

State of Maryland
Department of Health and Mental Hygiene



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Health Services Cost Review Commission

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513th MEETING OF THE HEALTH SERVICES COST REVIEW COMMISSION
November 12, 2014

EXECUTIVE SESSION
Noon

1. Administrative Issues

PUBLIC SESSION OF THE
HEALTH SERVICES COST REVIEW COMMISSION
1:00 p.m.

- 1. Review of the Minutes from the Executive Session and Public Meeting on October 15, 2014**
- 2. Executive Director's Report**
- 3. New Model Monitoring**
- 4. Docket Status – Cases Closed**
 - 2264N – Bowie Emergency Facility
 - 2266A – Johns Hopkins Health System
 - 2267A – University of Maryland Medical System
 - 2268A – University of Maryland Medical System
 - 2269A – Johns Hopkins Health System
 - 2271A – John Hopkins Health System
 - 2272A – Johns Hopkins Health System
 - 2273A – Johns Hopkins Health System
- 5. Docket Status – Cases Open**
 - 2257A – MedStar Health - *approved*
 - 2265A – Holy Cross Hospital - *not included*
 - 2269A – Johns Hopkins Health System - *approved*
 - 2270A – St. Agnes Health, Maryland General Hospital, Meritus Health,
Western Maryland Health System, and Holy Cross Health - *approved*
 - 2274A – Johns Hopkins Health System - *approved*
 - 2275A – Johns Hopkins Health System - *approved*
 - 2276A – Johns Hopkins Health System - *approved*
 - 2277A – University of Maryland Medical Center - *approved*
- 6. Global Budget Update**
- 7. Report on the FY 2013 Financial Disclosure Report**
- 8. Hearing and Meeting Schedule**

**Executive Session Minutes
Of the
Health Services Cost Review Commission**

October 15, 2014

Upon motion made, Chairman Colmers called the Executive Session to order at 12:08 p.m.

The Executive Session was held under the authority of Section 10-508 of the State-Government Article.

In attendance, in addition to Chairman Colmers, were Commissioners Bone, Jencks, and Mullen. Commissioners Loftus and Wong participated by telephone.

In attendance representing staff were Donna Kinzer, David Romans, Steve Ports, Sule Calikoglu, Ellen Englert, and Dennis Phelps.

Also attending were Leslie Schulman and Stan Lustman, Commission counsel, Jack Meyer, Ph.D., Facilitator, Rob Cohen, consultant, and Spencer Wildonger, Johns Hopkins Medicine.

Item One

David Romans, Principal Director of Payment Reform and Innovation, presented and Donna Kinzer, Executive Director, and the Commission discussed the progress of Medicare Data collection and analyses of HSCRC and Medicare data.

Item Two

The Executive Director updated the Commission and the Commission discussed the formation and potential charges of the Care Coordination, Physician Alignment, and Consumer Engagement, Outreach and Alignment workgroups.

The Executive Session was adjourned at 12:59 p.m.

MINUTES OF THE
512th MEETING OF THE
HEALTH SERVICES COST REVIEW COMMISSION

OCTOBER 15, 2014

Chairman John Colmers called the meeting to order at 1:06 p.m. Commissioners George H. Bone, M.D., Stephen F. Jencks, M.D., MPH, Bernadette C. Loftus, M.D., and Tom Mullen were in attendance.

REPORT OF THE OCTOBER 15, 2014 EXECUTIVE SESSION

Dennis Phelps, Associate Director-Audit & Compliance, summarized the minutes of the October 15, 2014 Executive Session.

ITEM I
REVIEW OF THE MINUTES FROM SEPTEMBER 10, 2014 EXECUTIVE SESSION
AND PUBLIC MEETING

The Commission voted unanimously to approve the minutes of the September 10, 2014 Executive Session and the Public Meeting.

ITEM II
EXECUTIVE DIRECTOR'S REPORT

Ms. Donna Kinzer, Executive Director, presented an update on the Work Group activities that are ongoing and those that will be initiated as part of the Phase 2 of the new All-Payer Model (See "Update on Stakeholder Input and Work Groups" on the HSCRC website).

Ms. Kinzer noted that Staff will continue to meet with the Advisory Council as needed, as well as maintaining five work groups to support Phase 2 activities. Ms. Kinzer stated that the next Advisory Council meetings with the Commissioners will be on November 12th at 10:00am. This meeting will focus on the progress made in Phase 1 and the plans for Phase 2 and beyond.

Ms. Kinzer noted that the Payment Models Work Group and the Performance Measurement Work Group are organized around HSCRC core regulatory activities. The Payment Models Work Group is focused on refinements to global budgets including market share approaches, adjustments for transfers, Global Budget Revenue rate corridors, updates to UCC policy and the balanced update for FY 2016. The Performance Measurement Work Group is expected to report to the Commission in December with their final recommendations on the Maryland Hospital Acquired Conditions Program (MHAC) FY 2017 Policy and in January with their final recommendations on the Readmissions FY 2017 Policy.

Ms. Kinzer stated that Physician Engagement and Alignment Work Group is exploring financial models to align incentives among providers including potential approaches to developing an integrated care network and potential expansion of pay for performance opportunities.

Ms. Kinzer noted that two new work groups, the Care Coordination Work Group and the Consumer Engagement, Outreach and Education Work Group, are currently being formed. The Care Coordination Work Group will make recommendations regarding care coordination infrastructure that should be considered for statewide, regional and local resourcing as well as outlining the strategy to address high needs patients, including high utilizers and high risk individuals. The Consumer Engagement, Outreach and Education Work Group will focus on educating consumers on topics related to the hospital All-Payer Model.

ITEM III **NEW MODEL MONITORING**

Mr. David Romans, Director Payment Reform and Innovation, stated that Monitoring Maryland Performance (MMP) for the new All-Payer Model for the month of August will focus on fiscal year (July 1 through June 30) as well as calendar year results.

Mr. Romans reported that for the two months ended August 31, 2014, All-Payer total gross revenue increased by 3.13% over the same period in FY 2014. All-Payer total gross revenue for Maryland residents increased by 3.79%; this translates to a per capita growth of 3.09%. All-Payer gross revenue for non-Maryland residents decreased by 2.99%.

Mr. Romans reported that for the eight months of the calendar year ended August 31, 2014, All-Payer total gross revenue increased by 2.01% over the same period in FY 2013. All-Payer total gross revenue for Maryland residents increased by 2.28%; this translates to a per capita growth of 1.59%. All-Payer gross revenue for non-Maryland residents decreased by .67%.

Mr. Romans reported that for the two month ended August 31, 2014, Medicare Fee-For-Service gross revenue increased by 3.37% over the same period in FY 2013. Medicare Fee-For-Service for Maryland residents increased by 4.11%; this translates to a per capita growth increase of 1.35%. Maryland Fee-For-Service gross revenue for non-residents decreased by 4.22%.

Mr. Romans reported that for the eight months of the calendar year ended August 31, 2014, Medicare Fee-For-Service gross revenue increased by 2.12%. Medicare Fee-For-Service for Maryland residents increased by 2.21%; this translates to a per capita growth decreased of .51%. Maryland Fee-For-Service gross revenue for non-residents increased by 1.16%.

According to Mr. Romans, for the two months of the calendar year ended August 31, 2014, unaudited average operating profit for acute hospitals was 3.10%. The median hospital profit was 3.93%, with a distribution of 1.89% in the 25th percentile and 7.80% in the 75th percentile.

Dr. Alyson Schuster, Associate Director Data & Research, presented a quality report update on the Maryland Hospital Acquired Conditions program based upon Potentially Preventable Complications (PPCs) data and discharges through August 2014 and readmission data on discharges through July 2014.

Potentially Preventable Complications

- The All-Payer risk adjusted PPC rate was 1.01 for August 2014 YTD. This is a decrease of 22.17% from the August 2013 YTD risk adjusted PPC rate.
- The Medicare Fee for Service risk adjusted PPC rate for was 1.12 for year to date August 2014. This is a decrease of 26.09% from the August 2013 risk adjusted PPC rate.
- These preliminary PPC results indicate that hospitals are on track for achieving the annual 6.89% PPC reduction required by CMMI to avoid corrective action.

Readmissions

- The All-Payer risk adjusted readmission rate was 12.05% July 2014 YTD. This is a decrease of 3.67% from the July 2013 risk adjusted readmission rate.
- The Medicare Fee for Service risk adjusted readmission rate was 13.06% for July 2014 YTD. This is a decrease of 1.18% from the July 2013 risk adjusted readmission.
- Based on the New-Payer model, hospitals must reduce Maryland's readmission rate to or below the national Medicare readmission rate by 2018. The Readmission Reduction incentive program has set goals for hospitals to reduce their adjusted readmission rate by 6.76% during CY 2014 compared to CY 2013. Currently, only 14 out of 46 hospitals have reduced their risk adjusted rate by more than 6.76%.

ITEM IV **DOCKET STATUS CASES CLOSED**

2253N- Fort Washington Medical Center
2254A- University of Maryland Medical Center
2256A- University of Maryland Medical Center
2258A- University of Maryland Medical Center
2259A- Johns Hopkins Health System
2260R- Holy Cross Germantown Hospital
2261A- Johns Hopkins Health System
2262A- Johns Hopkins Health System
2263A- Johns Hopkins Health System

ITEM V
DOCKET STATUS CASES OPEN

2257A- MedStar Health

Mr. Steve Ports, Principal Deputy Director Policy and Operations, summarized Staff's draft recommendation for the applications of the MedStar Health System on behalf of Franklin Square Hospital, Good Samaritan, Harbor Hospital and Union Memorial Hospital (the "Hospitals"). MedStar Health seeks renewal for continued participation of MedStar Family Choice ("MFC") in the Medicaid Health Choice Program for one year beginning in January 1, 2015.

Mr. Ports announced that the final recommendation will be presented at the November public meeting.

2264N- Bowie Emergency Facility

On September 5, 2014, Dimensions Healthcare System- Bowie Emergency Center (Bowie), a member of Dimensions Healthcare System, submitted an application requesting a rebundled rate for CT Scanner (CAT) services; that its Global Revenue Budget (GBR) be increased for the new service; and that Bowie be included in the Uncompensated Care (UCC) Policy. The Hospital is requesting that the rebundled rate be set at the state-wide median rate effective October 13, 2014.

After reviewing the Hospital's application, the staff recommends the following:

- That the CAT rate be set at \$6.99 per RVU effective October 13, 2014;
- That, in order to ensure that there was no increase in cost to the public as a result of Bowie now appropriately billing for CAT service, the decision to adjust Bowie's GBR will be deferred until FY 2015 CAT experience data are available;
- That the CAT rate not be rate realigned; and
- That the issue of whether Free Standing Emergency Facilities should be included in the UCC Policy will be considered for FY 2016.

The Commission voted unanimously to approve staff's recommendation.

2266A- Johns Hopkins Health System

On September 5, 2014, Johns Hopkins Health System ("System") filed a renewal application on behalf of the Johns Hopkins Bayview Medical Center (the "Hospital") requesting approval for continued participation in a capitation arrangement among the System, the Department of Health and Mental Hygiene, and the Centers for Medicare and Medicaid Services. The Hospital, doing business as Hopkins Elder Plus (HEP) serves as a provider in the federal "Program of All-inclusive Care for the Elderly." Under this program, HEP provides services for Medicare and Medicaid dually eligible population of frail elderly. The System is requesting approval for a

period of one year effective December 1, 2014.

The Staff recommended that the Commission approve the Hospital's renewal application for an alternative method of rate determination for a one year period beginning on December 1, 2014, and that the approval is contingent upon the execution of the standard Memorandum of Understanding.

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

2267A- University of Maryland Medical Center

The University of Maryland Medical Center (the "Hospital") filed an application on September 18, 2014 requesting continued participation in a global rate arrangement for solid organ and blood and bone marrow transplant services with OptumHealth Care Solutions, Inc. beginning November 1, 2014.

Staff recommends that the Commission approve the Hospital's application for an alternative method of rate determination for solid organ and blood and bone marrow transplant services for one year beginning November 1, 2014, and that the approval be contingent upon the execution of the standard Memorandum of Understanding.

The Commission voted unanimously to approve staff's recommendation.

2268A- University of Maryland Medical Center

The University of Maryland Medical Center (the "Hospital") filed an application on September 18, 2014 requesting continued participation in a global rate arrangement for solid organ and blood and bone marrow transplant services with Interlink Health Services, Inc. beginning November 1, 2014.

Staff recommends that the Commission approve the Hospital's application for an alternative method of rate determination for solid organ and blood and bone marrow transplant services for one year beginning November 1, 2014, and that the approval be contingent upon the execution of the standard Memorandum of Understanding.

The Commission voted unanimously to approve staff's recommendation.

2269A- Johns Hopkins Health System

Mr. Ports summarized staff's draft recommendation for the application filed by Johns Hopkins Health System (the "System") on behalf of John Hopkins Hospital, Johns Hopkins Bayview Medical Center, Howard County General Hospital, and Suburban Hospital (the "Hospitals"). The System is seeking approval for continued participation of Priority Partners, Inc. in the Medicaid

Health Choice Program. The Hospitals are requesting to renew the contract for one year beginning on January 1, 2015.

Mr. Ports announced that the final recommendation will be presented at the November public meeting.

2270A- St. Agnes Health, Maryland General Hospital, Meritus Health, Western Maryland Health System and Holy Cross Health

Mr. Ports summarized staff's draft recommendation for the applications of Maryland General Hospital, Saint Agnes Health System, Western Maryland Health System, and Meritus Health (the "Hospitals"). The Hospital are requesting continued participation of Maryland Physician Care (MPC") in the Medicaid Health Choice Program. The Hospitals are requesting to renew the contract beginning January 1, 2015.

Mr. Ports announced that the final recommendation will be presented at the November public meeting.

2271A-Johns Hopkins Health System

Johns Hopkins Health System, on behalf its member hospitals Johns Hopkins Hospital and Johns Hopkins Bayview Medical Center (the "Hospitals"), filed an application on September 25, 2014 requesting continued participation in a global rate arrangement for solid organ and bone marrow transplant services with MultiPlan, Inc. beginning November 1, 2014.

Staff recommends that the Commission approve the Hospitals' application for an alternative method of rate determination for solid organ and bone marrow transplant services for one year beginning November 1, 2014, and that the approval be contingent upon the execution of the standard Memorandum of Understanding.

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

2272A-Johns Hopkins Health System

Johns Hopkins Health System, on behalf its member hospitals Johns Hopkins Hospital and Johns Hopkins Bayview Medical Center (the "Hospitals"), filed an application on September 30, 2014 requesting continued participation in a global rate arrangement for solid organ and bone marrow transplant services with Blue Cross Blue Shield Blue Distinction Centers for Transplants beginning November 1, 2014.

Staff recommends that the Commission approve the Hospitals' application for an alternative method of rate determination for solid organ and bone marrow transplant services for one year

beginning November 1, 2014, and that the approval be contingent upon the execution of the standard Memorandum of Understanding.

