

**458<sup>th</sup> MEETING OF THE HEALTH SERVICES COST REVIEW COMMISSION**

**EXECUTIVE SESSION**

**11:00 a.m.**

- 1. Legal Issues**

**PUBLIC SESSION OF THE**

**HEALTH SERVICES COST REVIEW COMMISSION**

**July 1, 2009**

**9:00 a.m.**

- 1. Review of the Public Minutes of June 3, 2009**
- 2. Executive Director's Report**
- 3. Docket Status - Cases Closed**
  - 2025N - Johns Hopkins Hospital
  - 2026N - McCready Memorial Hospital
  - 2027R - Good Samaritan Hospital
  - 2029A - Holy Cross Hospital
- 4. Docket Status - Cases Open**
  - 2028A - University of Maryland Medical Center
  - 2030R - Peninsula Regional Medical Center
  - 2031R - Garrett County Memorial Hospital
  - 2032R - Baltimore Washington Medical Center
  - 2033N - Baltimore Washington Medical Center
- 5. Final Recommendations for Revisions to the Charge Per Visit Methodology**
- 6. Final Recommendations regarding Case-mix and the Case-mix Governor**
- 7. Update on Maryland Hospital Acquired Conditions Vetting Sessions**
- 8. Draft Recommendation on Handling Charity Care in the Uncompensated Care Provision**
- 9. Summary of FY 2008 disclosure of Financial and Statistical Data**
- 10. Legal Report**
- 11. Hearing and Meeting Schedule**

**457th MEETING OF THE**  
**HEALTH SERVICES COST REVIEW COMMISSION**

**JUNE 3, 2009**

Chairman Young called the meeting to order at 8:58 a.m. Commissioners Joseph R. Antos, Ph.D., Raymond J. Brusca, J.D., Trudy R. Hall, M.D., C. James Lowthers, and Herbert S. Wong, Ph.D. were also present.

**ITEM I**  
**REVIEW OF THE MINUTES OF THE PUBLIC SESSION**  
**OF MAY 13, 2009**

The Commission voted unanimously to approve the amended minutes of the May 13, 2009 Public Meeting.

**ITEM II**  
**EXECUTIVE DIRECTOR'S REPORT**

Robert Murray, Executive Director, summarized the major initiatives and high priority issues that the Commission and staff are working on. They include: 1) discussion by a technical workgroup on how the Maryland Hospital Acquired Conditions (MHAC) policy will be applied in the FY 2011 update; 2) beginning a study of how to include potentially preventable re-admissions in the Commission's quality initiative; 3) expansion of the outpatient Charge per Visit (CPV) methodology; 4) potential further modifications of the Community Benefit Report to enable staff to evaluate hospital performance; 5) exploring revisions to the Uncompensated Care Policy to encourage the provision of charity care; 6) convening a workgroup to review and recommend standards for hospital credit and collection policies; 7) evaluating the use and coding of Observation Services and high incidence of one-day length of stay admissions; 8) the consideration of Patient Experience of Care and other enhancements to Quality-based Reimbursement system with the Evaluation Work Group; 9) the preparation the Annual Disclosure of Hospital Financial and Statistical Data for release at the July 1<sup>st</sup> public meeting; and 10) beginning the annual discussion of Reasonableness of Charges (ROC) methodology focusing on peer groups and outlier payments.

**ITEM III**  
**DOCKET STATUS CASES CLOSED**

2009A – University of Maryland Medical Center    2022R – Civista Medical Center  
2023A – University of Maryland Medical Center

**ITEM IV**  
**DOCKET STATUS CASES OPEN**

**The Johns Hopkins Hospital – 2025N**

On April 15, 2009, Johns Hopkins Hospital submitted an application requesting the Commission approve a rate for its new Audiology (AUD) service, effective May 15, 2009.

After review of the Hospital's application, staff recommended:

- 1) That COMAR 10.37.10.07, requiring that a rate application be made 60 days before the initiation of a new service be waived;
- 2) That the AUD rate of \$7.03 per RVU be approved effective May 15, 2009;
- 3) That no change be made to the Hospital's Charge per Case standard for the new AUD services; and
- 4) That the AUD rate not be rate realigned until a full year's experience data have been reported to the Commission.

The Commission voted unanimously to approve staff's recommendation.

**McCready Memorial Hospital – 2026N**

On April 20, 2009, McCready Memorial Hospital filed a partial application requesting a rebundled Renal Dialysis (RDL) rate in order to be able to charge inpatients for RDL services provided off-site.

After review of the Hospital's application, staff recommended:

- 5) That COMAR 10.37.10.07, requiring that a rate application be made 60 days before the initiation of a new service be waived;
- 6) That the RDL rate of \$637.53 per treatment be approved effective June 1, 2009;

- 7) That no change be made to the Hospital's Charge per Case standard for the new RDL services; and
- 8) That the RDL rate not be rate realigned until a full year's experience data have been reported to the Commission.

The Commission voted unanimously to approve staff's recommendation.

### **Good Samaritan Hospital – 2027R**

On April 29, 2009, Good Samaritan Hospital submitted an application requesting that its Medical Surgical Intensive Care (MIS) and Coronary Care (CCU) units be combined effective July 1, 2009.

After reviewing the Hospital's application, staff recommended that the Commission approve the Hospital's request to combine its MIS and CCU rate centers effective July 1, 2009.

The Commission voted unanimously to approve staff's recommendation.

### **Holy Cross Hospital – 2029A**

On May 18, 2009, Holy Cross Hospital filed an application requesting approval to continue to participate in an alternative method of rate determination with Kaiser Health Plan of the Mid-Atlantic States, Inc. (Kaiser).

This arrangement, approved for two years in July 2005 and subsequently extended an additional two years in July 2007, grants a reduction in rates of 3.15% to Kaiser members to reflect the cost savings to Holy Cross generated by activities performed by Kaiser. In addition, Kaiser was allowed to use its greater purchasing power to reduce the cost of major medical devices for its members; in return, Holy Cross agreed to reduce its Total Allowable Revenue by the cost of the devices.

Based on a letter of attestation and data provided by Holy Cross, the activities of Kaiser continued to justify the rate reduction provided to Kaiser's members, and Holy Cross' Total Allowable Revenue was reduced by more than \$900,000 in FY 2008.

Therefore, staff recommended that the Commission approve Holy Cross' request to participate in this arrangement for an additional two years beginning July 1, 2009.

The Commission voted unanimously to approve staff's recommendation.

**ITEM V**  
**FINAL RECOMMENDATIONS ON THE IMPLEMENTATION OF THE PAYMENT  
POLICY FOR HIGHLY PREVENTABLE HOSPITAL ACQUIRED CONDITIONS**

Diane Feeney, Associate Director-Quality Initiative, presented the final recommendations on the HSCRC Payment Policy for Highly Preventable Hospital Acquired Conditions (attachment A). The final recommendation reflected the changes resulting from the comments from the industry and the Commissioners, as well as technical meetings among representatives of the stakeholders - - 3M, hospitals, staff, consultants, and St. Paul Computer Center. The revised methodology compares actual hospital performance to the normative expected standard of potentially preventable complications (PPCs) on a risk adjusted basis. Ms. Feeney reported that concerns regarding clinical issues will be addressed at two clinical vetting sessions in July.

Beverly Miller, Senior Vice President, Professional Services of the Maryland Hospital Association (MHA) and T. Michael White, M.D, Chief Medical Officer of the Washington County Hospital, commented on the recommendation on behalf of the hospital industry.

Ms. Miller stated that this policy is groundbreaking; if adopted Maryland will be the first state in the nation to link PPCs to reimbursement. Ms. Miller also suggested that the revised rate based approach is clearly superior to the original methodology; however, she further suggested that since this is a pioneering effort, that a modest amount of revenue be at risk in the early years of the policy. Ms. Miller also expressed support for staff's recommendation that a technical issues/payment workgroup be formed to begin identifying technical payment-related issues. Ms. Miller pointed out that it is critically necessary that there be a process to receive and review clinical input on the PPCs.

Dr. White described Washington County Hospital's experience in doing clinical review of a number of cases identified as having PPCs. According to Dr. White, the care provided to the patients was appropriate; however, the recording of an inappropriate diagnosis and subsequent inappropriate coding resulted in the cases having a PPC.

Dr. White asserted that the HSCRC has discovered and introduced the most powerful tool to advance quality and patient safety, but it is clinically unrefined. Dr. While expressed strong support for a meaningful process for reviewing clinical input on the PPCs to be covered in this policy so that appropriate refinements may be made. Dr. White expressed the hope that this new tool will enable hospitals to focus their precious resources efficiently on those areas where they can make a real difference.

Ms. Miller expressed the industry's support for a clinical review process for the PPCs and urged the Commission to delay the vote on the recommendation until it can be completed.

Hal Cohen, Ph.D., representing CareFirst of Maryland and Kaiser Permanente, agreed that the revised methodology was a significant improvement and urged approval of staff's recommendation.

Commissioner Hall supported the revised methodology, but expressed concern, based on the number of changes that had already been made to the policy, that the Commission was being asked to vote on an incomplete policy. Commissioner Hall made a motion that the Commission vote today on the methodology, but postpone voting on the PPCs until the July public meeting when they will have been vetted.

Mr. Murray noted that because of the scheduling of the two clinical vetting sessions, the vetting process will not be completed before the July public meeting.

Commissioner Antos stated that because the policy utilizes a rating methodology, it does not matter when it begins. According to Commissioner Antos, implementation of the policy could be delayed until the PPC vetting is completed, and the methodology could still be applied to a 12 month period.

Commissioner Wong stated that the Commission should not deviate from the July 1, 2009 implementation date.

Mr. Murray noted that the Commission had the option of voting on the methodology and later, after the clinical review process, to approve the vetted PPCs so that implementation of the policy would not be delayed.

The Commission voted unanimously to approve staff's recommendation with the understanding that staff would report the results of the PPC vetting process at the August 2009 public meeting for final approval of the list of PPCs.

**ITEM VI**  
**FINAL RECOMMENDATIONS ON MARYLAND PATIENT SAFETY**  
**CENTER FUNDING FOR FY 2010**

Steve Ports, Principal Deputy Director-Policy & Operations, provided a summary of the Commission's involvement in the funding of the Maryland Patient Safety Center in prior years and its purpose, accomplishment, and outcomes.

Mr. Murray presented staff's final recommendation for continued funding of the Maryland Patient Safety Center (MPSC). This recommendation remains unchanged from the draft recommendations presented at the May public meeting: 1) that FY 2010 funding cover 45% of the costs of the MPSC, less 50% of the carry-over from FY 2009 or \$1.6 million; 2) that in future years the percentage of budgeted costs funded be reduced by at least 5% per year, but not exceed the amount provided in the previous year; 3) that the HSCRC maintain a reasonable base level of support (potentially 25% of budgeted costs); 4) that the MPSC update the HSCRC periodically on health care outcomes and expected savings resulting from its programs; and 5) that the MPSC aggressively pursue other sources of revenue to help support it into the future.

William F. Minogue, M.D., Executive Director and President of the MPSC, thanked the Commission for its continued support of the MPSC. Dr. Minogue stated that he felt that the diminution of HSCRC funding provides the appropriate challenge to the MPSC to find new sources of funding. Dr. Minogue stated that he was optimistic that MPSC would meet its funding goal.

The Commission voted unanimously to approve staff's recommendation.

**ITEM VII**  
**DRAFT RECOMMENDATIONS FOR REVISIONS TO THE CHARGE PER VISIT**  
**METHODOLOGY**

Charlotte Thompson, Associate Director-Policy Analysis and Research, reported that since the adoption of the CPV methodology, staff has been working, with the help of the Outpatient Technical Workgroup, to refine the exclusion logic and address issues to incorporate more revenue into the methodology. If adopted, the methodology revisions proposed by staff would bring approximately 80% of outpatient revenue under the CPV methodology in FY 2010 up from 55% in FY 2009. The recommendations include methodology refinements that would: 1) exclude cycle-billed visits based on the number of visits field on the outpatient tape; 2) give the appropriate case weight for radiology procedures performed in the emergency department or in clinics; 3) group infusion Ambulatory Patient Groups (APGs) based on the associated drug's APGs; and 4) reflect the added resource utilization for encounters where multiple procedures are performed.

Graham Atkinson, Ph.D., Commission Consultant, noted that one important feature of this recommendation that we are retaining is the modified methodology that assigns a single case mix category to each case. This makes it easier for hospitals to monitor and implement and to do case mix adjustments. Dr. Atkinson noted that staff and the industry are working diligently to develop a method to include cycle-billed visits in the methodology next year.

Robert Vovak, Senior Vice President & CFO of MHA, and Kim Repac, Senior Vice President & CFO of the Western Maryland Health System, presented MHA's recommendations on the proposed expansion of the CPV system.

Mr. Vovak outlined the progress to date on the expansion of the CPV system and expressed agreement with most of staff's methodology refinement recommendations. Mr. Vovak expressed the industry's opposition to the inclusion of referred ancillary services under the CPV. According to Mr. Vovak if included, rewards or penalties would be created simply by those procedures or tests that physicians refer to a hospital.

Ms. Repac expressed concern with: 1) including referred ancillary services; 2) the method by which infusion and radiation therapy is to be handled; and 3) the lack of separate weights for APGs with extended observation. Ms. Repac stated that the industry strongly believes that the

Commission should not go forward with the recommendation until the vetting by the Outpatient Technical Workgroup is completed.

Mr. Murray stated that the Outpatient Technical Workgroup will be reconvened to complete the vetting process.

Dr. Atkinson noted that the only referred ancillaries to be included in the CPV are what 3M identifies as significant procedures, which are largely CAT scans, PET scans, and MRIs, not routine radiology procedures and laboratory tests.

Mr. Vovak urged the Commission to postpone making a decision until the August public meeting.

Dr. Cohen indicated that it was extremely important to approve staff's recommendation because it will increase the total revenue in the system that is under revenue constraint by an additional \$1 billion. Dr. Cohen pointed out that you do not need detailed data to respond to incentives. You only need to know what the incentives are. Under the CPV system, hospitals know what the incentives are. Dr. Cohen strongly recommended that the Commission move forward on staff's recommendations.

Mr. Murray announced that public comments on the draft recommendation should be received in the Commission's offices by June 24, 2009.

**ITEM VIII**  
**DRAFT RECOMMENDATIONS REGARDING CASE-MIX AND THE CASE-MIX**  
**GOVERNOR**

Andy Udum, Associate Director-Research and Methodology, presented two draft recommendations. The first recommendation proposed modifying the case mix methodology to provide separate case-weights to voluntary and involuntary psychiatric admissions effective July 1, 2009 (FY 2010).

The second recommendation involved the application of FY 2010 case mix adjustments. Mr. Udum explained that staff proposed that case mix growth be calculated by treating the first 0.6% of case mix growth as equal to zero (the 0.6% represents the 0.5% in case mix growth included in the rate base, adjusted to reflect the variable cost associated with increased volume) and then calculate overall case mix growth. If the state-wide increase is still greater than the target of 0.5%, calculate a proportional adjustment factor to achieve the 0.5% target.

Mr. Murray noted that the purpose of the proposed methodology was to allow hospitals with significant case mix growth to receive additional resources to cover the costs of treating higher need patients.



Dr. Cohen observed that he favored this approach for FY 2009 because he believed that it was fairer; however, the hospital industry correctly considered it retroactive rule making. Dr. Cohen indicated that staff was now giving the appropriate notice, and that he strongly supported both recommendations.

Mr. Murray announced that public comments should be received in the Commission's office by June 24, 2009.

**ITEM IX**  
**BRIEFING ON ACHIEVED AND EXPECTED OUTCOMES OF NURSE SUPPORT PROGRAM II**

Oscar Ibarra, Chief-program Administration & Information Management, introduced Mary O'Conner of the Maryland Higher Education Commission (MHEC) which administers the Nurse Support Program II (NSP II). Ms. O'Conner presented a report of the achieved and expected outcomes of the NSP II in response to the request made by Commissioner Antos at the May public meeting (attachment B). Ms. O'Conner explained that NSP II, a ten year project initiated in 2005, is funded by a 0.1% assessment on patient revenue and focuses on the education of nurses, including educating nurses to become faculty in order to ultimately produce more bedside nurses. Ms. O'Conner noted that in the first three years of the NSP II program, over \$18 million has been committed to nurse education.

Dr. Cohen asked the Commission to look into whether nurses were able to access student loans. Dr. Cohen noted that since the nursing shortage is a long term structural problem, and given the current nature of the economy, now is a great time to recruit nurses; however, if they can not obtain student loans, this presents a potential problem.

Ms. O'Conner stated that to her knowledge all qualified nursing undergraduates were approved for scholarships under NSP II.

Ms. Catherine M. Crowley, Ed.D., Vice President of MHA, asserted that the nursing shortage in Maryland is currently being masked by the recession, i.e., nurses are postponing retirement and some have been forced by the economy to return to the work force. Ms. Crowley noted that when the economy recovers, the nursing shortage will return. Ms. Crowley observed that NSP II is extremely unique and important; however it is not enough. Ms. Crowley stated that the goal is to complement the NSP II program and to increase nurse education capacity in order to double the number of nursing graduates in Maryland by 2016.

**ITEM X**  
**MARYLAND HOSPITAL COMMUNITY BENEFIT REPORT SUMMARY AND**  
**UPDATE**

Amanda Greene, Program Analysis-Audit & Compliance, summarized the background and outlined the changes made to the Community Benefit Report. Ms. Greene noted that the changes were made with the assistance of the Community Benefit Advisory Group. The changes include: 1) revising the reporting instructions and requiring the filing of additional information in order to provide consistency across hospitals; 2) issuing narrative guidelines in order to link hospitals' activities with the needs of the community as identified by formal needs assessment or through independent sources not affiliated with the hospital (optional for FY 2008 mandatory in FY 2009); 3) evaluating current programs; 4) identifying new areas of need; 4) creating a consistent structure to facilitate a comprehensive consolidated state report.

Ms. Greene announced that the FY 2008 Community Benefit Report would be available to the public within the next week. Ms. Greene stated that the Report indicated that: 1) Maryland hospitals provided more than \$861 million in community benefit activities in FY 2008, up from \$812 million in FY 2007 (an increase of 6%); 2) the indirect costs expended to provide the community benefits decreased from 24% to 17.5% of the total community benefits provided; and 3) of the total community benefits provided, \$286 million was in the form of charity care, up from \$260 million in FY 2007.

Ms. Greene noted that the next steps to refine the Report include: 1) vetting an evaluation template for the Community Benefit Narrative; 2) providing confidential feedback to the hospitals that filed in the new format; 4) developing a standard evaluation format for review of the quantitative data reported by hospitals; 5) reviewing and providing feedback that highlights best practices; and 6) educating hospitals not meeting the standards.

**ITEM XI**  
**LEGAL REPORT**

**Regulations**

**Proposed**

**Uniform Accounting and Reporting System for Hospitals and Related Institutions – COMAR 10.37.01.03**

The purpose of this regulation is to shorten the time for nonprofit hospitals to submit the Annual Nonprofit Hospital Community Benefit Report to the Commission; and to increase the civil penalty associated with the failure to timely file required reports with the Commission.

The Commission voted unanimously to forward the proposed regulations to the AELR Committee for review and publication in the Maryland Register.

**ITEM XII**  
**HEARING AND MEETING SCHEDULE**

July 1, 2009

Time to be determined, 4160 Patterson Avenue, HSCRC  
Conference Room

August 5, 2009

Time to be determined, 4160 Patterson Avenue, HSCRC  
Conference Room

There being no further business, the meeting was adjourned at 11:31 a.m.

# Attachment A

## **Final Staff Recommendations Regarding HSCRC Payment Policy for Highly Preventable Hospital Acquired Conditions**

Health Services Cost Review Commission  
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Baltimore, MD 21215  
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Fax (410) 358-6217  
May 29, 2009

This document represents a final recommendation presented to the Commission at the June, 3, 2009 meeting.

## **Background**

In March 2009 the Commission approved a payment policy based on 11 Maryland Hospital Acquired Conditions (MHACs). The MHACs are a subset of the 64 potentially preventable complications (PPCs) developed by 3M. The 11 MHACs were chosen for several reasons:

- They are conceptually similar to the hospital acquired conditions (HACs) developed by CMS;
- They were judged the “most highly preventable” of the 3M PPCs, and therefore amenable to a straightforward payment adjustment.

In the course of the discussion of the MHAC policy recommendation, several concerns were raised about the MHAC approach. Primary among those concerns were the following:

- MHACs are case specific. Adjustments to allowable charges are calculated based on specific cases, leading to debate on whether the adjustment was correct in that specific case, and conversely, cases where an adjustment was clearly appropriate not occurring. In other words, disagreement over the likelihood of false positives and false negatives.
- MHACs are narrowly focused. The choice of only 11 MHACs effectively narrows the focus of the quality incentive that the Commission is trying to introduce. It should be noted that the MHACs are broader than the CMS HACs, but still narrower than is desirable.

As part of his motion at the March meeting approving the MHAC policy, Commissioner Wong directed staff to continue to look at the list of conditions that were candidates for MHACs and to consider deletions or expansions to the MHAC approach that would address some of the concerns that arose in the discussions. Additionally, Commissioner Sexton strongly encouraged staff to look at alternative, more balanced and more macro method of incentives to help the industry focus on sustained quality improvement.

## **Additional Analysis**

Staff, in cooperation with 3M, has in turn developed an alternative approach. The revised approach improves on MHACs in two ways. First, it moves from the case specific mechanism of MHACs to a broader, rate-based approach. Second, it expands the number of conditions included for consideration when assessing hospitals. The revised approach leverages one of the key features of the MHAC payment adjustment: the regression determined adjustment to outlier payments. The new approach, however, applies that analysis more comprehensively.

## **Regression Results**

3M has estimated a dollar impact for each of the 64 PPCs using a regression analysis. Essentially, the regression estimates the amount of additional charges that result from each

PPC. In the current MHAC policy these regression results are used to adjust payments where there are outlier charges or the APR-DRG assignment changes. In the revised approach these estimates of additional charges are used to create an index of either additional, or averted, resource use based on a hospital's rate of potentially preventable complications.

The regression analysis looked at patients' admission DRG and compared that with the additional charges associated with each of the 64 PPCs. Not all PPCs lead to statistically significant additional charges. For eleven (11) PPCs the T value in the regression was less than 1.96 indicating that the difference between the mean of the average charge with and without the particular PPC was not statistically significant. Specifically, PPCs 26, 30, 43, 46, 55, 57, 58, 59, 60, 61, 62 do not have statistically significant charge estimates. Appendix A contains the estimation calculation for the regression analysis.

### **Using the Regression Results to Create a Hospital Index**

Using the results of the regression 3M has calculated the FY08 impact on each hospital for which we have acceptable coding of present on admission (POA)- 43 out of 47 hospitals. This was done by comparing the hospital's actual PPC incidence with the expected statewide incidence. The expected value of PPCs is the number of PPCs a hospital, given its mix of patients as defined by APR DRG category and severity of illness level, would have experienced had its rate of PPCs been identical to that experienced by a reference or normative set of hospitals. This is discussed more completely in the Technical Note in Appendix B.

For each hospital 3M calculated the statewide average for each PPC, compared to the hospital's rate. Where:

PPC = Each of the 64 PPC

A = the hospital's actual rate of the PPC

E = the hospital's expected rate of the PPC

RA = the regression determined statewide adjustment for the PPC

SF = the hospital's standardization factor

$IMPACT = PPC (A - E) * RA =$  Difference for expected resource use for the PPC.  
 $SF * IMPACT =$  Adjusted Difference for expected resource use for the PPC.

The sum of each individual PPC difference from resource use for the hospital yields an overall impact for the hospital. Since the charge values in the regression file used standardized charges, the additional per case charge value for each PPC represents a statewide estimated and should be converted back to a hospital specific value by the ratio of the hospital CPC divided by the statewide average CPC. The results for each hospital and each PPC are presented in Appendix C, Table 3.

In estimating these results we have made a zero adjustment for the 11 PPCs where the T test was not significant. In addition, we drop PPC 63, for the same reasons that were identified in the development of the MHAC policy. So, our analysis is based on 52 PPCs.

This analysis provides an estimate of excess, or avoided, resource use for each hospital based on their PPC performance. Staff considered two approaches to normalizing these dollar estimates to the size of the hospital. The first was to rank hospitals on the basis of their percentage of total inpatient charges, and the second was based on the percentage of total charges that are at risk of incurring a PPC that is not globally excluded. Appendix D, Table 4 presents each hospital in terms of its performance on this index using both normalizing approaches. Hospitals with higher number rankings are the poor performers in that these hospitals have a high rate of adjustment relative to total inpatient charges. The scaling approach has little effect on the rankings of the hospitals.

The statewide average value for each of the PPCs was calculated by APR-DRG and by severity of illness (SOI) categories 1 through 4. Due to the volume of the data, this information is accessible upon request.

Some observations:

- The results, especially for poor performers, are generally consistent with findings from the process measures the Commission has developed.
- The results seem to indicate some positive and negative hospital enterprise system effects, as illustrated by Tables 2 and 3 (in the attached Appendix B and C) which display hospital-specific results.
- There do not appear to be reporting issues. Staff was concerned that hospitals that tended over-code diagnoses as present on admission would look better than other hospitals. This is because if a diagnosis was present on admission it, by definition, cannot be a preventable complication for that admission. Staff looked at the POA coding feedback reports and found no discernible relationship between high rates of POA reporting and improved performance on the PPC scale. Going forward, our auditing strategy will need to be adjusted to assure integrity of POA coding.

### **Transparency, Reporting and Vetting the Revised Approach**

Through March and April of 2009, HSCRC staff convened the MHAC Work Group as well as a technical subgroup to vet and further refine the revised methodology. Hospital industry representatives were generally supportive of the revised methodology and uniformly indicated it was an improvement over the previously approved MHAC methodology. This technical group emphasized the importance of transparency in the methodology and hospital-specific results so as to provide the clearest incentives for hospitals.

Another technical subgroup met on May 13<sup>th</sup>, 2009 to determine the layout and content of hospital specific MHAC/PPC reports. The meeting included representatives from the various hospital peer groups, including small hospitals, as well as MHA, 3M, St. Paul Computer Center, and consultants to the industry to ensure that data reports are developed as efficiently as possible and are as useful as possible.

Hospital case mix, finance, and quality staff participated in a statewide technical meeting that HSCRC convened on May 19, 2009 to review methodology and the calculations so hospitals are able to replicate their own MHAC/PPC rate calculations. HSCRC will continue to work with the industry and other stakeholders to identify and resolve technical issues as they come up during the implementation of the revised approach.

Appendix E provides a list and timeline of past and planned future efforts to provide reports on the PPCs to hospitals, to vet the technical and clinical components of the PPCs, and to provide and receive relevant critical feedback as we plan and embark upon implementation.

Comments on the draft recommendation were requested by May 27, 2009; two letters were received and are included with this document following Appendix E. HSCRC staff would address the concerns raised as follows:

- HSCRC will consider the clinical issues raised in the letters in the two clinical vetting sessions as outlined in the timeline in Appendix E.
- Regarding the concern that case reports have not been distributed to hospitals, hospitals have received their case reports the week of May 25, 2009.
- Regarding the concern about hospital POA data for three facilities, as of the first quarter of FY 2009, only one hospital has not complied with the requirements for valid POA data, and staff will work with this hospital, applying fines if needed, to bring the data into compliance.

### **Benefits of the Revised MHAC Approach**

The benefits of using the revised MHAC approach are summarized below.

- The revised approach moves away from a case by case approach where providers feel specifically targeted to one that considers aggregate rates of PPCs, in keeping with the fundamental rate setting system.
- The original focus on a case-specific payment decrement methodology inevitably lead to a focus on the need for the use of complication categories that were 100% preventable (as validated by rigorous scientific research). Conversely, use of a rate-based system that calculates actual versus expected values of PPCs that is risk adjusted based on the APR-DRG methodology and SOI patient mix of the hospital removes the clinical concern of level of preventability, and the use of the statewide average as the expected benchmark is one that is/should be reasonably achievable.
- The revised approach removes or greatly diminishes the concern that legal action may be taken against a specific provider on a specific case.
- The revised approach shifts from a punitive model that removes revenue from the system to one that rewards good performers and penalizes bad performers in a revenue neutral manner.



- The proposed broader list of PPCs allows for hospitals to spread their risk more broadly; however, the amount of revenue “at risk” is a separate discussion and is not related to the methodology per se.
- Compared with an alternative approach using the admission DRG for payment purposes, embedding higher payments at the APR DRG charge per case level, the revised approach incents complete coding by the hospitals, and clearly shows evidence of quality improvement for each of the individual PPCs and in the aggregate as the rates improve.
- Related to the clear evidence of quality improvement, the revised approach demonstrates to CMS and the public at large that there is a focus on decreasing hospital acquired conditions in Maryland that has greater potential for positive impact.

### **Final Recommendations**

- 1) Implement the proposed rate-based methodology that compares actual hospital performance to a normative expected standard of potentially preventable complications (PPCs) on a risk-adjusted basis using APR-DRGs;<sup>1</sup>
- 2) Use of 52 Potentially Preventable Complications (out of a total of 64 PPCs) that were found to yield a statistically significant result in the regression analysis performed to estimate the marginal hospital charge increase associated with the presence of a PPC;<sup>2</sup>
- 3) Use the proposed indexing method for calibrating and ranking relative hospital performance as illustrated in Appendix D (table 4) which compares the dollar impact of a presence (or absence of a PPC - relative to the normative expected standard) relative to a hospital’s “at-risk” inpatient revenue;<sup>3</sup>
- 4) Implement this methodology effective July 1, 2009 through June 30, 2010 (FY 2010 measurement year);
- 5) Use normative expected standards as calculated from experience during FY 2009;<sup>4</sup>
- 6) Apply rewards and penalties to the update factor per a scaling methodology (subject to further discussion and review) on a revenue neutral basis beginning FY 2011; and,

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<sup>1</sup> Note: Potentially Preventable Complications are a product of 3M Health Information Systems.

<sup>2</sup> Note: the recommendation is also to drop PPC 63 for the same reasons cited in the original March 4, 2009 MHAC recommendation adopted by the Commission.

<sup>3</sup> Note: “At-risk” revenue reflects revenue after global exclusions.

<sup>4</sup> Note: Hospitals have been given available data through December 2008 and will receive subsequent quarters to enable them to keep track of expected rates on an on-going basis. Final expected values will be provided to hospitals when final case-mix data are submitted, likely in October 2009.

- 7) Consistent with the process for the APR-DRGs, provide a mechanism on an ongoing basis to receive input and feedback from the industry and other stakeholders to refine and improve the MHAC/PPC codes and logic.

#### **Other Recommendations and Important Considerations**

- 8) Collapse the performance of Johns Hopkins Oncology into the performance of the overall hospital for index measurement and scaling considerations (consistent with the handling of oncology units of other hospitals).
- 9) Staff is further recommending allowing a period for additional input and suggested changes to the PPC exclusion logic through July 15, 2009.
- 10) It is further recommended that comments and input regarding the HSCRC's MHACs and PPCs received after July 15 be accumulated and considered for future (FY 2011) refinements of the MHAC methodology (although staff will be receptive to examining any concerns raised that it believes may substantially threaten the efficacy of the MHAC methodology during the course of FY 2010 and thereafter).
- 11) A technical issues/ payment workgroup will be assembled in June 2009 to begin to identify and consider payment-related issues – such as the most appropriate scaling methodology, the most appropriate magnitude of revenue to put at risk for the application of rewards and penalties based on relative hospital performance and other issues raised.
- 12) Other completed and planned activity and discussions include (Appendix E):
  - Technical conference on data and reporting considerations- in May;
  - HSCRC convening an initial clinical input session – in June; and
  - HSCRC convening a final clinical input session – in early July.
- 13) In future years, staff recommends inclusion and/or exclusion of PPCs from the approved list of PPCs used in the HSCRC's MHAC methodology based on the yield (or failure to yield) of a statistically significant result in the regression analysis performed to estimate the marginal hospital charge increase associated with the presence of a PPC over two consecutive years.
- 14) Staff is finalizing an arrangement with St. Paul Computer Center and 3M for the availability of a tracking tool to enable hospitals to track performance vis-a-vis an estimated/actual normative expected standard.

**BRIEFING ON ACHIEVED AND EXPECTED OUTCOMES OF THE NURSE  
SUPPORT PROGRAM II**

**JUNE 3, 2009**

**HEALTH SERVICES COST REVIEW COMMISSION  
4160 Patterson Ave.  
Baltimore, MD 21215**

Nurse Support Program II  
Recap of First Three Years of the Program  
September, 2008

In May, 2005, the Health Services Cost Review Commission (HSCRC) unanimously approved an increase of 0.1% of regulated patient revenue for the use of expanding the pool of nurses in the State. A committee of deans and directors of nursing programs helped design this program, Nurse Support Program II, funded at approximately \$8.8 million per year over a ten-year period. This program focuses on the education of nurses, including educating nurses to become the faculty members so desperately needed.

HSCRC contracted with the Maryland Higher Education Commission (MHEC) to administer the Nurse Support Program II. On behalf of HSCRC, the Maryland Higher Education Commission is also responsible for (1) the development of applications and guidelines, (2) overseeing the review and selection of applicants, and (3) the monitoring and evaluation of recipients of NSP II awards. Monthly NSP II payments are transferred from Maryland hospitals to MHEC and distributed by MHEC to institutions of higher education, hospitals, faculty, and students selected to receive NSP II funding.

MHEC provides the programmatic and administrative support necessary to successfully administer the NSP II program. As the coordinating board for all Maryland institutions of higher education, MHEC contributes its extensive experience and expertise with (1) the management of institutional grants, (2) the administration of student financial aid, and (3) the collection, review, and evaluation of programmatic and financial data from Maryland's higher education institutions. In addition, MHEC is responsible for working collaboratively with Maryland's colleges, universities, and community colleges to address workforce needs, including the State's critical nursing shortage.

Under the Nurse Support Program II, funding supports two types of initiatives:

1. Competitive Institutional Grants
2. Statewide Initiatives

Both are administered by MHEC, and allow institutions and individuals throughout the State who are involved in nursing education to benefit from the Nurse Support Program II. The Competitive Institutional Grants fund the providers of nursing education, and the Statewide Initiatives fund individual students or faculty members.

NSP II is now funding 19 Competitive Institutional Grants for schools of nursing, which are either working alone or are affiliated with other schools and/or hospitals, for a total awarded amount of \$14,905,026.

Types of programs funded are:

- Admitting nontraditional students, such as EMTs, into specialized programs;
- Increasing the number of nursing students admitted;
- Increasing the retention of admitted students through tutoring, mentoring, review classes;
- Instituting accelerated programs leading to RNs;
- Providing a pipeline for students to obtain BSNs and MSNs;
- Transferring nursing classes to distance-learning modes and sharing these classes among schools;

- Conducting remote classes within hospitals;
- Educating new faculty in Master's and Doctoral programs.

Now in their third year, the initial 7 projects are beginning to show results:

- 19 new faculty members have been hired;
- 539 additional students were admitted to nursing programs;
- 14 new courses were initiated, most in a distance-learning format to share with other schools;
- 122 new graduates, 8 of whom will be new faculty.

Through the Statewide Initiatives, NSP II assists individual students and faculty.

Graduate students are supported by the Graduate Nursing Faculty Scholarships and the Living Expenses Grants. Graduate students accepting these grants must agree to become faculty members in Maryland schools of nursing upon graduation. In the past three years, 109 students have been awarded \$708,987 in scholarships, and \$1,041,160 has been awarded as living expenses grants to 56 of these students, allowing them to return to school to become the next generation of faculty.

Over the past three years, NSP II has supported undergraduate nursing students by supplementing the Workforce Shortage Student Assistance Grant Program with an additional \$600,000 for scholarship awards to undergraduate nursing students. This past year, support has also been given to the Janet L. Hoffman Loan Assistance Repayment Program, which helps working nursing faculty repay their student loans.

Another award given through NSP II is the New Nursing Faculty Fellowships, which are given to full-time, tenure-track faculty hired by schools of nursing within the past year. The individual award amount is \$20,000, with \$10,000 given to the faculty member their first year, and \$5,000 in each of the next two years. This money may be used as a hiring bonus, to help pay educational loans, for professional development, and other relevant expenses. Over the first three years, 52 new faculty members have been awarded \$840,000.

During the first three years of its ten-year existence, NSP II has committed over \$18,000,000 to the education of new bedside nurses and new nursing faculty in order to alleviate the nursing shortage. From 2006 to 2008, the number of nursing degrees awarded in Maryland increased by 273. Of those 273 degrees, 224 of them were given by the fourteen schools with NSP II grants. Because the Graduate Nursing Scholarship requires a two-year service obligation as a nursing faculty for each award year, and the Workforce Shortage Student Assistance Grant requires a one-year service obligation as a nurse for each award year, NSP II is making a significant contribution to the Maryland nursing shortage.

NURSE SUPPORT PROGRAM II								
	Lead Institution	Consortium Members	Program Description	Program Duration	Projected Outcomes	Outcomes to Date	Funding to Date	Total Funding
<b>FY 2007</b>								
NSP II-06-104	College of Southern Maryland	Calvert Memorial Hospital, Civista Medical Ctr., St. Mary's Hospital	Increase faculty by 2 FTEs; student retention; transition new nurses to hospital	5 years	Increase enrollment by 25% (50 students)	81 additional graduates; 1 additional faculty hired	\$ 400,000	\$ 1,075,000
NSP II-06-105	University of Maryland Baltimore	UMMC, Franklin Sq. Hospital	Master's preparation of hospital-based nurses	5 years	100 Master's prepared nurses	3 additional graduates; 83 additional students admitted	\$ 700,000	\$ 1,325,000
NSP II-06-106	Harford Community College	Upper Chesapeake	Fast-Track 15 month ADN Program; student retention initiatives	4 years	96 additional ADN graduates	24 additional graduates; 52 additional students admitted; 72 review sessions	\$ 306,302	\$ 662,792
NSP II-06-107	Anne Arundel Community College	Villa Julie College; College of Su. Md.	RN-to-BSN concurrent enrollment option	3 years	64 RN-to-BSN students	1 additional student admitted	\$ 322,813	\$ 327,813
NSP II-06-110	University of Maryland Baltimore	None	Practice-focused doctoral program	5 years	125 - 184 nurse DNP's	29 additional students admitted; 1 new faculty hired	\$ 360,000	\$ 1,020,000
NSP II-06-122	Villa Julie College (Stevenson)	Carroll Comm. Hospital, Union Memorial Hospital, Upper Chesapeake	RN to BSN Program	4 years	96 additional BSN students; 200 RN to BSN students	70 additional BSN students admitted; 1 new faculty hired	\$ 536,655	\$ 1,084,631
NSP II-06-126	Coppin State University	Md. General Hospital; Kernan Hospital; Union Memorial Hospital	BS to MSN program using current hospital-based nurses	5 years	Enroll 50 additional students; graduate 40 MSN nurses & recruit 9 into faculty positions	14 additional students admitted; 8 new faculty hired	\$ 115,000	\$ 560,000
<b>TOTAL FUNDING OF FY 2007 PROJECTS</b>							\$ 2,625,770	\$ 5,495,236
<b>FY 2008</b>								
NSP II-08-105	College of Notre Dame	Good Samaritan; Harbor Hospital; St. Agnes Hospital	Increase BSN nurses; increase retention; begin MSN/Ed. Focus	5 years	425 additional BSNs; 66 additional MSN/Ed; retention rate of 85%	106 RN-BSN and 17 MSN additional students admitted	\$ 295,283	\$ 1,375,978
NSP II-08-106	Comm. Col. Of Baltimore County	Allegany College & Chesapeake College	EMT to RN program by distance learning	3 years	192 students over 3 yrs	8 additional students admitted	\$ 110,862	\$ 295,005
NSP II-08-107	Comm. Col. Of Baltimore County	Mercy Med. Ctr; St. Agnes Hosp.; Union Memorial Hospital	Increase retention by clinical tutoring, mentoring & nurse success class	3 years	Retain 282 students	5 tutors provided 603 hours of assistance	\$ 131,449	\$ 396,033
NSP II-08-111	Hagerstown Comm. College	Washington Co. Health System	Increase pre-nurse students; outreach to minorities; increase retention	5 years	202 additional students	23 additional students admitted; 2 new faculty hired	\$ 224,760	\$ 1,029,140
NSP II-08-114	Johns Hopkins Univ.	Howard Co. Hospital, St. Agnes Hospital, Mercy Medical	On-line graduate courses for hospital staff & support during coursework	5 years	125 DNP's	25 additional students admitted	\$ 351,673	\$ 970,299
NSP II-08-116	Prince George's Comm. College	MedStar (Good Sam); Drs. Comm. Hospital	Increase enrollment in LPN to RN prog. & retention; satellite prog. At Good Sam's Hospital	5 years	240 more students; hire new faculty	38 additional students admitted	\$ 81,967	\$ 876,052
NSP II-08-117	Salisbury University	none	Create CNE & RN to MSN tracks; some distance learning courses	3 years	14 Nurse Educators; 5 MSNs	10 additional RN-MSN students admitted; 2 new courses initiated	\$ 112,794	\$ 261,009
NSP II-08-119	Towson University	Sheppard Pratt; GBMC; Frederick Mem. Hospital	MS/nurse ed. or admin. program; distance learning; add. clinical sites	5 years	80 MS & 25 BSN students	14 MSNs & 4 RN-BSN additional students admitted; hired 2 faculty	\$ 219,182	\$ 445,357
NSP II-08-123	Wor-Wic Comm. College	Atlantic Gen. Hosp.; Peninsula Reg. MC	Expand LPN & RN program by sharing resources & adding faculty	3 years	96 students added	32 additional students admitted	\$ 75,112	\$ 284,520
<b>TOTAL FUNDING OF FY 2008 PROJECTS</b>							\$ 1,603,082	\$ 5,933,393
<b>FY 2009</b>								
NSP II-09-101	Allegany Comm. Coll	Western Md. Health System, Garrett Memorial Hospital	Establish nursing program in Garrett Co. - Double capacity of evening program in Allegany Co	5 years	80 graduates	First year of project	\$ 162,031	\$ 993,052
NSP II-09-103	U. of MD. Baltimore	None	Use online and blended learning methods with flexible schedule in DNP program	5 years	136 new faculty	First year of project	\$ 213,394	\$ 1,308,095
NSP II-09-104	U. of MD. Baltimore	None	nursing students into teaching certificate program	3 years	200 new faculty	First year of project	\$ 111,079	\$ 499,990
<b>TOTAL FUNDING OF FY 2009 PROJECTS</b>							\$ 486,504	\$ 2,801,137
Please Note: All Outcomes and Funding to Date are as of September, 2008. Updated figures will be available in September, 2009.								

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

AS OF JUNE 22 , 2009

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
2028A	University of Maryland Medical Center	5/12/09	N/A	N/A	ARM	DNP	OPEN
2030R	Peninsula Regional Medical Center	5/28/09	7/1/09	10/26/09	ICU/CCU	CO	OPEN
2031R	Garrett County Memorial Hospital	6/4/09	7/4/09	11/1/09	FULL	GS	OPEN
2032R	Baltimore Washington Medical Center	6/8/09	7/8/09	11/5/09	MSG/PED	CO	OPEN
2033N	Baltimore Washington Medical Center	6/8/09	7/8/09	11/5/09	DEL/NUR	CO	OPEN

PROCEEDINGS REQUIRING COMMISSION ACTION - NOT ON OPEN DOCKET

None

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

**\* BEFORE THE MARYLAND HEALTH  
\* SERVICES COST REVIEW  
\* COMMISSION  
\* DOCKET: 2009  
\* FOLIO: 1838  
\* PROCEEDING: 2028A**

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**Staff Recommendation**

**July 1, 2009**



## **I. INTRODUCTION**

University of Maryland Medical Center (“UMMC” or “the Hospital”) filed an application with the HSCRC on May 12, 2009 for an alternative method of rate determination pursuant to COMAR 10.37.10.06. The Hospital requests approval from the HSCRC for participation in a global rate arrangement for the collection of peripheral blood stem cells from donors for a period of three years with the National Marrow Donor Program (NMDP) beginning July 1, 2009.

## **II. OVERVIEW OF APPLICATION**

The NMDP, which coordinates the donation, collection, and transplantation of stem cells and bone marrow from unrelated donors for patients without matching donors in their families, proposes to use UMMC as a collection site for Department of Defense donors. The contract will be held and administered by University Physicians, Inc. (UPI), which is a subsidiary of the University of Maryland Medical System. UPI will manage all financial transactions related to the contract including payments to the Hospital and bear all risk relating to services associated with the contract.

## **III. FEE DEVELOPMENT**

The technical portion of the global rates was developed based on historical hospital charge data relative to the collection of peripheral stem cells. The remainder of the global rate is comprised of physician service costs.

## **IDENTIFICATION AND ASSESSMENT OF RISK**

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

## **V. STAFF EVALUATION**

The staff reviewed the experience for the last year under this arrangement and found that it was favorable. Staff believes that the Hospital can continue to achieve a favorable experience under this arrangement.

## **VI. STAFF RECOMMENDATION**

The staff recommends that the Commission approve the Hospital's application for an alternative method of rate determination for the collection of peripheral stem cells commencing July 1, 2009. The Hospital 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 Hospital for the approved contract. This document will formalize the understanding between the Commission and the Hospital, 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 PARTIAL RATE \* BEFORE THE HEALTH SERVICES  
APPLICATION OF \* COST REVIEW COMMISSION  
PENINSULA REGIONAL \* DOCKET: 2009  
MEDICAL CENTER \* FOLIO: 1840  
SALISBURY, MARYLAND \* PROCEEDING: 2030R  
\* \* \* \* \*

Staff Recommendation

July 1, 2009

**Introduction**

On May 21, 2009, Peninsula Regional Medical Center (the "Hospital") submitted a partial rate application to the Commission requesting its Medical Intensive Care Unit (MIS) and Coronary Care Unit (CCU) be combined effective July 1, 2009. The Hospital wishes to combine the two centers because the patients have similar staffing needs, and placement into an MIS or CCU unit is often based on bed availability or staffing rather than on a diagnosis. The Hospital's currently approved rates and the new proposed rate are as follows:

	Current Rate	Budgeted Volume	Approved Revenue
Medical/Surgical ICU	\$2,155.99	5,204	\$11,219,751
Coronary Care	1,821.35	4,547	8,281,675
Combined Rate	1,999.94	9,751	19,501,426

**Recommendation**

After reviewing the Hospital's application, the staff recommends that the Hospital be allowed to collapse its Coronary Care rate with its Medical Intensive Care rate effective July 1, 2009.

**Final Recommendations for Revisions to the HSCRC's  
Charge per Visit Methodology**

July 1, 2009

Health Services Cost Review Commission  
4160 Patterson Avenue  
Baltimore, MD 21215  
(410) 764-2605

This document is ready for Commission action.

**Background:**

Outpatient revenue at Maryland hospitals has been increasing much faster than approved outpatient rate increases. At its June 4, 2008 meeting, the Commission approved the Charge per Visit (CPV) methodology as a means to limit the rate of increase in the revenue per case-mix adjusted outpatient visit at each hospital. Using a base year of data, the CPV methodology establishes a hospital specific CPV target which is the allowable average charge per outpatient visit for the subsequent year. The target is adjusted for rate increases, for an intensity factor to allow for changes in technology, and for changes in case-mix.

The CPV system includes ambulatory surgery, emergency department, and clinic visits. The outpatient visits are segregated into 3 groups: 1) Those that include a significant procedure Ambulatory Patient Group (APG); 2) visits with a medical APG and no significant procedure APG; and 3) visits with no significant procedure or medical APG. Only groups 1 and 2 are included in the CPV, and the visits in the third group, along with excluded visits, are treated as a pass-through and subject to unit rate compliance. Under the current exclusion logic, 55% of total outpatient revenue is included under the CPV.

Since adoption of the CPV methodology, the Commission staff, with guidance from the Outpatient Technical Workgroup, has been working to address issues that, due to time constraints, could not be incorporated into the original CPV recommendation. The following are recommended revisions to the CPV exclusion logic as well as recommended refinements to the case-mix methodology. Under these recommended revisions to the exclusion logic, approximately 78% of outpatient revenue will be included under the CPV.

