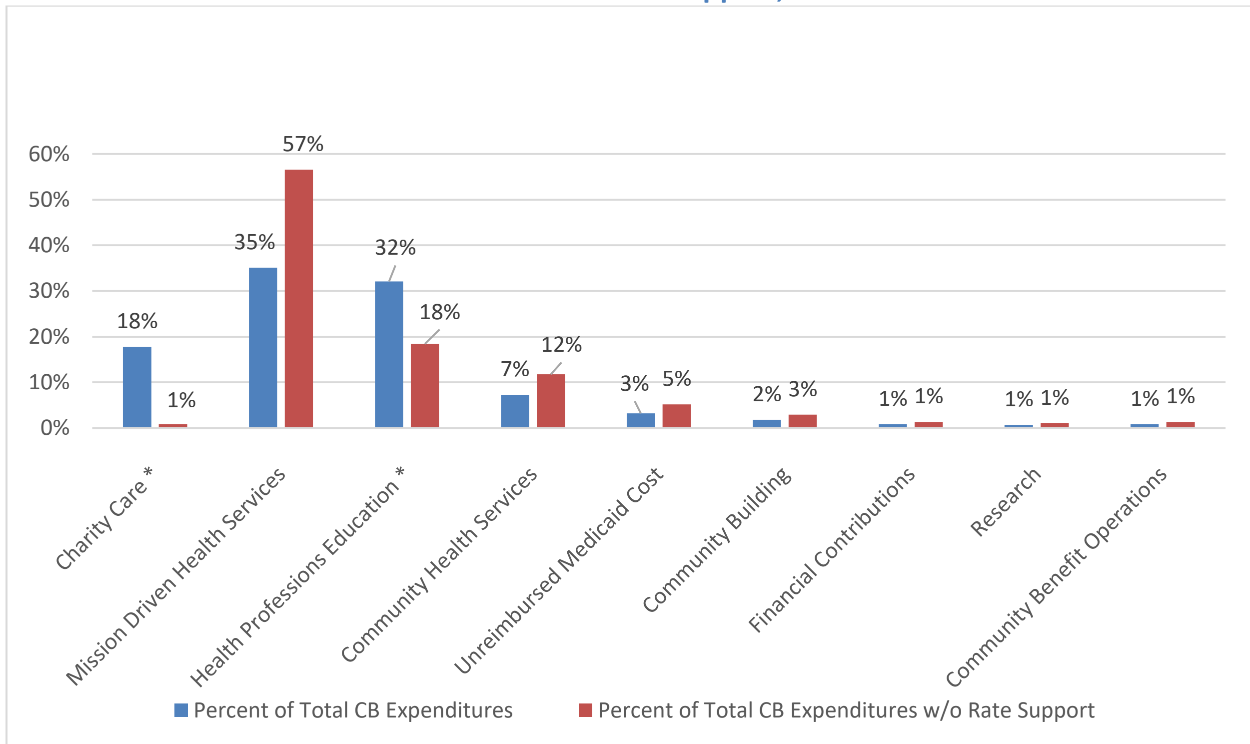
Table 19 presents the number of staff hours and encounters, as well as expenditures for community health services by activity. Health care support services comprise the largest portion of expenses in the category of community health services, totaling $57 million. Community health education is the second highest category, totaling $24 million, and community-based clinical services is the third highest, totaling $18 million. For additional detail, see Appendix H.

Table 19. Community Health Services Activities and Costs, FY 2018

Community Health Services	Number of Staff Hours	Number of Encounters	Net Community Benefit with Indirect Cost
Health Care Support Services	382,989	345,885	$56,944,842
Community Health Education	1,077,956	1,918,221	24,236,625
Community-Based Clinical Services	302,783	297,981	18,200,984
Other	78,732	136,260	11,959,791
Free Clinics	3,998	9,243	5,075,739
Support Groups	27,742	38,293	4,208,124
Screenings	46,014	204,178	3,107,728
Self-Help	24,410	83,271	1,920,594
Mobile Units	31,283	9,806	1,530,004
One-Time/Occasionally Held Clinics	1,505	8,245	234,800
Total	**1,977,412**	**3,051,383**	**$127,419,231**

Rate offsetting significantly affects the distribution of expenses by category. Figure 4 shows expenditures in each community benefit category as a percentage of total expenditures. Mission-driven health services, health professions education, and charity care represent the majority of the expenses, at 35 percent, 32 percent, and 18 percent, respectively. Figure 4 also shows the percentage of expenditures by category without rate support, which changes the configuration: Mission-driven health services remains the category with the highest percentage of expenditures, at 57 percent. Health professions education follows, with 18 percent of expenditures, and community health services accounts for 12 percent of expenditures.

Figure 4. Percentage of Community Benefit Expenditures by Category with and without Rate Support, FY 2018



Appendix H compares hospitals on the total amount of community benefits reported, the amount of community benefits recovered through HSCRC-approved rate supports (i.e., charity care, direct medical education, and nurse support), and the number of staff and staff hours dedicated to community benefit operations. On average, in FY 2018, 2,226 staff hours were dedicated to community benefit operations, a decrease of 9.9 percent over FY 2017. As with FY 2017, three hospitals did not report any staff hours dedicated to community benefit operations in FY 2018. The HSCRC continues to encourage hospitals to incorporate community benefit operations into their overall strategic planning.

The total amount of FY 2018 community benefit expenditures as a percentage of total operating expenses ranged from 1.30 percent to 25.76 percent, with an average of 7.71 percent, slightly higher than FY 2017 (6.81 percent). Ten hospitals reported providing benefits in excess of 10 percent of their operating expenses, compared with eleven hospitals in FY 2017.

FY 2004 – FY 2018 15-Year Summary

FY 2018 marks the 15th year since the inception of the CBR. In FY 2004, community benefit expenses represented $586.5 million, or 6.9 percent of operating expenses. In FY 2018, these expenses represented roughly $1.75 billion, or 10.8 percent of operating expenses. As Maryland hospitals have increasingly focused on implementation of cost- and quality-improvement strategies, an increasing percentage of operating expenses is being directed toward community benefit initiatives.

The reporting requirement for revenue offsets and rate support has changed since the inception of the CBR in FY 2004. For consistency purposes, the following figures illustrate community benefit expenses from FY 2009 through FY 2018. Figures 5 and 6 show the trend of community benefit expenses with and without rate support. Historically, roughly 50 percent of expenses were reimbursed through the rate-setting system, though that figure fell to below 40 percent in FY 2018.

Figure 5. FY 2009 – FY 2018 Community Benefit Expenses with and without Rate Support, in Millions

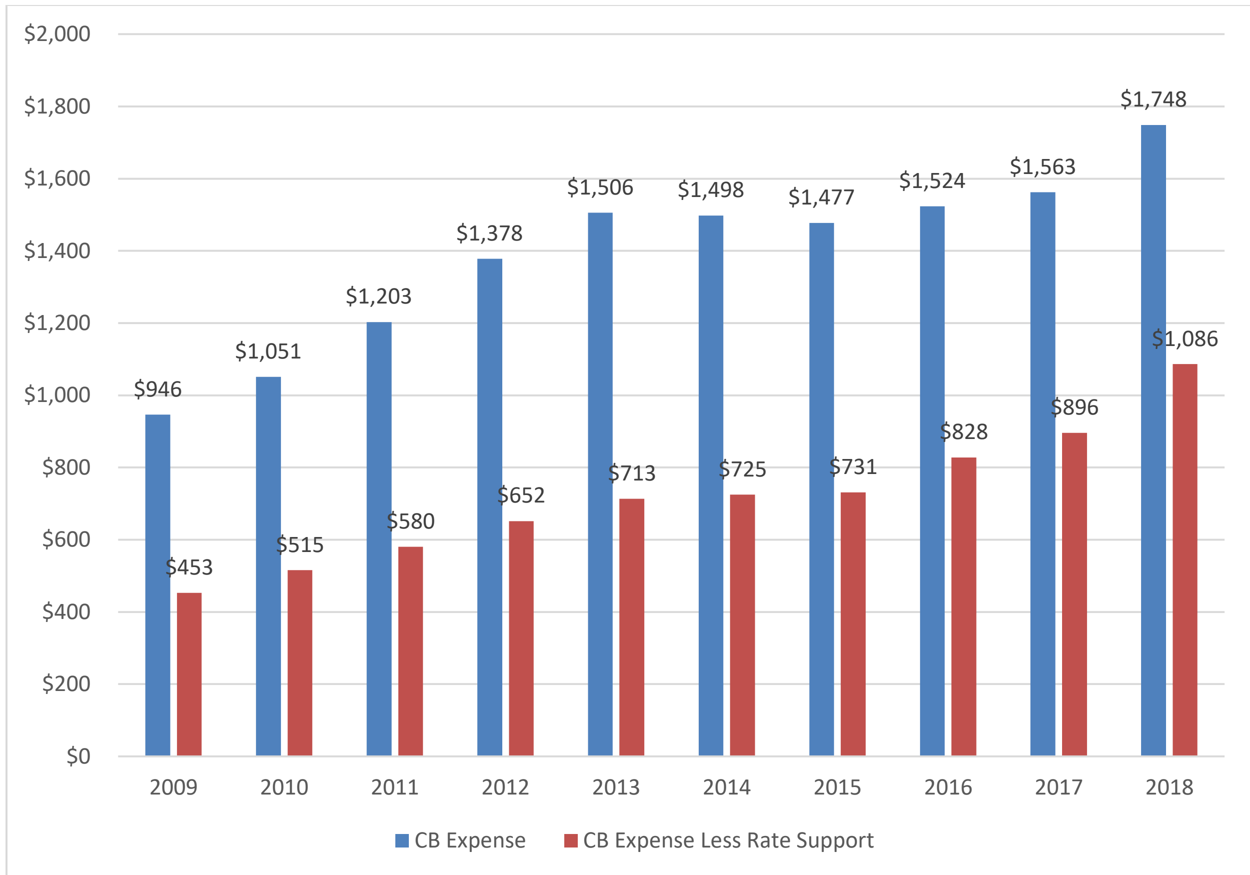
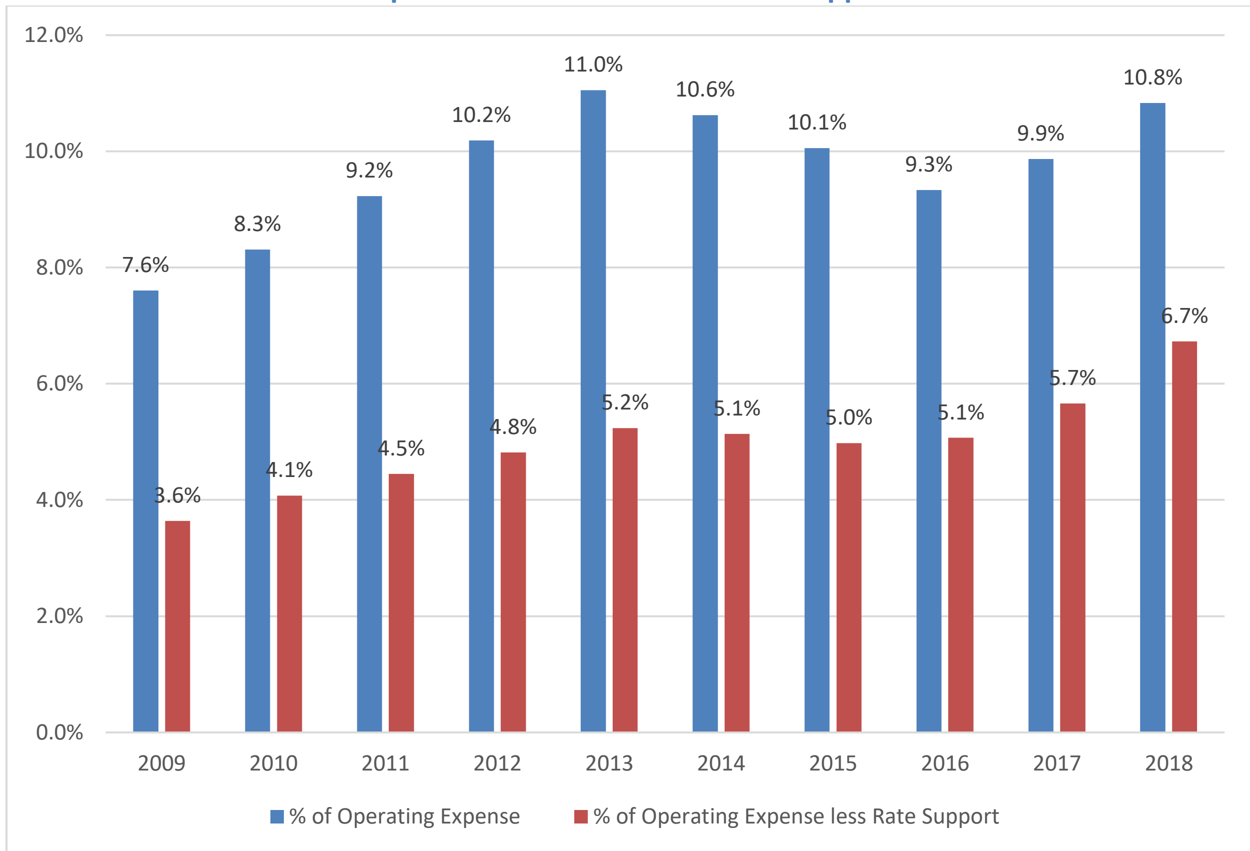


Figure 6. FY 2009 – FY 2018 Community Benefit Expenses as a Percentage of Operating Expenses with and without Rate Support



CONCLUSION

In summary, all 51 hospital submitted their FY 2018 CBRs, showing a total of $1.7 billion in community benefit expenditures, which is a slight increase over FY 2017. The distribution of expenditures across community benefit categories remained similar to prior years, with mission-driven services accounting for the majority of expenditures. Expenditures as a percentage of operating expenses also slightly increased from FY 2017 (6.81 percent) to FY 2018(7.71 percent).

The narrative portion provides the HSCRC with richer detail on hospital community benefit beyond what is included in the financial report. The hospitals were very responsive to using the new reporting tool, and all hospitals successfully submitted their reports online. Encouraging findings of the review include senior-level commitment to community benefit activities and community engagement. For example, most hospitals now employ population health staff, and most report that these staff are involved in selecting the community health needs to target and in developing community benefit initiatives. Over 80 percent of hospitals employ staff dedicated to community benefit. Further, hospitals expanded their CBSAs in FY 2018 over FY 2017, covering more ZIP codes within the state.

The review also identified areas for further policy consideration. Consistent with previous reports, access to and partnerships with behavioral health and post-acute providers are a potential area for policy development. The most frequently reported gaps in provider availability were mental health and substance use disorders services. Only 13 hospitals reported collaborating with post-acute facilities in their community benefit initiatives. Hospital community benefit initiatives most frequently targeted chronic conditions, and diabetes and heart disease were identified as top community health needs. With the new Total Cost of Care Model, there is greater emphasis on population health and collaboration with community-based providers to address population health needs. Finally, the review found that two hospitals' reported financial assistance policies were inconsistent with the requirements in regulations. The HSCRC intends to follow up to ensure compliance.

In last year's statewide summary report, staff identified a number of areas for improving the CBR reporting tool. In consultation with the Community Benefit Workgroup, these changes were implemented and will allow for better trending analyses for reports going forward.

APPENDIX A. COMMUNITY HEALTH MEASURES REPORTED BY HOSPITALS

In addition to the measures reported in Table 4 of the main body of this report, hospitals reported using a number of other sources of community health measures. These sources include the following:

- 2017 Cigarette Restitution Fund Program
- Baltimore City Health Department 2017 Neighborhood Health Profiles
- CDC Community Health Indicators
- Comprehensive Health Services, Inc. (CHSI)
- Healthy Communities Institute
- Healthy People 2020
- HRSA
- Johns Hopkins Bloomberg School of Public Health - 2018 Healthy Food Priority Areas Map
- Johns Hopkins Center for a Livable Future - Maryland Food System Map
- Maryland Behavioral Risk Factor Surveillance System
- Maryland Hospital Association
- Maryland Physician Workforce Study
- Maryland Report Card
- Maryland State Health Improvement Process (SHIP)
- Maryland Youth Risk Behavior Survey
- National Cancer Institute
- RWJF County Health Rankings
- Truven/IBM Market Expert
- United Way ALICE
- University of Maryland School of Public Health

APPENDIX B. CHNA SCHEDULES

Hospital	Date Most Recent CHNA was Completed as Reported on FY 2018 CBR
MedStar Franklin Square Medical Center	Jun 2015
MedStar Good Samaritan	Jun 2015
MedStar Harbor Hospital Medical Center	Jun 2015
MedStar Montgomery Medical Center	Jun 2015
MedStar Southern Maryland Hospital Center	Jun 2015
MedStar St. Mary's Hospital	Jun 2015
MedStar Union Memorial Hospital	Jun 2015
UM Charles Regional Medical Center	Jun 2015
Anne Arundel Medical Center	Feb 2016
Atlantic General Hospital	May 2016
Fort Washington Medical Center	May 2016
Meritus Medical Center	May 2016
Sheppard Pratt Health System	May 2016
UM Shore Health at Dorchester	May 2016
UM Shore Health at Easton	May 2016
UM Shore Regional Health at Chestertown	May 2016
Doctors Community Hospital	Jun 2016
Frederick Memorial Hospital	Jun 2016
Greater Baltimore Medical Center	Jun 2016
Johns Hopkins – Howard County General Hospital	Jun 2016
Peninsula Regional Medical Center	Jun 2016
Suburban Hospital	Jun 2016
UM Baltimore Washington Medical Center	Jun 2016
UM Laurel Regional Hospital	Jun 2016
UM St. Joseph Medical Center	Jun 2016
Union Hospital of Cecil County	Jun 2016
Bon Secours Baltimore Health System	Sep 2016
Holy Cross Germantown Hospital	Oct 2016
Holy Cross Hospital	Oct 2016
Garrett Regional Medical Center	Nov 2016
Adventist HealthCare Behavioral Health & Wellness Services	Dec 2016
Adventist HealthCare Rehabilitation	Dec 2016
Adventist HealthCare Shady Grove Medical Center	Dec 2016

Hospital	Date Most Recent CHNA was Completed as Reported on FY 2018 CBR
Adventist HealthCare – Washington Adventist Hospital	Dec 2016
Western Maryland Regional Medical Center	Jun 2017
CalvertHealth Medical Center	Nov 2017
McCready Health	Dec 2017
Lifebridge Carroll Hospital	Mar 2018
Lifebridge Levindale Hebrew Geriatric Center and Hospital of Baltimore	Mar 2018
Lifebridge Northwest Hospital	Mar 2018
Lifebridge Sinai Hospital	Mar 2018
Johns Hopkins Bayview Medical Center	May 2018
UM Upper Chesapeake Health	May 2018
UM Harford Memorial Hospital	May 2018
UM Rehabilitation & Orthopaedic Institute	May 2018
Johns Hopkins Hospital	Jun 2018
Mercy Medical Center	Jun 2018
Mt. Washington Pediatric Hospital	Jun 2018
St. Agnes Hospital	Jun 2018
UMMC Midtown Campus	Jun 2018
UMMC	Jun 2018

*Data Source: As reported by hospitals on their FY 2018 CBRs and edited according to hospital websites

APPENDIX C. CHNA INTERNAL AND EXTERNAL PARTICIPANTS AND THEIR ROLES

CHNA Participant Category	N/A - Person or Organization was not Involved	N/A - Position or Department Does Not Exist	Member of CHNA Committee	Participated in the Development of the CHNA Process	Advised on CHNA Best Practices	Participated in Primary Data Collection	Participated in Identifying Priority Health Needs	Participated in Identifying Community Resources to Meet Health Needs	Provided Secondary Health Data	Other
Internal Participants										
CB/ Community Health/Population Health Director (facility level)	3	13	32	31	28	21	32	29	19	4
CB/ Community Health/ Population Health Director (system level)	9	13	15	23	22	14	25	24	9	4
Senior Executives (CEO, CFO, VP, etc.) (facility level)	1	1	34	31	14	14	32	24	3	11
Senior Executives (CEO, CFO, VP, etc.) (system level)	5	7	18	26	14	5	23	12	2	8
Board of Directors or Board Committee (facility level)	7	4	14	17	9	4	21	16	4	11
Board of Directors or Board Committee (system level)	15	6	9	9	9	1	11	6	1	9
Clinical Leadership (facility level)	1	0	32	25	26	16	40	33	7	2
Clinical Leadership (system level)	18	6	15	14	15	4	21	15	4	0
Population Health Staff (facility level)	4	12	27	21	19	21	31	31	18	1
Population Health Staff (system level)	14	9	16	19	14	14	22	19	12	4
Community Benefit staff (facility level)	0	14	30	31	32	30	32	31	25	1
Community Benefit staff (system level)	7	13	17	19	23	16	18	18	13	6
Physician(s)	8	0	24	18	18	15	32	25	4	1
Nurse(s)	9	0	25	21	18	18	34	31	10	1
Social Workers	10	1	20	15	14	18	30	28	7	1
Community Benefit Task Force	5	11	18	23	16	22	27	25	15	9
Hospital Advisory Board	6	21	12	14	13	6	18	16	3	1
Other (specify)	7	1	2	1	5	8	7	7	5	1

CHNA Participant Category	N/A - Person or Organization was not Involved	N/A - Position or Department Does Not Exist	Member of CHNA Committee	Participated in the Development of the CHNA Process	Advised on CHNA Best Practices	Participated in Primary Data Collection	Participated in Identifying Priority Health Needs	Participated in Identifying Community Resources to Meet Health Needs	Provided Secondary Health Data	Other
External Participants										
Other Hospitals	15		14	20	15	24	25	19	13	4
Local Health Department	3		24	29	28	40	38	38	32	7
Local Health Improvement Coalition	9		16	19	20	27	30	30	19	1
Maryland Department of Health	21		5	4	6	7	4	6	17	3
Maryland Department of Human Resources	41		0	0	0	2	0	0	3	0
Maryland Department of Natural Resources	44		0	0	0	0	0	0	1	0
Maryland Department of the Environment	39		0	0	0	1	1	0	6	0
Maryland Department of Transportation	36		1	1	1	1	1	1	7	1
Maryland Department of Education	35		1	1	1	1	1	1	8	0
Area Agency on Aging	16		5	6	6	14	19	20	11	1
Local Govt. Organizations	20		9	10	9	12	22	20	7	1
Faith-Based Organizations	11		6	5	2	17	24	25	2	1
School - K-12	16		6	5	10	15	22	22	15	5
School - Colleges and/or Universities	19		5	6	13	17	21	23	11	5
School of Public Health	30		2	2	7	12	12	10	7	5
School - Medical School	39		0	1	1	4	4	5	3	0
School - Nursing School	33		0	3	4	6	9	8	3	0
School - Dental School	43		0	0	0	0	0	2	0	0
School - Pharmacy School	42		0	0	0	0	1	2	0	0
Behavioral Health Organizations	19		9	7	7	11	22	24	6	1
Social Service Organizations	16		8	8	9	20	25	26	4	1
Post-Acute Care Facilities	34		1	0	2	5	5	8	2	0

CHNA Participant Category	N/A - Person or Organization was not Involved	N/A - Position or Department Does Not Exist	Member of CHNA Committee	Participated in the Development of the CHNA Process	Advised on CHNA Best Practices	Participated in Primary Data Collection	Participated in Identifying Priority Health Needs	Participated in Identifying Community Resources to Meet Health Needs	Provided Secondary Health Data	Other
Community/Neighborhood Organizations	14		8	7	4	17	26	26	5	1
Consumer/Public Advocacy Organizations	21		6	3	3	14	20	20	6	0
Other	10		4	3	7	19	25	22	8	5

APPENDIX D. COMMUNITY BENEFIT INTERNAL AND EXTERNAL PARTICIPANTS AND THEIR ROLES

	N/A - Person or Organization was not Involved	N/A - Position or Department Does Not Exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing Funding for CB Activities	Allocating budgets for individual initiatives	Delivering CB Initiatives	Evaluating the Outcome of CB Initiatives	Other (explain)
Internal Participants										
CB/ Community Health/Population Health Director (facility level)	3	11	32	31	30	23	28	29	28	3
CB/ Community Health/ Population Health Director (system level)	13	8	23	23	23	8	14	18	20	1
Senior Executives (CEO, CFO, VP, etc.) (facility level)	2	1	32	35	21	32	35	7	17	1
Senior Executives (CEO, CFO, VP, etc.) (system level)	7	8	26	24	19	15	16	3	14	2
Board of Directors or Board Committee (facility level)	7	4	23	19	11	8	5	3	13	8
Board of Directors or Board Committee (system level)	20	8	15	11	5	2	2	0	2	2
Clinical Leadership (facility level)	3	0	34	30	26	11	15	31	28	1
Clinical Leadership (system level)	19	8	14	14	10	6	7	10	10	0
Population Health Staff (facility level)	2	10	27	25	25	10	11	29	29	0
Population Health Staff (system level)	16	8	16	19	18	6	12	18	18	0
Community Benefit staff (facility level)	4	15	26	25	22	11	12	23	28	2
Community Benefit staff (system level)	8	16	15	15	16	4	6	15	18	2
Physician(s)	5	0	27	25	18	3	5	34	15	3
Nurse(s)	5	0	24	23	19	7	7	40	18	1
Social Workers	13	2	18	17	14	3	3	33	15	0
Community Benefit Task Force	7	11	25	23	23	3	4	12	21	2
Hospital Advisory Board	15	19	12	11	6	3	5	4	6	2
Other (specify)	37	1	5	6	6	1	1	7	2	0
External Participants										
Other Hospitals	19		18	16	20	11	0	23	19	4

	N/A - Person or Organization was not Involved	N/A - Position or Department Does Not Exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing Funding for CB Activities	Allocating budgets for individual initiatives	Delivering CB Initiatives	Evaluating the Outcome of CB Initiatives	Other (explain)
Local Health Department	9		23	18	24	19	0	28	22	6
Local Health Improvement Coalition	15		25	15	15	1	0	12	13	2
Maryland Department of Health	35		4	5	4	5	0	5	6	0
Maryland Department of Human Resources	48		0	0	0	0	0	0	0	0
Maryland Department of Natural Resources	48		0	0	0	0	0	0	0	0
Maryland Department of the Environment	47		0	0	0	0	0	0	0	1
Maryland Department of Transportation	45		1	1	0	0	0	2	0	1
Maryland Department of Education	42		0	1	0	1	0	3	0	1
Area Agency on Aging	26		10	7	11	5	0	15	13	2
Local Govt. Organizations	23		8	6	3	6	0	15	6	3
Faith-Based Organizations	16		17	5	2	0	0	23	5	6
School - K-12	20		11	7	6	2	0	21	10	5
School - Colleges and/or Universities	27		6	3	3	1	0	16	3	4
School of Public Health	37		3	3	4	1	0	9	5	0
School - Medical School	39		3	1	3	3	0	7	4	1
School - Nursing School	32		4	2	4	1	0	13	4	2
School - Dental School	45		0	0	0	0	0	3	0	0
School - Pharmacy School	44		1	1	1	0	0	3	1	1
Behavioral Health Organizations	26		12	8	7	2	0	20	10	2
Social Service Organizations	23		10	13	6	6	0	19	11	2
Post-Acute Care Facilities	35		3	0	3	0	0	10	3	2
Community/Neighborhood Organizations	19		15	12	9	5	0	25	13	2
Consumer/Public Advocacy Organizations	35		5	5	2	1	0	12	9	1

	N/A - Person or Organization was not Involved	N/A - Position or Department Does Not Exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing Funding for CB Activities	Allocating budgets for individual initiatives	Delivering CB Initiatives	Evaluating the Outcome of CB Initiatives	Other (explain)
Other	25		9	10	5	8	0	17	11	3

APPENDIX E. FY 2018 FUNDING FOR NURSE SUPPORT PROGRAM I, DIRECT MEDICAL EDUCATION, AND CHARITY CARE

Hospital Name	Direct Medical Education (DME)	Nurse Support Program I (NSPI)	Charity Care in Rates	Total Rate Support
Adventist Behavioral Health Rockville	$0	$0	$0	$0
Adventist Rehab of Maryland	$0	$59,505	$0	$59,505
Adventist Shady Grove Hospital	$0	$388,714	$3,058,879	$3,447,593
Adventist Washington Adventist	$0	$263,178	$7,371,752	$7,634,930
Anne Arundel Medical Center	$581,746	$576,313	$4,083,657	$5,241,716
Atlantic General	$0	$105,462	$2,722,729	$2,828,191
Bon Secours	$0	$106,732	$624,232	$730,964
Calvert Hospital	$0	$146,699	$4,279,044	$4,425,743
Carroll Hospital Center	$0	$254,065	$802,579	$1,056,643
Doctors Community	$0	$234,046	$8,723,983	$8,958,029
Fort Washington Medical Center	$0	$48,728	$1,087,072	$1,135,799
Frederick Memorial	$0	$363,796	$6,315,042	$6,678,838
Garrett County Hospital	$0	$48,480	$2,457,098	$2,505,578
GBMC	$8,348,758	$439,684	$2,188,897	$10,977,339
Holy Cross Germantown Hospital	$0	$80,883	$5,384,741	$5,465,624
Holy Cross Hospital	$2,663,635	$505,712	$29,480,773	$32,650,121
Howard County Hospital	$0	$297,946	$4,684,589	$4,982,536
Johns Hopkins Bayview Medical Center	$22,133,583	$643,455	$18,323,641	$41,100,679
Johns Hopkins Hospital	$115,134,967	$2,282,683	$29,663,925	$147,081,575
Lifebridge Levindale	$0	$60,313	$0	$60,313
Lifebridge Northwest Hospital	$0	$257,945	$2,599,234	$2,857,179
LifeBridge Sinai	$15,700,811	$732,672	$6,268,158	$22,701,641
McCready	$0	$16,309	$228,989	$245,299
MedStar Franklin Square	$8,972,942	$505,736	$8,190,971	$17,669,649
MedStar Good Samaritan	$4,379,485	$289,109	$5,908,644	$10,577,237
MedStar Harbor Hospital	$5,191,474	$194,369	$5,065,512	$10,451,356
MedStar Montgomery General	$0	$175,828	$2,407,213	$2,583,041
MedStar Southern Maryland	$0	$271,939	$5,084,691	$5,356,630
MedStar St. Mary’s Hospital	$0	$178,044	$4,335,334	$4,513,378
MedStar Union Memorial	$13,391,966	$426,344	$7,578,927	$21,397,237
Mercy Medical Center	$5,047,339	$513,600	$15,544,958	$21,105,897
Meritus Medical Center	$0	$321,749	$4,736,137	$5,057,885
Mt. Washington Pediatrics	$0	$58,586	$0	$58,586
Peninsula Regional	$0	$430,071	$8,185,920	$8,615,991
Sheppard Pratt	$2,525,139	$145,349	$0	$2,670,488

Hospital Name	Direct Medical Education (DME)	Nurse Support Program I (NSPI)	Charity Care in Rates	Total Rate Support
St. Agnes	$8,121,090	$432,204	$23,124,503	$31,677,797
Suburban Hospital	$498,336	$301,899	$3,772,662	$4,572,896
UM Baltimore Washington	$631,517	$413,064	$6,023,617	$7,068,198
UM Capital Region	$5,392,004	$391,800	$12,710,685	$18,494,489
UM Charles Regional Medical Center	$0	$148,693	$966,136	$1,114,829
UM Harford Memorial	$0	$104,106	$1,476,120	$1,580,226
UM Midtown	$4,365,083	$226,817	$4,573,587	$9,165,486
UM Rehabilitation and Ortho Institute	$3,818,820	$118,767	$0	$3,937,587
UM Shore Medical Chestertown	$0	$60,065	$412,474	$472,539
UM Shore Medical Dorchester	$0	$51,453	$636,456	$687,909
UM Shore Medical Easton	$0	$199,614	$2,394,487	$2,594,101
UM St. Joseph	$0	$402,083	$5,363,890	$5,765,973
UM Upper Chesapeake	$0	$330,967	$5,252,700	$5,583,667
UMMC & Shock Trauma	$117,180,824	$1,547,784	$16,505,857	$135,234,465
Union Hospital of Cecil County	$0	$160,304	$1,497,839	$1,658,143
Western Maryland Health System	$0	$325,608	$9,443,042	$9,768,650
Total	**$344,079,520**	**$16,639,270**	**$301,541,377**	**$662,260,166**

APPENDIX F. CHARITY CARE METHODOLOGY

The purpose of this appendix is to explain why the charity care amounts reported by hospitals in their community benefit reports may not match the charity care amounts applied in their global budgets for the same year. The charity care amounts in rates are part of the HSCRC's uncompensated care (UCC) policy, which is a prospective policy applied at the beginning of the rate year, whereas the amounts reported by hospitals in the community benefit report retrospective.

The HSCRC applies the following procedures to calculate the charity care dollar amount to subtract from total dollars provided by hospitals in the statewide Community Benefit Report.

Step 1

Determine the amount of uncompensated care that was projected for each hospital for the fiscal year being reported (in this case, we are referring to the FY 2017 Community Benefit Report) based on the policy approved by the Commission for the beginning of the rate year (also FY 2017).

- The HSCRC uses a logistic regression to predict actual hospital uncompensated care costs in a given year (FY 2017).
- The uncompensated care logistic regression model predicts a patient's likelihood of having UCC based on payer type, the location of service (inpatient, ED, and other outpatient), and the Area Deprivation Index.[36]
    - An expected UCC dollar amount is calculated for every patient encounter.
    - These UCC dollars are then summed at the hospital level.
    - These summed UCC dollars are then divided by the hospital's total charges to estimate the hospital's UCC level.
- The hospital's most current fiscal year financial audited UCC levels (FY 2017) are averaged with the hospital's estimated UCC levels from the prior FY (FY16) to determine hospital-specific adjustments. These are predicted amounts provided to hospitals to fund the coming year's UCC.
- The rate year 2017 statewide UCC amount is set at 4.69 percent.

Step 2

Retrospectively, determine the actual ratio of charity care to total UCC from the hospital's audited financial statements to determine the rate of charity expense to apply to the predicted UCC amount from the rate year 2017 policy. The resulting charity care amount is the estimated amount provided in rates that will be subtracted from the hospital's community benefit.

[36] The Area Deprivation Index represents a geographic area-based measure of the socioeconomic deprivation experienced by a neighborhood.

Example Johns Hopkins:

Predicted Value from FY 2016 Estimated UCC Levels 3.60%

FY 2017 Audited Financial UCC Level 2.25%

Predicted 50/50 Average 3.02%

Split between Bad Debt and Charity Care Amounts – FY 2017 Audited Financials

Regulated Gross Patient Revenue	Regulated Total UCC	Regulated Bad Debt	Regulated Charity	Bad Debt	Charity Chare
$2,352,718,900	$61,819,012	$40,121,239	$21,697,773	64.90%	35.10%

Estimate amount of UCC $ provided in rates at the beginning of FY 2017:

FY17 Regulated Gross Patient Revenue ($2,352,718,900) * 3.02% (3.02192482223646%) = $ 71,097,396

Estimate of Charity $ provided in rates at the beginning of FY 2017:
35.10% (35.0988673193289%) * $71,097,396 = $24,954,381.