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

2273A-Johns Hopkins Health System

Johns Hopkins Health System, on behalf of Johns Hopkins Bayview Medical Center (the "Hospital"), filed an application on October 1, 2014 requesting continued participation in a capitation arrangement serving persons with mental health needs under the program title, Creative Alternatives. The arrangement is between the Johns Hopkins Health System and the Baltimore Mental Health Systems, Inc., with the services coordinated through the Hospital. The Hospital requests that the effective date be November 1, 2014.

The Staff recommended that the Commission approve the Hospital's renewal application for an alternative method of rate determination for a one year period beginning on November 1, 2014, and that the approval is contingent upon the execution of the standard Memorandum of Understanding.

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

ITEM VI

FINAL RECOMMENDATION ON CRISP FUNDING AND PARTNERSHIP

Mr. Ports presented Staff's final recommendation on the Chesapeake Regional Information System for our Patients (CRISP) FY 2015 funding (See " Final Recommendation: Maryland's Statewide Health Information Exchange for our Patients: Additional FY 15 HSCRC Funding" on the HSCRC website).

Staff's draft recommendation is to increase funding to CRISP by an additional \$2 million above the \$2.5 million already approved in rates in December 2013.

The additional funding will be used:

- To expand CRISP capacity to assist in meeting expanded needs under the New All-payer model and facilitating transparent availability of population based reports and analyses
- For additional AD Hoc Analysis, Monitoring and Reporting
- For Evaluation and Planning
- For analyses of Medicaid Saving from All-payer model
- To further UC Analytics from the ACA Medicaid Expansion
- To detail summary reports on PAU at the case level
- For other population reports

- For higher utilizer analyses for care management planning
- For tableau programming to support report production

The Commission voted unanimously to approve staff's recommendation.

ITEM VII
FINAL RECOMMENDATION FOR UPDATING THE QUALITY BASED REIMBURSEMENT PROGRAM FOR FY 2017

Dr. Sule Calikoglu, Deputy Director of Research and Methodology, presented Staff's final recommendation on updating the Quality Based Reimbursement Program (QBR) for FY2017 (See "Final Recommendation for Updating the Quality Based Reimbursement Program for FY 2017" on the HSCRC website).

The proposed draft recommendations were:

- To allocate "up to 2%" of hospital approved inpatient revenue for QBR relative performance in FY 2017.
- The precise percent at risk allocated for the QBR program will be determine by the end of CY 2014 and will entail broader stakeholder discussion and subsequent Commission action about percentage of revenue at risk for the performance based payment policies as a whole, and will be contingent upon feedback from and compliance with CMMI under the All-payer Model.
- To adjust measurement domain weights to include 5% for process, 15% for outcomes (mortality), 35% for safety, and 45% patient experience of care.

The Commission voted unanimously to approve staff's recommendation.

ITEM XIII
GLOBAL BUDGETS UPDATE

Dr. Calikoglu, presented an update on the activities of the Payment and Performance Work Groups. (See "Update on Global Budget" on the HSCRC website).

ITEM IX
MHCC PRESENTATION ON THE MEDICAL CARE DATA BASE

Maryland Health Care Commission (MHCC) Executive Director Ben Steffen presented an update on the status of creating the state's Medical Care Database (See "Update on the Medical Care Data Base" on the HSCRC website).

Mr. Steffen stated that current plans call for the availability of calendar year 2014 data for privately insured plans to be available by August 2015, with Medicaid and Medicare data approximately two months after that. MHCC's estimate is that about 90% of all privately insured

individuals' claims data will be included in the database, which will be used to develop, along with other potential resources, reports required under the all- payer model on monitoring the total cost of care on an all-payer basis

HEARING AND MEETING SCHEDULE

November 12, 2014

Time to be determined, 4160 Patterson Avenue
HSCRC Conference Room

December 10, 2014

Time to be determined. 4160 Patterson Avenue
HSCRC Conference Room

There being no further business, the meeting was adjourned at 3:07 pm.

Executive Director's Report

Health Services Cost Review Commission

November 12, 2014

Global Budget Results and Projections

For the quarter ended September 30, 2014, total all payer charges are above the expected level of increase from the comparable 2013 period. Under global budgets, each hospital has an annual revenue cap for its rate year of July 1 through June 30. However, the per capita growth limit for the All-Payer Model and the Medicare savings requirements are measured on a Calendar Year basis. It is critical that global budgets be maintained in close compliance for calendar year periods as well as fiscal year periods to meet the financial requirements of the Model. For this reason, HSCRC implemented mid-year targets for each hospital in connection with the July 1, 2014 global budget update. Hospitals agreed **not to exceed** these mid-year targets.

Seasonality, weather, flu outbreaks, economy, plan design, work days in the month, holidays, and other factors play a role in the distribution of service volumes across the year. To evaluate where performance stands relative to the mid-year targets, HSCRC staff calculated a quarterly measure using three approaches.

- Divide the 6 month period into two equal quarters
- Divide the 6 month period into quarters using the 2012 seasonality distribution
- Divide the 6 month period into quarters using the 2013 seasonality distribution

Under all three methods, year to day charges are above the levels needed not to exceed the December 31 targets. HSCRC staff is concerned about year end results. December 2013 experienced lower than expected volumes, and staff is concerned that hospitals could overshoot the targets by using 2013 volumes to estimate compliance under the targets.

With limited time left for compliance, HSCRC staff will ask hospitals to submit compliance reports through October 31 later this week. With just 1 1/2 months remaining in the period, it is important for hospitals to concentrate on adjusting charges to remain under the mid-year targets.

Utilization Trends

Underlying the increase in year to date revenues was an increase in outpatient utilization. Some of the increase in September was concentrated in outpatient surgery. HSCRC staff has been working on development of product line reporting for inpatient and outpatient cases. Because this reporting is generated from case mix data, it will always be several months behind the financial data. Staff will focus on providing increased information to the Commission on volume trends for the January HSCRC meeting.

Uncompensated Care

On July 1, 2014, uncompensated care levels provided in hospital rates were reduced to reflect the expected impact of the Medicaid expansion for new adult populations not previously eligible for Medicaid. At the same time, hospital rates were reduced to reflect a reduction in the Maryland Health Insurance Plan (MHIP) assessment when the legislature approved a reduction of funding for this program. The MHIP program had been established as a subsidized insurance plan for individuals with pre-existing conditions who would not be eligible for affordable underwritten policies. The ACA expansion provided for required coverage of individuals with pre-existing conditions without underwriting and therefore the need for this program was diminished.

The reductions in rates from the Medicaid expansion and MHIP savings were tempered by an increase in uncompensated care that is being driven, in part, by higher deductibles and coinsurances under private health plans.

In addition to the expansion for new adult populations, Medicaid expanded its coverage to existing enrollment categories as individuals and families sought enrollment under the state insurance exchange.

HSCRC staff has been evaluating changes in payer mix in the monthly case mix data. These data show a reduction in self pay and charity cases and a corresponding increase in Medicaid beyond the levels used to calculate the uncompensated care reduction. However, we do not have similar data to evaluate uncompensated care trends from other sources such as increasing deductibles or growth in concentrations of uninsured populations such as undocumented immigrants. Staff will be obtaining quarterly submissions of write offs for hospitals starting later this month. These data will eventually be helpful in understanding the continuing sources of uncompensated care.

While staff does not have complete information at this point, nevertheless, we will move forward to evaluate the current levels of uncompensated care in rates relative to the observed results from the expansion of Medicaid and additional enrollment under the insurance

exchange. We expect to make an adjustment based on the outcomes of this analysis no later than July 1, 2015.

The federal government reduced Medicare hospital inpatient rate increases on October 1, 2014 to reflect its estimate of the impact of ACA on reducing the number of uninsured. This was applied through a reduction in the Disproportionate Share Hospital (DSH) payment levels. HSCRC staff is working with CMS and MedPac to gain a better understanding of how this will affect Medicare payment levels. It is important that we pay close attention to these changes because these reductions will affect our ability to generate savings relative to Medicare payment levels.

HSCRC staff will begin to accelerate its analysis of these changes during November.

Staff Focus

During the month of December, staff expects to continue to focus on the market share calculations and to finalize updates to quality programs. Staff will increase its focus on analysis of uncompensated care and reporting volume changes. We will also develop a timeline for the FY 2016 updates.

The care coordination work group will meet starting next week, continuing through February. Health Management Associates (HMA) will be providing consulting assistance to help us with this effort. Carmela Coyle and Laura Herrera are co-chairing this work group.

Provider alignment implementation efforts will resume this month, with the assistance of HMA and other consulting resources.

All Payer Model Activities Outside of the HSCRC

There are a number of Model activities that were included in the application to CMS that are organized outside of the HSCRC. These include initiatives relative to population health measurement and improvement, medical home initiatives, and medical education, among others.

Medical Education--John Colmers has begun working with faculty of Johns Hopkins University and University of Maryland to develop a work plan to focus on bringing together a work group to evaluate changes in training of residents that would support the new All Payer Model. When this work is formalized, HSCRC staff will arrange for a presentation to the Commission on these activities.

Health Improvement--The State outlines its population health initiatives in the State Health Improvement Plan. There are also Local Health Improvement Plans. These activities are led by the State's public health systems. Hospitals also prepare Community Health Needs Assessments. Efforts are underway to link these activities and to provide for improved coordination of hospital efforts and public health activities. The Community Health Resources Commission is leading regional meetings aimed at fostering improved understanding and coordination of hospital and community resources. Steve Ports has been participating in these regional meetings.

Consumer engagement--Consumer groups are beginning new activities relative to informing and engaging consumers around the new All-Payer Model. One effort, led by Vinny DeMarco, is focused on communications and community outreach. This effort was kicked off with five focus groups conducted with consumers around the State. A second effort will be led by Leni Preston and will be focused on recommending approaches for consumer engagement. Staff will work with these individuals to bring forward recommendations to the Commission emanating from these activities.

MHCC--Last month, MHCC reported on plans for its all payer database. HSCRC staff will ask MHCC to provide additional updates relative to plans for capital and certificate of need programs as well as medical home initiatives.



Maryland Health Services Cost Review Commission

Adjustments to Global Budget Revenue (GBR) FY 2015

November 12, 2014

Adjustments to GBR FY 2015

Total Approved Gross Revenue FY 2014	\$15,638,962,329
Less: Out-of-State Revenue FY 2014	\$700,468,705 4.48%
Total Approved GBR Revenue FY 2014	\$14,938,493,624 95.52%

*Out-of-State Revenue excluded by UMMC, UM Shock Trauma, JHH, JH Bayview and JH Suburban

Adjustments to GBR FY 2015

Total Approved GBR Revenue FY 2014	\$14,938,493,624
Less: FY 2014 One-Time Adjustments	\$724,761,304
Total Permanent GBR Revenue FY 2014	\$14,213,732,321

Adjustments to GBR FY 2015

Total Permanent GBR Revenue FY 2014	\$14,213,732,321	
Permanent Adjustments to GBR FY 2015		
• Update for Inflation		2.12%
• Adjustment for Markup Change		-0.72%
• Demographic/Population Adjustment		0.75%
• Population Health Infrastructure		0.29%
• Other Permanent Adjustments		0.03%
Total Permanent GBR Revenue for FY 2015	\$14,565,124,514	2.47%
• Plus One-Time Adjustments for FY 2015	\$631,860,965	
Total Approved GBR Revenue for FY 2015	\$15,196,985,479	

Adjustments to GBR FY 2015

Total Approved GBR Revenue for FY 2014	\$14,938,493,624
Total Approved GBR Revenue for FY 2015	\$15,196,985,479
Change from Previous Year	1.74%
• Additional Adjustment for Germantown	.40%
• Additional Holdback for Unforeseen Circumstances	.50%
• Total	2.64%
Estimated Change CY 2014	2.01%