**Revisions to the CPV Exclusion Logic:**

When the CPV methodology was originally being proposed, it was expected that FY 2007 outpatient data would be used as the base to set the CPV target for FY 2008. The FY 2007 data did not include the variable "number of visits," a field included in the data submission regulations beginning FY 2008. The majority of the records in the outpatient data represent one outpatient visit. The "number of visits" field is used to identify records/claims that include more than one outpatient visit due to "cycle-billing." A cycle-billed claim is a claim that remains open because the patient is expected to return at regular intervals for treatment. Because the FY 2007 data did not include information regarding the number of visits represented by each record, Commission staff identified the kinds of outpatient visits that were "likely" to be cycle-billed (chemotherapy, pharmacotherapy, radiation therapy, psycho-therapy, and dialysis) and excluded these types of visits from the CPV. This method excludes revenue beyond that represented by cycle-billed visits. Commission staff recommends that the exclusion of cycle-billed records be based on the "number of visits" field (record would be excluded if number of visits > 1) for FY2010. This will be a temporary measure while staff investigates the best way to include multiple visit records under the CPV in FY 2011. Radiation therapy visits (APGs 340-348) will continue to be excluded as these visit types are cycle-billed at all hospitals except one (Johns Hopkins Oncology Center). The radiation therapy visits will be included under the CPV in FY 2011 with the other cycle-billed visits.

Outpatient records with APGs that represent the following radiology procedures are also currently excluded from the CPV: MRI, CAT scan, myelography, mammography, ultrasound (except obstetric), PET scan, angiography, and diagnostic nuclear medicine. Analysis indicated that visits through the emergency department that included these APGs had significantly higher charges compared to referred ambulatory visits with the same APG. Because there was insufficient time to develop a refinement to the case-mix methodology that would address this issue, staff recommended that visits with the above radiology APGs be excluded from the CPV. In the last several months, staff has developed a refinement to the case-mix methodology that provides a separate case-mix weight for the radiology APGs when the visit occurs in the emergency department or clinic. Staff recommends that this refinement to the case-mix methodology be implemented in FY 2010. Because the added resource use associated with visits to the emergency department or clinic will be reflected in the case-mix, staff also recommends that visits with radiology APGs no longer be excluded from the CPV in FY 2010.

The third and final recommended revision to the exclusion logic involves the infusion APGs (APG 110 = pharmacotherapy by extended infusion, APG 111 = pharmacotherapy except by extended infusion). These two APGs were excluded from the CPV because analysis showed that there was a large dispersion in the total charges within these APGs due to large differences in the associated drug charge. Staff recommends a refinement to the case-mix grouping methodology for these APGs based on the 10 classes of associated drug APGs (APGs 430-439) in the record. This refinement, in addition to a trim methodology for outlier drug charges, significantly reduces the dispersion in total charges within the infusion APGs. At the Outpatient Technical Workgroup meeting on 6/23/09, industry representatives requested that staff explore further refinements to the infusion APGs based on primary diagnosis and/or multiple drug infusions. Staff recommends that the infusion APGs be included under the CPV in FY 2010. Staff will implement additional data edits and explore other potential refinements to the infusion APGs during July and August and, if the case-mix methodology can be improved, will incorporate these refinements in the case-mix methodology prior to calculating the base-year weights for FY 2010.

### **Case-mix Refinement for Multiple Significant Procedures and Observation:**

Of the included significant procedure visits, 88% have a single significant procedure performed during the visit (referred to as “singletons”) and therefore have one significant procedure APG in the record. The remaining significant procedure visits have 1-2 additional APGs in the record. The current significant procedure case-mix methodology for visits with multiple procedures is based on the highest weighted APG in the record. Therefore, the case-mix weight assigned to a visit with multiple procedures is equal to a visit where a single procedure is performed. Comments from the industry have suggested that the current methodology may be unfair to hospitals that perform multiple procedures within a single visit. Based on these comments, staff is recommending for FY 2010 that visits with multiple significant procedures be given a separate weight if the secondary significant procedure APG has a singleton weight greater than 1.0.

Outpatient visits that include observation have higher averages charges when compared to visits within the same APG that do not include an observation component. To appropriately reflect the added resource use associated with observation, staff recommends that a separate observation APG weight be developed and that coding for observation be based on Medicare guidelines.

**Summary of Recommendations:**

Staff recommends the following revisions to the current CPV methodology for FY 2010:

1. Exclude cycle-billed visits based on the “number of visits” field (record excluded if number of visits >1) instead of visit types thought to be cycle-billed. Continue to exclude radiation therapy visits until FY 2011.
2. Implement the recommended refinement to the case-mix methodology that would give appropriate case-mix weight for radiology procedures performed in the emergency department or clinic and no longer exclude these APGs from the CPV system.
3. Implement the recommended refinement to the case-mix grouping methodology for infusion APGs (110, 111) based on the associated drug APGs (430-439), and no longer exclude the infusion APGs from the CPV system.
4. Implement the recommended refinements to the case-mix methodology to reflect the added resource use for visits where multiple significant procedures are performed and where observation services are provided.



**Hal Cohen, Inc.**  
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Baltimore, Maryland 21208  
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June 24, 2009

Char Thompson

Via e-mail

Dear Char:

This letter, written on behalf of CareFirst BlueCross BlueShield and Kaiser Permanente, offers our comments on the proposal entitled "Draft Recommendations for Revisions to the HSCRC's Charge per Visit Methodology" as distributed at the June 3, 2009 Commission meeting.

CareFirst and Kaiser Permanente support the staff proposal. The extension of the CPV's incentives to an additional \$1,000,000,000 in outpatient charges is crucial for incorporating incentives and constraining outpatient costs. *Monitoring Maryland Performance* continues to show outpatient revenue growth far greater than inpatient and some improved incentives are clearly needed. This change will also allow the Commission to come closer to achieving the revenue increase it approved for rate year 2010 with less slippage due to outpatient charge increases.

The MHA argued for further delay because of the risk associated with some elements that would be brought under the CPV system per the staff recommendation. The MHA also argued that some details were not known and so the hospitals would not be able to respond to the incentives. Neither of these arguments should be persuasive. The risk is of very manageable proportions and, indeed, is much less than the risk associated with DRGs when the Commission adopted that constraint system. The risk is less both because the percent of cost variance explained (the R-squared) is higher than for many DRGs and in total and because the average cell is associated with a much lower percent of hospital overall revenues. The broad incentives are also clear. While hospitals may not know which outpatient services they are most efficient in providing, they know what to do to improve their overall outpatient efficiency. Just having incentives to purchase outpatient supplies and drugs more efficiently should be sufficient for the Commission to adopt the staff recommendation.

The MHA has raises some specific issues. One of those issues relates to observation rates. CareFirst and Kaiser agree that observation cases cost more than cases in which observation is not present. We agree with staff that the Medicare guidelines for coding be used to identify observation cases. This is a payment issue and we believe observation revenue should be associated with APG 450 and a high level ED/E&M code. Both payers have had trouble with some Maryland hospitals refusing to provide observation services. It is important that there be no delay in adopting incentives to provide clinically

appropriate observation services – especially given Maryland hospitals’ poor performance on one-day stays.

MHA also raised issues regarding the infusion APGs. We understand that issue has been resolved through a methodology for trimming certain drug costs. We are willing to support that compromise.

MHA has argued that radiation therapy should not be included under the CPV at this time because most hospitals cycle bill for this service. We disagree and urge the Commission to both move forward and to require non-cycle billing in the shortest feasible time frame.

MHA argued that private ambulatory services should not be included because they are just, in effect, fulfilling a physician’s order. Not only does the staff recommendation only refer to quite expensive services, such as CT, MRI, PET, but those services have been among the fastest rising hospital costs. Further, many hospital admissions are, in effect, fulfilling a physician’s order and they are still appropriately subject to the incentives of the inpatient revenue constraint system once the patient is admitted to the hospital.

In sum, CareFirst and Kaiser Permanente commend staff and its consultant, Dr. Atkinson, for developing and proposing this significant improvement to the Commission’s CPV methodology and urge that the Commission adopt the recommendation as amended by staff.

Thank you for your consideration.

Yours truly,

A handwritten signature in black ink that reads "Hal Cohen". The signature is written in a cursive, flowing style.

Hal Cohen  
Consultant

Cc: J. Graham Atkinson  
Robert Murray  
Greg Vasas  
Debra Collins  
Jessica Boutin



Maryland  
Hospital Association

MHA  
6820 Deerpath Road  
Elkridge, Maryland 21075-6234  
Tel: 410-379-6200  
Fax: 410-379-8239

June 24, 2009

*Sent via e-mail. Hard copy to follow.*

Charlotte Thompson  
Associate Director, Policy Analysis & Research  
Health Services Cost Review Commission  
4160 Patterson Avenue  
Baltimore, MD 21215

Dear Ms. Thompson:

On behalf of the 67 members of The Maryland Hospital Association (MHA), I appreciate the opportunity to comment on the proposed revisions to the HSCRC's charge-per-visit (CPV) methodology.

We support the staff's recommendations to exclude cycle bills based on the "number of visits field" and the recommendation to include additional weights for certain multiple procedures and observation cases. However, we do not support the recommendations to include chemotherapy, pharmacotherapy, and radiation therapy under the CPV system effective July 1, 2009. Patients receive these services to treat cancer and other serious illnesses over a series of multiple encounters (visits and treatments). To support their cancer treatment, patients receive laboratory and rehabilitation services, in addition to radiation or chemotherapy, to treat their cancer. To bill payors for these services, all hospitals, except one, use cycle bills to group a series of encounters onto a single bill. Because the HSCRC does not yet have a mechanism to consider an entire episode of care, they propose to include under CPV only those services billed as a single date of service. As a result, approximately 90 percent<sup>1</sup> of radiation therapy services regulated under the CPV are provided at the one hospital that does not cycle bill. We believe a similarly high skewed percentage of chemotherapy- and pharmacotherapy-regulated under CPV will be provided at the same hospital.

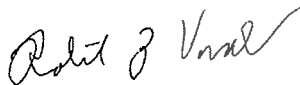
Including drug and radiation therapies billed as a single visit is problematic for several reasons. First, weights for these services will be set based primarily on one hospital. Second and most important, the variety of services provided over an episode of care is a better unit of measure than a single date of service. With technical assistance, the HSCRC could consider a single patient's entire episode of care and then parse that episode to compare utilization of like services, such as rehabilitation therapies and laboratory services within that episode. As health delivery systems and payors around the country move toward evaluating an episode of care, we believe the HSCRC is headed in the wrong direction by planning to separate cycle billing into single dates of service. Comparing single dates of service penalizes hospitals for providing services on a single date and advantages hospitals when a patient makes more frequent trips to the hospital, for the same service while doing nothing to evaluate the overall use of services for an episode of care.

Finally, we believe the 3M and HSCRC logic used to group radiation therapy and drug therapies into APGs results in groupings that are too broad. For example, 3M groups radiation therapy into four APGs, and further 91.4 percent of radiation therapy cases fall into a single APG (343). By contrast, the *HSCRC Accounting and Budget Manual* includes six pages of RVUs for radiation therapy. It is not yet clear whether the same will be true of the APG drug categories, which do not appear to be logically distributed (*see Exhibit C*).

Instead of moving ahead with a one-hospital approach this year, MHA recommends that the HSCRC outpatient groups continue to meet to develop a more refined methodology where the majority of these services, at all hospitals, can be included in the CPV system, if only a valid approach is developed within the next 60 days. Since it is unlikely that a suitable methodology will be developed in the next 60 days, we recommend that these services are excluded from the CPV for FY 2010.

In conclusion, we appreciate the opportunity to provide input on these proposed changes. Should you have any questions, please contact either of us at 410-379-6200.

Sincerely,



Robert Z. Vovak  
Senior Vice President and CFO



Traci La Valle  
Assistant Vice President, Financial Policy

cc: Council on Financial Policy  
MHA Outpatient Work Group

Attachments

Notes

1. *See Exhibit A*, Radiation therapy includes four APGs, 93.1 percent of utilization occurs in APG 343 and Johns Hopkins Oncology Center (*see Exhibit B*) provides 95.4 percent of the visits in APG 343. 95.4 percent of 93.1 percent equals 88.9 percent.

Exhibit A

MD Outpatient Visit Data  
 Radiation Therapy Visits (excl. BWMC Q2)  
 FY 09, Q1 and Q2  
 Encounters = 1 or 1000 OR Duration < 7

		Counts of Cases Based on Total Charges - All "Non-Reoccurring" Visits												
High RAT APG		Charge < \$500	500-1000	1000-1500	1500-2000	2000-3000	3000-5000	5000-7000	7000-10000	10000-15000	>15000-20000	>20000	Total	% Utiliz
342	AFTERLOADING BRACHYTHERAPY	0	0	0	2	5	12	7	24	39	22	46	157	1.4%
343	RADIATION TREATMENT DELIVERY	2,589	4,976	639	173	254	325	227	218	264	140	144	9,949	91.4%
344	INSTILLATION OF RADIOELEMENT SOLUTIONS	0	20	14	24	43	98	72	78	94	49	46	538	4.9%
346	RADIOSURGERY	0	2	6	44	3	2	5	13	96	49	16	236	2.2%
<b>Total</b>		<b>2,589</b>	<b>4,998</b>	<b>659</b>	<b>243</b>	<b>305</b>	<b>437</b>	<b>311</b>	<b>333</b>	<b>493</b>	<b>260</b>	<b>252</b>	<b>10,880</b>	<b>100.0%</b>
		<b>23.8%</b>	<b>45.9%</b>	<b>6.1%</b>	<b>2.2%</b>	<b>2.8%</b>	<b>4.0%</b>	<b>2.9%</b>	<b>3.1%</b>	<b>4.5%</b>	<b>2.4%</b>	<b>2.3%</b>		

		Counts of Cases Based on Total Charges - All "Non-Reoccurring" Visits After Removal of Obvious Data Errors												
High RAT APG		Charge < \$500	500-1000	1000-1500	1500-2000	2000-3000	3000-5000	5000-7000	7000-10000	10000-15000	>15000-20000	>20000	Total	% Utiliz
342	AFTERLOADING BRACHYTHERAPY	0	0	0	2	5	9	5	21	35	18	40	135	1.5%
343	RADIATION TREATMENT DELIVERY	2,577	4,943	576	114	135	63	49	22	12	8	16	8,515	93.1%
344	INSTILLATION OF RADIOELEMENT SOLUTIONS	0	20	13	24	41	62	13	25	42	34	32	306	3.3%
346	RADIOSURGERY	0	2	6	44	3	2	4	8	87	30	4	190	2.1%
<b>Total</b>		<b>2,577</b>	<b>4,965</b>	<b>595</b>	<b>184</b>	<b>184</b>	<b>136</b>	<b>71</b>	<b>76</b>	<b>176</b>	<b>90</b>	<b>92</b>	<b>9,146</b>	<b>100.0%</b>
		<b>28.2%</b>	<b>54.3%</b>	<b>6.5%</b>	<b>2.0%</b>	<b>2.0%</b>	<b>1.5%</b>	<b>0.8%</b>	<b>0.8%</b>	<b>1.9%</b>	<b>1.0%</b>	<b>1.0%</b>		

MD Outpatient Visit Data  
 Radiation Therapy Visits (excl. BWMC Q2)  
 FY 09, Q1 and Q2  
 Encounters = 1 or 1000 OR Duration < 7 & Removal of Cases with Encounter Reporting Problems

**Breakout of APG 343 - Radiation Treatment Delivery by Type of Treatment**

	Procedure Description	Visits	% of Visits	Chgs	Avg CPV	% of Avg
	IMRT Delivery Total	5,284	62.1%	\$4,254,330	\$805	98%
	Radiation Trmt Delivery Total	2,994	35.2%	\$1,435,457	\$479	59%
	Stereotactic Trmt Delivery Total	23	0.3%	\$575,656	\$25,029	3054%
	RAT Delivery with Chemo Total	200	2.3%	\$514,910	\$2,575	314%
	RAT Delivery with Brachytherapy Total	14	0.2%	\$197,653	\$14,118	1723%
	<b>Grand Total</b>	<b>8,515</b>	<b>100.0%</b>	<b>\$6,978,007</b>	<b>\$819</b>	<b>100%</b>

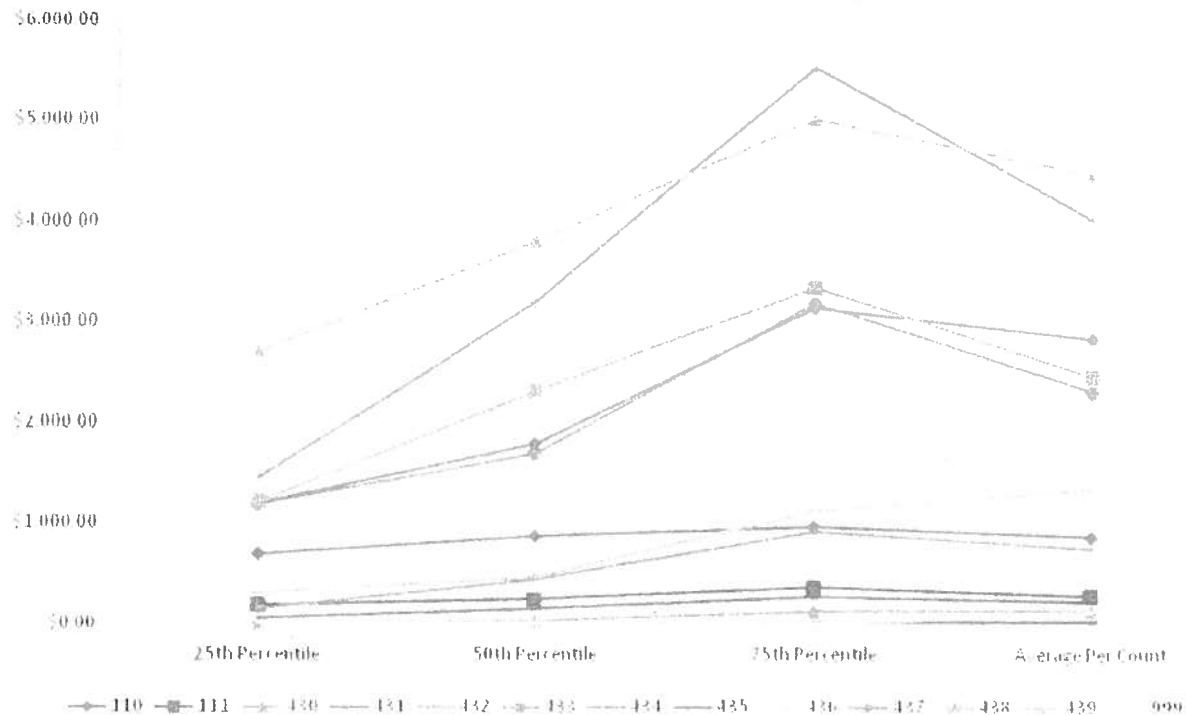
**Breakout by of APG 343 by Hospital:**

PROVNO	Hosp	Visits	% of Visits	Chgs	Avg CPV
210904	JH Oncology	8,125	95.4%	\$5,584,121	\$687
210044	GBMC	83	1.0%	\$121,014	\$1,458
210002	UMMC	51	0.6%	\$129,945	\$2,548
210009	JHH	48	0.6%	\$76,229	\$1,588
210012	Sinai	48	0.6%	\$608,173	\$12,670
210023	Anne Arundel	33	0.4%	\$67,337	\$2,041
210037	Easton	27	0.3%	\$61,619	\$2,282
210005	Frederick	21	0.2%	\$16,170	\$770
210043	BWMC	18	0.2%	\$29,151	\$1,620
210016	Wash Adv	11	0.1%	\$20,551	\$1,868
210011	St Agnes	9	0.1%	\$9,447	\$1,050
210056	Good Sam	8	0.1%	\$7,167	\$896
210024	Union Memorial	7	0.1%	\$19,021	\$2,717
210027	Braddock	6	0.1%	\$15,368	\$2,561
210008	Mercy	6	0.1%	\$74,544	\$12,424
210004	Holy Cross	5	0.1%	\$112,956	\$22,591
210019	Peninsula	5	0.1%	\$8,225	\$1,645
210007	St Joe's	2	0.0%	\$6,059	\$3,029
210022	Suburban	1	0.0%	\$1,180	\$1,180
210018	Montgomery	1	0.0%	\$9,729	\$9,729
	<b>Total</b>	<b>8,515</b>	<b>100.0%</b>	<b>\$6,978,007</b>	<b>\$819</b>

29.88158

# Line Charge Distribution by Percentile Category and Drug Line Charge APG

- » The distribution of line charge per percentile category by APG assigned does not appear to be logically distributed, i.e., Level V Drugs (434 or 439) line charges are lower than the levels IV or III drug line charges. See next slide for detailed percentile distribution per APG.



\* Maryland IP Cancer Therapy Discharge Data - Include Cases with J or Q HCPCS Codes FY 09, Q1 and Q2: Exclude Upper BWMC (210043), Chesapeake (210049) and Hartford Memorial (210006) and line charge per record equals to \$0.

Final Recommendations to Modify the Case Mix Methodology for Involuntary Psychiatric  
Admissions, and the FY 2010 Case Mix Adjustments

Health Services Cost Review Commission  
4160 Patterson Avenue  
Baltimore, MD 21215  
(410) 764-2605

July 1, 2009

The recommendations were approved by the Commission.



## **Recommendation to Modify the Case Mix Methodology for Involuntary Psychiatric Admissions**

### **Purpose**

The purpose of this recommendation is to split the twelve APR-DRGs in MDC 19 that classify psychiatric patients into various diagnosis groups based on the involuntary nature of their admission. In fiscal year 2003, the Health Services Cost Review Commission began collecting information on the Inpatient Discharge Abstract on psychiatric patients who are involuntarily admitted to acute care hospitals in Maryland. Staff believes that these patients constitute a unique set of psychiatric patients with higher resource intensity, which is not accurately captured by the core grouping logic of the APR-DRG grouper. Staff also believes that a distinction based on voluntary and involuntary admission will enhance the case mix methodology for psychiatric cases and more accurately align hospital payment with resource utilization under the Charge-Per-Case system.

### **Background**

It should be noted that when the Commission adopted the use of the APR-DRG grouper for measuring case mix growth at Maryland hospitals in 2005, it also approved the augmentation of APR-DRG 860. Rehabilitation cases grouped to APR-DRG 860 are reclassified under the existing Maryland logic to the 9 rehab DRGs. This augmentation has enhanced the classification of rehabilitation cases and has more accurately aligned payment to resource utilization.

Prior to the implementation of APR-DRGs, the Commission also approved allowing MDC 19 cases that meet certain criteria to have additional payment or “outlier trim revenue” in a non-revenue neutral per diem basis as an acknowledgement that the APR-DRG grouper (like other groupers) does not adequately explain the variation in resource use across these cases. While this approach has allowed some relief to the institutions with long lengths of stay without diminishing the approved revenue allocated to existing psychiatric cases, demand for hospital psychiatric services has risen as public providers of care have scaled back resources. Hospitals have generally noted that psychiatric services require extensive patient supervision.

Since the implementation of APR-DRGs in Maryland, there are ongoing efforts to quantify the various components of psychiatric resource utilization in order to more accurately classify psychiatric patients into diagnosis groups that accurately reflect and align payment to resource utilization. One such effort is the 3M Health Information Systems’ collaboration with the Health Services Research and Development Center at Johns Hopkins University and The Hilltop Institute at University of Maryland Baltimore County to improve inpatient psychiatric payment. Until the core grouping logic of the APR-DRG grouper has been refined in a way to account for differences in resource utilization among various subsets of the inpatient psychiatric patients, staff believes that an augmentation to the current APR-DRG scheme as used by the Commission for measuring case mix growth in Maryland hospitals is necessary.

## **Data Analysis**

Staff has performed a number of analyses based on splitting the twelve APR-DRGs in MDC 19 that classify psychiatric patients into various diagnosis groups based on the involuntary nature of their admission. These analyses were done using FY 2008 case mix data. The results suggest that the additional 48 cells created by splitting the twelve APR-DRGs in MDC 19 would improve the explanatory power regarding the accuracy of predicting and aligning payment to Maryland hospitals that treat psychiatric patients to resource utilization by 4.61 percent over the current methodology (from 0.128 to 0.134). The results of this modeling are presented in Tables 1 and 2.

## **Public Comments on the Draft Recommendation**

During the comment period that ended June 24, 2009, staff received three comment letters. The letters are attached to the appendix section of this document. The letter from the Maryland Hospital Association was generally supportive of the draft recommendation, while in their letters, Calvert Memorial Hospital and Baltimore Washington Medical Center expressed concerns about the proposed recommendation.

The concerns are as follows:

1. More than half the DRG-Severity groups (25 of 48 groups) have a lower CMI for involuntary patients than for voluntary patients;
2. The term ‘involuntary’ is not clearly defined, and admissions classified as such are not consistently and uniformly flagged; and
3. The proposal will result in a net reduction of revenue for FY 2010 and funding for inpatient psychiatric care over time.

Staff agrees that if, in fact, the involuntary admissions always have longer lengths of stay and are more expensive than the voluntary admissions, that the weights for the involuntary admissions should not be less than the weights for the voluntary ones. However, analysis of the data as shown in tables 3 and 4 suggest that lower weights in most of the APR DRG severity cells where this occurred was due to small cell size effects and the inconsistencies in the way that different hospitals are classifying admissions as involuntary. Many hospitals did not differentiate voluntary psychiatric admissions from involuntary admissions in the data on which the analysis was based.

As to the term ‘involuntary’ not being clearly defined, staff notes that in a memorandum to hospitals dated August 8, 2003, the criteria for classifying a psychiatric admission were clearly stated. The memorandum is attached to the appendix section of this document. The problem is that since the adoption of APR DRGs in 2005 for use at Maryland hospitals, there has not been an incentive for hospitals to flag the involuntary psychiatric admissions consistently and uniformly. Staff believes that this recommendation provides such needed incentive.

As to the comment that the proposal will result in a net reduction of revenue for FY 2010 and funding for inpatient psychiatric care over time, staff notes that this recommendation does not preempt Commission existing policy of allowing MDC 19 cases that meet certain criteria to have additional payment or “outlier trim revenue” in a non-revenue neutral per diem basis. This particular action added about \$9.1 million dollars (0.13% of inpatient revenue) to the overall hospital inpatient revenue.

It is also important to note that net reduction of revenue for FY 2010 and funding for inpatient psychiatric care over time are offset in ways that are not obvious in a simple comparison of the charges generated by the case versus the amount of approved revenue generated by each case. High-charge and long length-of-stay cases are a part of the average case weight for each APR-DRG/severity cell. High charge cases are underpaid, but low charge cases are overpaid in achieving an average payment. Hence, the hospital receives some of its reimbursement for high charges cases through this averaging mechanism.

### **Recommendation**

Staff recommends that psychiatric cases be grouped by the APR-DRG grouper. The cases should then be reclassified into two categories: voluntary admission and involuntary admission. As each case is regrouped to a new psychiatric APR-DRG, the case would carry with it the severity of illness assigned by the APR-DRG grouper. Case weights would then be developed for each DRG/severity cell. This approach would be effective July 1, 2009 (FY2010).

Based on the comments received from Calvert Memorial Hospital and Baltimore Washington Medical Center, Staff also recommends that for the DRG/severity cells where the involuntary weights are less than the voluntary ones that the cell weights be made equal to the voluntary cell weights for FY 2010 as a one-year temporary fix. This will give the hospitals a year to get the reporting and classification of involuntary psychiatric admissions appropriately sorted out.

TABLE 1

## THE RESULT OF THE PROPOSED METHODOLOGY USING FISCAL YEAR 2008 DATA

APR DRG CODE	APR DRG CODE DESCRIPTION	SEVERITY CODE	SEVERITY CODE DESCRIPTION	CURRENT METHODOLOGY		PROPOSED METHODOLOGY			
						VOLUNTARY		INVOLUNTARY	
				NUMBER OF CASES	WEIGHT	NUMBER OF CASES	WEIGHT	NUMBER OF CASES	WEIGHT
740	MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	1	MINOR	5	0.813206	5	0.784871	0	1.183597
740	MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	2	MODERATE	15	1.605565	11	1.505366	3	2.992698
740	MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	3	MAJOR	25	2.106301	24	2.014759	1	4.625233
740	MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	4	EXTREME	5	4.820762	5	4.634828	0	7.762397
750	SCHIZOPHRENIA	1	MINOR	410	0.716853	329	0.672154	81	0.840040
750	SCHIZOPHRENIA	2	MODERATE	4,335	0.791580	3,465	0.742221	869	0.951957
750	SCHIZOPHRENIA	3	MAJOR	1,542	1.107002	1,369	1.037975	172	1.061991
750	SCHIZOPHRENIA	4	EXTREME	42	2.026614	38	1.900245	5	2.589680
751	MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSE	1	MINOR	759	0.512799	660	0.520075	99	0.465448
751	MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSE	2	MODERATE	5,153	0.633611	4,733	0.636456	420	0.604140
751	MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSE	3	MAJOR	2,651	0.722994	2,507	0.719985	144	0.781481
751	MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSE	4	EXTREME	235	2.438443	227	2.410616	10	2.140429
752	DISORDERS OF PERSONALITY & IMPULSE CONTROL	1	MINOR	3	0.373534	3	0.380969	0	0.330348
752	DISORDERS OF PERSONALITY & IMPULSE CONTROL	2	MODERATE	25	0.451217	23	0.461914	2	0.398218
752	DISORDERS OF PERSONALITY & IMPULSE CONTROL	3	MAJOR	13	0.825895	12	0.801678	1	0.657538
752	DISORDERS OF PERSONALITY & IMPULSE CONTROL	4	EXTREME	0	1.060124	0	1.060343	0	1.060343
753	BIPOLAR DISORDERS	1	MINOR	951	0.577103	852	0.572930	99	0.611104
753	BIPOLAR DISORDERS	2	MODERATE	6,414	0.690722	5,770	0.682645	643	0.764884
753	BIPOLAR DISORDERS	3	MAJOR	3,019	0.748928	2,830	0.732922	188	1.011251
753	BIPOLAR DISORDERS	4	EXTREME	150	2.051952	138	2.110140	12	1.801261
754	DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	1	MINOR	655	0.360970	609	0.363576	46	0.326802
754	DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	2	MODERATE	1,520	0.463727	1,448	0.465185	72	0.434916
754	DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	3	MAJOR	719	0.545077	687	0.543380	31	0.596662
754	DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	4	EXTREME	16	1.297251	15	1.334889	1	1.598742
755	ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGN	1	MINOR	349	0.374401	304	0.375652	45	0.366513
755	ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGN	2	MODERATE	286	0.530061	268	0.546495	17	0.485327
755	ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGN	3	MAJOR	84	0.697414	81	0.707607	3	0.932995
755	ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGN	4	EXTREME	4	1.486327	4	1.490870	0	1.259607
756	ACUTE ANXIETY & DELIRIUM STATES	1	MINOR	527	0.392423	520	0.393816	7	0.295212
756	ACUTE ANXIETY & DELIRIUM STATES	2	MODERATE	305	0.547301	301	0.544360	4	0.460474
756	ACUTE ANXIETY & DELIRIUM STATES	3	MAJOR	130	0.703482	128	0.708124	2	0.672505
756	ACUTE ANXIETY & DELIRIUM STATES	4	EXTREME	23	2.220947	23	2.223362	0	2.558766
757	ORGANIC MENTAL HEALTH DISTURBANCES	1	MINOR	50	0.612449	47	0.618174	3	0.959167
757	ORGANIC MENTAL HEALTH DISTURBANCES	2	MODERATE	360	0.714480	346	0.695551	14	1.148308
757	ORGANIC MENTAL HEALTH DISTURBANCES	3	MAJOR	299	0.888748	291	0.883953	9	1.342550
757	ORGANIC MENTAL HEALTH DISTURBANCES	4	EXTREME	35	1.265898	35	1.266029	0	2.556070
758	CHILDHOOD BEHAVIORAL DISORDERS	1	MINOR	61	0.622029	53	0.584697	8	0.496362
758	CHILDHOOD BEHAVIORAL DISORDERS	2	MODERATE	195	0.706898	167	0.740106	29	0.542824
758	CHILDHOOD BEHAVIORAL DISORDERS	3	MAJOR	48	0.744204	43	0.746083	5	0.642550
758	CHILDHOOD BEHAVIORAL DISORDERS	4	EXTREME	0	1.116945	0	1.117175	0	1.117175
759	EATING DISORDERS	1	MINOR	6	1.372535	6	1.337036	0	1.008904
759	EATING DISORDERS	2	MODERATE	30	1.645161	30	1.572814	0	1.159625
759	EATING DISORDERS	3	MAJOR	49	3.003952	48	2.747953	2	3.588422
759	EATING DISORDERS	4	EXTREME	9	4.057660	8	3.843079	1	7.440395
760	OTHER MENTAL HEALTH DISORDERS	1	MINOR	37	0.612398	32	0.640241	5	0.329739
760	OTHER MENTAL HEALTH DISORDERS	2	MODERATE	118	0.733727	110	0.763967	8	0.446375
760	OTHER MENTAL HEALTH DISORDERS	3	MAJOR	58	1.063477	55	1.100234	3	0.787266
760	OTHER MENTAL HEALTH DISORDERS	4	EXTREME	3	3.394409	3	3.467889	0	4.274732

**TABLE 2**  
**STATISTICAL SUMMARY OF THE REGRESSION RESULTS**

**Proposed Methodology (All Cases)**

R-Square 0.5384  
Adjusted R-Square 0.5384

<b>Variable:</b>	<b>Parameter Estimate</b>	<b>Standard Error</b>	<b>t Value</b>	<b>P-Value (Pr &gt;  t )</b>
Casemix Weight	11559	12.37215	934.25	<0.0001

**Proposed Methodology (Psychiatric Cases)**

R-Square 0.1339  
Adjusted R-Square 0.1339

<b>Variable:</b>	<b>Parameter Estimate</b>	<b>Standard Error</b>	<b>t Value</b>	<b>P-Value (Pr &gt;  t )</b>
Casemix Weight	11962	170.76743	70.05	<0.0001

**Current Methodology (All Cases)**

R-Square 0.5383  
Adjusted R-Square 0.5383

<b>Variable:</b>	<b>Parameter Estimate</b>	<b>Standard Error</b>	<b>t Value</b>	<b>P-Value (Pr &gt;  t )</b>
Casemix Weight	11561	12.37590	934.14	<0.0001

**Current Methodology (Psychiatric Cases)**

R-Square 0.1280  
Adjusted R-Square 0.1279

<b>Variable:</b>	<b>Parameter Estimate</b>	<b>Standard Error</b>	<b>t Value</b>	<b>P-Value (Pr &gt;  t )</b>
Casemix Weight	11594	169.92468	68.23	<0.0001

**TABLE 3**  
**Number of Cases, Average Length of Stay, Average Charge and Weight by Voluntary and Involuntary Psychiatric Admission, and APR DRG and Severity for Fiscal Year 2008**

APR DRG CODE	APR DRG CODE DESCRIPTION	SEVERITY CODE	SEVERITY CODE DESCRIPTION	VOLUNTARY				INVOLUNTARY			
				NUMBER OF CASES	AVERAGE LENGTH OF STAY	AVERAGE CHARGE	WEIGHT	NUMBER OF CASES	AVERAGE LENGTH OF STAY	AVERAGE CHARGE	WEIGHT
740	MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	1	MINOR	5	3	11,729	0.784871	0	0	0	1.183597
740	MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	2	MODERATE	11	20	37,129	1.505366	3	26	35,978	2.992698
740	MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	3	MAJOR	24	13	23,575	2.014759	1	32	65,581	4.625233
740	MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	4	EXTREME	5	16	38,164	4.634828	0	0	0	7.762397
750	SCHIZOPHRENIA	1	MINOR	329	6	7,435	0.672154	81	9	9,649	0.840040
750	SCHIZOPHRENIA	2	MODERATE	3,465	7	8,899	0.742221	869	10	11,213	0.951957
750	SCHIZOPHRENIA	3	MAJOR	1,369	7	9,008	1.037975	172	11	13,514	1.061991
750	SCHIZOPHRENIA	4	EXTREME	38	18	23,388	1.900245	5	34	46,635	2.589680
751	MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSE	1	MINOR	660	4	5,310	0.520075	99	4	4,727	0.465448
751	MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSE	2	MODERATE	4,733	5	6,867	0.636456	420	5	6,352	0.604140
751	MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSE	3	MAJOR	2,507	6	8,134	0.719985	144	7	9,383	0.781481
751	MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSE	4	EXTREME	227	20	29,662	2.410616	10	23	36,471	2.140429
752	DISORDERS OF PERSONALITY & IMPULSE CONTROL	1	MINOR	3	4	5,577	0.380969	0	0	0	0.330348
752	DISORDERS OF PERSONALITY & IMPULSE CONTROL	2	MODERATE	23	3	4,699	0.461914	2	3	3,152	0.398218
752	DISORDERS OF PERSONALITY & IMPULSE CONTROL	3	MAJOR	12	5	6,691	0.801678	1	3	18,624	0.657538
752	DISORDERS OF PERSONALITY & IMPULSE CONTROL	4	EXTREME	0	0	0	1.060343	0	0	0	1.060343
753	BIPOLAR DISORDERS	1	MINOR	852	4	5,877	0.572930	99	5	6,396	0.611104
753	BIPOLAR DISORDERS	2	MODERATE	5,770	5	7,295	0.682645	643	7	8,523	0.764884
753	BIPOLAR DISORDERS	3	MAJOR	2,830	6	7,940	0.732922	188	9	11,991	1.011251
753	BIPOLAR DISORDERS	4	EXTREME	138	18	25,389	2.110140	12	14	17,512	1.801261
754	DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	1	MINOR	609	3	3,721	0.363576	46	2	3,285	0.326802
754	DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	2	MODERATE	1,448	4	4,996	0.465185	72	3	4,747	0.434916
754	DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	3	MAJOR	687	4	6,192	0.543380	31	5	7,263	0.596662
754	DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	4	EXTREME	15	8	12,077	1.334889	1	4	10,545	1.598742
755	ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGN	1	MINOR	304	3	3,668	0.375652	45	3	3,363	0.366513
755	ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGN	2	MODERATE	268	4	6,628	0.546495	17	3	3,205	0.485327
755	ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGN	3	MAJOR	81	6	8,592	0.707607	3	5	5,203	0.932995
755	ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGN	4	EXTREME	4	9	12,390	1.490870	0	0	0	1.259607

**TABLE 3 (Continued)**

**Number of Cases, Average Length of Stay, Average Charge and Weight by Voluntary and Involuntary Psychiatric Admission, and APR DRG and Severity for Fiscal Year 2008**

APR DRG CODE	APR DRG CODE DESCRIPTION	SEVERITY CODE	SEVERITY CODE DESCRIPTION	VOLUNTARY				INVOLUNTARY			
				NUMBER OF CASES	AVERAGE LENGTH OF STAY	AVERAGE CHARGE	WEIGHT	NUMBER OF CASES	AVERAGE LENGTH OF STAY	AVERAGE CHARGE	WEIGHT
740	MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	1	MINOR	5	3	11,729	0.784871	0	0	0	1.183597
756	ACUTE ANXIETY & DELIRIUM STATES	1	MINOR	520	2	4,255	0.393816	7	2	3,373	0.295212
756	ACUTE ANXIETY & DELIRIUM STATES	2	MODERATE	301	3	5,982	0.544360	4	6	8,447	0.460474
756	ACUTE ANXIETY & DELIRIUM STATES	3	MAJOR	128	4	7,529	0.708124	2	3	3,903	0.672505
756	ACUTE ANXIETY & DELIRIUM STATES	4	EXTREME	23	10	22,420	2.223362	0	0	0	2.558766
757	ORGANIC MENTAL HEALTH DISTURBANCES	1	MINOR	47	4	6,198	0.618174	3	5	5,358	0.959167
757	ORGANIC MENTAL HEALTH DISTURBANCES	2	MODERATE	346	5	7,408	0.695551	14	15	14,623	1.148308
757	ORGANIC MENTAL HEALTH DISTURBANCES	3	MAJOR	291	7	9,714	0.883953	9	9	11,537	1.342550
757	ORGANIC MENTAL HEALTH DISTURBANCES	4	EXTREME	35	8	13,235	1.266029	0	0	0	2.556070
758	CHILDHOOD BEHAVIORAL DISORDERS	1	MINOR	53	5	7,275	0.584697	8	8	10,090	0.496362
758	CHILDHOOD BEHAVIORAL DISORDERS	2	MODERATE	167	6	9,421	0.740106	29	4	5,711	0.542824
758	CHILDHOOD BEHAVIORAL DISORDERS	3	MAJOR	43	8	10,063	0.746083	5	4	9,740	0.642550
758	CHILDHOOD BEHAVIORAL DISORDERS	4	EXTREME	0	21	38,028	1.117175	0	0	0	1.117175
759	EATING DISORDERS	1	MINOR	6	10	16,126	1.337036	0	0	0	1.008904
759	EATING DISORDERS	2	MODERATE	30	27	37,998	1.572814	2	70	110,210	1.159625
759	EATING DISORDERS	3	MAJOR	48	19	26,304	2.747953	1	27	30,228	3.588422
759	EATING DISORDERS	4	EXTREME	8	5	7,886	3.843079	5	3	3,992	7.440395
760	OTHER MENTAL HEALTH DISORDERS	1	MINOR	32	5	7,475	0.640241	8	4	4,397	0.329739
760	OTHER MENTAL HEALTH DISORDERS	2	MODERATE	110	9	13,904	0.763967	3	3	5,398	0.446375
760	OTHER MENTAL HEALTH DISORDERS	3	MAJOR	55	26	45,705	1.100234	0	0	0	0.787266
760	OTHER MENTAL HEALTH DISORDERS	4	EXTREME	3	0	0	3.467889	0	0	0	4.274732

**Table 4**  
**Distribution of Voluntary and Involuntary Psychiatric Admissions by Hospital**  
**for Fiscal Year 2008**

HOSPID	HOSPITAL NAME	VOLUNTARY		INVOLUNTARY		TOTAL NUMBER OF CASES
		NUMBER OF CASES	PERCENT OF CASES	NUMBER OF CASES	PERCENT OF CASES	
210001	Washington County Hospital	687	80.92%	162	19.08%	849
210002	Univ. of Maryland Medical System	1,251	80.71%	299	19.29%	1,550
210003	Prince Georges Hospital	701	82.28%	151	17.72%	852
210004	Holy Cross Hospital of Silver Spring	56	100.00%	0	0.00%	56
210005	Frederick Memorial Hospital	976	97.80%	22	2.20%	998
210006	Harford Memorial Hospital	1,288	100.00%	0	0.00%	1,288
210007	St. Josephs Hospital	840	100.00%	0	0.00%	840
210008	Mercy Medical Center, Inc.	43	100.00%	0	0.00%	43
210009	Johns Hopkins Hospital	2,548	95.32%	125	4.68%	2,673
210010	Dorchester General Hospital	647	100.00%	0	0.00%	647
210011	St. Agnes Hospital	62	100.00%	0	0.00%	62
210012	Sinai Hospital	1,079	80.70%	258	19.30%	1,337
210013	Bon Secours Hospital	957	84.09%	181	15.91%	1,138
210015	Franklin Square Hospital	1,270	94.35%	76	5.65%	1,346
210016	Washington Adventist Hospital	1,502	80.80%	357	19.20%	1,859
210017	Garrett County Memorial Hospital	27	100.00%	0	0.00%	27
210018	Montgomery General Hospital	1,160	100.00%	0	0.00%	1,160
210019	Peninsula Regional Medical Center	520	81.50%	118	18.50%	638
210022	Suburban Hospital Association, Inc	1,010	100.00%	0	0.00%	1,010
210023	Anne Arundel General Hospital	50	100.00%	0	0.00%	50
210024	Union Memorial Hospital	1,467	92.15%	125	7.85%	1,592
210025	The Memorial Hospital	18	94.74%	1	5.26%	19
210027	Sacred Heart Hospital	922	86.09%	149	13.91%	1,071
210028	St. Marys Hospital	415	98.81%	5	1.19%	420
210029	Johns Hopkins Bayview Med. Center	976	100.00%	0	0.00%	976
210030	Chester River Hospital Center	18	100.00%	0	0.00%	18
210032	Union Hospital of Cecil County	464	100.00%	0	0.00%	464
210033	Carroll County General Hospital	1,437	97.82%	32	2.18%	1,469
210034	Harbor Hospital Center	75	100.00%	0	0.00%	75
210035	Civista Medical Center	23	100.00%	0	0.00%	23
210037	Memorial Hospital at Easton	37	100.00%	0	0.00%	37
210038	Maryland General Hospital	1,327	94.25%	81	5.75%	1,408
210039	Calvert Memorial Hospital	543	87.44%	78	12.56%	621
210040	Northwest Hospital Center, Inc.	519	61.35%	327	38.65%	846
210043	Baltimore Washington Medical Center	926	94.11%	58	5.89%	984
210044	Greater Baltimore Medical Center	91	100.00%	0	0.00%	91
210045	McCready Foundation, Inc.	6	100.00%	0	0.00%	6
210048	Howard County General Hospital	841	100.00%	0	0.00%	841
210049	Upper Chesapeake Medical Center	117	100.00%	0	0.00%	117
210051	Doctors Community Hospital	35	100.00%	0	0.00%	35
210054	Southern Maryland Hospital	894	66.17%	457	33.83%	1,351
210055	Laurel Regional Hospital	641	99.84%	1	0.16%	642
210056	Good Samaritan Hospital	99	100.00%	0	0.00%	99
210057	Shady Grove Adventist Hospital	67	98.53%	1	1.47%	68
210060	Fort Washington Medical Center	10	100.00%	0	0.00%	10
210061	Atlantic General Hospital	9	100.00%	0	0.00%	9
210080	Sinai Oncology	8	100.00%	0	0.00%	8
210904	Johns Hopkins Oncology Center	2	100.00%	0	0.00%	2
218994	University (UMCC)	2	100.00%	0	0.00%	2
	State wide Total	28,663	90.34%	3,064	9.66%	31,727



## **Recommendation for FY 2010 Casemix Adjustments**

### **Background**

The FY2010 rate update approved by the Commission consists of two components: a base update and an allowance for case mix growth. The Commission was presented with two very different proposals:

- A staff proposal calling for a 0.49% base update with a 1.0% limit for case mix growth; and,
- A hospital industry proposal calling for a 2.72% base update with a 0.75% limit for case mix growth.

The Commission's final decision reflected a compromise between the two proposals: a base update of 1.49% with a 0.5% limit for case mix growth. In keeping with the policy for adjusting case mix growth in FY09, it would be assumed that case mix would be adjusted proportionately if actual measured casemix growth exceeded 0.5%. A proportional case mix adjustment means that if, for example, overall system case mix grows by 1.0%, and there were no hospitals with negative case mix growth, then all hospitals would have their allowed case mix growth adjusted by multiplying the hospital measured case mix growth by one half to provide an overall increase of 0.5%. (0.5% allowed/1.0% measured). Thus, in that situation:

- Hospital measured case mix growth of 0.6% will result in allowed case mix growth of 0.3% ( $0.6\% \times .5$ ); and,
- Hospital measured case mix growth of 6.0% will result in allowed case mix growth of 3.0% ( $6.0\% \times .5$ ).

### **Problem**

The base update for FY10 rate year is low when compared to previous updates. The policy of proportionally adjusting every hospital's case mix growth may have the unintended consequence of severely limiting resources for hospitals that experience real additional costs due to significant case mix growth. The allowance for case mix in hospital charge targets is intended to allow hospitals to receive the resources necessary to account for the additional costs associated with treating higher need patients.

The rate setting system expects that hospitals will manage their available resources effectively and, where possible and necessary, capture available cost savings. In a more typical year, when the base update is relatively generous, a restricted level of case mix growth may be problematic, but hospitals have room to adjust for the costs of case mix growth within the larger context of general revenue growth.