APPENDIX G. FY 2018 COMMUNITY BENEFIT ANALYSIS

Hospital Name	Number of Employees	Number of Staff Hours for CB Operations	Total Hospital Operating Expense	Total Community Benefit Expense	Total CB as % of Total Operating Expense	Total in Rates for Charity Care, DME, and NSPI*	Net CB minus Charity Care, DME, NSPI in Rates	Total Net CB(minus Charity Care, DME, NSPI in Rates) as % of Operating Expense	CB Reported Charity Care
Adventist Behavioral Health Rockville*	397	752	$49,561,380	$5,299,339	10.69%	$0	$5,299,339	10.69%	$1,415,734
Adventist Rehab of Maryland*	499	841	$46,858,266	$2,710,713	5.78%	$59,505	$2,651,207	5.66%	$252,630
Adventist Washington Adventist*	1,342	5,914	$243,708,768	$35,087,712	14.40%	$7,634,930	$27,452,781	11.26%	$6,640,537
Anne Arundel Medical Center	4,746	3,277	$558,534,000	$50,281,740	9.00%	$5,241,716	$45,040,023	8.06%	$3,923,800
Atlantic General	950	95	$127,458,282	$13,401,211	10.51%	$2,828,191	$10,573,020	8.30%	$2,567,553
Bon Secours	589	17,917	$109,675,296	$24,668,422	22.49%	$730,964	$23,937,457	21.83%	$488,596
Calvert Hospital	1,300	376	$131,906,976	$18,375,823	13.93%	$4,425,743	$13,950,080	10.58%	$5,547,029
Carroll Hospital Center	1,793	2,080	$195,292,000	$15,781,944	8.08%	$1,056,643	$14,725,301	7.54%	$546,974
Doctors Community	1,604	1,444	$195,871,667	$13,508,198	6.90%	$8,958,029	$4,550,169	2.32%	$8,862,484
Frederick Memorial	1964	134	$340,036,000	$30,721,235	9.03%	$6,678,838	$24,042,397	7.07%	$6,785,000
Ft. Washington	408	416	$42,237,402	$2,368,122	5.61%	$1,135,799	$1,232,323	2.92%	$928,769
Garrett County Hospital	439	10	$51,150,258	$3,169,409	6.20%	$2,505,578	$663,831	1.30%	$2,550,792
GBMC	0	4,380	$504,347,676	$42,577,897	8.44%	$10,977,339	$31,600,558	6.27%	$1,710,711
Holy Cross Germantown	674	356	$100,707,482	$9,403,754	9.34%	$5,465,624	$3,938,129	3.91%	$4,839,365
Holy Cross Hospital	3,461	4,696	$413,981,550	$51,218,319	12.37%	$32,650,121	$18,568,199	4.49%	$31,485,836
Howard County Hospital	1,752	2,580	$265,393,000	$26,930,941	10.15%	$4,982,536	$21,948,406	8.27%	$4,598,000
Johns Hopkins Bayview Medical Center	3,446	3,421	$632,548,000	$83,958,769	13.27%	$41,100,679	$42,858,090	6.78%	$18,957,000
Johns Hopkins Hospital	0	7,079	$2,396,322,000	$272,875,357	11.39%	$147,081,575	$125,793,781	5.25%	$26,475,000

Hospital Name	Number of Employees	Number of Staff Hours for CB Operations	Total Hospital Operating Expense	Total Community Benefit Expense	Total CB as % of Total Operating Expense	Total in Rates for Charity Care, DME, and NSPI*	Net CB minus Charity Care, DME, NSPI in Rates	Total Net CB(minus Charity Care, DME, NSPI in Rates) as % of Operating Expense	CB Reported Charity Care
Levindale	884	126	$77,169,000	$3,327,824	4.31%	$60,313	$3,267,511	4.23%	$1,018,600
Lifebridge Northwest Hospital	1,767	723	$244,796,678	$13,729,621	5.61%	$2,857,179	$10,872,442	4.44%	$2,067,000
LifeBridge Sinai	4,992	2,295	$752,831,000	$58,913,086	7.83%	$22,701,641	$36,211,445	4.81%	$6,360,600
McCready	273	8	$18,107,925	$652,490	3.60%	$245,299	$407,192	2.25%	$326,004
MedStar Franklin Square	3,013	2,616	$518,888,097	$41,489,808	8.00%	$17,669,649	$23,820,159	4.59%	$7,344,175
MedStar Good Samaritan	1,722	1,594	$259,072,976	$18,360,426	7.09%	$10,577,237	$7,783,188	3.00%	$4,954,141
MedStar Harbor Hospital	1,125	682	$183,508,480	$22,870,652	12.46%	$10,451,356	$12,419,296	6.77%	$3,820,520
MedStar Montgomery General	1,721	60	$165,450,371	$6,332,705	3.83%	$2,583,041	$3,749,664	2.27%	$1,847,698
MedStar Southern Maryland	1,221	8,212	$247,677,692	$18,050,703	7.29%	$5,356,630	$12,694,073	5.13%	$4,843,585
MedStar St. Mary's Hospital	1,200	5,000	$162,218,677	$17,492,296	10.78%	$4,513,378	$12,978,918	8.00%	$3,983,754
MedStar Union Memorial	2,263	664	$449,182,066	$37,410,521	8.33%	$21,397,237	$16,013,284	3.56%	$6,610,504
Mercy Medical Center	3,551	2,489	$483,817,200	$57,442,772	11.87%	$21,105,897	$36,336,875	7.51%	$14,621,887
Meritus Medical Center	2,707	312	$314,735,209	$23,564,918	7.49%	$5,057,885	$18,507,033	5.88%	$4,718,533
Mt. Washington Pediatrics	672	3,151	$58,944,476	$1,476,802	2.51%	$58,586	$1,418,216	2.41%	$86,541
Peninsula Regional	2,794	349	$427,360,744	$50,423,375	11.80%	$8,615,991	$41,807,384	9.78%	$7,604,900
Shady Grove*	1,994	6,324	$337,019,361	$28,444,407	8.44%	$3,447,593	$24,996,814	7.42%	$2,979,569
Sheppard Pratt	2,782	724	$234,132,619	$16,611,638	7.09%	$2,670,488	$13,941,150	5.95%	$4,605,738
St. Agnes	0	0	$452,096,000	$51,743,113	11.45%	$31,677,797	$20,065,315	4.44%	$23,954,876
Suburban Hospital	1,786	0	$295,311,000	$25,543,204	8.65%	$4,572,896	$20,970,308	4.10%	$4,386,000

Hospital Name	Number of Employees	Number of Staff Hours for CB Operations	Total Hospital Operating Expense	Total Community Benefit Expense	Total CB as % of Total Operating Expense	Total in Rates for Charity Care, DME, and NSPI*	Net CB minus Charity Care, DME, NSPI in Rates	Total Net CB(minus Charity Care, DME, NSPI in Rates) as % of Operating Expense	CB Reported Charity Care
UM Baltimore Washington	2,200	2,936	$344,997,000	$23,691,460	6.87%	$7,068,198	$16,623,262	4.82%	$6,845,000
UM Capital Region	2,603	4,160	$285,839,000	$78,564,066	27.49%	$18,494,489	$60,069,577	21.02%	$12,147,000
UM Charles Regional Medical Center	0	1,868	$120,993,920	$11,528,332	9.53%	$1,114,829	$10,413,503	8.61%	$971,260
UM Harford Memorial	994	936	$87,719,000	$7,721,886	8.80%	$1,580,226	$6,141,660	7.00%	$1,903,000
UM Midtown	1,423	250	$223,093,000	$37,972,794	17.02%	$9,165,486	$28,807,308	12.91%	$3,962,000
UM Rehabilitation and Ortho Institute	667	0	$109,216,000	$9,418,991	8.62%	$3,937,587	$5,481,404	5.02%	$2,258,000
UM Shore Medical Chestertown	241	1,260	$46,259,300	$12,388,833	26.78%	$472,539	$11,916,295	25.76%	$475,000
UM Shore Medical Dorchester	284	1,460	$40,094,943	$10,346,219	25.80%	$687,909	$9,658,310	24.09%	$704,387
UM Shore Medical Easton	1,143	1,060	$187,273,586	$31,622,263	16.89%	$2,594,101	$29,028,162	15.50%	$2,800,988
UM St. Joseph	2,378	25	$337,972,000	$38,134,583	11.28%	$5,765,973	$32,368,610	9.58%	$5,281,000
UM Upper Chesapeake	2,156	2,183	$262,553,000	$15,439,651	5.88%	$5,583,667	$9,855,984	3.75%	$4,313,000
UMMC	8,899	3,919	$1,522,227,000	$212,918,463	13.99%	$135,234,465	$77,683,998	5.10%	$22,057,000
Union Hospital of Cecil County	1,372	2,140	$164,054,488	$8,693,334	5.30%	$1,658,143	$7,035,191	4.29%	$1,822,394
Western Maryland Health System	1,979	252	$323,338,357	$53,781,549	16.63%	$9,768,650	$44,012,899	13.61%	$10,489,666
All Hospitals	**85,808**	**112,793**	**$16,093,978,788**	**$1,743,142,350**	**10.83%**	**$1,111,625,421**	**$631,516,928**	**3.92%**	**$309,324,396**

* The Adventist Hospital System received permission to report its community benefit activities on a calendar year basis to more accurately reflect true activities during the community benefit cycle. The numbers listed in the "Total in Rates for Charity Care, DME, and NSPI*" column reflect the HSCRC's activities for FY 2018 and therefore are different from the numbers reported by the Adventist Hospitals.

APPENDIX H. FY 2018 HOSPITAL COMMUNITY BENEFIT AGGREGATE DATA

	Type of Activity	Number of Staff Hours	Number of Encounters	Direct Cost	Indirect Cost	Offsetting Revenue	Net Community Benefit with Indirect Cost	Net Community Benefit without Indirect Cost
Unreimbursed Medicaid Costs								
T99	Medicaid Assessments	$-	$-	$364,825,001	$-	$308,349,116	$56,475,885	$56,475,885
Community Health Services								
A10	Community Health Education	1,077,976	1,918,721	16,861,383	9,407,327	2,032,085	24,236,625	$14,829,298
A11	Support Groups	27,742	38,293	2,828,315	1,740,066	360,257	4,208,124	$2,468,058
A12	Self-Help	24,410	83,271	1,420,823	864,678	364,907	1,920,594	$1,055,916
A20	Community-Based Clinical Services	302,783	297,981	15,494,510	13,763,579	11,057,105	18,200,984	$4,437,405
A21	Screenings	46,014	204,178	2,000,791	1,328,912	221,976	3,107,728	$1,778,816
A22	One-Time/Occasionally Held Clinics	1,505	8,245	179,644	72,965	17,809	234,800	$161,835
A23	Free Clinics	3,998	9,243	4,393,521	963,129	280,911	5,075,739	$4,112,611
A24	Mobile Units	31,283	9,806	2,478,558	840,018	1,788,572	1,530,004	$689,986
A30	Health Care Support Services	382,989	345,885	39,875,757	20,716,454	3,647,369	56,944,842	$36,228,388
A40	Other	49,032	113,811	9,489,166	3,231,508	3,334,406	9,386,268	$6,154,760
A41	Other	20,698	8,155	1,261,637	718,364	0	1,980,002	$1,261,637
A42	Other	5,809	12,225	362,031	127,558	10	489,579	$362,021
A43	Other	3,193	2,069	122,758	61,184	80,000	103,943	$42,758
A44	Other	0	0	0	0	0	0	$-
A99	**Total**	**1,977,412**	**3,051,383**	**$96,768,898**	**$53,835,742**	**$23,185,408**	**$127,419,231**	**$73,583,489**
Health Professions Education								
B1	Physicians/Medical Students	3,922,546	55,008	343,365,436	150,027,991	353,767	493,039,660	$343,011,669
B2	Nurses/Nursing Students	508,674	21,900	25,464,327	9,116,006	154,558	34,425,775	$25,309,769
B3	Other Health Professionals	349,670	30,913	16,711,696	6,526,753	311,729	22,926,720	$16,399,967

	Type of Activity	Number of Staff Hours	Number of Encounters	Direct Cost	Indirect Cost	Offsetting Revenue	Net Community Benefit with Indirect Cost	Net Community Benefit without Indirect Cost
B4	Scholarships/Funding for Professional Education	5,310	599	3,592,392	1,719,435	49,550	5,262,277	$3,542,842
B50	Other	66,223	4,936	3,702,493	1,474,545	36,938	5,140,100	$3,665,555
B51	Other	44,962	6,725	2,426,537	52,240	2,283,877	194,901	$142,661
B52	Other	252	1,000	43,034	30,318	63,239	10,113	$(20,205)
B99	**Total**	**4,897,638**	**121,082**	**$395,305,915**	**$168,947,287**	**$3,253,658**	**$560,999,545**	**$392,052,258**
	Mission-Driven Health Services							
	Mission-Driven Health Services Total	**4,175,634**	**1,643,854**	**$750,879,444**	**$113,537,965**	**$249,375,451**	**$615,041,958**	**$501,503,993**
	Research							
D1	Clinical Research	102,647	2,716	11,008,169	1,469,686	4,553,423	7,924,432	$6,454,746
D2	Community Health Research	23,147	3,816	1,309,029	360,093	153,809	1,515,312	$1,155,220
D3	Other	22,947	0	1,789,316	376,132	0	2,165,448	$1,789,316
D99	**Total**	**148,741**	**6,532**	**$14,106,514**	**$2,205,911**	**$4,707,232**	**$11,605,193**	**$9,399,282**
	Financial Contributions							
E1	Cash Donations	661	5,587	9,087,468	107,049	74,886	9,119,631	$9,012,582
E2	Grants	3,692	456	452,486	20,201	158,457	314,230	$294,029
E3	In-Kind Donations	22,240	108,894	4,012,084	379,434	188,397	4,203,120	$3,823,687
E4	Cost of Fund Raising for Community Programs	3,078	5,004	446,192	256,493	0	702,686	$446,192
E99	**Total**	**29,671**	**119,941**	**$13,998,230**	**$763,177**	**$421,740**	**$14,339,667**	**$13,576,490**
	Community-Building Activities							
F1	Physical Improvements/Housing	29,486	7,517	6,429,677	5,884,273	4,652,100	7,661,850	$1,777,577
F2	Economic Development	3,451	3,944	2,451,588	193,626	13,186	2,632,027	$2,438,402
F3	Support System Enhancements	105,083	30,883	3,432,732	1,752,443	777,998	4,407,177	$2,654,734
F4	Environmental Improvements	13,917	3,382	1,360,049	592,437	29,000	1,923,486	$1,331,049

	Type of Activity	Number of Staff Hours	Number of Encounters	Direct Cost	Indirect Cost	Offsetting Revenue	Net Community Benefit with Indirect Cost	Net Community Benefit without Indirect Cost
F5	Leadership Development/Training for Community Members	3,149	839	117,074	65,641	0	182,716	$117,074
F6	Coalition Building	23,610	7,349	3,233,505	1,889,268	110,532	5,012,240	$3,122,973
F7	Community Health Improvement Advocacy	7,709	22,966	1,914,329	1,083,724	0	2,998,054	$1,914,329
F8	Workforce Enhancement	62,747	98,490	3,864,338	2,223,322	190,015	5,896,645	$3,674,323
F9	Other	24,241	120,433	525,781	300,396	12,878	813,299	$512,903
F10	Other	1,750	161	92,362	61,974	0	154,336	$92,362
F11	Other	564	0	135,480	93,346	0	228,826	$135,480
	Total	**275,722**	**295,964**	**$23,685,790**	**$14,252,263**	**$5,785,709**	**$32,152,344**	**$17,900,082**
Community Benefit Operations								
G1	Dedicated Staff	100,126	1,565	7,165,049	4,675,414	44,422	11,796,041	$7,120,627
G2	Community health/health assets assessments	5,909	629	605,455	265,791	15,488	855,798	$590,007
G3	Other Resources	7,511	500	1,188,872	578,884	0	1,767,756	$1,188,872
G4	Other	0	0	70,000	54,488	0	124,488	$70,000
G99	**Total**	**113,545**	**2,694**	**$9,029,376**	**$5,574,577**	**$59,870**	**14,544,083**	**$8,969,506**
Charity Care								
	Total Charity Care	**$310,740,130**						
Foundation-Funded Community Benefits								
J1	Community Services	3,888	9,404	1,188,297	135,367	220,107	1,103,557	$968,190
J2	Community Building	63,360	26,120	3,476,181	2,936,824	2,182,222	4,230,783	$1,293,959
J3	Other	0	0	0	0	0	0	$-
J99	**Total**	**67,248**	**35,524**	**$4,664,478**	**$3,072,192**	**$2,402,329**	**$5,334,341**	**$2,262,149**
Total Hospital Community Benefits								
A	Community Health Services	1,977,412	3,051,383	$96,768,898	$53,835,742	$23,185,408	$127,419,231	$73,583,489

	Type of Activity	Number of Staff Hours	Number of Encounters	Direct Cost	Indirect Cost	Offsetting Revenue	Net Community Benefit with Indirect Cost	Net Community Benefit without Indirect Cost
B	Health Professions Education	4,897,638	121,082	$395,305,915	$168,947,287	$3,253,658	$560,999,545	$392,052,258
C	Mission Driven Health Care Services	4,175,634	1,643,854	$750,879,444	$113,537,965	$249,375,451	$615,041,958	$501,503,993
D	Research	148,741	6,532	$14,106,514	$2,205,911	$4,707,232	$11,605,193	$9,399,282
E	Financial Contributions	29,671	119,941	$13,998,230	$763,177	$421,740	$14,339,667	$13,576,490
F	Community Building Activities	275,707	295,964	$23,556,914	$14,140,451	$5,785,709	$31,911,655	$17,771,205
G	Community Benefit Operations	113,545	2,694	$9,029,376	$5,574,577	$59,870	$14,544,083	$8,969,506
H	Charity Care	0	0	$310,740,130	$0	$-	$310,740,130	$310,740,130
J	Foundation Funded Community Benefit	67,248	35,524	$4,664,478	$3,072,192	$2,402,329	$5,334,341	$2,262,149
T99	Medicaid Assessments	0	0	$364,825,001	$-	$308,349,116	$56,475,885	$56,475,885
K99	**Total Hospital Community Benefit**	**11,685,595**	**5,276,973**	**$1,983,874,900**	**$362,077,302**	**$597,540,513**	**$1,748,441,689**	**$1,386,334,387**

	Total Operating Expenses	**$16,143,540,168**
	% Operating Expenses w/ Indirect Costs	**10.83%**
	% Operating Expenses w/ o Indirect Costs	**8.59%**

Disclosure of Hospital Financial and Statistical Data: Fiscal Year 2018

April 10, 2019

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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) 2018.

In FY 2018, Maryland concluded its fourth year under the new agreement with the federal Centers for Medicare & Medicaid Services (CMS) and began the fifth and final year of the All-Payer Model (Model). Under the All-Payer Model, the State remained focused on controlling per capita hospital revenue growth (including both inpatient and outpatient hospital costs) for all payers. The Model was designed to achieve the goals of:

- Lower costs
- Better patient experience
- Improved health

Calendar year (CY) 2014 was the first year of the Model. Since FY 2018 straddles the end of the fourth year under the Model and the beginning of the fifth and final year, this report focuses on the fourth year of the Model's financial and quality metric performance, as well as traditional measures of hospital financial health.

Model Performance Results for Year 4 include:

1. Gross all-payer per capita hospital revenues from services provided to Maryland residents grew by 3.54[1] percent, slightly higher than the per capita growth in the Maryland economy, which was 2.90 percent in CY 2017.
2. Over the five-year performance period of the Model, the State was required to 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 4 (CY 2017), the State achieved $330 million in Medicare savings, as compared to the CY 2013 base. The cumulative savings for CY 2014 through CY 2017 are $916 million.
3. Over the Model's performance period, the State was required to 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 was required to 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 October 2018, Maryland Medicare readmission rates equal to the national readmission rate of 15.43 percent. Based on this data, Maryland is anticipated to achieve readmission rates at or below the nation at the end of 2018 as long as Maryland continues to keep up with national improvements over the next two months of data runout.

[1] This figure has been adjusted from 4.06 percent to account for the approximate $75.2 million that Maryland hospitals undercharged their Global Revenue targets from July to December, 2016.

5. Over the performance period of the Model, the State was required to achieve an aggregate 30 percent reduction for all payers in a set of potentially preventable complications (PPCs) measures as part of Maryland's Hospital Acquired Conditions program. Based on data through September 2018, the State achieved greater than 50 percent reduction in PPCs in 2018 compared to 2013.

For FY 2018 versus FY 2017:

1. Profits on regulated activities increased slightly from $1.2 billion (or 8.01 percent of regulated net operating revenue) in FY2017 to $1.3 billion (or 8.95 percent of regulated net operating revenue) in FY 2018.
2. Profits on operations (which include profits and losses from regulated and unregulated day-to-day activities) increased from $458 million in FY 2017 (or 2.86 percent of total net operating revenue) to $555 million in FY 2018 (or 3.35 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) decreased from $1.01 billion in FY 2017 (or 6.08 percent of the total revenue) to $897 million in FY 2018 (or 5.30 percent of the total revenue), primarily due to unrealized losses on investments.
4. Total regulated net patient revenue rose from $14.3 billion in FY 2017 to $14.6 billion in FY 2018, an increase of 2.1 percent.
5. In FY 2018, Maryland hospitals incurred $726 million in uncompensated care, a slight increase in amount from FY 2017's $707 million in uncompensated care. This amounts to approximately four cents of uncompensated care cost for every dollar of gross patient revenue in both years.
6. Gross regulated revenue from potentially avoidable utilization (PAU) readmissions increased slightly from $1.129 billion in FY 2017 to $1.179 billion in FY 2018. However, the percent of gross regulated revenue associated with all PAUs (readmissions and avoidable admissions) increased from 10.99% percent in FY 2017 to 11.11 percent in FY 2018. Case-mix adjusted readmissions declined from 11.67 percent in FY 2017 to 11.47 percent in FY 2018, a 1.72 percent reduction. The case-mix adjusted PPC rate declined from 0.57 percent in FY 2017 to 0.49 percent in FY 2018, a decrease of 14.04 percent. These declines reflect improvement in the quality of care delivered in Maryland hospitals, where readmission rates fell 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 $340 million in FY 2017 to $344 million in FY 2018, an increase of 1.08 percent.

INTRODUCTION

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.

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 Model goals included:

- 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 was measured by:

- Limiting the growth in gross per capita all-payer hospital revenues since calendar year (CY) 2013. Maryland 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 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 All Payer 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 Model metrics was favorable:

- All-payer per capita hospital revenues grew 3.54 percent[2], which is above the per capita growth of the Maryland economy in CY 2017, but is 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 2018. National data for FY 2018 data indicate that Maryland costs grew slower than the nation.
- Charges for PAU readmissions increased slightly from $1.129 billion in FY 2017 to $1.179 billion in FY 2018. Overall PAU charges increased from $1.835 billion in FY 2017 to $1.905 billion in FY 2018. As a percentage of gross regulated patient revenue, PAU readmissions increased between FY 2017 and FY 2018 by 1.7 percent and total PAU charges increased by 1 percent.
- Quality data indicate that there were reductions in the case-mix adjusted readmission rate and the PPC rate. The case-mix adjusted readmission rate declined from 11.67 percent in FY 2017 to 11.47 percent in FY 2018, a decrease of 1.72 percent. The case-mix adjusted PPC rate declined from 0.57 percent in FY 2017 to 0.49 percent in FY 2018, a decrease of 14.04 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 2.50 percent from $16.7 billion in FY 2017 to $17.2 billion in FY 2018.
- Net regulated patient revenue. Total regulated net patient revenue rose from $14.3 billion in FY 2017 to $14.6 billion in FY 2018, an increase of 2.33 percent.
- Profits on regulated activities. Profits on regulated activities increased in FY 2018, from $1.2 billion (8.01 percent of regulated net operating revenue) in FY 2017 to $1.3 billion (8.95 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) increased from $458 million in FY 2017 (or 2.86 percent of total net operating revenue) to $555 million in FY 2018 (or 3.35 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) decreased from

[2] This figure was adjusted from 4.06 percent to account for the approximate $75.2 million that Maryland hospitals undercharged their Global Budget Revenue targets from July to December 2016.

$1.01 billion in FY 2017 (or 6.08 percent of the total revenue) to $897 million (or 5.30 percent of the total revenue) in FY 2018, primarily due to unrealized gains on investments.

- Total Direct Graduate Medical Education Expenditures. Total direct graduate medical education expenditures increased from $340 million in FY 2017 to $344 million in FY 2018, an increase of 1.08 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 on the basis of the same HSCRC approved rates. 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. The actual uncompensated care is not reimbursed by the system, therefore 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, 2018 and December 31, 2017, rather than combining together the financial data of hospitals whose fiscal years end in the same calendar year, e.g., June 30, 2018 and December 31, 2018, as was done in the past. All of the financial data in this report has been combined in this fashion.

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 may 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 2018 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 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 $75.2 million from July 2016 to December 2016. The CY 2017 all-payer per capita revenue growth was adjusted from 4.06 percent to 3.54 percent to account for the undercharges.
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, Mt. Washington Pediatric Hospital, and Sheppard Pratt Hospital.
5. In accordance with Health-General Article, Section 19-3A-07, four free-standing medical facilities—Queen Anne's Freestanding Medical Center, Germantown

Emergency Center, Bowie Health Center, and University of Maryland Laurel Medical 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, Germantown Emergency Center and Bowie Health Center effective July 1, 2011, and University of Maryland Laurel Medical Center effective January 1, 2019.

6. Effective January 1, 2014, Levindale Hospital was designated by CMS as an acute care hospital, rather than a specialty hospital.

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 2016 TO 2018

ALL ACUTE HOSPITALS

FISCAL YEAR ENDING	June 2018	June 2017	June 2016
Gross Patient Revenue:			
Regulated Services	17,160,518,301	16,742,377,981	16,414,062,529
Unregulated Services	2,099,603,181	1,863,929,050	1,767,905,021
TOTAL	19,260,121,481	18,606,307,031	18,181,967,550
Net Patient Revenue (NPR):			
Regulated Services	14,587,357,748	14,255,058,804	13,918,979,932
Unregulated Services	1,027,889,126	903,405,218	832,676,315
TOTAL	15,615,246,874	15,158,464,022	14,751,656,247
Other Operating Revenue:			
Regulated Services	218,487,665	198,414,245	160,718,431
Unregulated Services	723,533,429	676,703,096	665,160,514
TOTAL	942,021,095	875,117,341	825,878,945
Net Operating Revenue (NOR)			
Regulated Services	14,805,845,413	14,453,473,049	14,079,698,363
Unregulated Services	1,751,422,556	1,580,108,314	1,497,836,829
Total	16,557,267,969	16,033,581,363	15,577,535,193
Total Operating Expenses:			
Regulated Services	13,480,814,103	13,296,225,370	12,874,250,706
Total	16,002,718,953	15,575,691,957	15,065,706,428
Net Operating Profit (Loss):			
Regulated Services	1,325,031,310	1,157,247,679	1,205,447,657
Unregulated Services	-770,482,294	-699,358,273	-693,618,892
Total	554,549,016	457,889,406	511,828,765
Total Non-Operating Profit (Loss):	342,291,548	552,035,260	-150,036,105
Non-Operating Revenue	379,533,088	573,786,997	-34,313,381
Non-Operating Expenses	37,241,540	21,751,737	115,722,725
Total Excess Profit (Loss):	896,840,564	1,009,920,359	361,792,660
% Net Operating Profit of Regulated NOR	8.95	8.01	8.56
% Net Total Operating Profit of Total NOR	3.35	2.86	3.29
% Total Excess Profit of Total Revenue	5.30	6.08	2.33
Total Direct Medical Education:	344,079,520	340,398,287	328,323,025
Inpatient Readmission Charges:	1,179,251,346	1,128,688,040	1,129,105,848
Risk Adjusted Readmission Percent:	11.47%	11.67%	11.61%
Potentially Avoidable Utilization Costs:	1,905,103,406	1,835,478,329	1,799,419,338
Risk Adjusted PPC Rate:	0.49	0.57	0.73

HEALTH SERVICES COST REVIEW COMMISSION
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
FISCAL YEAR 2016 TO 2018

ANNE ARUNDEL MEDICAL CENTER

FISCAL YEAR ENDING	June 2018	June 2017	June 2016
Gross Patient Revenue:			
Regulated Services	632,980,900	601,774,600	576,313,300
Unregulated Services	9,963,590	8,191,534	6,941,900
TOTAL	642,944,490	609,966,134	583,255,200
Net Patient Revenue (NPR):			
Regulated Services	545,511,252	515,360,553	497,838,744
Unregulated Services	3,695,690	7,646,388	6,366,700
TOTAL	549,206,942	523,006,941	504,205,444
Other Operating Revenue:			
Regulated Services	2,847,116	3,477,500	5,914,800
Unregulated Services	8,152,900	8,367,500	6,387,900
TOTAL	11,000,016	11,845,000	12,302,700
Net Operating Revenue (NOR)			
Regulated Services	548,358,368	518,838,053	503,753,544
Unregulated Services	11,848,590	16,013,888	12,754,600
Total	560,206,958	534,851,941	516,508,144
Total Operating Expenses:			
Regulated Services	490,791,240	477,719,120	451,531,237
Total	530,969,000	519,408,967	491,019,800
Net Operating Profit (Loss):			
Regulated Services	57,567,128	41,118,933	52,222,307
Unregulated Services	-28,329,170	-25,675,959	-26,733,963
Total	29,237,958	15,442,974	25,488,344
Total Non-Operating Profit (Loss):	28,338,000	64,008,993	-37,898,800
Non-Operating Revenue	28,338,000	64,008,993	-37,898,800
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	57,575,958	79,451,967	-12,410,456
% Net Operating Profit of Regulated NOR	10.50	7.93	10.37
% Net Total Operating Profit of Total NOR	5.22	2.89	4.93
% Total Excess Profit of Total Revenue	9.78	13.27	-2.59
Total Direct Medical Education:	581,746	0	0
Inpatient Readmission Charges:	28,632,967	29,107,555	28,636,602
Risk Adjusted Readmission Percent:	10.75%	11.13%	10.96%
Potentially Avoidable Utilization Costs:	53,348,107	52,888,654	51,929,798
Risk Adjusted PPC Rate:	0.34	0.48	0.73

HEALTH SERVICES COST REVIEW COMMISSION
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
FISCAL YEAR 2016 TO 2018

ATLANTIC GENERAL HOSPITAL

FISCAL YEAR ENDING	June 2018	June 2017	June 2016
Gross Patient Revenue:			
Regulated Services	110,418,500	107,265,100	105,461,500
Unregulated Services	63,700,385	54,847,161	50,662,326
TOTAL	174,118,885	162,112,261	156,123,826
Net Patient Revenue (NPR):			
Regulated Services	94,882,400	91,131,000	90,081,400
Unregulated Services	26,381,485	23,330,161	21,406,426
TOTAL	121,263,885	114,461,161	111,487,826
Other Operating Revenue:			
Regulated Services	352,013	361,039	794,324
Unregulated Services	3,491,800	3,032,853	2,782,807
TOTAL	3,843,813	3,393,892	3,577,131
Net Operating Revenue (NOR)			
Regulated Services	95,234,413	91,492,039	90,875,724
Unregulated Services	29,873,284	26,363,014	24,189,233
Total	125,107,697	117,855,053	115,064,957
Total Operating Expenses:			
Regulated Services	80,337,807	77,717,176	75,915,305
Total	127,458,126	117,268,349	112,904,611
Net Operating Profit (Loss):			
Regulated Services	14,896,606	13,774,863	14,960,419
Unregulated Services	-17,247,035	-13,188,159	-12,800,074
Total	-2,350,429	586,704	2,160,346
Total Non-Operating Profit (Loss):	3,451,583	2,606,640	263,569
Non-Operating Revenue	3,451,583	2,606,640	263,569
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	1,101,154	3,193,344	2,423,915
% Net Operating Profit of Regulated NOR	15.64	15.06	16.46
% Net Total Operating Profit of Total NOR	-1.88	0.50	1.88
% Total Excess Profit of Total Revenue	0.86	2.65	2.10
Total Direct Medical Education:	0	0	0
Inpatient Readmission Charges:	4,511,419	4,156,652	3,487,090
Risk Adjusted Readmission Percent:	10.49%	8.75%	8.72%
Potentially Avoidable Utilization Costs:	9,144,998	9,809,551	8,453,276
Risk Adjusted PPC Rate:	0.32	0.35	0.57

HEALTH SERVICES COST REVIEW COMMISSION
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
FISCAL YEAR 2016 TO 2018

BON SECOURS HOSPITAL

FISCAL YEAR ENDING	August 2018	August 2017	August 2016
Gross Patient Revenue:			
Regulated Services	110,087,997	109,889,834	106,732,300
Unregulated Services	58,150,432	59,134,112	56,474,022
TOTAL	168,238,430	169,023,946	163,206,322
Net Patient Revenue (NPR):			
Regulated Services	91,522,740	91,183,374	90,580,150
Unregulated Services	16,549,359	16,004,797	15,365,284
TOTAL	108,072,099	107,188,171	105,945,434
Other Operating Revenue:			
Regulated Services	712,869	1,274,515	1,545,300
Unregulated Services	1,740,559	2,545,390	3,587,084
TOTAL	2,453,428	3,819,904	5,132,384
Net Operating Revenue (NOR)			
Regulated Services	92,235,609	92,457,889	92,125,450
Unregulated Services	18,289,918	18,550,186	18,952,368
Total	110,525,527	111,008,075	111,077,818
Total Operating Expenses:			
Regulated Services	73,360,106	75,753,272	78,575,804
Total	111,051,199	113,068,120	114,507,342
Net Operating Profit (Loss):			
Regulated Services	18,875,503	16,704,617	13,549,646
Unregulated Services	-19,401,175	-18,764,662	-16,979,170
Total	-525,673	-2,060,045	-3,429,524
Total Non-Operating Profit (Loss):	56,141	-351,070	252,138
Non-Operating Revenue	1,002,607	1,211,230	464,567
Non-Operating Expenses	946,466	1,562,300	212,429
Total Excess Profit (Loss):	-469,532	-2,411,115	-3,177,386
% Net Operating Profit of Regulated NOR	20.46	18.07	14.71
% Net Total Operating Profit of Total NOR	-0.48	-1.86	-3.09
% Total Excess Profit of Total Revenue	-0.42	-2.15	-2.85
Total Direct Medical Education:	0	0	0
Inpatient Readmission Charges:	14,755,404	14,374,288	13,691,898
Risk Adjusted Readmission Percent:	14.98%	15.46%	14.63%
Potentially Avoidable Utilization Costs:	21,324,359	21,242,159	20,073,056
Risk Adjusted PPC Rate:	0.68	0.73	1.13

HEALTH SERVICES COST REVIEW COMMISSION
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
FISCAL YEAR 2016 TO 2018

CALVERT HEALTH MEDICAL CENTER

FISCAL YEAR ENDING	June 2018	June 2017	June 2016
Gross Patient Revenue:			
Regulated Services	149,987,800	149,192,000	146,698,600
Unregulated Services	14,796,570	16,178,800	11,709,220
TOTAL	164,784,370	165,370,800	158,407,820
Net Patient Revenue (NPR):			
Regulated Services	128,276,045	126,166,246	127,343,293
Unregulated Services	6,277,525	7,321,746	5,210,263
TOTAL	134,553,570	133,487,991	132,553,556
Other Operating Revenue:			
Regulated Services	2,548,470	2,680,541	3,163,881
Unregulated Services	1,429,118	1,094,459	1,097,878
TOTAL	3,977,588	3,775,000	4,261,759
Net Operating Revenue (NOR)			
Regulated Services	130,824,515	128,846,787	130,507,174
Unregulated Services	7,706,644	8,416,204	6,308,142
Total	138,531,158	137,262,991	136,815,315
Total Operating Expenses:			
Regulated Services	115,202,024	115,443,141	111,787,053
Total	132,711,371	135,480,000	129,054,256
Net Operating Profit (Loss):			
Regulated Services	15,622,491	13,403,646	18,720,121
Unregulated Services	-9,802,703	-11,620,655	-10,959,061
Total	5,819,787	1,782,991	7,761,059
Total Non-Operating Profit (Loss):	-2,228,454	2,164,000	1,002,915
Non-Operating Revenue	720,104	2,164,000	1,002,915
Non-Operating Expenses	2,948,558	0	0
Total Excess Profit (Loss):	3,591,333	3,946,991	8,763,974
% Net Operating Profit of Regulated NOR	11.94	10.40	14.34
% Net Total Operating Profit of Total NOR	4.20	1.30	5.67
% Total Excess Profit of Total Revenue	2.58	2.83	6.36
Total Direct Medical Education:	0	0	0
Inpatient Readmission Charges:	7,665,440	7,571,956	7,791,517
Risk Adjusted Readmission Percent:	9.20%	8.41%	9.13%
Potentially Avoidable Utilization Costs:	15,999,946	17,057,220	17,071,844
Risk Adjusted PPC Rate:	0.49	0.43	0.48

HEALTH SERVICES COST REVIEW COMMISSION
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
FISCAL YEAR 2016 TO 2018

CARROLL HOSPITAL CENTER

FISCAL YEAR ENDING	June 2018	June 2017	June 2016
Gross Patient Revenue:			
Regulated Services	234,993,744	235,036,100	254,064,500
Unregulated Services	141,386,369	79,087,856	74,692,123
TOTAL	376,380,113	314,123,956	328,756,623
Net Patient Revenue (NPR):			
Regulated Services	203,614,042	203,593,415	217,990,560
Unregulated Services	59,847,667	33,810,104	32,103,123
TOTAL	263,461,709	237,403,519	250,093,683
Other Operating Revenue:			
Regulated Services	11,322,281	6,456,700	2,468,694
Unregulated Services	5,697,718	3,964,210	2,890,600
TOTAL	17,019,999	10,420,910	5,359,294
Net Operating Revenue (NOR)			
Regulated Services	214,936,323	210,050,115	220,459,254
Unregulated Services	65,545,385	37,774,314	34,993,723
Total	280,481,708	247,824,429	255,452,977
Total Operating Expenses:			
Regulated Services	179,887,659	180,347,701	199,462,258
Total	263,906,289	222,821,677	239,120,643
Net Operating Profit (Loss):			
Regulated Services	35,048,664	29,702,414	20,996,996
Unregulated Services	-18,473,245	-4,699,662	-4,664,662
Total	16,575,419	25,002,752	16,332,334
Total Non-Operating Profit (Loss):	13,808,659	14,724,000	308,300
Non-Operating Revenue	13,808,659	14,724,000	8,030,300
Non-Operating Expenses	0	0	7,722,000
Total Excess Profit (Loss):	30,384,078	39,726,752	16,640,634
% Net Operating Profit of Regulated NOR	16.31	14.14	9.52
% Net Total Operating Profit of Total NOR	5.91	10.09	6.39
% Total Excess Profit of Total Revenue	10.32	15.13	6.32
Total Direct Medical Education:	0	0	0
Inpatient Readmission Charges:	21,279,816	17,891,537	17,853,592
Risk Adjusted Readmission Percent:	11.43%	11.10%	11.29%
Potentially Avoidable Utilization Costs:	41,981,836	35,968,557	33,568,326
Risk Adjusted PPC Rate:	0.66	0.72	0.80