Monitoring Maryland Performance Financial Data

Year to Date thru September 2014



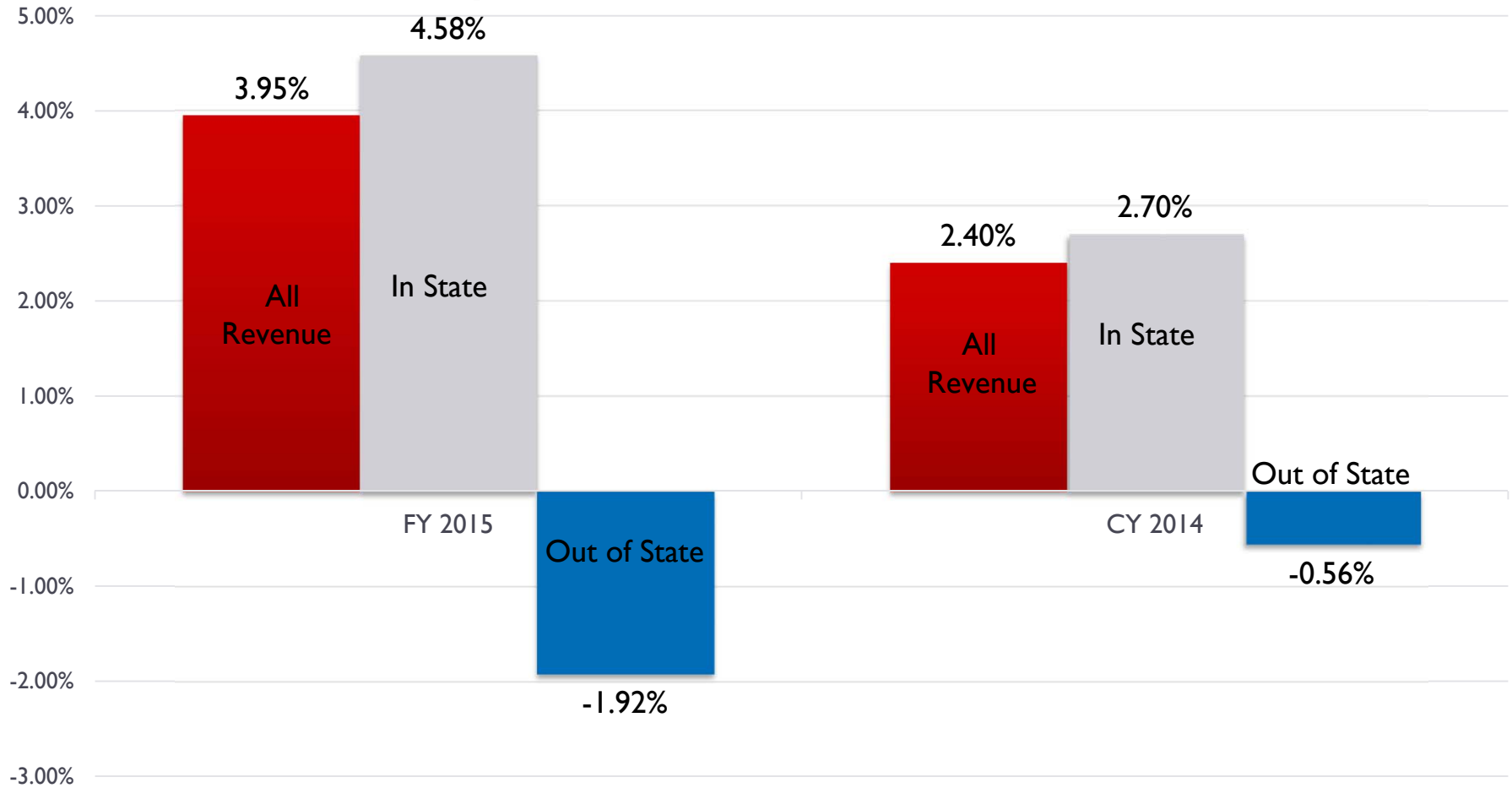
HSCRC

Health Services Cost
Review Commission

Gross All Payer Revenue Growth

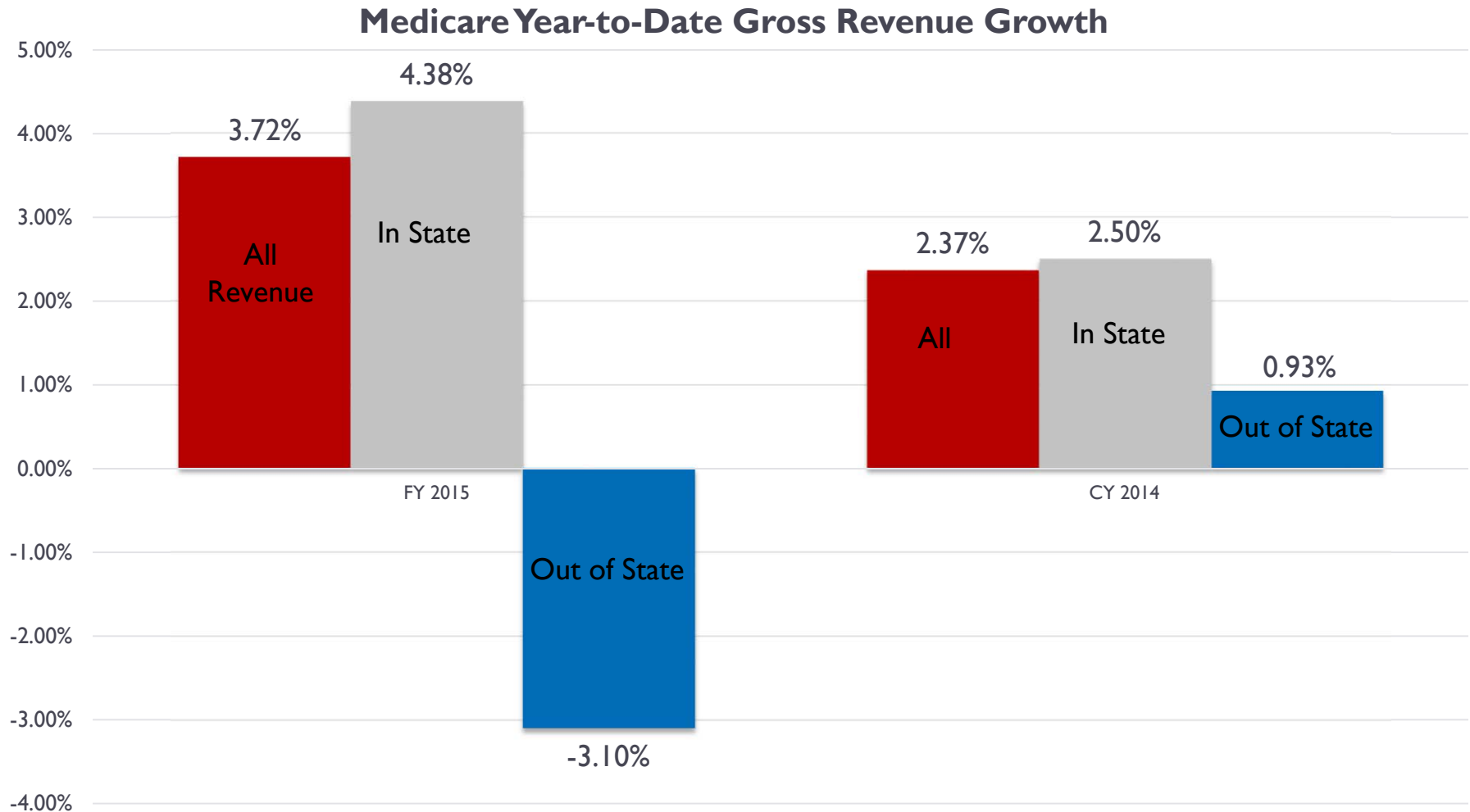
Year to Date (thru September 2014) Compared to Same Period in Prior Year

All-Payer Year-to-Date Gross Revenue Growth



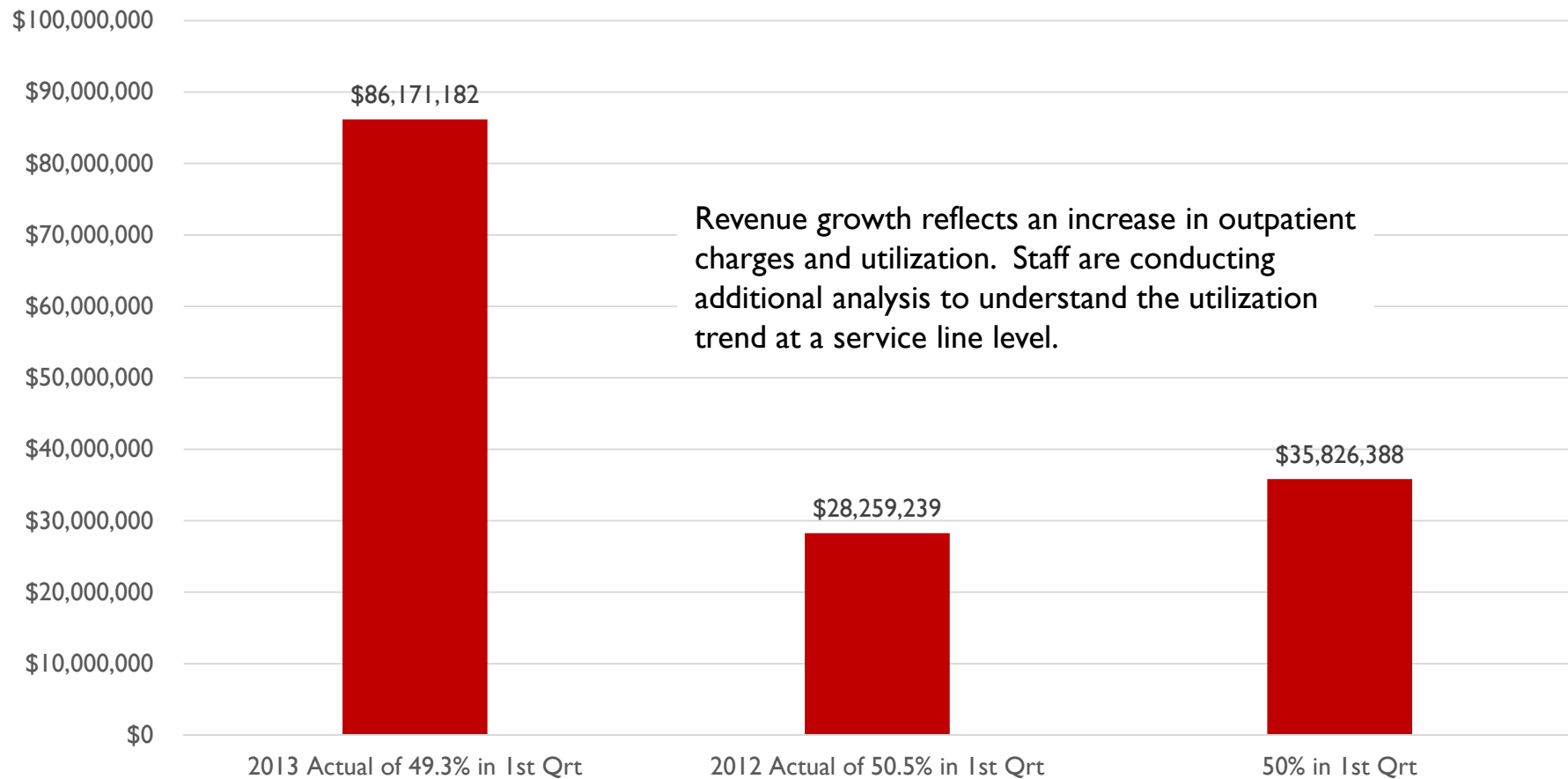
Gross Medicare Fee-for-Service Revenue Growth

Year to Date (thru September 2014) Compared to Same Period in Prior Year

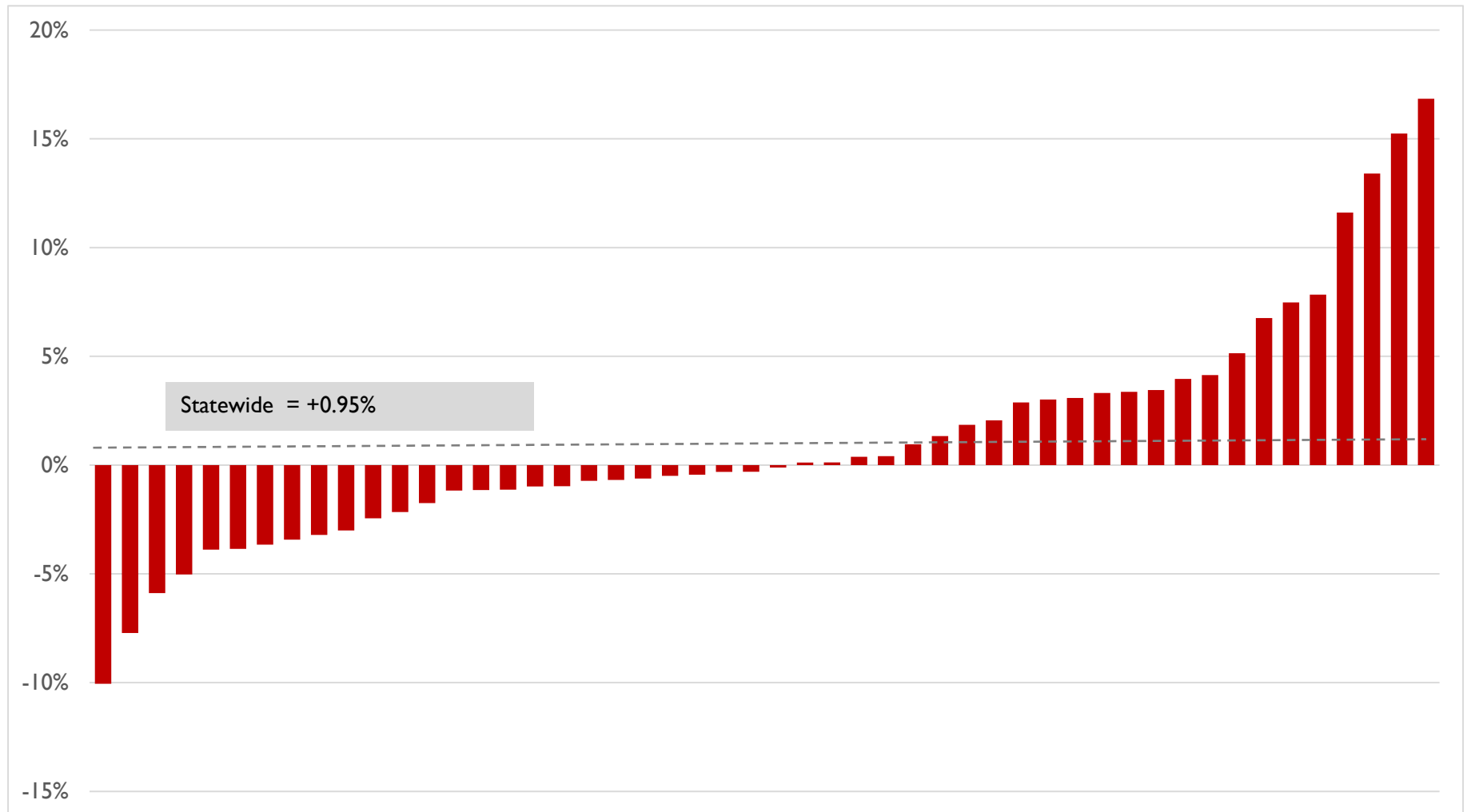


Global Budget Overage Analysis

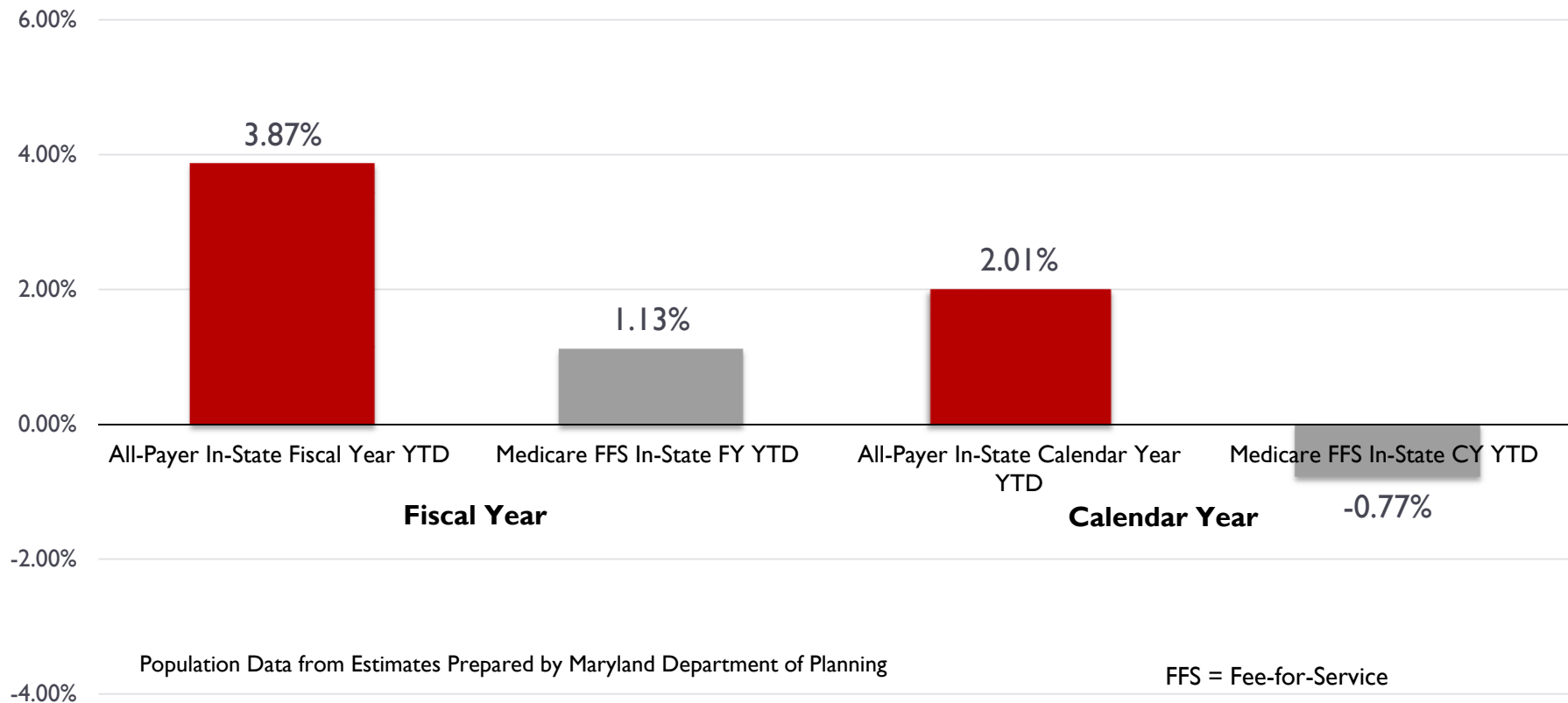
Estimate of Overage of Global Budgets Depends on Expected Share of July to December Costs Charged in 1st Quarter of Fiscal Year (July - Sept)