In the current environment, when the base update is quite low, hospitals experiencing significant growth in case mix and its attendant costs will face an especially daunting management challenge. Consider the following two hypothetical hospitals:

- Hospital A had measured case mix growth of 0.6% which resulted in allowed case mix growth of 0.3%. This hospital will likely react with a combination of the following: improve efficiency, find cost savings, and/or reduce operating margin to cover the 0.3% percent difference between actual case mix and the amount built into rates. This is a management challenge, but an achievable one.
- Hospital B had measured case mix growth of 6.0% which resulted in allowed case mix growth of 3.0%. This hospital will have the same combination of tools at its disposal as Hospital A (improved efficiency, cost savings, lower margins, etc) but must make up a much larger 3.0% difference. Obviously, the management challenge facing Hospital B is far more daunting.

Note, that while these hospital examples are hypothetical, this range or difference in measured case mix across hospitals is quite common in any given year.

It is the goal of the rate setting process to provide hospitals with charge targets that, assuming efficient operation, can be met by hospitals. The strict imposition of a proportional adjustment for case mix is contrary to that goal. Staff believes the following recommendation will result in a more equitable distribution of scarce resources among hospitals.

As noted above, the Commission approved update included a compromise suggested by the hospital industry. This update called for a relatively more base update and a relatively low allowance for case mix growth. The approved rate update provided all hospitals a base update of 1.49% and statewide case mix growth of 0.5%. Staff recommends that this amount of case mix growth be accounted for when apportioning the 0.5% of case mix growth allowed for the FY 2010 rates. The purpose of this recommendation is to allow hospitals with significant growth in case mix to receive additional resources to allow them to cover the cost associated with treating higher need patients.

### **Public Comments on the Draft Recommendation**

During the Draft Recommendation comment period that ended June 24, 2009, staff received only one comment letter. The letter is attached to the appendix section of this document. The lone letter from the Maryland Hospital Association was supportive of the recommendation.

## **Recommendation**

Staff recommends the following steps in calculating case mix growth:

- Step 1. For each hospital, the first 0.6% of case mix growth will be treated as equal to 0. The 0.6% reflects the 0.5% in case mix included in the base rate, adjusted to reflect the variable cost (85%) associated with increased volume.
- Step 2. Calculate the overall case mix growth based on the adjustment in Step 1. This may be sufficient to achieve the desired case mix growth. If not, proceed to steps 3 and 4.
- Step 3. Calculate a proportional adjustment factor to achieve the 0.5% case mix growth target.
- Step 4. Calculate a hospital's allowed case mix based on its individual experience. (((Hospital Measured Case Mix) – (0.6% case mix in base)) multiplied by a case mix adjustment factor).

## Appendix



Maryland  
Hospital Association

**MHA**

6820 Deerpath Road  
Elkridge, Maryland 21075-6234  
Tel: 410-379-6200  
Fax: 410-379-8239

June 18, 2009

*Sent via e-mail. Hard copy to follow.*

Mr. Nduka Udom  
Associate Director, Methodology  
Health Services Cost Review Commission  
4160 Patterson Avenue  
Baltimore, MD 21215

Dear Mr. Udom:

On behalf of the 67 members of The Maryland Hospital Association (MHA), I appreciate the opportunity to comment on the HSCRC case-mix methodology for involuntary psychiatric admissions and the FY 2010 case-mix adjustments. The comments below are based on the June 4 Financial Technical Issues Task Force (FTITF) conference call.

#### **Voluntary and Involuntary Psychiatric Admissions**

MHA's FTITF was supportive of the proposal to group psychiatric cases using the APR-DRG grouper. The psychiatric cases would then be classified into two categories: voluntary psychiatric admissions and involuntary psychiatric admissions. Case weights would then be developed for each DRG/severity/admission type cell. This new approach will be effective July 1, 2009; however, MHA still considers this approach to be an interim one since the proposed methodology only explains 13.4 percent of the variation. We recommend that the HSCRC, 3M, MHA, and others continue to develop approaches, which will increase the explanatory power in the psychiatric admissions area.

#### **FY 2010 Case-Mix Adjustments**

MHA Task Force members were generally supportive of the HSCRC staff proposal when overall statewide case-mix increases greater than one percent. We recommend that if the overall statewide increase in case-mix is 0.5 percent or less, there would be no case-mix governor. Also, we recommend that if the overall statewide case-mix is between 0.5 percent and 1.0 percent that a proportional governor (FY 2009 methodology) be used uniformly, so that the full 0.5 percent case-mix growth allowance is distributed.

In conclusion, we appreciate the opportunity to provide input on these proposed changes. Should you have any questions, please contact me at 410-379-6200.

Sincerely,

Robert Z. Vovak  
Senior Vice President and CFO

cc: Financial Technical Issues Task Force

## Ndukau Udom

---

**From:** gkuberski [gkuberski@cmhlink.org]  
**Sent:** Wednesday, June 24, 2009 5:13 PM  
**To:** Ndukau Udom  
**Subject:** Public Comment Draft Recc. to Modify Case Mix Methodology/ Invol. Psych Admits

To Whom It May Concern, as an advocate for the Mentally Ill and a Director for Behavior Health services, I would like to comment on the draft recommendations to Modify the Case Mix Methodology for Involuntary Psychiatric Admissions. My concerns are as follows:

1. More than half the DRG-Severity groups (25 of 48 groups) have a *lower* CMI for involuntary patients than for voluntary patients.
2. The term "involuntary" is not clearly defined. Not all patients admitted on an involuntary basis go to hearing, or may go to hearing and be released. More often, others may go to hearing, be retained, require med panel and remain on the inpatient unit for 20-30 days. It would be important for all to have the same understanding of what criteria constitutes an involuntary patient.
3. Continued reduction of funding for inpatient psych care (during a time of or a causal factor for declining psych beds and overcrowding of ERs). Psychiatric DRG total case mix (DRG 740-760) has gone from 3.56% of all health care funding in FY03 to 3.03% in the draft proposal; a reduction of 15% over 7 years. In the same 7 year period CMIs for non-psychiatric DRGs *increased* 0.22%.

I appreciate your time and allowing for my input.

Thank you,

Georganne Kuberski RN, MSN

Georganne Kuberski RN, MSN  
Director, Behavior Health Services  
Calvert Memorial Hospital  
Prince Frederick, MD. 20678  
410-535-8137

## Ndukau Udom

---

**From:** Steve Daviss MD (DrD@gmail) [drdaviss@gmail.com]  
**Sent:** Wednesday, June 24, 2009 4:21 PM  
**To:** ndukan@hscrc.state.md.us  
**Subject:** Public comment submission for Changes to Case Mix for Involuntary Psychiatric Admissions

**Importance:** High

The following are my public comments on the "Draft Recommendation to Modify the Case Mix Methodology for Involuntary Psychiatric Admissions."

I am a Past-President for the Maryland Psychiatric Society and currently am Chair of the Department of Psychiatry at Baltimore Washington Medical Center. I have been involved in some of the discussions leading up to the current proposal, but of course, the devil is in the details.

On the plus side, I think these changes may make those few hospitals who do not take involuntary patients think twice about that decision, thus marginally improving access to additional psychiatric beds for this population.

On the negative side, please see my numbered comments below for further explanation. My main points are the following:

- 1) half of the DRG-Severity groups pay LESS for involuntary cases;
- 2) altering your definition of "involuntary" by including only those who made it to hearing or postponement may improve explanatory power;
- 3) the current proposal will result in a net loss of over a million dollars (net reduction in CMI=133.4) for total psych revenue compared to sticking to what currently exists; and
- 4) the total portion of the health care pie accounted for by inpatient psychiatry is dropping out of proportion to volume changes or the rest of medicine.

### FURTHER EXPLANATION:

#### 1. INCONSISTENT CMI.

More than half of the DRG-Severity groups have a LOWER CMI for involuntary patients than for voluntary patients. Of the 48 groups, 25 of them have lower involuntary CMI weights. Wasn't the whole point to recognize the longer LOS typical of involuntary cases?

#### 2. DEFINITION OF "INVOLUNTARY".

The original data set upon which the analysis is based likely contains inconsistent data due to the lack of a consistent definition for "involuntary". This could include those who come in as involuntary and switch to voluntary the next day; those who come in voluntary and convert to involuntary later; those who never go to hearing and are released after 3 days; and those who go to hearing, and later a medication review panel, and are then are released after 3 months.

Example: My hospital's overall LOS for this period is 5.6 days:

voluntary=5.1 days (n=772); involuntary=9.2 days (n=111).

If you just look at the LOS for pts who made it to a hearing date, their average LOS was 16.3 days (n=34).

And if you look at those who went to a Med Panel hearing, their LOS was 24.4 days (n=8).

If you remove the 34 involuntary cases who went to Hearing (or had their hearing postponed by the judge), then the average LOS for the balance of the involuntary cases is 6.1 days, not so much different than 5.1 for the voluntary cases.

If HSCRC adjusts the definition for "involuntary" to mean those taken to hearing or postponed, I suspect the explanatory power will be much higher. Since "going to hearing" is psychiatry's equivalent of a maximally high severity procedure, I suggest that you request 3M to revise the logic and make anyone who fits this new definition of Involuntary a Level 4 severity. Alternatively, if this involuntary status data is reported separately to the state, then you could automatically assign these to a Severity level of 4. This probably represents 3-4% of all psychiatric admissions.

### 3. NET REDUCTION OF REVENUE FOR FY2010.

The current proposal will result in a net loss of over a million dollars for total psych revenue compared to sticking to what you have now. The calculations for the entire state (based on the table the HSCRC provided) show the new rates to provide a total increase for Involuntary pts of 10.6% in total CMI (old=2240.9, new=2479.2) while the corresponding drop in voluntary total CMI is 1.84% (old=20550.8, new=20173.6). Adding both the voluntary and involuntary cases together shows that the total revenue for all pts for this list of DRGs is 22,652.8 under the new system, vs 22,786.2 under the old system. This net reduction of 133.44 corresponds to an almost \$1.3M reduction in spending for mental health patients in Maryland.

### 4. NET REDUCTION OF FUNDING FOR INPATIENT PSYCHIATRIC CARE OVER TIME.

Psychiatric DRG total case mix (DRG 740-760) has gone from 3.56% of all health care funding in FY03 to 3.03% in the proposed scheme -- a total reduction of 15% over 7 years. During this time, the proportion of Psych DRG cases has dropped only 6.6%, meaning that Psychiatry has taken a disproportionate hit over that time. Total CMI for non- psychiatric cases remained essentially unchanged during the same time period.

In 2003, the average CMI per admission for this population was 0.7846; in 2007 it was 0.7459 (a 4.94% reduction from 2003); in FY2009 it was 0.7182 (an 8.47% reduction from 2003); and the current proposal results in an average CMI of 0.7140 (an 8.63% reduction from 2003). During this same 7-year period, the CMIs for non-psychiatric DRGs went from 1.0102 to 1.0125, an \*increase\* of 0.22%.

The net result is that of a progressive defunding of inpatient psychiatric services over this period of time, contributing to declines in psychiatric bed availability and overcrowding in emergency departments.

While the proposal may carry a small increase in the explanatory capability for the variance in expenses, it also carries with it a continuation of the progressive erosion of funding for psychiatric services.

I am asking that the HSCRC consider restoring the relative proportion of total mental health care funding that this population had seven years ago, accounting for population changes. Not only is this equitable, it is also in the public interest to improve the availability and financial viability of needed inpatient treatment. I would also ask the Commission to consider the other three points above in revising this first draft of how to best create a distinction based on voluntary and involuntary admission to enhance the case mix methodology for psychiatric cases and more accurately align hospital payment with resource utilization under the Charge-Per-Case system.

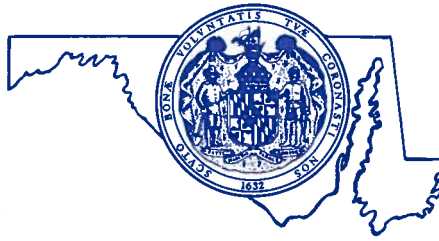
Thank you for your consideration.

Sincerely,

=Steven R. Daviss MD, DFAPA



STATE OF MARYLAND  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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**HEALTH SERVICES COST REVIEW COMMISSION**  
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Deputy Director  
Hospital Rate Setting  
  
Patrick Redmon  
Deputy Director  
Research and Methodology

To: Chief Financial Officers

From: Brian G. Jacque  
Chief, Information Management and  
Program Administration

Date: August 8, 2003

Re: Involuntary Psychiatric Admissions

---

For Fiscal Year 2004, the Health Services Cost Review Commission staff has recommended that the Commission add a new DRG for psychiatric patients who are involuntarily admitted to acute care hospitals. Since these patients constitute a unique set of psychiatric patients with higher resource intensity, the HSCRC staff has proposed to segregate these services and create a unique casemix weight for them. To create this new DRG, however, we need additional information to identify involuntary patients. The purpose of this memorandum is to describe the additional information that hospitals will need to report to get credit for these cases.

Data for FY 2003 will be used to establish a base case mix index for FY 2004. To establish the correct base case mix index, each hospital with involuntary psychiatric admissions in FY 2003 (July 1, 2002 through June 30, 2003) must submit additional information.

For the period July 1, 2002 through December 30, 2002, each hospital must submit to the HSCRC the hospital's provider number, the patient's medical record number, admission date and discharge date. The staff will flag each case to properly group the data and establish case mix weights. Please note that this information is highly confidential. This information should be submitted, in one shipment, on disc to the HSCRC via Federal Express or another secure method of delivery that enables the HSCRC staff to sign for



the sealed package. The HSCRC should receive these data elements no later than September 9, 2003.

For the period January 1, 2003 through June 30, 2003, hospitals must resubmit their entire inpatient data abstract to the HSCRC. To properly identify these cases, each record must be identified by placing the letter "I" in the Reserved Data Field (Filler) located on Record Type 1, position 242. Security measures for the routine quarterly discharge abstract data submissions should be followed when resubmitting this data. The HSCRC should receive this revised data no later than September 9, 2003.

For fiscal year 2004 and beyond, involuntary psychiatric admissions must be identified, as above, by placing the letter "I" in the Reserved Data Field (Filler) located on Record Type 1, position 242. Identification of these cases will be included in the first fiscal year quarter inpatient data abstract due November 17, 2003.

For a discharge to qualify as an involuntary psychiatric case, at least two physicians or one physician and one psychologist must complete certificates for involuntary admission. In addition, all of the following criteria must be met:

- 1) The patient has a mental illness;
- 2) The patient needs inpatient care or treatment;
- 3) The patient presents a danger to themselves or others;
- 4) The patient is unable or unwilling to be admitted voluntarily; and
- 5) There is no available, less restrictive form of care or treatment to meet the patients needs

If the patient is 65 years or older and is involuntarily admitted to a hospital, a geriatric evaluation team must also have determined that there is no less restrictive environment than the hospital where the patient can receive needed care or treatment.

Please note that it is essential to maintain complete medical record documentation to support these involuntary admissions. Future audits will be performed to substantiate these cases.

If you have any questions regarding this issue, please do not hesitate to call me at (410) 764-2566.

Draft Recommendation on Handling Charity Care in the Uncompensated Care Provision  
has been removed and is under revision.

STATE OF MARYLAND  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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For further information call:

Robert B. Murray  
410-764-2605

\*  
\*

For release 1:30 p.m. EST  
Wednesday, July 1, 2009

### **Average Amount Paid For a Hospital Stay in Maryland**

The average amount paid for a hospital stay in Maryland rose below the national level of increase in Fiscal Year (FY) 2008. According to a report released today by the Maryland Health Services Cost Review Commission (HSCRC), patients at Maryland's hospitals paid, on average, \$10,443 for a hospital admission in FY 2008, slightly up from the \$10,039 paid in the previous fiscal year. This amounts to a 4% level of growth and is below the anticipated national average increase of 5.5 percent for the same period. This means that Maryland patients paid \$150 million less than they would have paid if Maryland hospitals' revenue per admission had grown at the national average. Maryland's rate of growth is also below the national Consumer Price Index for Hospital and Related Services of 7.4 percent.

In addition to outperforming the nation in controlling the rate of growth in payments to hospitals, the mark-up in Maryland's costs (i.e., the difference between hospital costs and what hospitals ultimately charge patients) is also the lowest in the nation. The mark-up in Maryland hospitals averaged 22 percent, while the average mark-up for hospitals nationally is 187 percent, according to the most recent data from the American Hospital Association.

In the absence of rate setting, hospitals in the rest of the nation must artificially mark-up their charges excessively in order to cover shortfalls due to uncompensated care, discounts to large HMOs and other third-party payers, and inadequate payments from Medicare and Medicaid. These marked-up charges make payment especially difficult for "self-pay" patients and other third-party payers not granted discounts and present a serious dilemma in healthcare today.

Further, an analysis of hospital costs (i.e., what hospitals expend to provide their services) shows that the average cost per admission at Maryland hospitals increased by only 4 percent compared with an estimated 5.5 percent increase for the rest of the nation for FY 2008. In 1976, the cost of an admission in Maryland hospitals was 26% above the national average. Had cost per admission in Maryland risen at the national rate during the period 1976 through 2008, hospital expenditures would have been \$2.9 billion more in FY 2008 alone. According to the American Hospital Association, Maryland hospitals experienced the third lowest cumulative growth in cost per admission of any state in the nation from 1977 to 2007.

The HSCRC is determined to keep the average rate of growth in the amount paid for an admission in Maryland below the national average. According to the HSCRC Chairman, Donald A. Young, M.D.:

"These challenging economic times make it all the more imperative that we do everything we can to help make quality health care available and affordable to all Marylanders. We also

recognize that the economic conditions have affected everyone, including hospitals; therefore, we must continue to meet our longstanding obligation of addressing responsibly the legitimate needs of the hospitals, while adhering to our core principles that assure effective cost containment, unparalleled access to hospital care, equity in payment, and public accountability. We are very excited that with the cooperation of both the hospital and payer communities, the HSCRC is about to implement another innovative quality initiative relating to potentially preventable hospital-acquired complications, which will solidify Maryland's status as an innovator and leader in reforming health care delivery and finance.”

The report also showed that:

1. Uncompensated care (i.e., bad debt and charity care) was \$1 billion in FY 2008 (8.3 percent of gross patient revenue) compared to \$928 million in FY 2007.
2. Hospital operating profits continued to increase in FY 2008, while substantial losses on non-operating activities resulted in a significant decrease in total hospital profitability:
  - Total profits (otherwise known as “excess profit”), which include profits and losses from operating and non-operating activities (both regulated and unregulated), decreased substantially from \$582 million in FY 2007 (5.2 percent of total revenue) to \$157 million (1.4 percent of total revenue) in FY 2008, largely due to investment losses, both realized and unrealized, and paper losses associated with debt financing obligations of hospitals.

- Operating profits on regulated activities alone in FY 2008 increased to \$561 million (5.2 percent of regulated net operating revenue) from the previous year's \$536 million (5.4 percent of regulated net operating revenue).
  - Operating profits from both regulated and unregulated activities decreased from \$329 million in FY 2007 (3 percent of total net operating revenue) to \$271 million (2.3 percent of total net operating revenue in FY 2008), largely due to increased losses sustained by hospitals for physician-related activity.
3. Total net regulated patient revenue increased 10.7 percent to \$10.6 billion in FY 2008 from 9.8 billion in FY 2007, due, in part, to a one percent increase in admissions.

Chairman Young expressed pride in the All-Payer System and in its ability to spread its benefits to Marylanders, not only in terms of making hospital care more economically efficient and available, but also in improving the quality of the care that they can expect from Maryland's hospitals. Commissioner Young noted that these accomplishments would not be possible without the spirit of cooperation that exists among the chief participants in the System:

“Of all the accomplishments of the All-Payer System over its thirty-eight year history, and there have been many, nothing stands out to me more than the willingness of all participants – providers, payers, business and labor, and HSCRC staff - to put aside provincial interests in favor of producing the healthiest hospital system in America. None of these participants has advocated resting on the laurels of previous accomplishments to inhibit innovative and effective expansion of benefits that the System can provide. That is

why, for example, we are moving ahead in the area of quality improvement, and that is why Marylanders can expect that our state will continue to serve as a model for the rest of the nation in the effort to reform health care effectively and efficiently”

Editor's Note: The Disclosure of Hospital Financial and Statistical Data report can be found in PDF under Financial Data Reports/Financial Disclosure. The HSCRC website can be found at: [HTTP://www.hscrc.state.md.us](http://www.hscrc.state.md.us).



For further information call:  
Robert B. Murray \*

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For release 1:30 p.m. EST  
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410-764-2605

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**DISCLOSURE OF**  
**HOSPITAL FINANCIAL AND STATISTICAL DATA**

The average amount paid for a hospital stay in Maryland rose below the national level of increase in Fiscal Year (FY) 2008. According to figures released today by the Health Services Cost Review Commission (HSCRC), patients at Maryland's hospitals paid, on average, \$10,453 for a hospital admission in FY 2008, up 4% from the \$10,039 paid in FY 2007. The average amount paid by a patient nationally for a hospital stay was estimated to have risen by 5.5%, based on data from the Colorado Data Bank, a survey tool utilized by the hospital industry nation-wide to assess overall hospital performance. Maryland's rate of growth is also below the Consumer Price Index for Hospital and Related Services of 7.4 percent nationally.

Also, the mark-up in Maryland hospitals, the difference between hospital costs and hospitals ultimately charge patients, remained the lowest in the nation at 22 percent compared with the average mark-up of 187 percent for hospitals nationally, according to the most recent data from the American Hospital Association (AHA). In the absence of rate setting, non-Maryland hospitals must artificially mark-up their charges by over 180 percent in order to cover shortfalls due to uncompensated care, discounts to large HMOs, and low payments from Medicare and Medicaid.

In Maryland, the payment system builds the cost of uncompensated care into the rates, and all payers pay the same rates for hospital care.

In addition, an analysis of hospital costs shows that the average cost per admission in Maryland hospitals increased by 4 percent during FY 2008. In FY 1976, the cost per adjusted admission to a Maryland hospital was 26 percent above the national average. In FY 2007, the year for which the most recent data are available from AHA, the average cost per adjusted admission in Maryland was at the national average. From 1977 through 2007, Maryland experienced the third lowest cumulative growth in cost per adjusted admission of any state in the nation.

The HSCRC, established to regulate rates for all those who purchase hospital care, is this country's pioneer hospital rate review agency.

The HSCRC began regulating hospital rates in 1974 and has assisted Maryland hospitals for the majority of the intervening years in remaining well below the national rate of hospital cost increases.

Equivalent Inpatient Admissions (EIPAs) is a statistic that equals inpatient admissions plus a conversion of outpatient visits into equivalent admissions.

The new financial disclosure shows that for Maryland acute hospitals in FY 2008:

- 1) The average *charge* per admission for regulated activities increased 4.1 percent to \$12,221 in FY 2008 from \$11,743 in FY 2007.
- 2) The average *cost* per EIPA for regulated activities increased 4 percent to \$10,031 in FY 2008 from \$9,644 in FY 2007.
- 3) The average *payment* received by Maryland hospitals per EIPA for regulated activities increased by 4 percent to \$10,443 in FY 2008 from \$10,039 in FY 2007.
- 4) Profits on regulated activities increased in FY 2008, from \$536 million (5.4 percent of regulated net operating revenue) to \$561 million (or 5.2 percent of regulated net operating revenue).
- 5) Profits on operations (which include profits and losses from regulated and *unregulated* day-to-day activities) decreased from \$329 million (or 3 percent of total net operating revenue) in FY 2007 to \$271 million in FY 2008 (or 2.3 percent of total net operating revenue), largely due to increased losses sustained by hospitals for physician related-activity.
- 6) Total excess profits (which include profits and losses from regulated and unregulated operating and non-operating activities) decreased substantially from \$582 million in FY 2007 (or 5.2 percent of the total revenue) to \$157 million in FY 2008 (or 1.4 percent of the total revenue), largely due to investment losses, both realized and unrealized, and paper losses associated with debt financing obligations of hospitals .

- 7) Total regulated net patient revenue rose from approximately \$9.8 billion in FY 2007 to \$10.6 billion in FY 2008, an increase of 10.7 percent, due, in part, to a one percent increase in admissions.

Outpatient gross revenue was \$3.9 billion. This represented an increase of 12.4 percent in FY 2008 compared with an increase of 9 percent in FY 2007. As a percentage of total revenue, outpatient revenue increased in FY 2008 to 32.21 percent from 29.8 percent in FY 2007.

Regulated hospital admissions increased from 687,320 in FY 2007 to 695,602 in FY 2008, or 1 percent. In addition, hospital emergency room and clinic visits increased from 3,940,471 in FY 2007 to 4,104,908 in FY 2008, or 4.2 percent.

A unique feature of the Maryland hospital rate system is the coverage of the reasonable cost of providing care to those who cannot pay – i.e., uncompensated care. 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. In Maryland alone, uncompensated care is financed by all payers, including Medicare and Medicaid. As a result, there are no charity hospitals in Maryland; patients who are unable to pay are not transferred into hospitals of “last resort.” In 2008, Maryland hospitals incurred \$1 billion of uncompensated care, approximately eight cents of uncompensated care cost for every dollar of gross patient revenue; approximately 85 percent of the statewide uncompensated care expenditure originated in the State's metropolitan areas.

The HSCRC was established by the General Assembly in 1971. It is an independent Commission functioning within the Department of Health and Mental Hygiene. It consists of seven members who are appointed by the Governor. The

Commission'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.

**DISCLOSURE OF HOSPITAL FINANCIAL AND  
STATISTICAL INFORMATION  
FOR HOSPITALS WITH FISCAL YEARS ENDING  
June 30, 2008, August 31, 2008  
and December 31, 2008**

**By:**

**HEALTH SERVICES COST REVIEW COMMISSION**

**July 1, 2009**

## Introduction

Historically, the Commission has published an annual comparison of Maryland hospitals' regulated cost per adjusted admission with the national average cost per adjusted admission in the Executive Summary of its Disclosure of Financial and Statistical Data (Report). In the past, the Commission believed that cost per adjusted admission represented the best measure of hospital costs affected by rate regulation and within a hospital's control. Beginning with the 2003 report, the Commission shifted its primary attention from cost per adjusted admission to net revenue per adjusted admission. The Commission did so because net revenue per adjusted admission better indicates what Maryland citizens pay for hospital care.

In 2004, the Commission made several additional changes to the Report. The first major change was the expansion of the Report to include both regulated and unregulated operating data. Also, the chronology of the data presented in the Report was changed to include all annual data for the fiscal year ended in that calendar year, e.g., data from hospitals with fiscal years that end December 31, 2008 are included with data from hospitals with June 30 and August 31, 2008 fiscal year ends. The Commission implemented these changes so that Maryland hospitals' data would be consistent with the manner in which national hospital data are published by the American Hospital Association.

The Commission will continue to use cost per adjusted admission as a secondary measure of hospital performance in the Report. Because of the importance of per capita costs in determining health care premiums and taxes, the Commission will explore estimates of this measure, which involve the use of migration, case mix, and population data.

## Contents of Report

Under its mandate to "cause the public disclosure of the financial operations of all hospitals" the Commission has prepared comparative statements from information made available by the respective hospitals.

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

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

Exhibit I - Change in Cost per EIPA (Regulated Operations)

Exhibit II - Change in Revenue per Admission (Regulated Operations)

Exhibit III - Change in Uncompensated Care (Regulated Operations)

Exhibit IV - Change in Net Patient Revenue per EIPA (Regulated Operations)

Exhibit V - Change in Net Operating Revenue (Regulated Operations)

Exhibit VI - Change in Total Operating Profit / Loss (Regulated and Unregulated Operations)

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

Gross Patient Revenue means 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 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, revenue from miscellaneous sources, e.g., rental of hospital space, sale of cafeteria meals, gift shop sales, research, Part B physician services, etc. 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 Commission regulated and unregulated inpatient and outpatient care, plus costs associated with Other Operating Revenue. Operating expenses are presented in the 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.

Equivalent Admission (EIPA) is a statistic formulated by the Commission which equals admissions plus a conversion of outpatient visits into equivalent admissions calculated as follows:

$$\text{EIPAs} = \text{Admissions} \quad \times \quad \frac{\text{Total Gross Patient Care Revenues}}{\text{Gross Inpatient Care Revenues}}$$

Average Cost per EIPA is operating costs divided by EIPAs.

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 (i.e., June 30, 2007 and December 31, 2007).

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

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.)

Financial information contained in the 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 Health Services Cost Review Commission, is available at the Commission's offices for public inspection between the hours of 8:30 a.m. and 4:30 p.m. and in PDF under Financial Data Reports/Financial Disclosure on the HSCRC website at [HTTP://www.hscrc.state.md.us](http://www.hscrc.state.md.us).

Notes to the Financial and Statistical Data

1. Admissions include infants transferred to Neo-Natal Intensive Care units in the hospital in which they were born.
2. Revenues and expenses applicable to physician Part B professional services are only included in regulated hospital data in hospitals which had Commission approved physician rates on June 30, 1985 and that have not subsequently requested that those rates be abolished so that the physicians may bill fee-for-service.
3. The Special Hospitals in this Report are: Adventist Health Care-Potomac Ridge, Adventist Health Care-Potomac Ridge Eastern Shore, Adventist Rehabilitation Hospital, Brook Lane Psychiatric Center, Levindale Hebrew Geriatric Center and Hospital, Mt. Washington Pediatric Hospital, Sheppard Pratt Hospital, St. Luke Institute, and University Specialty Hospital.
4. On September 11, 2006, Chesapeake Youth Centers, Inc. sold all of its operating assets to Adventist Healthcare, LLC (d/b/a Potomac Ridge Behavioral Health System).
5. Effective February 1, 2007, Scared Heart Hospital changed its name to Braddock Hospital.

CHANGE IN COST PER EQUIVALANT ADMISSION(EIPA): EXHIBIT I-a  
REGULATED OPERATIONS  
Listed by Alphabetical Order

Hospital	2007				2008				% Change
	Admis- sions	EIPAs	Operating Expenses	Expense per EIPA	Admis- sions	EIPAs	Operating Expenses	Expense per EIPA	
All Acute Hospitals	687,320	979,544	9,446,725,486	9,644.00	695,602	1,011,171	10,143,272,472	10,031.22	4.02%
Anne Arundel Medical Center	22,397	34,558	272,430,922	7,883.30	23,192	35,227	297,433,067	8,443.26	7.10%
Atlantic General Hospital	3,629	7,390	48,706,258	6,590.55	3,724	7,259	54,458,617	7,502.22	13.83%
Baltimore Washington Medical Center	18,247	27,740	217,084,601	7,825.75	19,020	29,258	232,400,584	7,943.12	1.50%
Bon Secours Hospital	7,734	10,039	80,544,848	8,022.85	6,522	9,539	83,627,741	8,766.98	9.28%
Braddock Hospital	9,511	16,773	114,437,502	6,822.80	9,329	17,703	124,455,861	7,030.02	3.04%
Calvert Memorial Hospital	8,078	12,994	77,074,375	5,931.51	8,013	13,562	85,314,807	6,290.91	6.06%
Carroll County General Hospital	15,926	21,047	137,509,445	6,533.50	16,036	21,413	149,106,455	6,963.34	6.58%
Chester River Hospital	3,966	7,716	49,518,932	6,417.30	3,604	6,141	51,171,682	8,332.98	29.85%
Civista Medical Center	7,667	11,730	81,576,289	6,954.37	7,691	11,375	89,777,024	7,892.33	13.49%
Doctors Community Hospital	11,888	17,568	138,656,988	7,892.79	11,698	19,267	143,922,416	7,469.82	( 5.36%)
Dorchester General Hospital	3,337	6,133	33,825,676	5,515.20	3,542	6,220	39,694,261	6,381.51	15.71%
Fort Washington Medical Center	2,951	5,566	35,214,801	6,326.96	3,015	5,928	36,903,906	6,225.47	( 1.60%)
Franklin Square Hospital Center	26,344	36,098	291,018,915	8,061.92	27,643	38,639	306,094,837	7,921.97	( 1.74%)
Frederick Memorial Hospital	16,636	25,543	186,842,579	7,314.82	17,720	26,773	205,133,756	7,662.01	4.75%
G.B.M.C	22,648	38,288	292,355,886	7,635.68	21,388	37,150	316,188,935	8,511.22	11.47%
Garrett County Memorial Hospital	2,747	4,746	27,036,299	5,696.81	2,733	4,830	28,380,547	5,875.94	3.14%
Good Samaritan Hospital	17,012	21,876	205,816,864	9,408.31	17,122	22,601	212,539,046	9,403.86	( 0.05%)
Harbor Hospital Center	13,093	17,288	146,508,393	8,474.42	13,781	18,190	156,929,854	8,627.32	1.80%
Harford Memorial Hospital	6,916	10,921	63,606,094	5,824.17	7,989	12,664	75,087,925	5,929.42	1.81%
Holy Cross Hospital	28,146	36,092	280,877,183	7,782.23	26,865	35,896	293,545,246	8,177.58	5.08%
Howard County General Hospital	14,128	21,339	162,559,946	7,618.10	13,638	20,922	179,292,066	8,569.43	12.49%
Johns Hopkins Bayview Medical Center	22,552	33,468	375,808,189	11,228.79	21,976	32,999	413,255,263	12,523.12	11.53%
Johns Hopkins Hospital	46,252	66,077	1,213,792,687	18,369.27	46,297	67,513	1,298,299,098	19,230.44	4.69%
Kernan Hospital	3,249	4,720	82,212,200	17,416.09	3,366	5,063	88,121,888	17,405.71	( 0.06%)
Laurel Regional Hospital	6,590	9,478	75,326,230	7,947.19	6,637	9,766	79,839,494	8,175.18	2.87%
Maryland General Hospital	11,544	15,121	123,604,535	8,174.20	11,648	15,031	135,532,597	9,016.82	10.31%
McCready Hospital	693	2,125	11,583,263	5,450.60	740	2,319	11,456,983	4,940.02	( 9.37%)
Memorial Hospital at Easton	9,023	14,682	109,557,554	7,462.22	9,750	16,140	125,451,524	7,772.60	4.16%
Memorial Hospital of Cumberland	7,744	12,249	82,213,728	6,711.74	7,817	11,634	82,700,644	7,108.75	5.92%
Mercy Medical Center	17,321	30,010	283,534,365	8,781.57	17,777	32,666	286,723,944	8,777.35	( 0.05%)
Montgomery General Hospital	9,635	13,182	98,753,256	7,491.34	10,225	14,058	110,107,267	7,832.14	4.55%
Northwest Hospital Center	12,878	20,866	147,809,809	7,083.75	12,901	21,496	154,091,772	7,168.56	1.20%
Peninsula Regional Hospital	20,853	28,923	263,403,613	9,106.97	21,022	30,094	279,212,502	9,278.07	1.88%

CHANGE IN COST PER EQUIVALANT ADMISSION(EIPA): EXHIBIT I-a  
 REGULATED OPERATIONS  
 Listed by Alphabetical Order

Hospital	2007				2008				% Change
	Admis- sions	EIPAs	Operating Expenses	Expense per EIPA	Admis- sions	EIPAs	Operating Expenses	Expense per EIPA	
Prince George's Hospital Center	14,355	17,457	194,187,354	11,123.95	13,980	17,385	198,288,498	11,405.58	2.53%
Saint Agnes Hospital	20,567	29,434	255,868,235	8,693.07	19,687	28,454	260,314,417	9,148.54	5.24%
Saint Josephs Medical Center	23,638	29,441	293,507,383	9,969.32	23,361	30,498	322,940,196	10,588.95	6.22%
Saint Mary's Hospital	9,254	16,036	82,860,617	5,167.20	9,694	16,309	88,622,956	5,433.96	5.16%
Shady Grove Adventist Hospital	20,330	29,503	232,476,082	7,879.71	21,170	31,064	256,440,113	8,255.10	4.76%
Sinai Hospital	25,270	37,638	445,682,167	11,841.31	26,491	40,344	485,322,263	12,029.54	1.59%
Southern Maryland Hospital Center	17,317	23,670	165,625,980	6,997.20	17,726	25,911	170,857,254	6,594.10	( 5.76%)
Suburban Hospital	14,194	18,797	175,082,281	9,314.38	14,786	19,822	186,617,041	9,414.49	1.07%
Union Hospital of Cecil County	7,888	13,534	87,195,400	6,442.80	8,605	15,891	93,647,500	5,893.19	( 8.53%)
Union Memorial Hospital	20,036	26,196	295,851,912	11,293.80	20,746	27,433	317,897,600	11,588.12	2.61%
University MIEMSS	7,509	7,839	129,403,496	16,508.24	7,507	7,801	128,907,439	16,523.96	0.10%
University UMCC	1,264	2,633	50,816,422	19,303.07	1,292	2,862	51,929,971	18,144.31	( 6.00%)
University of Maryland Medical Center	25,897	34,164	707,064,558	20,696.39	25,599	33,724	774,992,564	22,980.39	11.04%
Upper Chesapeake Medical Center	14,425	20,240	143,333,188	7,081.52	16,739	23,768	164,803,083	6,933.74	( 2.09%)
Washington Adventist Hospital	17,771	22,718	225,792,348	9,938.96	17,316	22,570	229,896,023	10,185.76	2.48%
Washington County Hospital	16,270	22,989	171,175,839	7,446.09	16,482	24,077	185,543,944	7,706.25	3.49%

CHANGE IN COST PER EQUIVALANT ADMISSION(EIPA): EXHIBIT I-b  
 REGULATED OPERATIONS  
 Listed by Percentage Change of Cost per EIPA

Hospital	2007				2008				% Change
	Admis- sions	EIPAs	Operating Expenses	Expense per EIPA	Admis- sions	EIPAs	Operating Expenses	Expense per EIPA	
Chester River Hospital	3,966	7,716	49,518,932	6,417.30	3,604	6,141	51,171,682	8,332.98	29.85%
Dorchester General Hospital	3,337	6,133	33,825,676	5,515.20	3,542	6,220	39,694,261	6,381.51	15.71%
Atlantic General Hospital	3,629	7,390	48,706,258	6,590.55	3,724	7,259	54,458,617	7,502.22	13.83%
Civista Medical Center	7,667	11,730	81,576,289	6,954.37	7,691	11,375	89,777,024	7,892.33	13.49%
Howard County General Hospital	14,128	21,339	162,559,946	7,618.10	13,638	20,922	179,292,066	8,569.43	12.49%
Johns Hopkins Bayview Medical Center	22,552	33,468	375,808,189	11,228.79	21,976	32,999	413,255,263	12,523.12	11.53%
G.B.M.C	22,648	38,288	292,355,886	7,635.68	21,388	37,150	316,188,935	8,511.22	11.47%
University of Maryland Medical Center	25,897	34,164	707,064,558	20,696.39	25,599	33,724	774,992,564	22,980.39	11.04%
Maryland General Hospital	11,544	15,121	123,604,535	8,174.20	11,648	15,031	135,532,597	9,016.82	10.31%
Bon Secours Hospital	7,734	10,039	80,544,848	8,022.85	6,522	9,539	83,627,741	8,766.98	9.28%
Anne Arundel Medical Center	22,397	34,558	272,430,922	7,883.30	23,192	35,227	297,433,067	8,443.26	7.10%
Carroll County General Hospital	15,926	21,047	137,509,445	6,533.50	16,036	21,413	149,106,455	6,963.34	6.58%
Saint Josephs Medical Center	23,638	29,441	293,507,383	9,969.32	23,361	30,498	322,940,196	10,588.95	6.22%
Calvert Memorial Hospital	8,078	12,994	77,074,375	5,931.51	8,013	13,562	85,314,807	6,290.91	6.06%
Memorial Hospital of Cumberland	7,744	12,249	82,213,728	6,711.74	7,817	11,634	82,700,644	7,108.75	5.92%
Saint Agnes Hospital	20,567	29,434	255,868,235	8,693.07	19,687	28,454	260,314,417	9,148.54	5.24%
Saint Mary's Hospital	9,254	16,036	82,860,617	5,167.20	9,694	16,309	88,622,956	5,433.96	5.16%
Holy Cross Hospital	28,146	36,092	280,877,183	7,782.23	26,865	35,896	293,545,246	8,177.58	5.08%
Shady Grove Adventist Hospital	20,330	29,503	232,476,082	7,879.71	21,170	31,064	256,440,113	8,255.10	4.76%
Frederick Memorial Hospital	16,636	25,543	186,842,579	7,314.82	17,720	26,773	205,133,756	7,662.01	4.75%
Johns Hopkins Hospital	46,252	66,077	1,213,792,687	18,369.27	46,297	67,513	1,298,299,098	19,230.44	4.69%
Montgomery General Hospital	9,635	13,182	98,753,256	7,491.34	10,225	14,058	110,107,267	7,832.14	4.55%
Memorial Hospital at Easton	9,023	14,682	109,557,554	7,462.22	9,750	16,140	125,451,524	7,772.60	4.16%
All Acute Hospitals	687,320	979,544	9,446,725,486	9,644.00	695,602	1,011,171	10,143,272,472	10,031.22	4.02%
Washington County Hospital	16,270	22,989	171,175,839	7,446.09	16,482	24,077	185,543,944	7,706.25	3.49%
Garrett County Memorial Hospital	2,747	4,746	27,036,299	5,696.81	2,733	4,830	28,380,547	5,875.94	3.14%
Braddock Hospital	9,511	16,773	114,437,502	6,822.80	9,329	17,703	124,455,861	7,030.02	3.04%
Laurel Regional Hospital	6,590	9,478	75,326,230	7,947.19	6,637	9,766	79,839,494	8,175.18	2.87%
Union Memorial Hospital	20,036	26,196	295,851,912	11,293.80	20,746	27,433	317,897,600	11,588.12	2.61%
Prince George's Hospital Center	14,355	17,457	194,187,354	11,123.95	13,980	17,385	198,288,498	11,405.58	2.53%
Washington Adventist Hospital	17,771	22,718	225,792,348	9,938.96	17,316	22,570	229,896,023	10,185.76	2.48%
Peninsula Regional Hospital	20,853	28,923	263,403,613	9,106.97	21,022	30,094	279,212,502	9,278.07	1.88%
Harford Memorial Hospital	6,916	10,921	63,606,094	5,824.17	7,989	12,664	75,087,925	5,929.42	1.81%
Harbor Hospital Center	13,093	17,288	146,508,393	8,474.42	13,781	18,190	156,929,854	8,627.32	1.80%

CHANGE IN COST PER EQUIVALANT ADMISSION(EIPA): EXHIBIT I-b  
 REGULATED OPERATIONS  
 Listed by Percentage Change of Cost per EIPA

Hospital	2007				2008				% Change
	Admis- -sions	EIPAs	Operating Expenses	Expense per EIPA	Admis- -sions	EIPAs	Operating Expenses	Expense per EIPA	
Sinai Hospital	25,270	37,638	445,682,167	11,841.31	26,491	40,344	485,322,263	12,029.54	1.59%
Baltimore Washington Medical Center	18,247	27,740	217,084,601	7,825.75	19,020	29,258	232,400,584	7,943.12	1.50%
Northwest Hospital Center	12,878	20,866	147,809,809	7,083.75	12,901	21,496	154,091,772	7,168.56	1.20%
Suburban Hospital	14,194	18,797	175,082,281	9,314.38	14,786	19,822	186,617,041	9,414.49	1.07%
University MIEMSS	7,509	7,839	129,403,496	16,508.24	7,507	7,801	128,907,439	16,523.96	0.10%
Good Samaritan Hospital	17,012	21,876	205,816,864	9,408.31	17,122	22,601	212,539,046	9,403.86	( 0.05%)
Mercy Medical Center	17,321	30,010	263,534,365	8,781.57	17,777	32,666	286,723,944	8,777.35	( 0.05%)
Kernan Hospital	3,249	4,720	82,212,200	17,416.09	3,366	5,063	88,121,888	17,405.71	( 0.06%)
Fort Washington Medical Center	2,951	5,566	35,214,801	6,326.96	3,015	5,928	36,903,906	6,225.47	( 1.60%)
Franklin Square Hospital Center	26,344	36,098	291,018,915	8,061.92	27,643	38,639	306,094,837	7,921.97	( 1.74%)
Upper Chesapeake Medical Center	14,425	20,240	143,333,188	7,081.52	16,739	23,768	164,803,083	6,933.74	( 2.08%)
Doctors Community Hospital	11,888	17,568	138,656,988	7,892.79	11,698	19,267	143,922,416	7,469.82	( 5.36%)
Southern Maryland Hospital Center	17,317	23,670	165,625,980	6,997.20	17,726	25,911	170,857,254	6,594.10	( 5.76%)
University UMCC	1,264	2,633	50,816,422	19,303.07	1,292	2,862	51,929,971	18,144.31	( 6.00%)
Union Hospital of Cecil County	7,888	13,534	87,195,400	6,442.80	8,605	15,891	93,647,500	5,893.19	( 8.53%)
McCready Hospital	893	2,125	11,583,263	5,450.80	740	2,319	11,456,983	4,940.02	( 9.37%)

CHANGE IN REVENUE PER ADMISSION: EXHIBIT II-a  
 REGULATED OPERATIONS  
 Listed by Alphabetical Order

Hospital	2007			2008			Volume % Change	Revenue % Change
	Admis- sions	Inpatient Revenue \$	Revenue Per Admission	Admis- sions	Inpatient Revenue \$	Revenue Per Admission		
Anne Arundel Medical Center	22,397	211,242,600	9,431.74	23,192	237,889,800	10,257.41	3.55%	8.75%
Atlantic General Hospital	3,629	31,254,200	8,612.34	3,724	37,673,500	10,116.41	2.62%	17.46%
Baltimore Washington Medical Center	18,247	174,524,500	9,564.56	19,020	184,778,200	9,714.94	4.24%	1.57%
Bon Secours Hospital	7,734	77,316,700	9,996.99	6,522	69,861,800	10,711.71	( 15.67%)	7.15%
Braddock Hospital	9,511	81,969,800	8,618.42	9,329	81,123,100	8,695.80	( 1.91%)	0.90%
Calvert Memorial Hospital	8,078	58,504,200	7,242.41	8,013	60,472,200	7,546.76	( 0.80%)	4.20%
Carroll County General Hospital	15,926	128,238,000	8,052.12	16,036	139,490,000	8,698.55	0.69%	8.03%
Chester River Hospital	3,966	29,304,100	7,388.83	3,604	32,537,200	9,028.08	( 9.13%)	22.19%
Civista Medical Center	7,667	59,717,700	7,788.93	7,691	67,655,500	8,796.71	0.31%	12.94%
Doctors Community Hospital	11,888	114,788,300	9,655.81	11,698	105,930,700	9,055.45	( 1.60%)	( 6.22%)
Dorchester General Hospital	3,337	23,400,253	7,012.36	3,542	27,330,800	7,716.21	6.14%	10.04%
Fort Washington Medical Center	2,951	23,250,441	7,878.83	3,015	24,202,246	8,027.28	2.17%	1.88%
Franklin Square Hospital Center	26,344	267,954,000	10,171.35	27,643	287,363,400	10,395.52	4.93%	2.20%
Frederick Memorial Hospital	16,636	144,541,700	8,688.49	17,720	162,036,600	9,144.28	6.52%	5.25%
G.B.M.C	22,648	204,261,200	9,018.95	21,388	206,753,700	9,666.81	( 5.56%)	7.18%
Garrett County Memorial Hospital	2,747	18,851,100	6,862.43	2,733	18,590,100	6,802.09	( 0.51%)	( 0.88%)
Good Samaritan Hospital	17,012	197,491,100	11,608.93	17,122	201,067,400	11,743.22	0.65%	1.16%
Harbor Hospital Center	13,093	136,429,500	10,420.03	13,781	146,993,400	10,666.38	5.25%	2.36%
Harford Memorial Hospital	6,916	50,798,000	7,345.00	7,989	62,006,900	7,761.53	15.51%	5.67%
Holy Cross Hospital	28,146	274,500,100	9,752.72	26,865	286,746,400	10,673.61	( 4.55%)	9.44%
Howard County General Hospital	14,128	126,011,200	8,919.25	13,638	138,385,200	10,147.03	( 3.47%)	13.77%
Johns Hopkins Bayview Medical Center	22,552	299,022,200	13,259.23	21,976	328,222,100	14,935.48	( 2.55%)	12.64%
Johns Hopkins Hospital	46,252	995,863,600	21,531.25	46,297	1,050,930,100	22,699.75	0.10%	5.43%
Kernan Hospital	3,249	61,479,154	18,922.49	3,366	64,685,400	19,217.29	3.60%	1.56%
Laurel Regional Hospital	6,590	59,599,400	9,043.92	6,637	63,304,800	9,538.16	0.71%	5.46%
Maryland General Hospital	11,544	130,215,400	11,279.92	11,648	139,976,800	12,017.24	0.90%	6.54%
McCready Hospital	693	5,192,900	7,493.36	740	5,451,953	7,367.50	6.78%	( 1.68%)
Memorial Hospital at Easton	9,023	78,218,945	8,668.84	9,750	87,055,600	8,928.78	8.06%	3.00%
Memorial Hospital of Cumberland	7,744	61,764,000	7,975.72	7,817	67,989,600	8,697.66	0.94%	9.05%
Mercy Medical Center	17,321	187,598,700	10,830.71	17,777	192,233,000	10,813.58	2.63%	( 0.16%)
Montgomery General Hospital	9,635	88,636,800	9,199.46	10,225	98,291,000	9,612.81	6.12%	4.49%
Northwest Hospital Center	12,878	118,402,300	9,194.15	12,901	120,758,100	9,360.37	0.18%	1.81%
Peninsula Regional Hospital	20,853	241,801,700	11,595.54	21,022	256,345,800	12,194.17	0.81%	5.16%
Prince George's Hospital Center	14,355	197,216,300	13,738.51	13,980	194,542,400	13,915.77	( 2.61%)	1.29%
Saint Agnes Hospital	20,567	225,948,700	10,985.98	19,687	230,781,400	11,722.53	( 4.28%)	6.70%
Saint Josephs Medical Center	23,638	277,137,500	11,724.24	23,361	278,674,600	11,929.05	( 1.17%)	1.75%
Saint Mary's Hospital	9,254	61,262,900	6,620.15	9,694	68,148,400	7,029.96	4.75%	6.19%