HEALTH SERVICES COST REVIEW COMMISSION
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
FISCAL YEAR 2016 TO 2018

DOCTORS COMMUNITY HOSPITAL

FISCAL YEAR ENDING	June 2018	June 2017	June 2016
Gross Patient Revenue:			
Regulated Services	247,708,141	232,581,700	234,045,500
Unregulated Services	83,353,878	52,080,355	23,864,393
TOTAL	331,062,019	284,662,055	257,909,893
Net Patient Revenue (NPR):			
Regulated Services	212,055,111	201,446,395	196,748,065
Unregulated Services	27,662,476	28,124,953	23,752,910
TOTAL	239,717,587	229,571,348	220,500,975
Other Operating Revenue:			
Regulated Services	2,089,521	-378,275	-749,478
Unregulated Services	4,220,602	9,889,826	6,451,267
TOTAL	6,310,123	9,511,551	5,701,789
Net Operating Revenue (NOR)			
Regulated Services	214,144,632	201,068,120	195,998,587
Unregulated Services	31,883,078	38,014,779	30,204,177
Total	246,027,710	239,082,899	226,202,764
Total Operating Expenses:			
Regulated Services	185,981,671	186,006,529	179,480,079
Total	242,017,248	237,563,824	220,883,373
Net Operating Profit (Loss):			
Regulated Services	28,162,961	15,061,591	16,518,507
Unregulated Services	-24,152,499	-13,542,516	-11,199,116
Total	4,010,462	1,519,075	5,319,391
Total Non-Operating Profit (Loss):	-412,751	-10,854,493	-3,921,617
Non-Operating Revenue	221,976	576,223	708,268
Non-Operating Expenses	634,727	11,430,716	4,629,885
Total Excess Profit (Loss):	3,597,711	-9,335,418	1,397,774
% Net Operating Profit of Regulated NOR	13.15	7.49	8.43
% Net Total Operating Profit of Total NOR	1.63	0.64	2.35
% Total Excess Profit of Total Revenue	1.46	-3.90	0.62
Total Direct Medical Education:	0	0	0
Inpatient Readmission Charges:	22,025,222	22,723,147	23,499,610
Risk Adjusted Readmission Percent:	10.24%	11.35%	11.75%
Potentially Avoidable Utilization Costs:	41,526,770	40,646,171	40,993,929
Risk Adjusted PPC Rate:	0.34	0.46	0.67

HEALTH SERVICES COST REVIEW COMMISSION
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
FISCAL YEAR 2016 TO 2018

FORT WASHINGTON MEDICAL CENTER

FISCAL YEAR ENDING	December 2017	December 2016	December 2015
Gross Patient Revenue:			
Regulated Services	49,044,647	48,727,769	48,291,192
Unregulated Services	575,891	783,927	211,142
TOTAL	49,620,538	49,511,696	48,502,334
Net Patient Revenue (NPR):			
Regulated Services	41,467,988	41,576,357	41,353,146
Unregulated Services	575,891	783,927	211,142
TOTAL	42,043,879	42,360,284	41,564,288
Other Operating Revenue:			
Regulated Services	617,739	287,472	802,900
Unregulated Services	60,080	60,529	51,978
TOTAL	677,819	348,001	854,878
Net Operating Revenue (NOR)			
Regulated Services	42,085,727	41,863,829	42,156,046
Unregulated Services	635,971	844,456	263,120
Total	42,721,698	42,708,285	42,419,166
Total Operating Expenses:			
Regulated Services	40,958,068	41,672,698	41,591,264
Total	42,237,447	42,883,376	42,405,199
Net Operating Profit (Loss):			
Regulated Services	1,127,659	191,131	564,782
Unregulated Services	-643,408	-366,223	-550,815
Total	484,251	-175,091	13,967
Total Non-Operating Profit (Loss):	-54,722	-852,195	662
Non-Operating Revenue	11,268	5,805	662
Non-Operating Expenses	65,990	858,000	0
Total Excess Profit (Loss):	429,529	-1,027,286	14,629
% Net Operating Profit of Regulated NOR	2.68	0.46	1.34
% Net Total Operating Profit of Total NOR	1.13	-0.41	0.03
% Total Excess Profit of Total Revenue	1.01	-2.41	0.03
Total Direct Medical Education:	0	0	0
Inpatient Readmission Charges:	2,729,166	2,884,303	2,842,794
Risk Adjusted Readmission Percent:	8.24%	8.95%	9.83%
Potentially Avoidable Utilization Costs:	7,431,136	7,229,482	7,601,516
Risk Adjusted PPC Rate:	0.10	0.39	0.11

HEALTH SERVICES COST REVIEW COMMISSION
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
FISCAL YEAR 2016 TO 2018

FREDERICK MEMORIAL HOSPITAL

FISCAL YEAR ENDING	June 2018	June 2017	June 2016
Gross Patient Revenue:			
Regulated Services	355,845,200	346,113,400	363,795,700
Unregulated Services	84,282,720	107,448,442	57,294,670
TOTAL	440,127,920	453,561,842	421,090,370
Net Patient Revenue (NPR):			
Regulated Services	302,004,573	291,537,409	307,860,058
Unregulated Services	55,245,531	65,355,818	34,082,959
TOTAL	357,250,103	356,893,227	341,943,017
Other Operating Revenue:			
Regulated Services	5,348,698	4,003,779	4,929,135
Unregulated Services	4,109,302	3,288,221	3,388,865
TOTAL	9,458,000	7,292,000	8,318,000
Net Operating Revenue (NOR)			
Regulated Services	307,353,271	295,541,188	312,789,193
Unregulated Services	59,354,833	68,644,039	37,471,824
Total	366,708,103	364,185,227	350,261,017
Total Operating Expenses:			
Regulated Services	253,917,293	253,327,620	278,175,236
Total	340,036,000	346,207,000	331,555,000
Net Operating Profit (Loss):			
Regulated Services	53,435,977	42,213,568	34,613,957
Unregulated Services	-26,763,874	-24,235,341	-15,907,940
Total	26,672,103	17,978,227	18,706,017
Total Non-Operating Profit (Loss):	15,833,000	13,084,000	-6,465,000
Non-Operating Revenue	22,284,000	13,084,000	4,598,000
Non-Operating Expenses	6,451,000	0	11,063,000
Total Excess Profit (Loss):	42,505,103	31,062,227	12,241,017
% Net Operating Profit of Regulated NOR	17.39	14.28	11.07
% Net Total Operating Profit of Total NOR	7.27	4.94	5.34
% Total Excess Profit of Total Revenue	10.93	8.23	3.45
Total Direct Medical Education:	0	0	0
Inpatient Readmission Charges:	27,405,380	23,677,402	21,056,369
Risk Adjusted Readmission Percent:	10.45%	10.08%	9.39%
Potentially Avoidable Utilization Costs:	51,399,806	45,154,153	37,619,625
Risk Adjusted PPC Rate:	0.41	0.57	0.73

HEALTH SERVICES COST REVIEW COMMISSION
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
FISCAL YEAR 2016 TO 2018

GARRETT COUNTY MEMORIAL HOSPITAL

FISCAL YEAR ENDING	June 2018	June 2017	June 2016
Gross Patient Revenue:			
Regulated Services	57,720,023	55,258,400	48,479,700
Unregulated Services	14,633,379	14,092,770	13,070,536
TOTAL	72,353,402	69,351,170	61,550,236
Net Patient Revenue (NPR):			
Regulated Services	48,638,353	46,518,046	41,011,099
Unregulated Services	6,012,792	5,415,699	5,059,417
TOTAL	54,651,145	51,933,745	46,070,516
Other Operating Revenue:			
Regulated Services	499,709	951,888	970,434
Unregulated Services	505,834	530,967	551,434
TOTAL	1,005,543	1,482,855	1,521,868
Net Operating Revenue (NOR)			
Regulated Services	49,138,062	47,469,934	41,981,533
Unregulated Services	6,518,626	5,946,666	5,610,851
Total	55,656,688	53,416,600	47,592,384
Total Operating Expenses:			
Regulated Services	47,330,010	43,427,726	39,247,254
Total	58,741,026	52,655,567	47,660,593
Net Operating Profit (Loss):			
Regulated Services	1,808,052	4,042,208	2,734,279
Unregulated Services	-4,892,390	-3,281,175	-2,802,488
Total	-3,084,338	761,033	-68,209
Total Non-Operating Profit (Loss):	776,533	1,051,571	334,557
Non-Operating Revenue	776,533	1,051,571	334,557
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	-2,307,805	1,812,604	266,348
% Net Operating Profit of Regulated NOR	3.68	8.52	6.51
% Net Total Operating Profit of Total NOR	-5.54	1.42	-0.14
% Total Excess Profit of Total Revenue	-4.09	3.33	0.56
Total Direct Medical Education:	0	0	0
Inpatient Readmission Charges:	1,500,280	1,496,307	1,107,848
Risk Adjusted Readmission Percent:	6.19%	6.37%	6.16%
Potentially Avoidable Utilization Costs:	4,791,293	4,675,366	3,920,966
Risk Adjusted PPC Rate:	0.52	0.40	0.69

HEALTH SERVICES COST REVIEW COMMISSION
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FISCAL YEAR 2016 TO 2018

GERMANTOWN EMERGENCY CENTER

FISCAL YEAR ENDING	December 2017	December 2016	December 2015
Gross Patient Revenue:			
Regulated Services	14,275,700	14,183,800	13,555,000
Unregulated Services	0	0	0
TOTAL	14,275,700	14,183,800	13,555,000
Net Patient Revenue (NPR):			
Regulated Services	10,248,378	10,910,253	9,691,602
Unregulated Services	0	0	0
TOTAL	10,248,378	10,910,253	9,691,602
Other Operating Revenue:			
Regulated Services	3,421	4,028	7,183
Unregulated Services	38,667	3,187	251,097
TOTAL	42,088	7,215	258,280
Net Operating Revenue (NOR)			
Regulated Services	10,251,799	10,914,281	9,698,785
Unregulated Services	38,667	3,187	251,097
Total	10,290,466	10,917,468	9,949,882
Total Operating Expenses:			
Regulated Services	10,738,456	10,995,298	10,835,481
Total	10,802,256	11,018,598	11,148,023
Net Operating Profit (Loss):			
Regulated Services	-486,657	-81,017	-1,136,696
Unregulated Services	-25,133	-20,113	-61,445
Total	-511,790	-101,130	-1,198,141
Total Non-Operating Profit (Loss):	-33,748	-32,347	-418,018
Non-Operating Revenue	-33,748	-32,347	-418,018
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	-545,538	-133,477	-1,616,159
% Net Operating Profit of Regulated NOR	-4.75	-0.74	-11.72
% Net Total Operating Profit of Total NOR	-4.97	-0.93	-12.04
% Total Excess Profit of Total Revenue	-5.32	-1.23	-16.96
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 2018	June 2017	June 2016
Gross Patient Revenue:			
Regulated Services	463,552,941	462,643,278	439,684,200
Unregulated Services	162,629,378	48,940,423	46,382,096
TOTAL	626,182,319	511,583,701	486,066,296
Net Patient Revenue (NPR):			
Regulated Services	394,577,377	397,123,978	378,187,463
Unregulated Services	82,329,769	22,720,259	22,991,225
TOTAL	476,907,146	419,844,237	401,178,688
Other Operating Revenue:			
Regulated Services	6,910,651	9,200,733	8,314,668
Unregulated Services	11,416,923	9,003,267	11,163,100
TOTAL	18,327,574	18,204,000	19,477,768
Net Operating Revenue (NOR)			
Regulated Services	401,488,028	406,324,711	386,502,131
Unregulated Services	93,746,692	31,723,526	34,154,325
Total	495,234,720	438,048,237	420,656,456
Total Operating Expenses:			
Regulated Services	372,374,545	357,450,441	341,360,524
Total	504,346,518	418,965,000	402,047,314
Net Operating Profit (Loss):			
Regulated Services	29,113,483	48,874,270	45,141,607
Unregulated Services	-38,225,281	-29,791,033	-26,532,465
Total	-9,111,798	19,083,237	18,609,142
Total Non-Operating Profit (Loss):	18,236,507	12,750,849	-4,946,806
Non-Operating Revenue	21,600,906	14,356,000	-1,754,300
Non-Operating Expenses	3,364,399	1,605,151	3,192,506
Total Excess Profit (Loss):	9,124,709	31,834,086	13,662,336
% Net Operating Profit of Regulated NOR	7.25	12.03	11.68
% Net Total Operating Profit of Total NOR	-1.84	4.36	4.42
% Total Excess Profit of Total Revenue	1.77	7.04	3.26
Total Direct Medical Education:	8,348,758	4,194,880	5,237,160
Inpatient Readmission Charges:	21,639,581	22,996,936	21,744,108
Risk Adjusted Readmission Percent:	10.00%	10.70%	9.95%
Potentially Avoidable Utilization Costs:	35,271,889	39,529,259	37,332,325
Risk Adjusted PPC Rate:	0.74	0.72	1.00

HEALTH SERVICES COST REVIEW COMMISSION
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FISCAL YEAR 2016 TO 2018

HOLY CROSS HOSPITAL

FISCAL YEAR ENDING	June 2018	June 2017	June 2016
Gross Patient Revenue:			
Regulated Services	515,354,700	504,632,600	505,712,400
Unregulated Services	40,850,370	42,112,666	34,043,625
TOTAL	556,205,070	546,745,266	539,756,025
Net Patient Revenue (NPR):			
Regulated Services	443,927,941	423,016,922	418,354,058
Unregulated Services	17,111,885	16,267,668	15,991,950
TOTAL	461,039,826	439,284,590	434,346,008
Other Operating Revenue:			
Regulated Services	2,104,136	9,645,000	3,375,639
Unregulated Services	14,034,395	13,043,038	10,438,166
TOTAL	16,138,531	22,688,038	13,813,805
Net Operating Revenue (NOR)			
Regulated Services	446,032,077	432,661,922	421,729,698
Unregulated Services	31,146,281	29,310,706	26,430,116
Total	477,178,357	461,972,628	448,159,813
Total Operating Expenses:			
Regulated Services	378,841,380	381,809,567	362,874,686
Total	431,925,000	430,741,000	413,238,146
Net Operating Profit (Loss):			
Regulated Services	67,190,696	50,852,356	58,855,012
Unregulated Services	-21,937,339	-19,620,727	-23,933,345
Total	45,253,357	31,231,628	34,921,667
Total Non-Operating Profit (Loss):	8,033,000	13,999,000	-6,083,400
Non-Operating Revenue	8,033,000	13,999,000	-6,083,400
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	53,286,357	45,230,600	28,838,267
% Net Operating Profit of Regulated NOR	15.06	11.75	13.96
% Net Total Operating Profit of Total NOR	9.48	6.76	7.79
% Total Excess Profit of Total Revenue	10.98	9.50	6.52
Total Direct Medical Education:	2,663,635	2,634,917	2,708,039
Inpatient Readmission Charges:	38,427,667	36,395,000	40,508,976
Risk Adjusted Readmission Percent:	11.63%	11.38%	11.49%
Potentially Avoidable Utilization Costs:	55,444,851	55,474,801	61,669,789
Risk Adjusted PPC Rate:	0.28	0.46	0.59

HEALTH SERVICES COST REVIEW COMMISSION
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
FISCAL YEAR 2016 TO 2018

HOLY CROSS HOSPITAL-GERMANTOWN

FISCAL YEAR ENDING	June 2018	June 2017	June 2016
Gross Patient Revenue:			
Regulated Services	96,025,200	96,340,300	80,883,300
Unregulated Services	1,515,800	1,942,138	797,132
TOTAL	97,541,000	98,282,438	81,680,432
Net Patient Revenue (NPR):			
Regulated Services	81,045,332	80,048,953	65,244,750
Unregulated Services	1,379,033	1,559,438	797,132
TOTAL	82,424,365	81,608,391	66,041,882
Other Operating Revenue:			
Regulated Services	875,600	1,035,947	395,900
Unregulated Services	735,069	640,088	573,207
TOTAL	1,610,669	1,676,035	969,107
Net Operating Revenue (NOR)			
Regulated Services	81,920,932	81,084,899	65,640,650
Unregulated Services	2,114,102	2,199,526	1,370,338
Total	84,035,034	83,284,426	67,010,988
Total Operating Expenses:			
Regulated Services	90,520,932	87,768,090	76,357,033
Total	100,707,482	97,124,985	86,826,724
Net Operating Profit (Loss):			
Regulated Services	-8,600,000	-6,683,191	-10,716,383
Unregulated Services	-8,072,448	-7,157,368	-9,099,352
Total	-16,672,448	-13,840,559	-19,815,736
Total Non-Operating Profit (Loss):	6,567,398	8,722,092	-698,359
Non-Operating Revenue	6,567,398	8,722,092	-698,359
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	-10,105,051	-5,118,467	-20,514,095
% Net Operating Profit of Regulated NOR	-10.50	-8.24	-16.33
% Net Total Operating Profit of Total NOR	-19.84	-16.62	-29.57
% Total Excess Profit of Total Revenue	-11.15	-5.56	-30.94
Total Direct Medical Education:	0	0	0
Inpatient Readmission Charges:	6,304,744	7,380,705	6,064,207
Risk Adjusted Readmission Percent:	11.92%	11.50%	10.29%
Potentially Avoidable Utilization Costs:	10,970,234	13,516,182	11,288,480
Risk Adjusted PPC Rate:	0.18	0.54	0.61

HEALTH SERVICES COST REVIEW COMMISSION
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FISCAL YEAR 2016 TO 2018

HOWARD COUNTY GENERAL HOSPITAL

FISCAL YEAR ENDING	June 2018	June 2017	June 2016
Gross Patient Revenue:			
Regulated Services	313,005,000	303,036,500	297,946,200
Unregulated Services	0	0	0
TOTAL	313,005,000	303,036,500	297,946,200
Net Patient Revenue (NPR):			
Regulated Services	268,126,000	259,837,500	257,850,200
Unregulated Services	0	0	0
TOTAL	268,126,000	259,837,500	257,850,200
Other Operating Revenue:			
Regulated Services	2,176	854,090	1,379,422
Unregulated Services	5,071,627	4,591,618	2,386,147
TOTAL	5,073,803	5,445,708	3,765,569
Net Operating Revenue (NOR)			
Regulated Services	268,128,176	260,691,590	259,229,622
Unregulated Services	5,071,627	4,591,618	2,386,147
Total	273,199,803	265,283,208	261,615,769
Total Operating Expenses:			
Regulated Services	249,730,825	247,289,845	242,053,450
Total	265,393,000	260,412,691	252,094,167
Net Operating Profit (Loss):			
Regulated Services	18,397,351	13,401,745	17,176,172
Unregulated Services	-10,590,548	-8,531,228	-7,654,570
Total	7,806,803	4,870,517	9,521,602
Total Non-Operating Profit (Loss):	10,186,197	19,907,983	-4,911,402
Non-Operating Revenue	10,240,197	20,083,292	3,515,431
Non-Operating Expenses	54,000	175,309	8,426,833
Total Excess Profit (Loss):	17,993,000	24,778,500	4,610,200
% Net Operating Profit of Regulated NOR	6.86	5.14	6.63
% Net Total Operating Profit of Total NOR	2.86	1.84	3.64
% Total Excess Profit of Total Revenue	6.35	8.68	1.74
Total Direct Medical Education:	0	0	0
Inpatient Readmission Charges:	22,909,222	23,411,561	21,713,198
Risk Adjusted Readmission Percent:	10.64%	11.14%	11.43%
Potentially Avoidable Utilization Costs:	38,962,028	40,263,558	36,879,089
Risk Adjusted PPC Rate:	0.51	0.59	0.76

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JOHNS HOPKINS BAYVIEW MEDICAL CENTER

FISCAL YEAR ENDING	June 2018	June 2017	June 2016
Gross Patient Revenue:			
Regulated Services	670,224,185	645,219,500	643,455,400
Unregulated Services	5,257,800	5,075,600	4,755,600
TOTAL	675,481,985	650,295,100	648,211,000
Net Patient Revenue (NPR):			
Regulated Services	560,053,114	545,302,200	535,127,100
Unregulated Services	4,857,800	4,615,600	4,268,600
TOTAL	564,910,914	549,917,800	539,395,700
Other Operating Revenue:			
Regulated Services	7,851,427	6,607,400	7,814,000
Unregulated Services	53,219,447	51,675,800	56,333,300
TOTAL	61,070,874	58,283,200	64,147,300
Net Operating Revenue (NOR)			
Regulated Services	567,904,541	551,909,600	542,941,100
Unregulated Services	58,077,247	56,291,400	60,601,900
Total	625,981,788	608,201,000	603,543,000
Total Operating Expenses:			
Regulated Services	565,882,659	549,111,394	530,778,637
Total	632,548,000	613,834,000	596,562,000
Net Operating Profit (Loss):			
Regulated Services	2,021,881	2,798,206	12,162,463
Unregulated Services	-8,588,094	-8,431,206	-5,181,463
Total	-6,566,212	-5,633,000	6,981,000
Total Non-Operating Profit (Loss):	7,377,245	8,909,000	2,133,900
Non-Operating Revenue	7,377,245	8,909,000	2,133,900
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	811,033	3,276,000	9,114,900
% Net Operating Profit of Regulated NOR	0.36	0.51	2.24
% Net Total Operating Profit of Total NOR	-1.05	-0.93	1.16
% Total Excess Profit of Total Revenue	0.13	0.53	1.50
Total Direct Medical Education:	22,133,583	23,453,200	22,135,500
Inpatient Readmission Charges:	49,519,400	48,789,547	50,700,507
Risk Adjusted Readmission Percent:	14.19%	14.35%	13.78%
Potentially Avoidable Utilization Costs:	79,496,891	75,591,998	76,893,516
Risk Adjusted PPC Rate:	0.42	0.55	0.49

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JOHNS HOPKINS HOSPITAL

FISCAL YEAR ENDING	June 2018	June 2017	June 2016
Gross Patient Revenue:			
Regulated Services	2,409,765,550	2,352,718,900	2,282,683,400
Unregulated Services	13,916,400	11,766,817	9,641,276
TOTAL	2,423,681,950	2,364,485,717	2,292,324,676
Net Patient Revenue (NPR):			
Regulated Services	2,011,390,550	1,974,827,162	1,916,625,561
Unregulated Services	13,916,400	11,766,817	9,641,276
TOTAL	2,025,306,950	1,986,593,979	1,926,266,837
Other Operating Revenue:			
Regulated Services	29,236,300	15,747,204	15,291,999
Unregulated Services	352,887,000	301,654,366	257,292,975
TOTAL	382,123,300	317,401,570	272,584,974
Net Operating Revenue (NOR)			
Regulated Services	2,040,626,850	1,990,574,366	1,931,917,560
Unregulated Services	366,803,400	313,421,183	266,934,251
Total	2,407,430,250	2,303,995,549	2,198,851,811
Total Operating Expenses:			
Regulated Services	2,045,293,000	2,022,839,201	1,904,995,652
Total	2,396,322,000	2,307,205,501	2,173,349,352
Net Operating Profit (Loss):			
Regulated Services	-4,666,150	-32,264,835	26,921,908
Unregulated Services	15,774,400	29,054,883	-1,419,449
Total	11,108,250	-3,209,952	25,502,459
Total Non-Operating Profit (Loss):	74,331,700	121,757,904	36,798,309
Non-Operating Revenue	84,642,700	146,589,904	36,798,309
Non-Operating Expenses	10,311,000	24,832,000	0
Total Excess Profit (Loss):	85,439,950	118,547,952	62,300,768
% Net Operating Profit of Regulated NOR	-0.23	-1.62	1.39
% Net Total Operating Profit of Total NOR	0.46	-0.14	1.16
% Total Excess Profit of Total Revenue	3.43	4.84	2.79
Total Direct Medical Education:	115,134,967	115,867,630	108,442,934
Inpatient Readmission Charges:	168,223,432	156,690,104	162,188,114
Risk Adjusted Readmission Percent:	13.20%	13.06%	13.12%
Potentially Avoidable Utilization Costs:	218,154,534	201,317,290	204,089,665
Risk Adjusted PPC Rate:	0.39	0.66	0.77

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LEVINDALE

FISCAL YEAR ENDING	June 2018	June 2017	June 2016
Gross Patient Revenue:			
Regulated Services	59,877,227	59,432,000	60,312,800
Unregulated Services	33,942,929	34,063,990	32,666,054
TOTAL	93,820,156	93,495,990	92,978,854
Net Patient Revenue (NPR):			
Regulated Services	50,563,210	48,076,896	48,514,862
Unregulated Services	27,676,490	28,035,607	26,134,537
TOTAL	78,239,700	76,112,503	74,649,399
Other Operating Revenue:			
Regulated Services	2,639,249	2,257,842	2,098,512
Unregulated Services	185,487	187,442	172,329
TOTAL	2,824,736	2,445,284	2,270,841
Net Operating Revenue (NOR)			
Regulated Services	53,202,459	50,334,738	50,613,374
Unregulated Services	27,861,977	28,223,049	26,306,866
Total	81,064,436	78,557,787	76,920,240
Total Operating Expenses:			
Regulated Services	43,648,876	42,262,523	41,623,303
Total	77,725,844	74,115,440	72,536,873
Net Operating Profit (Loss):			
Regulated Services	9,553,584	8,072,215	8,990,071
Unregulated Services	-6,214,991	-3,629,868	-4,606,704
Total	3,338,592	4,442,347	4,383,367
Total Non-Operating Profit (Loss):	1,951,018	2,414,091	-457,179
Non-Operating Revenue	1,951,018	2,414,091	-457,179
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	5,289,610	6,856,438	3,926,188
% Net Operating Profit of Regulated NOR	17.96	16.04	17.76
% Net Total Operating Profit of Total NOR	4.12	5.65	5.70
% Total Excess Profit of Total Revenue	6.37	8.47	5.13
Total Direct Medical Education:	0	0	0
Inpatient Readmission Charges:	4,296,212	4,479,205	4,463,197
Risk Adjusted Readmission Percent:	12.49%	10.50%	11.89%
Potentially Avoidable Utilization Costs:	4,296,212	4,479,205	4,463,197
Risk Adjusted PPC Rate:	1.54	2.32	2.71

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MCCREADY MEMORIAL HOSPITAL

FISCAL YEAR ENDING	June 2018	June 2017	June 2016
Gross Patient Revenue:			
Regulated Services	17,147,300	16,897,400	16,309,200
Unregulated Services	3,029,778	2,496,734	1,946,141
TOTAL	20,177,078	19,394,134	18,255,341
Net Patient Revenue (NPR):			
Regulated Services	13,913,545	13,334,047	12,659,083
Unregulated Services	2,098,212	1,595,634	1,605,431
TOTAL	16,011,756	14,929,681	14,264,514
Other Operating Revenue:			
Regulated Services	182,889	269,147	587,954
Unregulated Services	7,574	2,925	2,520
TOTAL	190,463	272,072	590,474
Net Operating Revenue (NOR)			
Regulated Services	14,096,434	13,603,194	13,247,037
Unregulated Services	2,105,785	1,598,559	1,607,951
Total	16,202,219	15,201,753	14,854,988
Total Operating Expenses:			
Regulated Services	15,791,553	14,801,908	14,666,429
Total	16,955,862	15,919,129	15,628,165
Net Operating Profit (Loss):			
Regulated Services	-1,695,120	-1,198,714	-1,419,392
Unregulated Services	941,477	481,338	646,215
Total	-753,643	-717,376	-773,177
Total Non-Operating Profit (Loss):	63,615	85,695	74,030
Non-Operating Revenue	63,615	85,695	74,030
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	-690,028	-631,681	-699,147
% Net Operating Profit of Regulated NOR	-12.03	-8.81	-10.71
% Net Total Operating Profit of Total NOR	-4.65	-4.72	-5.20
% Total Excess Profit of Total Revenue	-4.24	-4.13	-4.68
Total Direct Medical Education:	0	0	0
Inpatient Readmission Charges:	276,248	304,410	381,511
Risk Adjusted Readmission Percent:	7.26%	13.75%	10.35%
Potentially Avoidable Utilization Costs:	974,370	1,238,097	1,088,458
Risk Adjusted PPC Rate:	0.25	0.00	0.76

MEDSTAR FRANKLIN SQUARE

FISCAL YEAR ENDING	June 2018	June 2017	June 2016
Gross Patient Revenue:			
Regulated Services	535,571,836	518,001,600	505,736,100
Unregulated Services	187,893,407	179,126,156	186,298,688
TOTAL	723,465,243	697,127,756	692,034,788
Net Patient Revenue (NPR):			
Regulated Services	458,024,651	439,663,152	427,619,940
Unregulated Services	83,376,578	77,557,515	79,471,571
TOTAL	541,401,229	517,220,667	507,091,510
Other Operating Revenue:			
Regulated Services	3,086,078	4,779,116	3,235,505
Unregulated Services	6,221,893	7,706,185	8,346,177
TOTAL	9,307,971	12,485,301	11,581,681
Net Operating Revenue (NOR)			
Regulated Services	461,110,729	444,442,268	430,855,445
Unregulated Services	89,598,471	85,263,700	87,817,747
Total	550,709,200	529,705,968	518,673,192
Total Operating Expenses:			
Regulated Services	396,609,410	392,688,393	385,528,867
Total	518,888,097	508,539,888	508,064,432
Net Operating Profit (Loss):			
Regulated Services	64,501,319	51,753,875	45,326,578
Unregulated Services	-32,680,215	-30,587,795	-34,717,818
Total	31,821,104	21,166,079	10,608,760
Total Non-Operating Profit (Loss):	575,873	461,421	149,318
Non-Operating Revenue	575,873	461,421	149,318
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	32,396,976	21,627,501	10,758,078
% Net Operating Profit of Regulated NOR	13.99	11.64	10.52
% Net Total Operating Profit of Total NOR	5.78	4.00	2.05
% Total Excess Profit of Total Revenue	5.88	4.08	2.07
Total Direct Medical Education:	8,972,942	11,655,216	9,890,754
Inpatient Readmission Charges:	42,502,641	48,123,661	48,863,124
Risk Adjusted Readmission Percent:	12.97%	13.03%	12.29%
Potentially Avoidable Utilization Costs:	75,469,580	79,039,752	79,684,474
Risk Adjusted PPC Rate:	0.59	0.58	0.68

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MEDSTAR GOOD SAMARITAN

FISCAL YEAR ENDING	June 2018	June 2017	June 2016
Gross Patient Revenue:			
Regulated Services	275,754,352	297,577,800	289,108,800
Unregulated Services	47,818,296	63,700,300	126,937,836
TOTAL	323,572,648	361,278,100	416,046,636
Net Patient Revenue (NPR):			
Regulated Services	236,230,397	250,477,865	246,708,456
Unregulated Services	23,834,435	29,391,372	48,388,024
TOTAL	260,064,832	279,869,237	295,096,480
Other Operating Revenue:			
Regulated Services	4,552,057	3,178,500	2,953,403
Unregulated Services	9,411,357	8,814,890	8,484,797
TOTAL	13,963,414	11,993,390	11,438,200
Net Operating Revenue (NOR)			
Regulated Services	240,782,454	253,656,365	249,661,859
Unregulated Services	33,245,791	38,206,262	56,872,821
Total	274,028,246	291,862,627	306,534,680
Total Operating Expenses:			
Regulated Services	210,839,351	217,911,402	213,937,895
Total	259,072,976	282,735,786	302,367,777
Net Operating Profit (Loss):			
Regulated Services	29,943,103	35,744,963	35,723,964
Unregulated Services	-14,987,833	-26,618,122	-31,557,061
Total	14,955,270	9,126,840	4,166,904
Total Non-Operating Profit (Loss):	2,594,408	1,917,906	1,987,800
Non-Operating Revenue	2,594,408	1,917,906	1,987,800
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	17,549,678	11,044,746	6,154,704
% Net Operating Profit of Regulated NOR	12.44	14.09	14.31
% Net Total Operating Profit of Total NOR	5.46	3.13	1.36
% Total Excess Profit of Total Revenue	6.34	3.76	1.99
Total Direct Medical Education:	4,379,485	4,806,657	5,371,417
Inpatient Readmission Charges:	30,379,944	25,207,288	28,334,999
Risk Adjusted Readmission Percent:	12.48%	11.91%	12.58%
Potentially Avoidable Utilization Costs:	52,219,718	45,169,243	46,359,517
Risk Adjusted PPC Rate:	0.56	0.48	0.62

MEDSTAR HARBOR HOSPITAL CENTER

FISCAL YEAR ENDING	June 2018	June 2017	June 2016
Gross Patient Revenue:			
Regulated Services	194,521,777	193,637,500	194,368,900
Unregulated Services	48,802,652	51,697,948	60,489,787
TOTAL	243,324,429	245,335,448	254,858,687
Net Patient Revenue (NPR):			
Regulated Services	165,264,021	164,274,809	167,091,643
Unregulated Services	22,562,984	22,866,971	26,548,660
TOTAL	187,827,004	187,141,780	193,640,304
Other Operating Revenue:			
Regulated Services	4,277,651	10,391,341	3,385,440
Unregulated Services	8,591,355	7,787,309	8,222,079
TOTAL	12,869,006	18,178,650	11,607,519
Net Operating Revenue (NOR)			
Regulated Services	169,541,672	174,666,150	170,477,083
Unregulated Services	31,154,338	30,654,280	34,770,740
Total	200,696,010	205,320,430	205,247,823
Total Operating Expenses:			
Regulated Services	142,342,041	143,462,698	143,567,318
Total	183,508,480	187,002,302	190,376,563
Net Operating Profit (Loss):			
Regulated Services	27,199,630	31,203,452	26,909,765
Unregulated Services	-10,012,101	-12,885,324	-12,038,506
Total	17,187,530	18,318,128	14,871,259
Total Non-Operating Profit (Loss):	528,062	533,939	-676,135
Non-Operating Revenue	528,062	533,939	316,304
Non-Operating Expenses	0	0	992,439
Total Excess Profit (Loss):	17,715,591	18,852,067	14,195,125
% Net Operating Profit of Regulated NOR	16.04	17.86	15.78
% Net Total Operating Profit of Total NOR	8.56	8.92	7.25
% Total Excess Profit of Total Revenue	8.80	9.16	6.91
Total Direct Medical Education:	5,191,474	5,343,651	4,696,418
Inpatient Readmission Charges:	17,945,439	17,086,065	16,417,485
Risk Adjusted Readmission Percent:	13.80%	12.69%	13.06%
Potentially Avoidable Utilization Costs:	29,821,185	29,886,931	27,407,482
Risk Adjusted PPC Rate:	0.61	0.65	0.55

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MEDSTAR MONTGOMERY MEDICAL CENTER

FISCAL YEAR ENDING	June 2018	June 2017	June 2016
Gross Patient Revenue:			
Regulated Services	182,928,948	178,461,400	175,827,977
Unregulated Services	24,208,328	14,137,819	9,723,069
TOTAL	207,137,276	192,599,219	185,551,046
Net Patient Revenue (NPR):			
Regulated Services	156,545,750	152,299,994	150,844,829
Unregulated Services	12,052,491	7,590,390	5,058,651
TOTAL	168,598,242	159,890,384	155,903,480
Other Operating Revenue:			
Regulated Services	2,683,750	1,565,430	3,968,813
Unregulated Services	1,201,313	451,259	153,650
TOTAL	3,885,063	2,016,689	4,122,463
Net Operating Revenue (NOR)			
Regulated Services	159,229,500	153,865,423	154,813,643
Unregulated Services	13,253,805	8,041,649	5,212,301
Total	172,483,305	161,907,073	160,025,943
Total Operating Expenses:			
Regulated Services	135,512,712	141,184,715	136,647,495
Total	165,450,371	160,725,287	151,876,735
Net Operating Profit (Loss):			
Regulated Services	23,716,788	12,680,708	18,166,147
Unregulated Services	-16,683,855	-11,498,922	-10,016,939
Total	7,032,933	1,181,786	8,149,209
Total Non-Operating Profit (Loss):	106,508	1,095,725	1,152
Non-Operating Revenue	106,508	1,095,725	1,152
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	7,139,442	2,277,511	8,150,360
% Net Operating Profit of Regulated NOR	14.89	8.24	11.73
% Net Total Operating Profit of Total NOR	4.08	0.73	5.09
% Total Excess Profit of Total Revenue	4.14	1.40	5.09
Total Direct Medical Education:	0	0	0
Inpatient Readmission Charges:	12,753,667	13,468,057	12,669,878
Risk Adjusted Readmission Percent:	11.17%	11.51%	10.32%
Potentially Avoidable Utilization Costs:	21,902,467	21,693,276	20,970,842
Risk Adjusted PPC Rate:	0.40	0.45	0.79