Projected Overage (Underage) of July - December Targets by Hospital Assuming July - September Should Represent 50% of Charges for Period

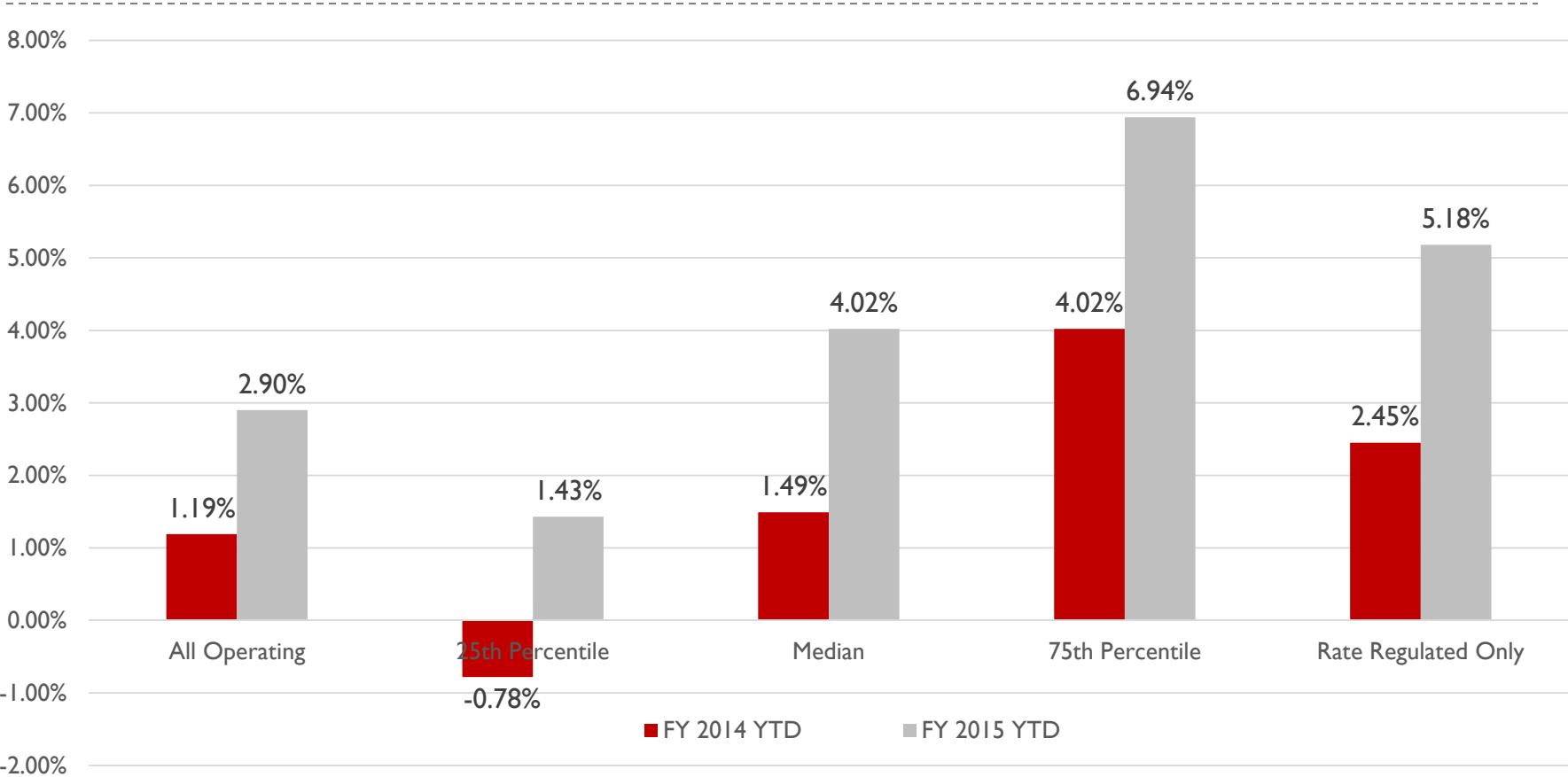


Per Capita Growth Rates Fiscal Year 2015 and Calendar Year 2014



- **Calendar Year trends to date are below All-Payer Model Guardrail for per capita growth.**

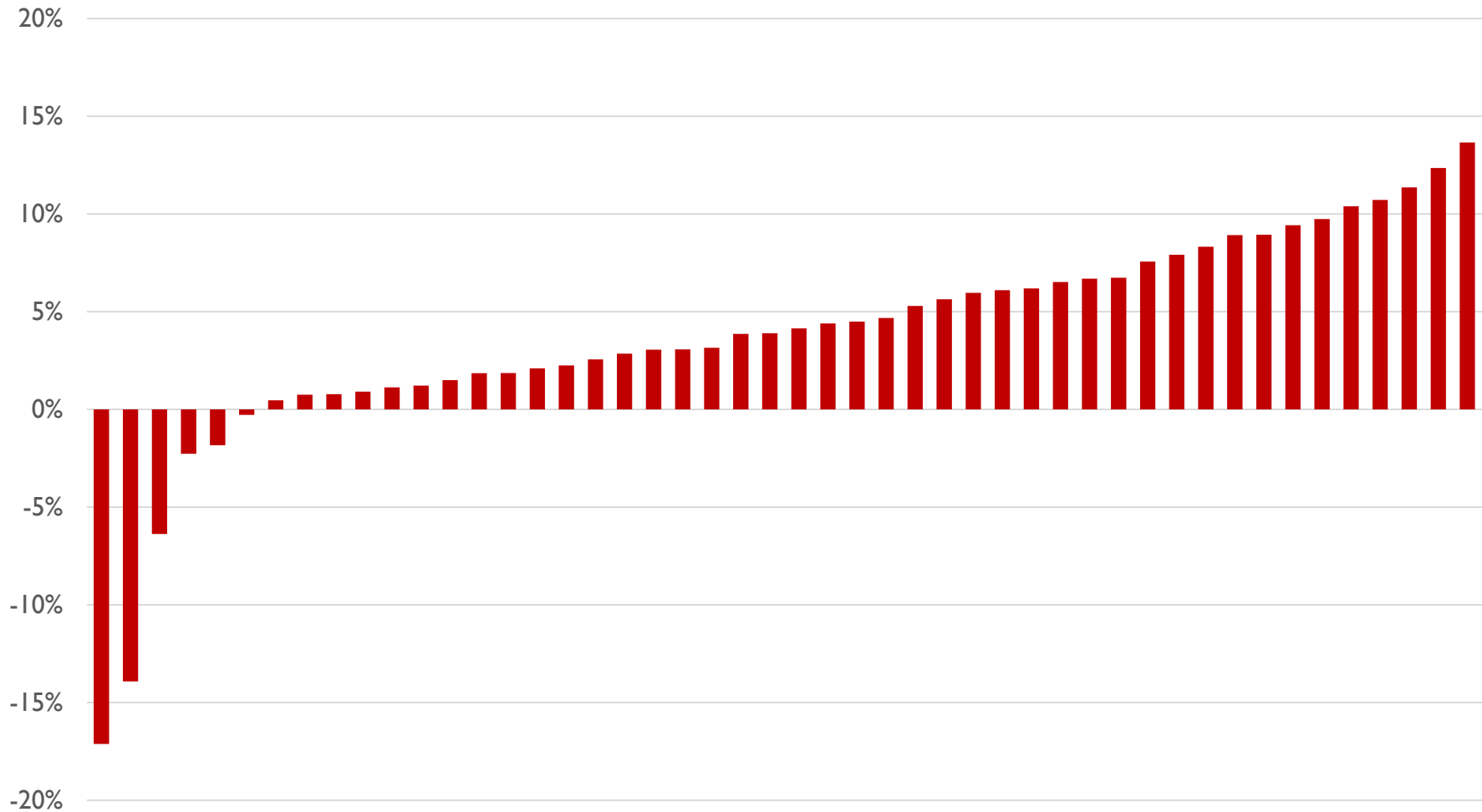
Operating Profits: Fiscal 2015 Year to Date (July-Sept.) Compared to Same Period in FY 2014



- Year-to-Date FY 2015 hospital operating profits improved compared to the same period in FY 2014.

Operating Profits by Hospital

Fiscal Year to Date (July – September)



Purpose of Monitoring Maryland Performance

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

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

Data Caveats

- Data revisions are expected.
- For financial data if residency is unknown, hospitals report this as a Maryland resident. As more data becomes available, there may be shifts from Maryland to out-of-state.
- Many hospitals are converting revenue systems along with implementation of Electronic Health Records. This may cause some instability in the accuracy of reported data. As a result, HSCRC staff will monitor total revenue as well as the split of in state and out of state revenues.
- ▶ All-payer per capita calculations for Calendar Year 2014 and Fiscal 2015 rely on Maryland Department of Planning projections of population growth of .68%. Medicare per capita calculations use actual trends in Maryland Medicare beneficiary counts as reported monthly to the HSCRC by CMMI.