CHANGE IN REVENUE PER ADMISSION: EXHIBIT II-a  
 REGULATED OPERATIONS  
 Listed by Alphabetical Order

Hospital	2007			2008			Volume % Change	Revenue % Change
	Admis- sions	Inpatient Revenue \$	Revenue Per Admission	Admis- sions	Inpatient Revenue \$	Revenue Per Admission		
Shady Grove Adventist Hospital	20,330	195,892,413	9,635.63	21,170	207,410,990	9,797.40	4.13%	1.68%
Sinai Hospital	25,270	381,121,400	15,081.97	26,491	395,509,500	14,929.96	4.83%	( 1.01%)
Southern Maryland Hospital Center	17,317	158,228,500	9,137.18	17,726	155,004,300	8,744.46	2.36%	( 4.30%)
Suburban Hospital	14,194	149,902,900	10,561.00	14,786	164,832,900	11,147.90	4.17%	5.56%
Union Hospital of Cecil County	7,888	60,029,500	7,610.23	8,605	63,052,200	7,327.39	9.09%	( 3.72%)
Union Memorial Hospital	20,036	281,625,700	14,055.98	20,746	312,625,300	15,069.18	3.54%	7.21%
University MIEMSS	7,509	176,603,300	23,518.88	7,507	172,807,900	23,019.57	( 0.03%)	( 2.12%)
University UMCC	1,264	29,702,900	23,499.13	1,292	27,186,800	21,042.41	2.22%	( 10.45%)
University of Maryland Medical Center	25,897	644,338,400	24,880.81	25,599	665,929,600	26,013.89	( 1.15%)	4.55%
Upper Chesapeake Medical Center	14,425	120,460,500	8,350.81	16,739	138,667,700	8,284.11	16.04%	( 0.80%)
Washington Adventist Hospital	17,771	202,901,525	11,417.56	17,316	214,370,568	12,379.91	( 2.56%)	8.43%
Washington County Hospital	16,270	146,478,500	9,002.98	16,482	157,356,800	9,547.19	1.30%	6.04%
	=====	=====	=====	=====	=====	=====	=====	=====
	687,320	8,070,994,731	11,742.70	695,602	8,501,033,757	12,221.12	1.20%	4.07%

CHANGE IN REVENUE PER ADMISSION: EXHIBIT II-b  
REGULATED OPERATIONS  
Listed by Percentage Change of Revenue per Admission

Hospital	2007			2008			Volume % Change	Revenue % Change
	Admis- sions	Inpatient Revenue \$	Revenue Per Admission	Admis- sions	Inpatient Revenue \$	Revenue Per Admission		
Chester River Hospital	3,966	29,304,100	7,388.83	3,604	32,537,200	9,028.08	( 9.13%)	22.19%
Atlantic General Hospital	3,629	31,254,200	8,612.34	3,724	37,873,500	10,116.41	2.62%	17.46%
Howard County General Hospital	14,128	126,011,200	8,919.25	13,638	138,385,200	10,147.03	( 3.47%)	13.77%
Civista Medical Center	7,667	59,717,700	7,788.93	7,691	67,655,500	8,796.71	0.31%	12.94%
Johns Hopkins Bayview Medical Center	22,552	299,022,200	13,259.23	21,976	328,222,100	14,935.48	( 2.55%)	12.64%
Dorchester General Hospital	3,337	23,400,253	7,012.36	3,542	27,330,800	7,716.21	6.14%	10.04%
Holy Cross Hospital	28,146	274,500,100	9,752.72	26,865	286,746,400	10,673.61	( 4.55%)	9.44%
Memorial Hospital of Cumberland	7,744	61,764,000	7,975.72	7,817	67,989,600	8,697.66	0.94%	9.05%
Anne Arundel Medical Center	22,397	211,242,600	9,431.74	23,192	237,889,800	10,257.41	3.55%	8.75%
Washington Adventist Hospital	17,771	202,901,525	11,417.56	17,316	214,370,568	12,379.91	( 2.56%)	8.43%
Carroll County General Hospital	15,926	128,238,000	8,052.12	16,036	139,490,000	8,698.55	0.69%	8.03%
Union Memorial Hospital	20,036	281,625,700	14,055.98	20,746	312,625,300	15,069.18	3.54%	7.21%
G.B.M.C	22,648	204,261,200	9,018.95	21,388	206,753,700	9,666.81	( 5.56%)	7.18%
Bon Secours Hospital	7,734	77,316,700	9,996.99	6,522	69,861,800	10,711.71	( 15.67%)	7.15%
Saint Agnes Hospital	20,567	225,948,700	10,985.98	19,687	230,781,400	11,722.53	( 4.28%)	6.70%
Maryland General Hospital	11,544	130,215,400	11,279.92	11,648	139,976,800	12,017.24	0.90%	6.54%
Saint Mary's Hospital	9,254	61,262,900	6,620.15	9,694	68,148,400	7,029.96	4.75%	6.19%
Washington County Hospital	16,270	146,478,500	9,002.98	16,482	157,356,800	9,547.19	1.30%	6.04%
Harford Memorial Hospital	6,916	50,798,000	7,345.00	7,989	62,006,900	7,761.53	15.51%	5.67%
Suburban Hospital	14,194	149,902,900	10,561.00	14,786	164,832,900	11,147.90	4.17%	5.56%
Laurel Regional Hospital	6,590	59,599,400	9,043.92	6,637	63,304,800	9,538.16	0.71%	5.46%
Johns Hopkins Hospital	46,252	995,863,600	21,531.25	46,297	1,050,930,100	22,699.75	0.10%	5.43%
Frederick Memorial Hospital	16,636	144,541,700	8,688.49	17,720	162,036,600	9,144.28	6.52%	5.25%
Peninsula Regional Hospital	20,853	241,801,700	11,595.54	21,022	256,345,800	12,194.17	0.81%	5.16%
University of Maryland Medical Center	25,897	644,338,400	24,880.81	25,599	665,929,600	26,013.89	( 1.15%)	4.55%
Montgomery General Hospital	9,635	88,636,800	9,199.46	10,225	98,291,000	9,612.81	6.12%	4.49%
Calvert Memorial Hospital	8,078	58,504,200	7,242.41	8,013	60,472,200	7,546.76	( 0.80%)	4.20%
Memorial Hospital at Easton	9,023	78,218,945	8,668.84	9,750	87,055,600	8,928.78	8.06%	3.00%
Harbor Hospital Center	13,093	136,429,500	10,420.03	13,781	146,993,400	10,666.38	5.25%	2.36%
Franklin Square Hospital Center	26,344	267,954,000	10,171.35	27,643	287,363,400	10,395.52	4.93%	2.20%
Fort Washington Medical Center	2,951	23,250,441	7,878.83	3,015	24,202,246	8,027.28	2.17%	1.88%
Northwest Hospital Center	12,878	118,402,300	9,194.15	12,901	120,758,100	9,360.37	0.18%	1.81%
Saint Josephs Medical Center	23,638	277,137,500	11,724.24	23,361	278,674,600	11,929.05	( 1.17%)	1.75%
Shady Grove Adventist Hospital	20,330	195,892,413	9,635.63	21,170	207,410,990	9,797.40	4.13%	1.68%
Baltimore Washington Medical Center	18,247	174,524,500	9,564.56	19,020	184,778,200	9,714.94	4.24%	1.57%
Kernan Hospital	3,249	61,479,154	18,922.49	3,366	64,685,400	19,217.29	3.60%	1.56%

CHANGE IN REVENUE PER ADMISSION: EXHIBIT II-b  
REGULATED OPERATIONS  
Listed by Percentage Change of Revenue per Admission

Hospital	2007			2008			Volume % Change	Revenue % Change
	Admis- sions	Inpatient Revenue \$	Revenue Per Admission	Admis- sions	Inpatient Revenue \$	Revenue Per Admission		
Prince George's Hospital Center	14,355	197,216,300	13,738.51	13,980	194,542,400	13,915.77	( 2.61%)	1.29%
Good Samaritan Hospital	17,012	197,491,100	11,608.93	17,122	201,067,400	11,743.22	0.65%	1.16%
Braddock Hospital	9,511	81,969,800	8,618.42	9,329	81,123,100	8,695.80	( 1.91%)	0.90%
Mercy Medical Center	17,321	187,598,700	10,830.71	17,777	192,233,000	10,813.58	2.63%	( 0.16%)
Upper Chesapeake Medical Center	14,425	120,460,500	8,350.81	16,739	138,667,700	8,284.11	16.04%	( 0.80%)
Garrett County Memorial Hospital	2,747	18,851,100	6,862.43	2,733	18,590,100	6,802.09	( 0.51%)	( 0.88%)
Sinai Hospital	25,270	381,121,400	15,081.97	26,491	395,509,500	14,929.96	4.83%	( 1.01%)
McCready Hospital	693	5,192,900	7,493.36	740	5,451,953	7,367.50	6.78%	( 1.68%)
University MIEMSS	7,509	176,603,300	23,518.88	7,507	172,807,900	23,019.57	( 0.03%)	( 2.12%)
Union Hospital of Cecil County	7,888	60,029,500	7,610.23	8,605	63,052,200	7,327.39	9.09%	( 3.72%)
Southern Maryland Hospital Center	17,317	158,228,500	9,137.18	17,726	155,004,300	8,744.46	2.36%	( 4.30%)
Doctors Community Hospital	11,888	114,788,300	9,655.81	11,698	105,930,700	9,055.45	( 1.60%)	( 6.22%)
University UMCC	1,264	29,702,900	23,499.13	1,292	27,186,800	21,042.41	2.22%	( 10.45%)
	=====	=====	=====	=====	=====	=====	=====	=====
	687,320	8,070,994,731	11,742.70	695,602	8,501,033,757	12,221.12	1.20%	4.07%

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

Hospital Area	Hospital	2007			2008			% Change UCC Amount
		Gross Patient Revenue	Charity & Bad Debts	% UCC	Gross Patient Revenue	Charity & Bad Debts	% UCC	
M E T R O	Anne Arundel Medical Center	325,941,900	14,333,230	4.40	361,340,400	17,663,190	4.89	23.23
	Baltimore Washington Medical Center	265,318,900	20,971,800	7.90	284,240,600	23,278,800	8.19	11.00
	Bon Secours Hospital	100,364,100	15,632,464	15.58	102,178,500	19,048,251	18.64	21.85
	Doctors Community Hospital	169,628,900	16,405,800	9.67	174,473,200	19,450,982	11.15	18.56
	Fort Washington Medical Center	43,852,242	5,393,746	12.30	47,584,845	6,926,051	14.56	28.41
	Franklin Square Hospital Center	367,165,100	32,727,679	8.91	401,669,900	34,048,723	8.48	4.04
	G.B.M.C	345,318,800	9,130,200	2.64	359,118,800	10,189,402	2.84	11.60
	Good Samaritan Hospital	253,957,800	16,421,709	6.47	265,411,400	17,966,002	6.77	9.40
	Harbor Hospital Center	180,144,800	18,174,091	10.09	194,020,200	19,248,174	9.92	6.91
	Holy Cross Hospital	351,996,600	25,179,878	7.15	383,143,400	30,563,338	7.98	21.38
	Howard County General Hospital	190,324,800	10,734,833	5.64	212,299,000	11,857,943	5.59	10.46
	Johns Hopkins Bayview Medical Center	443,763,600	46,823,000	10.55	492,861,500	53,714,000	10.90	14.72
	Johns Hopkins Hospital	1,422,728,400	93,645,500	6.58	1,532,521,600	105,318,900	6.87	12.47
	Kernan Hospital	89,323,102	6,046,577	6.77	97,293,600	6,049,283	6.22	0.04
	Laurel Regional Hospital	85,721,400	10,735,774	12.52	93,150,500	12,708,453	13.64	18.37
	Maryland General Hospital	170,567,000	23,073,936	13.53	180,632,100	26,702,289	14.78	15.72
	Mercy Medical Center	325,029,000	26,317,041	8.10	353,240,000	27,129,611	7.68	3.09
	Montgomery General Hospital	121,270,200	7,844,400	6.47	135,140,700	8,174,200	6.05	4.20
	Northwest Hospital Center	191,845,500	14,993,000	7.82	201,205,800	16,645,700	8.27	11.02
	Prince George's Hospital Center	239,828,800	40,349,226	16.82	241,928,700	40,506,188	16.74	0.39
	Saint Agnes Hospital	323,356,800	24,029,566	7.43	333,555,200	22,892,619	6.86	-4.73
	Saint Josephs Medical Center	345,174,100	13,032,321	3.78	363,810,300	13,761,953	3.78	5.60
	Shady Grove Adventist Hospital	284,281,331	22,444,451	7.90	304,350,850	21,358,565	7.02	-4.84
	Sinai Hospital	567,654,000	46,476,700	8.19	602,337,500	50,857,400	8.44	9.43
	Southern Maryland Hospital Center	216,279,800	19,101,945	8.83	226,574,600	22,233,546	9.81	16.39
	Suburban Hospital	198,515,100	9,568,600	4.82	220,977,300	11,722,500	5.30	22.51
	Union Memorial Hospital	368,210,000	28,181,055	7.65	413,393,800	31,470,920	7.61	11.67
	University MIEMSS	184,358,000	48,058,000	26.07	179,581,300	48,600,055	27.06	1.13
	University UMCC	61,862,800	8,589,800	13.89	60,224,500	8,889,610	14.76	3.49
	University of Maryland Medical Cente	850,019,727	88,516,000	10.41	877,294,500	90,996,290	10.37	2.80
	Upper Chesapeake Medical Center	169,024,300	10,124,950	5.99	196,899,000	11,690,712	5.94	15.46
	Washington Adventist Hospital	259,383,175	26,245,274	10.12	279,418,776	29,425,021	10.53	12.12
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M E T R O		9,512,210,077	799,302,545	8.40	10,171,872,371	871,088,672	8.56	8.98

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

Hospital Area	Hospital	2007			2008			% Change UCC Amount
		Gross Patient Revenue	Charity & Bad Debts	% UCC	Gross Patient Revenue	Charity & Bad Debts	% UCC	
R U R A L	Atlantic General Hospital	63,648,000	3,714,900	5.84	73,435,000	4,259,100	5.80	14.65
	Braddock Hospital	144,555,000	7,397,200	5.12	153,946,000	7,712,000	5.01	4.26
	Calvert Memorial Hospital	94,108,300	5,464,452	5.81	102,346,100	6,076,193	5.94	11.19
	Carroll County General Hospital	169,471,500	8,355,317	4.93	186,262,700	10,942,073	5.87	30.96
	Chester River Hospital	57,015,700	6,891,289	12.09	55,440,200	6,617,380	11.94	-3.97
	Civista Medical Center	91,365,800	5,307,500	5.81	100,064,600	8,309,900	8.30	56.57
	Dorchester General Hospital	43,008,008	3,562,033	8.28	47,996,300	3,275,480	6.82	-8.04
	Frederick Memorial Hospital	221,930,300	13,613,874	6.13	244,818,200	14,261,162	5.83	4.75
	Garrett County Memorial Hospital	32,568,200	2,109,600	6.48	32,853,800	3,070,080	9.34	45.53
	Harford Memorial Hospital	80,215,100	8,110,400	10.11	98,289,100	11,829,416	12.04	45.85
	McCready Hospital	15,924,400	1,254,090	7.88	17,086,858	1,794,825	10.50	43.12
	Memorial Hospital at Easton	127,272,636	5,942,995	4.67	144,112,600	8,592,699	5.96	44.59
	Memorial Hospital of Cumberland	97,696,500	5,752,000	5.89	101,185,500	5,635,500	5.57	-2.03
	Peninsula Regional Hospital	335,381,200	20,852,600	6.22	366,969,200	24,880,100	6.78	19.31
	Saint Mary's Hospital	106,160,000	6,644,739	6.26	114,652,300	7,555,971	6.59	13.71
	Union Hospital of Cecil County	102,995,100	7,909,700	7.68	116,438,100	9,882,300	8.49	24.94
	Washington County Hospital	206,966,700	15,946,600	7.70	229,868,300	19,187,400	8.35	20.32
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R U R A L		1,990,282,444	128,829,289	6.47	2,185,764,858	153,881,579	7.04	19.45
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		11,502,492,521	928,131,834	8.07	12,357,637,229	1,024,970,251	8.29	10.43

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

Hospital Area	Hospital	2007			2008			% Change UCC Amount
		Gross Revenues	Charity & Bad Debts	UCC %	Gross Revenues	Charity & Bad Debts	UCC %	
M E T R O	University MIEMSS	184,358,000	48,058,000	26.07	179,581,300	48,600,055	27.06	1.13
	Bon Secours Hospital	100,364,100	15,632,464	15.58	102,178,500	19,048,251	18.64	21.85
	Prince George's Hospital Center	239,828,800	40,349,226	16.82	241,928,700	40,506,188	16.74	0.39
	Maryland General Hospital	170,567,000	23,073,936	13.53	180,632,100	26,702,289	14.78	15.72
	University UMCC	61,862,800	8,589,800	13.89	60,224,500	8,889,610	14.76	3.49
	Fort Washington Medical Center	43,852,242	5,393,746	12.30	47,584,845	6,926,051	14.56	28.41
	Laurel Regional Hospital	85,721,400	10,735,774	12.52	93,150,500	12,708,453	13.64	18.37
	Doctors Community Hospital	169,628,900	16,405,800	9.67	174,473,200	19,450,982	11.15	18.56
	Johns Hopkins Bayview Medical Center	443,763,600	46,823,000	10.55	492,861,500	53,714,000	10.90	14.72
	Washington Adventist Hospital	259,383,175	26,245,274	10.12	279,418,776	29,425,021	10.53	12.12
	University of Maryland Medical Cente	850,019,727	88,516,000	10.41	877,294,500	90,996,290	10.37	2.80
	Harbor Hospital Center	180,144,800	18,174,091	10.09	194,020,200	19,248,174	9.92	5.91
	Southern Maryland Hospital Center	216,279,800	19,101,945	8.83	226,574,600	22,233,546	9.81	16.39
	Franklin Square Hospital Center	367,165,100	32,727,679	8.91	401,669,900	34,048,723	8.48	4.04
	Sinai Hospital	567,654,000	46,476,700	8.19	602,337,500	50,857,400	8.44	9.43
	Northwest Hospital Center	191,845,500	14,993,000	7.82	201,205,800	16,645,700	8.27	11.02
	Baltimore Washington Medical Center	265,318,900	20,971,800	7.90	284,240,600	23,278,800	8.19	11.00
	Holy Cross Hospital	351,996,600	25,179,878	7.15	383,143,400	30,563,338	7.98	21.38
	Mercy Medical Center	325,029,000	26,317,041	8.10	353,240,000	27,129,611	7.68	3.09
	Union Memorial Hospital	368,210,000	28,181,055	7.65	413,393,800	31,470,920	7.61	11.67
	Shady Grove Adventist Hospital	284,281,331	22,444,451	7.90	304,350,850	21,358,565	7.02	-4.84
	Johns Hopkins Hospital	1,422,728,400	93,645,500	6.58	1,532,521,600	105,318,900	6.87	12.47
	Saint Agnes Hospital	323,356,800	24,029,566	7.43	333,555,200	22,892,619	6.86	-4.73
	Good Samaritan Hospital	253,957,800	16,421,709	6.47	265,411,400	17,966,002	6.77	9.40
	Kernan Hospital	89,323,102	6,046,577	6.77	97,293,600	6,049,283	6.22	0.04
	Montgomery General Hospital	121,270,200	7,844,400	6.47	135,140,700	8,174,200	6.05	4.20
	Upper Chesapeake Medical Center	169,024,300	10,124,950	5.99	196,899,000	11,690,712	5.94	15.46
	Howard County General Hospital	190,324,800	10,734,833	5.64	212,299,000	11,857,943	5.59	10.46
	Suburban Hospital	198,515,100	9,568,600	4.82	220,977,300	11,722,500	5.30	22.51
	Anne Arundel Medical Center	325,941,900	14,333,230	4.40	361,340,400	17,663,190	4.89	23.23
	Saint Josephs Medical Center	345,174,100	13,032,321	3.78	363,810,300	13,761,953	3.78	5.60
	G.B.M.C	345,318,800	9,130,200	2.64	359,118,800	10,189,402	2.84	11.80
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M E T R O		9,512,210,077	799,302,545	8.40	10,171,872,371	871,088,672	8.56	8.98

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

Hospital Area	Hospital	2007			2008			% Change UCC Amount
		Gross Revenues	Charity & Bad Debts	UCC %	Gross Revenues	Charity & Bad Debts	UCC %	
R U R A L	Harford Memorial Hospital	80,215,100	8,110,400	10.11	98,289,100	11,829,416	12.04	45.85
	Chester River Hospital	57,015,700	6,891,289	12.09	55,440,200	6,617,380	11.94	-3.97
	McCready Hospital	15,924,400	1,254,090	7.88	17,086,858	1,794,825	10.50	43.12
	Garrett County Memorial Hospital	32,568,200	2,109,600	6.48	32,853,800	3,070,080	9.34	45.53
	Union Hospital of Cecil County	102,995,100	7,909,700	7.88	116,438,100	9,882,300	8.49	24.94
	Washington County Hospital	206,966,700	15,946,600	7.70	229,868,300	19,187,400	8.35	20.32
	Civista Medical Center	91,365,800	5,307,500	5.81	100,064,600	8,309,900	8.30	56.57
	Dorchester General Hospital	43,008,008	3,562,033	8.28	47,996,300	3,275,480	6.82	-8.04
	Peninsula Regional Hospital	335,381,200	20,852,600	6.22	366,969,200	24,880,100	6.78	19.31
	Saint Mary's Hospital	106,160,000	6,644,739	6.26	114,652,300	7,555,971	6.59	13.71
	Memorial Hospital at Easton	127,272,636	5,942,995	4.67	144,112,600	8,592,699	5.96	44.59
	Calvert Memorial Hospital	94,108,300	5,464,452	5.81	102,346,100	6,076,193	5.94	11.19
	Carroll County General Hospital	169,471,500	8,355,317	4.93	186,262,700	10,942,073	5.87	30.96
	Frederick Memorial Hospital	221,930,300	13,613,874	6.13	244,818,200	14,261,162	5.83	4.75
	Atlantic General Hospital	63,648,000	3,714,900	5.84	73,435,000	4,259,100	5.80	14.65
	Memorial Hospital of Cumberland	97,696,500	5,752,000	5.89	101,185,500	5,635,500	5.57	-2.03
	Braddock Hospital	144,555,000	7,397,200	5.12	153,946,000	7,712,000	5.01	4.26
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R U R A L		1,990,282,444	128,829,289	6.47	2,185,764,858	153,881,579	7.04	19.45
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		11,502,492,521	928,131,834	8.07	12,357,637,229	1,024,970,251	8.29	10.43

CHANGE IN NET PATIENT REVENUE(NPR) PER EIPA: EXHIBIT IV-a  
 REGULATED OPERATIONS  
 Listed by Alphabetical Order

Hospital	2007			2008			% Change NPR Per EIPA
	Net Patient Revenue	EIPAs	NPR Per EIPA	Net Patient Revenue	EIPAs	NPR Per EIPA	
All Acute Hospitals	9,833,602,955	979,544	10,038.96	10,559,199,171	1,011,171	10,442.55	4.02
Anne Arundel Medical Center	291,589,361	34,558	8,437.68	322,026,051	35,227	9,141.39	8.34
Atlantic General Hospital	55,389,500	7,390	7,494.87	64,089,800	7,259	8,829.01	17.80
Baltimore Washington Medical Center	226,959,100	27,740	8,181.71	241,660,282	29,258	8,259.61	0.95
Bon Secours Hospital	77,777,341	10,039	7,747.18	79,785,576	9,539	8,364.19	7.96
Braddock Hospital	126,118,600	16,773	7,519.24	132,321,300	17,703	7,474.30	-0.60
Calvert Memorial Hospital	81,903,286	12,994	6,303.13	89,356,335	13,562	6,588.93	4.53
Carroll County General Hospital	149,708,066	21,047	7,113.09	163,557,665	21,413	7,638.22	7.38
Chester River Hospital	47,776,943	7,716	6,191.55	44,720,120	6,141	7,282.38	17.62
Civista Medical Center	79,869,087	11,730	6,808.83	83,291,229	11,375	7,322.16	7.54
Doctors Community Hospital	141,992,378	17,568	8,082.65	144,765,979	19,267	7,513.08	-7.05
Dorchester General Hospital	36,917,306	6,133	6,019.29	41,070,915	6,220	6,602.83	9.69
Fort Washington Medical Center	35,940,940	5,566	6,457.43	38,076,625	5,928	6,423.30	-0.53
Franklin Square Hospital Center	310,773,359	36,098	8,609.16	338,447,374	38,639	8,759.27	1.74
Frederick Memorial Hospital	192,131,819	25,543	7,521.89	212,190,095	26,773	7,925.58	5.37
G.B.M.C	315,742,533	38,288	8,246.49	327,568,381	37,150	8,817.53	6.92
Garrett County Memorial Hospital	27,456,999	4,746	5,785.45	27,513,600	4,830	5,696.44	-1.54
Good Samaritan Hospital	212,993,262	21,876	9,736.36	223,688,794	22,601	9,897.19	1.65
Harbor Hospital Center	147,519,196	17,288	8,532.89	161,116,541	18,190	8,857.48	3.80
Harford Memorial Hospital	65,834,200	10,921	6,028.19	79,516,660	12,664	6,279.14	4.16
Holy Cross Hospital	291,978,698	36,092	8,089.81	326,703,070	35,896	9,101.29	12.50
Howard County General Hospital	168,689,270	21,339	7,905.34	188,616,540	20,922	9,015.10	14.04
Johns Hopkins Bayview Medical Center	374,135,300	33,468	11,178.80	414,509,200	32,999	12,561.12	12.37
Johns Hopkins Hospital	1,230,640,715	66,077	18,624.24	1,324,205,233	67,513	19,614.16	5.32
Kernan Hospital	80,074,718	4,720	16,963.28	86,853,388	5,063	17,155.16	1.13
Laurel Regional Hospital	71,133,998	9,478	7,504.89	77,436,743	9,766	7,929.15	5.65
Maryland General Hospital	142,357,835	15,121	9,414.39	151,988,277	15,031	10,111.60	7.41
McCready Hospital	12,626,976	2,125	5,941.73	13,780,080	2,319	5,941.69	-0.00
Memorial Hospital at Easton	112,740,414	14,682	7,679.02	125,016,601	16,140	7,745.65	0.87
Memorial Hospital of Cumberland	81,425,000	12,249	6,647.35	84,603,800	11,634	7,272.34	9.40
Mercy Medical Center	285,178,259	30,010	9,502.79	310,781,321	32,666	9,513.81	0.12
Montgomery General Hospital	105,525,100	13,182	8,005.05	116,767,100	14,058	8,305.86	3.76
Northwest Hospital Center	163,196,500	20,866	7,821.16	170,962,500	21,496	7,953.41	1.69
Peninsula Regional Hospital	291,084,100	28,923	10,064.00	318,253,000	30,094	10,575.36	5.08
Prince George's Hospital Center	196,440,112	17,457	11,253.00	197,518,266	17,385	11,361.27	0.96



CHANGE IN NET PATIENT REVENUE(NPR) PER EIPA: EXHIBIT IV-a  
 REGULATED OPERATIONS  
 Listed by Alphabetical Order

Hospital	2007			2008			% Change NPR Per EIPA
	Net Patient Revenue	EIPAs	NPR Per EIPA	Net Patient Revenue	EIPAs	NPR Per EIPA	
Saint Agnes Hospital	277,220,735	29,434	9,418.52	284,136,736	28,454	9,985.76	6.02
Saint Josephs Medical Center	304,510,224	29,441	10,343.04	322,493,187	30,498	10,574.30	2.24
Saint Mary's Hospital	92,658,716	16,036	5,778.21	96,521,141	16,309	5,918.24	2.42
Shady Grove Adventist Hospital	239,838,057	29,503	8,129.24	261,642,638	31,064	8,422.58	3.61
Sinai Hospital	483,991,284	37,638	12,859.14	512,803,742	40,344	12,710.71	-1.15
Southern Maryland Hospital Center	176,487,362	23,670	7,456.07	183,726,110	25,911	7,090.76	-4.90
Suburban Hospital	175,366,300	18,797	9,329.49	192,441,500	19,822	9,708.32	4.06
Union Hospital of Cecil County	87,294,100	13,534	6,450.10	98,597,600	15,891	6,204.70	-3.80
Union Memorial Hospital	311,376,653	26,196	11,886.44	352,995,022	27,433	12,867.51	8.25
University MIEMSS	130,344,000	7,839	16,628.22	125,795,245	7,801	16,125.02	-3.03
University UMCC	49,887,000	2,633	18,950.02	48,156,890	2,862	16,826.00	-11.21
University of Maryland Medical Center	732,145,727	34,164	21,430.54	765,351,210	33,724	22,694.50	5.90
Upper Chesapeake Medical Center	146,891,259	20,240	7,257.31	170,264,950	23,768	7,163.54	-1.29
Washington Adventist Hospital	218,752,469	22,718	9,629.08	227,431,160	22,570	10,076.55	4.65
Washington County Hospital	175,218,800	22,989	7,621.96	194,093,600	24,077	8,061.35	5.76

CHANGE IN NET PATIENT REVENUE(NPR) PER EIPA: EXHIBIT IV-b  
Listed by Net Patient Revenues per EIPA

Hospital	2007			2008			% Change NPR Per EIPA
	Net Patient Revenue	EIPAs	NPR Per EIPA	Net Patient Revenue	EIPAs	NPR Per EIPA	
University of Maryland Medical Center	732,145,727	34,164	21,430.54	765,351,210	33,724	22,694.50	6.90
Johns Hopkins Hospital	1,230,640,715	66,077	18,624.24	1,324,205,233	67,513	19,614.16	5.32
Kernan Hospital	80,074,718	4,720	16,963.28	86,853,388	5,063	17,155.16	1.13
University UMCC	49,887,000	2,633	18,950.02	48,156,890	2,862	16,826.00	-11.21
University MIEMSS	130,344,000	7,839	16,628.22	125,795,245	7,801	16,125.02	-3.03
Union Memorial Hospital	311,376,653	26,196	11,886.44	352,995,022	27,433	12,867.51	8.25
Sinai Hospital	483,991,284	37,638	12,859.14	512,803,742	40,344	12,710.71	-1.15
Johns Hopkins Bayview Medical Center	374,135,300	33,468	11,178.80	414,509,200	32,999	12,561.12	12.37
Prince George's Hospital Center	196,440,112	17,457	11,253.00	197,518,266	17,385	11,361.27	0.96
Peninsula Regional Hospital	291,084,100	28,923	10,064.00	318,253,000	30,094	10,575.36	5.08
Saint Josephs Medical Center	304,510,224	29,441	10,343.04	322,493,187	30,498	10,574.30	2.24
All Acute Hospitals	9,833,602,955	979,544	10,038.96	10,559,199,171	1,011,171	10,442.55	4.02
Maryland General Hospital	142,357,835	15,121	9,414.39	151,988,277	15,031	10,111.60	7.41
Washington Adventist Hospital	218,752,469	22,718	9,629.08	227,431,160	22,570	10,076.55	4.65
Saint Agnes Hospital	277,220,735	29,434	9,418.52	284,136,736	28,454	9,985.76	6.02
Good Samaritan Hospital	212,993,262	21,876	9,736.36	223,688,794	22,601	9,897.19	1.65
Suburban Hospital	175,366,300	18,797	9,329.49	192,441,500	19,822	9,708.32	4.06
Mercy Medical Center	285,178,259	30,010	9,502.79	310,781,321	32,666	9,513.81	0.12
Anne Arundel Medical Center	291,589,361	34,558	8,437.68	322,026,051	35,227	9,141.39	8.34
Holy Cross Hospital	291,978,698	36,092	8,089.81	326,703,070	35,896	9,101.29	12.50
Howard County General Hospital	168,689,270	21,339	7,905.34	188,616,540	20,922	9,015.10	14.04
Harbor Hospital Center	147,519,196	17,288	8,532.89	161,116,541	18,190	8,857.48	3.80
Atlantic General Hospital	55,389,500	7,390	7,494.87	64,089,800	7,259	8,829.01	17.80
G.B.M.C	315,742,533	38,288	8,246.49	327,568,381	37,150	8,817.53	6.92
Franklin Square Hospital Center	310,773,359	36,098	8,609.16	338,447,374	38,639	8,759.27	1.74
Shady Grove Adventist Hospital	239,838,057	29,503	8,129.24	261,642,638	31,064	8,422.58	3.61
Bon Secours Hospital	77,777,341	10,039	7,747.18	79,785,576	9,539	8,364.19	7.96
Montgomery General Hospital	105,525,100	13,182	8,005.05	116,767,100	14,058	8,305.86	3.76
Baltimore Washington Medical Center	226,959,100	27,740	8,181.71	241,660,282	29,258	8,259.61	0.95
Washington County Hospital	175,218,800	22,989	7,621.96	194,093,600	24,077	8,061.35	5.76
Northwest Hospital Center	163,196,500	20,866	7,821.16	170,962,500	21,496	7,953.41	1.69
Laurel Regional Hospital	71,133,998	9,478	7,504.89	77,436,743	9,766	7,929.15	5.65
Frederick Memorial Hospital	192,131,819	25,543	7,521.89	212,190,095	26,773	7,925.58	5.37
Memorial Hospital at Easton	112,740,414	14,682	7,679.02	125,016,601	16,140	7,745.65	0.87
Carroll County General Hospital	149,708,066	21,047	7,113.09	163,557,665	21,413	7,638.22	7.38
Doctors Community Hospital	141,992,378	17,568	8,082.65	144,755,979	19,267	7,513.08	-7.05

CHANGE IN NET PATIENT REVENUE(NPR) PER EIPA: EXHIBIT IV-b  
Listed by Net Patient Revenues per EIPA

Hospital	2007			2008			% Change NPR Per EIPA
	Net Patient Revenue	EIPAs	NPR Per EIPA	Net Patient Revenue	EIPAs	NPR Per EIPA	
Braddock Hospital	126,118,600	16,773	7,519.24	132,321,300	17,703	7,474.30	-0.60
Civista Medical Center	79,869,087	11,730	6,808.83	83,291,229	11,375	7,322.16	7.54
Chester River Hospital	47,776,943	7,716	6,191.55	44,720,120	6,141	7,282.38	17.62
Memorial Hospital of Cumberland	81,425,000	12,249	6,647.35	84,603,800	11,634	7,272.34	9.40
Upper Chesapeake Medical Center	146,891,259	20,240	7,257.31	170,264,950	23,768	7,163.54	-1.29
Southern Maryland Hospital Center	176,487,362	23,670	7,456.07	183,726,110	25,911	7,090.76	-4.90
Dorchester General Hospital	36,917,306	6,133	6,019.29	41,070,915	6,220	6,602.83	9.69
Calvert Memorial Hospital	81,903,286	12,994	6,303.13	89,356,335	13,562	6,588.93	4.53
Fort Washington Medical Center	35,940,940	5,566	6,457.43	38,076,625	5,928	6,423.30	-0.53
Harford Memorial Hospital	65,834,200	10,921	6,028.19	79,516,660	12,664	6,279.14	4.16
Union Hospital of Cecil County	87,294,100	13,534	6,450.10	98,597,600	15,891	6,204.70	-3.80
McCready Hospital	12,626,976	2,125	5,941.73	13,780,080	2,319	5,941.69	-0.00
Saint Mary's Hospital	92,658,716	16,036	5,778.21	98,521,141	16,309	5,918.24	2.42
Garrett County Memorial Hospital	27,456,999	4,746	5,785.45	27,513,600	4,830	5,696.44	-1.54

CHANGE IN NET OPERATING REVENUE(NOR) PER EIPA: EXHIBIT V-a  
REGULATED OPERATIONS  
Listed by Alphabetical Order

Hospital	2007			2008			% Change NOR Per EIPA
	Net Operating Revenue	EIPAs	NOR Per EIPA	Net Operating Revenue	EIPAs	NOR Per EIPA	
All Acute Hospitals	9,982,901,465	979,544	10,191.38	10,704,338,397	1,011,171	10,586.08	3.87
Anne Arundel Medical Center	300,339,151	34,558	8,690.87	329,497,859	35,227	9,353.49	7.62
Atlantic General Hospital	55,416,100	7,390	7,498.47	64,164,500	7,259	8,839.30	17.88
Baltimore Washington Medical Center	228,035,286	27,740	8,220.51	242,333,905	29,258	8,282.63	0.76
Bon Secours Hospital	78,397,788	10,039	7,808.98	80,006,668	9,539	8,387.37	7.41
Braddock Hospital	126,223,300	16,773	7,525.48	132,321,400	17,703	7,474.31	-0.68
Calvert Memorial Hospital	83,867,245	12,994	6,454.28	91,338,385	13,562	6,735.08	4.35
Carroll County General Hospital	150,950,546	21,047	7,172.13	165,163,581	21,413	7,713.21	7.54
Chester River Hospital	48,232,924	7,716	6,250.64	48,518,284	6,141	7,900.89	26.40
Civista Medical Center	80,009,563	11,730	6,820.81	83,585,480	11,375	7,348.03	7.73
Doctors Community Hospital	146,364,589	17,568	8,331.53	148,958,890	19,267	7,731.22	-7.21
Dorchester General Hospital	37,745,469	6,133	6,154.32	41,658,157	6,220	6,697.24	8.82
Fort Washington Medical Center	36,368,033	5,566	6,534.16	38,423,441	5,928	6,481.80	-0.80
Franklin Square Hospital Center	313,681,759	36,098	8,689.73	340,977,840	38,639	8,824.76	1.55
Frederick Memorial Hospital	195,267,213	25,543	7,644.64	215,569,301	26,773	8,051.79	5.33
G.B.M.C	320,278,533	38,288	8,364.96	331,769,778	37,150	8,930.62	6.76
Garrett County Memorial Hospital	27,934,210	4,746	5,886.01	27,996,929	4,830	5,796.51	-1.52
Good Samaritan Hospital	215,507,862	21,876	9,851.30	225,778,715	22,601	9,989.66	1.40
Harbor Hospital Center	149,053,833	17,288	8,621.65	162,762,700	18,190	8,947.98	3.78
Harford Memorial Hospital	65,891,200	10,921	6,033.41	79,647,060	12,664	6,289.44	4.24
Holy Cross Hospital	294,903,783	36,092	8,170.86	328,548,714	35,896	9,152.71	12.02
Howard County General Hospital	168,800,685	21,339	7,910.56	188,684,571	20,922	9,018.36	14.00
Johns Hopkins Bayview Medical Center	383,306,300	33,468	11,452.83	422,918,500	32,999	12,815.95	11.90
Johns Hopkins Hospital	1,241,915,775	66,077	18,794.88	1,336,639,058	67,513	19,798.33	5.34
Kernan Hospital	83,274,551	4,720	17,641.14	91,505,893	5,063	18,074.11	2.45
Laurel Regional Hospital	71,998,722	9,478	7,596.12	77,926,214	9,766	7,979.27	5.04
Maryland General Hospital	132,625,516	15,121	8,770.78	152,319,113	15,031	10,133.61	15.54
McCready Hospital	12,644,262	2,125	5,949.87	13,815,825	2,319	5,957.10	0.12
Memorial Hospital at Easton	114,572,706	14,682	7,803.82	127,338,515	16,140	7,889.51	1.10
Memorial Hospital of Cumberland	82,149,100	12,249	6,706.47	84,667,100	11,634	7,277.78	8.52
Mercy Medical Center	292,499,159	30,010	9,746.74	315,462,821	32,666	9,657.12	-0.92
Montgomery General Hospital	106,286,600	13,182	8,062.82	118,176,400	14,058	8,406.11	4.26
Northwest Hospital Center	164,858,500	20,866	7,900.81	172,909,500	21,496	8,043.99	1.81
Peninsula Regional Hospital	291,292,300	28,923	10,071.20	318,224,500	30,094	10,574.41	5.00
Prince George's Hospital Center	226,906,444	17,457	12,998.26	199,000,845	17,385	11,446.55	-11.94

CHANGE IN NET OPERATING REVENUE(NOR) PER EIPA: EXHIBIT V-a  
REGULATED OPERATIONS  
Listed by Alphabetical Order

Hospital	2007			2008			% Change NOR Per EIPA
	Net Operating Revenue	EIPAs	NOR Per EIPA	Net Operating Revenue	EIPAs	NOR Per EIPA	
Saint Agnes Hospital	281,979,902	29,434	9,580.21	287,101,949	28,454	10,089.97	5.32
Saint Josephs Medical Center	308,105,791	29,441	10,397.24	323,272,073	30,498	10,599.84	1.95
Saint Mary's Hospital	89,664,116	16,036	5,591.47	97,685,347	16,309	5,989.62	7.12
Shady Grove Adventist Hospital	241,370,380	29,503	8,181.18	263,513,488	31,064	8,482.80	3.69
Sinai Hospital	494,749,284	37,638	13,144.97	529,518,483	40,344	13,125.01	-0.15
Southern Maryland Hospital Center	176,859,506	23,670	7,471.79	184,084,845	25,911	7,104.60	-4.91
Suburban Hospital	180,633,300	18,797	9,609.69	199,348,300	19,822	10,056.76	4.65
Union Hospital of Cecil County	87,901,600	13,534	6,494.98	100,465,900	15,891	6,322.27	-2.66
Union Memorial Hospital	315,072,253	26,196	12,027.51	357,309,722	27,433	13,024.79	8.29
University MIEMSS	137,044,000	7,839	17,482.95	132,559,245	7,801	16,992.06	-2.81
University UMCC	49,910,000	2,633	18,958.75	48,191,890	2,862	16,838.23	-11.18
University of Maryland Medical Center	749,271,206	34,164	21,931.82	788,111,505	33,724	23,369.40	6.55
Upper Chesapeake Medical Center	147,100,687	20,240	7,267.66	170,594,201	23,768	7,177.39	-1.24
Washington Adventist Hospital	220,580,634	22,718	9,709.55	229,596,810	22,570	10,172.50	4.77
Washington County Hospital	177,059,800	22,989	7,702.04	194,949,500	24,077	8,096.90	5.13

CHANGE IN NET OPERATING REVENUE(NOR) PER EIPA: EXHIBIT V-b  
Listed by Net Operating Revenues per EIPA

Hospital	2007			2008			% Change NOR Per EIPA
	Net Operating Revenue	EIPAs	NOR Per EIPA	Net Operating Revenue	EIPAs	NOR Per EIPA	
Washington County Hospital	177,059,800	22,989	7,702.04	194,949,500	24,077	8,096.90	5.13
University of Maryland Medical Center	749,271,206	34,164	21,931.82	788,111,505	33,724	23,369.40	6.55
Prince George's Hospital Center	226,906,444	17,457	12,998.26	199,000,845	17,385	11,446.55	-11.94
Holy Cross Hospital	294,903,783	36,092	8,170.86	328,548,714	35,896	9,152.71	12.02
Frederick Memorial Hospital	195,267,213	25,543	7,644.64	215,569,301	26,773	8,051.79	5.33
Harford Memorial Hospital	65,891,200	10,921	6,033.41	79,647,060	12,664	6,289.44	4.24
Saint Josephs Medical Center	306,105,791	29,441	10,397.24	323,272,073	30,498	10,599.84	1.95
Mercy Medical Center	292,499,159	30,010	9,746.74	315,462,821	32,666	9,657.12	-0.92
Johns Hopkins Hospital	1,241,915,775	66,077	18,794.88	1,336,639,058	67,613	19,798.33	5.34
Dorchester General Hospital	37,745,469	8,133	8,154.32	41,658,157	8,220	6,697.24	8.82
Saint Agnes Hospital	281,979,902	29,434	9,580.21	287,101,949	28,454	10,089.97	5.32
Sinai Hospital	494,749,284	37,638	13,144.97	529,518,483	40,344	13,125.01	-0.15
Bon Secours Hospital	78,397,788	10,039	7,808.98	80,006,668	9,539	8,387.37	7.41
Franklin Square Hospital Center	313,681,759	36,098	8,689.73	340,977,840	38,639	8,824.76	1.55
Washington Adventist Hospital	220,580,634	22,718	9,709.55	229,596,810	22,570	10,172.50	4.77
Garrett County Memorial Hospital	27,934,210	4,746	5,886.01	27,996,929	4,830	5,796.51	-1.52
Montgomery General Hospital	106,286,600	13,182	8,062.82	118,176,400	14,058	8,406.11	4.26
Peninsula Regional Hospital	291,292,300	28,923	10,071.20	318,224,500	30,094	10,574.41	5.00
Suburban Hospital	180,633,300	18,797	9,609.69	199,348,300	19,822	10,056.76	4.65
Anne Arundel Medical Center	300,339,151	34,558	8,690.87	329,497,859	35,227	9,353.49	7.62
Union Memorial Hospital	315,072,253	26,196	12,027.51	357,309,722	27,433	13,024.79	8.29
Memorial Hospital of Cumberland	82,149,100	12,249	6,706.47	84,667,100	11,634	7,277.78	8.52
Braddock Hospital	126,223,300	16,773	7,525.48	132,321,400	17,703	7,474.31	-0.68
Saint Mary's Hospital	89,664,116	16,036	5,591.47	97,685,347	16,309	5,989.62	7.12
Johns Hopkins Bayview Medical Center	383,306,300	33,468	11,452.83	422,918,500	32,999	12,815.95	11.90
Chester River Hospital	48,232,924	7,716	6,250.64	48,518,284	6,141	7,900.89	26.40
Union Hospital of Cecil County	87,901,600	13,534	6,494.98	100,465,900	15,891	6,322.27	-2.66
Carroll County General Hospital	150,950,546	21,047	7,172.13	165,163,581	21,413	7,713.21	7.54
Harbor Hospital Center	149,053,833	17,288	8,621.85	162,762,700	18,190	8,947.98	3.78
Civista Medical Center	80,009,563	11,730	6,820.81	83,585,480	11,375	7,348.03	7.73
Memorial Hospital at Easton	114,572,706	14,682	7,803.82	127,338,515	16,140	7,889.51	1.10
Maryland General Hospital	132,625,516	15,121	8,770.78	152,319,113	15,031	10,133.61	15.54
Calvert Memorial Hospital	83,867,245	12,994	6,454.28	91,338,385	13,562	6,735.08	4.35
Northwest Hospital Center	164,858,500	20,866	7,900.81	172,909,500	21,496	8,043.99	1.81
Baltimore Washington Medical Center	228,035,286	27,740	8,220.51	242,333,905	29,258	8,282.63	0.76
G.B.M.C	320,278,533	38,288	8,364.98	331,769,778	37,150	8,930.62	6.76