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MEDSTAR SOUTHERN MARYLAND HOSPITAL CENTER

FISCAL YEAR ENDING	June 2018	June 2017	June 2016
Gross Patient Revenue:			
Regulated Services	264,243,580	270,322,700	271,938,700
Unregulated Services	24,061,180	26,287,056	27,770,529
TOTAL	288,304,760	296,609,756	299,709,229
Net Patient Revenue (NPR):			
Regulated Services	226,852,359	227,911,853	221,201,757
Unregulated Services	9,173,129	10,158,231	11,041,910
TOTAL	236,025,488	238,070,084	232,243,667
Other Operating Revenue:			
Regulated Services	566,788	9,207,735	3,009,259
Unregulated Services	877,558	958,063	816,273
TOTAL	1,444,346	10,165,798	3,825,532
Net Operating Revenue (NOR)			
Regulated Services	227,419,146	237,119,588	224,211,016
Unregulated Services	10,050,688	11,116,294	11,858,184
Total	237,469,834	248,235,881	236,069,199
Total Operating Expenses:			
Regulated Services	214,662,790	212,389,115	210,251,917
Total	247,677,692	243,629,886	242,526,804
Net Operating Profit (Loss):			
Regulated Services	12,756,356	24,730,472	13,959,099
Unregulated Services	-22,964,214	-20,124,477	-20,416,703
Total	-10,207,859	4,605,995	-6,457,604
Total Non-Operating Profit (Loss):	35,871	57,645	670
Non-Operating Revenue	35,871	57,645	670
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	-10,171,988	4,663,640	-6,456,935
% Net Operating Profit of Regulated NOR	5.61	10.43	6.23
% Net Total Operating Profit of Total NOR	-4.30	1.86	-2.74
% Total Excess Profit of Total Revenue	-4.28	1.88	-2.74
Total Direct Medical Education:	0	0	0
Inpatient Readmission Charges:	22,222,065	25,839,744	24,088,744
Risk Adjusted Readmission Percent:	9.40%	11.31%	10.60%
Potentially Avoidable Utilization Costs:	42,586,246	45,444,222	44,566,587
Risk Adjusted PPC Rate:	0.89	0.81	0.91

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MEDSTAR ST. MARY'S HOSPITAL

FISCAL YEAR ENDING	June 2018	June 2017	June 2016
Gross Patient Revenue:			
Regulated Services	196,820,500	190,011,200	178,043,900
Unregulated Services	13,325,145	11,467,240	11,553,194
TOTAL	210,145,645	201,478,440	189,597,094
Net Patient Revenue (NPR):			
Regulated Services	168,001,259	160,955,162	145,761,191
Unregulated Services	8,836,635	8,333,405	8,895,921
TOTAL	176,837,894	169,288,567	154,657,111
Other Operating Revenue:			
Regulated Services	1,291,349	1,631,543	905,975
Unregulated Services	1,037,530	1,989,435	2,422,716
TOTAL	2,328,879	3,620,978	3,328,691
Net Operating Revenue (NOR)			
Regulated Services	169,292,608	162,586,705	146,667,166
Unregulated Services	9,874,165	10,322,840	11,318,636
Total	179,166,774	172,909,545	157,985,802
Total Operating Expenses:			
Regulated Services	142,378,610	150,392,679	130,856,640
Total	162,218,677	168,757,516	149,998,897
Net Operating Profit (Loss):			
Regulated Services	26,913,998	12,194,026	15,810,526
Unregulated Services	-9,965,901	-8,041,997	-7,823,621
Total	16,948,097	4,152,029	7,986,905
Total Non-Operating Profit (Loss):	246,817	212,865	460
Non-Operating Revenue	246,817	212,865	460
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	17,194,914	4,364,894	7,987,366
% Net Operating Profit of Regulated NOR	15.90	7.50	10.78
% Net Total Operating Profit of Total NOR	9.46	2.40	5.06
% Total Excess Profit of Total Revenue	9.58	2.52	5.06
Total Direct Medical Education:	0	0	0
Inpatient Readmission Charges:	11,401,402	10,830,503	10,811,081
Risk Adjusted Readmission Percent:	10.78%	11.02%	10.72%
Potentially Avoidable Utilization Costs:	24,667,161	22,702,349	21,073,236
Risk Adjusted PPC Rate:	0.38	0.40	0.50

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DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
FISCAL YEAR 2016 TO 2018

MEDSTAR UNION MEMORIAL HOSPITAL

FISCAL YEAR ENDING	June 2018	June 2017	June 2016
Gross Patient Revenue:			
Regulated Services	440,415,067	434,442,400	426,343,800
Unregulated Services	139,607,734	179,541,491	130,099,859
TOTAL	580,022,801	613,983,891	556,443,659
Net Patient Revenue (NPR):			
Regulated Services	375,131,688	371,471,942	361,444,621
Unregulated Services	65,173,610	72,666,205	55,829,116
TOTAL	440,305,298	444,138,147	417,273,738
Other Operating Revenue:			
Regulated Services	7,381,232	1,747,565	3,066,146
Unregulated Services	9,507,812	8,414,250	8,885,354
TOTAL	16,889,044	10,161,815	11,951,500
Net Operating Revenue (NOR)			
Regulated Services	382,512,921	373,219,507	364,510,768
Unregulated Services	74,681,422	81,080,456	64,714,470
Total	457,194,342	454,299,962	429,225,238
Total Operating Expenses:			
Regulated Services	342,650,432	318,141,201	320,066,035
Total	449,182,066	443,482,532	424,392,626
Net Operating Profit (Loss):			
Regulated Services	39,862,489	55,078,306	44,444,733
Unregulated Services	-31,850,213	-44,260,875	-39,612,122
Total	8,012,276	10,817,431	4,832,611
Total Non-Operating Profit (Loss):	4,312,432	6,290,841	-617,400
Non-Operating Revenue	4,312,432	6,290,841	-617,400
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	12,324,708	17,108,271	4,215,211
% Net Operating Profit of Regulated NOR	10.42	14.76	12.19
% Net Total Operating Profit of Total NOR	1.75	2.38	1.13
% Total Excess Profit of Total Revenue	2.67	3.71	0.98
Total Direct Medical Education:	13,391,966	9,752,671	14,052,897
Inpatient Readmission Charges:	31,260,715	28,241,229	28,479,473
Risk Adjusted Readmission Percent:	12.38%	12.32%	12.26%
Potentially Avoidable Utilization Costs:	53,540,439	47,714,791	44,335,589
Risk Adjusted PPC Rate:	0.67	0.58	0.77

HEALTH SERVICES COST REVIEW COMMISSION
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
FISCAL YEAR 2016 TO 2018

MERCY MEDICAL CENTER

FISCAL YEAR ENDING	June 2018	June 2017	June 2016
Gross Patient Revenue:			
Regulated Services	539,029,100	524,091,400	513,599,600
Unregulated Services	5,232,141	827,611	729,398
TOTAL	544,261,241	524,919,011	514,328,998
Net Patient Revenue (NPR):			
Regulated Services	466,732,046	453,324,647	442,251,408
Unregulated Services	5,232,141	827,611	729,398
TOTAL	471,964,187	454,152,258	442,980,806
Other Operating Revenue:			
Regulated Services	13,901,900	10,037,504	12,786,038
Unregulated Services	16,773,801	16,103,310	15,405,529
TOTAL	30,675,701	26,140,814	28,191,567
Net Operating Revenue (NOR)			
Regulated Services	480,633,946	463,362,151	455,037,446
Unregulated Services	22,005,942	16,930,921	16,134,927
Total	502,639,888	480,293,072	471,172,373
Total Operating Expenses:			
Regulated Services	450,635,707	435,326,226	435,680,490
Total	483,817,193	464,031,532	461,664,786
Net Operating Profit (Loss):			
Regulated Services	29,998,239	28,035,925	19,356,956
Unregulated Services	-11,175,544	-11,774,385	-9,849,369
Total	18,822,695	16,261,540	9,507,587
Total Non-Operating Profit (Loss):	10,506,600	23,823,750	-1,562,127
Non-Operating Revenue	10,506,600	23,821,611	9,371,416
Non-Operating Expenses	0	-2,139	10,933,543
Total Excess Profit (Loss):	29,329,295	40,081,012	7,945,460
% Net Operating Profit of Regulated NOR	6.24	6.05	4.25
% Net Total Operating Profit of Total NOR	3.74	3.39	2.02
% Total Excess Profit of Total Revenue	5.72	7.95	1.65
Total Direct Medical Education:	5,047,339	4,838,569	4,707,423
Inpatient Readmission Charges:	19,440,723	18,234,801	17,975,410
Risk Adjusted Readmission Percent:	12.10%	12.53%	11.85%
Potentially Avoidable Utilization Costs:	31,075,780	27,492,966	27,888,904
Risk Adjusted PPC Rate:	0.46	0.51	0.65

HEALTH SERVICES COST REVIEW COMMISSION
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
FISCAL YEAR 2016 TO 2018

MERITUS MEDICAL CENTER

FISCAL YEAR ENDING	June 2018	June 2017	June 2016
Gross Patient Revenue:			
Regulated Services	334,316,871	325,953,100	321,748,760
Unregulated Services	74,958,100	70,609,000	69,776,712
TOTAL	409,274,971	396,562,100	391,525,472
Net Patient Revenue (NPR):			
Regulated Services	278,234,830	279,636,188	261,006,413
Unregulated Services	45,601,070	39,562,501	44,089,120
TOTAL	323,835,900	319,198,689	305,095,532
Other Operating Revenue:			
Regulated Services	7,558,200	5,818,003	-465,632
Unregulated Services	5,535,800	8,334,997	7,759,183
TOTAL	13,094,000	14,153,000	7,293,551
Net Operating Revenue (NOR)			
Regulated Services	285,793,030	285,454,191	260,540,781
Unregulated Services	51,136,870	47,897,498	51,848,303
Total	336,929,900	333,351,689	312,389,083
Total Operating Expenses:			
Regulated Services	253,102,200	252,744,986	247,821,201
Total	314,735,200	309,164,000	299,130,713
Net Operating Profit (Loss):			
Regulated Services	32,690,830	32,709,205	12,719,580
Unregulated Services	-10,496,130	-8,521,516	538,790
Total	22,194,700	24,187,689	13,258,370
Total Non-Operating Profit (Loss):	7,196,100	14,073,400	-34,186,290
Non-Operating Revenue	7,394,000	0	0
Non-Operating Expenses	197,900	-14,073,400	34,186,290
Total Excess Profit (Loss):	29,390,800	38,261,089	-20,927,920
% Net Operating Profit of Regulated NOR	11.44	11.46	4.88
% Net Total Operating Profit of Total NOR	6.59	7.26	4.24
% Total Excess Profit of Total Revenue	8.54	11.48	-6.70
Total Direct Medical Education:	0	0	0
Inpatient Readmission Charges:	27,623,311	22,992,932	22,522,659
Risk Adjusted Readmission Percent:	11.10%	11.37%	11.40%
Potentially Avoidable Utilization Costs:	47,618,055	41,457,269	39,503,580
Risk Adjusted PPC Rate:	0.62	0.61	0.70

HEALTH SERVICES COST REVIEW COMMISSION
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FISCAL YEAR 2016 TO 2018

NORTHWEST HOSPITAL CENTER

FISCAL YEAR ENDING	June 2018	June 2017	June 2016
Gross Patient Revenue:			
Regulated Services	266,927,631	258,801,000	257,944,700
Unregulated Services	63,675,741	45,267,404	44,070,449
TOTAL	330,603,372	304,068,404	302,015,149
Net Patient Revenue (NPR):			
Regulated Services	227,262,073	217,101,689	213,970,769
Unregulated Services	35,239,563	16,619,031	16,387,321
TOTAL	262,501,636	233,720,720	230,358,090
Other Operating Revenue:			
Regulated Services	4,036,399	2,173,539	2,382,809
Unregulated Services	3,336,821	22,817,313	17,210,368
TOTAL	7,373,220	24,990,852	19,593,177
Net Operating Revenue (NOR)			
Regulated Services	231,298,472	219,275,228	216,353,578
Unregulated Services	38,576,384	39,436,344	33,597,689
Total	269,874,856	258,711,572	249,951,267
Total Operating Expenses:			
Regulated Services	188,597,856	182,564,913	181,171,177
Total	248,190,447	244,153,548	236,039,880
Net Operating Profit (Loss):			
Regulated Services	42,700,615	36,710,315	35,182,401
Unregulated Services	-21,016,207	-22,152,291	-21,271,014
Total	21,684,409	14,558,024	13,911,387
Total Non-Operating Profit (Loss):	6,622,707	13,118,772	-4,775,477
Non-Operating Revenue	6,622,707	13,118,772	-4,775,477
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	28,307,116	27,676,796	9,135,910
% Net Operating Profit of Regulated NOR	18.46	16.74	16.26
% Net Total Operating Profit of Total NOR	8.03	5.63	5.57
% Total Excess Profit of Total Revenue	10.24	10.18	3.73
Total Direct Medical Education:	0	0	0
Inpatient Readmission Charges:	22,164,683	21,860,049	22,886,819
Risk Adjusted Readmission Percent:	11.55%	11.60%	13.00%
Potentially Avoidable Utilization Costs:	43,823,289	42,506,545	42,173,628
Risk Adjusted PPC Rate:	0.44	0.44	0.80

HEALTH SERVICES COST REVIEW COMMISSION
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PENINSULA REGIONAL MEDICAL CENTER

FISCAL YEAR ENDING	June 2018	June 2017	June 2016
Gross Patient Revenue:			
Regulated Services	450,336,518	437,069,300	430,070,800
Unregulated Services	91,994,400	78,171,400	72,999,700
TOTAL	542,330,918	515,240,700	503,070,500
Net Patient Revenue (NPR):			
Regulated Services	382,238,418	369,748,400	366,877,800
Unregulated Services	43,015,200	33,616,900	29,906,900
TOTAL	425,253,618	403,365,300	396,784,700
Other Operating Revenue:			
Regulated Services	1,205,700	947,000	1,314,600
Unregulated Services	7,799,700	7,323,800	6,722,600
TOTAL	9,005,400	8,270,800	8,037,200
Net Operating Revenue (NOR)			
Regulated Services	383,444,118	370,695,400	368,192,400
Unregulated Services	50,814,900	40,940,700	36,629,500
Total	434,259,018	411,636,100	404,821,900
Total Operating Expenses:			
Regulated Services	336,127,347	350,622,967	329,763,075
Total	427,361,600	432,142,100	405,639,700
Net Operating Profit (Loss):			
Regulated Services	47,316,771	20,072,433	38,429,325
Unregulated Services	-40,419,353	-40,578,433	-39,247,125
Total	6,897,418	-20,506,000	-817,800
Total Non-Operating Profit (Loss):	38,206,600	14,818,000	7,654,800
Non-Operating Revenue	38,206,600	14,818,000	7,654,800
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	45,104,018	-5,688,000	6,837,000
% Net Operating Profit of Regulated NOR	12.34	5.41	10.44
% Net Total Operating Profit of Total NOR	1.59	-4.98	-0.20
% Total Excess Profit of Total Revenue	9.55	-1.33	1.66
Total Direct Medical Education:	0	0	0
Inpatient Readmission Charges:	29,957,475	28,847,730	26,577,653
Risk Adjusted Readmission Percent:	10.94%	11.20%	9.99%
Potentially Avoidable Utilization Costs:	48,110,481	49,700,544	48,764,687
Risk Adjusted PPC Rate:	0.64	0.59	0.78

HEALTH SERVICES COST REVIEW COMMISSION
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SHADY GROVE ADVENTIST HOSPITAL

FISCAL YEAR ENDING	December 2017	December 2016	December 2015
Gross Patient Revenue:			
Regulated Services	401,327,600	388,714,400	389,913,200
Unregulated Services	14,382,837	6,068,052	6,418,886
TOTAL	415,710,437	394,782,452	396,332,086
Net Patient Revenue (NPR):			
Regulated Services	346,401,639	335,476,280	333,295,244
Unregulated Services	4,002,324	1,852,731	1,835,557
TOTAL	350,403,963	337,329,011	335,130,801
Other Operating Revenue:			
Regulated Services	130,044	1,269,184	1,632,076
Unregulated Services	7,062,190	5,889,967	5,933,574
TOTAL	7,192,234	7,159,151	7,565,650
Net Operating Revenue (NOR)			
Regulated Services	346,531,683	336,745,464	334,927,320
Unregulated Services	11,064,514	7,742,698	7,769,131
Total	357,596,197	344,488,162	342,696,451
Total Operating Expenses:			
Regulated Services	307,385,310	302,300,894	295,354,588
Total	337,019,361	323,645,883	316,448,393
Net Operating Profit (Loss):			
Regulated Services	39,146,373	34,444,570	39,572,732
Unregulated Services	-18,569,537	-13,602,291	-13,324,674
Total	20,576,836	20,842,279	26,248,058
Total Non-Operating Profit (Loss):	3,576,216	991,302	-968,436
Non-Operating Revenue	3,576,216	991,302	-968,436
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	24,153,052	21,833,581	25,279,622
% Net Operating Profit of Regulated NOR	11.30	10.23	11.82
% Net Total Operating Profit of Total NOR	5.75	6.05	7.66
% Total Excess Profit of Total Revenue	6.69	6.32	7.40
Total Direct Medical Education:	0	0	0
Inpatient Readmission Charges:	27,488,544	25,150,398	24,522,045
Risk Adjusted Readmission Percent:	9.78%	10.10%	9.94%
Potentially Avoidable Utilization Costs:	43,903,194	39,761,283	39,420,204
Risk Adjusted PPC Rate:	0.69	0.57	0.84

HEALTH SERVICES COST REVIEW COMMISSION
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SINAI HOSPITAL

FISCAL YEAR ENDING	June 2018	June 2017	June 2016
Gross Patient Revenue:			
Regulated Services	783,533,500	769,856,900	732,671,600
Unregulated Services	196,848,016	187,713,487	186,704,461
TOTAL	980,381,516	957,570,387	919,376,061
Net Patient Revenue (NPR):			
Regulated Services	661,090,300	644,901,523	615,507,214
Unregulated Services	93,964,743	95,970,326	74,081,947
TOTAL	755,055,043	740,871,849	689,589,161
Other Operating Revenue:			
Regulated Services	21,927,704	11,547,126	10,332,455
Unregulated Services	22,529,563	24,819,518	56,025,531
TOTAL	44,457,267	36,366,644	66,357,986
Net Operating Revenue (NOR)			
Regulated Services	683,018,004	656,448,649	625,839,669
Unregulated Services	116,494,306	120,789,844	130,107,478
Total	799,512,310	777,238,493	755,947,147
Total Operating Expenses:			
Regulated Services	596,332,210	587,087,824	551,295,426
Total	764,960,267	741,848,425	725,051,986
Net Operating Profit (Loss):			
Regulated Services	86,685,794	69,360,825	74,544,243
Unregulated Services	-52,133,751	-33,970,757	-43,649,082
Total	34,552,043	35,390,068	30,895,161
Total Non-Operating Profit (Loss):	23,993,000	21,790,000	-4,248,000
Non-Operating Revenue	23,993,000	21,790,000	0
Non-Operating Expenses	0	0	4,248,000
Total Excess Profit (Loss):	58,545,043	57,180,068	26,647,161
% Net Operating Profit of Regulated NOR	12.69	10.57	11.91
% Net Total Operating Profit of Total NOR	4.32	4.55	4.09
% Total Excess Profit of Total Revenue	7.11	7.16	3.53
Total Direct Medical Education:	15,700,811	15,229,309	14,784,200
Inpatient Readmission Charges:	44,048,669	45,278,963	45,655,055
Risk Adjusted Readmission Percent:	11.29%	11.42%	12.20%
Potentially Avoidable Utilization Costs:	70,037,646	70,227,348	69,984,928
Risk Adjusted PPC Rate:	0.52	0.64	0.75

ST. AGNES HOSPITAL

FISCAL YEAR ENDING	June 2018	June 2017	June 2016
Gross Patient Revenue:			
Regulated Services	438,695,900	431,097,200	432,204,400
Unregulated Services	178,218,944	175,167,153	178,804,137
TOTAL	616,914,844	606,264,353	611,008,537
Net Patient Revenue (NPR):			
Regulated Services	377,449,830	382,173,878	359,834,307
Unregulated Services	79,582,283	76,766,825	78,480,869
TOTAL	457,032,113	458,940,703	438,315,176
Other Operating Revenue:			
Regulated Services	1,981,300	4,541,545	5,114,462
Unregulated Services	7,397,955	6,524,859	5,997,146
TOTAL	9,379,255	11,066,403	11,111,607
Net Operating Revenue (NOR)			
Regulated Services	379,431,130	386,715,423	364,948,769
Unregulated Services	86,980,239	83,291,684	84,478,014
Total	466,411,369	470,007,106	449,426,783
Total Operating Expenses:			
Regulated Services	318,726,099	310,077,312	312,539,167
Total	452,575,808	438,953,889	439,045,002
Net Operating Profit (Loss):			
Regulated Services	60,705,031	76,638,111	52,409,602
Unregulated Services	-46,869,471	-45,584,893	-42,027,820
Total	13,835,561	31,053,217	10,381,782
Total Non-Operating Profit (Loss):	-542,000	7,476,000	-7,204,699
Non-Operating Revenue	1,880,000	7,476,000	-7,204,699
Non-Operating Expenses	2,422,000	0	0
Total Excess Profit (Loss):	13,293,561	38,529,217	3,177,083
% Net Operating Profit of Regulated NOR	16.00	19.82	14.36
% Net Total Operating Profit of Total NOR	2.97	6.61	2.31
% Total Excess Profit of Total Revenue	2.84	8.07	0.72
Total Direct Medical Education:	8,121,090	7,476,728	7,229,390
Inpatient Readmission Charges:	35,514,362	34,040,792	35,191,932
Risk Adjusted Readmission Percent:	11.74%	12.00%	12.42%
Potentially Avoidable Utilization Costs:	65,344,805	63,553,430	60,244,282
Risk Adjusted PPC Rate:	0.32	0.35	0.62

SUBURBAN HOSPITAL

FISCAL YEAR ENDING	June 2018	June 2017	June 2016
Gross Patient Revenue:			
Regulated Services	329,368,123	310,897,100	301,899,200
Unregulated Services	1,778,628	2,374,686	2,268,518
TOTAL	331,146,751	313,271,786	304,167,718
Net Patient Revenue (NPR):			
Regulated Services	279,840,920	265,507,832	260,794,287
Unregulated Services	1,719,879	2,310,170	2,240,705
TOTAL	281,560,800	267,818,001	263,034,992
Other Operating Revenue:			
Regulated Services	2,751,160	7,712,395	2,576,865
Unregulated Services	19,400,840	19,429,605	21,776,135
TOTAL	22,152,000	27,142,000	24,353,000
Net Operating Revenue (NOR)			
Regulated Services	282,592,080	273,220,227	263,371,152
Unregulated Services	21,120,720	21,739,774	24,016,840
Total	303,712,800	294,960,001	287,387,992
Total Operating Expenses:			
Regulated Services	261,990,876	250,216,327	236,670,658
Total	295,310,758	283,347,000	270,459,430
Net Operating Profit (Loss):			
Regulated Services	20,601,204	23,003,900	26,700,494
Unregulated Services	-12,199,162	-11,390,898	-9,771,932
Total	8,402,041	11,613,001	16,928,562
Total Non-Operating Profit (Loss):	20,828,000	23,957,000	-6,697,000
Non-Operating Revenue	20,828,000	23,957,000	457,000
Non-Operating Expenses	0	0	7,154,000
Total Excess Profit (Loss):	29,230,041	35,570,001	10,231,562
% Net Operating Profit of Regulated NOR	7.29	8.42	10.14
% Net Total Operating Profit of Total NOR	2.77	3.94	5.89
% Total Excess Profit of Total Revenue	9.01	11.15	3.55
Total Direct Medical Education:	498,336	458,561	331,245
Inpatient Readmission Charges:	20,938,047	20,045,557	21,177,628
Risk Adjusted Readmission Percent:	10.77%	11.15%	10.58%
Potentially Avoidable Utilization Costs:	32,847,597	31,759,083	32,260,580
Risk Adjusted PPC Rate:	0.41	0.58	0.73

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UM-BALTIMORE WASHINGTON MEDICAL CENTER

FISCAL YEAR ENDING	June 2018	June 2017	June 2016
Gross Patient Revenue:			
Regulated Services	428,075,148	416,534,000	413,064,200
Unregulated Services	4,950,000	5,031,000	4,327,000
TOTAL	433,025,148	421,565,000	417,391,200
Net Patient Revenue (NPR):			
Regulated Services	364,177,501	361,101,590	355,972,969
Unregulated Services	3,812,499	2,084,410	1,661,998
TOTAL	367,990,000	363,186,000	357,634,967
Other Operating Revenue:			
Regulated Services	3,006,441	1,857,045	1,717,392
Unregulated Services	1,973,559	1,823,955	1,878,608
TOTAL	4,980,000	3,681,000	3,596,000
Net Operating Revenue (NOR)			
Regulated Services	367,183,941	362,958,635	357,690,361
Unregulated Services	5,786,059	3,908,365	3,540,607
Total	372,970,000	366,867,000	361,230,967
Total Operating Expenses:			
Regulated Services	336,518,698	326,029,856	322,713,452
Total	344,997,000	334,210,000	330,823,000
Net Operating Profit (Loss):			
Regulated Services	30,665,244	36,928,779	34,976,908
Unregulated Services	-2,692,244	-4,271,779	-4,568,941
Total	27,973,000	32,657,000	30,407,967
Total Non-Operating Profit (Loss):	4,076,000	11,671,000	-5,491,000
Non-Operating Revenue	9,033,000	0	0
Non-Operating Expenses	4,957,000	-11,671,000	5,491,000
Total Excess Profit (Loss):	32,049,000	44,328,000	24,916,967
% Net Operating Profit of Regulated NOR	8.35	10.17	9.78
% Net Total Operating Profit of Total NOR	7.50	8.90	8.42
% Total Excess Profit of Total Revenue	8.39	12.08	6.90
Total Direct Medical Education:	631,517	580,333	628,161
Inpatient Readmission Charges:	36,212,628	36,195,264	37,277,981
Risk Adjusted Readmission Percent:	11.14%	11.99%	12.43%
Potentially Avoidable Utilization Costs:	60,718,816	61,850,233	63,396,648
Risk Adjusted PPC Rate:	0.46	0.52	0.65

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UM-BOWIE HEALTH CENTER

FISCAL YEAR ENDING	June 2018	June 2017	June 2016
Gross Patient Revenue:			
Regulated Services	20,771,309	19,933,600	20,228,300
Unregulated Services	9,529,424	10,749,722	9,901,346
TOTAL	30,300,732	30,683,322	30,129,646
Net Patient Revenue (NPR):			
Regulated Services	15,464,056	13,273,305	13,863,985
Unregulated Services	3,952,676	4,666,456	4,285,990
TOTAL	19,416,731	17,939,761	18,149,975
Other Operating Revenue:			
Regulated Services	56,852	2,275	297,700
Unregulated Services	1,178,143	170,848	1,457,694
TOTAL	1,234,995	173,123	1,755,394
Net Operating Revenue (NOR)			
Regulated Services	15,520,908	13,275,580	14,161,685
Unregulated Services	5,130,818	4,837,304	5,743,684
Total	20,651,726	18,112,884	19,905,369
Total Operating Expenses:			
Regulated Services	15,944,244	14,818,750	12,614,803
Total	21,274,995	19,782,973	18,564,439
Net Operating Profit (Loss):			
Regulated Services	-423,336	-1,543,170	1,546,882
Unregulated Services	-199,933	-126,919	-205,952
Total	-623,269	-1,670,089	1,340,930
Total Non-Operating Profit (Loss):	104,000	13,551	0
Non-Operating Revenue	104,000	13,551	0
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	-519,269	-1,656,538	1,340,930
% Net Operating Profit of Regulated NOR	-2.73	-11.62	10.92
% Net Total Operating Profit of Total NOR	-3.02	-9.22	6.74
% Total Excess Profit of Total Revenue	-2.50	-9.14	6.74
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 2018	June 2017	June 2016
Gross Patient Revenue:			
Regulated Services	156,420,846	148,862,300	148,692,700
Unregulated Services	2,074,935	1,852,059	1,451,471
TOTAL	158,495,781	150,714,359	150,144,171
Net Patient Revenue (NPR):			
Regulated Services	132,146,931	128,909,182	126,752,451
Unregulated Services	1,095,004	951,862	848,732
TOTAL	133,241,935	129,861,044	127,601,183
Other Operating Revenue:			
Regulated Services	117,312	65,517	288,272
Unregulated Services	432,688	441,483	420,568
TOTAL	550,000	507,000	708,840
Net Operating Revenue (NOR)			
Regulated Services	132,264,243	128,974,700	127,040,723
Unregulated Services	1,527,692	1,393,345	1,269,300
Total	133,791,935	130,368,044	128,310,023
Total Operating Expenses:			
Regulated Services	113,933,074	111,584,695	109,027,757
Total	119,860,000	116,779,000	113,563,000
Net Operating Profit (Loss):			
Regulated Services	18,331,170	17,390,005	18,012,966
Unregulated Services	-4,399,234	-3,800,961	-3,265,943
Total	13,931,935	13,589,044	14,747,023
Total Non-Operating Profit (Loss):	1,381,000	2,784,000	-1,187,000
Non-Operating Revenue	2,212,000	3,218,000	408,000
Non-Operating Expenses	831,000	434,000	1,595,000
Total Excess Profit (Loss):	15,312,935	16,373,044	13,560,023
% Net Operating Profit of Regulated NOR	13.86	13.48	14.18
% Net Total Operating Profit of Total NOR	10.41	10.42	11.49
% Total Excess Profit of Total Revenue	11.26	12.26	10.53
Total Direct Medical Education:	0	0	0
Inpatient Readmission Charges:	11,236,787	10,252,954	10,706,616
Risk Adjusted Readmission Percent:	9.98%	9.58%	9.96%
Potentially Avoidable Utilization Costs:	19,946,032	20,280,491	21,422,142
Risk Adjusted PPC Rate:	0.38	0.42	0.79

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UM-HARFORD MEMORIAL HOSPITAL

FISCAL YEAR ENDING	June 2018	June 2017	June 2016
Gross Patient Revenue:			
Regulated Services	105,943,546	105,314,800	104,106,100
Unregulated Services	168,000	171,000	220,000
TOTAL	106,111,546	105,485,800	104,326,100
Net Patient Revenue (NPR):			
Regulated Services	88,285,000	88,949,958	89,067,100
Unregulated Services	168,000	171,000	220,000
TOTAL	88,453,000	89,120,958	89,287,100
Other Operating Revenue:			
Regulated Services	824,523	847,242	633,667
Unregulated Services	309,477	314,758	313,191
TOTAL	1,134,000	1,162,000	946,858
Net Operating Revenue (NOR)			
Regulated Services	89,109,523	89,797,200	89,700,767
Unregulated Services	477,477	485,758	533,191
Total	89,587,000	90,282,958	90,233,958
Total Operating Expenses:			
Regulated Services	83,338,100	80,697,100	80,295,000
Total	87,719,000	84,926,000	82,723,000
Net Operating Profit (Loss):			
Regulated Services	5,771,423	9,100,100	9,405,767
Unregulated Services	-3,903,423	-3,743,142	-1,894,809
Total	1,868,000	5,356,958	7,510,958
Total Non-Operating Profit (Loss):	4,960,000	8,142,000	490,000
Non-Operating Revenue	4,960,000	8,142,000	490,000
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	6,828,000	13,498,958	8,000,958
% Net Operating Profit of Regulated NOR	6.48	10.13	10.49
% Net Total Operating Profit of Total NOR	2.09	5.93	8.32
% Total Excess Profit of Total Revenue	7.22	13.71	8.82
Total Direct Medical Education:	0	0	0
Inpatient Readmission Charges:	11,350,250	10,976,965	10,475,620
Risk Adjusted Readmission Percent:	10.86%	11.83%	11.29%
Potentially Avoidable Utilization Costs:	19,009,003	18,429,905	18,280,596
Risk Adjusted PPC Rate:	0.42	0.49	0.63

UM-LAUREL REGIONAL HOSPITAL

FISCAL YEAR ENDING	June 2018	June 2017	June 2016
Gross Patient Revenue:			
Regulated Services	102,996,000	100,491,800	106,117,500
Unregulated Services	0	2,090,370	1,985,672
TOTAL	102,996,000	102,582,170	108,103,172
Net Patient Revenue (NPR):			
Regulated Services	90,095,000	81,678,189	90,443,295
Unregulated Services	0	821,960	1,419,848
TOTAL	90,095,000	82,500,149	91,863,143
Other Operating Revenue:			
Regulated Services	9,601,000	120,760	1,193,454
Unregulated Services	0	226,175	249,504
TOTAL	9,601,000	346,935	1,442,958
Net Operating Revenue (NOR)			
Regulated Services	99,696,000	81,798,949	91,636,749
Unregulated Services	0	1,048,135	1,669,352
Total	99,696,000	82,847,084	93,306,101
Total Operating Expenses:			
Regulated Services	82,741,400	81,820,607	85,066,992
Total	91,189,000	94,726,907	97,371,992
Net Operating Profit (Loss):			
Regulated Services	16,954,600	-21,658	6,569,757
Unregulated Services	-8,447,600	-11,858,165	-10,635,648
Total	8,507,000	-11,879,823	-4,065,891
Total Non-Operating Profit (Loss):	576,000	6,357,783	2,833,438
Non-Operating Revenue	576,000	6,357,783	2,833,438
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	9,083,000	-5,522,040	-1,232,453
% Net Operating Profit of Regulated NOR	17.01	-0.03	7.17
% Net Total Operating Profit of Total NOR	8.53	-14.34	-4.36
% Total Excess Profit of Total Revenue	9.06	-6.19	-1.28
Total Direct Medical Education:	0	0	0
Inpatient Readmission Charges:	7,021,109	6,934,840	6,893,000
Risk Adjusted Readmission Percent:	11.36%	12.83%	12.09%
Potentially Avoidable Utilization Costs:	12,043,309	11,640,040	11,815,080
Risk Adjusted PPC Rate:	0.48	0.59	0.99

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UM-PRINCE GEORGE'S HOSPITAL CENTER

FISCAL YEAR ENDING	June 2018	June 2017	June 2016
Gross Patient Revenue:			
Regulated Services	293,380,000	293,522,700	285,682,600
Unregulated Services	0	17,421,289	20,080,356
TOTAL	293,380,000	310,943,989	305,762,956
Net Patient Revenue (NPR):			
Regulated Services	248,794,046	249,393,120	253,113,614
Unregulated Services	0	7,130,481	8,591,716
TOTAL	248,794,046	256,523,601	261,705,330
Other Operating Revenue:			
Regulated Services	32,920,106	4,160,944	4,996,438
Unregulated Services	2,138,894	1,174,972	2,110,695
TOTAL	35,059,000	5,335,916	7,107,133
Net Operating Revenue (NOR)			
Regulated Services	281,714,152	253,554,064	258,110,053
Unregulated Services	2,138,894	8,305,453	10,702,411
Total	283,853,046	261,859,517	268,812,464
Total Operating Expenses:			
Regulated Services	240,414,549	240,080,693	227,352,248
Total	285,839,000	294,418,452	271,879,717
Net Operating Profit (Loss):			
Regulated Services	41,299,602	13,473,371	30,757,805
Unregulated Services	-43,285,556	-46,032,306	-33,825,058
Total	-1,985,954	-32,558,935	-3,067,254
Total Non-Operating Profit (Loss):	1,437,000	19,445,979	7,709,817
Non-Operating Revenue	1,437,000	19,445,979	7,709,817
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	-548,954	-13,112,956	4,642,564
% Net Operating Profit of Regulated NOR	14.66	5.31	11.92
% Net Total Operating Profit of Total NOR	-0.70	-12.43	-1.14
% Total Excess Profit of Total Revenue	-0.19	-4.66	1.68
Total Direct Medical Education:	5,392,004	6,074,694	5,117,267
Inpatient Readmission Charges:	27,475,760	24,473,571	22,800,097
Risk Adjusted Readmission Percent:	10.88%	10.76%	10.34%
Potentially Avoidable Utilization Costs:	44,898,575	40,026,920	38,516,665
Risk Adjusted PPC Rate:	0.57	0.53	1.05