Monitoring Maryland Performance Quality Data

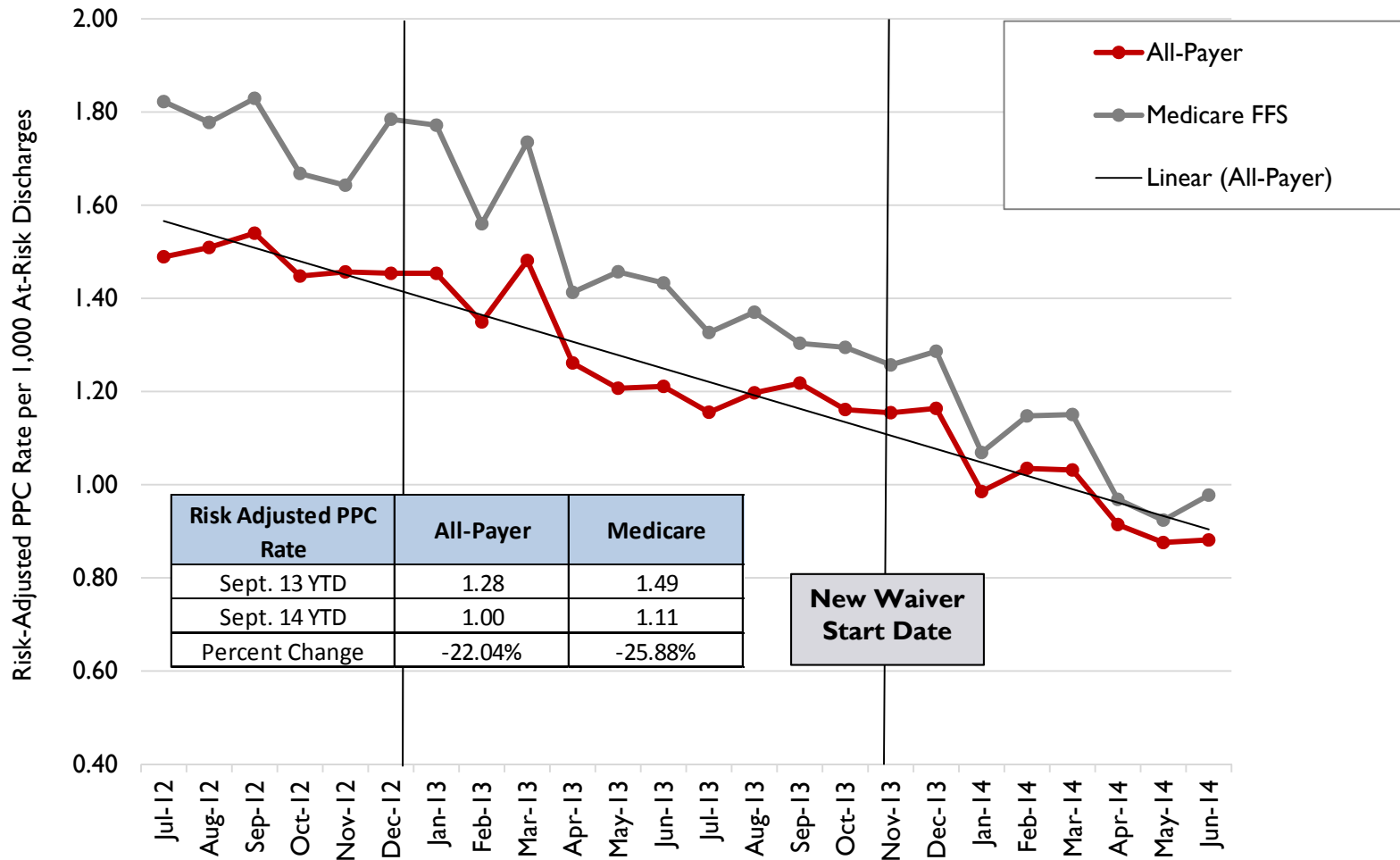
Year to Date thru September 2014



HSCRC

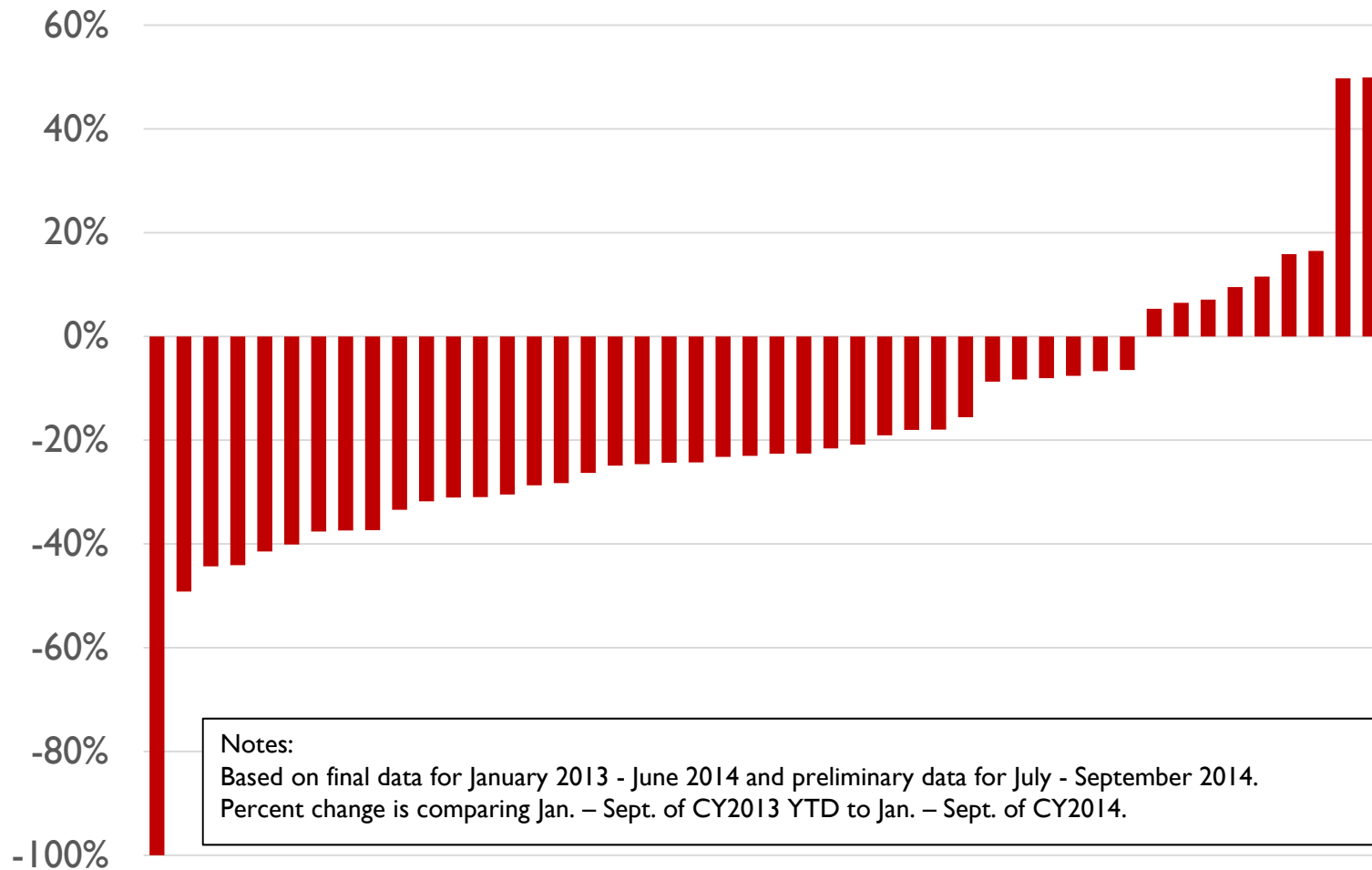
Health Services Cost
Review Commission

Monthly Risk-Adjusted PPC Rates

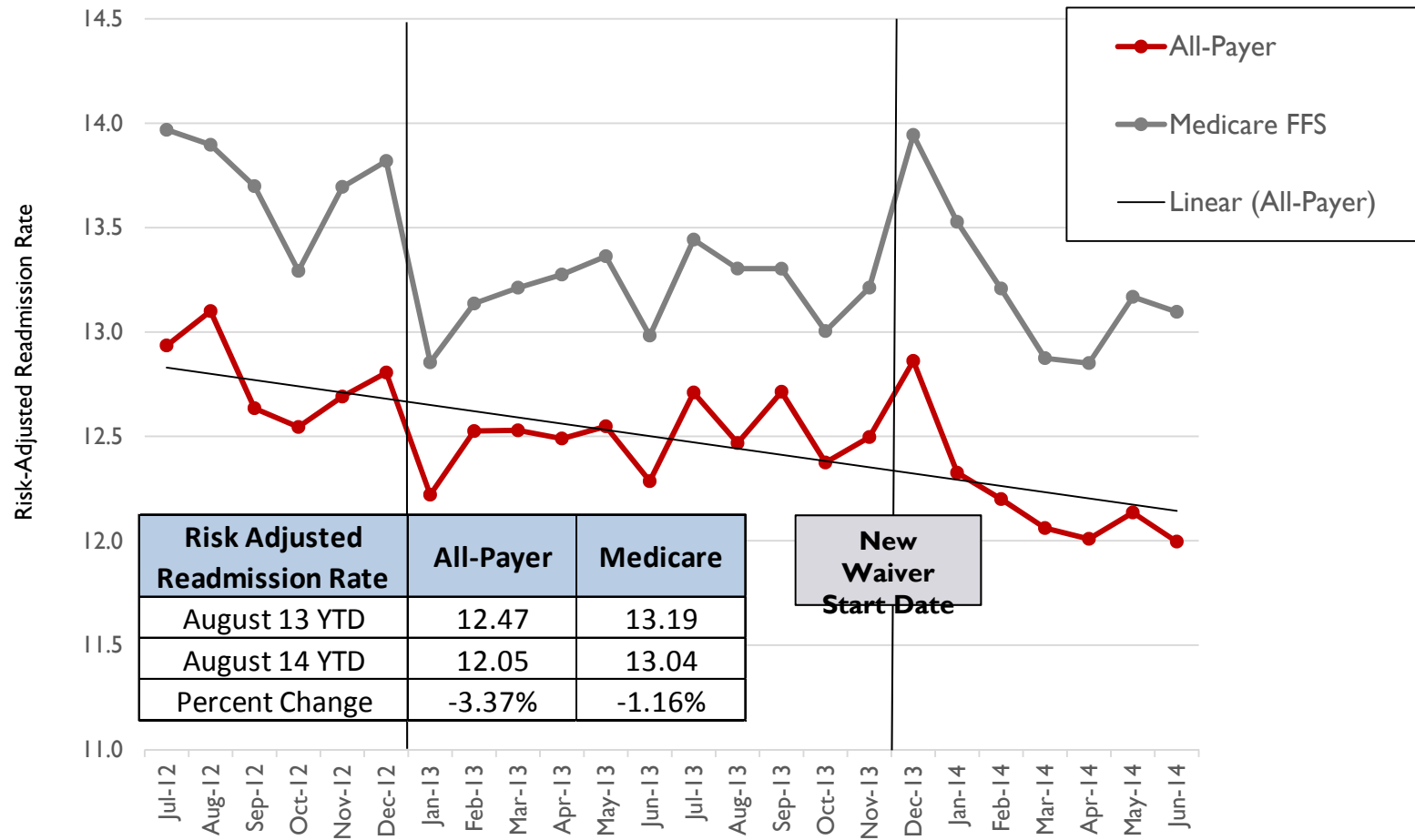


Note: Based on final data for January 2013 - June 2014.

Change in All-Payer Risk-Adjusted PPC Rates YTD by Hospital

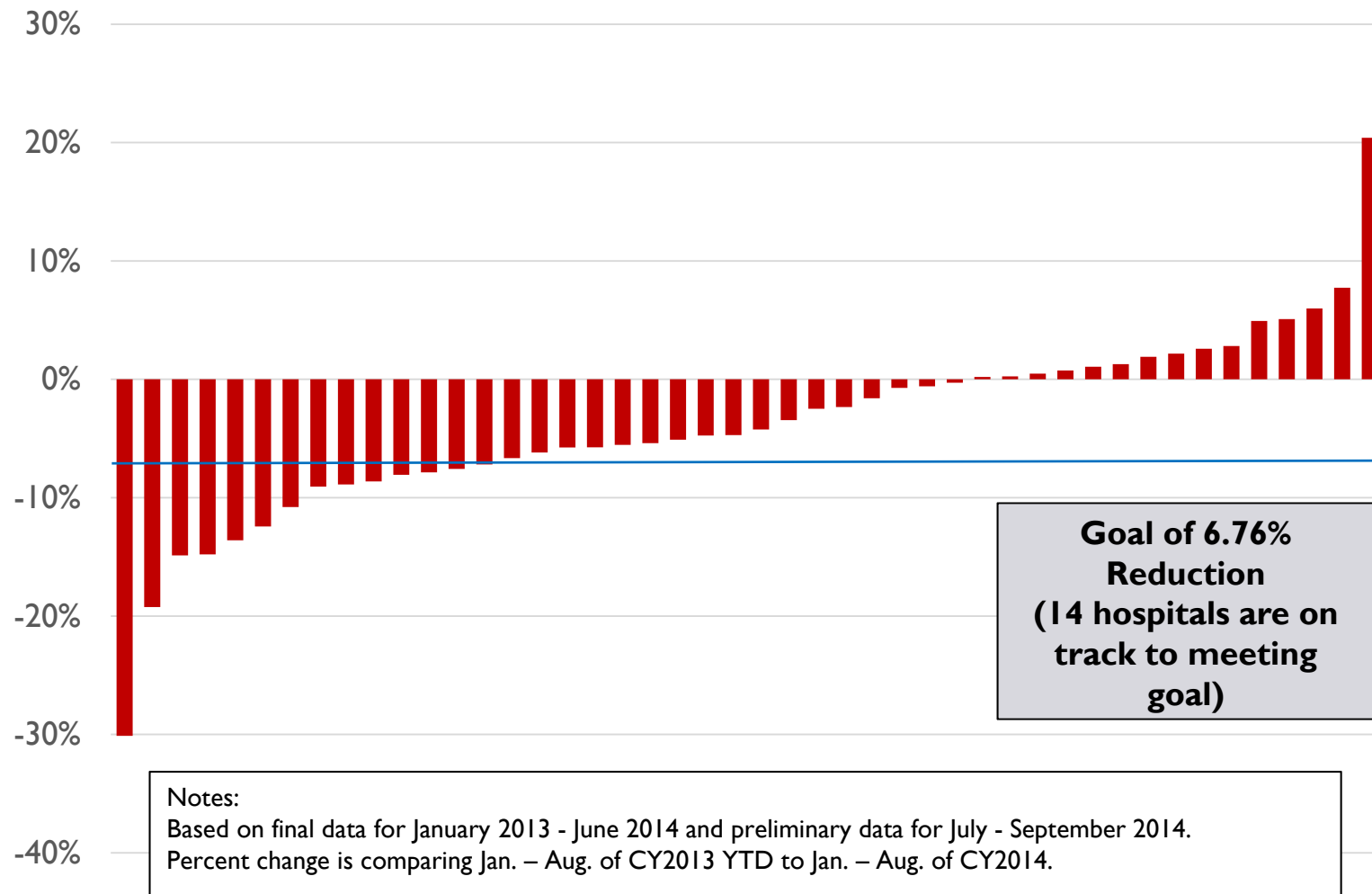


Monthly Risk-Adjusted Readmission Rates



Note: Based on final data for January 2013 - June 2014.

Improvement in All-Payer Risk-Adjusted Readmission Rates YTD by Hospital



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

AS OF NOVEMBER 3, 2014

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
2257A	MedStar Health	7/17/2014	N/A	N/A	N/A	SP	OPEN
2265A	Holy Cross Hospital	9/5/2014	N/A	N/A	N/A	DNP	OPEN
2269A	Johns Hopkins Health System	9/25/2014	N/A	N/A	N/A	SP	OPEN
2270A	St. Agnes Health, Maryland General Hospital, Meritus Health, Western Maryland Health System, and Holy Cross Health	9/25/2014	N/A	N/A	N/A	SP	OPEN
2274A	Johns Hopkins Health System	10/15/2014	N/A	N/A	N/A	DNP	OPEN
2275A	Johns Hopkins Health System	10/17/2014	N/A	N/A	N/A	DNP	OPEN
2276A	Johns Hopkins Health System	10/17/2014	N/A	N/A	N/A	DNP	OPEN
2277A	University of Maryland Medical Center	10/17/2014	N/A	N/A	N/A	DNP	OPEN

PROCEEDINGS REQUIRING COMMISSION ACTION - NOT ON OPEN DOCKET

IN RE: THE ALTERNATIVE	*	BEFORE THE HEALTH	
RATE APPLICATION OF	*	SERVICES COST REVIEW	
MEDSTAR HEALTH	*	COMMISSION	
SYSTEM	*	DOCKET:	2014
	*	FOLIO:	2067
COLUMBIA, MARYLAND	*	PROCEEDING:	2257A

Final Recommendation

November 12, 2014

This final recommendation was approved by the Commission.

I. Introduction

On July 14, 2014, MedStar Health filed an application for an Alternative Method of Rate Determination pursuant to COMAR 10.37.10.06 on behalf of Franklin Square Hospital, Good Samaritan Hospital, Harbor Hospital, and Union Memorial Hospital (the “Hospitals”). MedStar Health seeks renewal for the continued participation of MedStar Family Choice (“MFC”) in the Medicaid Health Choice Program. MedStar Family Choice is the MedStar entity that assumes the risk under this contract. The Commission most recently approved this contract under proceeding 2227A for the period from January 1, 2014 through December 31, 2014. The Hospitals are requesting to renew this contract for one year beginning January 1, 2015.

II. Background

Under the Medicaid Health Choice Program, MedStar Family Choice, a Managed Care Organization (“MCO”) sponsored by the Hospitals, is responsible for providing a comprehensive range of health care benefits to Medical Assistance enrollees. The application requests approval for the Hospitals to provide inpatient and outpatient hospital services, as well as certain non-hospital services, in return for a State-determined capitation payment. MedStar Family Choice pays the Hospitals HSCRC-approved rates for hospital services used by its enrollees. MedStar Family Choice provides services to 6.0% of the total number of MCO enrollees in Maryland, up from 4.1% in CY 2013.

The Hospitals supplied information on their most recent experience and their preliminary projected revenues and expenditures for the upcoming year based on the Medicaid capitation rates.

III. Staff Review

This contract has been operating under previous HSCRC approval (proceeding 2227A). Staff reviewed the operating performance under the contract as well as the terms of the capitation pricing agreement. Staff reviewed financial information and projections for CYs 2013 and 2014, and projections for CY 2015. In recent years, the financial performance of MFC has been favorable. The actual financial experience reported to staff for CY 2013 was positive, and is expected to remain positive in CY 2014. MFC is projecting continued favorable performance in CY 2015.

IV. Recommendation

MFC has continued to achieve favorable financial performance in recent years. Based on past performance, staff believes that the proposed renewal arrangement for MFC is acceptable under Commission policy.

**Therefore:
Staff recommends approval of this alternative rate application for a one-year period beginning January 1, 2015.**

- (1) Since sustained losses may be construed as a loss contract necessitating termination of this arrangement, staff will continue to monitor financial performance to determine whether favorable financial performance is achieved in CY 2014, and expected to be sustained into CY 2015. Staff recommends that MedStar Family Choice report to Commission staff (on or before the September 2015 meeting of the Commission) on the actual CY 2014 experience and preliminary CY 2015 financial performance (adjusted for seasonality) of the MCO, as well as projections for CY 2016.**

(2) Consistent with its policy paper outlining a structure for review and evaluation of applications for alternative methods of rate determination, the staff recommends that this approval be contingent upon the continued adherence to the standard Memorandum of Understanding with the Hospitals for the approved contract. This document formalizes the understanding between the Commission and the Hospitals, and includes provisions for such things as payments of HSCRC-approved rates, treatment of losses that may be attributed to the managed care contract, quarterly and annual reporting, the 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 also stipulates that operating losses under managed care contracts may not be used to justify future requests for rate increases.