CHANGE IN NET OPERATING REVENUE(NOR) PER EIPA: EXHIBIT V-b  
Listed by Net Operating Revenues per EIPA

Hospital	2007			2008			% Change NOR Per EIPA
	Net Operating Revenue	EIPAs	NOR Per EIPA	Net Operating Revenue	EIPAs	NOR Per EIPA	
McCready Hospital	12,644,262	2,125	5,949.87	13,815,825	2,319	5,957.10	0.12
Howard County General Hospital	168,800,685	21,339	7,910.56	188,684,571	20,922	9,018.36	14.00
Upper Chesapeake Medical Center	147,100,687	20,240	7,267.66	170,594,201	23,768	7,177.39	-1.24
Doctors Community Hospital	146,364,589	17,568	8,331.53	148,958,890	19,267	7,731.22	-7.21
Southern Maryland Hospital Center	176,859,506	23,670	7,471.79	184,084,845	25,911	7,104.60	-4.91
Laurel Regional Hospital	71,998,722	9,478	7,596.12	77,926,214	9,766	7,979.27	5.04
Fort Washington Medical Center	36,368,033	5,566	6,534.16	38,423,441	5,928	6,481.80	-0.80
Atlantic General Hospital	55,416,100	7,390	7,498.47	64,164,500	7,259	8,839.30	17.88
Kernan Hospital	83,274,551	4,720	17,641.14	91,505,893	5,063	18,074.11	2.45
Good Samaritan Hospital	215,507,862	21,876	9,851.30	225,778,715	22,601	9,989.66	1.40
Shady Grove Adventist Hospital	241,370,380	29,503	8,181.18	263,513,488	31,064	8,482.80	3.69
University MIEMSS	137,044,000	7,839	17,482.95	132,559,245	7,801	16,992.06	-2.81
University UMCC	49,910,000	2,633	18,958.75	48,191,890	2,862	16,838.23	-11.18
All Acute Hospitals	9,982,901,465	979,544	10,191.38	10,704,338,397	1,011,171	10,586.08	3.87

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

Hospital	2007			2008			% Change Reg. Operating Profit/Loss	% Change Total Net Profit/Loss
	Regulated Operating Profit/Loss	Unregulated Operating Profit/Loss	Total Operating Profit/Loss	Regulated Operating Profit/Loss	Unregulated Operating Profit/Loss	Total Operating Profit/Loss		
All Acute Hospitals	536,175,979	-207,068,523	329,107,456	561,065,925	-290,264,092	270,801,833	4.64	-17.72
Anne Arundel Medical Center	27,908,229	-8,707,321	19,200,908	32,064,792	-10,086,827	21,977,965	14.89	14.46
Atlantic General Hospital	6,709,842	-5,234,045	1,475,796	9,705,883	-5,616,604	4,089,280	44.65	177.09
Baltimore Washington Medical Center	10,950,685	-2,918,107	8,032,578	9,933,321	-2,051,168	7,882,152	-9.29	-1.87
Bon Secours Hospital	-2,147,061	-13,205,112	-15,352,173	-3,621,073	-17,460,147	-21,081,220	-68.65	-37.32
Braddock Hospital	11,785,798	-4,924,598	6,861,200	7,865,539	-6,106,539	1,759,000	-33.26	-74.36
Calvert Memorial Hospital	6,792,870	-3,187,814	3,605,056	6,023,578	-4,875,653	1,147,925	-11.32	-68.16
Carroll County General Hospital	13,441,101	-3,248,809	10,192,292	16,057,126	-5,511,855	10,545,271	19.46	3.46
Chester River Hospital	-1,286,008	444,689	-841,319	-2,653,398	864,407	-1,788,991	-106.33	-112.64
Civista Medical Center	-1,566,726	-457,183	-2,023,908	-6,191,544	-284,942	-6,476,486	-295.19	-220.00
Doctors Community Hospital	7,707,601	-67,390	7,640,211	5,036,473	1,049,818	6,086,292	-34.66	-20.34
Dorchester General Hospital	3,919,793	-1,388,407	2,531,386	1,963,896	-1,254,994	708,902	-49.90	-72.00
Fort Washington Medical Center	1,153,232	-415,164	738,068	1,519,535	-152,990	1,366,545	31.76	85.15
Franklin Square Hospital Center	22,662,844	-11,905,567	10,757,277	34,883,003	-14,365,974	20,517,029	53.92	90.73
Frederick Memorial Hospital	8,424,634	-3,151,890	5,272,744	10,435,545	-8,730,188	1,705,357	23.87	-67.66
G.B.M.C	27,922,647	-15,782,047	12,140,600	15,580,843	-12,922,805	2,658,038	-44.20	-78.11
Garrett County Memorial Hospital	897,911	-401,805	496,106	-383,618	-139,617	-523,235	-142.72	-205.47
Good Samaritan Hospital	9,690,998	-2,499,994	7,191,004	13,239,669	-8,720,642	4,519,027	36.62	-37.16
Harbor Hospital Center	2,545,440	1,798,519	4,343,959	5,832,846	826,012	6,658,858	129.15	53.29
Harford Memorial Hospital	2,285,106	-1,476,606	808,500	4,559,135	-641,380	3,917,755	99.52	384.57
Holy Cross Hospital	14,026,600	2,075,732	16,102,333	35,003,468	-11,451,228	23,552,240	149.55	46.27
Howard County General Hospital	6,240,739	-1,728,634	4,512,105	9,392,505	-4,271,660	5,120,845	50.50	13.49
Johns Hopkins Bayview Medical Center	7,498,111	-2,303,711	5,194,400	9,663,237	-5,042,837	4,620,400	28.88	-11.05
Johns Hopkins Hospital	28,123,088	7,044,024	35,167,112	38,339,960	3,955,650	42,295,610	36.33	20.27
Kernan Hospital	1,062,351	-252,174	810,177	3,384,005	-1,577,475	1,806,530	218.54	122.98
Laurel Regional Hospital	-3,327,509	-3,519,946	-6,847,455	-1,913,281	-5,055,983	-6,969,263	42.50	-1.78
Maryland General Hospital	9,020,980	-8,853,128	167,852	16,786,516	-13,977,516	2,809,000	86.08	1573.49
McCready Hospital	1,060,999	392,507	1,453,506	2,358,842	-624,579	1,734,263	122.32	19.32
Memorial Hospital at Easton	5,015,152	-1,419,118	3,596,035	1,886,991	1,178,469	3,065,460	-62.37	-14.75
Memorial Hospital of Cumberland	-64,628	31,528	-33,100	1,966,456	497,744	2,464,200	3142.73	7544.71
Mercy Medical Center	28,964,794	-2,750,456	26,214,338	28,738,877	-1,764,823	26,974,054	-0.78	2.90
Montgomery General Hospital	7,533,344	-2,597,344	4,936,000	8,069,133	-3,579,633	4,489,500	7.11	-9.05
Northwest Hospital Center	17,048,691	-6,295,742	10,752,949	18,817,728	-6,294,532	12,523,196	10.38	16.46
Peninsula Regional Hospital	27,888,687	-6,334,687	21,554,000	39,011,998	-10,811,998	28,200,000	39.88	30.83



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

Hospital	2007			2008			% Change Reg. Operating Profit/Loss	% Change Total Net Profit/Loss
	Regulated Operating Profit/Loss	Unregulated Operating Profit/Loss	Total Operating Profit/Loss	Regulated Operating Profit/Loss	Unregulated Operating Profit/Loss	Total Operating Profit/Loss		
Prince George's Hospital Center	32,719,090	-13,938,897	18,780,193	712,347	-15,379,867	-14,667,521	-97.82	-178.10
Saint Agnes Hospital	26,111,668	-7,981,970	18,129,697	26,787,532	-15,439,962	11,347,570	2.59	-37.41
Saint Josephs Medical Center	12,598,408	-11,141,806	1,456,602	331,877	-18,335,994	-18,004,117	-97.37	-1336.04
Saint Mary's Hospital	6,803,498	516,111	7,319,609	9,062,391	-2,357,926	6,704,465	33.20	-8.40
Shady Grove Adventist Hospital	8,894,298	-6,484,825	2,409,473	7,073,375	-341,612	6,731,763	-20.47	179.39
Sinai Hospital	49,067,117	-32,141,103	16,926,013	44,196,220	-38,866,260	5,329,960	-9.93	-68.51
Southern Maryland Hospital Center	11,233,526	-4,297,461	6,936,065	13,227,591	-9,100,468	4,127,123	17.75	-40.50
Suburban Hospital	5,551,019	1,205,481	6,756,500	12,731,259	1,356,841	14,088,100	129.35	108.51
Union Hospital of Cecil County	706,200	-1,318,700	-612,500	8,818,400	-2,354,300	4,464,100	865.51	828.83
Union Memorial Hospital	19,220,341	-9,494,052	9,726,290	38,836,906	-15,645,132	23,191,774	102.06	138.44
University MIEMSS	7,640,504	-4,338,768	3,301,735	3,651,806	-4,130,170	-478,364	-52.20	-114.49
University UMCC	-906,422	137,528	-768,894	-3,738,082	-44,744	-3,782,826	-312.40	-391.98
University of Maryland Medical Center	42,206,648	-12,279,225	29,927,423	13,118,941	-10,005,363	3,113,578	-68.92	-89.60
Upper Chesapeake Medical Center	3,767,499	734,111	4,501,610	5,791,118	-2,252,313	3,538,805	53.71	-21.39
Washington Adventist Hospital	-5,211,713	-1,600,983	-6,812,697	-299,213	-604,963	-904,176	94.26	86.73
Washington County Hospital	5,883,961	-1,404,161	4,479,800	9,405,556	-1,759,456	7,646,100	59.85	70.68

CHANGE IN TOTAL OPERATING PROFIT/LOSS : EXHIBIT VI-b  
REGULATED & UNREGULATED OPERATIONS  
Listed by Total Operating Profit

Hospital	2007			2008			% Change Reg. Operating Profit/Loss	% Change Total Net Profit/Loss
	Regulated Operating Profit/Loss	Unregulated Operating Profit/Loss	Total Operating Profit/Loss	Regulated Operating Profit/Loss	Unregulated Operating Profit/Loss	Total Operating Profit/Loss		
All Acute Hospitals	536,175,979	-207,068,523	329,107,456	561,065,925	-290,264,092	270,801,833	4.64	-17.72
Johns Hopkins Hospital	28,123,088	7,044,024	35,167,112	38,339,960	3,955,650	42,295,610	36.33	20.27
Peninsula Regional Hospital	27,888,687	-6,334,687	21,554,000	39,011,998	-10,811,998	28,200,000	39.88	30.83
Mercy Medical Center	28,964,794	-2,750,456	26,214,338	28,738,877	-1,764,823	26,974,054	-0.78	2.90
Holy Cross Hospital	14,026,600	2,075,732	16,102,333	35,003,468	-11,451,228	23,552,240	149.55	46.27
Union Memorial Hospital	19,220,341	-9,494,052	9,726,290	38,836,906	-15,645,132	23,191,774	102.06	138.44
Anne Arundel Medical Center	27,908,229	-8,707,321	19,200,908	32,064,792	-10,086,827	21,977,965	14.89	14.46
Franklin Square Hospital Center	22,662,844	-11,905,567	10,757,277	34,883,003	-14,365,974	20,517,029	53.92	90.73
Suburban Hospital	5,551,019	1,205,481	8,756,500	12,731,259	1,356,841	14,088,100	129.35	108.51
Northwest Hospital Center	17,048,691	-6,295,742	10,752,949	18,817,728	-6,294,532	12,523,196	10.38	16.46
Saint Agnes Hospital	26,111,668	-7,981,970	18,129,697	26,787,532	-15,439,962	11,347,570	2.59	-37.41
Carroll County General Hospital	13,441,101	-3,248,809	10,192,292	16,057,126	-5,511,855	10,545,271	19.46	3.46
Baltimore Washington Medical Center	10,950,685	-2,918,107	8,032,578	9,933,321	-2,051,168	7,882,152	-9.29	-1.87
Washington County Hospital	5,883,961	-1,404,161	4,479,800	9,405,556	-1,759,456	7,646,100	59.85	70.68
Shady Grove Adventist Hospital	8,894,298	-6,484,825	2,409,473	7,073,375	-341,612	6,731,763	-20.47	179.39
Saint Mary's Hospital	6,803,498	516,111	7,319,609	9,062,391	-2,357,926	6,704,465	33.20	-8.40
Harbor Hospital Center	2,545,440	1,798,519	4,343,959	5,832,846	826,012	6,658,858	129.15	53.29
Doctors Community Hospital	7,707,601	-67,390	7,640,211	5,036,473	1,049,818	6,086,292	-34.66	-20.34
Sinai Hospital	49,067,117	-32,141,103	16,926,013	44,196,220	-38,866,260	5,329,960	-9.93	-68.51
Howard County General Hospital	6,240,739	-1,728,634	4,512,105	9,392,505	-4,271,660	5,120,845	50.50	13.49
Johns Hopkins Bayview Medical Center	7,498,111	-2,303,711	5,194,400	9,663,237	-5,042,837	4,620,400	28.88	-11.05
Good Samaritan Hospital	9,690,998	-2,499,994	7,191,004	13,239,669	-8,720,642	4,519,027	36.62	-37.16
Montgomery General Hospital	7,533,344	-2,597,344	4,936,000	8,069,133	-3,579,633	4,489,500	7.11	-9.05
Union Hospital of Cecil County	706,200	-1,318,700	-612,500	6,818,400	-2,354,300	4,464,100	865.51	828.83
Southern Maryland Hospital Center	11,233,526	-4,297,461	6,936,065	13,227,591	-9,100,468	4,127,123	17.75	-40.50
Atlantic General Hospital	6,709,842	-5,234,045	1,475,796	9,705,883	-5,616,604	4,089,280	44.65	177.09
Harford Memorial Hospital	2,285,106	-1,476,606	808,500	4,559,135	-641,380	3,917,755	99.52	384.57
Upper Chesapeake Medical Center	3,767,499	734,111	4,501,610	5,791,118	-2,252,313	3,538,805	53.71	-21.39
University of Maryland Medical Center	42,206,648	-12,279,225	29,927,423	13,118,941	-10,005,363	3,113,578	-68.92	-89.60
Memorial Hospital at Easton	5,015,152	-1,419,118	3,596,035	1,886,991	1,178,469	3,065,460	-62.37	-14.75
Maryland General Hospital	9,020,980	-8,853,128	167,852	16,786,516	-13,977,516	2,809,000	86.08	1573.49
G.B.M.C	27,922,647	-15,782,047	12,140,600	15,580,843	-12,922,805	2,658,038	-44.20	-78.11
Memorial Hospital of Cumberland	-64,628	31,528	-33,100	1,966,456	497,744	2,464,200	3142.73	7544.71
Kernan Hospital	1,062,351	-252,174	810,177	3,384,005	-1,577,475	1,806,530	218.54	122.98

CHANGE IN TOTAL OPERATING PROFIT/LOSS : EXHIBIT VI-b  
REGULATED & UNREGULATED OPERATIONS  
Listed by Total Operating Profit

Hospital	2007			2008			% Change Reg. Operating Profit/Loss	% Change Total Net Profit/Loss
	Regulated Operating Profit/Loss	Unregulated Operating Profit/Loss	Total Operating Profit/Loss	Regulated Operating Profit/Loss	Unregulated Operating Profit/Loss	Total Operating Profit/Loss		
Braddock Hospital	11,785,798	-4,924,598	6,861,200	7,865,539	-6,106,539	1,759,000	-33.26	-74.36
McCready Hospital	1,060,999	392,507	1,453,506	2,358,842	-624,579	1,734,263	122.32	19.32
Frederick Memorial Hospital	8,424,634	-3,151,890	5,272,744	10,435,545	-8,730,188	1,705,357	23.87	-67.66
Fort Washington Medical Center	1,153,232	-415,164	738,068	1,519,535	-152,990	1,366,545	31.76	85.15
Calvert Memorial Hospital	6,792,870	-3,187,814	3,605,056	6,023,578	-4,875,653	1,147,925	-11.32	-68.16
Dorchester General Hospital	3,919,793	-1,388,407	2,531,386	1,963,896	-1,254,994	708,902	-49.90	-72.00
University MIEMSS	7,640,504	-4,338,768	3,301,735	3,651,806	-4,130,170	-478,364	-52.20	-114.49
Garrett County Memorial Hospital	897,911	-401,805	496,106	-383,618	-139,617	-523,235	-142.72	-205.47
Washington Adventist Hospital	-5,211,713	-1,600,983	-6,812,697	-299,213	-604,963	-904,176	94.26	86.73
Chester River Hospital	-1,286,008	444,689	-841,319	-2,653,398	864,407	-1,788,991	-106.33	-112.64
University UMCC	-906,422	137,528	-768,894	-3,738,082	-44,744	-3,782,826	-312.40	-391.98
Civista Medical Center	-1,566,726	-457,183	-2,023,908	-6,191,544	-284,942	-6,476,486	-295.19	-220.00
Laurel Regional Hospital	-3,327,509	-3,519,946	-6,847,455	-1,913,281	-5,055,983	-6,969,263	42.50	-1.78
Prince George's Hospital Center	32,719,090	-13,938,897	18,780,193	712,347	-15,379,867	-14,667,521	-97.82	-178.10
Saint Josephs Medical Center	12,598,408	-11,141,806	1,456,602	331,877	-18,335,994	-18,004,117	-97.37	-1336.04
Bon Secours Hospital	-2,147,061	-13,205,112	-15,352,173	-3,621,073	-17,460,147	-21,081,220	-68.65	-37.32

TOTAL EXCESS PROFIT/LOSS : EXHIBIT VII-a  
Listed by Alphabetical Order

Hospital	— 2007 — Excess Profit/Loss	— 2008 — Excess Profit/Loss	% Change in Excess Profit/Loss
All Acute Hospitals	582,490,383	157,454,866	-72.97
Anne Arundel Medical Center	40,757,908	13,023,965	-68.05
Atlantic General Hospital	2,746,498	5,294,040	92.76
Baltimore Washington Medical Center	11,165,578	8,806,152	-21.13
Bon Secours Hospital	-14,943,962	-22,177,999	-48.41
Braddock Hospital	8,605,700	3,579,600	-58.40
Calvert Memorial Hospital	5,296,027	3,294,916	-37.79
Carroll County General Hospital	17,954,155	11,640,271	-35.17
Chester River Hospital	-484,982	453,503	193.51
Civista Medical Center	-1,321,347	-5,445,711	-312.13
Doctors Community Hospital	4,834,810	-4,703,484	-197.28
Dorchester General Hospital	2,911,258	709,059	-75.64
Fort Washington Medical Center	754,287	1,376,900	82.54
Franklin Square Hospital Center	10,939,037	20,823,842	90.36
Frederick Memorial Hospital	14,270,165	-7,655,432	-153.65
G.B.M.C	17,053,500	4,349,371	-74.50
Garrett County Memorial Hospital	890,655	573,525	-35.61
Good Samaritan Hospital	9,918,326	7,762,782	-21.73
Harbor Hospital Center	4,995,820	7,029,486	40.71
Harford Memorial Hospital	4,775,500	-14,843,245	-410.82
Holy Cross Hospital	26,966,624	20,591,015	-23.64
Howard County General Hospital	6,819,167	3,500,003	-48.67
Johns Hopkins Bayview Medical Center	7,235,400	1,424,400	-80.31
Johns Hopkins Hospital	60,618,695	69,647,886	14.90
Kernan Hospital	1,688,177	2,551,530	51.14
Laurel Regional Hospital	-5,861,736	-6,702,002	-14.33
Maryland General Hospital	1,782,852	3,698,000	107.42
McCready Hospital	1,574,466	1,955,581	24.21

TOTAL EXCESS PROFIT/LOSS : EXHIBIT VII-a  
Listed by Alphabetical Order

Hospital	2007 Excess Profit/Loss	2008 Excess Profit/Loss	% Change in Excess Profit/Loss
Memorial Hospital at Easton	8,207,172	2,455,633	-70.08
Memorial Hospital of Cumberland	2,513,300	4,980,800	98.18
Mercy Medical Center	31,260,338	20,083,054	-35.76
Montgomery General Hospital	7,268,400	348,100	-95.21
Northwest Hospital Center	26,378,949	6,548,196	-75.18
Peninsula Regional Hospital	32,917,000	38,306,000	16.37
Prince George's Hospital Center	19,808,529	3,211,919	-83.79
Saint Agnes Hospital	48,938,310	12,628,017	-74.20
Saint Josephs Medical Center	10,149,395	-11,734,613	-215.62
Saint Mary's Hospital	9,097,011	7,600,949	-16.45
Shady Grove Adventist Hospital	4,888,947	2,433,859	-50.22
Sinai Hospital	50,609,013	-14,912,040	-129.47
Southern Maryland Hospital Center	8,082,441	4,776,075	-40.91
Suburban Hospital	7,692,500	14,352,000	86.57
Union Hospital of Cecil County	4,265,900	11,778,700	176.11
Union Memorial Hospital	24,017,013	21,767,075	-9.37
University MIEMSS	5,267,735	1,487,636	-71.76
University UMCC	37,106	-2,972,826	-8111.72
University of Maryland Medical Center	38,987,423	-56,231,422	-244.23
Upper Chesapeake Medical Center	-1,813,390	-46,197,195	-2447.56
Washington Adventist Hospital	-4,476,674	-2,430,705	45.70
Washington County Hospital	6,451,400	8,617,700	33.58
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TOTAL EXCESS PROFIT/LOSS : EXHIBIT VII-b  
Listed by Excess Profit/Loss

Hospital	2007 Excess Profit/Loss	2008 Excess Profit/Loss	% Change in Excess Profit/Loss
All Acute Hospitals	582,490,383	157,454,866	-72.97
Johns Hopkins Hospital	60,618,695	69,647,886	14.90
Peninsula Regional Hospital	32,917,000	38,306,000	16.37
Union Memorial Hospital	24,017,013	21,767,075	-9.37
Franklin Square Hospital Center	10,939,037	20,823,842	90.36
Holy Cross Hospital	26,966,624	20,591,015	-23.64
Mercy Medical Center	31,260,338	20,083,054	-35.76
Suburban Hospital	7,692,500	14,352,000	86.57
Anne Arundel Medical Center	40,757,908	13,023,965	-68.05
Saint Agnes Hospital	48,938,310	12,628,017	-74.20
Union Hospital of Cecil County	4,285,900	11,778,700	176.11
Carroll County General Hospital	17,954,155	11,640,271	-35.17
Baltimore Washington Medical Center	11,165,578	8,806,152	-21.13
Washington County Hospital	6,451,400	8,617,700	33.58
Good Samaritan Hospital	9,918,326	7,762,782	-21.73
Saint Mary's Hospital	9,097,011	7,600,949	-16.45
Harbor Hospital Center	4,995,820	7,029,486	40.71
Northwest Hospital Center	26,378,949	6,548,196	-75.18
Atlantic General Hospital	2,746,498	5,294,040	92.76
Memorial Hospital of Cumberland	2,513,300	4,980,800	98.18
Southern Maryland Hospital Center	8,082,441	4,776,075	-40.91
G.B.M.C	17,053,500	4,349,371	-74.50
Maryland General Hospital	1,782,852	3,698,000	107.42
Braddock Hospital	8,605,700	3,579,600	-58.40
Howard County General Hospital	6,819,167	3,500,003	-48.67
Calvert Memorial Hospital	5,296,027	3,294,916	-37.79
Prince George's Hospital Center	19,808,529	3,211,919	-83.79
Kernan Hospital	1,688,177	2,551,530	51.14
Memorial Hospital at Easton	8,207,172	2,455,633	-70.08

TOTAL EXCESS PROFIT/LOSS : EXHIBIT VII-b  
Listed by Excess Profit/Loss

Hospital	___ 2007 ___ Excess Profit/Loss	___ 2008 ___ Excess Profit/Loss	% Change in Excess Profit/Loss
Shady Grove Adventist Hospital	4,888,947	2,433,859	-50.22
McCready Hospital	1,574,466	1,955,581	24.21
University MIEMSS	5,267,735	1,487,636	-71.76
Johns Hopkins Bayview Medical Center	7,235,400	1,424,400	-80.31
Fort Washington Medical Center	754,287	1,376,900	82.54
Dorchester General Hospital	2,911,258	709,059	-75.64
Garrett County Memorial Hospital	890,655	573,525	-35.61
Chester River Hospital	-484,982	453,503	193.51
Montgomery General Hospital	7,268,400	348,100	-95.21
Washington Adventist Hospital	-4,476,674	-2,430,705	45.70
University UMCC	37,106	-2,972,826	-8111.72
Doctors Community Hospital	4,834,810	-4,703,484	-197.28
Civista Medical Center	-1,321,347	-5,445,711	-312.13
Laurel Regional Hospital	-5,861,736	-6,702,002	-14.33
Frederick Memorial Hospital	14,270,165	-7,655,432	-153.65
Saint Josephs Medical Center	10,149,395	-11,734,613	-215.62
Harford Memorial Hospital	4,775,500	-14,843,245	-410.82
Sinai Hospital	50,609,013	-14,912,040	-129.47
Bon Secours Hospital	-14,943,962	-22,177,999	-48.41
Upper Chesapeake Medical Center	-1,813,390	-46,197,195	-2447.56
University of Maryland Medical Center	38,987,423	-56,231,422	-244.23
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HEALTH SERVICES COST REVIEW COMMISSION  
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA  
FISCAL YEARS 2008 - 2006

**ACUTE HOSPITALS TOTAL:**

FISCAL YEAR ENDING	Year 2008	Year 2007	Year 2006
Gross Patient Revenue:			
Regulated Services	12,357,637,229	11,502,492,521	10,580,421,151
Unregulated Services	1,293,587,454	1,170,603,808	1,076,101,490
Total	13,651,224,683	12,673,096,329	11,656,522,641
Net Patient Revenue:			
Regulated Services	10,559,199,171	9,833,602,955	9,086,966,559
Unregulated Services	665,302,388	625,938,528	598,141,119
Total	11,224,501,559	10,459,541,483	9,685,107,678
Other Operating Revenue:			
Regulated Services	145,139,226	149,298,510	116,785,377
Unregulated Services	300,642,001	305,458,831	209,127,583
Total	445,781,227	454,757,341	325,912,960
Net Operating Revenue(NOR)			
Regulated Services	10,704,338,397	9,982,901,465	9,203,751,936
Unregulated Services	965,944,389	931,397,459	807,268,702
Total	11,670,282,786	10,914,298,924	10,011,020,638
Total Operating Expenses:			
Regulated Services	10,143,272,472	9,446,725,486	8,742,242,743
Total	11,399,480,954	10,585,191,368	9,737,651,198
Equivalent Inpatient ADMs (EIPA) :			
Regulated Services	1,011,171	979,544	962,564
Total	1,083,395	1,050,037	1,034,447
NPR per EIPA			
Regulated Services	10,442.55	10,038.96	9,440.38
Total	10,360.49	9,961.12	9,362.59
NOR per EIPA			
Regulated Services	10,586.08	10,191.38	9,561.70
Total	10,771.96	10,394.20	9,677.65
Operating Expenses per EIPA			
Regulated Services	10,031.21	9,644.00	9,082.25
Total	10,522.00	10,080.78	9,413.39
Net Operating Profit (Loss):			
Regulated Services	561,065,925	536,175,979	461,509,193
Unregulated Services	(290,264,092)	(207,068,523)	(188,139,753)
Total	270,801,833	329,107,456	273,369,440
Total Non-Operating Profit (Loss):	(113,346,967)	253,382,927	189,992,825
Non-Operating Revenue	11,087,375	274,824,675	190,162,872
Non-Operating Expense	124,434,342	21,441,748	170,047
Total Excess Profit	157,454,866	582,490,383	463,362,265
% Change in NPR per EIPA - Regulated	4.02	6.34	5.39
% Change in NOR per EIPA - Regulated	3.87	6.59	5.51
% Change in Operating Expense per EIPA - R	4.02	6.19	5.39
% Change in Net Operating Profit - Regulated	4.64	16.18	11.15
% Net Operating Profit of Regulated NOR	5.24	5.37	5.01
% Change in Net Operating Profit- Total	(17.72)	20.39	1.58
% Net Total Operating Profit of Total NOR	2.32	3.02	2.73
% Change in Total Excess Profit	(72.97)	25.71	25.69
% Total Excess Profit of Total Revenue	1.35	5.21	4.54



HEALTH SERVICES COST REVIEW COMMISSION  
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA  
FISCAL YEAR 2006 TO 2008

Anne Arundel Medical Center			
FISCAL YEAR ENOING	June 2008	June 2007	June 2006
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<b>Gross Patient Revenue:</b>			
Regulated Services	361,340,400	325,941,900	298,002,100
Unregulated Services	23,114,909	18,499,513	15,121,938
TOTAL	384,455,309	344,441,413	313,124,038
<b>Net Patient Revenue(NPR):</b>			
Regulated Services	322,026,051	291,589,361	264,537,118
Unregulated Services	9,627,116	9,033,987	8,200,811
TOTAL	331,653,167	300,623,348	272,737,929
<b>Other Operating Revenue:</b>			
Regulated Services	7,471,808	8,749,790	4,832,078
Unregulated Services	14,516,990	13,716,810	13,138,422
TOTAL	21,988,798	22,466,600	17,970,500
<b>Net Operating Revenue(NOR)</b>			
Regulated Services	329,497,859	300,339,151	269,369,196
Unregulated Services	24,144,108	22,750,797	21,339,233
Total	353,641,965	323,089,948	290,708,429
<b>Total Operating Expenses:</b>			
Regulated Services	297,433,067	272,430,922	246,963,995
Total	331,664,000	303,889,040	277,727,000
<b>Equivalent Inpatient ADMs(EIPA):</b>			
Regulated Services	35,227	34,558	33,741
Total	35,910	34,803	34,222
<b>NPR per EIPA :</b>			
Regulated Services	9,141.39	8,437.68	7,840.22
Total	9,235.55	8,637.78	7,969.56
<b>NOR per EIPA :</b>			
Regulated Services	9,353.49	8,690.87	7,983.43
Total	9,847.88	9,283.31	8,494.67
<b>Operating Expenses per EIPA :</b>			
Regulated Services	8,443.26	7,883.30	7,319.40
Total	9,235.86	8,731.61	8,115.35
<b>Net Operating Profit(Loss):</b>			
Regulated Services	32,064,792	27,908,229	22,405,201
Unregulated Services	-10,086,827	-8,707,321	-9,423,772
Total	21,977,965	19,200,908	12,981,429
<b>Total Non-Operating Profit(Loss):</b>			
Non-Operating Revenue	-8,954,000	21,557,000	11,775,000
Non-Operating Expenses	0	0	0
<b>Total Excess Profit</b>	<b>13,023,965</b>	<b>40,757,908</b>	<b>24,756,429</b>
<b>% Change in NPR per EIPA - Regulated</b>			
	8.34	7.62	9.25
<b>% Change in NOR per EIPA - Regulated</b>			
	7.82	8.86	8.99
<b>% Change in Oper. Expense per EIPA- Regulated</b>			
	7.10	7.70	10.81
<b>% Change in Net Operating Profit- Regulated</b>			
	14.89	24.56	-10.79
<b>% Net Operating Profit of Regulated NOR</b>			
	9.73	9.29	8.32
<b>% Change in Net Operating Profit- Total</b>			
	14.46	47.91	-23.02
<b>% Net Total Operating Profit of Total NOR</b>			
	6.21	5.94	4.47
<b>% Change in Total Excess Profit</b>			
	-68.05	64.64	-0.58
<b>% Total Excess Profit of Total Revenue</b>			
	3.78	11.83	8.18

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Atlantic General Hospital

FISCAL YEAR ENDING	June 2008 -----	June 2007 -----	June 2006 -----
<b>Gross Patient Revenue:</b>			
Regulated Services	73,435,000	63,648,000	54,654,300
Unregulated Services	11,381,230	10,911,875	7,663,836
TOTAL	84,826,230	74,559,875	62,318,136
<b>Net Patient Revenue(NPR):</b>			
Regulated Services	64,089,800	55,389,500	47,647,800
Unregulated Services	7,381,030	6,811,675	4,793,936
TOTAL	71,470,830	62,201,175	52,441,736
<b>Other Operating Revenue:</b>			
Regulated Services	74,700	26,600	25,000
Unregulated Services	383,500	322,000	351,300
TOTAL	458,200	348,600	376,300
<b>Net Operating Revenue(NOR)</b>			
Regulated Services	64,164,500	55,416,100	47,672,800
Unregulated Services	7,764,530	7,133,675	5,145,236
Total	71,929,030	62,549,775	52,818,036
<b>Total Operating Expenses:</b>			
Regulated Services	54,458,617	48,706,258	44,455,135
Total	67,839,750	61,073,979	53,713,102
<b>Equivalent Inpatient ADMs(EIPA):</b>			
Regulated Services	7,259	7,390	6,822
Total	8,385	8,657	7,550
<b>NPR per EIPA :</b>			
Regulated Services	8,829.01	7,494.87	7,195.85
Total	8,523.64	7,184.80	6,945.86
<b>NOR per EIPA :</b>			
Regulated Services	8,839.30	7,498.47	7,199.62
Total	8,578.28	7,225.07	6,995.70
<b>Operating Expenses per EIPA :</b>			
Regulated Services	7,502.22	6,590.55	6,713.69
Total	8,090.59	7,054.60	7,114.25
<b>Net Operating Profit(Loss):</b>			
Regulated Services	9,705,883	6,709,842	3,217,665
Unregulated Services	-5,616,604	-5,234,045	-4,112,731
Total	4,089,280	1,475,796	-895,066
<b>Total Non-Operating Profit(Loss):</b>			
Non-Operating Revenue	1,269,914	1,331,977	1,942,902
Non-Operating Expenses	65,154	61,275	47,136
<b>Total Excess Profit</b>	<b>5,294,040</b>	<b>2,746,498</b>	<b>1,000,700</b>
<b>% Change in NPR per EIPA - Regulated</b>			
	17.80	4.16	6.13
<b>% Change in NOR per EIPA - Regulated</b>			
	17.88	4.15	6.11
<b>% Change in Oper. Expense per EIPA- Regulated</b>			
	13.83	-1.83	7.81
<b>% Change in Net Operating Profit- Regulated</b>			
	44.65	108.53	-10.12
<b>% Net Operating Profit of Regulated NOR</b>			
	15.13	12.11	6.75
<b>% Change in Net Operating Profit- Total</b>			
	177.09	264.88	-206.89
<b>% Net Total Operating Profit of Total NOR</b>			
	5.69	2.36	-1.69
<b>% Change in Total Excess Profit</b>			
	92.76	174.46	-22.89
<b>% Total Excess Profit of Total Revenue</b>			
	7.23	4.30	1.83

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Baltimore Washington Medical Center

FISCAL YEAR ENDING	June 2008	June 2007	June 2006
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Gross Patient Revenue:			
Regulated Services	284,240,600	265,318,900	239,891,800
Unregulated Services	24,259,477	6,500,878	27,746,650
TOTAL	308,500,077	271,819,778	267,638,450
Net Patient Revenue(NPR):			
Regulated Services	241,660,282	226,959,100	208,207,964
Unregulated Services	8,363,092	6,500,878	8,017,087
TOTAL	250,023,374	233,459,978	216,225,051
Other Operating Revenue:			
Regulated Services	673,623	1,076,186	861,126
Unregulated Services	1,606,411	1,603,814	1,030,874
TOTAL	2,280,034	2,880,000	1,892,000
Net Operating Revenue(NOR)			
Regulated Services	242,333,905	228,035,286	209,069,090
Unregulated Services	9,969,503	8,104,692	9,047,961
Total	252,303,408	236,139,978	218,117,051
Total Operating Expenses:			
Regulated Services	232,400,584	217,084,601	196,842,122
Total	244,421,256	228,107,400	208,745,600
Equivalent Inpatient ADMs(EIPA):			
Regulated Services	29,258	27,740	27,010
Total	31,755	28,419	30,134
NPR per EIPA :			
Regulated Services	8,259.61	8,181.71	7,708.69
Total	7,873.48	8,214.79	7,175.57
NOR per EIPA :			
Regulated Services	8,282.63	8,220.51	7,740.57
Total	7,945.26	8,309.09	7,238.35
Operating Expenses per EIPA :			
Regulated Services	7,943.12	7,825.75	7,287.88
Total	7,697.04	8,026.45	6,927.36
Net Operating Profit(Loss):			
Regulated Services	9,933,321	10,950,685	12,226,968
Unregulated Services	-2,051,168	-2,918,107	-2,855,517
Total	7,882,152	8,032,578	9,371,451
Total Non-Operating Profit(Loss):	924,000	3,133,000	250,000
Non-Operating Revenue	924,000	3,133,000	250,000
Non-Operating Expenses	0	0	0
Total Excess Profit	8,806,152	11,165,578	9,621,451
% Change in NPR per EIPA - Regulated	0.95	6.14	5.35
% Change in NOR per EIPA - Regulated	0.76	6.20	5.33
% Change in Oper. Expense per EIPA- Regulated	1.50	7.38	6.18
% Change in Net Operating Profit- Regulated	-9.29	-10.44	-4.53
% Net Operating Profit of Regulated NOR	4.10	4.80	5.85
% Change in Net Operating Profit- Total	-1.87	-14.29	6.99
% Net Total Operating Profit of Total NOR	3.12	3.40	4.30
% Change in Total Excess Profit	-21.13	16.05	-25.50
% Total Excess Profit of Total Revenue	3.48	4.67	4.41

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Bon Secours Hospital

FISCAL YEAR ENDING	August 2008 -----	August 2007 -----	August 2006 -----
Gross Patient Revenue:			
Regulated Services	102,178,500	100,364,100	93,951,300
Unregulated Services	26,780,231	27,340,096	26,554,612
TOTAL	128,958,731	127,704,196	120,505,912
Net Patient Revenue(NPR):			
Regulated Services	79,785,576	77,777,341	77,564,988
Unregulated Services	8,028,169	9,851,849	14,047,612
TOTAL	87,813,745	87,629,190	91,612,600
Other Operating Revenue:			
Regulated Services	221,092	620,447	-207,700
Unregulated Services	5,717,012	5,477,938	5,932,000
TOTAL	5,938,104	6,098,385	5,724,300
Net Operating Revenue(NOR)			
Regulated Services	80,006,668	78,387,788	77,357,288
Unregulated Services	13,745,181	15,329,787	19,979,812
Total	93,751,849	93,727,574	97,336,900
Total Operating Expenses:			
Regulated Services	83,627,741	80,544,848	75,902,602
Total	114,833,069	109,079,748	99,122,000
Equivalent Inpatient ADMs(EIPA):			
Regulated Services	9,539	10,039	9,765
Total	12,021	12,525	12,524
NPR per EIPA :			
Regulated Services	8,364.19	7,747.18	7,943.53
Total	7,305.19	6,996.24	7,314.71
NOR per EIPA :			
Regulated Services	8,387.37	7,808.98	7,922.26
Total	7,799.18	7,483.13	7,771.77
Operating Expenses per EIPA :			
Regulated Services	8,766.98	8,022.85	7,773.28
Total	9,552.92	8,708.83	7,914.29
Net Operating Profit(Loss):			
Regulated Services	-3,621,073	-2,147,061	1,454,686
Unregulated Services	-17,460,147	-13,205,112	-3,239,786
Total	-21,081,220	-15,352,173	-1,785,100
Total Non-Operating Profit(Loss):	-1,096,779	408,211	1,021,100
Non-Operating Revenue	-822,868	408,211	312,400
Non-Operating Expenses	273,911	0	-708,700
Total Excess Profit	-22,177,999	-14,943,962	-764,000
% Change in NPR per EIPA - Regulated	7.96	-2.47	1.96
% Change in NOR per EIPA - Regulated	7.41	-1.43	1.50
% Change in Oper. Expense per EIPA- Regulated	9.28	3.21	6.59
% Change in Net Operating Profit- Regulated	-68.65	-247.60	-70.42
% Net Operating Profit of Regulated NOR	-4.53	-2.74	1.88
% Change in Net Operating Profit- Total	-37.32	-780.02	-299.33
% Net Total Operating Profit of Total NOR	-22.49	-16.38	-1.83
% Change in Total Excess Profit	-48.41	-1,856.02	-268.92
% Total Excess Profit of Total Revenue	-23.87	-15.87	-0.78

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Braddock Hospital

FISCAL YEAR ENDING	June 2008 -----	June 2007 -----	June 2006 -----
<b>Gross Patient Revenue:</b>			
Regulated Services	153,946,000	144,555,000	129,680,100
Unregulated Services	17,439,100	17,203,200	12,544,100
TOTAL	171,385,100	161,758,200	142,224,200
<b>Net Patient Revenue(NPR):</b>			
Regulated Services	132,321,300	126,118,600	113,308,800
Unregulated Services	13,344,200	12,853,700	7,617,500
TOTAL	145,665,500	138,972,300	120,926,300
<b>Other Operating Revenue:</b>			
Regulated Services	100	104,700	-612,600
Unregulated Services	1,355,800	1,553,800	1,875,500
TOTAL	1,355,900	1,658,500	1,262,900
<b>Net Operating Revenue(NOR)</b>			
Regulated Services	132,321,400	126,223,300	112,696,200
Unregulated Services	14,700,000	14,407,500	9,493,000
Total	147,021,400	140,630,800	122,189,200
<b>Total Operating Expenses:</b>			
Regulated Services	124,455,861	114,437,502	108,212,490
Total	145,262,400	133,769,600	120,031,896
<b>Equivalent Inpatient ADMs(EIPA):</b>			
Regulated Services	17,703	16,773	15,988
Total	18,257	17,942	17,852
<b>NPR per EIPA :</b>			
Regulated Services	7,474.30	7,519.24	7,087.01
Total	7,978.64	7,745.48	6,773.78
<b>NOR per EIPA :</b>			
Regulated Services	7,474.31	7,525.48	7,048.69
Total	8,052.91	7,837.92	6,844.52
<b>Operating Expenses per EIPA :</b>			
Regulated Services	7,030.02	6,822.80	6,768.25
Total	7,956.56	7,455.51	6,723.68
<b>Net Operating Profit(Loss):</b>			
Regulated Services	7,865,539	11,785,798	4,483,710
Unregulated Services	-6,106,539	-4,924,598	-2,326,406
Total	1,759,000	6,861,200	2,157,304
<b>Total Non-Operating Profit(Loss):</b>			
Non-Operating Revenue	1,820,600	1,744,500	2,525,000
Non-Operating Expenses	0	0	0
<b>Total Excess Profit</b>	<b>3,579,600</b>	<b>8,605,700</b>	<b>4,682,304</b>
<b>% Change in NPR per EIPA - Regulated</b>			
	-0.60	6.10	5.63
<b>% Change in NOR per EIPA - Regulated</b>			
	-0.68	8.76	5.06
<b>% Change in Oper. Expense per EIPA- Regulated</b>			
	3.04	0.81	7.48
<b>% Change in Net Operating Profit- Regulated</b>			
	-33.26	162.86	-27.10
<b>% Net Operating Profit of Regulated NOR</b>			
	5.94	9.34	3.98
<b>% Change in Net Operating Profit- Total</b>			
	-74.36	218.05	-19.29
<b>% Net Total Operating Profit of Total NOR</b>			
	1.20	4.88	1.77
<b>% Change in Total Excess Profit</b>			
	-58.40	83.79	36.94
<b>% Total Excess Profit of Total Revenue</b>			
	2.40	6.04	3.75

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Calvert Memorial Hospital

FISCAL YEAR ENDING	June 2008 -----	June 2007 -----	June 2006 -----
<b>Gross Patient Revenue:</b>			
Regulated Services	102,346,100	94,108,300	88,535,500
Unregulated Services	17,422,425	17,580,475	12,841,114
TOTAL	119,768,525	111,688,775	101,376,614
<b>Net Patient Revenue(NPR):</b>			
Regulated Services	89,356,335	81,903,286	76,892,865
Unregulated Services	11,493,515	12,151,767	8,224,870
TOTAL	100,849,850	94,055,053	85,117,735
<b>Other Operating Revenue:</b>			
Regulated Services	1,982,050	1,963,959	1,143,434
Unregulated Services	1,861,904	1,532,553	718,622
TOTAL	3,843,954	3,496,512	1,862,056
<b>Net Operating Revenue(NOR)</b>			
Regulated Services	91,338,385	83,867,245	78,036,299
Unregulated Services	13,355,419	13,684,320	8,943,493
Total	104,693,804	97,551,565	86,979,791
<b>Total Operating Expenses:</b>			
Regulated Services	85,314,807	77,074,375	71,818,559
Total	103,545,879	93,946,509	82,157,128
<b>Equivalent Inpatient ADMs(EIPA):</b>			
Regulated Services	13,562	12,994	12,636
Total	15,652	15,263	14,392
<b>NPR per EIPA :</b>			
Regulated Services	6,588.93	6,303.13	6,085.28
Total	6,443.16	6,162.22	5,914.13
<b>NOR per EIPA :</b>			
Regulated Services	6,735.08	6,454.28	6,175.77
Total	6,688.75	6,391.30	6,043.51
<b>Operating Expenses per EIPA :</b>			
Regulated Services	6,290.91	5,931.51	5,683.70
Total	6,615.41	6,155.11	5,708.42
<b>Net Operating Profit(Loss):</b>			
Regulated Services	6,023,578	6,792,870	6,217,739
Unregulated Services	-4,875,653	-3,187,814	-1,395,076
Total	1,147,925	3,605,056	4,822,663
<b>Total Non-Operating Profit(Loss):</b>			
Non-Operating Revenue	2,146,991	1,690,971	473,379
Non-Operating Expenses	0	261,100	0
<b>Total Excess Profit</b>	<b>3,294,916</b>	<b>5,296,027</b>	<b>5,296,042</b>
<b>% Change in NPR per EIPA - Regulated</b>			
	4.53	3.58	13.55
<b>% Change in NOR per EIPA - Regulated</b>			
	4.35	4.51	13.36
<b>% Change in Oper. Expense per EIPA- Regulated</b>			
	6.06	4.36	14.05
<b>% Change in Net Operating Profit- Regulated</b>			
	-11.32	9.25	3.90
<b>% Net Operating Profit of Regulated NOR</b>			
	6.59	8.10	7.97
<b>% Change in Net Operating Profit- Total</b>			
	-68.16	-25.25	-15.55
<b>% Net Total Operating Profit of Total NOR</b>			
	1.10	3.70	5.54
<b>% Change in Total Excess Profit</b>			
	-37.79	-0.00	-12.86
<b>% Total Excess Profit of Total Revenue</b>			
	3.08	5.32	6.08

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Carroll County General Hospital