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UM-QUEEN ANNE'S FREESTANDING EMERGENCY CENTER

FISCAL YEAR ENDING	June 2018	June 2017	June 2016
Gross Patient Revenue:			
Regulated Services	7,034,873	6,432,800	6,243,200
Unregulated Services	0	0	0
TOTAL	7,034,873	6,432,800	6,243,200
Net Patient Revenue (NPR):			
Regulated Services	5,378,088	5,146,413	4,951,239
Unregulated Services	0	0	0
TOTAL	5,378,088	5,146,413	4,951,239
Other Operating Revenue:			
Regulated Services	9,077	10,608	5,780
Unregulated Services	0	0	0
TOTAL	9,077	10,608	5,780
Net Operating Revenue (NOR)			
Regulated Services	5,387,165	5,157,021	4,957,019
Unregulated Services	0	0	0
Total	5,387,165	5,157,021	4,957,019
Total Operating Expenses:			
Regulated Services	6,655,997	7,117,707	6,871,442
Total	6,672,297	7,142,407	6,871,442
Net Operating Profit (Loss):			
Regulated Services	-1,268,832	-1,960,686	-1,914,423
Unregulated Services	-16,300	-24,700	0
Total	-1,285,132	-1,985,386	-1,914,423
Total Non-Operating Profit (Loss):	-21,013	-107,203	-44,000
Non-Operating Revenue	-21,013	-107,203	0
Non-Operating Expenses	0	0	44,000
Total Excess Profit (Loss):	-1,306,145	-2,092,589	-1,958,423
% Net Operating Profit of Regulated NOR	-23.55	-38.02	-38.62
% Net Total Operating Profit of Total NOR	-23.86	-38.50	-38.62
% Total Excess Profit of Total Revenue	-24.34	-41.44	-39.51
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 2018	June 2017	June 2016
Gross Patient Revenue:			
Regulated Services	124,902,916	124,286,800	118,766,800
Unregulated Services	920,775	991,566	1,084,001
TOTAL	125,823,691	125,278,366	119,850,801
Net Patient Revenue (NPR):			
Regulated Services	109,968,315	107,250,465	100,742,920
Unregulated Services	501,002	590,566	677,001
TOTAL	110,469,318	107,841,031	101,419,921
Other Operating Revenue:			
Regulated Services	924,328	683,381	3,971,892
Unregulated Services	1,810,672	1,918,619	1,747,108
TOTAL	2,735,000	2,602,000	5,719,000
Net Operating Revenue (NOR)			
Regulated Services	110,892,643	107,933,846	104,714,812
Unregulated Services	2,311,675	2,509,184	2,424,109
Total	113,204,318	110,443,031	107,138,921
Total Operating Expenses:			
Regulated Services	106,248,833	103,671,463	100,941,425
Total	109,216,000	107,006,000	103,856,400
Net Operating Profit (Loss):			
Regulated Services	4,643,810	4,262,383	3,773,387
Unregulated Services	-655,493	-825,352	-490,867
Total	3,988,318	3,437,031	3,282,521
Total Non-Operating Profit (Loss):	2,052,000	3,350,000	-1,057,000
Non-Operating Revenue	2,346,000	3,350,000	-1,057,000
Non-Operating Expenses	294,000	0	0
Total Excess Profit (Loss):	6,040,318	6,787,031	2,225,521
% Net Operating Profit of Regulated NOR	4.19	3.95	3.60
% Net Total Operating Profit of Total NOR	3.52	3.11	3.06
% Total Excess Profit of Total Revenue	5.23	5.96	2.10
Total Direct Medical Education:	3,818,820	3,901,174	4,088,269
Inpatient Readmission Charges:	203,973	141,507	278,045
Risk Adjusted Readmission Percent:	7.93%	9.58%	10.51%
Potentially Avoidable Utilization Costs:	203,973	141,507	278,045
Risk Adjusted PPC Rate:	0.53	0.75	0.86

UM-SHOCK TRAUMA

FISCAL YEAR ENDING	June 2018	June 2017	June 2016
Gross Patient Revenue:			
Regulated Services	215,034,043	213,195,100	202,325,400
Unregulated Services	5,825,975	5,493,306	4,442,063
TOTAL	220,860,018	218,688,406	206,767,463
Net Patient Revenue (NPR):			
Regulated Services	179,265,025	201,031,694	173,816,937
Unregulated Services	5,825,975	5,493,306	4,442,063
TOTAL	185,091,000	206,525,000	178,259,000
Other Operating Revenue:			
Regulated Services	3,435,000	3,476,000	3,378,000
Unregulated Services	0	0	0
TOTAL	3,435,000	3,476,000	3,378,000
Net Operating Revenue (NOR)			
Regulated Services	182,700,025	204,507,694	177,194,937
Unregulated Services	5,825,975	5,493,306	4,442,063
Total	188,526,000	210,001,000	181,637,000
Total Operating Expenses:			
Regulated Services	162,982,400	162,417,200	159,078,900
Total	163,948,000	163,160,000	162,363,000
Net Operating Profit (Loss):			
Regulated Services	19,717,625	42,090,494	18,116,037
Unregulated Services	4,860,375	4,750,506	1,157,963
Total	24,578,000	46,841,000	19,274,000
Total Non-Operating Profit (Loss):	0	0	1,500,000
Non-Operating Revenue	0	0	1,500,000
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	24,578,000	46,841,000	20,774,000
% Net Operating Profit of Regulated NOR	10.79	20.58	10.22
% Net Total Operating Profit of Total NOR	13.04	22.31	10.61
% Total Excess Profit of Total Revenue	13.04	22.31	11.34
Total Direct Medical Education:	11,572,869	11,488,844	11,303,486
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-SHORE REGIONAL HEALTH AT CHESTERTOWN

FISCAL YEAR ENDING	June 2018	June 2017	June 2016
Gross Patient Revenue:			
Regulated Services	59,412,493	59,206,500	60,065,200
Unregulated Services	4,311,688	3,848,139	4,040,268
TOTAL	63,724,181	63,054,639	64,105,468
Net Patient Revenue (NPR):			
Regulated Services	50,803,189	48,155,807	49,733,012
Unregulated Services	2,440,411	3,654,782	3,848,356
TOTAL	53,243,600	51,810,589	53,581,368
Other Operating Revenue:			
Regulated Services	80,940	9,071	-236,735
Unregulated Services	429,060	393,929	217,267
TOTAL	510,000	403,000	-19,468
Net Operating Revenue (NOR)			
Regulated Services	50,884,130	48,164,878	49,496,277
Unregulated Services	2,869,471	4,048,711	4,065,623
Total	53,753,600	52,213,589	53,561,900
Total Operating Expenses:			
Regulated Services	40,471,696	41,001,663	42,567,673
Total	46,259,300	46,048,000	48,612,000
Net Operating Profit (Loss):			
Regulated Services	10,412,434	7,163,216	6,928,604
Unregulated Services	-2,918,134	-997,626	-1,978,704
Total	7,494,300	6,165,589	4,949,900
Total Non-Operating Profit (Loss):	641,000	1,684,000	-403,000
Non-Operating Revenue	1,084,000	1,756,000	390,000
Non-Operating Expenses	443,000	72,000	793,000
Total Excess Profit (Loss):	8,135,300	7,849,589	4,546,900
% Net Operating Profit of Regulated NOR	20.46	14.87	14.00
% Net Total Operating Profit of Total NOR	13.94	11.81	9.24
% Total Excess Profit of Total Revenue	14.84	14.54	8.43
Total Direct Medical Education:	0	0	0
Inpatient Readmission Charges:	2,999,239	3,377,301	3,603,074
Risk Adjusted Readmission Percent:	8.88%	12.30%	13.10%
Potentially Avoidable Utilization Costs:	5,182,302	7,196,289	8,062,886
Risk Adjusted PPC Rate:	0.79	0.77	0.96

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UM-SHORE REGIONAL HEALTH AT DORCHESTER

FISCAL YEAR ENDING	June 2018	June 2017	June 2016
Gross Patient Revenue:			
Regulated Services	51,060,002	49,851,200	51,452,800
Unregulated Services	2,478,341	2,789,571	2,871,072
TOTAL	53,538,343	52,640,771	54,323,872
Net Patient Revenue (NPR):			
Regulated Services	42,857,327	42,072,925	42,352,628
Unregulated Services	1,272,086	1,237,169	1,601,672
TOTAL	44,129,413	43,310,094	43,954,300
Other Operating Revenue:			
Regulated Services	76,008	74,825	48,433
Unregulated Services	211,626	260,413	278,833
TOTAL	287,634	335,238	327,266
Net Operating Revenue (NOR)			
Regulated Services	42,933,336	42,147,750	42,401,061
Unregulated Services	1,483,712	1,497,582	1,880,505
Total	44,417,047	43,645,332	44,281,566
Total Operating Expenses:			
Regulated Services	38,031,023	40,362,846	36,427,923
Total	40,094,943	42,908,878	39,379,514
Net Operating Profit (Loss):			
Regulated Services	4,902,312	1,784,904	5,973,138
Unregulated Services	-580,208	-1,048,450	-1,071,086
Total	4,322,104	736,454	4,902,052
Total Non-Operating Profit (Loss):	-147,090	-751,000	-322,815
Non-Operating Revenue	-147,090	-751,000	-322,815
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	4,175,014	-14,546	4,579,237
% Net Operating Profit of Regulated NOR	11.42	4.23	14.09
% Net Total Operating Profit of Total NOR	9.73	1.69	11.07
% Total Excess Profit of Total Revenue	9.43	-0.03	10.42
Total Direct Medical Education:	0	0	0
Inpatient Readmission Charges:	4,023,700	5,072,662	4,542,914
Risk Adjusted Readmission Percent:	9.94%	12.42%	11.05%
Potentially Avoidable Utilization Costs:	7,129,280	9,767,967	9,950,566
Risk Adjusted PPC Rate:	0.40	0.48	0.68

UM-SHORE REGIONAL HEALTH AT EASTON

FISCAL YEAR ENDING	June 2018	June 2017	June 2016
Gross Patient Revenue:			
Regulated Services	210,980,106	203,067,800	199,614,100
Unregulated Services	46,626,896	47,002,098	45,475,282
TOTAL	257,607,002	250,069,898	245,089,382
Net Patient Revenue (NPR):			
Regulated Services	178,488,454	174,176,326	172,262,074
Unregulated Services	19,938,692	18,528,965	17,354,162
TOTAL	198,427,146	192,705,291	189,616,236
Other Operating Revenue:			
Regulated Services	470,113	531,986	369,942
Unregulated Services	3,877,542	3,697,945	2,054,649
TOTAL	4,347,655	4,229,931	2,424,591
Net Operating Revenue (NOR)			
Regulated Services	178,958,567	174,708,312	172,632,016
Unregulated Services	23,816,234	22,226,910	19,408,811
Total	202,774,801	196,935,222	192,040,827
Total Operating Expenses:			
Regulated Services	156,724,781	158,069,606	146,753,345
Total	180,601,289	183,503,895	168,978,020
Net Operating Profit (Loss):			
Regulated Services	22,233,786	16,638,706	25,878,671
Unregulated Services	-60,274	-3,207,379	-2,815,864
Total	22,173,512	13,431,327	23,062,807
Total Non-Operating Profit (Loss):	7,541,234	8,333,000	-3,721,000
Non-Operating Revenue	7,541,234	8,333,000	3,787,000
Non-Operating Expenses	0	0	7,508,000
Total Excess Profit (Loss):	29,714,746	21,764,327	19,341,807
% Net Operating Profit of Regulated NOR	12.42	9.52	14.99
% Net Total Operating Profit of Total NOR	10.94	6.82	12.01
% Total Excess Profit of Total Revenue	14.13	10.60	9.88
Total Direct Medical Education:	0	0	0
Inpatient Readmission Charges:	11,082,531	11,848,480	11,098,830
Risk Adjusted Readmission Percent:	10.29%	10.61%	11.12%
Potentially Avoidable Utilization Costs:	17,114,255	21,816,726	23,349,070
Risk Adjusted PPC Rate:	0.40	0.64	0.67

UM-ST. JOSEPH MEDICAL CENTER

FISCAL YEAR ENDING	June 2018	June 2017	June 2016
Gross Patient Revenue:			
Regulated Services	414,387,182	408,176,900	402,082,700
Unregulated Services	0	0	2,818,692
TOTAL	414,387,182	408,176,900	404,901,392
Net Patient Revenue (NPR):			
Regulated Services	361,011,915	359,500,143	345,943,269
Unregulated Services	133,085	133,857	2,677,731
TOTAL	361,145,000	359,634,000	348,621,000
Other Operating Revenue:			
Regulated Services	450,321	570,456	415,243
Unregulated Services	2,815,679	2,660,544	2,921,010
TOTAL	3,266,000	3,231,000	3,336,252
Net Operating Revenue (NOR)			
Regulated Services	361,462,235	360,070,600	346,358,512
Unregulated Services	2,948,765	2,794,400	5,598,741
Total	364,411,000	362,865,000	351,957,252
Total Operating Expenses:			
Regulated Services	311,529,009	313,497,766	301,275,913
Total	335,049,000	339,093,000	325,630,352
Net Operating Profit (Loss):			
Regulated Services	49,933,226	46,572,834	45,082,599
Unregulated Services	-20,571,226	-22,800,834	-18,755,699
Total	29,362,000	23,772,000	26,326,900
Total Non-Operating Profit (Loss):	-1,861,000	-3,206,000	-3,502,000
Non-Operating Revenue	-1,861,000	834,000	0
Non-Operating Expenses	0	4,040,000	3,502,000
Total Excess Profit (Loss):	27,501,000	20,566,000	22,824,900
% Net Operating Profit of Regulated NOR	13.81	12.93	13.02
% Net Total Operating Profit of Total NOR	8.06	6.55	7.48
% Total Excess Profit of Total Revenue	7.59	5.65	6.49
Total Direct Medical Education:	0	0	0
Inpatient Readmission Charges:	21,268,718	21,463,640	21,063,602
Risk Adjusted Readmission Percent:	10.46%	10.69%	10.56%
Potentially Avoidable Utilization Costs:	31,512,393	35,172,832	33,529,679
Risk Adjusted PPC Rate:	0.47	0.57	0.70

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UM-UPPER CHESAPEAKE MEDICAL CENTER

FISCAL YEAR ENDING	June 2018	June 2017	June 2016
Gross Patient Revenue:			
Regulated Services	343,214,125	341,416,000	330,967,000
Unregulated Services	1,203,000	1,095,000	986,000
TOTAL	344,417,125	342,511,000	331,953,000
Net Patient Revenue (NPR):			
Regulated Services	297,072,704	296,121,934	284,816,000
Unregulated Services	797,296	712,018	986,000
TOTAL	297,870,000	296,833,952	285,802,000
Other Operating Revenue:			
Regulated Services	2,626,497	2,507,731	3,449,774
Unregulated Services	1,353,503	1,429,269	1,170,199
TOTAL	3,980,000	3,937,000	4,619,972
Net Operating Revenue (NOR)			
Regulated Services	299,699,201	298,629,666	288,265,774
Unregulated Services	2,150,799	2,141,287	2,156,199
Total	301,850,000	300,770,952	290,421,972
Total Operating Expenses:			
Regulated Services	250,715,131	271,742,558	248,188,841
Total	262,866,000	284,219,000	261,076,000
Net Operating Profit (Loss):			
Regulated Services	48,984,070	26,887,108	40,076,933
Unregulated Services	-10,000,070	-10,335,156	-10,730,960
Total	38,984,000	16,551,952	29,345,972
Total Non-Operating Profit (Loss):	3,777,000	7,659,000	790,000
Non-Operating Revenue	6,479,000	9,884,000	4,526,000
Non-Operating Expenses	2,702,000	2,225,000	3,736,000
Total Excess Profit (Loss):	42,761,000	24,210,952	30,135,972
% Net Operating Profit of Regulated NOR	16.34	9.00	13.90
% Net Total Operating Profit of Total NOR	12.92	5.50	10.10
% Total Excess Profit of Total Revenue	13.87	7.79	10.22
Total Direct Medical Education:	0	0	0
Inpatient Readmission Charges:	21,834,251	21,482,900	20,683,243
Risk Adjusted Readmission Percent:	9.54%	10.33%	11.01%
Potentially Avoidable Utilization Costs:	40,328,636	37,303,104	36,235,421
Risk Adjusted PPC Rate:	0.42	0.47	0.67

UMMC MIDTOWN CAMPUS

FISCAL YEAR ENDING	June 2018	June 2017	June 2016
Gross Patient Revenue:			
Regulated Services	236,967,134	239,136,400	226,817,000
Unregulated Services	6,353,981	3,805,628	5,604,180
TOTAL	243,321,115	242,942,028	232,421,180
Net Patient Revenue (NPR):			
Regulated Services	204,450,456	201,669,034	187,121,556
Unregulated Services	6,073,544	3,481,966	5,038,625
TOTAL	210,524,000	205,151,000	192,160,180
Other Operating Revenue:			
Regulated Services	149,678	239,193	-281,532
Unregulated Services	18,460,322	9,981,807	1,108,352
TOTAL	18,610,000	10,221,000	826,820
Net Operating Revenue (NOR)			
Regulated Services	204,600,134	201,908,227	186,840,024
Unregulated Services	24,533,866	13,463,773	6,146,976
Total	229,134,000	215,372,000	192,987,000
Total Operating Expenses:			
Regulated Services	173,682,412	170,320,562	162,862,836
Total	223,093,000	204,226,000	191,264,500
Net Operating Profit (Loss):			
Regulated Services	30,917,722	31,587,664	23,977,188
Unregulated Services	-24,876,722	-20,441,664	-22,254,688
Total	6,041,000	11,146,000	1,722,500
Total Non-Operating Profit (Loss):	-3,463,000	-462,000	-544,000
Non-Operating Revenue	-3,463,000	-462,000	-544,000
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	2,578,000	10,684,000	1,178,500
% Net Operating Profit of Regulated NOR	15.11	15.64	12.83
% Net Total Operating Profit of Total NOR	2.64	5.18	0.89
% Total Excess Profit of Total Revenue	1.14	4.97	0.61
Total Direct Medical Education:	4,365,083	3,978,733	3,073,957
Inpatient Readmission Charges:	22,513,908	21,782,779	21,266,580
Risk Adjusted Readmission Percent:	15.03%	14.31%	15.12%
Potentially Avoidable Utilization Costs:	34,708,270	32,792,357	29,644,853
Risk Adjusted PPC Rate:	0.37	0.38	0.30

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UNION HOSPITAL OF CECIL COUNTY

FISCAL YEAR ENDING	June 2018	June 2017	June 2016
Gross Patient Revenue:			
Regulated Services	166,233,700	160,871,300	160,304,000
Unregulated Services	35,126,200	36,127,900	37,385,100
TOTAL	201,359,900	196,999,200	197,689,100
Net Patient Revenue (NPR):			
Regulated Services	138,794,480	137,576,843	136,329,669
Unregulated Services	13,211,300	15,201,900	15,817,800
TOTAL	152,005,780	152,778,743	152,147,469
Other Operating Revenue:			
Regulated Services	-2,384,100	3,326,700	1,469,400
Unregulated Services	1,953,100	1,933,600	2,144,800
TOTAL	-431,000	5,260,300	3,614,200
Net Operating Revenue (NOR)			
Regulated Services	136,410,380	140,903,543	137,799,069
Unregulated Services	15,164,400	17,135,500	17,962,600
Total	151,574,780	158,039,043	155,761,669
Total Operating Expenses:			
Regulated Services	127,785,200	123,418,300	121,512,400
Total	164,242,800	157,083,000	152,643,900
Net Operating Profit (Loss):			
Regulated Services	8,625,180	17,485,243	16,286,669
Unregulated Services	-21,293,200	-16,529,200	-13,168,900
Total	-12,668,020	956,043	3,117,769
Total Non-Operating Profit (Loss):	3,008,800	5,022,800	-257,800
Non-Operating Revenue	3,627,300	5,286,600	35,000
Non-Operating Expenses	618,500	263,800	292,800
Total Excess Profit (Loss):	-9,659,220	5,978,843	2,859,969
% Net Operating Profit of Regulated NOR	6.32	12.41	11.82
% Net Total Operating Profit of Total NOR	-8.36	0.60	2.00
% Total Excess Profit of Total Revenue	-6.22	3.66	1.84
Total Direct Medical Education:	0	0	0
Inpatient Readmission Charges:	9,624,707	8,676,003	9,229,685
Risk Adjusted Readmission Percent:	10.68%	9.96%	10.71%
Potentially Avoidable Utilization Costs:	20,086,127	19,921,624	19,925,805
Risk Adjusted PPC Rate:	0.53	0.65	0.60

HEALTH SERVICES COST REVIEW COMMISSION
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FISCAL YEAR 2016 TO 2018

UNIVERSITY OF MARYLAND MEDICAL CENTER

FISCAL YEAR ENDING	June 2018	June 2017	June 2016
Gross Patient Revenue:			
Regulated Services	1,478,505,421	1,389,993,000	1,345,458,400
Unregulated Services	16,949,007	15,860,726	11,821,641
TOTAL	1,495,454,428	1,405,853,726	1,357,280,041
Net Patient Revenue (NPR):			
Regulated Services	1,265,042,071	1,185,195,229	1,173,234,222
Unregulated Services	16,624,929	15,580,771	11,453,778
TOTAL	1,281,667,000	1,200,776,000	1,184,688,000
Other Operating Revenue:			
Regulated Services	9,366,644	33,946,582	17,699,437
Unregulated Services	87,017,356	84,016,418	101,319,563
TOTAL	96,384,000	117,963,000	119,019,000
Net Operating Revenue (NOR)			
Regulated Services	1,274,408,715	1,219,141,811	1,190,933,659
Unregulated Services	103,642,285	99,597,189	112,773,341
Total	1,378,051,000	1,318,739,000	1,303,707,000
Total Operating Expenses:			
Regulated Services	1,245,985,149	1,188,774,203	1,159,018,353
Total	1,358,279,000	1,306,935,000	1,283,342,000
Net Operating Profit (Loss):			
Regulated Services	28,423,566	30,367,608	31,915,307
Unregulated Services	-8,651,566	-18,563,608	-11,550,307
Total	19,772,000	11,804,000	20,365,000
Total Non-Operating Profit (Loss):	4,226,000	64,456,000	-71,817,000
Non-Operating Revenue	4,226,000	64,456,000	-71,817,000
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	23,998,000	76,260,000	-51,452,000
% Net Operating Profit of Regulated NOR	2.23	2.49	2.68
% Net Total Operating Profit of Total NOR	1.43	0.90	1.56
% Total Excess Profit of Total Revenue	1.74	5.51	-4.18
Total Direct Medical Education:	105,607,955	108,662,521	104,524,509
Inpatient Readmission Charges:	112,326,686	93,784,992	94,735,753
Risk Adjusted Readmission Percent:	13.12%	13.25%	12.84%
Potentially Avoidable Utilization Costs:	145,286,001	122,685,843	118,480,456
Risk Adjusted PPC Rate:	0.46	0.55	0.66

WASHINGTON ADVENTIST HOSPITAL

FISCAL YEAR ENDING	December 2017	December 2016	December 2015
Gross Patient Revenue:			
Regulated Services	271,147,900	263,177,900	260,621,900
Unregulated Services	38,735,640	13,550	0
TOTAL	309,883,540	263,191,450	260,621,900
Net Patient Revenue (NPR):			
Regulated Services	233,023,360	227,111,427	222,422,118
Unregulated Services	14,955,259	13,550	0
TOTAL	247,978,619	227,124,977	222,422,118
Other Operating Revenue:			
Regulated Services	-56,552	941,652	1,625,794
Unregulated Services	3,812,319	3,703,118	3,556,908
TOTAL	3,755,767	4,644,770	5,182,702
Net Operating Revenue (NOR)			
Regulated Services	232,966,808	228,053,079	224,047,912
Unregulated Services	18,767,578	3,716,668	3,556,908
Total	251,734,386	231,769,747	227,604,820
Total Operating Expenses:			
Regulated Services	205,395,368	204,234,173	202,140,053
Total	243,708,767	219,120,045	217,955,646
Net Operating Profit (Loss):			
Regulated Services	27,571,440	23,818,906	21,907,859
Unregulated Services	-19,545,821	-11,169,204	-12,258,685
Total	8,025,619	12,649,702	9,649,174
Total Non-Operating Profit (Loss):	-2,205,496	-366,429	-1,216,081
Non-Operating Revenue	-2,205,496	-366,429	-1,216,081
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	5,820,123	12,283,273	8,433,093
% Net Operating Profit of Regulated NOR	11.83	10.44	9.78
% Net Total Operating Profit of Total NOR	3.19	5.46	4.24
% Total Excess Profit of Total Revenue	2.33	5.31	3.73
Total Direct Medical Education:	0	0	0
Inpatient Readmission Charges:	20,987,141	20,523,980	20,595,615
Risk Adjusted Readmission Percent:	9.78%	9.73%	10.61%
Potentially Avoidable Utilization Costs:	36,795,591	34,633,717	33,200,029
Risk Adjusted PPC Rate:	0.51	0.65	1.00

WESTERN MARYLAND REGIONAL MEDICAL CENTER

FISCAL YEAR ENDING	June 2018	June 2017	June 2016
Gross Patient Revenue:			
Regulated Services	332,245,500	329,028,900	325,608,000
Unregulated Services	79,558,100	79,186,000	73,613,400
TOTAL	411,803,600	408,214,900	399,221,400
Net Patient Revenue (NPR):			
Regulated Services	275,121,700	270,829,300	268,769,800
Unregulated Services	52,102,297	52,505,400	43,776,800
TOTAL	327,223,997	323,334,700	312,546,600
Other Operating Revenue:			
Regulated Services	3,337,900	3,758,200	4,372,600
Unregulated Services	2,069,900	1,614,800	2,247,800
TOTAL	5,407,800	5,373,000	6,620,400
Net Operating Revenue (NOR)			
Regulated Services	278,459,600	274,587,500	273,142,400
Unregulated Services	54,172,197	54,120,200	46,024,600
Total	332,631,797	328,707,700	319,167,000
Total Operating Expenses:			
Regulated Services	243,235,979	243,710,720	237,078,721
Total	321,986,900	321,550,600	313,183,200
Net Operating Profit (Loss):			
Regulated Services	35,223,621	30,876,780	36,063,679
Unregulated Services	-24,578,724	-23,719,680	-30,079,879
Total	10,644,897	7,157,100	5,983,800
Total Non-Operating Profit (Loss):	11,141,000	13,294,500	1,976,900
Non-Operating Revenue	11,141,000	13,294,500	1,976,900
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	21,785,897	20,451,600	7,960,700
% Net Operating Profit of Regulated NOR	12.65	11.24	13.20
% Net Total Operating Profit of Total NOR	3.20	2.18	1.87
% Total Excess Profit of Total Revenue	6.34	5.98	2.48
Total Direct Medical Education:	0	0	0
Inpatient Readmission Charges:	21,346,670	22,121,815	19,950,071
Risk Adjusted Readmission Percent:	10.39%	11.23%	10.80%
Potentially Avoidable Utilization Costs:	36,653,941	37,628,038	33,756,020
Risk Adjusted PPC Rate:	0.66	0.70	0.87

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

ALL SPECIALTY HOSPITALS

FISCAL YEAR ENDING	FY 2018	FY 2017	FY 2016
Gross Patient Revenue	377,869,808	368,897,190	353,829,271
Net Patient Revenue (NPR)	302,998,754	296,793,792	281,267,798
Other Operating Revenue	102,898,644	110,105,878	109,598,804
Net Operating Revenue (NOR)	405,897,398	406,899,669	390,866,602
Operating Expenses	399,724,837	392,880,159	367,130,290
Inpatient Admissions (IPAs)	3,762,851	16,643	16,756
Net Operating Profit (Loss)	6,172,561	14,019,510	23,736,312
Total Non-Operating Profit (Loss)	8,007,254	12,213,820	2,070,417
Total Excess Profits (Loss)	14,179,815	26,233,330	25,806,729

Adventist Behavioral Health-Rockville

FISCAL YEAR ENDING	CY 2017	CY 2016	CY 2015
Gross Patient Revenue	52,879,200	42,450,815	38,914,821
Net Patient Revenue (NPR)	40,252,200	35,901,649	32,013,100
Other Operating Revenue	6,313,400	6,493,107	6,182,750
Net Operating Revenue (NOR)	46,565,600	42,394,756	38,195,850
Operating Expenses	49,560,600	40,204,927	35,253,025
Inpatient Admissions (IPAs)	3,750,000	3,151	2,627
Net Operating Profit (Loss)	(2,995,000)	2,189,829	2,942,825
Total Non-Operating Profit (Loss)	76,900	(20,155)	(78,700)
Total Excess Profits (Loss)	(2,918,100)	2,169,674	2,864,125

Adventist Rehab Hospital of MD.

FISCAL YEAR ENDING	CY 2017	CY 2016	CY 2015
Gross Patient Revenue	72,157,908	71,815,975	68,932,729
Net Patient Revenue (NPR)	44,640,954	43,030,350	40,331,779
Other Operating Revenue	732,644	691,555	442,854
Net Operating Revenue (NOR)	45,373,598	43,721,905	40,774,633
Operating Expenses	41,639,137	41,367,839	38,791,987
Inpatient Admissions (IPAs)	1,936	1,879	1,941
Net Operating Profit (Loss)	3,734,461	2,354,066	1,982,646
Total Non-Operating Profit (Loss)	307,354	253,359	(23,783)
Total Excess Profits (Loss)	4,041,815	2,607,425	1,958,863

Brook Lane Health Services

FISCAL YEAR ENDING	FY 2018	FY 2017	FY 2016
Gross Patient Revenue	25,083,600	32,308,600	30,539,800
Net Patient Revenue (NPR)	20,646,900	25,456,100	23,993,000
Other Operating Revenue	266,000	8,094,100	7,098,400
Net Operating Revenue (NOR)	20,912,900	33,550,200	31,091,400
Operating Expenses	20,796,900	32,339,700	29,513,500
Inpatient Admissions (IPAs)	1,973	1,997	2,033
Net Operating Profit (Loss)	116,000	1,210,500	1,577,900
Total Non-Operating Profit (Loss)	1,001,600	1,077,000	128,400
Total Excess Profits (Loss)	1,117,600	2,287,500	1,706,300

Adventist Behavioral Health - Eastern Shore - Closed CY17

FISCAL YEAR ENDING	CY 2017	CY 2016	CY 2015
Gross Patient Revenue		3,767,827	3,245,821
Net Patient Revenue (NPR)		3,102,887	2,780,319
Other Operating Revenue		11,141	0
Net Operating Revenue (NOR)		3,114,028	2,780,319
Operating Expenses		6,689,616	795,278
Inpatient Admissions (IPAs)		294	302
Net Operating Profit (Loss)		(3,575,588)	1,985,041
Total Non-Operating Profit (Loss)		0	0
Total Excess Profits (Loss)		(3,575,588)	1,985,041

Mt. Washington Pediatric Hospital

FISCAL YEAR ENDING	FY 2018	FY 2017	FY 2016
Gross Patient Revenue	71,618,100	67,455,663	66,639,000
Net Patient Revenue (NPR)	61,906,800	57,482,642	56,409,800
Other Operating Revenue	980,500	774,940	1,068,600
Net Operating Revenue (NOR)	62,887,300	58,257,582	57,478,400
Operating Expenses	58,629,400	55,188,277	53,852,000
Inpatient Admissions (IPAs)	597	692	761
Net Operating Profit (Loss)	4,257,900	3,069,305	3,626,400
Total Non-Operating Profit (Loss)	2,707,700	4,115,821	(55,900)
Total Excess Profits (Loss)	6,965,600	7,185,126	3,570,500

Disclosure of Hospital Financial and Statistical Data: Fiscal Year 2018

Sheppard Pratt Hospital

FISCAL YEAR ENDING	FY 2018	FY 2017	FY 2016
Gross Patient Revenue	156,131,000	151,098,310	145,557,100
Net Patient Revenue (NPR)	135,551,900	131,820,164	125,739,800
Other Operating Revenue	94,606,100	94,041,035	94,806,200
Net Operating Revenue (NOR)	230,158,000	225,861,198	220,546,000
Operating Expenses	229,098,800	217,089,800	208,924,500
Inpatient Admissions (IPAs)	8,345	8,630	9,092
Net Operating Profit (Loss)	1,059,200	8,771,398	11,621,500
Total Non-Operating Profit (Loss)	3,913,700	6,787,795	2,100,400
Total Excess Profits (Loss)	4,972,900	15,559,193	13,721,900

CHANGE IN UNCOMPENSATED CARE (UCC) : EXHIBIT I-A

REGULATED OPERATIONS

Listed in Alphabetical Order by Region

Disclosure of Hospital Financial and Statistical Data: Fiscal Year 2018

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

		2017			2018			
Hospital Area	Hospital	Gross Revenues	Charity & Bad Debts	UCC %	Gross Revenues	Charity & Bad Debts	UCC %	% Change UCC Amount
M E T R O	ANNE ARUNDEL MEDICAL CENTER	601,774,600	17,745,300	2.95	632,980,900	17,702,100	2.80	-0.2
	BON SECOURS HOSPITAL	109,889,834	2,708,992	2.47	110,087,997	2,341,678	2.13	-13.6
	DOCTORS COMMUNITY HOSPITAL	232,581,700	10,922,730	4.70	247,708,141	16,296,325	6.58	49.2
	FORT WASHINGTON MEDICAL CENTER	48,727,769	4,621,427	9.48	49,044,647	4,198,473	8.56	-9.2
	GERMANTOWN EMERGENCY CENTER	14,183,800	2,085,858	14.71	14,275,700	2,067,141	14.48	-0.9
	GREATER BALTIMORE MEDICAL CENTER	462,643,278	15,250,593	3.30	463,552,941	10,429,503	2.25	-31.6
	HOLY CROSS HOSPITAL	504,632,600	36,304,769	7.19	515,354,700	37,639,805	7.30	3.7
	HOLY CROSS HOSPITAL-GERMANTOWN	96,340,300	8,823,707	9.16	96,025,200	8,730,168	9.09	-1.1
	HOWARD COUNTY GENERAL HOSPITAL	303,036,500	8,747,000	2.89	313,005,000	11,366,000	3.63	29.9
	JOHNS HOPKINS BAYVIEW MEDICAL CENTER	645,219,500	26,502,000	4.11	670,224,185	34,422,000	5.14	29.9
	JOHNS HOPKINS HOSPITAL	2,352,718,900	61,819,012	2.63	2,409,765,550	59,578,000	2.47	-3.6
	LEVINDALE	59,432,000	2,555,234	4.30	59,877,227	1,868,613	3.12	-26.9
	MEDSTAR FRANKLIN SQUARE	518,001,600	18,349,622	3.54	535,571,836	21,178,941	3.95	15.4
	MEDSTAR GOOD SAMARITAN	297,577,800	11,802,477	3.97	275,754,352	11,468,682	4.16	-2.8
	MEDSTAR HARBOR HOSPITAL CENTER	193,637,500	9,128,344	4.71	194,521,777	8,289,968	4.26	-9.2
	MEDSTAR MONTGOMERY MEDICAL CENTER	178,461,400	5,384,827	3.02	182,928,948	5,785,191	3.16	7.4
	MEDSTAR SOUTHERN MARYLAND HOSPITAL CEN	270,322,700	11,778,977	4.36	264,243,580	13,391,573	5.07	13.7
	MEDSTAR UNION MEMORIAL HOSPITAL	434,442,400	13,519,707	3.11	440,415,067	15,810,628	3.59	16.9