IN RE: THE ALTERNATIVE	*	BEFORE THE HEALTH	
RATE APPLICATION OF	*	SERVICES COST REVIEW	
THE JOHNS HOPKINS HEALTH	*	COMMISSION	
SYSTEM	*	DOCKET:	2014
	*	FOLIO:	2079
BALTIMORE, MARYLAND	*	PROCEEDING	2269A

Final Recommendation

November 12, 2014

This final recommendation was approved by the Commission.

I. Introduction

On September 24, 2014 Johns Hopkins Health System (“JHHS,” or the “System”) filed an application for an Alternative Method of Rate Determination pursuant to COMAR 10.37.10.06 on behalf of Johns Hopkins Hospital, Johns Hopkins Bayview Medical Center, Suburban Hospital, and Howard County General Hospital (the “Hospitals”). The System seeks renewal for the continued participation of Priority Partners, Inc. in the Medicaid Health Choice Program. Priority Partners, Inc. is the entity that assumes the risk under the contract. The Commission most recently approved this contract under proceeding 2224A for the period from January 1, 2014 through December 31, 2014. The Hospitals are requesting to renew this contract for a one-year period beginning January 1, 2015.

II. Background

Under the Medicaid Health Choice Program, Priority Partners, a provider-sponsored Managed Care Organization (“MCO”) sponsored by the Hospitals, is responsible for providing a comprehensive range of health care benefits to Medical Assistance enrollees. Priority Partners was created in 1996 as a joint venture between Johns Hopkins Health Care (JHHC) and the Maryland Community Health System (MCHS) to operate an MCO under the Health Choice Program. Johns Hopkins Health Care operates as the administrative arm of Priority Partners and receives a percentage of premiums to provide services such as claim adjudication and utilization management. MCHS oversees a network of Federally Qualified Health Clinics and provides member expertise in the provision of primary care services and assistance in the development of provider networks.

The application requests approval for the Hospitals to continue to provide inpatient and

outpatient hospital services, as well as certain non-hospital services, in return for a State-determined capitation payment. Priority Partners pays the Hospitals HSCRC-approved rates for hospital services used by its enrollees. The Hospitals supplied information on their most recent experience and their preliminary projected revenues and expenditures for the upcoming year based on the initial revised Medicaid capitation rates.

Priority Partners is a major participant in the Medicaid Health Choice program, providing managed care services to 22.8% of the State's MCO population, down from 26.4% in FY 2013.

III. Staff Review

This contract has been operating under the HSCRC's initial approval in proceeding 2224A. Staff reviewed the operating performance under the contract as well as the terms of the capitation pricing agreement. Staff has analyzed Priority Partner's financial history, net income projections for CY 2014, and projections for CY 2015. The statements provided by Priority Partners to staff represent both a "standalone" and "consolidated" view of Priority's operations. The consolidated picture reflects certain administrative revenues and expenses of Johns Hopkins Health Care. When other provider-based MCOs are evaluated for financial stability, their administrative costs relative to their MCO business are included as well; however, they are all included under one entity.

In recent years, the consolidated financial performance of Priority Partners has been favorable. The actual financial experience reported to staff for CY2013 was positive, and is expected to remain favorable in CY 2014 and CY 2015.

IV. Recommendation

Priority Partners has continued to achieve favorable consolidated financial performance in recent years. Based on past and projected performance, staff believes that the proposed renewal arrangement for Priority Partners is acceptable under Commission.

Therefore:

- 1) Staff recommends approval of this alternative rate application for a one-year period beginning January 1, 2015.**
- 2) Since sustained losses over an extended period of time may be construed as a loss contract necessitating termination of this arrangement, staff will continue to monitor financial performance in CY 2014, and the MCOs expected financial status in to CY 2015. Therefore, staff recommends that Priority Partners report to Commission staff (on or before the September 2015 meeting of the Commission) on the actual CY 2014 experience, and preliminary CY 2015 financial performance (adjusted for seasonality) of the MCO, as well as projections for CY 2016.**
- 3) Consistent with its policy paper outlining a structure for review and evaluation of applications for alternative methods of rate determination, the staff recommends that this approval be contingent upon the continued adherence to the standard Memorandum of Understanding with the Hospitals for the approved contract. This document formalizes the understanding between the Commission and the Hospitals, and includes provisions for such things as payments of HSCRC-approved rates, treatment of losses that may be attributed to the managed care contract, quarterly**

and annual reporting, the 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 also stipulates that operating losses under managed care contracts may not be used to justify future requests for rate increases.

IN RE: THE ALTERNATIVE	*	BEFORE THE HEALTH
RATE APPLICATION OF	*	SERVICES COST REVIEW
MARYLAND GENERAL HOSPITAL	*	COMMISSION
SAINT AGNES HEALTH	*	DOCKET: 2014
WESTERN MARYLAND	*	FOLIO: 2080
HEALTH SYSTEM	*	PROCEEDING: 2270A
MERITUS HEALTH		
HOLY CROSS HEALTH		

Final

Recommendation

November 12, 2014

This final recommendation was approved by the Commission.

I. Introduction

On August 22, 2014, Maryland General Hospital, Saint Agnes Health System, Western Maryland Health System, Holy Cross Health, and Meritus Health (the “Hospitals”) filed an application for an Alternative Method of Rate Determination pursuant to COMAR 10.37.10.06. The Hospitals seek renewal for the continued participation of Maryland Physicians Care (“MPC”) in the Medicaid Health Choice Program. MPC is the entity that assumes the risk under this contract. The Commission most recently approved this contract under proceeding 2225A for the period January 1, 2014 through December 31, 2014. The Hospitals are requesting to renew this contract for one year beginning January 1, 2015.

II. Background

Under the Medicaid Health Choice Program, MPC, a Managed Care Organization (“MCO”) sponsored by the Hospitals, is responsible for providing a comprehensive range of health care benefits to Medical Assistance enrollees. The application requests approval for the Hospitals to provide inpatient and outpatient hospital services as well as certain non-hospital services, in return for a State-determined capitation payment. Maryland Physicians Care pays the Hospitals HSCRC-approved rates for hospital services used by its enrollees. Maryland Physicians Care is a major participant in the Medicaid Health Choice program, and provides services to 18.4% of the total number of MCO enrollees in Maryland, down from 20% in CY 2013.

The Hospitals supplied information on their most recent experience and their preliminary projected revenues and expenditures for the upcoming year based on the revised Medicaid capitation rates.

III. Staff Review

This contract has been operating under previous HSCRC approval (Proceeding 2225A). Staff reviewed the operating performance under the contract as well as the terms of the capitation pricing agreement. Staff reviewed financial information and projections for CYs 2013 and 2014, and preliminary projections for CY 2015. In recent years, the financial performance of MPC has been favorable. The actual financial experience reported to staff for CY2013 was negative. However, financial performance is expected to be positive in CYs 2014 and 2015.

IV. Recommendation

With the exception of CY 2013, MPC has generally maintained favorable performance in recent years. Based on past and projected performance, staff believes that the proposed renewal arrangement for MPC is acceptable under Commission.

Therefore:

- (1) Staff recommends approval of this alternative rate application for a one-year period beginning January 1, 2015.**
- (2) Since sustained losses over an extended period of time may be construed as a loss contract necessitating termination of this arrangement, staff will continue to monitor financial performance for CY 2014 and the MCOs expected financial status into CY 2015. Staff recommends that Maryland Physicians Care report to Commission staff (on or before the September 2015 meeting of the Commission) on the actual CY 2014 experience, preliminary CY 2015 financial performance (adjusted for seasonality) of the MCO, as well as projections for CY 2016.**

(3) Consistent with its policy paper outlining a structure for review and evaluation of applications for alternative methods of rate determination, the staff recommends that this approval be contingent upon the continued adherence to the standard Memorandum of Understanding with the Hospitals for the approved contract. This document formalizes the understanding between the Commission and the Hospitals, and includes provisions for such things as payments of HSCRC-approved rates, treatment of losses that may be attributed to the managed care contract, quarterly and annual reporting, the 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 also stipulates that operating losses under managed care contracts may not be used to justify future requests for rate increases.

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

*** BEFORE THE MARYLAND HEALTH
* SERVICES COST REVIEW
COMMISSION
* DOCKET: 2014
* FOLIO: 2064
* PROCEEDING: 2274A**

Staff Recommendation

November 12, 2014

I. INTRODUCTION

Johns Hopkins Health System (“System”) filed a renewal application with the HSCRC on October 15, 2014 on behalf of its member hospitals, Johns Hopkins Hospital, Johns Hopkins Bayview Medical Center, and Howard County General Hospital (the “Hospitals”) requesting approval from the HSCRC for continued participation in a global rate arrangement for solid organ and bone marrow transplants with Preferred Health Care LLC. The Hospitals request that the Commission approve the arrangement for one year beginning December 1, 2014.

II. OVERVIEW OF APPLICATION

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

III. FEE DEVELOPMENT

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

IV. IDENTIFICATION AND ASSESSMENT OF RISK

The Hospitals will continue to submit bills to JHHC for all contracted and covered services. JHHC is responsible for billing the payer, collecting payments, disbursing payments to the Hospitals at their full HSCRC approved rates, and reimbursing the physicians. The System contends that the arrangement among JHHC, the Hospitals, and the physicians holds the Hospitals harmless from any shortfalls in payment from the global price contract. JHHC maintains that it has been active in similar types of fixed fee contracts for several years, and that

JHHC is adequately capitalized to bear the risk of potential losses.

V. STAFF EVALUATION

Although there was no activity under this arrangement in the last year, staff is satisfied that the hospital component of the global prices, which has been updated with current data, is sufficient for the Hospitals to achieve favorable experience under this arrangement.

VI. STAFF RECOMMENDATION

The staff recommends that the Commission approve the Hospitals' application for an alternative method of rate determination for solid organ and bone marrow transplant services, for a one year period commencing December 1, 2014. The Hospitals will need to file a renewal application for review to be considered for continued participation.

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

**IN RE: THE APPLICATION FOR
ALTERNATIVE METHOD OF RATE**

*** BEFORE THE MARYLAND HEALTH
* SERVICES COST REVIEW**

DETERMINATION *

COMMISSION

**JOHNS HOPKINS HEALTH
SYSTEM**

*** DOCKET: 2014**

BALTIMORE, MARYLAND

*** FOLIO: 2065
* PROCEEDING: 2275A**

Staff Recommendation - Approved

November 12, 2014

This staff recommendation was approved by the Commission.

I. INTRODUCTION

On August 17, 2014, Johns Hopkins Health System (“System”) filed an alternative rate application on behalf of its member hospitals, Johns Hopkins Hospital, Johns Hopkins Bayview Medical Center, and Howard County General Hospital (the “Hospitals”) requesting approval from the HSCRC to continue to participate in a global rate arrangement with the Canadian Medical Network for cardiovascular procedures, kidney transplant services, and bone marrow transplants. The Hospitals request that the Commission approve the arrangement for one year beginning December 1, 2014.

II. OVERVIEW OF APPLICATION

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

III. FEE DEVELOPMENT

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

IV. IDENTIFICATION AND ASSESSMENT OF RISK

The Hospitals will continue to submit bills to JHHC for all contracted and covered services. JHHC is responsible for billing the payer, collecting payments, disbursing payments to the Hospitals at their full HSCRC approved rates, and reimbursing the physicians. The System contends that the arrangement among JHHC, the Hospitals, and the physicians holds the Hospitals harmless from any shortfalls in payment from the global price contract. JHHC maintains it has been active in similar types of fixed fee contracts for several years, and that JHHC is adequately capitalized to bear the risk of potential losses.

V. STAFF EVALUATION

Staff finds that the actual experience for cardiovascular services, kidney transplants, and bone marrow transplants under the arrangement for the last year has been favorable.

VI. STAFF RECOMMENDATION

The staff recommends that the Commission approve the Hospitals' application for an alternative method of rate determination for cardiovascular procedures, kidney transplant services, and bone marrow transplant services for one year beginning December 1, 2014. The Hospitals must file a renewal application annually for continued participation. Consistent with its policy paper regarding applications for alternative methods of rate determination, the staff

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

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

*** BEFORE THE MARYLAND HEALTH
* SERVICES COST REVIEW
COMMISSION
* DOCKET: 2014
* FOLIO: 2086
* PROCEEDING: 2276A**

**Staff Recommendation - Approved
November 12, 2014**

This staff recommendation was approved by the Commission.

I. INTRODUCTION

Johns Hopkins Health System (the System) filed a renewal application with the HSCRC on October 17, 2014 on behalf of its member hospitals, the Johns Hopkins Hospital, Johns Hopkins Bayview Medical Center, and Howard County General Hospital (the Hospitals) for an alternative method of rate determination, pursuant to COMAR 10.37.10.06. The System requests approval from the HSCRC for continued participation in a capitation arrangement serving persons insured with Tricare. The arrangement involves the Johns Hopkins Medical Services Corporation and Johns Hopkins Healthcare as providers for Tricare patients. The requested approval is for a period of one year beginning January 1, 2015.

II. OVERVIEW OF APPLICATION

The parties to the contract include the Johns Hopkins Medical Services Corporation and Johns Hopkins Healthcare, a subsidiary of the System. The program provides a range of health care services for persons insured under Tricare including inpatient and outpatient hospital services. Johns Hopkins Health Care will assume the risk under the agreement, and the Hospitals will be paid based on their approved HSCRC rates.

III. STAFF EVALUATION

Staff found that the experience under this arrangement for the last year was favorable.

IV. STAFF RECOMMENDATION

The staff recommends that the Commission approve the Hospitals' renewal application for an alternative method of rate determination for a one year period beginning January 1, 2015. Consistent with its policy paper regarding applications for alternative methods of rate determination, the staff recommends that this approval be contingent upon the execution of the standard Memorandum of Understanding ("MOU") with the Hospitals for the approved contract. This document would formalize the understanding between the Commission and the Hospitals, and would include provisions for such things as payments of HSCRC-approved rates, treatment of losses that may be attributed to the contract, quarterly and annual reporting, confidentiality of data submitted, penalties for noncompliance, project termination and/or alteration, on-going monitoring, and other issues specific to the proposed contract, The MOU will also stipulate that operating losses under the contract cannot be used to justify future requests for rate increases.

**IN RE: THE APPLICATION FOR
ALTERNATIVE METHOD OF RATE
DETERMINATION ***

**UNIVERSITY OF MARYLAND
MEDICAL CENTER
BALTIMORE, MARYLAND**

*** BEFORE THE MARYLAND HEALTH
* SERVICES COST REVIEW
COMMISSION**

*** DOCKET: 2014
* FOLIO: 2087
* PROCEEDING: 2277A**

Staff Recommendation - Approved

November 12, 2014

This staff recommendation was approved by the Commission.