FISCAL YEAR ENDING	June 2008 -----	June 2007 -----	June 2006 -----
<b>Gross Patient Revenue:</b>			
Regulated Services	186,262,700	169,471,500	153,454,534
Unregulated Services	51,808,089	69,425,600	18,889,982
TOTAL	238,070,789	238,897,100	172,144,516
<b>Net Patient Revenue(NPR):</b>			
Regulated Services	163,557,665	149,708,066	135,584,542
Unregulated Services	43,060,055	39,345,821	12,206,300
TOTAL	206,617,720	189,053,887	147,790,842
<b>Other Operating Revenue:</b>			
Regulated Services	1,605,916	1,242,480	1,042,786
Unregulated Services	14,391,389	14,027,601	511,559
TOTAL	15,997,305	15,270,081	1,554,345
<b>Net Operating Revenue(NOR)</b>			
Regulated Services	165,163,581	150,950,546	136,627,328
Unregulated Services	57,451,444	53,373,422	12,717,859
Total	222,615,025	204,323,968	149,345,187
<b>Total Operating Expenses:</b>			
Regulated Services	149,106,455	137,509,445	126,069,587
Total	212,069,754	194,131,676	142,451,014
<b>Equivalent Inpatient ADMs(EIPA):</b>			
Regulated Services	21,413	21,047	19,797
Total	27,369	29,669	22,208
<b>NPR per EIPA :</b>			
Regulated Services	7,638.22	7,113.09	6,848.69
Total	7,549.33	6,372.13	6,654.75
<b>NOR per EIPA :</b>			
Regulated Services	7,713.21	7,172.13	6,901.37
Total	8,133.84	6,886.82	6,724.74
<b>Operating Expenses per EIPA :</b>			
Regulated Services	6,963.34	6,533.50	6,368.07
Total	7,748.54	6,543.28	6,414.31
<b>Net Operating Profit(Loss):</b>			
Regulated Services	16,057,128	13,441,101	10,557,741
Unregulated Services	-5,511,855	-3,248,809	-3,663,568
Total	10,545,271	10,192,292	6,894,173
<b>Total Non-Operating Profit(Loss):</b>			
Non-Operating Revenue	6,469,800	11,987,863	5,924,637
Non-Operating Expenses	5,374,800	4,226,000	0
<b>Total Excess Profit</b>			
	11,640,271	17,954,155	12,818,810
<b>% Change in NPR per EIPA - Regulated</b>			
	7.38	3.86	9.58
<b>% Change in NOR per EIPA - Regulated</b>			
	7.54	3.92	9.08
<b>% Change in Oper. Expense per EIPA- Regulated</b>			
	6.58	2.60	8.24
<b>% Change in Net Operating Profit- Regulated</b>			
	19.46	27.31	24.36
<b>% Net Operating Profit of Regulated NOR</b>			
	9.72	8.90	7.73
<b>% Change in Net Operating Profit- Total</b>			
	3.46	47.84	34.21
<b>% Net Total Operating Profit of Total NOR</b>			
	4.74	4.99	4.82
<b>% Change in Total Excess Profit</b>			
	-35.17	40.06	106.39
<b>% Total Excess Profit of Total Revenue</b>			
	5.08	8.30	8.28

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Chester River Hospital

FISCAL YEAR ENDING	June 2008	June 2007	June 2006
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Gross Patient Revenue:			
Regulated Services	55,440,200	57,015,700	52,086,800
Unregulated Services	2,274,172	1,743,189	1,393,013
TOTAL	57,714,372	58,758,889	53,479,813
Net Patient Revenue(NPR):			
Regulated Services	44,720,120	47,776,943	45,257,496
Unregulated Services	1,300,585	871,594	696,507
TOTAL	46,020,706	48,648,538	45,954,003
Other Operating Revenue:			
Regulated Services	3,798,163	455,981	416,735
Unregulated Services	470,247	385,394	304,357
TOTAL	4,268,410	841,375	721,092
Net Operating Revenue(NOR)			
Regulated Services	48,518,284	48,232,924	45,874,231
Unregulated Services	1,770,832	1,256,988	1,000,864
Total	50,289,116	49,489,913	46,875,095
Total Operating Expenses:			
Regulated Services	51,171,682	49,518,932	45,405,900
Total	52,078,107	50,331,232	46,078,600
Equivalent Inpatient ADMs(EIPA):			
Regulated Services	6,141	7,716	6,896
Total	6,373	7,916	6,945
NPR per EIPA :			
Regulated Services	7,282.38	6,191.55	6,563.26
Total	7,221.57	6,145.48	6,617.18
NOR per EIPA :			
Regulated Services	7,900.89	6,250.64	6,623.69
Total	7,891.37	6,251.76	6,721.01
Operating Expenses per EIPA :			
Regulated Services	8,332.98	6,417.30	6,584.78
Total	8,172.09	6,358.04	6,635.12
Net Operating Profit(Loss):			
Regulated Services	-2,653,398	-1,286,008	288,300
Unregulated Services	864,407	444,689	328,200
Total	-1,788,991	-841,319	596,500
Total Non-Operating Profit(Loss):	2,242,494	356,337	365,700
Non-Operating Revenue	2,328,859	356,337	365,700
Non-Operating Expenses	86,365	0	0
Total Excess Profit	453,503	-484,982	962,100
% Change in NPR per EIPA - Regulated	17.62	-5.66	10.71
% Change in NOR per EIPA - Regulated	26.40	-5.63	10.94
% Change in Oper. Expense per EIPA- Regulated	29.85	-2.54	-0.98
% Change in Net Operating Profit- Regulated	-106.33	-579.32	106.09
% Net Operating Profit of Regulated NOR	-5.47	-2.67	0.59
% Change in Net Operating Profit- Total	-112.64	-241.04	114.54
% Net Total Operating Profit of Total NOR	-3.56	-1.70	1.28
% Change in Total Excess Profit	193.51	-150.41	128.90
% Total Excess Profit of Total Revenue	0.86	-0.97	2.05



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Civiata Medical Center			
FISCAL YEAR ENDING	June 2008	June 2007	June 2006
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<b>Gross Patient Revenue:</b>			
Regulated Services	100,064,600	91,365,800	80,852,800
Unregulated Services	1,526,100	1,403,000	1,390,600
<b>TOTAL</b>	<b>101,590,700</b>	<b>92,768,800</b>	<b>82,243,400</b>
<b>Net Patient Revenue(NPR):</b>			
Regulated Services	83,291,229	79,869,087	69,396,489
Unregulated Services	937,900	1,001,100	873,900
<b>TOTAL</b>	<b>84,229,129</b>	<b>80,870,187</b>	<b>70,370,389</b>
<b>Other Operating Revenue:</b>			
Regulated Services	294,251	140,476	258,285
Unregulated Services	333,451	400,879	284,180
<b>TOTAL</b>	<b>627,702</b>	<b>541,355</b>	<b>542,465</b>
<b>Net Operating Revenue(NOR)</b>			
Regulated Services	83,585,480	80,009,563	69,654,774
Unregulated Services	1,271,351	1,401,979	1,258,080
<b>Total</b>	<b>84,856,831</b>	<b>81,411,542</b>	<b>70,912,854</b>
<b>Total Operating Expenses:</b>			
Regulated Services	89,777,024	81,576,289	69,260,335
<b>Total</b>	<b>91,333,317</b>	<b>83,435,451</b>	<b>71,128,130</b>
<b>Equivalent Inpatient ADMs(EIPA):</b>			
Regulated Services	11,375	11,730	11,428
<b>Total</b>	<b>11,531</b>	<b>11,890</b>	<b>11,604</b>
<b>NPR per EIPA :</b>			
Regulated Services	7,322.16	6,808.83	6,072.75
<b>Total</b>	<b>7,304.70</b>	<b>6,801.58</b>	<b>6,064.17</b>
<b>NOR per EIPA :</b>			
Regulated Services	7,348.03	6,820.81	6,095.35
<b>Total</b>	<b>7,359.13</b>	<b>6,847.11</b>	<b>6,110.92</b>
<b>Operating Expenses per EIPA :</b>			
Regulated Services	7,892.33	6,954.37	6,060.84
<b>Total</b>	<b>7,920.80</b>	<b>7,017.33</b>	<b>6,129.47</b>
<b>Net Operating Profit(Loss):</b>			
Regulated Services	-6,191,544	-1,566,726	394,440
Unregulated Services	-284,942	-457,183	-609,715
<b>Total</b>	<b>-6,478,486</b>	<b>-2,023,908</b>	<b>-215,276</b>
<b>Total Non-Operating Profit(Loss):</b>			
Non-Operating Revenue	1,030,775	702,561	402,800
Non-Operating Expenses	0	0	0
<b>Total Excess Profit</b>	<b>-5,445,711</b>	<b>-1,321,347</b>	<b>187,524</b>
<b>% Change in NPR per EIPA - Regulated</b>			
	7.54	12.12	3.78
<b>% Change in NOR per EIPA - Regulated</b>			
	7.73	11.90	3.94
<b>% Change in Oper. Expense per EIPA- Regulated</b>			
	13.49	14.74	1.08
<b>% Change in Net Operating Profit- Regulated</b>			
	-295.19	-497.20	126.84
<b>% Net Operating Profit of Regulated NOR</b>			
	-7.41	-1.96	0.57
<b>% Change in Net Operating Profit- Total</b>			
	-220.00	-840.15	88.97
<b>% Net Total Operating Profit of Total NOR</b>			
	-7.63	-2.49	-0.30
<b>% Change in Total Excess Profit</b>			
	-312.13	-804.63	109.91
<b>% Total Excess Profit of Total Revenue</b>			
	-6.34	-1.61	0.26

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Doctors Community Hospital

FISCAL YEAR ENDING	June 2008 -----	June 2007 -----	June 2006 -----
<b>Gross Patient Revenue:</b>			
Regulated Services	174,473,200	169,828,900	150,515,400
Unregulated Services	7,935,667	828,100	939,788
TOTAL	182,408,867	170,457,000	151,455,188
<b>Net Patient Revenue(NPR):</b>			
Regulated Services	144,755,979	141,992,378	127,847,288
Unregulated Services	7,705,931	692,500	798,289
TOTAL	152,461,910	142,684,878	128,645,587
<b>Other Operating Revenue:</b>			
Regulated Services	4,202,911	4,372,211	3,441,725
Unregulated Services	2,373,446	3,816,455	2,260,580
TOTAL	6,576,357	7,988,666	5,702,305
<b>Net Operating Revenue(NOR)</b>			
Regulated Services	148,958,890	146,364,589	131,289,013
Unregulated Services	10,079,377	4,308,955	3,058,879
Total	159,038,267	150,673,544	134,347,892
<b>Total Operating Expenses:</b>			
Regulated Services	143,922,416	138,656,988	127,241,625
Total	152,951,975	143,033,333	130,729,337
<b>Equivalent Inpatient ADMs(EIPA):</b>			
Regulated Services	19,267	17,568	17,854
Total	19,951	17,653	17,965
<b>NPR per EIPA :</b>			
Regulated Services	7,513.08	8,082.65	7,160.89
Total	7,641.98	8,082.62	7,160.89
<b>NOR per EIPA :</b>			
Regulated Services	7,731.22	8,331.53	7,353.66
Total	7,971.61	8,535.15	7,478.30
<b>Operating Expenses per EIPA :</b>			
Regulated Services	7,489.82	7,892.79	7,126.96
Total	7,666.55	8,102.35	7,276.88
<b>Net Operating Profit(Loss):</b>			
Regulated Services	5,036,473	7,707,601	4,047,389
Unregulated Services	1,049,818	-87,390	-428,834
Total	6,086,292	7,640,211	3,618,555
<b>Total Non-Operating Profit(Loss):</b>			
Non-Operating Revenue	-3,392,514	1,556,914	3,764,500
Non-Operating Expenses	7,397,262	4,362,315	0
<b>Total Excess Profit</b>			
	-4,703,484	4,834,810	7,383,055
<b>% Change in NPR per EIPA - Regulated</b>			
	-7.05	12.87	6.50
<b>% Change in NOR per EIPA - Regulated</b>			
	-7.21	13.30	6.13
<b>% Change in Oper. Expense per EIPA- Regulated</b>			
	-5.36	10.75	8.47
<b>% Change in Net Operating Profit- Regulated</b>			
	-34.66	90.43	-32.48
<b>% Net Operating Profit of Regulated NOR</b>			
	3.38	5.27	3.08
<b>% Change in Net Operating Profit- Total</b>			
	-20.34	111.14	-28.60
<b>% Net Total Operating Profit of Total NOR</b>			
	3.83	5.07	2.69
<b>% Change in Total Excess Profit</b>			
	-197.28	-34.51	32.80
<b>% Total Excess Profit of Total Revenue</b>			
	-3.02	3.18	5.35

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Dorchester General Hospital			
FISCAL YEAR ENDING	June 2008	June 2007	June 2006
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<b>Gross Patient Revenue:</b>			
Regulated Services	47,996,300	43,008,008	42,535,500
Unregulated Services	2,040,182	2,139,351	2,206,135
TOTAL	50,036,482	45,147,359	44,741,635
<b>Net Patient Revenue(NPR):</b>			
Regulated Services	41,070,915	36,917,306	33,773,860
Unregulated Services	1,247,054	1,351,103	1,410,097
TOTAL	42,317,969	38,268,409	35,183,957
<b>Other Operating Revenue:</b>			
Regulated Services	587,242	828,163	225,837
Unregulated Services	314,879	338,878	360,458
TOTAL	902,121	1,167,041	586,295
<b>Net Operating Revenue(NOR)</b>			
Regulated Services	41,658,157	37,745,469	33,999,697
Unregulated Services	1,561,933	1,689,981	1,770,555
Total	43,220,090	39,435,450	35,770,252
<b>Total Operating Expenses:</b>			
Regulated Services	39,694,261	33,825,676	31,886,919
Total	42,511,188	36,904,064	35,021,055
<b>Equivalent Inpatient ADMs(EIPA):</b>			
Regulated Services	6,220	6,133	6,377
Total	6,485	6,356	6,583
<b>NPR per EIPA :</b>			
Regulated Services	6,602.83	6,019.29	5,296.04
Total	6,525.92	6,021.01	5,344.60
<b>NOR per EIPA :</b>			
Regulated Services	6,697.24	6,154.32	5,331.45
Total	6,665.04	6,204.63	5,433.66
<b>Operating Expenses per EIPA :</b>			
Regulated Services	6,381.51	5,515.20	5,000.15
Total	6,555.72	5,806.35	5,319.86
<b>Net Operating Profit(Loss):</b>			
Regulated Services	1,963,896	3,919,793	2,112,778
Unregulated Services	-1,254,994	-1,388,407	-1,383,581
Total	708,902	2,531,386	749,197
<b>Total Non-Operating Profit(Loss):</b>			
Non-Operating Revenue	157	379,872	139,913
Non-Operating Expenses	0	0	0
<b>Total Excess Profit</b>	<b>709,059</b>	<b>2,911,258</b>	<b>889,110</b>
<b>% Change in NPR per EIPA - Regulated</b>			
	9.69	13.66	1.26
<b>% Change in NOR per EIPA - Regulated</b>			
	8.82	15.43	1.22
<b>% Change in Oper. Expense per EIPA- Regulated</b>			
	15.71	10.30	5.76
<b>% Change in Net Operating Profit- Regulated</b>			
	-49.90	85.53	-39.81
<b>% Net Operating Profit of Regulated NOR</b>			
	4.71	10.38	6.21
<b>% Change in Net Operating Profit- Total</b>			
	-72.00	237.88	-73.62
<b>% Net Total Operating Profit of Total NOR</b>			
	1.64	6.42	2.09
<b>% Change in Total Excess Profit</b>			
	-75.84	227.44	-69.53
<b>% Total Excess Profit of Total Revenue</b>			
	1.64	7.31	2.48

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Fort Washington Medical Center

FISCAL YEAR ENDING	December 2008 -----	December 2007 -----	December 2006 -----
<b>Gross Patient Revenue:</b>			
Regulated Services	47,584,845	43,852,242	38,434,200
Unregulated Services	714,633	637,959	1,026,600
TOTAL	48,299,478	44,490,201	39,460,800
<b>Net Patient Revenue(NPR):</b>			
Regulated Services	38,076,625	35,940,940	31,219,300
Unregulated Services	714,633	637,959	1,026,600
TOTAL	38,791,258	36,578,899	32,245,900
<b>Other Operating Revenue:</b>			
Regulated Services	346,816	427,093	564,500
Unregulated Services	39,580	47,747	49,000
TOTAL	386,396	474,840	613,500
<b>Net Operating Revenue(NOR)</b>			
Regulated Services	38,423,441	36,368,033	31,783,800
Unregulated Services	754,213	685,706	1,075,600
Total	39,177,654	37,053,739	32,859,400
<b>Total Operating Expenses:</b>			
Regulated Services	36,903,906	35,214,801	33,278,800
Total	37,811,108	36,315,671	34,369,700
<b>Equivalent Inpatient ADMs(EIPA):</b>			
Regulated Services	5,928	5,566	5,432
Total	5,883	5,525	5,506
<b>NPR per EIPA :</b>			
Regulated Services	6,423.30	6,457.43	5,747.14
Total	6,593.90	6,620.09	5,856.16
<b>NOR per EIPA :</b>			
Regulated Services	6,481.80	6,534.16	5,851.06
Total	6,659.58	6,706.02	5,967.58
<b>Operating Expenses per EIPA :</b>			
Regulated Services	6,225.47	6,326.96	6,126.28
Total	6,427.29	6,572.45	6,241.86
<b>Net Operating Profit(Loss):</b>			
Regulated Services	1,519,535	1,153,232	-1,484,900
Unregulated Services	-152,990	-415,164	-15,300
Total	1,366,545	738,068	-1,510,200
<b>Total Non-Operating Profit(Loss):</b>			
Non-Operating Revenue	10,355	16,219	17,500
Non-Operating Expenses	0	0	0
<b>Total Excess Profit</b>	<b>1,376,900</b>	<b>754,287</b>	<b>-1,492,700</b>
<b>% Change in NPR per EIPA - Regulated</b>			
	-0.53	12.36	2.13
<b>% Change in NOR per EIPA - Regulated</b>			
	-0.80	11.67	2.86
<b>% Change in Oper. Expense per EIPA- Regulated</b>			
	-1.60	3.28	10.31
<b>% Change in Net Operating Profit- Regulated</b>			
	31.76	177.14	-302.76
<b>% Net Operating Profit of Regulated NOR</b>			
	3.95	3.17	-4.70
<b>% Change in Net Operating Profit- Total</b>			
	85.15	148.87	-287.75
<b>% Net Total Operating Profit of Total NOR</b>			
	3.49	1.99	-4.60
<b>% Change in Total Excess Profit</b>			
	82.54	150.53	-283.99
<b>% Total Excess Profit of Total Revenue</b>			
	3.51	2.03	-4.54

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Franklin Square Hospital Center

FISCAL YEAR ENDING	June 2008 -----	June 2007 -----	June 2006 -----
Gross Patient Revenue:			
Regulated Services	401,669,900	367,165,100	337,909,200
Unregulated Services	89,134,777	80,047,032	71,846,536
TOTAL	490,804,677	447,212,132	409,555,736
Net Patient Revenue(NPR):			
Regulated Services	338,447,374	310,773,359	285,488,976
Unregulated Services	35,782,018	32,476,379	30,536,575
TOTAL	374,229,392	343,249,738	316,025,551
Other Operating Revenue:			
Regulated Services	2,530,466	2,908,400	3,123,445
Unregulated Services	4,448,034	4,521,245	5,077,319
TOTAL	6,978,500	7,429,645	8,200,764
Net Operating Revenue(NOR)			
Regulated Services	340,977,840	313,681,759	288,612,421
Unregulated Services	40,230,052	38,997,824	35,613,894
Total	381,207,892	350,679,383	324,226,315
Total Operating Expenses:			
Regulated Services	306,094,837	291,018,915	274,129,663
Total	360,690,863	339,922,106	316,048,085
Equivalent Inpatient ADMs(EIPA):			
Regulated Services	38,639	36,098	35,030
Total	42,577	39,835	39,312
NPR per EIPA :			
Regulated Services	8,759.27	8,609.16	8,149.87
Total	8,789.47	8,616.82	8,038.85
NOR per EIPA :			
Regulated Services	8,824.76	8,689.73	8,239.03
Total	8,953.37	8,803.33	8,247.46
Operating Expenses per EIPA :			
Regulated Services	7,921.97	8,061.92	7,825.59
Total	8,471.49	8,533.29	8,039.43
Net Operating Profit(Loss):			
Regulated Services	34,883,003	22,662,844	14,482,758
Unregulated Services	-14,365,974	-11,905,567	-6,304,528
Total	20,517,029	10,757,277	8,178,230
Total Non-Operating Profit(Loss):	306,813	181,760	434,700
Non-Operating Revenue	306,813	181,760	434,700
Non-Operating Expenses	0	0	0
Total Excess Profit	20,823,842	10,939,037	8,612,930
% Change in NPR per EIPA - Regulated	1.74	5.64	6.07
% Change in NOR per EIPA - Regulated	1.55	5.47	6.13
% Change in Oper. Expense per EIPA- Regulated	-1.74	3.02	6.21
% Change in Net Operating Profit- Regulated	53.92	56.48	9.85
% Net Operating Profit of Regulated NOR	10.23	7.22	5.02
% Change in Net Operating Profit- Total	90.73	31.54	-1.29
% Net Total Operating Profit of Total NOR	5.38	3.07	2.52
% Change in Total Excess Profit	90.36	27.01	-1.12
% Total Excess Profit of Total Revenue	5.46	3.12	2.65

HEALTH SERVICES COST REVIEW COMMISSION  
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Frederick Memorial Hospital

FISCAL YEAR ENDING	June 2008	June 2007	June 2006
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Gross Patient Revenue:			
Regulated Services	244,818,200	221,930,300	196,272,600
Unregulated Services	83,016,155	80,696,761	76,189,676
TOTAL	327,834,355	302,627,061	272,462,276
Net Patient Revenue(NPR):			
Regulated Services	212,190,095	192,131,819	171,607,532
Unregulated Services	46,238,724	42,751,300	43,279,767
TOTAL	258,428,819	234,883,119	214,887,299
Other Operating Revenue:			
Regulated Services	3,379,206	3,135,394	571,243
Unregulated Services	9,035,813	7,274,662	7,587,542
TOTAL	12,415,019	10,410,056	8,158,785
Net Operating Revenue(NOR)			
Regulated Services	215,569,301	195,267,213	172,178,775
Unregulated Services	55,274,537	50,025,962	50,867,309
Total	270,843,838	245,293,175	223,046,084
Total Operating Expenses:			
Regulated Services	205,133,756	186,842,579	175,828,769
Total	269,138,481	240,020,431	223,669,390
Equivalent Inpatient ADMs(EIPA):			
Regulated Services	26,773	25,543	24,210
Total	35,851	34,660	33,616
NPR per EIPA :			
Regulated Services	7,925.58	7,521.89	7,088.34
Total	7,208.35	6,776.77	6,392.35
NOR per EIPA :			
Regulated Services	8,051.79	7,644.64	7,111.94
Total	7,554.64	7,077.12	6,635.05
Operating Expenses per EIPA :			
Regulated Services	7,662.01	7,314.82	7,282.70
Total	7,507.07	6,924.99	6,653.59
Net Operating Profit(Loss):			
Regulated Services	10,435,545	8,424,634	-3,649,984
Unregulated Services	-8,730,188	-3,151,890	3,026,688
Total	1,705,357	5,272,744	-623,306
Total Non-Operating Profit(Loss):	-9,360,789	8,997,421	-84,287
Non-Operating Revenue	4,909,503	8,997,421	4,570,269
Non-Operating Expenses	14,270,292	0	4,654,556
Total Excess Profit	-7,655,432	14,270,165	-707,593
% Change in NPR per EIPA - Regulated	5.37	6.12	8.00
% Change in NOR per EIPA - Regulated	5.33	7.49	7.39
% Change in Oper. Expense per EIPA- Regulated	4.75	0.72	10.62
% Change in Net Operating Profit- Regulated	23.87	330.81	-369.69
% Net Operating Profit of Regulated NOR	4.84	4.31	-2.12
% Change in Net Operating Profit- Total	-67.66	945.93	-120.52
% Net Total Operating Profit of Total NOR	0.63	2.15	-0.28
% Change in Total Excess Profit	-153.65	2,116.72	-108.76
% Total Excess Profit of Total Revenue	-2.78	5.61	-0.31

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G.B.M.C

FISCAL YEAR ENDING	June 2008 -----	June 2007 -----	June 2006 -----
<b>Gross Patient Revenue:</b>			
Regulated Services	359,118,800	345,318,800	331,087,600
Unregulated Services	66,194,712	78,585,200	76,435,106
<b>TOTAL</b>	<b>425,313,512</b>	<b>423,904,000</b>	<b>407,522,906</b>
<b>Net Patient Revenue(NPR):</b>			
Regulated Services	327,568,381	315,742,533	300,967,079
Unregulated Services	34,737,351	39,882,767	39,044,632
<b>TOTAL</b>	<b>362,305,732</b>	<b>355,625,300</b>	<b>340,011,711</b>
<b>Other Operating Revenue:</b>			
Regulated Services	4,201,397	4,536,000	1,858,672
Unregulated Services	9,217,406	11,936,800	12,826,001
<b>TOTAL</b>	<b>13,418,803</b>	<b>16,472,800</b>	<b>14,684,673</b>
<b>Net Operating Revenue(NOR)</b>			
Regulated Services	331,769,778	320,278,533	302,825,751
Unregulated Services	43,954,757	51,819,567	51,870,833
<b>Total</b>	<b>375,724,535</b>	<b>372,098,100</b>	<b>354,696,384</b>
<b>Total Operating Expenses:</b>			
Regulated Services	316,188,935	292,355,886	284,139,400
<b>Total</b>	<b>373,066,497</b>	<b>359,957,500</b>	<b>350,751,600</b>
<b>Equivalent Inpatient ADMs(EIPA):</b>			
Regulated Services	37,150	38,288	38,451
<b>Total</b>	<b>43,823</b>	<b>41,001</b>	<b>41,271</b>
<b>NPR per EIPA :</b>			
Regulated Services	8,817.53	8,246.49	7,827.33
<b>Total</b>	<b>8,305.38</b>	<b>8,673.64</b>	<b>8,238.47</b>
<b>NOR per EIPA :</b>			
Regulated Services	8,930.62	8,364.96	7,875.67
<b>Total</b>	<b>8,812.98</b>	<b>9,075.40</b>	<b>8,594.28</b>
<b>Operating Expenses per EIPA :</b>			
Regulated Services	8,511.22	7,635.68	7,369.69
<b>Total</b>	<b>8,552.05</b>	<b>8,779.30</b>	<b>8,498.70</b>
<b>Net Operating Profit(Loss):</b>			
Regulated Services	15,580,843	27,922,647	18,686,400
Unregulated Services	-12,922,805	-15,782,047	-14,741,600
<b>Total</b>	<b>2,658,038</b>	<b>12,140,600</b>	<b>3,944,800</b>
<b>Total Non-Operating Profit(Loss):</b>			
Non-Operating Revenue	3,814,376	4,912,900	6,800,900
Non-Operating Expenses	2,123,043	0	0
<b>Total Excess Profit</b>	<b>4,349,371</b>	<b>17,053,500</b>	<b>10,745,700</b>
<b>% Change in NPR per EIPA - Regulated</b>			
	6.92	5.36	1.84
<b>% Change in NOR per EIPA - Regulated</b>			
	6.76	6.21	2.60
<b>% Change in Oper. Expense per EIPA- Regulated</b>			
	11.47	3.33	3.98
<b>% Change in Net Operating Profit- Regulated</b>			
	-44.20	49.43	-7.11
<b>% Net Operating Profit of Regulated NOR</b>			
	4.70	8.72	6.17
<b>% Change in Net Operating Profit- Total</b>			
	-78.11	207.76	1.98
<b>% Net Total Operating Profit of Total NOR</b>			
	0.71	3.26	1.11
<b>% Change in Total Excess Profit</b>			
	-74.50	58.70	74.28
<b>% Total Excess Profit of Total Revenue</b>			
	1.15	4.52	2.97

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Garrett County Memorial Hospital

FISCAL YEAR ENDING	June 2008 -----	June 2007 -----	June 2006 -----
Gross Patient Revenue:			
Regulated Services	32,853,800	32,568,200	30,971,400
Unregulated Services	7,849,988	7,762,930	5,745,594
TOTAL	40,703,788	40,331,130	36,716,994
Net Patient Revenue(NPR):			
Regulated Services	27,513,600	27,456,999	25,997,560
Unregulated Services	5,242,841	5,161,118	3,373,131
TOTAL	32,756,441	32,618,117	29,370,691
Other Operating Revenue:			
Regulated Services	483,329	477,211	1,083,456
Unregulated Services	229,564	12,455	176,877
TOTAL	712,893	489,666	1,260,333
Net Operating Revenue(NOR)			
Regulated Services	27,996,929	27,934,210	27,081,016
Unregulated Services	5,472,405	5,173,573	3,550,008
Total	33,469,334	33,107,783	30,631,024
Total Operating Expenses:			
Regulated Services	28,380,547	27,036,299	25,561,043
Total	33,992,569	32,611,677	29,113,584
Equivalent Inpatient ADMs(EIPA):			
Regulated Services	4,830	4,746	4,459
Total	5,856	5,721	5,032
NPR per EIPA :			
Regulated Services	5,696.44	5,785.45	5,829.88
Total	5,499.85	5,701.38	5,837.05
NOR per EIPA :			
Regulated Services	5,796.51	5,886.01	6,072.85
Total	5,619.55	5,786.97	6,087.52
Operating Expenses per EIPA :			
Regulated Services	5,875.94	5,696.81	5,732.00
Total	5,707.40	5,700.25	5,785.95
Net Operating Profit(Loss):			
Regulated Services	-383,618	897,911	1,519,973
Unregulated Services	-139,617	-401,805	-2,533
Total	-523,235	496,106	1,517,440
Total Non-Operating Profit(Loss):	1,096,760	394,549	0
Non-Operating Revenue	1,096,760	394,549	0
Non-Operating Expenses	0	0	0
Total Excess Profit	573,525	890,656	1,517,440
% Change in NPR per EIPA - Regulated	-1.54	-0.76	7.90
% Change in NOR per EIPA - Regulated	-1.52	-3.08	9.26
% Change in Oper. Expense per EIPA- Regulated	3.14	-0.61	7.05
% Change in Net Operating Profit- Regulated	-142.72	-40.93	62.27
% Net Operating Profit of Regulated NOR	-1.37	3.21	5.61
% Change in Net Operating Profit- Total	-205.47	-67.31	111.59
% Net Total Operating Profit of Total NOR	-1.56	1.50	4.95
% Change in Total Excess Profit	-35.61	-41.31	111.59
% Total Excess Profit of Total Revenue	1.66	2.66	4.95



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Good Samaritan Hospital

FISCAL YEAR ENDING	June 2008 -----	June 2007 -----	June 2006 -----
<b>Gross Patient Revenue:</b>			
Regulated Services	265,411,400	253,957,800	230,371,900
Unregulated Services	93,585,701	86,303,812	83,552,443
TOTAL	358,997,101	340,261,612	313,924,343
<b>Net Patient Revenue(NPR):</b>			
Regulated Services	223,688,794	212,993,262	196,149,175
Unregulated Services	40,182,648	41,889,973	39,222,206
TOTAL	263,871,442	254,883,235	235,371,381
<b>Other Operating Revenue:</b>			
Regulated Services	2,089,921	2,514,600	3,186,100
Unregulated Services	1,155,664	797,361	1,180,559
TOTAL	3,245,585	3,311,961	4,366,659
<b>Net Operating Revenue(NOR)</b>			
Regulated Services	225,778,715	215,507,862	199,335,275
Unregulated Services	41,338,312	42,687,334	40,402,765
Total	267,117,026	258,195,196	239,738,040
<b>Total Operating Expenses:</b>			
Regulated Services	212,539,046	205,816,864	192,852,214
Total	262,597,999	251,004,192	234,823,767
<b>Equivalent Inpatient ADMs(EIPA):</b>			
Regulated Services	22,601	21,876	22,193
Total	26,692	26,535	26,293
<b>NPR per EIPA :</b>			
Regulated Services	9,897.19	9,736.36	8,838.52
Total	9,885.78	9,605.40	8,951.98
<b>NOR per EIPA :</b>			
Regulated Services	9,989.66	9,851.30	8,982.08
Total	10,007.38	9,730.21	9,118.05
<b>Operating Expenses per EIPA :</b>			
Regulated Services	9,403.86	9,408.31	8,689.95
Total	9,838.08	9,459.21	8,934.95
<b>Net Operating Profit(Loss):</b>			
Regulated Services	13,239,669	9,690,998	6,483,061
Unregulated Services	-8,720,642	-2,499,994	-1,668,788
Total	4,519,027	7,191,004	4,814,273
<b>Total Non-Operating Profit(Loss):</b>			
Non-Operating Revenue	3,243,755	2,727,322	2,764,137
Non-Operating Expenses	0	0	0
<b>Total Excess Profit</b>	<b>7,762,782</b>	<b>9,918,326</b>	<b>7,578,410</b>
<b>% Change in NPR per EIPA - Regulated</b>			
	1.65	10.16	7.45
<b>% Change in NOR per EIPA - Regulated</b>			
	1.40	9.68	7.47
<b>% Change in Oper. Expense per EIPA- Regulated</b>			
	-0.05	8.27	5.19
<b>% Change in Net Operating Profit- Regulated</b>			
	36.62	49.48	198.32
<b>% Net Operating Profit of Regulated NOR</b>			
	5.86	4.50	3.25
<b>% Change in Net Operating Profit- Total</b>			
	-37.16	49.37	3,555.50
<b>% Net Total Operating Profit of Total NOR</b>			
	1.69	2.79	2.01
<b>% Change in Total Excess Profit</b>			
	-21.73	30.88	75.15
<b>% Total Excess Profit of Total Revenue</b>			
	2.87	3.80	3.13

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Harbor Hospital Center			
FISCAL YEAR ENDING	June 2008 -----	June 2007 -----	June 2006 -----
Gross Patient Revenue:			
Regulated Services	194,020,200	180,144,800	162,229,300
Unregulated Services	37,178,568	35,858,622	33,027,133
TOTAL	231,198,768	216,003,422	195,256,433
Net Patient Revenue(NPR):			
Regulated Services	161,116,541	147,519,196	134,826,334
Unregulated Services	16,331,426	15,750,280	12,893,374
TOTAL	177,447,967	163,269,476	147,819,708
Other Operating Revenue:			
Regulated Services	1,646,159	1,534,637	1,706,354
Unregulated Services	7,255,612	6,689,445	6,593,545
TOTAL	8,901,771	8,224,082	8,299,899
Net Operating Revenue(NOR)			
Regulated Services	162,762,700	149,053,833	136,632,688
Unregulated Services	23,587,038	22,439,725	19,486,919
Total	186,349,738	171,493,558	156,119,607
Total Operating Expenses:			
Regulated Services	156,929,854	146,508,393	135,157,179
Total	179,690,880	167,149,599	154,359,681
Equivalent Inpatient ADMs(EIPA):			
Regulated Services	18,190	17,288	16,815
Total	19,419	18,462	17,815
NPR per EIPA :			
Regulated Services	8,857.48	8,532.89	8,024.23
Total	9,137.91	8,843.71	8,297.39
NOR per EIPA :			
Regulated Services	8,947.98	8,621.65	8,125.71
Total	9,596.32	9,289.18	8,763.28
Operating Expenses per EIPA :			
Regulated Services	8,627.32	8,474.42	8,037.96
Total	9,253.41	9,053.88	8,664.49
Net Operating Profit(Loss):			
Regulated Services	5,832,846	2,545,440	1,475,509
Unregulated Services	826,012	1,798,519	284,417
Total	6,658,858	4,343,959	1,759,926
Total Non-Operating Profit(Loss):	370,628	651,861	1,210,701
Non-Operating Revenue	370,628	651,861	1,210,701
Non-Operating Expenses	0	0	0
Total Excess Profit	7,029,486	4,995,820	2,970,627
% Change in NPR per EIPA - Regulated	3.80	6.34	8.97
% Change in NOR per EIPA - Regulated	3.78	6.10	5.44
% Change in Oper. Expense per EIPA- Regulated	1.80	5.43	7.08
% Change in Net Operating Profit- Regulated	129.15	72.51	-55.41
% Net Operating Profit of Regulated NOR	3.58	1.71	1.08
% Change in Net Operating Profit- Total	53.29	146.83	262.74
% Net Total Operating Profit of Total NOR	3.57	2.53	1.13
% Change in Total Excess Profit	40.71	68.17	231.31
% Total Excess Profit of Total Revenue	3.76	2.90	1.89

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Harford Memorial Hospital

FISCAL YEAR ENDING	December 2008 -----	December 2007 -----	December 2006 -----
<b>Gross Patient Revenue:</b>			
Regulated Services	98,289,100	80,215,100	70,076,600
Unregulated Services	1,349,700	2,668,900	2,555,100
<b>TOTAL</b>	<b>99,638,800</b>	<b>82,882,000</b>	<b>72,631,700</b>
<b>Net Patient Revenue(NPR):</b>			
Regulated Services	79,516,660	65,834,200	57,498,800
Unregulated Services	815,900	1,971,900	1,826,200
<b>TOTAL</b>	<b>80,332,560</b>	<b>67,806,100</b>	<b>59,325,000</b>
<b>Other Operating Revenue:</b>			
Regulated Services	130,400	57,000	11,400
Unregulated Services	550,600	523,800	484,600
<b>TOTAL</b>	<b>681,000</b>	<b>580,800</b>	<b>496,000</b>
<b>Net Operating Revenue(NOR)</b>			
Regulated Services	79,647,060	65,891,200	57,510,200
Unregulated Services	1,366,500	2,495,700	2,310,800
<b>Total</b>	<b>81,013,560</b>	<b>68,386,900</b>	<b>59,821,000</b>
<b>Total Operating Expenses:</b>			
Regulated Services	75,087,925	63,606,094	56,814,635
<b>Total</b>	<b>77,095,805</b>	<b>67,578,400</b>	<b>61,010,000</b>
<b>Equivalent Inpatient ADMs(EIPA):</b>			
Regulated Services	12,664	10,921	9,092
<b>Total</b>	<b>12,833</b>	<b>11,252</b>	<b>9,433</b>
<b>NPR per EIPA :</b>			
Regulated Services	6,279.14	6,028.19	6,324.45
<b>Total</b>	<b>6,260.04</b>	<b>6,026.16</b>	<b>6,288.83</b>
<b>NOR per EIPA :</b>			
Regulated Services	6,289.44	6,033.41	6,325.70
<b>Total</b>	<b>6,313.11</b>	<b>6,077.78</b>	<b>6,341.41</b>
<b>Operating Expenses per EIPA :</b>			
Regulated Services	5,929.42	5,824.17	6,249.20
<b>Total</b>	<b>6,007.82</b>	<b>6,005.92</b>	<b>6,467.45</b>
<b>Net Operating Profit(Loss):</b>			
Regulated Services	4,559,135	2,285,106	695,565
Unregulated Services	-641,380	-1,476,606	-1,884,565
<b>Total</b>	<b>3,917,755</b>	<b>808,500</b>	<b>-1,189,000</b>
<b>Total Non-Operating Profit(Loss):</b>			
Non-Operating Revenue	0	4,703,000	3,836,000
Non-Operating Expenses	18,761,000	736,000	0
<b>Total Excess Profit</b>	<b>-14,843,245</b>	<b>4,775,500</b>	<b>2,447,000</b>
<b>% Change in NPR per EIPA - Regulated</b>			
	4.16	-4.68	8.00
<b>% Change in NOR per EIPA - Regulated</b>			
	4.24	-4.62	7.99
<b>% Change in Oper. Expense per EIPA- Regulated</b>			
	1.81	-6.80	9.87
<b>% Change in Net Operating Profit- Regulated</b>			
	99.52	228.53	-54.81
<b>% Net Operating Profit of Regulated NOR</b>			
	5.72	3.47	1.21
<b>% Change in Net Operating Profit- Total</b>			
	384.57	168.00	-532.11
<b>% Net Total Operating Profit of Total NOR</b>			
	4.84	1.18	-1.99
<b>% Change in Total Excess Profit</b>			
	-410.82	95.16	141.92
<b>% Total Excess Profit of Total Revenue</b>			
	-18.32	6.53	3.86

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Holy Cross Hospital

FISCAL YEAR ENDING	June 2008 -----	June 2007 -----	June 2006 -----
Gross Patient Revenue:			
Regulated Services	383,143,400	351,996,600	333,899,100
Unregulated Services	29,409,187	28,692,621	28,535,993
TOTAL	412,552,587	380,689,221	362,535,093
Net Patient Revenue(NPR):			
Regulated Services	326,703,070	291,978,698	284,985,177
Unregulated Services	17,763,050	27,324,504	20,990,528
TOTAL	344,466,120	319,303,202	305,975,704
Other Operating Revenue:			
Regulated Services	1,845,644	2,925,085	2,897,759
Unregulated Services	6,712,735	5,519,876	2,883,684
TOTAL	8,558,379	8,444,961	5,781,443
Net Operating Revenue(NOR)			
Regulated Services	328,548,714	294,903,783	287,882,935
Unregulated Services	24,475,785	32,844,380	23,874,212
Total	353,024,499	327,748,164	311,757,147
Total Operating Expenses:			
Regulated Services	293,545,246	280,877,183	262,193,149
Total	329,472,259	311,645,831	292,734,325
Equivalent Inpatient ADMs(EIPA):			
Regulated Services	35,896	36,092	35,952
Total	38,234	39,034	39,014
NPR per EIPA :			
Regulated Services	9,101.29	8,089.81	7,926.91
Total	9,009.41	8,180.10	7,842.77
NOR per EIPA :			
Regulated Services	9,152.71	8,170.86	8,007.51
Total	9,233.25	8,396.45	7,990.96
Operating Expenses per EIPA :			
Regulated Services	8,177.58	7,782.23	7,292.94
Total	8,617.25	7,983.93	7,503.37
Net Operating Profit(Loss):			
Regulated Services	35,003,468	14,026,600	25,689,786
Unregulated Services	-11,451,228	2,075,732	-6,686,964
Total	23,552,240	16,102,333	19,022,822
Total Non-Operating Profit(Loss):	-2,961,225	10,864,291	7,169,826
Non-Operating Revenue	-4,846,225	10,864,291	0
Non-Operating Expenses	-1,885,000	0	-7,169,826
Total Excess Profit	20,591,015	26,966,624	26,192,648
% Change in NPR per EIPA - Regulated	12.50	2.06	10.14
% Change in NOR per EIPA - Regulated	12.02	2.04	9.05
% Change in Oper. Expense per EIPA- Regulated	5.08	6.71	0.48
% Change in Net Operating Profit- Regulated	149.55	-45.40	773.55
% Net Operating Profit of Regulated NOR	10.65	4.76	8.92
% Change in Net Operating Profit- Total	46.27	-15.35	373.71
% Net Total Operating Profit of Total NOR	6.67	4.91	6.10
% Change in Total Excess Profit	-23.64	2.95	215.87
% Total Excess Profit of Total Revenue	5.91	7.96	8.40

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Howard County General Hospital

FISCAL YEAR ENDING	June 2008	June 2007	June 2006
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Gross Patient Revenue:			
Regulated Services	212,299,000	190,324,800	171,738,700
Unregulated Services	16,523,387	14,287,854	1,088,626
TOTAL	228,822,387	204,612,654	172,827,328
Net Patient Revenue(NPR):			
Regulated Services	188,616,540	168,689,270	151,891,403
Unregulated Services	8,787,404	8,224,967	860,995
TOTAL	197,403,944	176,914,237	152,752,398
Other Operating Revenue:			
Regulated Services	68,031	111,415	95,012
Unregulated Services	2,604,935	2,281,096	2,265,087
TOTAL	2,672,966	2,392,511	2,360,099
Net Operating Revenue(NOR)			
Regulated Services	188,684,571	168,800,685	151,986,415
Unregulated Services	11,392,339	10,506,063	3,126,082
Total	200,076,910	179,306,748	155,112,497
Total Operating Expenses:			
Regulated Services	179,292,086	162,559,946	148,623,843
Total	194,956,065	174,794,643	151,356,141
Equivalent Inpatient ADMs(EIPA):			
Regulated Services	20,922	21,339	22,027
Total	20,198	21,573	22,040
NPR per EIPA :			
Regulated Services	9,015.10	7,905.34	6,895.89
Total	9,773.47	8,200.69	6,930.71
NOR per EIPA :			
Regulated Services	9,018.36	7,910.56	6,900.01
Total	9,905.81	8,311.80	7,037.80
Operating Expenses per EIPA :			
Regulated Services	8,569.43	7,618.10	6,747.35
Total	9,652.27	8,102.44	6,867.36
Net Operating Profit(Loss):			
Regulated Services	9,392,505	6,240,739	3,362,572
Unregulated Services	-4,271,660	-1,728,634	393,784
Total	5,120,845	4,512,105	3,756,356
Total Non-Operating Profit(Loss):	-1,620,842	2,307,062	868,989
Non-Operating Revenue	-1,620,842	2,307,062	868,989
Non-Operating Expenses	0	0	0
Total Excess Profit	3,500,003	6,819,167	4,625,345
% Change in NPR per EIPA - Regulated	14.04	14.64	6.89
% Change in NOR per EIPA - Regulated	14.00	14.65	6.27
% Change in Oper. Expense per EIPA- Regulated	12.49	12.91	8.89
% Change in Net Operating Profit- Regulated	50.50	85.59	-49.53
% Net Operating Profit of Regulated NOR	4.98	3.70	2.21
% Change in Net Operating Profit- Total	13.49	20.12	-46.15
% Net Total Operating Profit of Total NOR	2.56	2.52	2.42
% Change in Total Excess Profit	-48.87	47.43	-33.69
% Total Excess Profit of Total Revenue	1.76	3.75	2.97

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Johns Hopkins Bayview Medical Center

FISCAL YEAR ENDING	June 2008 -----	June 2007 -----	June 2006 -----
Gross Patient Revenue:			
Regulated Services	492,861,500	443,763,800	397,048,800
Unregulated Services	14,694,800	15,561,200	20,749,600
TOTAL	507,556,300	459,324,800	417,798,400
Net Patient Revenue(NPR):			
Regulated Services	414,509,200	374,135,300	332,147,500
Unregulated Services	13,920,800	14,671,200	18,702,600
TOTAL	428,430,000	388,806,500	350,850,100
Other Operating Revenue:			
Regulated Services	8,409,300	9,171,000	11,731,500
Unregulated Services	43,878,100	44,587,900	44,973,700
TOTAL	52,287,400	53,758,900	56,705,200
Net Operating Revenue(NOR)			
Regulated Services	422,918,500	383,306,300	343,879,000
Unregulated Services	57,798,900	59,259,100	63,676,300
Total	480,717,400	442,565,400	407,555,300
Total Operating Expenses:			
Regulated Services	413,255,263	375,808,189	340,910,908
Total	476,097,000	437,371,000	406,334,900
Equivalent Inpatient ADMs(EIPA):			
Regulated Services	32,999	33,488	32,188
Total	33,631	34,238	32,783
NPR per EIPA :			
Regulated Services	12,561.12	11,178.80	10,318.88
Total	12,739.09	11,355.89	10,702.14
NOR per EIPA :			
Regulated Services	12,815.95	11,452.83	10,883.34
Total	14,293.82	12,926.02	12,431.85
Operating Expenses per EIPA :			
Regulated Services	12,523.12	11,228.79	10,591.13
Total	14,156.44	12,774.31	12,394.62
Net Operating Profit(Loss):			
Regulated Services	9,663,237	7,498,111	2,988,092
Unregulated Services	-5,042,837	-2,303,711	-1,747,692
Total	4,620,400	5,194,400	1,220,400
Total Non-Operating Profit(Loss):	-3,196,000	2,041,000	9,393,000
Non-Operating Revenue	-3,196,000	2,041,000	2,188,000
Non-Operating Expenses	0	0	-7,205,000
Total Excess Profit	1,424,400	7,235,400	10,613,400
% Change in NPR per EIPA - Regulated	12.37	8.33	4.10
% Change in NOR per EIPA - Regulated	11.90	7.20	6.28
% Change in Oper. Expense per EIPA- Regulated	11.53	6.02	7.08
% Change in Net Operating Profit- Regulated	28.88	152.62	-39.53
% Net Operating Profit of Regulated NOR	2.28	1.96	0.86
% Change in Net Operating Profit- Total	-11.05	325.63	-63.69
% Net Total Operating Profit of Total NOR	0.96	1.17	0.30
% Change in Total Excess Profit	-80.31	-31.83	1,814.88
% Total Excess Profit of Total Revenue	0.30	1.63	2.59