CHANGE IN UNCOMPENSATED CARE (UCC) : EXHIBIT I-A

REGULATED OPERATIONS

Listed in Alphabetical Order by Region

Disclosure of Hospital Financial and Statistical Data: Fiscal Year 2018

		2017			2018			
Hospital Area	Hospital	Gross Revenues	Charity & Bad Debts	UCC %	Gross Revenues	Charity & Bad Debts	UCC %	% Change UCC Amount
	MERCY MEDICAL CENTER	524,091,400	22,377,757	4.27	539,029,100	23,795,400	4.41	6.3
	NORTHWEST HOSPITAL CENTER	258,801,000	12,445,662	4.81	266,927,631	11,546,155	4.33	-7.2
	SHADY GROVE ADVENTIST HOSPITAL	388,714,400	16,235,824	4.18	401,327,600	13,839,714	3.45	-14.8
	SINAI HOSPITAL	769,856,900	25,314,296	3.29	783,533,500	27,577,400	3.52	8.9
	ST. AGNES HOSPITAL	431,097,200	17,258,902	4.00	438,695,900	22,058,470	5.03	27.8
	SUBURBAN HOSPITAL	310,897,100	9,175,854	2.95	329,368,123	11,199,251	3.40	22.1
	UM-BALTIMORE WASHINGTON MEDICAL CENTER	416,534,000	26,478,000	6.36	428,075,148	25,882,000	6.05	-2.3
	UM-BOWIE HEALTH CENTER	19,933,600	3,673,841	18.43	20,771,309	3,271,431	15.75	-11.0
	UM-LAUREL REGIONAL HOSPITAL	100,491,800	10,539,259	10.49	102,996,000	9,831,000	9.55	-6.7
	UM-PRINCE GEORGE'S HOSPITAL CENTER	293,522,700	25,535,102	8.70	293,380,000	26,821,954	9.14	5.0
	UM-QUEEN ANNE'S FREESTANDING EMERGENCY	6,432,800	704,335	10.95	7,034,873	932,189	13.25	32.4
	UM-REHABILITATION & ORTHOPAEDIC INSTIT	124,286,800	7,351,047	5.91	124,902,916	6,336,279	5.07	-13.8
	UM-SHOCK TRAUMA	213,195,100	13,227,735	6.20	215,034,043	13,336,000	6.20	0.8
	UM-ST. JOSEPH MEDICAL CENTER	408,176,900	16,815,857	4.12	414,387,182	16,196,085	3.91	-3.7
	UM-UPPER CHESAPEAKE MEDICAL CENTER	341,416,000	12,874,950	3.77	343,214,125	10,033,458	2.92	-22.1
	UMMC MIDTOWN CAMPUS	239,136,400	17,430,941	7.29	236,967,134	13,157,563	5.55	-24.5
	UNIVERSITY OF MARYLAND MEDICAL CENTER	1,389,993,000	56,583,290	4.07	1,478,505,421	60,553,922	4.10	7.0
	WASHINGTON ADVENTIST HOSPITAL	263,177,900	19,536,154	7.42	271,147,900	17,531,019	6.47	-10.3
M E T R O		*13,823,379,181*	*581,609,383*	*4.21*	*14,170,635,652*	*596,464,080*	*4.21*	*2.6*

CHANGE IN UNCOMPENSATED CARE (UCC) : EXHIBIT I-A

REGULATED OPERATIONS

Listed in Alphabetical Order by Region

Disclosure of Hospital Financial and Statistical Data: Fiscal Year 2018

		2017			2018			
Hospital Area	Hospital	Gross Revenues	Charity & Bad Debts	UCC %	Gross Revenues	Charity & Bad Debts	UCC %	% Change UCC Amount
R U R A L	ATLANTIC GENERAL HOSPITAL	107,265,100	6,017,400	5.61	110,418,500	5,467,200	4.95	-9.1
	CALVERT HEALTH MEDICAL CENTER	149,192,000	6,190,300	4.15	149,987,800	5,722,901	3.82	-7.6
	CARROLL HOSPITAL CENTER	235,036,100	3,574,400	1.52	234,993,744	3,874,671	1.65	8.4
	FREDERICK MEMORIAL HOSPITAL	346,113,400	15,287,371	4.42	355,845,200	15,451,002	4.34	1.1
	GARRETT COUNTY MEMORIAL HOSPITAL	55,258,400	4,318,383	7.81	57,720,023	3,792,729	6.57	-12.2
	MCCREADY MEMORIAL HOSPITAL	16,897,400	774,068	4.58	17,147,300	990,742	5.78	28.0
	MEDSTAR ST. MARY'S HOSPITAL	190,011,200	7,498,784	3.95	196,820,500	8,206,715	4.17	9.4
	MERITUS MEDICAL CENTER	325,953,100	13,963,741	4.28	334,316,871	14,462,700	4.33	3.6
	PENINSULA REGIONAL MEDICAL CENTER	437,069,300	18,225,400	4.17	450,336,518	15,733,500	3.49	-13.7
	UM-CHARLES REGIONAL MEDICAL CENTER	148,862,300	7,878,109	5.29	156,420,846	8,364,777	5.35	6.2
	UM-HARFORD MEMORIAL HOSPITAL	105,314,800	7,134,000	6.77	105,943,546	7,265,000	6.86	1.8
	UM-SHORE REGIONAL HEALTH AT CHESTERTOW	59,206,500	2,956,643	4.99	59,412,493	3,119,882	5.25	5.5
	UM-SHORE REGIONAL HEALTH AT DORCHESTER	49,851,200	2,554,401	5.12	51,060,002	2,859,189	5.60	11.9
	UM-SHORE REGIONAL HEALTH AT EASTON	203,067,800	6,393,709	3.15	210,980,106	7,570,618	3.59	18.4
	UNION HOSPITAL OF CECIL COUNTY	160,871,300	6,651,657	4.13	166,233,700	9,789,220	5.89	47.2
	WESTERN MARYLAND REGIONAL MEDICAL CENT	329,028,900	15,940,900	4.84	332,245,500	16,577,700	4.99	4.0
R U R A L		*2,918,998,800*	*125,359,266*	*4.29*	*2,989,882,649*	*129,248,546*	*4.32*	*3.1*
		16,742,377,981	*706,968,649*	*4.22*	*17,160,518,301*	*725,712,626*	*4.23*	*2.7*

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

		2017			2018			
Hospital Area	**Hospital**	**Gross Revenues**	**Charity & Bad Debts**	**UCC %**	**Gross Revenues**	**Charity & Bad Debts**	**UCC %**	**% Change UCC Amount**
M E T R O	HOLY CROSS HOSPITAL	504,632,600	36,304,769	7.19	515,354,700	37,639,805	7.30	3.7
	UM-UPPER CHESAPEAKE MEDICAL CENTER	341,416,000	12,874,950	3.77	343,214,125	10,033,458	2.92	-22.1
	SINAI HOSPITAL	769,856,900	25,314,296	3.29	783,533,500	27,577,400	3.52	8.9
	MEDSTAR FRANKLIN SQUARE	518,001,600	18,349,622	3.54	535,571,836	21,178,941	3.95	15.4
	UM-ST. JOSEPH MEDICAL CENTER	408,176,900	16,815,857	4.12	414,387,182	16,196,085	3.91	-3.7
	ANNE ARUNDEL MEDICAL CENTER	601,774,600	17,745,300	2.95	632,980,900	17,702,100	2.80	-0.2
	UM-BALTIMORE WASHINGTON MEDICAL CENTER	416,534,000	26,478,000	6.36	428,075,148	25,882,000	6.05	-2.3
	UM-SHOCK TRAUMA	213,195,100	13,227,735	6.20	215,034,043	13,336,000	6.20	0.8
	NORTHWEST HOSPITAL CENTER	258,801,000	12,445,662	4.81	266,927,631	11,546,155	4.33	-7.2
	SHADY GROVE ADVENTIST HOSPITAL	388,714,400	16,235,824	4.18	401,327,600	13,839,714	3.45	-14.8
	UNIVERSITY OF MARYLAND MEDICAL CENTER	1,389,993,000	56,583,290	4.07	1,478,505,421	60,553,922	4.10	7.0
	MERCY MEDICAL CENTER	524,091,400	22,377,757	4.27	539,029,100	23,795,400	4.41	6.3
	MEDSTAR HARBOR HOSPITAL CENTER	193,637,500	9,128,344	4.71	194,521,777	8,289,968	4.26	-9.2
	MEDSTAR GOOD SAMARITAN	297,577,800	11,802,477	3.97	275,754,352	11,468,682	4.16	-2.8
	ST. AGNES HOSPITAL	431,097,200	17,258,902	4.00	438,695,900	22,058,470	5.03	27.8
	JOHNS HOPKINS HOSPITAL	2,352,718,900	61,819,012	2.63	2,409,765,550	59,578,000	2.47	-3.6
	UM-LAUREL REGIONAL HOSPITAL	100,491,800	10,539,259	10.49	102,996,000	9,831,000	9.55	-6.7

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

Disclosure of Hospital Financial and Statistical Data: Fiscal Year 2018

		2017			2018			
Hospital Area	**Hospital**	**Gross Revenues**	**Charity & Bad Debts**	**UCC %**	**Gross Revenues**	**Charity & Bad Debts**	**UCC %**	**% Change UCC Amount**
	SUBURBAN HOSPITAL	310,897,100	9,175,854	2.95	329,368,123	11,199,251	3.40	22.1
	WASHINGTON ADVENTIST HOSPITAL	263,177,900	19,536,154	7.42	271,147,900	17,531,019	6.47	-10.3
	MEDSTAR UNION MEMORIAL HOSPITAL	434,442,400	13,519,707	3.11	440,415,067	15,810,628	3.59	16.9
	HOWARD COUNTY GENERAL HOSPITAL	303,036,500	8,747,000	2.89	313,005,000	11,366,000	3.63	29.9
	MEDSTAR MONTGOMERY MEDICAL CENTER	178,461,400	5,384,827	3.02	182,928,948	5,785,191	3.16	7.4
	UMMC MIDTOWN CAMPUS	239,136,400	17,430,941	7.29	236,967,134	13,157,563	5.55	-24.5
	DOCTORS COMMUNITY HOSPITAL	232,581,700	10,922,730	4.70	247,708,141	16,296,325	6.58	49.2
	UM-REHABILITATION & ORTHOPAEDIC INSTIT	124,286,800	7,351,047	5.91	124,902,916	6,336,279	5.07	-13.8
	LEVINDALE	59,432,000	2,555,234	4.30	59,877,227	1,868,613	3.12	-26.9
	FORT WASHINGTON MEDICAL CENTER	48,727,769	4,621,427	9.48	49,044,647	4,198,473	8.56	-9.2
	GERMANTOWN EMERGENCY CENTER	14,183,800	2,085,858	14.71	14,275,700	2,067,141	14.48	-0.9
	BON SECOURS HOSPITAL	109,889,834	2,708,992	2.47	110,087,997	2,341,678	2.13	-13.6
	UM-BOWIE HEALTH CENTER	19,933,600	3,673,841	18.43	20,771,309	3,271,431	15.75	-11.0
	UM-QUEEN ANNE'S FREESTANDING EMERGENCY	6,432,800	704,335	10.95	7,034,873	932,189	13.25	32.4
	UM-PRINCE GEORGE’S HOSPITAL CENTER	293,522,700	25,535,102	8.70	293,380,000	26,821,954	9.14	5.0
	JOHNS HOPKINS BAYVIEW MEDICAL CENTER	645,219,500	26,502,000	4.11	670,224,185	34,422,000	5.14	29.9
	GREATER BALTIMORE MEDICAL CENTER	462,643,278	15,250,593	3.30	463,552,941	10,429,503	2.25	-31.6
	MEDSTAR SOUTHERN MARYLAND HOSPITAL CEN	270,322,700	11,778,977	4.36	264,243,580	13,391,573	5.07	13.7
	HOLY CROSS HOSPITAL-GERMANTOWN	96,340,300	8,823,707	9.16	96,025,200	8,730,168	9.09	-1.1
M E T R O		*13,823,379,181*	*581,609,383*	*4.21*	*14,170,635,652*	*596,464,080*	*4.21*	*2.6*

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

Disclosure of Hospital Financial and Statistical Data: Fiscal Year 2018

		2017			2018			
Hospital Area	**Hospital**	**Gross Revenues**	**Charity & Bad Debts**	**UCC %**	**Gross Revenues**	**Charity & Bad Debts**	**UCC %**	**% Change UCC Amount**
R U R A L	FREDERICK MEMORIAL HOSPITAL	346,113,400	15,287,371	4.42	355,845,200	15,451,002	4.34	1.1
	MERITUS MEDICAL CENTER	325,953,100	13,963,741	4.28	334,316,871	14,462,700	4.33	3.6
	UM-SHORE REGIONAL HEALTH AT EASTON	203,067,800	6,393,709	3.15	210,980,106	7,570,618	3.59	18.4
	MEDSTAR ST. MARY'S HOSPITAL	190,011,200	7,498,784	3.95	196,820,500	8,206,715	4.17	9.4
	CARROLL HOSPITAL CENTER	235,036,100	3,574,400	1.52	234,993,744	3,874,671	1.65	8.4
	UM-CHARLES REGIONAL MEDICAL CENTER	148,862,300	7,878,109	5.29	156,420,846	8,364,777	5.35	6.2
	WESTERN MARYLAND REGIONAL MEDICAL CENT	329,028,900	15,940,900	4.84	332,245,500	16,577,700	4.99	4.0
	UM-SHORE REGIONAL HEALTH AT CHESTERTOW	59,206,500	2,956,643	4.99	59,412,493	3,119,882	5.25	5.5
	PENINSULA REGIONAL MEDICAL CENTER	437,069,300	18,225,400	4.17	450,336,518	15,733,500	3.49	-13.7
	CALVERT HEALTH MEDICAL CENTER	149,192,000	6,190,300	4.15	149,987,800	5,722,901	3.82	-7.6
	UM-SHORE REGIONAL HEALTH AT DORCHESTER	49,851,200	2,554,401	5.12	51,060,002	2,859,189	5.60	11.9
	UM-HARFORD MEMORIAL HOSPITAL	105,314,800	7,134,000	6.77	105,943,546	7,265,000	6.86	1.8
	MCCREADY MEMORIAL HOSPITAL	16,897,400	774,068	4.58	17,147,300	990,742	5.78	28.0
	ATLANTIC GENERAL HOSPITAL	107,265,100	6,017,400	5.61	110,418,500	5,467,200	4.95	-9.1
	GARRETT COUNTY MEMORIAL HOSPITAL	55,258,400	4,318,383	7.81	57,720,023	3,792,729	6.57	-12.2
	UNION HOSPITAL OF CECIL COUNTY	160,871,300	6,651,657	4.13	166,233,700	9,789,220	5.89	47.2
R U R A L		*2,918,998,800*	*125,359,266*	*4.29*	*2,989,882,649*	*129,248,546*	*4.32*	*3.1*
		16,742,377,981	*706,968,649*	*4.22*	*17,160,518,301*	*725,712,626*	*4.23*	*2.7*

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

	2017			2018				
Hospital	Regulated Operating	Unregulated Operating	Total Operating	Regulated Operating	Unregulated Operating	Total Operating	% Change Reg. Operating	% Change Total Operating
ANNE ARUNDEL MEDICAL CENTER	41,118,933	-25,675,959	15,442,974	57,567,128	-28,329,170	29,237,958	40.00	89.33
ATLANTIC GENERAL HOSPITAL	13,774,863	-13,188,159	586,704	14,896,606	-17,247,035	-2,350,429	8.14	-500.62
BON SECOURS HOSPITAL	16,704,617	-18,764,662	-2,060,045	18,875,503	-19,401,175	-525,673	13.00	74.48
CALVERT HEALTH MEDICAL CENTER	13,403,646	-11,620,655	1,782,991	15,622,491	-9,802,703	5,819,787	16.55	226.41
CARROLL HOSPITAL CENTER	29,702,414	-4,699,662	25,002,752	35,048,664	-18,473,245	16,575,419	18.00	-33.71
DOCTORS COMMUNITY HOSPITAL	15,061,591	-13,542,516	1,519,075	28,162,961	-24,152,499	4,010,462	86.99	164.01
FORT WASHINGTON MEDICAL CENTER	191,131	-366,223	-175,091	1,127,659	-643,408	484,251	489.99	376.57
FREDERICK MEMORIAL HOSPITAL	42,213,568	-24,235,341	17,978,227	53,435,977	-26,763,874	26,672,103	26.58	48.36
GARRETT COUNTY MEMORIAL HOSPITAL	4,042,208	-3,281,175	761,033	1,808,052	-4,892,390	-3,084,338	-55.27	-505.28
GERMANTOWN EMERGENCY CENTER	-81,017	-20,113	-101,130	-486,657	-25,133	-511,790	-500.69	-406.07
GREATER BALTIMORE MEDICAL CENTER	48,874,270	-29,791,033	19,083,237	29,113,483	-38,225,281	-9,111,798	-40.43	-147.75
HOLY CROSS HOSPITAL	50,852,356	-19,620,727	31,231,628	67,190,696	-21,937,339	45,253,357	32.13	44.90
HOLY CROSS HOSPITAL-GERMANTOWN	-6,683,191	-7,157,368	-13,840,559	-8,600,000	-8,072,448	-16,672,448	-28.68	-20.46
HOWARD COUNTY GENERAL HOSPITAL	13,401,745	-8,531,228	4,870,517	18,397,351	-10,590,548	7,806,803	37.28	60.29
JOHNS HOPKINS BAYVIEW MEDICAL CENTER	2,798,206	-8,431,206	-5,633,000	2,021,881	-8,588,094	-6,566,212	-27.74	-16.57
JOHNS HOPKINS HOSPITAL	-32,264,835	29,054,883	-3,209,952	-4,666,150	15,774,400	11,108,250	85.54	446.06
LEVINDALE	8,072,215	-3,629,868	4,442,347	9,553,584	-6,214,991	3,338,592	18.35	-24.85
MCCREADY MEMORIAL HOSPITAL	-1,198,714	481,338	-717,376	-1,695,120	941,477	-753,643	-41.41	-5.06

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

Disclosure of Hospital Financial and Statistical Data: Fiscal Year 2018

	2017			2018				
Hospital	Regulated Operating	Unregulated Operating	Total Operating	Regulated Operating	Unregulated Operating	Total Operating	% Change Reg. Operating	% Change Total Operating
MEDSTAR FRANKLIN SQUARE	51,753,875	-30,587,795	21,166,079	64,501,319	-32,680,215	31,821,104	24.63	50.34
MEDSTAR GOOD SAMARITAN	35,744,963	-26,618,122	9,126,840	29,943,103	-14,987,833	14,955,270	-16.23	63.86
MEDSTAR HARBOR HOSPITAL CENTER	31,203,452	-12,885,324	18,318,128	27,199,630	-10,012,101	17,187,530	-12.83	-6.17
MEDSTAR MONTGOMERY MEDICAL CENTER	12,680,708	-11,498,922	1,181,786	23,716,788	-16,683,855	7,032,933	87.03	495.11
MEDSTAR SOUTHERN MARYLAND HOSPITAL CEN	24,730,472	-20,124,477	4,605,995	12,756,356	-22,964,214	-10,207,859	-48.42	-321.62
MEDSTAR ST. MARY'S HOSPITAL	12,194,026	-8,041,997	4,152,029	26,913,998	-9,965,901	16,948,097	120.71	308.19
MEDSTAR UNION MEMORIAL HOSPITAL	55,078,306	-44,260,875	10,817,431	39,862,489	-31,850,213	8,012,276	-27.63	-25.93
MERCY MEDICAL CENTER	28,035,925	-11,774,385	16,261,540	29,998,239	-11,175,544	18,822,695	7.00	15.75
MERITUS MEDICAL CENTER	32,709,205	-8,521,516	24,187,689	32,690,830	-10,496,130	22,194,700	-0.06	-8.24
NORTHWEST HOSPITAL CENTER	36,710,315	-22,152,291	14,558,024	42,700,615	-21,016,207	21,684,409	16.32	48.95
PENINSULA REGIONAL MEDICAL CENTER	20,072,433	-40,578,433	-20,506,000	47,316,771	-40,419,353	6,897,418	135.73	133.64
SHADY GROVE ADVENTIST HOSPITAL	34,444,570	-13,602,291	20,842,279	39,146,373	-18,569,537	20,576,836	13.65	-1.27
SINAI HOSPITAL	69,360,825	-33,970,757	35,390,068	86,685,794	-52,133,751	34,552,043	24.98	-2.37
ST. AGNES HOSPITAL	76,638,111	-45,584,893	31,053,217	60,705,031	-46,869,471	13,835,561	-20.79	-55.45
SUBURBAN HOSPITAL	23,003,900	-11,390,898	11,613,001	20,601,204	-12,199,162	8,402,041	-10.44	-27.65
UM-BALTIMORE WASHINGTON MEDICAL CENTER	36,928,779	-4,271,779	32,657,000	30,665,244	-2,692,244	27,973,000	-16.96	-14.34
UM-BOWIE HEALTH CENTER	-1,543,170	-126,919	-1,670,089	-423,336	-199,933	-623,269	72.57	62.68
UM-CHARLES REGIONAL MEDICAL CENTER	17,390,005	-3,800,961	13,589,044	18,331,170	-4,399,234	13,931,935	5.41	2.52
UM-HARFORD MEMORIAL HOSPITAL	9,100,100	-3,743,142	5,356,958	5,771,423	-3,903,423	1,868,000	-36.58	-65.13
UM-LAUREL REGIONAL HOSPITAL	-21,658	-11,858,165	-11,879,823	16,954,600	-8,447,600	8,507,000	78384.36	171.61

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

Disclosure of Hospital Financial and Statistical Data: Fiscal Year 2018

	2017			2018				
Hospital	**Regulated Operating**	**Unregulated Operating**	**Total Operating**	**Regulated Operating**	**Unregulated Operating**	**Total Operating**	**% Change Reg. Operating**	**% Change Total Operating**
UM-PRINCE GEORGE’S HOSPITAL CENTER	13,473,371	-46,032,306	-32,558,935	41,299,602	-43,285,556	-1,985,954	206.53	93.90
UM-QUEEN ANNE'S FREESTANDING EMERGENCY	-1,960,686	-24,700	-1,985,386	-1,268,832	-16,300	-1,285,132	35.29	35.27
UM-REHABILITATION & ORTHOPAEDIC INSTIT	4,262,383	-825,352	3,437,031	4,643,810	-655,493	3,988,318	8.95	16.04
UM-SHOCK TRAUMA	42,090,494	4,750,506	46,841,000	19,717,625	4,860,375	24,578,000	-53.15	-47.53
UM-SHORE REGIONAL HEALTH AT CHESTERTOW	7,163,216	-997,626	6,165,589	10,412,434	-2,918,134	7,494,300	45.36	21.55
UM-SHORE REGIONAL HEALTH AT DORCHESTER	1,784,904	-1,048,450	736,454	4,902,312	-580,208	4,322,104	174.65	486.88
UM-SHORE REGIONAL HEALTH AT EASTON	16,638,706	-3,207,379	13,431,327	22,233,786	-60,274	22,173,512	33.63	65.09
UM-ST. JOSEPH MEDICAL CENTER	46,572,834	-22,800,834	23,772,000	49,933,226	-20,571,226	29,362,000	7.22	23.52
UM-UPPER CHESAPEAKE MEDICAL CENTER	26,887,108	-10,335,156	16,551,952	48,984,070	-10,000,070	38,984,000	82.18	135.53
UMMC MIDTOWN CAMPUS	31,587,664	-20,441,664	11,146,000	30,917,722	-24,876,722	6,041,000	-2.12	-45.80
UNION HOSPITAL OF CECIL COUNTY	17,485,243	-16,529,200	956,043	8,625,180	-21,293,200	-12,668,020	-50.67	-1425.05
UNIVERSITY OF MARYLAND MEDICAL CENTER	30,367,608	-18,563,608	11,804,000	28,423,566	-8,651,566	19,772,000	-6.40	67.50
WASHINGTON ADVENTIST HOSPITAL	23,818,906	-11,169,204	12,649,702	27,571,440	-19,545,821	8,025,619	15.75	-36.55
WESTERN MARYLAND REGIONAL MEDICAL CENT	30,876,780	-23,719,680	7,157,100	35,223,621	-24,578,724	10,644,897	14.08	48.73
	1,157,247,679	*-699,358,273*	*457,889,406*	*1325031310*	*-770,482,294*	*554,549,016*	*79392.07*	*133.59*

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

	2017			2018				
Hospital	Regulated Operating	Unregulated Operating	Total Operating	Regulated Operating	Unregulated Operating	Total Operating	% Change Reg. Operating	% Change Total Operating
HOLY CROSS HOSPITAL	50,852,356	-19,620,727	31,231,628	67,190,696	-21,937,339	45,253,357	32.13	44.90
UM-UPPER CHESAPEAKE MEDICAL CENTER	26,887,108	-10,335,156	16,551,952	48,984,070	-10,000,070	38,984,000	82.18	135.53
SINAI HOSPITAL	69,360,825	-33,970,757	35,390,068	86,685,794	-52,133,751	34,552,043	24.98	-2.37
MEDSTAR FRANKLIN SQUARE	51,753,875	-30,587,795	21,166,079	64,501,319	-32,680,215	31,821,104	24.63	50.34
UM-ST. JOSEPH MEDICAL CENTER	46,572,834	-22,800,834	23,772,000	49,933,226	-20,571,226	29,362,000	7.22	23.52
ANNE ARUNDEL MEDICAL CENTER	41,118,933	-25,675,959	15,442,974	57,567,128	-28,329,170	29,237,958	40.00	89.33
UM-BALTIMORE WASHINGTON MEDICAL CENTER	36,928,779	-4,271,779	32,657,000	30,665,244	-2,692,244	27,973,000	-16.96	-14.34
FREDERICK MEMORIAL HOSPITAL	42,213,568	-24,235,341	17,978,227	53,435,977	-26,763,874	26,672,103	26.58	48.36
UM-SHOCK TRAUMA	42,090,494	4,750,506	46,841,000	19,717,625	4,860,375	24,578,000	-53.15	-47.53
MERITUS MEDICAL CENTER	32,709,205	-8,521,516	24,187,689	32,690,830	-10,496,130	22,194,700	-0.06	-8.24
UM-SHORE REGIONAL HEALTH AT EASTON	16,638,706	-3,207,379	13,431,327	22,233,786	-60,274	22,173,512	33.63	65.09
NORTHWEST HOSPITAL CENTER	36,710,315	-22,152,291	14,558,024	42,700,615	-21,016,207	21,684,409	16.32	48.95
SHADY GROVE ADVENTIST HOSPITAL	34,444,570	-13,602,291	20,842,279	39,146,373	-18,569,537	20,576,836	13.65	-1.27
UNIVERSITY OF MARYLAND MEDICAL CENTER	30,367,608	-18,563,608	11,804,000	28,423,566	-8,651,566	19,772,000	-6.40	67.50
MERCY MEDICAL CENTER	28,035,925	-11,774,385	16,261,540	29,998,239	-11,175,544	18,822,695	7.00	15.75
MEDSTAR HARBOR HOSPITAL CENTER	31,203,452	-12,885,324	18,318,128	27,199,630	-10,012,101	17,187,530	-12.83	-6.17
MEDSTAR ST. MARY'S HOSPITAL	12,194,026	-8,041,997	4,152,029	26,913,998	-9,965,901	16,948,097	120.71	308.19

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

Disclosure of Hospital Financial and Statistical Data: Fiscal Year 2018

Hospital	2017			2018				
	Regulated Operating	Unregulated Operating	Total Operating	Regulated Operating	Unregulated Operating	Total Operating	% Change Reg. Operating	% Change Total Operating
CARROLL HOSPITAL CENTER	29,702,414	-4,699,662	25,002,752	35,048,664	-18,473,245	16,575,419	18.00	-33.71
MEDSTAR GOOD SAMARITAN	35,744,963	-26,618,122	9,126,840	29,943,103	-14,987,833	14,955,270	-16.23	63.86
UM-CHARLES REGIONAL MEDICAL CENTER	17,390,005	-3,800,961	13,589,044	18,331,170	-4,399,234	13,931,935	5.41	2.52
ST. AGNES HOSPITAL	76,638,111	-45,584,893	31,053,217	60,705,031	-46,869,471	13,835,561	-20.79	-55.45
JOHNS HOPKINS HOSPITAL	-32,264,835	29,054,883	-3,209,952	-4,666,150	15,774,400	11,108,250	85.54	446.06
WESTERN MARYLAND REGIONAL MEDICAL CENT	30,876,780	-23,719,680	7,157,100	35,223,621	-24,578,724	10,644,897	14.08	48.73
UM-LAUREL REGIONAL HOSPITAL	-21,658	-11,858,165	-11,879,823	16,954,600	-8,447,600	8,507,000	78384.36	171.61
SUBURBAN HOSPITAL	23,003,900	-11,390,898	11,613,001	20,601,204	-12,199,162	8,402,041	-10.44	-27.65
WASHINGTON ADVENTIST HOSPITAL	23,818,906	-11,169,204	12,649,702	27,571,440	-19,545,821	8,025,619	15.75	-36.55
MEDSTAR UNION MEMORIAL HOSPITAL	55,078,306	-44,260,875	10,817,431	39,862,489	-31,850,213	8,012,276	-27.63	-25.93
HOWARD COUNTY GENERAL HOSPITAL	13,401,745	-8,531,228	4,870,517	18,397,351	-10,590,548	7,806,803	37.28	60.29
UM-SHORE REGIONAL HEALTH AT CHESTERTOW	7,163,216	-997,626	6,165,589	10,412,434	-2,918,134	7,494,300	45.36	21.55
MEDSTAR MONTGOMERY MEDICAL CENTER	12,680,708	-11,498,922	1,181,786	23,716,788	-16,683,855	7,032,933	87.03	495.11
PENINSULA REGIONAL MEDICAL CENTER	20,072,433	-40,578,433	-20,506,000	47,316,771	-40,419,353	6,897,418	135.73	133.64
UMMC MIDTOWN CAMPUS	31,587,664	-20,441,664	11,146,000	30,917,722	-24,876,722	6,041,000	-2.12	-45.80
CALVERT HEALTH MEDICAL CENTER	13,403,646	-11,620,655	1,782,991	15,622,491	-9,802,703	5,819,787	16.55	226.41
UM-SHORE REGIONAL HEALTH AT DORCHESTER	1,784,904	-1,048,450	736,454	4,902,312	-580,208	4,322,104	174.65	486.88
DOCTORS COMMUNITY HOSPITAL	15,061,591	-13,542,516	1,519,075	28,162,961	-24,152,499	4,010,462	86.99	164.01
UM-REHABILITATION & ORTHOPAEDIC INSTIT	4,262,383	-825,352	3,437,031	4,643,810	-655,493	3,988,318	8.95	16.04
LEVINDALE	8,072,215	-3,629,868	4,442,347	9,553,584	-6,214,991	3,338,592	18.35	-24.85

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

Disclosure of Hospital Financial and Statistical Data: Fiscal Year 2018

	2017			2018				
Hospital	Regulated Operating	Unregulated Operating	Total Operating	Regulated Operating	Unregulated Operating	Total Operating	% Change Reg. Operating	% Change Total Operating
UM-HARFORD MEMORIAL HOSPITAL	9,100,100	-3,743,142	5,356,958	5,771,423	-3,903,423	1,868,000	-36.58	-65.13
FORT WASHINGTON MEDICAL CENTER	191,131	-366,223	-175,091	1,127,659	-643,408	484,251	489.99	376.57
GERMANTOWN EMERGENCY CENTER	-81,017	-20,113	-101,130	-486,657	-25,133	-511,790	-500.69	-406.07
BON SECOURS HOSPITAL	16,704,617	-18,764,662	-2,060,045	18,875,503	-19,401,175	-525,673	13.00	74.48
UM-BOWIE HEALTH CENTER	-1,543,170	-126,919	-1,670,089	-423,336	-199,933	-623,269	72.57	62.68
MCCREADY MEMORIAL HOSPITAL	-1,198,714	481,338	-717,376	-1,695,120	941,477	-753,643	-41.41	-5.06
UM-QUEEN ANNE'S FREESTANDING EMERGENCY	-1,960,686	-24,700	-1,985,386	-1,268,832	-16,300	-1,285,132	35.29	35.27
UM-PRINCE GEORGE’S HOSPITAL CENTER	13,473,371	-46,032,306	-32,558,935	41,299,602	-43,285,556	-1,985,954	206.53	93.90
ATLANTIC GENERAL HOSPITAL	13,774,863	-13,188,159	586,704	14,896,606	-17,247,035	-2,350,429	8.14	-500.62
GARRETT COUNTY MEMORIAL HOSPITAL	4,042,208	-3,281,175	761,033	1,808,052	-4,892,390	-3,084,338	-55.27	-505.28
JOHNS HOPKINS BAYVIEW MEDICAL CENTER	2,798,206	-8,431,206	-5,633,000	2,021,881	-8,588,094	-6,566,212	-27.74	-16.57
GREATER BALTIMORE MEDICAL CENTER	48,874,270	-29,791,033	19,083,237	29,113,483	-38,225,281	-9,111,798	-40.43	-147.75
MEDSTAR SOUTHERN MARYLAND HOSPITAL CEN	24,730,472	-20,124,477	4,605,995	12,756,356	-22,964,214	-10,207,859	-48.42	-321.62
UNION HOSPITAL OF CECIL COUNTY	17,485,243	-16,529,200	956,043	8,625,180	-21,293,200	-12,668,020	-50.67	-1425.05
HOLY CROSS HOSPITAL-GERMANTOWN	-6,683,191	-7,157,368	-13,840,559	-8,600,000	-8,072,448	-16,672,448	-28.68	-20.46
	1,157,247,679	*-699,358,273*	*457,889,406*	*1325031310*	*-770,482,294*	*554,549,016*	*79392.07*	*133.59*

EXHIBIT III-A. TOTAL EXCESS PROFIT/LOSS

	2017	2018	
Hospital	Excess|Profit Loss	Excess|Profit Loss	% Change in Excess
ALL ACUTE HOSPITALS	1,009,920,359	896,840,564	-11.20
ANNE ARUNDEL MEDICAL CENTER	79,451,967	57,575,958	-27.53
ATLANTIC GENERAL HOSPITAL	3,193,344	1,101,154	-65.52
BON SECOURS HOSPITAL	-2,411,115	-469,532	80.53
CALVERT HEALTH MEDICAL CENTER	3,946,991	3,591,333	-9.01
CARROLL HOSPITAL CENTER	39,726,752	30,384,078	-23.52
DOCTORS COMMUNITY HOSPITAL	-9,335,418	3,597,711	138.54
FORT WASHINGTON MEDICAL CENTER	-1,027,286	429,529	141.81
FREDERICK MEMORIAL HOSPITAL	31,062,227	42,505,103	36.84
GARRETT COUNTY MEMORIAL HOSPITAL	1,812,604	-2,307,805	-227.32
GERMANTOWN EMERGENCY CENTER	-133,477	-545,538	-308.71
GREATER BALTIMORE MEDICAL CENTER	31,834,086	9,124,709	-71.34
HOLY CROSS HOSPITAL	45,230,600	53,286,357	17.81
HOLY CROSS HOSPITAL-GERMANTOWN	-5,118,467	-10,105,051	-97.42
HOWARD COUNTY GENERAL HOSPITAL	24,778,500	17,993,000	-27.38
JOHNS HOPKINS BAYVIEW MEDICAL CENTER	3,276,000	811,033	-75.24
JOHNS HOPKINS HOSPITAL	118,547,952	85,439,950	-27.93
LEVINDALE	6,856,438	5,289,610	-22.85
MCCREADY MEMORIAL HOSPITAL	-631,681	-690,028	-9.24
MEDSTAR FRANKLIN SQUARE	21,627,501	32,396,976	49.80

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

Disclosure of Hospital Financial and Statistical Data: Fiscal Year 2018

	2017	2018	
Hospital	Excess|Profit Loss	Excess|Profit Loss	% Change in Excess
MEDSTAR GOOD SAMARITAN	11,044,746	17,549,678	58.90
MEDSTAR HARBOR HOSPITAL CENTER	18,852,067	17,715,591	-6.03
MEDSTAR MONTGOMERY MEDICAL CENTER	2,277,511	7,139,442	213.48
MEDSTAR SOUTHERN MARYLAND HOSPITAL CEN	4,663,640	-10,171,988	-318.11
MEDSTAR ST. MARY'S HOSPITAL	4,364,894	17,194,914	293.94
MEDSTAR UNION MEMORIAL HOSPITAL	17,108,271	12,324,708	-27.96
MERCY MEDICAL CENTER	40,081,012	29,329,295	-26.82
MERITUS MEDICAL CENTER	38,261,089	29,390,800	-23.18
NORTHWEST HOSPITAL CENTER	27,676,796	28,307,116	2.28
PENINSULA REGIONAL MEDICAL CENTER	-5,688,000	45,104,018	892.97
SHADY GROVE ADVENTIST HOSPITAL	21,833,581	24,153,052	10.62
SINAI HOSPITAL	57,180,068	58,545,043	2.39
ST. AGNES HOSPITAL	38,529,217	13,293,561	-65.50
SUBURBAN HOSPITAL	35,570,001	29,230,041	-17.82
UM-BALTIMORE WASHINGTON MEDICAL CENTER	44,328,000	32,049,000	-27.70
UM-BOWIE HEALTH CENTER	-1,656,538	-519,269	68.65
UM-CHARLES REGIONAL MEDICAL CENTER	16,373,044	15,312,935	-6.47
UM-HARFORD MEMORIAL HOSPITAL	13,498,958	6,828,000	-49.42
UM-LAUREL REGIONAL HOSPITAL	-5,522,040	9,083,000	264.49
UM-PRINCE GEORGE’S HOSPITAL CENTER	-13,112,956	-548,954	95.81
UM-QUEEN ANNE'S FREESTANDING EMERGENCY	-2,092,589	-1,306,145	37.58