I. INTRODUCTION

The University of Maryland Medical Center (the Hospital) filed a renewal application with the HSCRC on October 17, 2014 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 new global rate arrangement for solid organ and blood and bone marrow transplant services with Humana for a one-year period, effective November 1, 2014.

II. OVERVIEW OF APPLICATION

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

III. FEE DEVELOPMENT

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

IV. IDENTIFICATION AND ASSESSMENT OF RISK

The Hospital will continue to 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. UPI maintains that it has been active in similar types of fixed fee contracts for several years, and that UPI is adequately capitalized to the bear risk of potential losses.

V. STAFF EVALUATION

Although there has been no activity under this arrangement, staff believes that the Hospital

can still achieve a favorable experience under this arrangement.

VI. STAFF RECOMMENDATION

Staff recommends that the Commission: 1) waive the requirement that alternative applications be filed 30 days before the proposed effective date; and 2) approve the Hospital's application for an alternative method of rate determination for solid organ and blood and bone marrow transplant services for a one year period beginning November 1, 2014.

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

GBR Infrastructure Investment Reporting

Draft November 5, 2014



Purpose

- ▶ Inform the HSCRC and other stakeholders on the amounts and types of investments all acute hospitals in Maryland are making over time to improve population health, and how effective these investments are in reducing potentially avoidable utilization and improving population health.
- ▶ The report may be used to increase global budgets or provide relief from rate corridors.
- ▶ The purpose of this report is not to determine whether a hospital spent the full amount of additional funds provided in the global budgets, nor is it intended to limit what hospitals report as their actual infrastructure investment to the amount of the GBR additional funds.

Guiding Principles

- ▶ Final fiscal year (FY) 2014 and FY2015 reports will be submitted together and be due 90 days after the end of FY2015. This will ensure hospitals have guidance on the types of investments to report and sufficient time to collect and report the data. However interim reports may be submitted to the HSCRC for feedback and will be required for any hospitals seeking increases in global budgets or relief from rate corridors.
- ▶ Qualifying GBR investments reported by hospitals will be for new programs or technologies, or major expansions in existing programs or technologies, directly related to GBR incentives to achieve the triple aim and improve care coordination and population health. The reported investments are not limited to only those that were made with the additional GBR funding for infrastructure, but rather all major population health investments.
- ▶ GBR investments included in the report should be broad in scope and have the potential to impact population health within the communities that each hospital serves.
- ▶ GBR investments included in the report should be data driven and can be evaluated using measurable outcomes.
- ▶ The HSCRC will review requests to include expenses associated with unique programs that do not specifically fall into the types of expenses listed below.
- ▶ Reporting of GBR investments is important for educating CMS and other stakeholders on the new waiver model activities and results.

Types of Expenses to Report

Patient Centered Investments

- ▶ Case management, care coordination, transitional care, and chronic disease management.
- ▶ Arranging and managing transitions from one setting to another (such as hospital discharge to home or to a rehabilitation center).
- ▶ Making/verifying post-discharge appointments.
- ▶ Reminding patients of physician appointments, lab tests or other appropriate contact with specific providers.
- ▶ Medication and care compliance initiatives, such as checking that the patient is following a medically effective prescribed regimen for dealing with the specific disease/condition and incorporating feedback from the patients in the management program to effectively monitor compliance, including expenses for transportation or prescription medications for patients who cannot afford them,
- ▶ Programs to support shared decision making with patients, their families and the patient's representatives.
- ▶ Programs to support patient education and self-management, including public education campaigns directing people to appropriate sites of care.

Provider/Care Team Investments

- ▶ Providing coaching or other support to encourage compliance with evidence based medicine.
- ▶ Activities to identify and encourage evidence based medicine (e.g., incorporating Choosing Wisely information into decision making algorithms).
- ▶ Infrastructure to set up pay-for-performance or shared savings models with providers including legal expenses for vetting P4P programs and infrastructure for gain-sharing.
- ▶ Seed funding and/or subsidies to recruit and retain primary care or other providers required to fill critical gaps in community health infrastructure and ensure continued access to care for certain health conditions (e.g., diabetes clinics) or populations (e.g., Medicaid).
- ▶ Activities to support effective collaborations between hospitals and other community providers.

Health Information Technology Investments

- ▶ Health information technology expenses to support patient centered and provider/care team interventions including:
 - ▶ Data extraction, surveillance, analysis and transmission in support of the activities described above.
 - ▶ Predictive models or other mechanisms for identifying and stratifying patients for care coordination interventions, as well as expenses to create, document, execute, and update care plans.

Excluded Expenses

- ▶ Electronic health records or patient hotlines or portals that are used for care delivery and communication unless specifically implementing systems or modules for care coordination activities (e.g., electronic health record module for care manager to record activities or patient portal for contacting care manager).
- ▶ Billable services.
- ▶ Investments to improve coding or documentation, including upgrades to systems to be compliant with regulatory changes such as ICD-10.
- ▶ All retrospective and concurrent utilization review.
- ▶ Fraud prevention activities.
- ▶ Any expenses for acquiring physicians that do not clearly improve access to primary care services (i.e., expenses for acquiring existing physicians that does not result in any change in access but simply results in the existing physicians being owned by the hospital).
- ▶ Any expenses that are primarily for marketing purposes.
- ▶ Accreditation fees.
- ▶ Financial rewards to providers (e.g., pay-for-performance incentives).
- ▶ All other expenses that do not fall under care coordination and population health.

Report Example 1

1	Investment Number	Example 1
2	Hospital Name	Hospital A
3	Investment Category (click in cell to select from drop down)	Health information technology to support patient or provider investment
4	Investment Brief Description, including rationale and primary objective	Population Health analytics data system utilized to mine claims and other data for high risk patients that require care coordination for improving ambulatory care and self management, as well as interventions focused upon educating providers as to where their costs lie. Both of these interventions are targeted at informing decisions aimed at decreasing PAU.
5	Target Patient Population	High Risk for increased utilization patients
6	Total Expenses	\$325,000/year
7	Total costs covered by restricted grant or donation?	\$0
8	Is investment in regulated, unregulated space, or both?	Investment functions in both
9	Planning Start Date (Month/Year)	13-Aug
10	Hospital Start (Month/Year)	14-Apr
11	Types of Staff	IT Analysts, ACO Director
12	Total Annual FTEs	2.1
13	Partners	CRISP
14	Links with existing state-wide or regional infrastructure	CRISP
15	Outcome(s) or Proposed Outcome Measures	Monitoring number of patients referred to care management; Cost of care pre and post care management
16	Effectiveness of Investment in Achieving goals, including discussion of any barriers or lessons learned	program. While internal hospital data can be of use in targeting patients for readmissions, etc, a wider scope of data is required for managing the patients who do not reach an inpatient facility but could at any time. In order to manage these patients well, a system that pulls data form outside the facility must be utilized.
17	Additional Comments	

Global Budget Revenue (GBR) Reporting on Investment in Infrastructure

Background

The Health Services Cost Review Commission's (HSCRC) global budget revenue contracts state:

The Hospital shall provide an annual report of its investment in infrastructure to promote the improvement of care delivery and reductions of Potentially Avoidable Utilization. This report will be due 90 days following the end of each fiscal year, and will include program descriptions, expenditures, and results.

This is required by the GBR contracts so that the HSCRC can understand the total investments that hospitals are making in care coordination and population health improvement given the additional revenue included in the base approved regulated revenue for GBR infrastructure investments. This is important for maximizing the potential for success under global budgets and to reduce potentially avoidable utilization, improve care coordination, and improve population health.

Purpose of Report

The purpose of this report is to inform the HSCRC and other stakeholders, including the Center for Medicaid and Medicare Services (CMS), on the amounts and types of investments all acute hospitals in Maryland are making over time to improve population health, and how effective these investments are in reducing potentially avoidable utilization and improving population health. The report may be used to increase global budgets or provide relief from rate corridors. The purpose of this report is not to determine whether a hospital spent the full amount of additional funds provided in the global budgets, nor is it intended to limit what hospitals report as their actual infrastructure investment to the amount of the GBR additional funds. The HSCRC staff also recognizes that some hospitals that signed GBR agreements late in FY2014 may not have spent the additional funds during FY2014. However, the commission is requesting hospitals to report on FY2014 investments in population health so that changes in spending overtime can be monitored and linked with outcomes. The HSCRC staff will work to try to make sure there is clarity between this reporting and other GBR and community benefits reporting, as well as work to see if this reporting can be incorporated into other reporting. The report will be available for any interested stakeholder.

Guiding Principles

1. Final fiscal year (FY) 2014 and FY2015 reports will be submitted together and be due 90 days after the end of FY2015. This will ensure hospitals have guidance on the types of investments to report and sufficient time to collect and report the data. However interim reports may be submitted to the HSCRC for feedback and will be required for any hospitals seeking increases in global budgets or relief from rate corridors.

2. Qualifying GBR investments reported by hospitals will be for new programs or technologies, or major expansions in existing programs or technologies, directly related to GBR incentives to achieve the triple aim and improve care coordination and population health. The reported investments are not limited to only those that were made with the additional GBR funding for infrastructure, but rather all major population health investments.
3. GBR investments included in the report should be broad in scope and have the potential to impact population health within the communities that each hospital serves.
4. GBR investments included in the report should be data driven and can be evaluated using measurable outcomes.
5. The HSCRC will review requests to include expenses associated with unique programs that do not specifically fall into the types of expenses listed below.
6. Reporting of GBR investments is important for educating CMS and other stakeholders on the new waiver model activities and results.

Types of Expenses to improve care delivery and population health, and reduce potentially avoidable utilization

Included expenses:

Patient centered interventions such as:

- Case management, care coordination, transitional care, and chronic disease management.
 - Arranging and managing transitions from one setting to another (such as hospital discharge to home or to a rehabilitation center).
 - Making/verifying post-discharge appointments.
 - Reminding patients of physician appointments, lab tests or other appropriate contact with specific providers.
 - Medication and care compliance initiatives, such as checking that the patient is following a medically effective prescribed regimen for dealing with the specific disease/condition and incorporating feedback from the patients in the management program to effectively monitor compliance, including expenses for transportation or prescription medications for patients who cannot afford them,
 - Programs to support shared decision making with patients, their families and the patient's representatives.
 - Programs to support patient education and self-management, including public education campaigns directing people to appropriate sites of care.
- ii) Provider/care team interventions such as
- Providing coaching or other support to encourage compliance with evidence based medicine.
 - Activities to identify and encourage evidence based medicine (e.g., incorporating Choosing Wisely information into decision making algorithms).

- Infrastructure to set up pay-for-performance or shared savings models with providers including legal expenses for vetting P4P programs and infrastructure for gain-sharing.
 - Seed funding and/or subsidies to recruit and retain primary care or other providers required to fill critical gaps in community health infrastructure and ensure continued access to care for certain health conditions (e.g., diabetes clinics) or populations (e.g., Medicaid).
 - Activities to support effective collaborations between hospitals and other community providers.
- iii) Health information technology expenses to support patient centered and provider/care team interventions including:
- Data extraction, surveillance, analysis and transmission in support of the activities described above.
 - Predictive models or other mechanisms for identifying and stratifying patients for care coordination interventions, as well as expenses to create, document, execute, and update care plans.

Excluded expenses:

- Electronic health records or patient hotlines or portals that are used for care delivery and communication unless specifically implementing systems or modules for care coordination activities (e.g., electronic health record module for care manager to record activities or patient portal for contacting care manager).
- Billable services.
- Investments to improve coding or documentation, including upgrades to systems to be compliant with regulatory changes such as ICD-10.
- All retrospective and concurrent utilization review.
- Fraud prevention activities.
- Any expenses for acquiring physicians that do not clearly increase access to primary care or other healthcare services (i.e., expenses for acquiring existing physicians that does not result in any change in access but simply results in the existing physicians being owned by the hospital).
- Any expenses that are primarily for marketing purposes.
- Accreditation fees.
- Financial rewards to providers (e.g., pay-for-performance incentives).
- All other expenses that do not fall under care coordination and population health.

Reporting Instructions

Each hospital will be required to submit an individual hospital report using the HSCRC provided template. Any health system investments that impact multiple hospitals should be reported on each hospital report with the hospital-specific expenditures allocated. Hospitals do not need to report each expense as a separate investment, but rather they can report the investments made for specific programs designed to reduce PAU and improve population health by each investment category below.

DRAFT 10-30-2014

The HSCRC will provide a GBR infrastructure investments excel template (see Appendix A). In Tab 1 of the excel template provided by the HSCRC, hospitals are asked to provide a brief narrative summary of all of their investments in population health. Then Tab 2 will be copied and sequentially numbered for hospitals to report information on each type of investment/initiative. For each type of investment, the hospitals should provide the following information using the excel template provided by the Commission (see Appendix B for examples):

1. **Investment Number:** Consecutively number each investment reported. Copy and paste the investment tab and add numbers to the tab name.
2. **Hospital Name**
3. **Investment Category:** 1. Patient centered investment; 2. Provider/care team investment; 3. Health information technology to support patient and/or provider investment.
4. **Investment Brief Description, including rationale for investment and primary objective:** Limit to 300 words or less. You can provide supplementary program descriptions if you deem necessary.
5. **Target population:** Population of patients who will benefit from the investment. If it is a provider or health information technology investment it should still be targeted to benefit a patient population.
6. **Total Expenses:** What were the hospital's costs associated with this initiative? The amount reported should include the dollars, in-kind-donations, or grants associated with the fiscal year being reported.
7. **Of the total costs associated with the initiative, what, if any, amount was provided through a restricted grant or donation?**
8. **Is investment in regulated, unregulated space, or both?**
9. **Planning Start Date (Month/Year):** Date when planning for a program or initiative began.
10. **Hospital Start Date (Month/Year):** Date when the program or initiative went live.
11. **Type of staff** associated with the investment/initiative (e.g., Registered Nurse, community health worker, data analyst, IT programmer, physician, hospital management).
12. **Total annual FTEs** required for the development and implementation of an investment.
13. **External partners** in development/implementation (e.g., skilled nursing facilities, physician practices, external case managers, retail pharmacies).
14. **Links with existing statewide or regional infrastructure or initiatives** (e.g., such as Local Health Improvement Coalitions, Chesapeake Regional Information System for Patients, Department of Aging, local health departments, other social services).
15. **Outcomes or Proposed Outcome Measures:** What were the results of the initiative/investment in improving care delivery, population health, and reducing PAU? Outcomes can include quality indicators, care improvement indicators, return on investment, as well as health improvement outcomes. If outcomes are not yet available, then please provide proposed outcome measures.
16. **Effectiveness of investment in achieving goals.** Including discussion of any barriers or lessons learned?
17. **Additional Comments**