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Johns Hopkins Hospital

FISCAL YEAR ENDING	June 2008	June 2007	June 2006
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<b>Gross Patient Revenue:</b>			
Regulated Services	1,532,521,600	1,422,728,400	1,322,871,800
Unregulated Services	31,835,391	15,823,689	74,717,453
<b>TOTAL</b>	<b>1,564,356,991</b>	<b>1,438,552,089</b>	<b>1,397,589,253</b>
<b>Net Patient Revenue(NPR):</b>			
Regulated Services	1,324,205,233	1,230,640,715	1,147,266,443
Unregulated Services	30,988,065	11,416,038	69,662,113
<b>TOTAL</b>	<b>1,355,193,298</b>	<b>1,242,056,753</b>	<b>1,216,928,556</b>
<b>Other Operating Revenue:</b>			
Regulated Services	12,433,825	11,275,060	10,984,558
Unregulated Services	67,611,814	75,246,027	7,784,715
<b>TOTAL</b>	<b>80,045,639</b>	<b>86,521,087</b>	<b>18,749,273</b>
<b>Net Operating Revenue(NOR)</b>			
Regulated Services	1,336,639,058	1,241,915,775	1,158,231,001
Unregulated Services	98,599,879	86,662,065	77,446,828
<b>Total</b>	<b>1,435,238,937</b>	<b>1,328,577,840</b>	<b>1,235,677,829</b>
<b>Total Operating Expenses:</b>			
Regulated Services	1,298,299,098	1,213,792,887	1,126,929,320
<b>Total</b>	<b>1,392,943,327</b>	<b>1,293,410,728</b>	<b>1,205,299,423</b>
<b>Equivalent Inpatient ADMs(EIPA):</b>			
Regulated Services	67,513	66,077	65,500
<b>Total</b>	<b>69,409</b>	<b>67,090</b>	<b>69,475</b>
<b>NPR per EIPA :</b>			
Regulated Services	19,614.16	18,624.24	17,515.39
<b>Total</b>	<b>19,524.77</b>	<b>18,513.29</b>	<b>17,516.03</b>
<b>NOR per EIPA :</b>			
Regulated Services	19,798.33	18,794.88	17,682.78
<b>Total</b>	<b>20,678.01</b>	<b>19,802.91</b>	<b>17,785.90</b>
<b>Operating Expenses per EIPA :</b>			
Regulated Services	19,230.44	18,369.27	17,204.90
<b>Total</b>	<b>20,068.65</b>	<b>19,278.73</b>	<b>17,348.64</b>
<b>Net Operating Profit(Loss):</b>			
Regulated Services	38,339,960	28,123,088	31,301,681
Unregulated Services	3,955,650	7,044,024	-923,275
<b>Total</b>	<b>42,295,610</b>	<b>35,167,112</b>	<b>30,378,406</b>
<b>Total Non-Operating Profit(Loss):</b>	27,352,276	25,451,583	22,868,829
Non-Operating Revenue	27,352,276	25,451,583	20,114,829
Non-Operating Expenses	0	0	-2,754,000
<b>Total Excess Profit</b>	<b>69,647,886</b>	<b>60,618,695</b>	<b>53,247,235</b>
<b>% Change in NPR per EIPA - Regulated</b>	<b>5.32</b>	<b>6.33</b>	<b>5.84</b>
<b>% Change in NOR per EIPA - Regulated</b>	<b>5.34</b>	<b>6.29</b>	<b>5.58</b>
<b>% Change in Oper. Expense per EIPA- Regulated</b>	<b>4.69</b>	<b>6.77</b>	<b>5.40</b>
<b>% Change in Net Operating Profit- Regulated</b>	<b>36.33</b>	<b>-10.15</b>	<b>16.04</b>
<b>% Net Operating Profit of Regulated NOR</b>	<b>2.87</b>	<b>2.26</b>	<b>2.70</b>
<b>% Change in Net Operating Profit- Total</b>	<b>20.27</b>	<b>15.76</b>	<b>12.63</b>
<b>% Net Total Operating Profit of Total NOR</b>	<b>2.95</b>	<b>2.65</b>	<b>2.46</b>
<b>% Change in Total Excess Profit</b>	<b>14.90</b>	<b>13.84</b>	<b>42.26</b>
<b>% Total Excess Profit of Total Revenue</b>	<b>4.76</b>	<b>4.48</b>	<b>4.24</b>

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Kernan Hospital			
FISCAL YEAR ENDING	June 2008 -----	June 2007 -----	June 2006 -----
<b>Gross Patient Revenue:</b>			
Regulated Services	97,293,600	89,323,102	76,670,800
Unregulated Services	3,550,930	4,513,000	3,410,921
TOTAL	100,844,530	93,836,102	80,081,721
<b>Net Patient Revenue(NPR):</b>			
Regulated Services	86,853,388	80,074,718	69,472,688
Unregulated Services	1,656,142	2,250,838	1,864,089
TOTAL	88,509,530	82,325,556	71,336,777
<b>Other Operating Revenue:</b>			
Regulated Services	4,652,504	3,199,833	3,307,198
Unregulated Services	447,496	1,529,167	1,454,802
TOTAL	5,100,000	4,729,000	4,762,000
<b>Net Operating Revenue(NOR)</b>			
Regulated Services	91,505,893	83,274,551	72,779,886
Unregulated Services	2,103,638	3,780,005	3,318,891
Total	93,609,530	87,054,556	76,098,777
<b>Total Operating Expenses:</b>			
Regulated Services	88,121,888	82,212,200	71,340,116
Total	91,803,000	86,244,379	75,133,970
<b>Equivalent Inpatient ADMs(EIPA):</b>			
Regulated Services	5,063	4,720	4,741
Total	5,248	4,959	4,950
<b>NPR per EIPA :</b>			
Regulated Services	17,155.16	16,963.28	14,653.05
Total	16,866.69	16,601.33	14,412.71
<b>NOR per EIPA :</b>			
Regulated Services	18,074.11	17,641.14	15,350.60
Total	17,838.56	17,554.95	15,374.82
<b>Operating Expenses per EIPA :</b>			
Regulated Services	17,405.71	17,416.09	15,046.93
Total	17,494.30	17,391.58	15,179.89
<b>Net Operating Profit(Loss):</b>			
Regulated Services	3,384,005	1,062,351	1,439,770
Unregulated Services	-1,577,475	-252,174	-474,963
Total	1,806,530	810,177	964,807
<b>Total Non-Operating Profit(Loss):</b>			
Non-Operating Revenue	745,000	878,000	402,000
Non-Operating Expenses	0	106,000	243,000
<b>Total Excess Profit</b>	<b>2,551,530</b>	<b>1,688,177</b>	<b>1,366,807</b>
<b>% Change in NPR per EIPA - Regulated</b>			
	1.13	15.77	-7.84
<b>% Change in NOR per EIPA - Regulated</b>			
	2.45	14.92	-11.09
<b>% Change in Oper. Expense per EIPA- Regulated</b>			
	-0.06	15.75	-9.35
<b>% Change in Net Operating Profit- Regulated</b>			
	218.54	-26.21	-47.51
<b>% Net Operating Profit of Regulated NOR</b>			
	3.70	1.28	1.98
<b>% Change in Net Operating Profit- Total</b>			
	122.98	-16.03	-59.53
<b>% Net Total Operating Profit of Total NOR</b>			
	1.93	0.93	1.27
<b>% Change in Total Excess Profit</b>			
	51.14	23.51	-52.97
<b>% Total Excess Profit of Total Revenue</b>			
	2.70	1.92	1.78



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Laurel Regional Hospital

FISCAL YEAR ENDING	June 2008 -----	June 2007 -----	June 2006 -----
<b>Gross Patient Revenue:</b>			
Regulated Services	93,150,500	85,721,400	79,611,000
Unregulated Services	4,305,862	4,098,580	298,578
TOTAL	97,456,362	89,819,980	79,909,578
<b>Net Patient Revenue(NPR):</b>			
Regulated Services	77,436,743	71,133,898	65,731,219
Unregulated Services	1,227,262	1,370,993	39,862
TOTAL	78,664,005	72,504,991	65,771,081
<b>Other Operating Revenue:</b>			
Regulated Services	489,471	864,724	0
Unregulated Services	0	25,600	22,500
TOTAL	489,471	890,324	22,500
<b>Net Operating Revenue(NOR)</b>			
Regulated Services	77,926,214	71,998,722	65,731,219
Unregulated Services	1,227,262	1,396,593	62,362
Total	79,153,476	73,395,315	65,793,581
<b>Total Operating Expenses:</b>			
Regulated Services	79,839,494	75,326,230	72,422,927
Total	86,122,739	80,242,769	74,397,783
<b>Equivalent Inpatient ADMs(EIPA):</b>			
Regulated Services	9,766	9,478	9,775
Total	10,218	9,832	9,812
<b>NPR per EIPA :</b>			
Regulated Services	7,929.15	7,504.89	6,724.14
Total	7,698.94	7,300.48	6,703.08
<b>NOR per EIPA :</b>			
Regulated Services	7,979.27	7,596.12	6,724.14
Total	7,746.84	7,390.13	6,705.37
<b>Operating Expenses per EIPA :</b>			
Regulated Services	8,175.18	7,947.19	7,408.69
Total	8,428.93	8,079.59	7,582.27
<b>Net Operating Profit(Loss):</b>			
Regulated Services	-1,913,281	-3,327,509	-6,691,708
Unregulated Services	-5,055,983	-3,519,946	-1,912,494
Total	-6,969,263	-6,847,455	-8,604,202
<b>Total Non-Operating Profit(Loss):</b>			
Non-Operating Revenue	267,261	985,719	1,293,344
Non-Operating Expenses	0	0	0
<b>Total Excess Profit</b>	<b>-6,702,002</b>	<b>-5,861,736</b>	<b>-7,310,858</b>
<b>% Change in NPR per EIPA - Regulated</b>			
	5.65	11.61	7.39
<b>% Change in NOR per EIPA - Regulated</b>			
	5.04	12.97	7.39
<b>% Change in Oper. Expense per EIPA- Regulated</b>			
	2.87	7.27	12.18
<b>% Change in Net Operating Profit- Regulated</b>			
	42.50	50.27	-88.74
<b>% Net Operating Profit of Regulated NOR</b>			
	-2.46	-4.62	-10.18
<b>% Change in Net Operating Profit- Total</b>			
	-1.78	20.42	-63.04
<b>% Net Total Operating Profit of Total NOR</b>			
	-8.80	-9.33	-13.08
<b>% Change in Total Excess Profit</b>			
	-14.33	19.82	-51.20
<b>% Total Excess Profit of Total Revenue</b>			
	-8.44	-7.88	-10.90

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Maryland General Hospital

FISCAL YEAR ENDING	June 2008 -----	June 2007 -----	June 2006 -----
<b>Gross Patient Revenue:</b>			
Regulated Services	180,632,100	170,567,000	163,918,900
Unregulated Services	981,764	1,137,872	977,518
TOTAL	181,613,864	171,704,872	164,896,418
<b>Net Patient Revenue(NPR):</b>			
Regulated Services	151,988,277	142,357,835	136,374,246
Unregulated Services	682,533	1,063,788	940,828
TOTAL	152,670,810	143,421,622	137,315,074
<b>Other Operating Revenue:</b>			
Regulated Services	330,836	-9,732,319	571,960
Unregulated Services	1,168,354	11,144,804	1,312,040
TOTAL	1,499,190	1,412,285	1,884,000
<b>Net Operating Revenue(NOR)</b>			
Regulated Services	152,319,113	132,625,516	136,946,206
Unregulated Services	1,850,887	12,208,392	2,252,868
Total	154,170,000	144,833,907	139,199,074
<b>Total Operating Expenses:</b>			
Regulated Services	135,532,597	123,604,535	126,733,800
Total	151,361,000	144,666,055	141,521,000
<b>Equivalent Inpatient ADMs(EIPA):</b>			
Regulated Services	15,031	15,121	15,235
Total	15,113	15,222	15,326
<b>NPR per EIPA :</b>			
Regulated Services	10,111.60	9,414.39	8,951.12
Total	10,102.10	9,421.89	8,959.45
<b>NOR per EIPA :</b>			
Regulated Services	10,133.61	8,770.78	8,988.66
Total	10,201.30	9,514.67	9,082.37
<b>Operating Expenses per EIPA :</b>			
Regulated Services	9,016.82	8,174.20	8,318.36
Total	10,015.43	9,503.64	9,233.87
<b>Net Operating Profit(Loss):</b>			
Regulated Services	16,786,516	9,020,980	10,212,400
Unregulated Services	-13,877,516	-8,853,128	-12,534,300
Total	2,809,000	167,852	-2,321,900
<b>Total Non-Operating Profit(Loss):</b>			
Non-Operating Revenue	889,000	1,615,000	994,000
Non-Operating Expenses	0	0	0
<b>Total Excess Profit</b>	<b>3,698,000</b>	<b>1,782,852</b>	<b>-1,327,926</b>
<b>% Change in NPR per EIPA - Regulated</b>			
	7.41	5.18	3.80
<b>% Change in NOR per EIPA - Regulated</b>			
	15.54	-2.42	3.95
<b>% Change in Oper. Expense per EIPA- Regulated</b>			
	10.31	-1.73	-0.22
<b>% Change in Net Operating Profit- Regulated</b>			
	86.08	-11.67	132.34
<b>% Net Operating Profit of Regulated NOR</b>			
	11.02	6.80	7.46
<b>% Change in Net Operating Profit- Total</b>			
	1,573.49	107.23	69.72
<b>% Net Total Operating Profit of Total NOR</b>			
	1.82	0.12	-1.67
<b>% Change in Total Excess Profit</b>			
	107.42	234.26	79.77
<b>% Total Excess Profit of Total Revenue</b>			
	2.38	1.22	-0.95

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McCready Hospital

FISCAL YEAR ENDING	June 2008 -----	June 2007 -----	June 2006 -----
<b>Gross Patient Revenue:</b>			
Regulated Services	17,088,858	15,924,400	13,783,200
Unregulated Services	2,648,584	3,827,811	4,442,331
TOTAL	19,735,442	19,752,211	18,225,531
<b>Net Patient Revenue(NPR):</b>			
Regulated Services	13,780,080	12,626,976	11,167,862
Unregulated Services	1,524,248	2,075,897	2,882,793
TOTAL	15,304,328	14,702,873	14,050,655
<b>Other Operating Revenue:</b>			
Regulated Services	35,745	17,286	-27,044
Unregulated Services	12,464	0	0
TOTAL	48,209	17,286	-27,044
<b>Net Operating Revenue(NOR)</b>			
Regulated Services	13,815,825	12,644,262	11,140,818
Unregulated Services	1,536,712	2,075,897	2,882,793
Total	15,352,537	14,720,159	14,023,611
<b>Total Operating Expenses:</b>			
Regulated Services	11,456,983	11,583,263	10,802,219
Total	13,618,274	13,266,653	13,533,400
<b>Equivalent Inpatient ADMs(EIPA):</b>			
Regulated Services	2,319	2,125	2,046
Total	2,598	2,463	2,195
<b>NPR per EIPA :</b>			
Regulated Services	5,941.69	5,941.73	5,457.72
Total	5,890.44	5,968.31	6,400.66
<b>NOR per EIPA :</b>			
Regulated Services	5,957.10	5,949.87	5,444.51
Total	5,908.99	5,975.33	6,388.34
<b>Operating Expenses per EIPA :</b>			
Regulated Services	4,940.02	5,450.60	5,279.03
Total	5,241.50	5,385.31	6,165.03
<b>Net Operating Profit(Loss):</b>			
Regulated Services	2,358,842	1,060,999	338,599
Unregulated Services	-624,579	392,507	151,612
Total	1,734,263	1,453,506	490,211
<b>Total Non-Operating Profit(Loss):</b>			
Non-Operating Revenue	221,318	120,960	24,803
Non-Operating Expenses	0	0	0
<b>Total Excess Profit</b>	<b>1,955,581</b>	<b>1,574,466</b>	<b>515,014</b>
<b>% Change in NPR per EIPA - Regulated</b>			
	-0.00	8.87	-1.41
<b>% Change in NOR per EIPA - Regulated</b>			
	0.12	9.28	-3.93
<b>% Change in Oper. Expense per EIPA- Regulated</b>			
	-9.37	3.25	-8.14
<b>% Change in Net Operating Profit- Regulated</b>			
	122.32	213.35	305.71
<b>% Net Operating Profit of Regulated NOR</b>			
	17.07	8.39	3.04
<b>% Change in Net Operating Profit- Total</b>			
	19.32	196.51	-54.70
<b>% Net Total Operating Profit of Total NOR</b>			
	11.30	9.87	3.50
<b>% Change in Total Excess Profit</b>			
	24.21	205.71	-58.08
<b>% Total Excess Profit of Total Revenue</b>			
	12.56	10.61	3.67

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Memorial Hospital at Easton

FISCAL YEAR ENDING	June 2008 -----	June 2007 -----	June 2006 -----
<b>Gross Patient Revenue:</b>			
Regulated Services	144,112,600	127,272,636	118,724,600
Unregulated Services	30,351,092	28,694,259	27,307,327
TOTAL	174,463,692	155,966,895	146,031,927
<b>Net Patient Revenue(NPR):</b>			
Regulated Services	125,016,601	112,740,414	103,471,018
Unregulated Services	12,189,249	12,151,534	11,388,460
TOTAL	137,205,850	124,891,948	114,859,478
<b>Other Operating Revenue:</b>			
Regulated Services	2,321,914	1,832,292	1,326,030
Unregulated Services	1,509,780	1,446,288	1,461,024
TOTAL	3,831,694	3,278,580	2,787,054
<b>Net Operating Revenue(NOR)</b>			
Regulated Services	127,338,515	114,572,706	104,797,048
Unregulated Services	13,699,029	13,597,822	12,849,484
Total	141,037,544	128,170,528	117,646,532
<b>Total Operating Expenses:</b>			
Regulated Services	125,451,524	109,557,554	99,097,799
Total	137,972,084	124,574,494	114,821,103
<b>Equivalent Inpatient ADMs(EIPA):</b>			
Regulated Services	16,140	14,682	14,280
Total	19,539	18,067	17,926
<b>NPR per EIPA :</b>			
Regulated Services	7,745.65	7,679.02	7,245.91
Total	7,021.98	6,912.54	6,407.43
<b>NOR per EIPA :</b>			
Regulated Services	7,889.51	7,803.82	7,338.77
Total	7,218.08	7,094.00	6,562.91
<b>Operating Expenses per EIPA :</b>			
Regulated Services	7,772.60	7,462.22	6,939.66
Total	7,061.20	6,894.97	6,405.29
<b>Net Operating Profit(Loss):</b>			
Regulated Services	1,886,991	5,015,152	5,699,248
Unregulated Services	1,178,469	-1,419,118	-2,873,819
Total	3,065,460	3,596,035	2,825,429
<b>Total Non-Operating Profit(Loss):</b>			
Non-Operating Revenue	-609,827	4,611,126	2,161,103
Non-Operating Expenses	-609,827	4,548,584	2,161,103
	0	-62,542	0
<b>Total Excess Profit</b>	<b>2,455,633</b>	<b>8,207,172</b>	<b>4,986,532</b>
<b>% Change in NPR per EIPA - Regulated</b>			
	0.87	5.98	13.13
<b>% Change in NOR per EIPA - Regulated</b>			
	1.10	6.34	13.43
<b>% Change in Oper. Expense per EIPA- Regulated</b>			
	4.16	7.53	8.16
<b>% Change in Net Operating Profit- Regulated</b>			
	-62.37	-12.00	710.70
<b>% Net Operating Profit of Regulated NOR</b>			
	1.48	4.38	5.44
<b>% Change in Net Operating Profit- Total</b>			
	-14.75	27.27	594.50
<b>% Net Total Operating Profit of Total NOR</b>			
	2.17	2.81	2.40
<b>% Change in Total Excess Profit</b>			
	-70.08	64.59	457.79
<b>% Total Excess Profit of Total Revenue</b>			
	1.75	6.18	4.16

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Memorial Hospital of Cumberland

FISCAL YEAR ENDING	June 2008 -----	June 2007 -----	June 2006 -----
<b>Gross Patient Revenue:</b>			
Regulated Services	101,185,500	97,696,500	95,983,600
Unregulated Services	22,385,800	19,970,400	17,787,000
TOTAL	123,571,400	117,666,900	113,770,600
<b>Net Patient Revenue(NPR):</b>			
Regulated Services	84,603,800	81,425,000	82,073,300
Unregulated Services	15,262,600	13,647,200	11,084,800
TOTAL	99,866,400	95,072,200	93,158,100
<b>Other Operating Revenue:</b>			
Regulated Services	63,300	724,100	1,271,100
Unregulated Services	1,450,200	1,890,500	2,147,300
TOTAL	1,513,500	2,414,600	3,418,400
<b>Net Operating Revenue(NOR)</b>			
Regulated Services	84,667,100	82,149,100	83,344,400
Unregulated Services	16,712,800	15,337,700	13,232,100
Total	101,379,900	97,486,800	96,576,500
<b>Total Operating Expenses:</b>			
Regulated Services	82,700,644	82,213,728	78,842,259
Total	98,915,700	97,519,900	91,452,200
<b>Equivalent Inpatient ADMs(EIPA):</b>			
Regulated Services	11,634	12,248	12,435
Total	14,207	14,753	14,739
<b>NPR per EIPA :</b>			
Regulated Services	7,272.34	6,647.35	6,600.39
Total	7,029.17	6,444.20	6,320.55
<b>NOR per EIPA :</b>			
Regulated Services	7,277.78	6,706.47	6,702.81
Total	7,135.69	6,607.87	6,552.48
<b>Operating Expenses per EIPA :</b>			
Regulated Services	7,108.75	6,711.74	6,179.70
Total	6,962.25	6,610.11	6,204.81
<b>Net Operating Profit(Loss):</b>			
Regulated Services	1,966,456	-64,628	8,502,141
Unregulated Services	497,744	31,528	-1,377,841
Total	2,464,200	-33,100	5,124,300
<b>Total Non-Operating Profit(Loss):</b>			
Non-Operating Revenue	3,033,900	2,658,600	3,365,800
Non-Operating Expenses	517,300	112,200	55,000
<b>Total Excess Profit</b>	<b>4,980,800</b>	<b>2,513,300</b>	<b>8,435,100</b>
<b>% Change in NPR per EIPA - Regulated</b>			
	9.40	0.71	9.30
<b>% Change in NOR per EIPA - Regulated</b>			
	8.52	0.06	10.53
<b>% Change in Oper. Expense per EIPA- Regulated</b>			
	5.92	8.61	6.14
<b>% Change in Net Operating Profit- Regulated</b>			
	3,142.73	-100.99	117.43
<b>% Net Operating Profit of Regulated NOR</b>			
	2.32	-0.08	7.80
<b>% Change in Net Operating Profit- Total</b>			
	7,544.71	-100.65	11.97
<b>% Net Total Operating Profit of Total NOR</b>			
	2.43	-0.03	5.31
<b>% Change in Total Excess Profit</b>			
	98.18	-70.20	35.02
<b>% Total Excess Profit of Total Revenue</b>			
	4.77	2.51	8.44

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Mercy Medical Center

FISCAL YEAR ENDING	June 2008 -----	June 2007 -----	June 2006 -----
<b>Gross Patient Revenue:</b>			
Regulated Services	353,240,000	325,029,000	292,129,600
Unregulated Services	5,922,547	4,359,128	4,425,940
TOTAL	359,162,547	329,388,128	296,555,540
<b>Net Patient Revenue(NPR):</b>			
Regulated Services	310,781,321	285,178,259	257,113,600
Unregulated Services	5,922,547	4,359,128	4,380,380
TOTAL	316,703,868	289,537,387	261,493,980
<b>Other Operating Revenue:</b>			
Regulated Services	4,681,500	7,320,900	3,272,000
Unregulated Services	12,074,420	8,258,051	9,969,001
TOTAL	16,755,920	15,578,951	13,241,001
<b>Net Operating Revenue(NOR)</b>			
Regulated Services	315,462,821	292,499,159	260,385,600
Unregulated Services	17,896,967	12,617,179	14,349,381
Total	333,459,788	305,116,338	274,734,981
<b>Total Operating Expenses:</b>			
Regulated Services	286,723,944	263,534,365	240,717,093
Total	306,485,734	278,902,000	255,443,000
<b>Equivalent Inpatient ADMs(EIPA):</b>			
Regulated Services	32,666	30,010	29,771
Total	33,214	30,412	30,222
<b>NPR per EIPA :</b>			
Regulated Services	9,513.81	9,502.79	8,836.49
Total	9,535.25	9,520.37	8,652.54
<b>NOR per EIPA :</b>			
Regulated Services	9,657.12	9,746.74	8,746.39
Total	10,039.73	10,032.62	9,090.67
<b>Operating Expenses per EIPA :</b>			
Regulated Services	8,777.35	8,781.57	8,085.73
Total	9,227.60	9,170.66	8,452.32
<b>Net Operating Profit(Loss):</b>			
Regulated Services	28,738,877	28,964,794	19,668,507
Unregulated Services	-1,764,823	-2,750,456	-376,526
Total	26,974,054	26,214,338	19,291,981
<b>Total Non-Operating Profit(Loss):</b>			
Non-Operating Revenue	12,110,000	9,797,000	4,070,000
Non-Operating Expenses	19,001,000	4,751,000	1,379,000
<b>Total Excess Profit</b>	<b>20,083,054</b>	<b>31,260,338</b>	<b>21,982,981</b>
<b>% Change in NPR per EIPA - Regulated</b>			
	0.12	10.03	6.51
<b>% Change in NOR per EIPA - Regulated</b>			
	-0.92	11.44	8.18
<b>% Change in Oper. Expense per EIPA- Regulated</b>			
	-0.05	8.61	4.69
<b>% Change in Net Operating Profit- Regulated</b>			
	-0.78	47.26	32.57
<b>% Net Operating Profit of Regulated NOR</b>			
	9.11	9.90	7.55
<b>% Change in Net Operating Profit- Total</b>			
	2.90	35.88	33.08
<b>% Net Total Operating Profit of Total NOR</b>			
	8.09	8.59	7.02
<b>% Change in Total Excess Profit</b>			
	-35.76	42.20	45.94
<b>% Total Excess Profit of Total Revenue</b>			
	5.81	9.93	7.88

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Montgomery General Hospital

FISCAL YEAR ENDING	June 2008	June 2007	June 2006
Gross Patient Revenue:			
Regulated Services	135,140,700	121,270,200	108,766,600
Unregulated Services	681,200	1,017,800	1,990,100
TOTAL	135,821,900	122,288,000	108,756,700
Net Patient Revenue(NPR):			
Regulated Services	116,767,100	105,525,100	92,714,200
Unregulated Services	677,300	832,800	1,310,900
TOTAL	117,444,400	106,357,900	94,025,100
Other Operating Revenue:			
Regulated Services	1,409,300	761,500	787,600
Unregulated Services	302,100	464,800	425,000
TOTAL	1,711,400	1,226,300	1,212,600
Net Operating Revenue(NOR)			
Regulated Services	118,176,400	106,286,600	93,501,800
Unregulated Services	979,400	1,297,600	1,735,900
Total	119,155,800	107,584,200	95,237,700
Total Operating Expenses:			
Regulated Services	110,107,267	98,753,256	92,440,500
Total	114,666,300	102,648,200	96,453,100
Equivalent Inpatient ADMs(EIPA):			
Regulated Services	14,058	13,182	12,724
Total	14,129	13,292	12,957
NPR per EIPA :			
Regulated Services	8,305.86	8,005.05	7,286.77
Total	8,312.14	8,001.72	7,256.44
NOR per EIPA :			
Regulated Services	8,406.11	8,062.82	7,348.87
Total	8,433.27	8,093.98	7,350.02
Operating Expenses per EIPA :			
Regulated Services	7,832.14	7,491.34	7,265.26
Total	8,115.52	7,722.63	7,443.82
Net Operating Profit(Loss):			
Regulated Services	8,069,133	7,533,344	1,061,300
Unregulated Services	-3,579,633	-2,597,344	-2,276,700
Total	4,489,500	4,936,000	-1,215,400
Total Non-Operating Profit(Loss):	-4,141,400	2,332,400	2,579,000
Non-Operating Revenue	2,941,200	2,332,400	2,579,000
Non-Operating Expenses	7,082,600	0	0
Total Excess Profit	348,100	7,288,400	1,363,600
% Change in NPR per EIPA - Regulated	3.76	9.86	4.69
% Change in NOR per EIPA - Regulated	4.26	9.72	4.56
% Change in Oper. Expense per EIPA- Regulated	4.55	3.11	5.97
% Change in Net Operating Profit- Regulated	7.11	609.82	-50.45
% Net Operating Profit of Regulated NOR	6.83	7.09	1.14
% Change in Net Operating Profit- Total	-9.05	506.12	-276.75
% Net Total Operating Profit of Total NOR	3.77	4.58	-1.28
% Change in Total Excess Profit	-95.21	433.03	-13.06
% Total Excess Profit of Total Revenue	0.28	6.61	1.39

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Northwest Hospital Center

FISCAL YEAR ENDING	June 2008	June 2007	June 2006
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Gross Patient Revenue:			
Regulated Services	201,205,800	191,845,500	175,332,500
Unregulated Services	19,510,259	17,968,559	16,742,367
TOTAL	220,716,059	209,812,059	192,074,867
Net Patient Revenue(NPR):			
Regulated Services	170,962,500	163,196,500	149,126,503
Unregulated Services	8,106,696	6,885,449	6,831,893
TOTAL	179,069,196	170,081,949	155,958,396
Other Operating Revenue:			
Regulated Services	1,947,000	1,662,000	1,365,000
Unregulated Services	0	0	0
TOTAL	1,947,000	1,662,000	1,365,000
Net Operating Revenue(NOR)			
Regulated Services	172,909,500	164,858,500	150,491,503
Unregulated Services	8,106,696	6,885,449	6,831,893
Total	181,016,196	171,743,949	157,323,396
Total Operating Expenses:			
Regulated Services	154,091,772	147,809,809	133,946,737
Total	168,493,000	160,991,000	145,438,000
Equivalent Inpatient ADMs(EIPA):			
Regulated Services	21,496	20,866	20,496
Total	22,547	21,711	21,287
NPR per EIPA :			
Regulated Services	7,953.41	7,821.16	7,275.82
Total	7,941.95	7,833.98	7,326.61
NOR per EIPA :			
Regulated Services	8,043.99	7,900.81	7,342.42
Total	8,028.30	7,910.54	7,390.73
Operating Expenses per EIPA :			
Regulated Services	7,168.56	7,083.75	6,535.20
Total	7,472.88	7,415.25	6,832.38
Net Operating Profit(Loss):			
Regulated Services	18,817,728	17,048,691	16,544,766
Unregulated Services	-6,294,532	-6,295,742	-4,658,370
Total	12,523,196	10,752,949	11,886,396
Total Non-Operating Profit(Loss):	-5,975,000	15,626,000	4,919,000
Non-Operating Revenue	-5,975,000	15,626,000	5,529,000
Non-Operating Expenses	0	0	610,000
Total Excess Profit	6,548,196	26,378,949	16,804,396
% Change in NPR per EIPA - Regulated	1.69	7.50	7.29
% Change in NOR per EIPA - Regulated	1.81	7.61	7.37
% Change in Oper. Expense per EIPA- Regulated	1.20	8.39	3.56
% Change in Net Operating Profit- Regulated	10.38	3.05	59.32
% Net Operating Profit of Regulated NOR	10.88	10.34	10.99
% Change in Net Operating Profit- Total	16.46	-9.53	83.16
% Net Total Operating Profit of Total NOR	8.92	6.26	7.55
% Change in Total Excess Profit	-75.18	56.98	74.72
% Total Excess Profit of Total Revenue	3.74	14.08	10.32



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Peninsula Regional Hospital

FISCAL YEAR ENDING	June 2008	June 2007	June 2006
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Gross Patient Revenue:			
Regulated Services	366,969,200	335,381,200	308,930,400
Unregulated Services	32,979,400	26,556,300	24,448,800
TOTAL	399,948,600	361,937,500	333,379,200
Net Patient Revenue(NPR):			
Regulated Services	318,253,000	291,084,100	268,586,400
Unregulated Services	18,728,400	13,928,800	13,561,300
TOTAL	336,981,400	305,012,900	282,147,700
Other Operating Revenue:			
Regulated Services	-28,500	208,200	920,100
Unregulated Services	1,127,200	1,199,800	680,900
TOTAL	1,098,700	1,408,000	1,601,000
Net Operating Revenue(NOR)			
Regulated Services	318,224,500	291,292,300	269,506,500
Unregulated Services	19,855,600	15,128,600	14,242,200
Total	338,080,100	306,420,900	283,748,700
Total Operating Expenses:			
Regulated Services	279,212,502	263,403,613	252,872,818
Total	309,880,100	284,866,900	270,604,700
Equivalent Inpatient ADMs(EIPA):			
Regulated Services	30,094	28,923	28,627
Total	33,058	31,388	31,071
NPR per EIPA :			
Regulated Services	10,575.36	10,064.00	9,382.21
Total	10,193.60	9,717.60	9,080.80
NOR per EIPA :			
Regulated Services	10,574.41	10,071.20	9,414.35
Total	10,228.83	9,762.46	9,132.13
Operating Expenses per EIPA :			
Regulated Services	9,278.07	9,106.97	8,833.30
Total	9,373.79	9,075.75	8,709.10
Net Operating Profit(Loss):			
Regulated Services	39,011,998	27,888,687	16,633,682
Unregulated Services	-10,811,998	-6,334,687	-3,489,682
Total	28,200,000	21,554,000	13,144,000
Total Non-Operating Profit(Loss):	10,106,000	11,363,000	7,560,000
Non-Operating Revenue	10,106,000	11,363,000	9,447,000
Non-Operating Expenses	0	0	1,887,000
Total Excess Profit	38,306,000	32,917,000	20,704,000
% Change in NPR per EIPA - Regulated	5.08	7.27	7.49
% Change in NOR per EIPA - Regulated	5.00	6.98	7.39
% Change in Oper. Expense per EIPA- Regulated	1.88	3.10	7.65
% Change in Net Operating Profit- Regulated	39.88	67.66	4.70
% Net Operating Profit of Regulated NOR	12.26	9.57	6.17
% Change in Net Operating Profit- Total	30.83	63.98	12.28
% Net Total Operating Profit of Total NOR	8.34	7.03	4.63
% Change in Total Excess Profit	16.37	58.99	13.57
% Total Excess Profit of Total Revenue	11.00	10.36	7.06

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Prince George's Hospital Center

FISCAL YEAR ENDING	June 2008	June 2007	June 2006
Gross Patient Revenue:			
Regulated Services	241,928,700	239,828,800	239,399,600
Unregulated Services	33,660,372	37,824,681	35,368,103
TOTAL	275,589,072	277,653,481	274,767,703
Net Patient Revenue(NPR):			
Regulated Services	197,518,266	196,440,112	203,981,525
Unregulated Services	13,910,441	15,807,972	15,396,361
TOTAL	211,428,706	212,248,084	219,377,886
Other Operating Revenue:			
Regulated Services	1,482,579	30,466,332	0
Unregulated Services	1,581,133	1,549,308	987,340
TOTAL	3,063,712	32,015,640	987,340
Net Operating Revenue(NOR)			
Regulated Services	199,000,845	226,906,444	203,981,525
Unregulated Services	15,491,574	17,357,280	16,383,701
Total	214,492,418	244,263,724	220,365,226
Total Operating Expenses:			
Regulated Services	198,288,498	194,187,354	192,407,541
Total	229,159,939	225,483,531	222,523,732
Equivalent Inpatient ADMs(EIPA):			
Regulated Services	17,385	17,457	18,464
Total	18,116	19,686	20,692
NPR per EIPA :			
Regulated Services	11,361.27	11,253.00	11,047.38
Total	11,670.95	10,781.43	10,602.25
NOR per EIPA :			
Regulated Services	11,446.55	12,998.26	11,047.38
Total	11,840.07	12,407.70	10,649.97
Operating Expenses per EIPA :			
Regulated Services	11,405.58	11,123.95	10,420.55
Total	12,649.72	11,453.74	10,754.29
Net Operating Profit(Loss):			
Regulated Services	712,347	32,719,090	11,573,984
Unregulated Services	-15,379,867	-13,938,897	-13,732,490
Total	-14,667,521	18,780,193	-2,158,506
Total Non-Operating Profit(Loss):	17,879,440	1,028,336	26,477,761
Non-Operating Revenue	17,879,440	1,028,336	26,477,761
Non-Operating Expenses	0	0	0
Total Excess Profit	3,211,919	19,808,529	24,319,255
% Change in NPR per EIPA - Regulated	0.96	1.86	1.66
% Change in NOR per EIPA - Regulated	-11.94	17.66	1.66
% Change in Oper. Expense per EIPA- Regulated	2.53	6.75	3.25
% Change in Net Operating Profit- Regulated	-97.82	182.70	-18.79
% Net Operating Profit of Regulated NOR	0.36	14.42	5.67
% Change in Net Operating Profit- Total	-178.10	970.06	-784.98
% Net Total Operating Profit of Total NOR	-6.84	7.69	-0.98
% Change in Total Excess Profit	-83.79	-18.55	187.73
% Total Excess Profit of Total Revenue	1.38	8.08	9.85

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Saint Agnes Hospital

FISCAL YEAR ENDING	June 2008 -----	June 2007 -----	June 2006 -----
<b>Gross Patient Revenue:</b>			
Regulated Services	333,555,200	323,356,800	311,350,800
Unregulated Services	90,608,898	61,139,285	60,339,462
TOTAL	424,164,098	384,496,085	371,690,262
<b>Net Patient Revenue(NPR):</b>			
Regulated Services	284,136,736	277,220,735	266,033,797
Unregulated Services	38,653,468	35,734,436	34,318,895
TOTAL	322,790,204	312,955,171	300,352,692
<b>Other Operating Revenue:</b>			
Regulated Services	2,965,213	4,759,168	3,944,814
Unregulated Services	3,558,970	1,905,098	2,401,264
TOTAL	6,524,183	6,664,266	6,346,078
<b>Net Operating Revenue(NOR)</b>			
Regulated Services	287,101,949	281,979,902	269,978,611
Unregulated Services	42,212,438	37,639,534	36,720,159
Total	329,314,387	319,619,437	306,698,770
<b>Total Operating Expenses:</b>			
Regulated Services	260,314,417	255,868,235	246,180,707
Total	317,966,817	301,489,739	292,158,468
<b>Equivalent Inpatient ADMs(EIPA):</b>			
Regulated Services	28,454	29,434	30,871
Total	33,668	33,346	35,254
<b>NPR per EIPA :</b>			
Regulated Services	9,985.76	9,418.52	8,617.68
Total	9,587.44	9,385.21	8,519.65
<b>NOR per EIPA :</b>			
Regulated Services	10,089.97	9,580.21	8,745.47
Total	9,781.22	9,585.06	8,699.66
<b>Operating Expenses per EIPA :</b>			
Regulated Services	9,148.54	8,693.07	7,974.58
Total	9,444.18	9,041.37	8,287.22
<b>Net Operating Profit(Loss):</b>			
Regulated Services	26,787,532	26,111,688	23,797,905
Unregulated Services	-15,439,962	-7,981,970	-9,257,602
Total	11,347,570	18,129,697	14,540,302
<b>Total Non-Operating Profit(Loss):</b>			
Non-Operating Revenue	1,280,447	30,808,612	13,914,996
Non-Operating Expenses	0	0	0
<b>Total Excess Profit</b>	<b>12,628,017</b>	<b>48,938,310</b>	<b>28,455,298</b>
<b>% Change in NPR per EIPA - Regulated</b>			
	6.02	9.29	6.07
<b>% Change in NOR per EIPA - Regulated</b>			
	5.32	9.54	6.43
<b>% Change in Oper. Expense per EIPA- Regulated</b>			
	5.24	9.01	4.39
<b>% Change in Net Operating Profit- Regulated</b>			
	2.59	9.72	37.38
<b>% Net Operating Profit of Regulated NOR</b>			
	9.33	9.26	8.81
<b>% Change in Net Operating Profit- Total</b>			
	-37.41	24.69	47.47
<b>% Net Total Operating Profit of Total NOR</b>			
	3.45	5.67	4.74
<b>% Change in Total Excess Profit</b>			
	-74.20	71.98	60.35
<b>% Total Excess Profit of Total Revenue</b>			
	3.82	13.97	8.68

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Saint Josephs Medical Center

FISCAL YEAR ENDING	June 2008	June 2007	June 2006
Gross Patient Revenue:			
Regulated Services	363,810,300	345,174,100	342,591,900
Unregulated Services	38,259,184	39,791,165	31,930,731
TOTAL	402,069,484	384,965,265	374,522,631
Net Patient Revenue(NPR):			
Regulated Services	322,493,187	304,510,224	307,313,087
Unregulated Services	17,339,626	18,111,771	16,107,812
TOTAL	339,832,813	322,621,995	323,420,899
Other Operating Revenue:			
Regulated Services	778,886	1,595,568	833,947
Unregulated Services	4,969,932	5,905,639	2,537,722
TOTAL	5,738,818	7,501,207	3,371,669
Net Operating Revenue(NOR)			
Regulated Services	323,272,073	306,105,791	308,147,034
Unregulated Services	22,299,558	24,017,410	18,645,534
Total	345,571,631	330,123,202	326,792,568
Total Operating Expenses:			
Regulated Services	322,940,196	293,507,383	281,616,705
Total	363,575,748	328,666,600	319,424,393
Equivalent Inpatient ADMs(EIPA):			
Regulated Services	30,498	29,441	30,480
Total	30,864	31,270	32,326
NPR per EIPA :			
Regulated Services	10,574.30	10,343.04	10,082.61
Total	11,010.54	10,317.29	10,004.98
NOR per EIPA :			
Regulated Services	10,598.84	10,397.24	10,109.97
Total	11,196.47	10,557.17	10,109.28
Operating Expenses per EIPA :			
Regulated Services	10,588.95	9,969.32	9,567.63
Total	11,779.80	10,510.59	9,881.35
Net Operating Profit(Loss):			
Regulated Services	331,877	12,598,408	16,530,329
Unregulated Services	-18,335,994	-11,141,806	-9,162,154
Total	-18,004,117	1,456,602	7,368,175
Total Non-Operating Profit(Loss):	6,269,504	8,692,793	10,445,265
Non-Operating Revenue	6,269,504	8,692,793	7,163,265
Non-Operating Expenses	0	0	-3,282,000
Total Excess Profit	-11,734,613	10,149,395	17,813,440
% Change in NPR per EIPA - Regulated	2.24	2.58	4.48
% Change in NOR per EIPA - Regulated	1.95	2.84	4.37
% Change in Oper. Expense per EIPA- Regulated	6.22	4.20	4.72
% Change in Net Operating Profit- Regulated	-97.37	-23.79	5.31
% Net Operating Profit of Regulated NOR	0.10	4.12	5.36
% Change in Net Operating Profit- Total	-1,336.04	-80.23	-6.55
% Net Total Operating Profit of Total NOR	-5.21	0.44	2.25
% Change in Total Excess Profit	-215.62	-43.02	82.55
% Total Excess Profit of Total Revenue	-3.34	3.00	5.33

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Saint Mary's Hospital

FISCAL YEAR ENDING	June 2008	June 2007	June 2006
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Gross Patient Revenue:			
Regulated Services	114,652,300	106,160,000	97,642,200
Unregulated Services	7,212,017	6,598,238	6,290,851
TOTAL	121,864,317	112,758,238	103,933,051
Net Patient Revenue(NPR):			
Regulated Services	96,521,141	92,658,716	82,384,333
Unregulated Services	6,740,740	4,252,501	6,116,338
TOTAL	103,261,881	96,911,217	88,500,671
Other Operating Revenue:			
Regulated Services	1,164,206	-2,994,600	1,038,631
Unregulated Services	680,720	4,399,200	529,755
TOTAL	1,844,926	1,404,600	1,568,386
Net Operating Revenue(NOR)			
Regulated Services	97,685,347	89,664,116	83,422,964
Unregulated Services	7,421,460	8,851,701	6,646,092
Total	105,106,807	98,315,817	90,069,057
Total Operating Expenses:			
Regulated Services	88,622,956	82,860,617	72,571,998
Total	98,402,342	90,996,208	79,315,725
Equivalent Inpatient ADMs(EIPA):			
Regulated Services	16,309	16,036	15,179
Total	16,887	16,590	15,766
NPR per EIPA :			
Regulated Services	5,918.24	5,778.21	5,427.52
Total	6,114.85	5,841.45	5,613.46
NOR per EIPA :			
Regulated Services	5,989.62	5,591.47	5,495.94
Total	6,224.10	5,926.11	5,712.94
Operating Expenses per EIPA :			
Regulated Services	5,433.96	5,167.20	4,781.08
Total	5,827.08	5,484.92	5,030.87
Net Operating Profit(Loss):			
Regulated Services	9,062,391	6,803,498	10,850,968
Unregulated Services	-2,357,926	516,111	-97,635
Total	6,704,465	7,319,609	10,753,332
Total Non-Operating Profit(Loss):			
Non-Operating Revenue	1,192,699	1,777,402	933,977
Non-Operating Expenses	296,215	0	0
Total Excess Profit	7,600,949	9,097,011	11,687,309
% Change in NPR per EIPA - Regulated	2.42	6.46	1.96
% Change in NOR per EIPA - Regulated	7.12	1.74	1.68
% Change in Oper. Expense per EIPA- Regulated	5.16	8.08	-2.02
% Change in Net Operating Profit- Regulated	33.20	-37.30	57.34
% Net Operating Profit of Regulated NOR	9.28	7.59	13.01
% Change in Net Operating Profit- Total	-8.40	-31.93	63.44
% Net Total Operating Profit of Total NOR	6.38	7.44	11.94
% Change in Total Excess Profit	-16.45	-22.16	63.10
% Total Excess Profit of Total Revenue	7.15	9.09	12.84

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Shady Grove Adventist Hospital			
FISCAL YEAR ENDING	December 2008	December 2007	December 2006
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<b>Gross Patient Revenue:</b>			
Regulated Services	304,350,850	284,281,331	250,038,969
Unregulated Services	30,972,635	13,408,934	3,726,098
TOTAL	335,323,485	297,690,265	253,765,067
<b>Net Patient Revenue(NPR):</b>			
Regulated Services	261,642,638	239,838,057	220,852,424
Unregulated Services	15,415,897	9,478,163	2,263,216
TOTAL	277,058,535	249,316,220	223,115,640
<b>Other Operating Revenue:</b>			
Regulated Services	1,870,850	1,532,323	716,748
Unregulated Services	3,749,785	3,304,815	2,496,600
TOTAL	5,620,635	4,837,138	3,213,348
<b>Net Operating Revenue(NOR)</b>			
Regulated Services	263,513,488	241,370,380	221,569,172
Unregulated Services	19,165,682	12,782,978	4,759,816
Total	282,679,170	254,153,358	226,328,988
<b>Total Operating Expenses:</b>			
Regulated Services	256,440,113	232,476,082	217,931,862
Total	275,947,407	251,743,884	232,587,760
<b>Equivalent Inpatient ADMs(EIPA):</b>			
Regulated Services	31,064	29,503	28,381
Total	33,917	29,019	28,679
<b>NPR per EIPA :</b>			
Regulated Services	8,422.58	8,129.24	7,781.71
Total	8,168.62	8,591.55	7,779.65
<b>NOR per EIPA :</b>			
Regulated Services	8,482.80	8,181.18	7,806.88
Total	8,334.34	8,758.24	7,891.70
<b>Operating Expenses per EIPA :</b>			
Regulated Services	8,255.10	7,879.71	7,678.80
Total	8,135.86	8,675.21	8,109.93
<b>Net Operating Profit(Loss):</b>			
Regulated Services	7,073,375	8,894,298	3,637,310
Unregulated Services	-341,612	-6,484,825	-9,896,081
Total	6,731,763	2,409,473	-6,258,772
<b>Total Non-Operating Profit(Loss):</b>			
Non-Operating Revenue	-4,297,904	2,479,474	3,225,401
Non-Operating Expenses	0	0	0
<b>Total Excess Profit</b>	<b>2,433,859</b>	<b>4,888,947</b>	<b>-3,033,371</b>
<b>% Change in NPR per EIPA - Regulated</b>			
	3.61	4.47	3.25
<b>% Change in NOR per EIPA - Regulated</b>			
	3.69	4.79	2.98
<b>% Change in Oper. Expense per EIPA- Regulated</b>			
	4.76	2.62	6.54
<b>% Change in Net Operating Profit- Regulated</b>			
	-20.47	144.53	-66.17
<b>% Net Operating Profit of Regulated NOR</b>			
	2.68	3.88	1.64
<b>% Change in Net Operating Profit- Total</b>			
	179.39	138.50	-167.51
<b>% Net Total Operating Profit of Total NOR</b>			
	2.38	0.95	-2.77
<b>% Change in Total Excess Profit</b>			
	-50.22	261.17	-138.36
<b>% Total Excess Profit of Total Revenue</b>			
	0.87	1.91	-1.32