TOTAL EXCESS PROFIT/LOSS : EXHIBIT III-A

Listed by Alphabetical Order

Disclosure of Hospital Financial and Statistical Data: Fiscal Year 2018

	2017	2018	
Hospital	**Excess|Profit Loss**	**Excess|Profit Loss**	**% Change in Excess**
UM-REHABILITATION & ORTHOPAEDIC INSTIT	6,787,031	6,040,318	-11.00
UM-SHOCK TRAUMA	46,841,000	24,578,000	-47.53
UM-SHORE REGIONAL HEALTH AT CHESTERTOW	7,849,589	8,135,300	3.64
UM-SHORE REGIONAL HEALTH AT DORCHESTER	-14,546	4,175,014	28801.91
UM-SHORE REGIONAL HEALTH AT EASTON	21,764,327	29,714,746	36.53
UM-ST. JOSEPH MEDICAL CENTER	20,566,000	27,501,000	33.72
UM-UPPER CHESAPEAKE MEDICAL CENTER	24,210,952	42,761,000	76.62
UMMC MIDTOWN CAMPUS	10,684,000	2,578,000	-75.87
UNION HOSPITAL OF CECIL COUNTY	5,978,843	-9,659,220	-261.56
UNIVERSITY OF MARYLAND MEDICAL CENTER	76,260,000	23,998,000	-68.53
WASHINGTON ADVENTIST HOSPITAL	12,283,273	5,820,123	-52.62
WESTERN MARYLAND REGIONAL MEDICAL CENT	20,451,600	21,785,897	6.52

EXHIBIT III-B. TOTAL EXCESS PROFIT/LOSS

	2017	2018	
Hospital	Excess|Profit Loss	Excess|Profit Loss	% Change in Excess
ALL ACUTE HOSPITALS	1,009,920,359	896,840,564	-11.20
JOHNS HOPKINS HOSPITAL	118,547,952	85,439,950	-27.93
SINAI HOSPITAL	57,180,068	58,545,043	2.39
ANNE ARUNDEL MEDICAL CENTER	79,451,967	57,575,958	-27.53
HOLY CROSS HOSPITAL	45,230,600	53,286,357	17.81
PENINSULA REGIONAL MEDICAL CENTER	-5,688,000	45,104,018	892.97
UM-UPPER CHESAPEAKE MEDICAL CENTER	24,210,952	42,761,000	76.62
FREDERICK MEMORIAL HOSPITAL	31,062,227	42,505,103	36.84
MEDSTAR FRANKLIN SQUARE	21,627,501	32,396,976	49.80
UM-BALTIMORE WASHINGTON MEDICAL CENTER	44,328,000	32,049,000	-27.70
CARROLL HOSPITAL CENTER	39,726,752	30,384,078	-23.52
UM-SHORE REGIONAL HEALTH AT EASTON	21,764,327	29,714,746	36.53
MERITUS MEDICAL CENTER	38,261,089	29,390,800	-23.18
MERCY MEDICAL CENTER	40,081,012	29,329,295	-26.82
SUBURBAN HOSPITAL	35,570,001	29,230,041	-17.82
NORTHWEST HOSPITAL CENTER	27,676,796	28,307,116	2.28
UM-ST. JOSEPH MEDICAL CENTER	20,566,000	27,501,000	33.72
UM-SHOCK TRAUMA	46,841,000	24,578,000	-47.53
SHADY GROVE ADVENTIST HOSPITAL	21,833,581	24,153,052	10.62
UNIVERSITY OF MARYLAND MEDICAL CENTER	76,260,000	23,998,000	-68.53

TOTAL EXCESS PROFIT/LOSS : EXHIBIT III-B

Listed by Excess Profit/Loss

Disclosure of Hospital Financial and Statistical Data: Fiscal Year 2018

	2017	2018	
Hospital	Excess|Profit Loss	Excess|Profit Loss	% Change in Excess
WESTERN MARYLAND REGIONAL MEDICAL CENT	20,451,600	21,785,897	6.52
HOWARD COUNTY GENERAL HOSPITAL	24,778,500	17,993,000	-27.38
MEDSTAR HARBOR HOSPITAL CENTER	18,852,067	17,715,591	-6.03
MEDSTAR GOOD SAMARITAN	11,044,746	17,549,678	58.90
MEDSTAR ST. MARY'S HOSPITAL	4,364,894	17,194,914	293.94
UM-CHARLES REGIONAL MEDICAL CENTER	16,373,044	15,312,935	-6.47
ST. AGNES HOSPITAL	38,529,217	13,293,561	-65.50
MEDSTAR UNION MEMORIAL HOSPITAL	17,108,271	12,324,708	-27.96
GREATER BALTIMORE MEDICAL CENTER	31,834,086	9,124,709	-71.34
UM-LAUREL REGIONAL HOSPITAL	-5,522,040	9,083,000	264.49
UM-SHORE REGIONAL HEALTH AT CHESTERTOW	7,849,589	8,135,300	3.64
MEDSTAR MONTGOMERY MEDICAL CENTER	2,277,511	7,139,442	213.48
UM-HARFORD MEMORIAL HOSPITAL	13,498,958	6,828,000	-49.42
UM-REHABILITATION & ORTHOPAEDIC INSTIT	6,787,031	6,040,318	-11.00
WASHINGTON ADVENTIST HOSPITAL	12,283,273	5,820,123	-52.62
LEVINDALE	6,856,438	5,289,610	-22.85
UM-SHORE REGIONAL HEALTH AT DORCHESTER	-14,546	4,175,014	28801.91
DOCTORS COMMUNITY HOSPITAL	-9,335,418	3,597,711	138.54
CALVERT HEALTH MEDICAL CENTER	3,946,991	3,591,333	-9.01
UMMC MIDTOWN CAMPUS	10,684,000	2,578,000	-75.87
ATLANTIC GENERAL HOSPITAL	3,193,344	1,101,154	-65.52

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

Disclosure of Hospital Financial and Statistical Data: Fiscal Year 2018

	2017	2018	
Hospital	Excess|Profit Loss	Excess|Profit Loss	% Change in Excess
JOHNS HOPKINS BAYVIEW MEDICAL CENTER	3,276,000	811,033	-75.24
FORT WASHINGTON MEDICAL CENTER	-1,027,286	429,529	141.81
BON SECOURS HOSPITAL	-2,411,115	-469,532	80.53
UM-BOWIE HEALTH CENTER	-1,656,538	-519,269	68.65
GERMANTOWN EMERGENCY CENTER	-133,477	-545,538	-308.71
UM-PRINCE GEORGE’S HOSPITAL CENTER	-13,112,956	-548,954	95.81
MCCREADY MEMORIAL HOSPITAL	-631,681	-690,028	-9.24
UM-QUEEN ANNE'S FREESTANDING EMERGENCY	-2,092,589	-1,306,145	37.58
GARRETT COUNTY MEMORIAL HOSPITAL	1,812,604	-2,307,805	-227.32
UNION HOSPITAL OF CECIL COUNTY	5,978,843	-9,659,220	-261.56
HOLY CROSS HOSPITAL-GERMANTOWN	-5,118,467	-10,105,051	-97.42
MEDSTAR SOUTHERN MARYLAND HOSPITAL CEN	4,663,640	-10,171,988	-318.11

Nurse Support Program II
FY 2020 Draft Recommendation

April 10, 2019

Oscar Ibarra
HSCRC

HSCRC
Health Services Cost
Review Commission

NSP II Initiatives & Focus Areas

Initiatives for implementation grants in the following five categories:

- Increase Nursing Pre-Licensure Enrollments and Graduates
- Advance the Education of Students and RNs to BSN, MSN & Doctoral
- Increase the Number of Doctoral Prepared Nursing Faculty
- Build Collaborations between Education and Practice
- Develop Statewide Resources and Models

Focus Areas:

- Resource grants: For unmet needs or MD Board of Nursing action plan support
- Planning grants: For new areas of interest or developing proposal
- Statewide faculty focused programs: For recruitment and retention of nurse faculty

Goal: BSN 80 percent by 2020

Over 15 years, have seen increase in the overall education of nurses. Total BSN degrees awarded surpassing ADN degrees related to:

1. Hospitals aware better outcomes with BSN-prepared RNs
2. Economic incentives rewarded hospitals for improved quality
3. Magnet Recognition Program® requires hospitals to have a higher proportion of BSN-educated RNs
4. 2010 IOM report that set a goal of the nursing workforce composed of 80% BSN-prepared RNs by 2020[1]

[1]Buerhaus, Auerbach, Skinner & Staiger (2017). State of the registered nurse workforce in a new era of health reform emerges, *Nursing Economics*, 35(5), 229-237.

NSP II Progress Report

- Met goal of doubling doctoral degree nurses [2]
- NEDG awarded 18 percent of full time faculty to expedite doctoral completions
- Making good progress on goal for 80 percent of nurse workforce with a BSN or higher by 2020
  - Maryland is outpacing the nation at 60.2 percent compared to 56 percent for the nation
- Increased the number of certified nurse educators (CNE) by 21 percent
  - Goal to double # of full time nurse faculty with CNE credential
- National Academies of Sciences, Engineering and Medicine, Committee on the Future of Nursing 2020-2030 study will add to earlier guidance from Future of Nursing (2010) and Future of Nursing Progress Report (2015)

[2] The Future of Nursing 2020-2030, https://nam.edu/the-future-of-nursing-2020-2030/

Staff Recommendations For Funding FY 2020

Grant #	Institution	Grant Title	Proposed Funding
20-102	Allegany College	LPN- RN Online	$150,000
20-104	Coppin State University	Cognitive Reflective CARE	$50,000
20-105	Coppin State University	Planning BSN to DNP	$148,100
20-106	Coppin State University	ATB with CCBC & Howard	$143,951
20-108	Johns Hopkins University	PRIME Model for DNP-NP	$1,001,596
20-109	Johns Hopkins University	Supporting Advance Practice	$150,000
20-110	Johns Hopkins University	Planning CRNA	$150,000
20-112	Montgomery College	ASEL Resources	$50,000
20-116	Morgan State University	Student Resources	$47,897
20-117	Notre Dame of Maryland University	B-Line Software Resources	$50,000
20-118	Salisbury University	Planning MA-FAMI	$149,998
20-120	Towson University	Entry Level MS in Nursing	$149,556
20-121	University of Maryland	AGPCNP Certification	$121,972
20-122	University of Maryland	SA and Addictions Program	$137,408
20-123	University of Maryland	Clinical Faculty Competency	$264,677
20-125	University of Maryland	Maryland Nursing Workforce Center Continuation	$1,912,767
20-126	Montgomery College	MCSRC Group Resource Continuation	$1,475,525
		TOTAL	$6,153,447

Nurse Support Program II

Competitive Institutional Grants Program

Review Panel Recommendations for FY 2020

Health Services Cost Review Commission

4160 Patterson Avenue, Baltimore, Maryland 21215

(410) 764-2605

FAX: (410) 358-6217

DRAFT

April 10, 2019

This is a draft recommendation for Commission consideration at the April 10, 2019 Public Commission Meeting. Please submit comments on this draft to the Commission by Wednesday, May 1, 2019, via hard copy mail or email to Oscar.Ibarra@maryland.gov.

INTRODUCTION

This report presents recommendations of the Review Panel for funding of the Nurse Support Program II (NSP II) Competitive Institutional Grant for Fiscal Year (FY) 2020. This report and recommendations are jointly submitted by the staff of the Maryland Higher Education Commission (MHEC) and the Maryland Health Services Cost Review Commission (HSCRC or Commission).

BACKGROUND

The HSCRC has funded programs to address the cyclical nursing workforce shortages since 1985. In July 2001, the HSCRC implemented the hospital-based Nurse Support Program I (NSP I) to address the nursing shortage impacting Maryland hospitals. Since that time, the NSP I completed three, five-year program evaluation cycles. The most recent renewal was approved on July 12, 2017 to extend the funding until June 30, 2022. The HSCRC implemented the NSP II program in May 2005 to respond to the faculty shortage and other limitations in nursing educational capacity underlying the nursing shortage. The Commission approved an increase of up to 0.1 percent of regulated gross hospital revenue to increase the number of nurses in the state by increasing the capacity of nursing programs through institutional and nursing faculty interventions. MHEC was selected by the HSCRC to administer the NSP II programs, as the coordinating board for all Maryland institutions of higher education. At the conclusion of the first ten years of funding on January 14, 2015, the HSCRC renewed funding for FY 2016 through June 30, 2020. In 2016, the Maryland General Assembly revised the NSP II statute to meet Maryland's changing health care delivery models to recognize all registered nurses (RNs) are needed to ensure a strong nursing workforce. The NSP II program evaluation is in progress and the final report will be submitted to the Commission in December 2019 for approval for FY 2021-2025 funding cycle.

REVIEW OF NSP II GRANT FUNDING RESULTS

The following sections detail the progress made on key initiatives. NSP II has four key areas of focus to strengthen capacity across the state's nursing programs: increasing pre-licensure graduates while making progress toward the "80 percent BSN by 2020"; doubling the doctoral prepared nurses for more highly qualified nurse faculty; advancing lifelong learning for the pipeline for future nurses; and providing for stronger data infrastructure for the nursing workforce.

CERTIFICATION FOR ACADEMIC NURSE EDUCATORS

One indicator of nursing education excellence is certification. NSP II supports nursing education as a specialty area of practice. As clinical nurses are recognized through certification by the American Nurse Credentialing Center (ANCC), nurse educators have a comparable certification process for academic educators through the National League for Nursing (NLN). The CNE credential communicates to academic and health care communities, students, colleagues, and the public that the highest standard of excellence is being met. Faculty serve as role models and leaders with this mark of distinction.

Since January 8, 2018, four NLN Certified Nurse Educator (CNE) Workshops have been sponsored by NSP II. There were approximately 185 nurse faculty attendees seeking to prepare for the examination and complete the credential of CNE. In 2017, a review of data submitted with proposals and annual reports revealed that approximately 12 percent of faculty in Maryland colleges and universities held the CNE credential. By 2020, the goal across the State's nursing programs is to double the number of full-time faculty with this specialty certification for nurse educators. As of March 29, 2019 an additional 26 nurse faculty across 15 nursing programs have achieved the CNE credential. Of the 26 nurses credentialed, 12 nurse faculty represented 6 community colleges (Anne Arundel Community College, Chesapeake College, Community College of Baltimore County, Harford Community College, Howard Community College and Montgomery College) and the remaining 14 nurse faculty represented 9 universities (Frostburg State University, Johns Hopkins University, Hood College, Notre Dame of Maryland University, Salisbury University, Towson University, University of Maryland, Washington Adventist University, and University of Maryland University College). This is a 21% increase and a clear demonstration of excellence in education with nurse faculty committed to the highest standards.

This past February, the Maryland Council of Deans and Directors of Nursing Programs fully endorsed the new NSP II Academic Nurse Educator Certification Award which supports the preparation, CNE examination fees and ongoing professional development each faculty needs to achieve and renew this valued credential every 5 years. This will provide incentives for current full time faculty to demonstrate expertise in pedagogy, curriculum development, teaching and student learning.

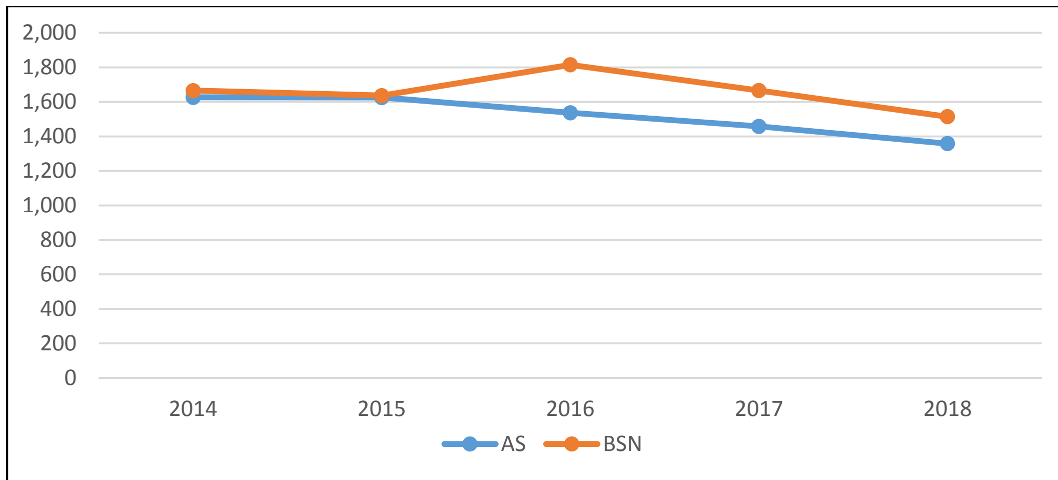
ASSOCIATE TO BACHELORS IN NURSING MODEL

Over the last 5 years, Maryland's nursing graduate data reflects an increase in the overall education of the nursing workforce. According to leading nursing researchers, the total number of Bachelor of Science in Nursing (BSN) degrees awarded have surpassed the Associate of Science in Nursing (AS) degrees. There are several factors behind this movement in registered nurse (RN) education:

- Hospitals are aware of better patient outcomes associated with BSN-prepared RNs;
- Economic incentives reward hospitals for improved quality;
- Requirements for hospitals to have a higher proportion of BSN-educated RNs for the Magnet Recognition Program® , and
- The Institute of Medicine's (2010) report recommending that 80 percent of nurses be BSN-prepared by 2020 (Buerhaus, et al., 2017).

Maryland's nursing programs, both community colleges and universities, have partnered together to promote the BSN with Associate to Bachelors (ATB) agreements for seamless academic progression. We are working with the Maryland Longitudinal Data Center at MHEC to measure ATB completions and determine time and cost savings to the individual nursing student. We expect this seamless transition to result in cost savings to hospitals as fewer courses will need to be completed for the BSN; thereby reducing the amount of tuition reimbursement.

Table 1. Trends in Associate of Science in Nursing (AS) and Bachelor of Science Degrees in Nursing (BSN), 2014 – 2018



Source: Maryland Higher Education Commission Nursing Graduate Data

PROGRESS ON GOALS

The following sections provide an update on the two goals adopted from the IOM *The Future of Nursing* report: 80 percent BSN by 2020 and double the number of doctoral nurses.

80 percent BSN BY 2020

Across the country, progress has been made on the Institute of Medicine's (2010) *The Future of Nursing* report recommendation to increase the number of nurses with a BSN or higher to 80 percent by 2020. The Campaign for Action Maps, funded through the AARP Foundation and Robert Wood Johnson Foundation, used American Community Survey data to display national trends in BSN-prepared nurses. As shown in Table 2, the national average for BSN was 55.9 percent, while Maryland outpaced the national average at 60.2 percent (Courville & Green, 2019). Maryland is making steady progress when compared to other neighboring states in our geographic region, as well.

Table 2. Progress on 80 percent BSN by 2020: A Comparison of Maryland and Neighboring States

	2010	2017	Percent Change
Maryland	**55.4%**	**60.2%**	**4.8%**
Delaware	42.1%	62.8%	20.7%
Pennsylvania	45.9%	57.5%	11.5%
Virginia	51.1%	51.7%	0.6%
West Virginia	37.4%	50.1%	12.7%
US	**48.8%**	**55.9%**	**7.1%**

Source: Campaign for Action Maps Show Nurses' Progress in Earning BSN Degree, 2019

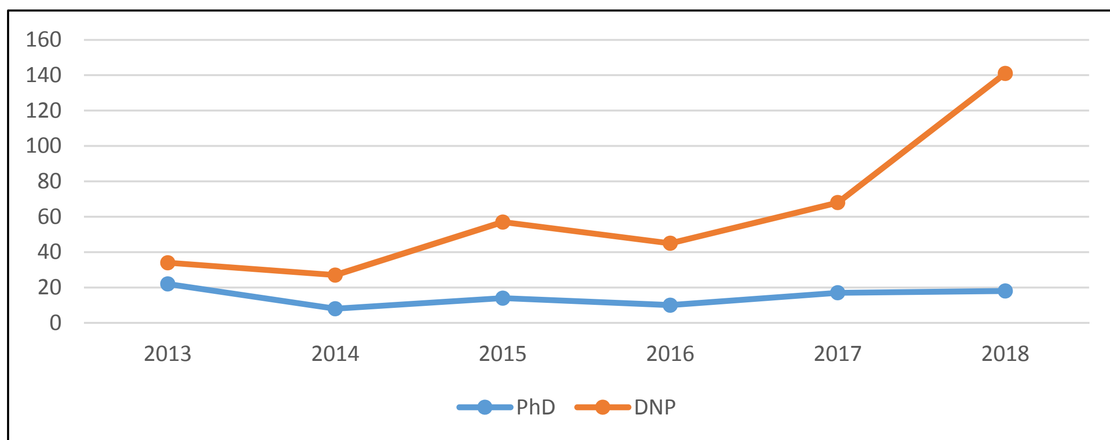
Last year, NSP II funded the Maryland Nursing Workforce Center (MNWC) to compile and report on nursing workforce data. The state level data collected from this initiative will be instrumental in future reports on trends in the state's nursing workforce. The MNWC was recognized by the National Forum of State Nursing Workforce Centers in 2019 to represent Maryland. The Center will serve as a nexus to collect, analyze and manage data, streamline research access and ensure state-level minimum data sets are available at the state and national level. These resources will be available to nursing programs, educators, employers, hospitals, nurses and the public to inform policy development.

DOUBLE THE NURSES WITH DOCTORAL DEGREES

The planning committee for the National Academy of Medicine (formerly IOM) convened a public session on March 22, 2019 for the upcoming study, *The Future of Nursing 2020-2030.* During the meeting, national researchers reported the 2010 goal of doubling the number of nurses with a doctoral degree has been achieved. Maryland data supports this increase in doctoral degrees, for both Doctor of Philosophy in Nursing (PhD) and Doctor of Nursing Practice (DNP). Consistent with national trends, the NSP II Nurse Educator Doctoral Grants for Practice and Dissertation Research (NEDG) was awarded to 114 faculty in 2019; 49 faculty for DNP degrees, 42 faculty for PhD in Nursing degrees, 13 faculty for Doctor of Education (EdD) degrees, and the remaining 10 faculty for PhD degrees in other fields.

The DNP education focuses on preparation of nurses for advanced practice roles. A study by Fang and Bednash (2017) found that 56.8 percent of DNP students who planned to work in academia were already full-time or part-time faculty members. Nurse faculty with dual clinical and academic appointments as advanced practice registered nurses (APRNs) maintain clinical credentials; providing primary care while preparing the next generation of new pre-licensure nurses or serving as preceptors for new APRNs at hospitals and clinical sites. Previous NSP II grants have funded APRN preceptor online training modules that are available to all nursing programs.

Table 3. Trends in PhD and DNP Graduates, 2013 – 2018



Source: Maryland Higher Education Commission Nursing Graduate Data

FISCAL YEAR 2020 COMPETITIVE GRANT PROCESS

In response to the FY 2020 request for applications (RFA), the NSP II Competitive Institutional Grant Review Panel received a total of 26 requests for funding, including 21 new competitive grant proposals, 3 resource grant requests and 2 continuation grant recommendations. The nine-member panel, comprised of former NSP II grant project directors, retired nurse deans, hospital educators, licensure and policy leaders, MHEC and HSCRC staff, reviewed the proposals. All competitive grant proposals received by the deadline were scored by the panel according to the rubric outlined in the FY 2020 RFA. The review panel convened and developed consensus around the most highly recommended proposals. For non-funded proposals, the panel provided feedback to the institutions for future proposal development and encouraged them to resubmit next year. As a result, the review panel recommends funding for 17 of the 26 total proposals.

The recommended proposals include grants for planning, full implementation of programs, continuation of programs, as well as, nursing program resource grants; totaling just over $6 million. The proposals that received the highest ratings for funding focused on nursing graduate outcomes with partnerships across community colleges, universities and hospital health systems. Table 4 lists the recommended proposals for FY 2020 funding.

Table 4. Final Recommendations for Funding for FY 2020

Grant #	Institution	Grant Title	Proposed Funding
20-102	Allegany College	LPN- RN Online	$150,000
20-104	Coppin State University	Cognitive Reflective CARE	$50,000
20-105	Coppin State University	Planning BSN to DNP	$148,100
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20-125	University of Maryland	Maryland Nursing Workforce Center Continuation	$1,912,767
20-126	Montgomery College	MCSRC Group Resource Continuation	$1,475,525
		TOTAL	**$6,153,447**

RECOMMENDATIONS

HSCRC and MHEC staff recommend the 17 proposals presented above in Table 4 for the FY 2020 NSP II Competitive Institutional Grants Program. The recommended proposals represent

the NSP II's commitment to increasing nursing degree completions and academic practice partnerships across Maryland. The most highly recommended proposals include:

- Planning an advanced Faculty Academy and Mentoring Initiative on the Eastern Shore;
- Providing for the continuation of the Maryland Nursing Workforce Center for improved data infrastructure;
- Planning a new Masters entry nursing program at Towson University;
- Implementing the PRIME model for DNP nurse practitioner education at Johns Hopkins University;
- Developing an academic progression partnership for increased diversity with pre-licensure graduates in dual enrollment ATB programs at Community College of Baltimore County and Howard Community College with Coppin State University;
- Continuing the Maryland Clinical Simulation Resource Consortium resources for 26 nursing programs;
- Planning a Certified Registered Nurse Anesthetist (CRNA) program in partnership with Johns Hopkins Healthcare System; and
- Supporting a seamless online educational pathway from LPN to RN in Western Maryland.

REFERENCES

1. Buerhaus, P., Auerbach, Skinner & Staiger (2017). State of the Registered Nurse Workforce as a New Era of Health Reform Emerges. *Nursing Economics*, 35(5), 229-237.
2. Courville, M. & Green, J. (2019). Campaign for Action Maps Show Nurses' Progress in Earning BSN Degree, AARP and Robert Wood Johnson Foundation. Accessed at https://campaignforaction.org/resource/campaign-map-show-nurses-progress-earning-bsn-degree/
3. Institute of Medicine of the National Academies. (2010, October 5). The future of nursing: Leading change, advancing health. Retrieved from http://www.nationalacademies.org/hmd/Reports/2010/The-Future-of-Nursing-LeadingChange-Advancing-Health.aspx
4. The Future of Nursing 2020-2030, accessed at https://nam.edu/the-future-of-nursing-2020-2030/
5. Fang, D. & Bednash, G.D. (2017). Identifying barriers and facilitators to future nurse faculty careers for DNP students. *Journal of Professional Nursing*, 33(1), 56-67.
6. Maryland Higher Education Commission.(2019, March 15). Maryland Nursing Graduate Data Report provided by Alexia Van Orden, Research and Policy Analyst.
7. Maryland General Assembly, Chapter 159, 2016 Laws of Maryland
8. National League for Nursing, Certified Nurse Educator, accessed at http://www.nln.org/Certification-for-Nurse-Educators/cne
9. Nurse Support Program I and II, www.nursesupport.org

Maryland
Hospital Association

March 4, 2019

Nelson J. Sabatini
Chairman, Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore, MD 21215

Dear Chairman Sabatini:

On behalf of the Maryland Hospital Association's (MHA) 62 member hospitals and health systems, we are submitting comments in response to the proposed modification of COMAR 10.37.10.26 – Rate Application and Approval Procedures - Patient Rights and Obligations.

Since this regulation was published for draft comment, a bill was introduced in the Maryland General Assembly to address facility fee billing notification. Maryland's hospitals believe that the Health Services Cost Review Commission (HSCRC) has the statutory authority to address this issue, and the draft regulations are an important first step. We suggest the HSCRC convene several stakeholders, including hospitals, health plans, the Maryland Insurance Administration (MIA), and the Health Education and Advocacy Unit (HEAU) of the Office of the Attorney General to craft a regulatory solution.

Maryland's hospitals support the proposed language disclosing hospital facility fees for outpatients and informing patients of their right to request and receive a written estimate of charges before non-emergent services. Health General 19-350 codifies that hospitals must provide a written estimate of total charges for non-emergency services. Most, if not all, of Maryland's hospitals routinely disclose outpatient facility billing in pre-service literature for patients. We agree that hospitals can continue to improve patient eduction about hospital charges for hospital-based physicians office visits.

Hospital-based clinics provide patients access to physician office services that otherwise may not be available. Governmental and non-governmental payers do not include amounts in private physician office payments to subsidize the cost of charity care. In Maryland, hospital rates include amounts for patients who cannot afford to pay, ensuring access to health care services. Hospital rates also include amounts that contribute to operating hospitals 24 hours a day, seven days per week.

As health plans shift a greater share of financial responsibility to patients, all stakeholders must improve consumer understanding of health plan benefits to avoid surprise, out-of-pocket expenses. Revised regulations should address consumer concerns and recognize the feasibility of implementing appropriate solutions. Facility-based fees will vary based on the type of clinic, the type of service received and the normal fluctuation in hospital charges.

Hospitals, health plans, and the State of Maryland must work together for all patients to have reasonable, affordable, and understandable health benefits. We look forward to working with Commission staff and all stakeholders to address this important issue. If you have any questions, please do not hesitate to contact me.

Sincerely,

Brett McCone
Vice President

cc: Joseph Antos, Ph.D., Vice Chairman
Victoria W. Bayless
John M. Colmers
James N. Elliott, M.D.
Adam Kane
Jack Keane
Katie Wunderlich, Executive Director
Erin Schurmann, Project Manager
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State of Maryland
Office of the Attorney General
Consumer Protection Division

William D. Gruhn
Chief
Consumer Protection Division

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(410) 576-6515

March 4, 2019

Via email: Diana.Kemp@maryland.gov

Diana Kemp
Regulations Manager
Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

Re: Proposed Regulation Amendment COMAR 10.37.10.26.A Hospital Information Sheet

Dear Ms. Kemp,

The Health Education and Advocacy Unit of the Office of the Attorney General's Consumer Protection Division (the HEAU) submits the following comments on the Commission's proposed amendment to Regulation 26.A (Hospital Information Sheet) under COMAR 10.37.10 (Rate Application and Approval Procedures). The HEAU opposes the amendment and urges the Commission not to adopt it. We have previously communicated to Commission staff that we do not believe hospitals may mislead patients about material fee information, or withhold that information, under Maryland law. We believe the current regulations and the proposed amendment are inconsistent with Maryland law and do not protect patients from financial harm caused by nondisclosure of material outpatient facility fee information. Accordingly, the HEAU initiated a legislative effort resulting in House Bill 849/Senate Bill 803, the Facility Fee Right to Know Act.[1]

The disclosure and notice provisions in the Right to Know Act were suggested by the patients who have complained to the HEAU about being blind-sided by excessive outpatient facility fees charged by hospitals for services that did not need to be provided "at the hospital," and were unexpected due to lack of meaningful notice about hospital fees at the time of making their appointments.

[1] The HEAU filed letters of support and attachments for the cross filed bills. Attached are Senate Bill 803's letter of support and packet of information.

Here are some examples of the fees complaining consumers encountered:

Doctor Fee	Hospital Outpatient Facility Fee
$454	$1,729
$425	$1,141
$475	$ 627
$297	$ 577
$345	$ 553
$425	$ 296

Before the amendment was proposed, the HEAU discussed its patient complaints with Commission staff in an effort to find a regulatory mechanism to provide notice to the hospitals that their current practices fail to adequately and fairly inform patients in advance of receiving health care services at the hospitals' outpatient facilities that such health care services would be billed as outpatient hospital services which may result in different, and potentially higher, patient cost-sharing responsibility than would be applicable for the same health care services provided at a physician office, and failed to adequately and fairly inform patients when they could be seen by the same provider in a fee-free location.

We advised staff that patients consistently said they should have been told, at the time of making their appointments, that they would be charged a fee by the hospital and what that fee or fee-range would be. Patients say they would have seen their doctors at alternative fee-free locations, if possible, or, if not possible, price shopped for more affordable physicians and locations. Other patients say they would have made the appointments nevertheless but would have done so with full knowledge of their financial responsibility. We expected that a regulatory change, if proposed, would provide patients the protections they have asked for and are legally entitled to.

The proposed amendment does *not* require that notice of the fee or range of fees, and alternative fee-free locations for a visit with their doctor, if available, be given at the time patients make their appointments. Hospitals would merely be required to insert, into a lengthy hospital information sheet intended for inpatients - given to patients when they present to the hospital, not before - a provision stating that outpatients may ask for an estimate of outpatient facility fees, among other things. We note that the hospital information sheet contains information not relevant to patients going to office visits with their doctors, and conspicuously omits the material fee information.

Patients often wait months, take unpaid time off from work (or use sick leave), travel long distances, and pay to park for their appointments. Patients have a right to know about fees they would not otherwise expect, before doing so. Giving patients an inpatient hospital information sheet, along with multiple pages of other documents, when they appear at the registration desk for their appointment, does not provide patients with fair and adequate notice, and even if it did, it would be untimely because patients would already have been harmed.

The proposed amendment would not mitigate or prevent the serious financial harm documented in the attached extract from the HEAU's 2018 Annual Report.[2] The extract contains the following statements representative of consumers' distress about current practices:

> "I object to the bill since (1) the fee was <u>NOT</u> disclosed to me & had I been given the choice, & made aware, I would have gone elsewhere with no fee (2) the fee seems EXCESSIVE & UNUSUALLY HIGH above what is usual & customary charge for a visit (3) It presents a financial hardship to me that could have been avoided had it been disclosed (4) I have repeatedly asked the [hospital] to either forgive or reduce the remaining balance due to something more reasonable (more like $200-350 which is still charging me twice for the same appointment!)….I think if a fee is so large, the patient should be warned there could be [a] fee, and how much the fee will be so they can make an informed decision if they want to pursue the treatment. Most people would only expect a doctor's office visit fee, not a fee to pay the hospital to use their space!"

> "…, my complaint centers on the [hospital's] practice of charging a substantial hospital user fee for patients who have routine doctor office visits two blocks away from the hospital in an entirely separate building - an office building. Moreover and in my case, the assignment of these fees were done without any prior notice to me, the patient. Finally, the amount of the fee, again - at least in my case, was more than eight times the amount of the charge for the office visit itself!"

> "... [My doctor] keeps appointment hours at suburban locations; if I had been aware of the usage fee policy in advance, I could have chosen (as I have in the past) to see him at these alternate venues. The absence of proper notification of patients both at the time of scheduling and at the appointment itself also smacks of abuse of the patient/consumer."

Patients have the right to know material information about outpatient facility fees in order to make informed and affordable health care choices. Patients have told us the information they need, and when they need it, and those requirements are set forth in the HEAU's legislative initiative, House Bill 849/Senate Bill 803, the Facility Fee Right to Know Act. We oppose the proposed amendment because it lacks the basic, common sense protections patients have asked for and would perpetuate, not prevent or mitigate, the serious financial harm being caused by unexpected outpatient facility fees.

[2] See pages 27 through 30 of the attached packet of information.

The HEAU thanks the Commission for considering our comments about the proposed amendment to Regulation 26.A (Hospital Information Sheet) under COMAR 10.37.10 (Rate Application and Approval Procedures).

Sincerely,

/s/

Patricia F. O'Connor
Assistant Attorney General
Deputy Director
Health Education and Advocacy Unit

HSCRC Capital Funding Discussion

April 10, 2019

Maryland's Current Capital Costs

- Statewide Capital Costs represented 8.7% of total hospital costs.
  - This is including Depreciation and Amortization of $903 million; and,
  - $291 million in Interest.
- Hospitals also reported lease and rental payments of an additional $140 million, 1% of total hospital cost.
- FY 20 Rate Update includes $15 million for Adventist White Oak, 0.09% of total hospital cost.
- Possible upcoming requests include:
  - Johns Hopkins Bayview
  - Shore Regional at Easton
  - Suburban
  - Others?

Historical Capital Funding Policy under FFS

- Initial rate methodology for Capital Facilities Allowance:
  - Debt service including principal and interest payments on fixed costs;
  - Price-leveled depreciation for purchased and leased major moveable equipment;
  - General equipment replacement allowance for all other equipment; and,
  - Funding of a 20% down payment on future replacement of building and fixed equipment.
- During the CON process hospitals had the option of either:
  - Pledge not to request an HSCRC approved rate increase for new capital costs; or,
  - Reserve the right to request an HSCRC approved rate increase in the future to fund the increased capital costs.
- In order to address hospitals' requests for capital cost increases associated with large construction projects without submitting a full rate review, HSCRC staff developed a partial rate application process for capital costs.