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Sinai Hospital

FISCAL YEAR ENDING	June 2008	June 2007	June 2006
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Gross Patient Revenue:			
Regulated Services	602,337,500	567,654,000	514,199,200
Unregulated Services	104,877,517	95,328,813	92,760,877
TOTAL	707,215,017	662,982,813	606,960,077
Net Patient Revenue(NPR):			
Regulated Services	512,803,742	483,991,284	436,714,200
Unregulated Services	38,662,795	35,218,209	35,493,041
TOTAL	551,466,537	519,209,493	472,207,241
Other Operating Revenue:			
Regulated Services	16,714,741	10,758,000	10,413,600
Unregulated Services	10,652,682	12,830,921	11,147,309
TOTAL	27,367,423	23,588,921	21,560,909
Net Operating Revenue(NOR)			
Regulated Services	529,518,483	494,749,284	447,127,800
Unregulated Services	49,315,477	48,049,130	46,640,350
Total	578,833,960	542,798,414	493,768,150
Total Operating Expenses:			
Regulated Services	485,322,263	445,682,167	401,244,760
Total	573,504,000	525,872,401	473,658,919
Equivalent Inpatient ADMs(EIPA):			
Regulated Services	40,344	37,638	36,387
Total	41,629	39,159	37,778
NPR per EIPA :			
Regulated Services	12,710.71	12,859.14	12,001.91
Total	13,247.26	13,258.94	12,499.43
NOR per EIPA :			
Regulated Services	13,125.01	13,144.97	12,288.09
Total	13,904.68	13,861.33	13,070.15
Operating Expenses per EIPA :			
Regulated Services	12,029.54	11,841.31	11,027.12
Total	13,776.64	13,429.09	12,537.80
Net Operating Profit(Loss):			
Regulated Services	44,196,220	49,067,117	45,883,040
Unregulated Services	-38,866,280	-32,141,103	-25,771,809
Total	5,329,960	16,926,013	20,111,231
Total Non-Operating Profit(Loss):	-20,242,000	33,683,000	3,938,626
Non-Operating Revenue	-20,242,000	33,683,000	6,221,707
Non-Operating Expenses	0	0	2,283,081
Total Excess Profit	-14,912,040	50,609,013	24,049,857
% Change in NPR per EIPA - Regulated	-1.15	7.14	3.25
% Change in NOR per EIPA - Regulated	-0.15	8.97	4.45
% Change in Oper. Expense per EIPA- Regulated	1.59	7.38	3.55
% Change in Net Operating Profit- Regulated	-9.93	6.94	20.27
% Net Operating Profit of Regulated NOR	8.35	9.92	10.26
% Change in Net Operating Profit- Total	-68.51	-15.84	11.79
% Net Total Operating Profit of Total NOR	0.92	3.12	4.07
% Change in Total Excess Profit	-129.47	110.43	-0.51
% Total Excess Profit of Total Revenue	-2.67	8.78	4.81

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Southern Maryland Hospital Center

FISCAL YEAR ENDING	December 2008	December 2007	December 2006
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Gross Patient Revenue:			
Regulated Services	226,574,600	216,279,800	193,871,800
Unregulated Services	46,394,844	44,231,905	6,995,806
TOTAL	272,969,544	260,511,705	200,867,606
Net Patient Revenue(NPR):			
Regulated Services	183,726,110	176,487,362	163,308,987
Unregulated Services	4,763,757	17,454,076	2,775,918
TOTAL	188,489,867	193,941,438	166,084,905
Other Operating Revenue:			
Regulated Services	358,735	372,144	518,872
Unregulated Services	13,797,779	500,495	11,072,838
TOTAL	14,156,514	872,639	11,591,710
Net Operating Revenue(NOR)			
Regulated Services	184,084,845	176,859,506	163,827,859
Unregulated Services	18,561,536	17,954,571	13,848,756
Total	202,646,381	194,814,077	177,676,615
Total Operating Expenses:			
Regulated Services	170,857,254	165,625,980	158,182,006
Total	198,519,258	187,878,012	176,107,414
Equivalent Inpatient ADMs(EIPA):			
Regulated Services	25,911	23,670	24,028
Total	28,727	28,431	24,765
NPR per EIPA :			
Regulated Services	7,090.78	7,456.07	6,797.04
Total	6,561.32	8,821.45	6,706.52
NOR per EIPA :			
Regulated Services	7,104.60	7,471.79	6,818.64
Total	7,054.11	6,852.14	7,174.60
Operating Expenses per EIPA :			
Regulated Services	6,594.10	6,997.20	6,582.82
Total	6,910.44	8,608.18	7,111.23
Net Operating Profit(Loss):			
Regulated Services	13,227,591	11,233,526	5,665,853
Unregulated Services	-9,100,468	-4,287,461	-4,096,652
Total	4,127,123	6,936,065	1,569,201
Total Non-Operating Profit(Loss):	648,952	1,146,376	1,037,046
Non-Operating Revenue	648,952	1,146,376	1,037,046
Non-Operating Expenses	0	0	0
Total Excess Profit	4,776,075	8,082,441	2,606,247
% Change in NPR per EIPA - Regulated	-4.90	9.70	2.84
% Change in NOR per EIPA - Regulated	-4.91	9.58	2.98
% Change in Oper. Expense per EIPA- Regulated	-5.76	6.29	4.21
% Change in Net Operating Profit- Regulated	17.75	98.27	-19.33
% Net Operating Profit of Regulated NOR	7.19	6.35	3.46
% Change in Net Operating Profit- Total	-40.50	342.01	-74.09
% Net Total Operating Profit of Total NOR	2.04	3.56	0.88
% Change in Total Excess Profit	-40.91	210.12	-62.79
% Total Excess Profit of Total Revenue	2.35	4.12	1.46



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Suburban Hospital

FISCAL YEAR ENDING	June 2008	June 2007	June 2006
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Gross Patient Revenue:			
Regulated Services	220,977,300	198,515,100	178,949,700
Unregulated Services	22,030,800	23,110,600	24,485,800
TOTAL	243,008,100	221,625,700	203,435,500
Net Patient Revenue(NPR):			
Regulated Services	192,441,500	175,366,300	157,660,000
Unregulated Services	18,235,300	17,642,400	19,338,000
TOTAL	210,676,800	193,008,700	176,998,000
Other Operating Revenue:			
Regulated Services	6,906,800	5,267,000	3,283,700
Unregulated Services	6,309,800	6,568,500	4,828,400
TOTAL	13,216,600	11,835,500	8,112,100
Net Operating Revenue(NOR)			
Regulated Services	199,348,300	180,633,300	160,943,700
Unregulated Services	24,545,100	24,210,900	24,166,400
Total	223,893,400	204,844,200	185,110,100
Total Operating Expenses:			
Regulated Services	186,617,041	175,082,281	154,587,338
Total	209,805,300	198,087,700	176,450,900
Equivalent Inpatient ADMs(EIPA):			
Regulated Services	19,822	18,797	18,547
Total	21,799	20,985	21,085
NPR per EIPA :			
Regulated Services	9,708.32	9,329.49	8,500.55
Total	9,664.72	9,197.33	8,394.59
NOR per EIPA :			
Regulated Services	10,056.76	9,609.69	8,677.60
Total	10,271.02	9,761.33	8,779.32
Operating Expenses per EIPA :			
Regulated Services	9,414.49	9,314.38	8,334.88
Total	9,624.74	9,439.38	8,368.64
Net Operating Profit(Loss):			
Regulated Services	12,731,259	5,551,019	6,356,362
Unregulated Services	1,356,841	1,205,481	2,302,838
Total	14,088,100	6,756,500	8,659,200
Total Non-Operating Profit(Loss):	263,900	936,000	3,680,900
Non-Operating Revenue	263,900	936,000	3,680,900
Non-Operating Expenses	0	0	0
Total Excess Profit	14,352,000	7,692,500	12,340,100
% Change in NPR per EIPA - Regulated	4.06	9.75	8.00
% Change in NOR per EIPA - Regulated	4.65	10.74	8.39
% Change in Oper. Expense per EIPA- Regulated	1.07	11.75	7.09
% Change in Net Operating Profit- Regulated	129.35	-12.67	54.18
% Net Operating Profit of Regulated NOR	6.39	3.07	3.95
% Change in Net Operating Profit- Total	108.51	-21.87	45.07
% Net Total Operating Profit of Total NOR	6.29	3.30	4.68
% Change in Total Excess Profit	86.57	-37.66	170.62
% Total Excess Profit of Total Revenue	8.40	3.74	6.54

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Union Hospital of Cecil County

FISCAL YEAR ENDING	June 2008	June 2007	June 2006
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Gross Patient Revenue:			
Regulated Services	116,438,100	102,995,100	94,968,500
Unregulated Services	12,836,800	7,297,900	3,942,400
TOTAL	129,274,900	110,293,000	98,910,900
Net Patient Revenue(NPR):			
Regulated Services	98,597,600	87,294,100	79,421,600
Unregulated Services	5,942,900	3,509,200	2,185,200
TOTAL	104,540,500	90,803,300	81,606,800
Other Operating Revenue:			
Regulated Services	1,868,300	607,500	238,300
Unregulated Services	1,989,100	1,790,700	1,487,100
TOTAL	3,857,400	2,398,200	1,725,400
Net Operating Revenue(NOR)			
Regulated Services	100,465,900	87,901,600	79,659,900
Unregulated Services	7,932,000	5,299,900	3,672,300
Total	108,397,900	93,201,500	83,332,200
Total Operating Expenses:			
Regulated Services	93,647,500	87,195,400	77,746,600
Total	103,933,800	93,814,000	82,480,800
Equivalent Inpatient ADMs(EIPA):			
Regulated Services	15,891	13,534	13,830
Total	17,639	14,489	14,402
NPR per EIPA :			
Regulated Services	6,204.70	6,450.10	5,742.86
Total	5,926.74	6,267.24	5,666.30
NOR per EIPA :			
Regulated Services	6,322.27	6,494.98	5,760.10
Total	6,145.43	6,432.77	5,786.11
Operating Expenses per EIPA :			
Regulated Services	5,893.19	6,442.80	5,621.75
Total	5,892.35	6,475.04	5,726.99
Net Operating Profit(Loss):			
Regulated Services	6,818,400	706,200	1,913,300
Unregulated Services	-2,354,300	-1,318,700	-1,081,900
Total	4,464,100	-612,500	851,400
Total Non-Operating Profit(Loss):	7,314,600	4,878,400	4,963,200
Non-Operating Revenue	7,472,600	5,319,600	5,161,200
Non-Operating Expenses	158,000	441,200	198,000
Total Excess Profit	11,778,700	4,265,900	5,814,600
% Change in NPR per EIPA - Regulated	-3.80	12.31	1.42
% Change in NOR per EIPA - Regulated	-2.66	12.76	1.57
% Change in Oper. Expense per EIPA- Regulated	-8.53	14.60	0.10
% Change in Net Operating Profit- Regulated	865.51	-63.09	149.68
% Net Operating Profit of Regulated NOR	6.79	0.80	2.40
% Change in Net Operating Profit- Total	828.83	-171.94	20.00
% Net Total Operating Profit of Total NOR	4.12	-0.66	1.02
% Change in Total Excess Profit	176.11	-26.63	66.70
% Total Excess Profit of Total Revenue	10.17	4.33	6.57

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Union Memorial Hospital

FISCAL YEAR ENDING	June 2008	June 2007	June 2006
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Gross Patient Revenue:			
Regulated Services	413,393,800	368,210,000	332,271,100
Unregulated Services	59,347,931	46,679,549	41,177,100
TOTAL	472,741,731	414,889,549	373,448,200
Net Patient Revenue(NPR):			
Regulated Services	352,995,022	311,376,653	279,027,231
Unregulated Services	27,525,192	21,187,608	18,675,800
TOTAL	380,520,214	332,564,261	297,703,031
Other Operating Revenue:			
Regulated Services	3,739,400	3,895,600	2,967,400
Unregulated Services	8,548,658	7,714,737	7,350,744
TOTAL	12,288,058	11,410,337	10,318,144
Net Operating Revenue(NOR)			
Regulated Services	356,734,422	315,072,253	281,994,631
Unregulated Services	36,073,850	28,902,345	26,026,544
Total	392,808,272	343,974,598	308,021,175
Total Operating Expenses:			
Regulated Services	317,897,600	295,851,912	267,181,464
Total	369,616,498	334,248,308	299,757,323
Equivalent Inpatient ADMs(EIPA):			
Regulated Services	27,433	26,196	25,486
Total	29,556	27,981	27,314
NPR per EIPA :			
Regulated Services	12,867.51	11,886.44	10,948.23
Total	12,874.51	11,893.94	10,899.30
NOR per EIPA :			
Regulated Services	13,003.82	12,027.51	11,064.67
Total	13,290.26	12,302.02	11,277.07
Operating Expenses per EIPA :			
Regulated Services	11,588.12	11,293.80	10,483.44
Total	12,505.60	11,954.16	10,974.51
Net Operating Profit(Loss):			
Regulated Services	38,836,906	19,220,341	14,813,167
Unregulated Services	-15,645,132	-9,494,052	-6,549,315
Total	23,191,774	9,726,290	8,263,852
Total Non-Operating Profit(Loss):	-1,424,699	14,290,723	6,624,404
Non-Operating Revenue	-1,424,699	14,290,723	6,624,404
Non-Operating Expenses	0	0	0
Total Excess Profit	21,767,075	24,017,013	14,888,256
% Change in NPR per EIPA - Regulated	8.25	8.57	8.59
% Change in NOR per EIPA - Regulated	8.12	8.70	8.69
% Change in Oper. Expense per EIPA- Regulated	2.61	7.73	7.69
% Change in Net Operating Profit- Regulated	102.06	29.75	27.72
% Net Operating Profit of Regulated NOR	10.89	6.10	5.25
% Change in Net Operating Profit- Total	138.44	17.70	9.55
% Net Total Operating Profit of Total NOR	5.90	2.83	2.68
% Change in Total Excess Profit	-9.37	61.32	-6.23
% Total Excess Profit of Total Revenue	5.56	6.70	4.73

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University MIEMSS

FISCAL YEAR ENDING	June 2008	June 2007	June 2006
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Gross Patient Revenue:			
Regulated Services	179,581,300	184,358,000	167,371,800
Unregulated Services	1,250,330	839,332	773,281
TOTAL	180,831,630	185,197,332	168,145,081
Net Patient Revenue(NPR):			
Regulated Services	125,795,245	130,344,000	120,899,800
Unregulated Services	1,250,330	839,332	773,281
TOTAL	127,045,575	131,183,332	121,673,081
Other Operating Revenue:			
Regulated Services	6,764,000	6,700,000	4,617,000
Unregulated Services	0	0	0
TOTAL	6,764,000	6,700,000	4,617,000
Net Operating Revenue(NOR)			
Regulated Services	132,559,245	137,044,000	125,516,800
Unregulated Services	1,250,330	839,332	773,281
Total	133,809,575	137,883,332	126,290,081
Total Operating Expenses:			
Regulated Services	128,907,439	129,403,496	118,851,972
Total	134,287,939	134,581,596	121,794,672
Equivalent Inpatient ADMs(EIPA):			
Regulated Services	7,801	7,839	7,400
Total	7,856	7,874	7,434
NPR per EIPA :			
Regulated Services	16,125.02	16,628.22	16,337.18
Total	16,172.69	16,659.45	16,366.06
NOR per EIPA :			
Regulated Services	16,992.06	17,482.95	16,961.07
Total	17,033.74	17,510.31	16,987.08
Operating Expenses per EIPA :			
Regulated Services	16,523.96	16,508.24	16,060.46
Total	17,094.63	17,091.01	16,382.41
Net Operating Profit(Loss):			
Regulated Services	3,651,806	7,640,504	6,664,828
Unregulated Services	-4,130,170	-4,338,768	-2,169,419
Total	-478,364	3,301,735	4,495,409
Total Non-Operating Profit(Loss):	1,966,000	1,966,000	1,459,000
Non-Operating Revenue	1,966,000	1,966,000	1,459,000
Non-Operating Expenses	0	0	0
Total Excess Profit	1,487,636	5,267,735	5,954,409
% Change in NPR per EIPA - Regulated	-3.03	1.78	5.32
% Change in NOR per EIPA - Regulated	-2.81	3.08	3.22
% Change in Oper. Expense per EIPA- Regulated	0.10	2.79	6.99
% Change in Net Operating Profit- Regulated	-52.20	14.64	-38.04
% Net Operating Profit of Regulated NOR	2.75	5.58	5.31
% Change in Net Operating Profit- Total	-114.49	-26.55	-50.13
% Net Total Operating Profit of Total NOR	-0.36	2.39	3.56
% Change in Total Excess Profit	-71.76	-11.53	-39.72
% Total Excess Profit of Total Revenue	1.10	3.77	4.66

HEALTH SERVICES COST REVIEW COMMISSION  
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University UMCC

FISCAL YEAR ENDING	June 2008 -----	June 2007 -----	June 2006 -----
<b>Gross Patient Revenue:</b>			
Regulated Services	60,224,500	61,862,800	60,005,400
Unregulated Services	5,353,788	5,027,954	13,095,644
TOTAL	65,578,288	66,890,754	73,101,044
<b>Net Patient Revenue(NPR):</b>			
Regulated Services	48,156,890	49,887,000	50,728,550
Unregulated Services	5,353,788	5,027,954	4,386,911
TOTAL	53,510,678	54,914,954	55,115,461
<b>Other Operating Revenue:</b>			
Regulated Services	35,000	23,000	21,000
Unregulated Services	0	0	0
TOTAL	35,000	23,000	21,000
<b>Net Operating Revenue(NOR)</b>			
Regulated Services	48,191,890	49,910,000	50,749,550
Unregulated Services	5,353,788	5,027,954	4,386,911
Total	53,545,678	54,937,954	55,136,461
<b>Total Operating Expenses:</b>			
Regulated Services	51,929,971	50,816,422	48,666,543
Total	57,328,504	55,706,848	53,390,858
<b>Equivalent Inpatient ADMs(EIPA):</b>			
Regulated Services	2,862	2,833	2,406
Total	3,116	2,847	2,931
<b>NPR per EIPA :</b>			
Regulated Services	16,826.00	18,950.02	21,086.33
Total	17,170.22	19,291.96	18,805.67
<b>NOR per EIPA :</b>			
Regulated Services	16,838.23	18,958.75	21,095.06
Total	17,181.45	19,300.04	18,812.83
<b>Operating Expenses per EIPA :</b>			
Regulated Services	18,144.31	19,303.07	20,229.21
Total	18,395.27	19,570.16	18,217.22
<b>Net Operating Profit(Loss):</b>			
Regulated Services	-3,738,082	-906,422	2,083,007
Unregulated Services	-44,744	137,528	-337,404
Total	-3,782,826	-768,894	1,745,603
<b>Total Non-Operating Profit(Loss):</b>			
Non-Operating Revenue	810,000	806,000	887,000
Non-Operating Expenses	0	0	0
<b>Total Excess Profit</b>	<b>-2,972,826</b>	<b>37,106</b>	<b>2,632,603</b>
<b>% Change in NPR per EIPA - Regulated</b>			
	-11.21	-10.13	6.39
<b>% Change in NOR per EIPA - Regulated</b>			
	-11.18	-10.13	6.42
<b>% Change in Oper. Expense per EIPA- Regulated</b>			
	-6.00	-4.58	15.31
<b>% Change in Net Operating Profit- Regulated</b>			
	-312.40	-143.52	-62.67
<b>% Net Operating Profit of Regulated NOR</b>			
	-7.76	-1.82	4.10
<b>% Change in Net Operating Profit- Total</b>			
	-391.98	-144.05	-66.30
<b>% Net Total Operating Profit of Total NOR</b>			
	-7.06	-1.40	3.17
<b>% Change in Total Excess Profit</b>			
	-8,111.72	-98.59	-53.85
<b>% Total Excess Profit of Total Revenue</b>			
	-5.47	0.07	4.70

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University of Maryland Medical Center

FISCAL YEAR ENDING	June 2008	June 2007	June 2006
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<b>Gross Patient Revenue:</b>			
Regulated Services	877,294,500	850,019,727	760,193,400
Unregulated Services	11,247,170	12,118,535	11,413,889
<b>TOTAL</b>	<b>888,541,670</b>	<b>862,138,262</b>	<b>771,607,269</b>
<b>Net Patient Revenue(NPR):</b>			
Regulated Services	765,351,210	732,145,727	649,646,200
Unregulated Services	11,247,170	11,089,935	11,413,869
<b>TOTAL</b>	<b>776,598,380</b>	<b>743,235,662</b>	<b>661,060,069</b>
<b>Other Operating Revenue:</b>			
Regulated Services	22,760,295	17,125,479	18,636,762
Unregulated Services	22,910,504	22,865,520	20,864,238
<b>TOTAL</b>	<b>45,670,799</b>	<b>39,990,999</b>	<b>39,501,000</b>
<b>Net Operating Revenue(NOR)</b>			
Regulated Services	788,111,505	749,271,206	668,282,962
Unregulated Services	34,157,674	33,955,455	32,278,107
<b>Total</b>	<b>822,269,179</b>	<b>783,226,661</b>	<b>700,561,069</b>
<b>Total Operating Expenses:</b>			
Regulated Services	774,992,564	707,064,558	615,999,106
<b>Total</b>	<b>819,155,601</b>	<b>753,299,238</b>	<b>664,835,237</b>
<b>Equivalent Inpatient ADMs(EIPA):</b>			
Regulated Services	33,724	34,184	33,260
<b>Total</b>	<b>34,156</b>	<b>34,651</b>	<b>33,759</b>
<b>NPR per EIPA :</b>			
Regulated Services	22,694.50	21,430.54	19,532.56
<b>Total</b>	<b>22,736.52</b>	<b>21,449.35</b>	<b>19,581.72</b>
<b>NOR per EIPA :</b>			
Regulated Services	23,369.40	21,931.82	20,092.90
<b>Total</b>	<b>24,073.63</b>	<b>22,603.47</b>	<b>20,751.81</b>
<b>Operating Expenses per EIPA :</b>			
Regulated Services	22,980.39	20,696.39	18,520.91
<b>Total</b>	<b>23,982.47</b>	<b>21,739.78</b>	<b>19,693.55</b>
<b>Net Operating Profit(Loss):</b>			
Regulated Services	13,118,941	42,206,648	52,283,856
Unregulated Services	-10,005,363	-12,279,225	-16,558,024
<b>Total</b>	<b>3,113,578</b>	<b>29,927,423</b>	<b>35,725,832</b>
<b>Total Non-Operating Profit(Loss):</b>			
Non-Operating Revenue	-59,345,000	9,060,000	-2,847,000
Non-Operating Expenses	0	0	9,478,000
<b>Total Excess Profit</b>	<b>-56,231,422</b>	<b>38,987,423</b>	<b>32,878,832</b>
<b>% Change in NPR per EIPA - Regulated</b>	<b>5.90</b>	<b>9.72</b>	<b>-2.48</b>
<b>% Change in NOR per EIPA - Regulated</b>	<b>6.55</b>	<b>9.15</b>	<b>-1.48</b>
<b>% Change in Oper. Expense per EIPA- Regulated</b>	<b>11.04</b>	<b>11.75</b>	<b>-0.74</b>
<b>% Change in Net Operating Profit- Regulated</b>	<b>-68.92</b>	<b>-19.27</b>	<b>2.97</b>
<b>% Net Operating Profit of Regulated NOR</b>	<b>1.66</b>	<b>5.63</b>	<b>7.82</b>
<b>% Change in Net Operating Profit- Total</b>	<b>-89.60</b>	<b>-16.23</b>	<b>-9.67</b>
<b>% Net Total Operating Profit of Total NOR</b>	<b>0.38</b>	<b>3.82</b>	<b>5.10</b>
<b>% Change in Total Excess Profit</b>	<b>-244.23</b>	<b>18.58</b>	<b>-26.78</b>
<b>% Total Excess Profit of Total Revenue</b>	<b>-7.37</b>	<b>4.92</b>	<b>4.65</b>

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Upper Chesapeake Medical Center

FISCAL YEAR ENDING	December 2008	December 2007	December 2006
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Gross Patient Revenue:			
Regulated Services	196,899,000	169,024,300	154,647,300
Unregulated Services	97,400	96,000	93,300
TOTAL	196,996,400	169,120,300	154,740,600
Net Patient Revenue(NPR):			
Regulated Services	170,264,950	146,891,259	136,420,400
Unregulated Services	85,400	72,800	57,600
TOTAL	170,350,350	146,964,059	136,478,000
Other Operating Revenue:			
Regulated Services	329,251	209,428	2,952,800
Unregulated Services	2,538,435	2,349,500	2,327,100
TOTAL	2,865,686	2,558,928	5,280,000
Net Operating Revenue(NOR)			
Regulated Services	170,594,201	147,100,687	139,373,300
Unregulated Services	2,621,835	2,422,300	2,384,700
Total	173,216,036	149,522,987	141,758,000
Total Operating Expenses:			
Regulated Services	164,803,083	143,333,188	130,604,701
Total	169,677,231	145,021,377	132,299,000
Equivalent Inpatient ADMs(EIPA):			
Regulated Services	23,768	20,240	19,427
Total	23,780	20,252	19,439
NPR per EIPA :			
Regulated Services	7,163.54	7,257.31	7,022.16
Total	7,163.59	7,256.78	7,020.89
NOR per EIPA :			
Regulated Services	7,177.39	7,267.66	7,174.16
Total	7,284.10	7,383.14	7,292.51
Operating Expenses per EIPA :			
Regulated Services	6,933.74	7,081.52	6,722.80
Total	7,135.28	7,160.86	6,805.91
Net Operating Profit(Loss):			
Regulated Services	5,791,118	3,767,499	8,768,599
Unregulated Services	-2,252,313	734,111	690,401
Total	3,538,805	4,501,610	9,459,000
Total Non-Operating Profit(Loss):	-49,736,000	-6,315,000	2,863,000
Non-Operating Revenue	1,036,000	-214,000	2,863,000
Non-Operating Expenses	50,772,000	6,101,000	0
Total Excess Profit	-46,197,195	-1,813,390	12,322,000
% Change in NPR per EIPA - Regulated	-1.29	3.35	12.75
% Change in NOR per EIPA - Regulated	-1.24	1.30	14.77
% Change in Oper. Expense per EIPA- Regulated	-2.09	5.34	12.69
% Change in Net Operating Profit- Regulated	53.71	-57.03	58.79
% Net Operating Profit of Regulated NOR	3.39	2.56	6.29
% Change in Net Operating Profit- Total	-21.39	-52.41	50.95
% Net Total Operating Profit of Total NOR	2.04	3.01	6.67
% Change in Total Excess Profit	-2,447.56	-114.72	72.54
% Total Excess Profit of Total Revenue	-26.51	-1.21	8.52

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Washington Adventist Hospital

FISCAL YEAR ENDING	December 2008 -----	December 2007 -----	December 2006 -----
<b>Gross Patient Revenue:</b>			
Regulated Services	279,418,776	259,383,175	252,953,148
Unregulated Services	553,548	433,051	410,958
TOTAL	279,972,324	259,816,226	253,364,106
<b>Net Patient Revenue(NPR):</b>			
Regulated Services	227,431,160	218,752,469	214,626,900
Unregulated Services	549,800	428,985	407,233
TOTAL	227,980,960	219,181,454	215,034,133
<b>Other Operating Revenue:</b>			
Regulated Services	2,165,649	1,828,165	1,544,354
Unregulated Services	3,328,704	3,818,451	3,546,126
TOTAL	5,494,353	5,646,616	5,090,480
<b>Net Operating Revenue(NOR)</b>			
Regulated Services	229,596,810	220,580,634	216,171,254
Unregulated Services	3,878,504	4,247,436	3,953,359
Total	233,475,314	224,828,070	220,124,613
<b>Total Operating Expenses:</b>			
Regulated Services	229,896,023	225,792,348	212,490,709
Total	234,379,490	231,640,767	217,754,083
<b>Equivalent Inpatient ADMs(EIPA):</b>			
Regulated Services	22,570	22,718	22,034
Total	22,573	22,711	22,012
<b>NPR per EIPA :</b>			
Regulated Services	10,076.55	9,629.08	9,740.92
Total	10,099.55	9,650.69	9,768.97
<b>NOR per EIPA :</b>			
Regulated Services	10,172.50	9,709.55	9,811.01
Total	10,342.95	9,899.31	10,000.23
<b>Operating Expenses per EIPA :</b>			
Regulated Services	10,185.76	9,938.96	9,643.97
Total	10,383.01	10,199.28	9,892.54
<b>Net Operating Profit(Loss):</b>			
Regulated Services	-299,213	-5,211,713	3,680,545
Unregulated Services	-604,963	-1,600,983	-1,310,015
Total	-904,176	-6,812,697	2,370,530
<b>Total Non-Operating Profit(Loss):</b>			
Non-Operating Revenue	-1,526,529	2,336,023	1,098,409
Non-Operating Expenses	0	0	0
<b>Total Excess Profit</b>	<b>-2,430,705</b>	<b>-4,476,674</b>	<b>3,468,939</b>
<b>% Change in NPR per EIPA - Regulated</b>			
	4.65	-1.15	2.51
<b>% Change in NOR per EIPA - Regulated</b>			
	4.77	-1.03	2.08
<b>% Change in Oper. Expense per EIPA- Regulated</b>			
	2.48	3.06	2.91
<b>% Change in Net Operating Profit- Regulated</b>			
	94.26	-241.60	-31.65
<b>% Net Operating Profit of Regulated NOR</b>			
	-0.13	-2.38	1.70
<b>% Change in Net Operating Profit- Total</b>			
	86.73	-387.39	-46.40
<b>% Net Total Operating Profit of Total NOR</b>			
	-0.39	-3.03	1.08
<b>% Change in Total Excess Profit</b>			
	45.70	-229.05	2.24
<b>% Total Excess Profit of Total Revenue</b>			
	-1.05	-1.97	1.57



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Washington County Hospital

FISCAL YEAR ENDING	June 2008 -----	June 2007 -----	June 2006 -----
<b>Gross Patient Revenue:</b>			
Regulated Services	229,868,300	206,966,700	190,943,600
Unregulated Services	48,088,000	44,036,300	39,104,700
TOTAL	277,956,300	251,003,000	230,048,300
<b>Net Patient Revenue(NPR):</b>			
Regulated Services	194,093,600	175,218,800	161,952,000
Unregulated Services	29,655,300	28,892,400	25,740,700
TOTAL	223,748,900	204,111,200	187,692,700
<b>Other Operating Revenue:</b>			
Regulated Services	855,900	1,841,000	3,042,700
Unregulated Services	1,880,900	1,782,600	1,428,000
TOTAL	2,736,800	3,623,600	4,470,700
<b>Net Operating Revenue(NOR)</b>			
Regulated Services	194,949,500	177,059,800	164,994,700
Unregulated Services	31,536,200	30,675,000	27,168,700
Total	226,485,700	207,734,800	192,163,400
<b>Total Operating Expenses:</b>			
Regulated Services	185,543,944	171,175,839	158,304,274
Total	218,839,600	203,255,000	187,440,200
<b>Equivalent Inpatient ADMs(EIPA):</b>			
Regulated Services	24,077	22,989	22,854
Total	29,114	27,880	27,535
<b>NPR per EIPA :</b>			
Regulated Services	8,061.35	7,621.96	7,086.36
Total	7,685.29	7,321.06	6,816.64
<b>NOR per EIPA :</b>			
Regulated Services	8,096.90	7,702.04	7,219.49
Total	7,779.29	7,451.04	6,979.00
<b>Operating Expenses per EIPA :</b>			
Regulated Services	7,706.25	7,446.09	6,926.75
Total	7,516.66	7,290.35	6,807.47
<b>Net Operating Profit(Loss):</b>			
Regulated Services	9,405,556	5,883,961	6,690,426
Unregulated Services	-1,759,456	-1,404,161	-1,967,226
Total	7,646,100	4,479,800	4,723,200
<b>Total Non-Operating Profit(Loss):</b>			
Non-Operating Revenue	1,112,000	2,317,800	2,192,500
Non-Operating Expenses	140,400	346,200	454,800
<b>Total Excess Profit</b>	<b>8,617,700</b>	<b>6,451,400</b>	<b>6,460,900</b>
<b>% Change in NPR per EIPA - Regulated</b>			
	5.76	7.56	8.13
<b>% Change in NOR per EIPA - Regulated</b>			
	5.13	6.68	8.50
<b>% Change in Oper. Expense per EIPA- Regulated</b>			
	3.49	7.50	8.57
<b>% Change in Net Operating Profit- Regulated</b>			
	59.85	-12.05	4.98
<b>% Net Operating Profit of Regulated NOR</b>			
	4.82	3.32	4.05
<b>% Change in Net Operating Profit- Total</b>			
	70.68	-5.15	-10.03
<b>% Net Total Operating Profit of Total NOR</b>			
	3.38	2.16	2.46
<b>% Change in Total Excess Profit</b>			
	33.58	-0.15	11.22
<b>% Total Excess Profit of Total Revenue</b>			
	3.79	3.07	3.32

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**ALL SPECIALTY HOSPITALS**

FISCAL YEAR ENDING	YEAR 2008	YEAR 2007	YEAR 2006
Gross Patient Revenue	362,312,774	341,654,608	320,907,647
Net Patient Revenue (NPR)	296,493,374	282,523,345	261,162,291
Other Operating Revenue	4,821,747	4,993,614	5,072,307
Net Operating Revenue (NOR)	301,315,121	287,516,959	266,234,598
Operating Expenses	290,868,527	282,938,600	261,401,915
Inpatient Admissions (IPAs)	16,212	16,568	15,933
Equivalent Inpatient Admissions (EIPAs)	17,616	18,063	17,377
NPR per EIPA	16,830.91	15,641.00	15,029.19
Operating Expenses per EIPA	16,511.61	15,663.99	15,042.98
Net Operating Profit (Loss)	10,446,594	4,578,359	4,852,328
Total Non-Operating Profit (Loss)	(3,608,330)	15,533,922	7,480,871
Total Excess Profits (Loss)	6,838,264	20,112,281	12,333,199
% Change in NPR per EIPA	7.61	4.07	6.16
% Change in Cost per EIPA	5.41	4.13	6.00

**Adventist Health Care-Potomac Ridge**

FISCAL YEAR ENDING	YEAR 2008	YEAR 2007	YEAR 2006
Gross Patient Revenue	24,214,800	23,548,000	23,686,100
Net Patient Revenue (NPR)	17,174,100	16,944,200	16,441,500
Other Operating Revenue	861,900	764,000	567,300
Net Operating Revenue (NOR)	18,036,000	17,708,200	17,008,800
Operating Expenses	18,678,800	18,401,400	17,557,600
Inpatient Admissions (IPAs)	2,456	2,997	3,199
Equivalent Inpatient Admissions (EIPAs)	2,525	3,076	3,306
NPR per EIPA	6,801.62	5,508.52	4,973.23
Operating Expenses per EIPA	7,397.54	5,982.25	5,310.83
Net Operating Profit (Loss)	(642,800)	(693,200)	(548,800)
Total Non-Operating Profit (Loss)	(3,061,300)	169,200	1,862,500
Total Excess Profits (Loss)	(3,704,100)	(524,000)	1,313,700
% Change in NPR per EIPA	23.47	10.76	24.54
% Change in Cost per EIPA	23.66	12.64	10.63

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Adventist Rehab Hospital of MD.

FISCAL YEAR ENDING	YEAR 2008	YEAR 2007	YEAR 2006
Gross Patient Revenue	32,000,100	23,898,800	23,251,200
Net Patient Revenue (NPR)	20,295,800	19,443,200	18,947,800
Other Operating Revenue	210,300	186,300	103,500
Net Operating Revenue (NOR)	20,506,100	19,629,500	19,051,300
Operating Expenses	24,220,600	21,824,600	20,191,000
Inpatient Admissions (IPAs)	1,669	1,571	1,351
Equivalent Inpatient Admissions (EIPAs)	1,669	1,571	1,351
NPR per EIPA	12,160.46	12,376.32	14,025.02
Operating Expenses per EIPA	14,512.04	13,892.17	14,945.23
Net Operating Profit (Loss)	(3,714,500)	(2,195,100)	(1,139,700)
Total Non-Operating Profit (Loss)	4,485,800	3,267,200	2,843,200
Total Excess Profits (Loss)	771,300	1,072,100	1,703,500
% Change in NPR per EIPA	(1.74)	(11.76)	16.63
% Change in Cost per EIPA	4.46	(7.05)	19.18

Brook Lane Health Service

FISCAL YEAR ENDING	YEAR 2008	YEAR 2007	YEAR 2006
Gross Patient Revenue	9,586,000	9,288,400	9,428,900
Net Patient Revenue (NPR)	7,872,100	7,749,400	7,905,900
Other Operating Revenue	122,400	97,200	85,500
Net Operating Revenue (NOR)	7,994,500	1098 7,846,600	7,991,400
Operating Expenses	10,363,600	10,153,200	9,846,900
Inpatient Admissions (IPAs)	1,307	1,322	1,332
Equivalent Inpatient Admissions (EIPAs)	1,423	1,429	1,464
NPR per EIPA	5,532.04	5,422.95	5,400.20
Operating Expenses per EIPA	7,282.92	7,105.11	6,728.02
Net Operating Profit (Loss)	(2,369,100)	(2,306,600)	(1,855,500)
Total Non-Operating Profit (Loss)	1,998,200	2,315,200	1,519,400
Total Excess Profits (Loss)	(370,900)	8,600	(336,100)
% Change in NPR per EIPA	2.01	0.42	0.03
% Change in Cost per EIPA	2.50	5.64	(8.52)

HEALTH SERVICES COST REVIEW COMMISSION  
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FISCAL YEAR 2008-2006

Potomac Ridge at Eastern Shore			
FISCAL YEAR ENDING	YEAR 2008	YEAR 2007	YEAR 2006
Gross Patient Revenue	3,148,300	2,842,250	2,042,254
Net Patient Revenue (NPR)	2,652,328	2,702,504	2,042,254
Other Operating Revenue	0	0	0
Net Operating Revenue (NOR)	2,652,328	2,702,504	2,042,254
Operating Expenses	1,277,815	3,521,872	2,120,677
Inpatient Admissions (IPAs)	296	260	263
Equivalent Inpatient Admissions (EIPAs)	296	286	263
NPR per EIPA	8,960.57	9,449.31	7,765.22
Operating Expenses per EIPA	4,316.94	12,314.24	8,063.41
Net Operating Profit (Loss)	1,374,513	(819,368)	(58,778)
Total Non-Operating Profit (Loss)	0	0	0
Total Excess Profits (Loss)	1,374,513	(819,368)	(58,778)
% Change in NPR per EIPA	(5.17)	21.89	0.18
% Change in Cost per EIPA	(64.94)	52.72	1.98
Levindale Hospital			
FISCAL YEAR ENDING	YEAR 2008	YEAR 2007	YEAR 2006
Gross Patient Revenue	64,469,200	61,976,500	59,993,200
Net Patient Revenue (NPR)	61,303,200	55,701,100	52,218,700
Other Operating Revenue	1,557,500	1,895,100	1,463,300
Net Operating Revenue (NOR)	62,860,700	57,596,200	53,682,000
Operating Expenses	49,975,400	49,009,500	46,189,000
Inpatient Admissions (IPAs)	721	696	720
Equivalent Inpatient Admissions (EIPAs)	742	724	751
NPR per EIPA	82,618.87	76,935.22	69,532.22
Operating Expenses per EIPA	67,352.29	67,692.68	61,503.33
Net Operating Profit (Loss)	12,885,300	8,586,700	7,493,000
Total Non-Operating Profit (Loss)	(6,797,600)	497,000	(4,961,200)
Total Excess Profits (Loss)	6,087,700	9,083,700	2,531,800
% Change in NPR per EIPA	7.39	10.65	12.36
% Change in Cost per EIPA	(0.50)	10.06	15.02
* NOTE: FY 2005 Regulated Service Only			

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Mt. Washington Pediatric Hospital FISCAL YEAR ENDING	YEAR 2008	YEAR 2007	YEAR 2006
Gross Patient Revenue	42,926,300	41,326,500	37,169,900
Net Patient Revenue (NPR)	38,456,300	37,125,900	33,228,100
Other Operating Revenue	146,000	189,000	717,300
Net Operating Revenue (NOR)	38,602,300	37,314,900	33,945,400
Operating Expenses	35,011,100	34,743,700	32,896,100
Inpatient Admissions (IPAs)	766	674	759
Equivalent Inpatient Admissions (EIPAs)	955	815	939
NPR per EIPA	40,268.38	45,553.25	35,386.69
Operating Expenses per EIPA	36,660.84	42,630.31	35,033.12
Net Operating Profit (Loss)	3,591,200	2,571,200	1,049,300
Total Non-Operating Profit (Loss)	(2,042,600)	(531,400)	210,900
Total Excess Profits (Loss)	1,548,600	2,039,800	1,260,200
% Change in NPR per EIPA	(11.60)	28.73	8.79
% Change in Cost per EIPA	(14.00)	21.69	10.97

Sheppard Pratt Hospital FISCAL YEAR ENDING	YEAR 2008	YEAR 2007	YEAR 2006
Gross Patient Revenue	112,116,000	107,203,600	98,522,100
Net Patient Revenue (NPR)	88,163,000	83,124,000	73,559,700
Other Operating Revenue	1,458,900	1,223,400	1,931,100
Net Operating Revenue (NOR)	89,621,900	84,347,400	75,490,800
Operating Expenses	88,496,900	85,399,000	77,627,800
Inpatient Admissions (IPAs)	7,938	7,873	7,114
Equivalent Inpatient Admissions (EIPAs)	8,843	8,898	7,991
NPR per EIPA	9,969.81	9,341.87	9,205.32
Operating Expenses per EIPA	10,007.57	9,597.55	9,714.40
Net Operating Profit (Loss)	1,125,000	(1,051,600)	(2,137,000)
Total Non-Operating Profit (Loss)	(534,800)	6,529,100	3,335,900
Total Excess Profits (Loss)	590,200	5,477,500	1,198,900
% Change in NPR per EIPA	6.72	1.48	12.45
% Change in Cost per EIPA	4.27	(1.20)	13.60

HEALTH SERVICES COST REVIEW COMMISSION  
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St. Luke Institute

FISCAL YEAR ENDING	YEAR 2008	YEAR 2007	YEAR 2006
Gross Patient Revenue	6,416,974	6,030,458	6,064,593
Net Patient Revenue (NPR)	6,103,446	5,686,441	5,672,237
Other Operating Revenue	141,647	125,614	48,507
Net Operating Revenue (NOR)	6,245,093	5,812,055	5,720,744
Operating Expenses	6,900,012	6,562,628	6,318,038
Inpatient Admissions (IPAs)	80	81	81
Equivalent Inpatient Admissions (EIPAs)	102	90	104
NPR per EIPA	59,837.71	63,182.68	54,540.74
Operating Expenses per EIPA	67,647.18	72,918.09	60,750.37
Net Operating Profit (Loss)	(654,919)	(750,573)	(597,294)
Total Non-Operating Profit (Loss)	2,445,670	2,172,622	1,776,871
Total Excess Profits (Loss)	1,790,751	1,422,049	1,179,577
% Change in NPR per EIPA	(5.29)	15.84	(23.61)
% Change in Cost per EIPA	(7.23)	20.03	(19.19)

University Specialty Hospital

FISCAL YEAR ENDING	YEAR 2008	YEAR 2007	YEAR 2006
Gross Patient Revenue	67,435,100	65,540,100	60,749,400
Net Patient Revenue (NPR)	54,473,100	54,046,800	51,146,100
Other Operating Revenue	323,100	513,000	155,800
Net Operating Revenue (NOR)	54,796,200	54,559,600	51,301,900
Operating Expenses	55,944,300	53,322,700	48,654,800
Inpatient Admissions (IPAs)	979	1,094	1,114
Equivalent Inpatient Admissions (EIPAs)	1,061	1,174	1,208
NPR per EIPA	51,341.28	46,036.28	42,339.49
Operating Expenses per EIPA	52,727.90	45,419.68	40,277.15
Net Operating Profit (Loss)	(1,148,100)	1,236,900	2,647,100
Total Non-Operating Profit (Loss)	(101,700)	1,115,000	893,300
Total Excess Profits (Loss)	(1,249,800)	2,351,900	3,540,400
% Change in NPR per EIPA	11.52	8.73	14.15
% Change in Cost per EIPA	16.09	12.77	9.82

**Title 10 DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

**Subtitle 37 HEALTH SERVICES COST REVIEW COMMISSION**

**10.37.01 Uniform Accounting and Reporting System for  
Hospitals and Related Institutions**

**Authority: Health-General Article, § 19-207 and 19-216,  
Annotated Code of Maryland**

**NOTICE OF PROPOSED ACTION**

The Health Services Cost Review Commission proposes to amend **Regulation .03(D) and (E)** under **COMAR 10.37.01 Uniform Accounting and Reporting System for Hospitals and Related Institutions**. This action was considered and approved for promulgation by the Commission at a previously announced open meeting held on July 1, 2009, notice of which was given pursuant to State Government Article, § 10-506(c), Annotated Code of Maryland. If adopted, the proposed amendment will become effective on or about November 16, 2009.

**Statement of Purpose**

The purpose of this action is to correct erroneous references to “quarterly” reporting requirements when, in fact, these requirements are, and have been, monthly in nature.

**Comparison of Federal Standards**

There is no corresponding federal standard to this proposed action.

**Estimate of Economic Impact**

The proposed action has no economic impact.

**Opportunity for Public Comment**

Comments may be sent to Diana M. Kemp, Regulations Coordinator, Health Services Cost Review Commission, 4160 Patterson Avenue, Baltimore, Maryland 21215, or call (410)

764-2576, or fax to (410) 358-6217, or email to [dkemp@hscrc.state.md.us](mailto:dkemp@hscrc.state.md.us). The Health Services Cost Review Commission will consider comments on the proposed amendments until August 31, 2009. A hearing may be held at the discretion of the Commission.

**.03 Reporting Requirements; Hospitals.**

A. – C. Text Unchanged.

D. Monthly Reports of Achieved Volumes.

(1) The following [quarterly] monthly volume reports are required to be submitted by each Section 556 hospital, with the exception of those hospitals that are a part of the Department of Health and Mental Hygiene:

(a) - (d) Text Unchanged.

(2) – (3) Text Unchanged.

E. Monthly Report of Rate Compliance.

(1) The following [quarterly] monthly report of rate compliance is required to be submitted by each Section 556 hospital, with the exception of those hospitals that are a part of the Department of Health and Mental Hygiene: Statistical Data Summary - Rate Compliance (CSA, CSB).

(2) – (3) Text Unchanged.

F. – Q. Text Unchanged

DONALD A. YOUNG, M.D.  
Chairman  
Health Services Cost Review Commission



STATE OF MARYLAND  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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**TO: Commissioners**

**FROM: Legal Department**

**DATE: June 26, 2009**

**SUBJECT: Hearing and Meeting Schedule**

**Public Session**

**August 5, 2009**                      **Time to be determined, 4160 Patterson Avenue, HSCRC Conference Room**

**September 2, 2009**                      **Time to be determined, 4160 Patterson Avenue, HSCRC Conference Room**

**Please note, Commissioner packets will be available in Commission offices at 8:00 a.m.**

**The agenda for the Executive and Public Sessions will be available for your review on the Commission's Web Site, on the Monday before the Commission Meeting. To review the agenda, visit the Commission's web site at <http://www.hscrc.state.md.us>**