Current Capital Funding – Partial Rate Application

- The partial rate application process for additional capital funding applied a modified Inter-hospital Cost Comparison (ICC) review.
- If the applicant hospital's combined average inpatient charges per case and outpatient charges per unit of service was less than the peer group average, then the applicant hospital was eligible for a rate increase for capital cost increases.
- The ICC review for capital projects differed from the normal ICC Full Rate Review process and did not include a negative productivity adjustment of 2%.
- COMMISSIONERS & INDUSTRY WANT A MORE PREDICTABLE POLICY

Considerations for Capital Projects under GBR

- The HSCRC should not fund capital costs or provide comfort orders for services that can be provided in lower costs alternative settings.
- Hospitals should be expected to fund at least a portion of new capital costs with operational efficiencies, fundraising, and retained savings
  - **How much should a hospital be required to fund outside of the GBR? 25%? 30%?**
- Future policy should consider cost performance, compared to peers and statewide averages, including ICC and TCOC performance
  - **Should we tier or fund additional capital depending on their cost performance?**
- In a fixed revenue system, how much capital funding should be released each year?
  - **Should we fund projects as CONs are approved or cap the amount of capital over time (develop a "budget" for max allowable capital)?**

Capital Financing Policy

- Issues:
  - The HSCRC has financed capital projects in an ad hoc manner, meaning the amount of capital financing is not known in advance
  - When capital projects are put into rates it squeezes the update factor for other hospitals
  - A fixed revenue target may encourage hospitals to race to build new projects in order to secure 'their' share of a fixed pool
- Potential Recommendation:
  - Include dedicated capital financing in the update factor *each year*
  - Allow capital financing to 'build up' over time in order to smooth the cost of new capital projects in the TCOC growth rate
  - Treat the dedicated capital fund as a fixed budget for the purpose of financial sustainability in the CON process

Potential Operations of Capital Financing

- Dedicated Capital Update:
  - Carve out a portion of the update factor for dedicated capital financing
  - The final amount should be based on the lifetime of plants, depreciation, etc., and will be based on staff analysis
- Rates Set-Aside for future Capital:
  - The rates set aside for capital will be written into permanent rates for the hospital once the project comes online
  - The CON process will be the limiting step for new projects and the cumulative rates set aside for capital will be a 'budget' for assessing financial feasibility of a capital projects going through CON
- Interim use of funds:
  - In order to smooth the growth rate of the TCOC, the capital rates should be charged to payers before projects come online
  - The funds could be used to finance time-limited investments in care transformation; or
  - Funds could be distributed in a uniform manner

Capital and Deregulation Issues

- As volumes decline, hospitals have retained both revenues and regulated space. This creates excess capacity in the system and makes hospitals less efficient.
- Issues:
  - Deregulation can move services to a lower price point but leaves fixed costs in hospital, even though the physical space may be unused.
  - Simultaneously, hospitals may need to spend additional capital costs to construct new facilities in deregulated space.
- Considerations:
  - How should unused space be repurposed? Should hospitals deregulate spaces or services?
  - How much fixed costs should be removed and how much revenue should be retained before fixed costs are removed?

Legislative Update

April 10, 2019

HSCRC
Health Services Cost Review Commission

Budget Reductions

- Annual Budget Bill (HB 100/SB 125) proposes to cut $8 million from Health Regulatory Commission
  - Reduction eliminates MHIP funds for Integrated Care Network initiatives
  - Affects MDPCP funding, and other CRISP funding for TCOC initiatives

- Budget Reconciliation and Financing Act of 2019 (HB1407 / SB1040)
  - Proposed by Legislature, not sponsored by the Administration
  - Intended to address revenue write down of $270 million over two years and to support $325 million education initiative
  - Medicaid Deficit Assessment spend down reduced from $40 million to $25 million
  - Maryland Health Insurance Plan (MHIP) funding diverted to general fund ($10 million)
    - Prevents HSCRC/State from using MHIP funds for Care Redesign and MDPCP

Information Requests

- DLS and the budget committees request the following reports:
  - **Behavioral Health Reporting in the Maryland Primary Care Program (MDPCP):** MDH and HSCRC to report on the process for evaluating the behavioral health provision in the primary care practices and the impact that MDPCP has on Medicare and dually eligible Medicaid and Medicare enrollees with behavioral health needs, including those with serious mental illnesses

  - **Funding Plan for the MDPCP**: MHCC and HSCRC to report on projected operating expenses for the MDPCP and the funding sources that will be used to support the program beginning in FY 2020

  - **Medicaid total cost of care savings and quality goals**: MDH and HSCRC to submit a report to the budget committees specifying 5- and 10-year Medicaid cost-savings and growth rate targets and identifying quality measures that target Medicaid-specific services and populations

  - **Follow up to EMS/Hospital ED Overcrowding report:** MIEMSS and HSCRC to submit a report on strategy to reduce ED overcrowding.

HSCRC Departmental Legislation

- Health Services Cost Review Commission – Duties and Reports – Revisions
  - Purpose: To conform HSCRC statute and reports to the General Assembly with requirements from the TCOC Model
  - Outcome: Died on the Senate Floor; Held up for Chestertown Pilot legislation

- Maryland Health Insurance Plan – Use of Remaining Funds
  - Purpose: To extend HSCRC authority to use remaining MHIP funds from FY 2019 to FY 2022
  - Outcome: Died in Committee; funds needed for other State Legislative Priorities

Healthcare Facilities

- Push for greater price transparency and notice to consumers
  - HB 803/SB 849 – Notification of facility fees at the time of scheduling
  - **Legislation failed, however, Chair of HGO has asked HSCRC to work on identifying services in regulated space for consumer awareness**

- Interest in deregulation of space within hospitals, particularly for services that are not covered by insurance
  - HB 940 - HSCRC staff proposed amendments to *study the feasibility and desirability* of an unregulated space in hospital operating suites pilot, in order to responsibly explore appropriate adjustments to population-based revenues and their interactions with upcoming Commission policies
  - **Legislation failed, however, HSCRC staff will likely still convene stakeholders to explore deregulation of hospital space**

Certificate of Need (CON)

- Easing of regulatory barriers to changing capacity
  - Bills mostly conform with MHCC's CON Modernization Report, submitted in December 2018
  - Includes updating the State Health Plan annually; raising the CON exemption threshold for hospital capital expenditures; and increasing flexibility to change capacity, especially for facilities offering substance use disorder treatment, hospitals with acute psychiatric beds, hospice programs, and ambulatory surgical facilities
  - HSCRC staff generally support the CON bills that align with recommendations made in CON Modernization Report
  - HSCRC staff raised concerns about access to care by Medicaid patients

- **A number of CON bills passed, see attachment**

Rural Health Care

- **SB 1010 (Passed) -** Assessment of Services at the University of Maryland Shore Medical Center in Chestertown
  - Require MHCC and Office of Health Care Quality to conduct an assessment of the types, quality, and level of services provided at University of Maryland (UM) Shore Medical Center in Chestertown, to identify whether any services were reduced or transferred to the UM Shore Medical Center in Easton on or after July 1, 2015

- **SB 1018 (Failed)** – Chestertown Rural Health Care Delivery Innovations Pilot Program
  - Establish the Chestertown Rural Health Care Delivery Innovations Program in the MDH to promote solutions of sustainable inpatient care in rural areas based on federal critical access hospital program
  - Requires HSCRC, MHCC, and MDH to jointly administer the program

Prescription Drug Affordability

- Push for greater manufacturer price transparency and reporting

- **HB 768 / SB 759 (Passed)** – Prescription Drug Affordability Board
  - Establishes a Prescription Drug Affordability Board (5 members) and a Stakeholder Council (25 members) with specified backgrounds and expertise
  - The Board will identify high cost prescription drugs, conduct a cost review, and then make a series of stepwise recommendations to the General Assembly for a funding plan and to request authority to set upper payment limits for identified high cost drugs
  - The Board will also identify and initiate process of entering into memoranda of understanding with States to collect tansparency data for prescription drug products
  - CRISP and the Board will study how CRISP can provide de-identified provider and patient data to the Board
  - The Board, HSCRC, and MHCC will monitor and assess the impact of the Board's policy actions and upper payment limits (if applicable) on drug affordability and access to hospital services, ability of hospitals and other providers to obtain drugs at costs consistent

Malpractice

- HSCRC staff expressed concern with proposals to:
  - Raise the cap on non-economic damage (SB 813)
  - Increase the percentage of time that an expert's professional activities can be devoted to testimony in personal injury claims and presumes that an expert is qualified under their own attestation (SB 773)
- No-Fault Birth Injury Fund was proposed again to provide compensation and benefits related to birth-related injury claims
- Life Care Act 2019 requires awards for future medical expenses to be based on average Medicare reimbursement rates
- Only SB 773 passed, in an amended form; from 20% to 25% of a medical witness's time dedicated to testimony

Insurance Coverage

- Continued efforts to stabilize the individual market through a provider fee assessment

- Protect Maryland Health Care Act of 2019 establishes a Maryland Health Insurance Option and a Maryland Health Insurance Option Fund that would assist in enrolling uninsured individuals in an insurance affordability program, providing minimum essential coverage, and implement an insurance responsibility program

HSCRC Legislative List

Last updated: April 10, 2019

Subject	Number / Cross File	Bill Title	Bill Summary	Primary Sponsor	Status	HSCRC Position
Departmental	HB1423 / SB1045	Maryland Health Insurance Plan - Use of Remaining Funds	Extends HSCRC authority to use remaining funds from the dissolved Maryland Health Insurance Plan, from FY 2019 to FY 2022	Krebs / Kelley	First Rules & Exec Noms Reading / First Finance Reading	Letter of support
Departmental	HB1426	Health Services Cost Review Commission - Duties and Reports - Revisions	Conforms HSCRC statute and reports to the General Assembly with requirements of the TCOC Model	Pendergrass	Senate - Second Reading Passed	Letter of support
Budget	HB1407 / SB1040	Budget Reconciliation and Financing Act of 2019	Alters the mandated FY 2020 Medicaid Deficit Assesment reduction from $40 million to $25 million, diverts use of $10 million in funds retained after the repeal of the Maryland Health Insurance Plan to Medicaid, and authorizes $2 million from the Maryland Trauma Physician Services Fund to be used for Medicaid provider reimbursements, among other mandated reliefs, cost containment, and fund swaps and cost shifts	McIntosh / King	Enacted under Article II, Section 17(b) of the Maryland Constitution - Chapter 16	Letter of concern
CON	HB 626	Health Care Facilities - Change in Bed Capacity - Certificate of Need Exemption	Exemption from CON requirement for increasing or decreasing bed capacity in licensed facilities including intermediate care facilities with SUD treatment services, hospice programs, or hospitals with acute psychiatric beds	Krebs	Enacted under Article II, Section 17(b) of the Maryland Constitution - Chapter 15	Letter of support
CON	SB 649	Health Care Facilities - Change in Bed Capacity - Certificate of Need Exemption	This is not a cross file of HB 626, but similarly exempts increasing or decreasing bed capacity in intermediate care facilities that offer SUD treatment services, hospice programs, or hospitals with acute psychiatric beds	Klausmeier	Returned Passed	Letter of support
CON	SB 597 / HB 646	MHCC - State Health Plan and Certificate of Need for Hospital Capital Expenditures	Requires MHCC to update a State health plan annually, an increase over previous 5 year adoption requirement; increases hospital capital threshold from $10 million to be the lesser of 25% of the hospital's gross regulated charges for the preceding year or $50 million	Kelley / Pendergrass	Returned Passed	Letter of support

Subject	Number / Cross File	Bill Title	Bill Summary	Primary Sponsor	Status	HSCRC Position
CON	HB 931 / SB 940	Certificate of Need - Modifications	Provides CON exemptions for ambulatory surgical facilities that have three operating rooms (an increase from two operating rooms) and allows MHCC to abbreviate reviews that do not involve new or relocated facilities or hospital transplantation surgeries	Kipke / Klausmeier	Returned Passed	Letter of information, with amendments
Facilities	HB 145 / SB 301	Hospitals - Patient's Bill of Rights	Requires hospitals to provide patients with a bill of rights, provide patients with interpreter/translator as neeeded, and post copies of the patient's bill of rights on website and throughout the hospital	Young / Benson	House - Passed Enrolled / Senate - Returned Passed	No position
Facilities	HB 940	Unregulated Space in Hospital Operating Suites Pilot Project	Requires HSCRC and stakeholders to study the feasibility and desirability of a pilot for unregulated operating room space within hospitals, particuarly for self-pay patients receiving elective services	Hill	Senate - Third Reading Passed with Amendments by Senator Hershey (41-3)	Support with HSCRC amendments to study one year.
Facilities	SB 803 / HB 849	Hospitals – Disclosure of Outpatient Facility Fees (Facility Fee Right-to-Know Act)	Requires hospitals to provide patients with a uniform disclosure form including fee ranges and estimates of outpatient facility fees at the time an appointment is made. The Health Education and Advocacy Unit in the Office of the Attorney General and the HSCRC will develop a process for determining the range of outpatient facility fees and fee estimates for the disclosure form. Hospitals must submit a list of their regulated outpatient services to the HSCRC annually, for HSCRC to post on its website and provide to the Office of the Attorney General and Maryland Insurance Administration.	Kelley / Lewis and Pena-Melnyk	HGO Hearing cancelled / 2/28 HGO Hearing	Letter of information - HSCRC proposed regs accomplish much of what is intended in this bill. HSCRC suggested amendments to strike E(2) to prevent implication of uncompensated care.

Subject	Number / Cross File	Bill Title	Bill Summary	Primary Sponsor	Status	HSCRC Position
Drugs	HB 768 / SB 759	Prescription Drug Affordability Board	Establishes a Prescription Drug Affordability Board and Stakeholder Council to identify high cost drugs and prescription products; conduct a cost review; Requires the Board to entier into MOUs with identified States to collect drug data for transparency, and request authority from the General Assembly to set upper payment limits; Requires the Board and CRISP to study how CRISP can provide de-identified data to the Board; Requires the Board, HSCRC, and MHCC to monitor and assess impact of the Board's policy actions on drug affordability, access to hospital services, ability of hospitals and other providers to obtain drugs, and ability of the State to meet requirements of the TCOC Model	Pena-Melnyk / Klausmeier and Lam	Senate - Passed Enrolled Conference Committee adopted Senate-leaning amendments	Letter of information citing lack of robust data and staff expertise to study high cost drugs and any impact of an upper payment limit
Drugs	SB 195 / HB 25	Public Health - Prescription Drug Monitoring Program - Revisions	Requires Prescription Drug Monitoring Program to review prescription monitoring data for possible substance abuse/misuse and report potential abuse/misuse to prescribers and dispensers	Kelley / Barron	Passed Enrolled	No position
Drugs	HB 920 / SB819	Health Insurance - Pharmaceutical Manufacturers - Transparency and Reporting	Requires the Secretary of Health to identify high cost prescription drugs and publish data on the MDH website. Also requires pharmaceutical manufacturers to report certain cost changes and expenditures	Kipke / Hayes	Unfavorable Report by HGO; Withdrawn / 3/6 Finance Hearing	No position

Rural Health Care	SB1010	MHCC - Assessment of Services at the University of Maryland Shore Medical Center in Chestertown	Requires MHCC, in conjunction with the Office of Health Care Quality, to conduct an assessment of the types, quality, and level of services provided at UM Shore Medical Center in Chestertown. The assessment would identify whether any services were reduced or transferred to the UM Shore Medical Center in Easton on or after July 1, 2015	Hershey	Returned Passed	No position
Rural Health Care	SB1018	Health Facilities - Chestertown Rural Health Care Delivery Innovations Pilot Program	Establishes the Chestertown Rural Health Care Delivery Innovations Pilot Program in the MDH to promote solutions for sustainable inpatient care in rural areas, satisfy requirements for hospital-based care and ensure improvements to community health	Hershey	4/3 HGO Hearing	Letter of concern with the bill, but conveying support for rural health solutions

Subject	Number / Cross File	Bill Title	Bill Summary	Primary Sponsor	Status	HSCRC Position
Malpractice	SB 773	Health Care Malpractice Qualified Expert - Qualification	Increases, from 20% to 25%, the percentage of an expert's professional activities that may have been devoted to activities that directly involve testimony in personal injury claims during the 12 months immediately before the date when the claim was first filed, in order for the expert to qualify to testify.	Smith	Returned Passed	Letter of concern
Malpractice	SB784 / HB1323	Civil Actions - Health Care Malpractice Claims (Life Care Act 2019)	Requires awards for future medical expenses to be based on average Medicare reimbursement rates in effect on the date of the award	West / Rosenberg	3/6 Senate Hearing / 3/14 HGO Hearing	Letter of support
Malpractice	SB869 / HB1320	Maryland No-Fault Birth Injury Fund	Establishes the Maryland No-Fault Birth Injury Fund to provide compensation and benefits related to birth-related injury claims	Kelley / Cullison	3/13 Judicial Proceedings Hearing / First Rules & Exec Noms Reading	Letter of support
Malpractice	SB 813	Personal Injury or Wrongful Death - Noneconomic Damages	Raises the cap on non-economic damages	Smith	3/6 Finance Hearing	Letter of concern
Insurance	SB 802 / HB 814	Maryland Health Insurance Option (Protect Maryland Health Care Act of 2019)	Establishes a Maryland Health Insurance Option and a Maryland Health Insurance Option Fund that would assist in enrolling uninsured individuals in an insurance affordability program, provide for individuals to maintain minimum essential coverage, and implement an insurance responsibility program	Feldman / Pena-Melnyk	Passed Enrolled	No position
Insurance	SB 239 / HB 258	Health Insurance - Individual Market Stabilization - Provider Fee	Assists in the stabilization of the individual health insurance market by assessing a health insurance provider fee in CY 2019. For each year thereafter, when the federal government does not make an assessment under the ACA, entities will be subject to a 2.75% assessment on all amounts used to calculate the entity's premium tax liability and a 1% assessment when the federal government does make an assessment under the ACA	Feldman / Pena-Melnyk and Pendergrass	Senate - Passed Enrolled / House - Returned Passed	No position
Insurance	SB 28	Coverage Requirements for Behavioral Health Disorders - Short-Term Limited Duration Insurance	Expands coverage requirements related to mental illness and substance abuse disorders for short-term limited health insurance	Finance, by MIA	Returned Passed	No position

Subject	Number / Cross File	Bill Title	Bill Summary	Primary Sponsor	Status	HSCRC Position
Insurance	SB 631 / HB 599	Coverage for Mental Health Benefits and Substance Use Disorder Benefits - Requirements and Reports	Reporting requirement for carriers to demonstrate compliance with the federal Mental Health Parity and Addiction Equity Act	Augustine / Kelly	Returned Passed	No position
Insurance	HB 49	Recoupment of the Health Insurance Provider Fee - Calculation	Clarifies that the 2.75% health insurance provider fee assessment applies only to premiums for products that are subject to the health insurance fee under the ACA and may be subject to assesment by the State. Specifies that calculation must be made without regard to the threshold limits or partial exclusion of net prmiums provided for in the ACA. This bill is technical and codifies existing procedure	HGO, by MIA and Governor	Passed 3rd HGO Reading, 3/21 Finance Hearing	No position
Insurance	HB 315	Insurance Law - Application to Direct Primary Care Agreements - Exclusion	Allows primary care physicians and patients to enter into direct agreements that are exempt from certain insurance law provisions	Kelly	Unfavorable Report by HGO; Withdrawn	No position
Insurance	SB 410	Coverage for Insulin - Prohibition on Deductible, Copayment, and Coinsurance	Prohibits health insurance providers from imposing a deductible, copayment, or coinsurance requirement on insulin	Beidle	3/6 Finance Hearing	No position
Public Health	SB 406 / HB 520	Prenatal and Infant Care Coordination - Grant Funding and Task Force	Creates a task force, staffed by HSCRC, MDH, and Dept of Human Services, to explore how [HSCRC policies and payment mechanisms can improve maternal and infant care coordination, among other policy solutions.] Task force would submit a report on November 1, 2019	Ferguson / Lierman	Passed Enrolled	No position
Workforce	SB 280 / HB 166	Payment of Wages - Minimum Wage and Enforcement (Fight for Fifteen)	Specifying the State minimum wage and increasing wage rate for community service providers as part of the Governor's proposed budget for the Developmental Disabilities Adminisitration. Expands applicability of the Maryland Wage and Hour Law, expands anti-retaliation provisions, and phases out the tip credit amount as part of the wage of certain employees	McCray / Fennel	Gubernatorial Veto Override - Chapter 11 / Gubernatorial Veto Override - Chapter 10	No position

Subject	Number / Cross File	Bill Title	Bill Summary	Primary Sponsor	Status	HSCRC Position
Elderly	SB 279 / HB 251	Dept of Aging - Grants for Aging-in-Place Programs (Nonprofits for our Aging Neighbors Act)	Authorizing the DoA to provide grants to nonprofit organizations to expand and establish aging–in–place programs for seniors	Feldman / Hill	Returned Passed	No position
Medicaid	SB 482 / HB 846	Maryland Medical Assistance Program - MCOs - Behavioral Health Services	Requires MCOs to provide behavioral health services beginning January 1, 2021, that would be reimbursed by MDH. Requires MDH, rather than the Behavioral Health Administration, to design and monitor delivery and performance standards for MCOs	Kelley / Lewis	Unfavorable Report by Finance; Withdrawn / Unfavorable Report by HGO; Withdrawn	Letter of support
Workforce	SB 500 / HB 341	Family and Medical Leave Insurance Program - Establishment (Time to Care Act of 2019)	Establishes the Family and Medical Leave Insurance Program and requirements for employee and employer payments to DLLR and conditions for benefit eligibility	Hayes / Kelly	3/7 Finance Hearing / 2/12 Economic Matters Hearing	No position
Ethics	HB1428	University of Maryland Medical System Corporation - Board of Directors, Ethics, and Audits	Requires the Board of Directors of the UMMS Corporation to adopt a new, specified conflict of interest policy, amends membership, and requires HSCRC to publish portions of Board members' disclosure of financial interest statements on its website and send a summary of each statement to the Governor and presiding officers of the Senate and House.	Speaker	Passed Enrolled	No position

Update on CRISP and ICN

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www.crisphealth.org

CRISP Services - 2015

1. **POINT OF CARE: Clinical Query Portal** & In-context Information
   - Search for your patients' prior hospital records (e.g., labs, radiology reports, etc.)
   - Monitor the prescribing and dispensing of PDMP drugs
   - Determine other members of your patient's care team
   - Be alerted to important conditions or treatment information

2. **CARE COORDINATION: Encounter Notification Service (ENS)**
   - Be notified when your patient is hospitalized in any regional hospital
   - Receive special notification about ED visits that are potential readmissions
   - Know when your MCO member is in the ED

3. **POPULATION HEALTH: CRISP Reporting Services (CRS)**
   - Use Case Mix data and Medicare claims data to:
     - Identify patients who could benefit from services
     - Measure performance of initiatives for QI and program reporting
     - Coordinate with peers on behalf of patients who see multiple providers

4. **PUBLIC HEALTH SUPPORT:**
   - Deploying services in partnership with Maryland Department of Health
   - Pursuing projects with the District of Columbia Department of Health Care Finance
   - Supporting West Virginia priorities through the WVHIN

5. **PROGRAM ADMINISTRATION:**
   - Making policy discussions more transparent and informed
   - Supporting Care Redesign Programs

CRISP Services - 2019

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Service	Typical Week
Positive InContext Requests	525,000
Data Delivered into EMRs	1,400,000
Patients Searched in Portal	62,000
Patients Searched from EMR	65,000
ENS Messages Sent	760,000
Clinical Documents Processed	350,000
Portal Users	40,000
Live ENS Practices	1,400
Reports Accessed	500
Report Users	600

CRISP ICN Spending: Budget versus Actual

- Infrastructure to support statewide care coordination was originally projected to cost $75M over 3 years
- CRISP spent $50M while achieving stakeholder aims
  - $36.6M were state funds while $13.4M were federal funds
- Upon completion, operations was estimated to cost between $8M and $28M
- Total FY2020 ICN spend is estimated at $10M
  - Core HIE operations are shifting to CRISP user fees paid primarily by hospitals ($3.1M in FY19 and FY20)
  - Due to MHIP changes, FY20 assessments are an increase over FY19; HSCRC assessments for this infrastructure will decrease next year

ICN Three Year Budget & Spending Summary

Workstream	Original Full Project "Planning Budget"	Actual Spend 3-Year State & Federal Total
Point of Care	$31,465,723	$25,466,697
Care Managers & Coordinators	$7,887,863	$8,503,299
Population Health Teams	$12,205,684	$7,338,402
Sub-Total	$51,559,270	$41,308,398
Program Administration	$23,737,353	$8,679,588
TOTAL	**$75,296,623**	**$49,987,986**

Original estimate by HMA:
Annual operating cost: **$8M (low) to $28M (high)**

FY2020 ICN Operating Cost (estimated):
Total: **$10M**
HSCRC CRISP Assessment: **$4.5M**
CRISP User Fees: **$2.5M**
MDPCP: **$3.0M** (funding source TBD)

ICN Spending by Source Over Time

FY2019 | FY2020 | FY2021 | FY2022

Core HIE

FY2019: CRISP User Fees 40%; MHIP 60%

FY2020: CRISP User Fees 66%; HSCRC 34%

FY2021: CRISP User Fees 86%; HSCRC 14%

FY2022: CRISP User Fees 100%

Population Health

FY2019: MHIP 100%

FY2020: HSCRC 100%

FY2021: HSCRC 100%

FY2022: HSCRC 100%

Program Administration

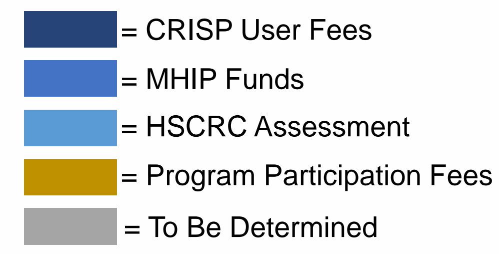
FY2019: MHIP 100%

FY2020: Program Participation Fee 27%; TBD 46%; HSCRC 27%

FY2021: Program Participation Fee 62%; TBD 22%; HSCRC 16%

FY2022: Program Participation Fee 78%; TBD 22%

As Core HIE activities and Program Administration transition to participant fees, the annual HSCRC assessment will decrease in these categories



Draft HIE Funding Request for FY2020

	HSCRC	CRISP Fees
ICN Activities		
Core HIE Services	$667,000	$1,194,000
Population Health	$2,342,000	$0
Program Administration	$1,441,000	$1,310,000
MDPCP PMO	*$3,000,000*	*$0*
ICN Total	**$7,450,000**	**$2,504,000**
ICN Total HSCRC and Fees	**$9,954,000**	
HIE and Regulatory Activities		
Regulatory Casemix Reporting	$850,000	$0
HIE Operations and IAPD Match	$2,500,000	$3,772,000
HIE and Regulatory Total	**$3,350,000**	**$3,772,000**
Total	**$10,800,000**	**$6,276,000**
MDPCP - Not funded by HSCRC	*($3,000,000)*	
Draft ICN and HIE Request	**$7,800,000**	

Note: Point of Care, Population Health, and Program Administration were paid for with MHIP funds in prior years; MDPCP Program Management funds are to be determined

Core HIE: Point of Care and Care Coordination

- Projects to enhance data and make it more accessible in providers' workflows; part of CRISP's core HIE services and will be absorbed into operations covered by user fees by FY22

Population Health

- Casemix and Medicare claims reports that increase transparency between policymakers and hospital finance departments, and are used for supporting population health initiatives; paid for by hospital assessments

Program Administration

- Support for Care Redesign Programs by being a central source for document submission, facilitating reports for participants, and helping in the protocol design for new programs as requested by stakeholders; CRISP's focus is on efficiency in providing these services
- Primarily includes operations for ECIP and potential new program development

Regulatory Casemix Reporting

- CRISP provides reports to hospitals and policymakers that support transparency and consistency in reimbursement methodology and payment policy

HIE Operations and IAPD Match

- Funding certain HIE operations such as the support team and the source for the required 10% match for IAPD projects

Maximizing Federal Funds

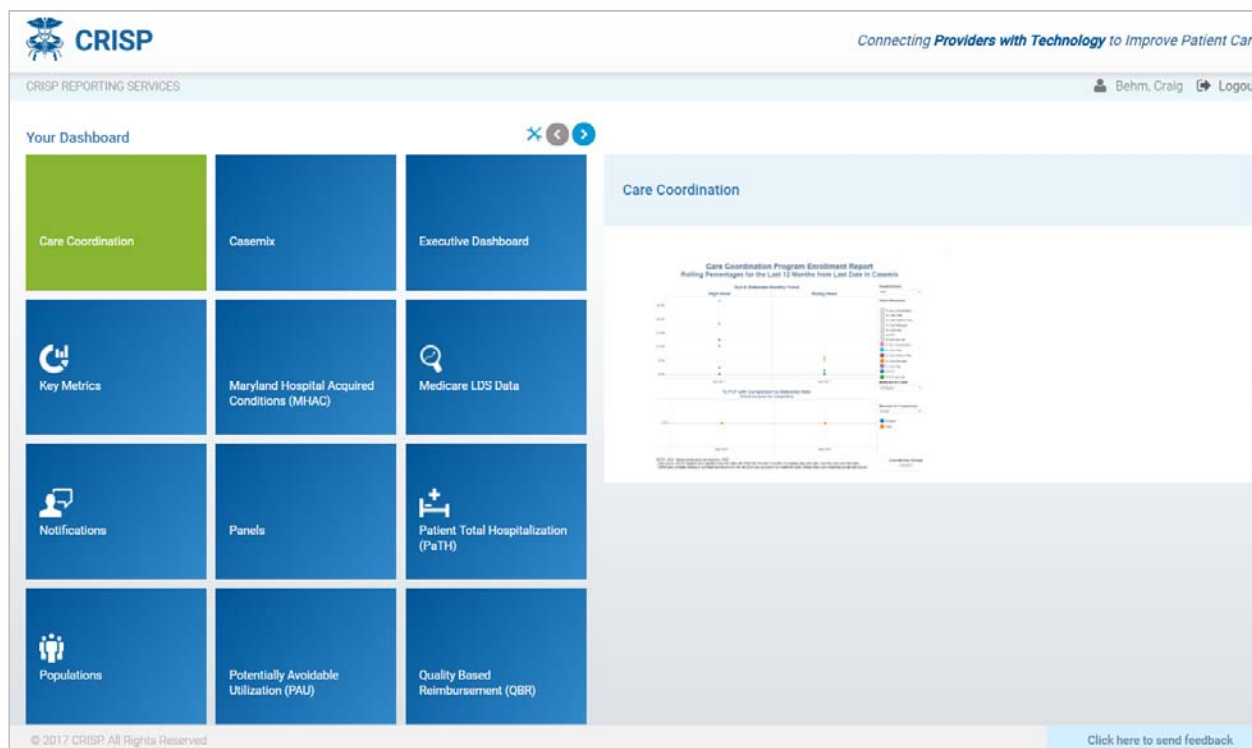
- Certain activities for the Total Cost of Care Model also support Medicaid initiatives, for example:
  - Casemix reporting on a all-payer basis, particularly with indicators for Medicaid and dually-eligible beneficiaries
  - CCLF total cost of care reports that include dually-eligible beneficiaries
- Medicaid, CRISP, and the HSCRC will work together to submit a funding request through the Medicaid Management Information System
  - Preliminary estimates show approximately $3M in eligible Medicaid funding, making the HSCRC assessment approximately $5M

Sample New Service: InContext Data Delivery

- View of critical patient data, pulled from multiple repositories and embedded in the end user's EHR
- Integrations can occur in EHR native app stores or through API queries
- CRISP delivers nearly **1.5M** pieces of data per week through this method (and rising)

Sample New Service: Population Health Reports

- Dashboards from administrative data to support high-needs patient identification, care coordination, and progress reporting
- Primary data sets are hospital casemix and Medicare claims and claim line feed (CCLF)
- Different levels of patient data available for hospitals based on HSCRC payment requirements and Total Cost of Care Model participation
- There are over **600 active users** viewing **85 reports** over **2,000 times per month**



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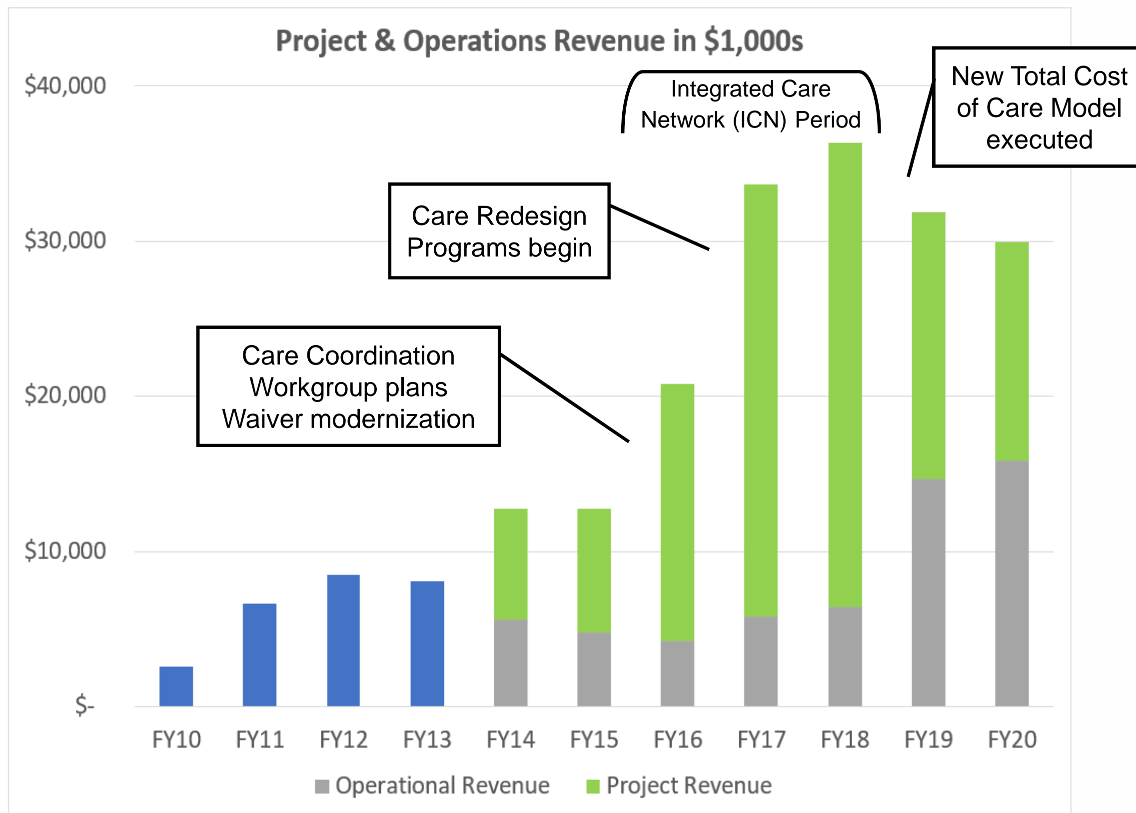
Program Administration	$23,737,353	$8,679,588
TOTAL	**$75,296,623**	**$49,987,986**

Key Differences Between "Planning Budget" and Actual Performance

- CRISP worked with the State to leverage Federal funds at a 90/10 match rate as much as possible
  - **Of the $50M total spending, $36.6M was State dollars and $13.4M was Federal dollars**
- The reporting and analytics work for Population Health and Program Administration vendor was efficient and re-used data as much as possible
- Ambulatory Connectivity focused on priority practices and slowed down to leverage national trends
- Investments in infrastructure allowed for core HIE services to scale, thereby lowering the cost per transaction

Statewide Investment in HIE Infrastructure



The chart reflects all HIE funding, including:

- Federal funds
- MHIP funds
- HSCRC assessments
- User fees
- State grants

Starting in FY19, many of the tools and services developed through the ICN project are converting to core operations to transition to sustainable funding sources:

- MHIP funds end 6/30/19
- IAPD funds end 9/30/21

State of Maryland
Department of Health

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Health Services Cost Review Commission
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Compliance

William Henderson, Director
Medical Economics &
Data Analytics

TO: **Commissioners**

FROM: **HSCRC Staff**

DATE: **April 10, 2019**

RE: **Hearing and Meeting Schedule**

May 8, 2019	To be determined - 4160 Patterson Avenue HSCRC/MHCC Conference Room
June 12, 2019	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.