Appendix A: GBR Investments in Infrastructure Template

Tab 1: Overview

Hospital:		Number of Investments Reported:	
Date of Submission:		Total Investments (\$)	
Health System Affiliation:			
Narrative Summary on GBR Investments in Population Health:			

Tab 2: Investment #X

1	Investment Number	
2	Hospital Name	
3	Investment Category (click in cell to select from drop down)	
4	Investment Brief Description, including rationale and primary objective	
5	Target Patient Population	
6	Total Expenses	
7	Total costs covered by restricted grant or donation?	
8	Is investment in regulated, unregulated space, or both?	
9	Planning Start Date (Month/Year)	
10	Hospital Start (Month/Year)	
11	Types of Staff	
12	Total Annual FTEs	
13	External Partners	
14	Links with existing state-wide or regional infrastructure	
15	Outcome(s) or Proposed Outcome Measures	
16	Effectiveness of Investment in Achieving goals, including discussion of any barriers or lessons learned	
17	Additional Comments	

Appendix B: GBR Investments in Infrastructure Reporting Examples

Example 1

1	Investment Number	Example 1
2	Hospital Name	Hospital A
3	Investment Category (click in cell to select from drop down)	Health information technology to support patient or provider investment
4	Investment Brief Description, including rationale and primary objective	Population Health analytics data system utilized to mine claims and other data for high risk patients that require care coordination for improving ambulatory care and self management, as well as interventions focused upon educating providers as to where their costs lie. Both of these interventions are targeted at informing decisions aimed at decreasing PAU.
5	Target Patient Population	High Risk for increased utilization patients
6	Total Expenses	\$325,000/year
7	Total costs covered by restricted grant or donation?	\$0
8	Is investment in regulated, unregulated space, or both?	Investment functions in both
9	Planning Start Date (Month/Year)	13-Aug
10	Hospital Start (Month/Year)	14-Apr
11	Types of Staff	IT Analysts, ACO Director
12	Total Annual FTEs	2.1
13	Partners	CRISP
14	Links with existing state-wide or regional infrastructure	CRISP
15	Outcome(s) or Proposed Outcome Measures	Monitoring number of patients referred to care management; Cost of care pre and post care management
16	Effectiveness of Investment in Achieving goals, including discussion of any barriers or lessons learned	program. While internal hospital data can be of use in targeting patients for readmissions, etc, a wider scope of data is required for managing the patients who do not reach an inpatient facility but could at any time. In order to manage these patients well, a system that pulls data form outside the facility must be utilized.
17	Additional Comments	

Example 2

1	Investment Number	Example 2
2	Hospital Name	Hospital B
3	Investment Category (click in cell to select from drop down)	Patient centered investment
4	Investment Brief Description, including rationale and primary objective	We have off-site substance abuse programs that have patients with chronic medical conditions who are not receiving primary care. We hired a nurse practitioner with a behavioral health and substance abuse background to go to the off-site locations to provide basic primary care at the clinics and coordinate the transition of the patient to our Primary Care Medical Home. Our goal is to improve the health of these patients by hardwiring the care coordination between our off-site substance abuse clinics and Primary Care Medical Home. We are also utilizing CRISP alerts to help coordinate with other providers.
5	Target Patient Population	Substance abuse patients with chronic medical conditions.
6	Total Expenses	\$123,000
7	Total costs covered by restricted grant or donation?	\$0
8	Is investment in regulated, unregulated space, or both?	Both
9	Planning Start Date (Month/Year)	14-Apr
10	Hospital Start (Month/Year)	14-Aug
11	Types of Staff	Nurse Practitioner
12	Total Annual FTEs	1.0
13	External Partners	CRISP and external providers identified through CRISP
14	Links with existing state-wide or regional infrastructure	CRISP
15	Outcome(s) or Proposed Outcome Measures	Decrease in PAU metrics for this patient population.
16	Effectiveness of Investment in Achieving goals, including discussion of any barriers or lessons learned	The program has been live for less than 60 days. Initial results are not available yet.
17	Additional Comments	

State of Maryland
Department of Health and Mental Hygiene



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* For release 10:00 a.m. EDT
* November 12, 2014

410-764-2605

DISCLOSURE OF
HOSPITAL FINANCIAL AND STATISTICAL DATA

The average amount paid for a hospital stay in Maryland increased by 1.8% in FY 2013 according to figures released today by the Maryland Health Services Cost Review Commission (HSCRC). On average patients at Maryland’s hospitals paid \$12,199 for a hospital admission in FY 2013, up from \$11,984 paid in FY 2012.

Also, the mark-up in Maryland hospitals, the difference between hospital costs and what hospitals ultimately charge patients, remained the lowest in the nation at 42 percent compared with the average mark-up of 221 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 200 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 3.3 percent during FY 2013. In FY 1976, the cost per adjusted admission to a Maryland hospital was 26 percent above the national average. In FY 2011, the year for which the most recent data are available from AHA, the average cost per adjusted admission in Maryland was slightly above the national average. From 1977 through 2012, Maryland experienced the seventh 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 2013:

- 1) The average *charge* per admission for regulated activities increased 2.6 percent to \$14,888 in FY 2013 from \$14,518 in FY 2012.

- 2) The average *cost* per EIPA for regulated activities increased 3.3 percent to \$11,748 in FY 2013 from \$11,372 in FY 2012.
- 3) The average *payment* received by Maryland hospitals per EIPA for regulated activities increased by 1.8 percent to \$12,199 in FY 2013 from \$11,984 in FY 2012.
- 4) Profits on regulated activities decreased in FY 2013, from 781 million (6.3 percent of regulated net operating revenue) in FY 2012 to \$677 million (or 5.3 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 \$315 million (or 2.3 percent of total net operating revenue) in FY 2012 to \$164 million in FY 2013 (or 1.2 percent of total net operating revenue), attributable, in part, 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) increased substantially from \$230 million in FY 2012 (or 1.7 percent of the total revenue) to \$549 million in FY 2013 (or 3.9 percent of the total revenue).
- 7) Total regulated net patient revenue rose slightly from approximately \$12.3 billion in FY 2012 to \$12.5 billion in FY 2013, an increase of 1.9 percent, due, in part, to a 3.5 percent decrease in admissions.

Outpatient gross revenue was \$6.1 billion. This represented an increase of 9 percent in FY 2013 compared with an increase of 13 percent in FY 2012. As a percentage of total revenue, outpatient revenue increased to 40 percent in FY 2013.

Regulated hospital admissions decreased from 638,274 in FY 2012 to 616,184 in FY 2013, or 3.6 percent. In addition, hospital outpatient visits decreased from 5,239,107 in FY 2012 to 5,068,462 in FY 2013, or 3.3 percent.

A unique feature of the Maryland hospital rate system is its 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 2013, Maryland hospitals incurred \$1.1 billion of uncompensated care, approximately seven cents of uncompensated care cost for every dollar of gross patient revenue; approximately 82 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, 2013, August 31, 2013
and December 31, 2013**

By:

**HEALTH SERVICES COST REVIEW COMMISSION
November 12, 2014**

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.

For now, 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.

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, 2013 are included with data from hospitals with June 30 and August 31, 2013 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.

In 2009, the Commission standardized the reporting of non-operating revenue and expenses to conform to the generally accepted accounting principles utilized in the preparation of hospital audited financial statements. Non-operating revenue and expenses reported include but are not limited to: unrestricted contributions, interest and investment income, realized investment gains and losses, unrealized investment gains and losses, and realized swap agreements' gains and losses.

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)

Exhibit VII – Change in Excess Profit/Loss (Operating and Non-operating Activities)

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

Gross Patient Revenue 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, 2011 and December 31, 2011).

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.hsrc.state.md.us](http://www.hsrc.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 that 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 Specialty Hospitals in this Report are: Adventist Behavioral Health Care-Rockville, Adventist Rehabilitation Hospital of Maryland, Brook Lane Health Services, Adventist Behavioral Health-Eastern Shore, Levindale Hospital, Mt. Washington Pediatric Hospital, Sheppard Pratt Hospital, St. Luke Institute, and University Specialty Hospital.
4. In accordance with Health-General Article, Section 19-3A-07, three free-standing medical facilities, Queen Anne's Freestanding Medical Center, Germantown Emergency

Center, and Bowie Health Center fall under the rate-setting jurisdiction of the Health Services Cost Review Commission. The Commission set rates for all payers for emergency services provided at Queen Anne's Freestanding Medical Center effective October 1, 2010, and at Germantown Emergency Center and Bowie Health Center effective July 1, 2011.

5. University Specialty Hospital ceased operations effective August 1, 2012.
6. St. Luke Institute's license was modified from a Specialty Hospital to a residential Treatment Center and no longer fell under the jurisdiction of the Health Services Cost Review Commission.
7. Effective December 12, 2012, the Southern Maryland Hospital Center was purchased by MedStar Health, Inc. and became MedStar Southern Maryland. The Hospital's fiscal year changed from December 31st year end to June 30th year end effective FY 2012.
8. Effective July 1, 2013, the University of Maryland Cancer Center merged with the University Of Maryland Medical Center.

HEALTH SERVICES COST REVIEW COMMISSION
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
FISCAL YEAR 2011 TO 2013

Page 1

All Acute Hospitals

FISCAL YEAR ENDING	June 2013 -----	June 2012 -----	June 2011 -----
Gross Patient Revenue:			
Regulated Services	15,264,777,897	14,871,078,832	14,120,316,777
Unregulated Services	1,711,246,172	1,633,601,230	1,537,916,142
TOTAL	16,976,024,068	16,504,680,062	15,658,232,919
Net Patient Revenue (NPR):			
Regulated Services	12,507,457,797	12,275,982,668	11,922,902,382
Unregulated Services	784,503,042	791,489,147	743,643,359
TOTAL	13,291,960,839	13,067,471,815	12,666,545,741
Other Operating Revenue:			
Regulated Services	214,234,890	153,760,532	133,023,987
Unregulated Services	447,891,664	401,398,299	384,295,744
TOTAL	662,126,554	555,158,830	517,319,732
Net Operating Revenue (NOR)			
Regulated Services	12,721,692,687	12,429,743,200	12,055,926,370
Unregulated Services	1,232,394,706	1,192,887,446	1,127,939,103
Total	13,954,087,393	13,622,630,646	13,183,865,473
Total Operating Expenses:			
Regulated Services	12,044,797,691	11,649,000,119	11,158,496,980
Total	13,790,417,381	13,308,115,226	12,719,503,353
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	1,025,305	1,024,332	1,018,057
Total	1,094,764	1,090,011	1,093,112
NPR per EIPA :			
Regulated Services	12,198.77	11,984.38	11,711.43
Total	12,141.39	11,988.38	11,587.60
NOR per EIPA :			
Regulated Services	12,407.71	12,134.49	11,842.09
Total	12,746.21	12,497.70	12,060.86
Operating Expenses per EIPA :			
Regulated Services	11,747.52	11,372.29	10,960.58
Total	12,596.70	12,209.15	11,636.05
Net Operating Profit (Loss):			
Regulated Services	676,894,996	780,743,081	897,429,390
Unregulated Services	-513,224,985	-466,227,662	-433,067,249
Total	163,670,011	314,515,420	464,362,141
Total Non-Operating Profit (Loss):	379,251,306	-84,897,304	382,241,865
Non-Operating Revenue	393,729,556	81,100,427	396,002,108
Non-Operating Expenses	14,478,250	165,997,731	13,760,242
Total Excess Profit	549,062,753	229,618,116	846,604,006
% Change in NPR per EIPA - Regulated	1.79	2.33	6.63
% Change in NOR per EIPA - Regulated	2.25	2.47	6.68
% Change in Oper. Expense per EIPA- Regulated	3.30	3.76	5.29
% Change in Net Operating Profit- Regulated	-13.30	-13.00	25.52
% Net Operating Profit of Regulated NOR	5.32	6.28	7.44
% Change in Net Operating Profit- Total	-47.96	-32.27	41.53
% Net Total Operating Profit of Total NOR	1.17	2.31	3.52
% Change in Total Excess Profit	139.12	-72.88	75.96
% Total Excess Profit of Total Revenue	3.83	1.68	6.23

HEALTH SERVICES COST REVIEW COMMISSION
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
FISCAL YEAR 2011 TO 2013

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Anne Arundel Medical Center

FISCAL YEAR ENDING	June 2013	June 2012	June 2011
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Gross Patient Revenue:			
Regulated Services	541,867,800	523,717,000	461,358,800
Unregulated Services	8,377,200	11,747,200	10,369,513
TOTAL	550,245,000	535,464,200	471,728,313
Net Patient Revenue (NPR):			
Regulated Services	444,013,900	435,998,560	395,773,822
Unregulated Services	7,464,500	8,958,100	8,856,470
TOTAL	451,478,400	444,956,660	404,630,292
Other Operating Revenue:			
Regulated Services	8,188,700	8,841,100	3,407,524
Unregulated Services	17,847,500	16,847,655	16,450,675
TOTAL	26,036,200	25,688,755	19,858,199
Net Operating Revenue (NOR)			
Regulated Services	452,202,600	444,839,660	399,181,346
Unregulated Services	25,312,000	25,805,755	25,307,145
Total	477,514,600	470,645,415	424,488,491
Total Operating Expenses:			
Regulated Services	436,200,149	421,842,523	371,871,480
Total	476,400,000	461,597,285	404,474,303
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	49,059	46,016	41,134
Total	49,817	47,048	41,651
NPR per EIPA :			
Regulated Services	9,050.64	9,474.90	9,621.57
Total	9,062.69	9,457.44	9,714.83
NOR per EIPA :			
Regulated Services	9,217.56	9,667.03	9,704.41
Total	9,585.32	10,003.44	10,191.61
Operating Expenses per EIPA :			
Regulated Services	8,891.37	9,167.26	9,040.48
Total	9,562.95	9,811.13	9,711.08
Net Operating Profit (Loss):			
Regulated Services	16,002,451	22,997,137	27,309,866
Unregulated Services	-14,887,851	-13,949,007	-7,295,678
Total	1,114,600	9,048,130	20,014,188
Total Non-Operating Profit (Loss):	44,226,600	-41,045,021	41,077,000
Non-Operating Revenue	44,226,600	-41,045,021	41,077,000
Non-Operating Expenses	0	0	0
Total Excess Profit	45,341,200	-31,996,892	61,091,188
% Change in NPR per EIPA - Regulated	-4.48	-1.52	2.72
% Change in NOR per EIPA - Regulated	-4.65	-0.39	2.80
% Change in Oper. Expense per EIPA- Regulated	-3.01	1.40	2.22
% Change in Net Operating Profit- Regulated	-30.42	-15.79	19.90
% Net Operating Profit of Regulated NOR	3.54	5.17	6.84
% Change in Net Operating Profit- Total	-87.68	-54.79	14.84
% Net Total Operating Profit of Total NOR	0.23	1.92	4.71
% Change in Total Excess Profit	241.71	-152.38	76.23
% Total Excess Profit of Total Revenue	8.69	-7.45	13.12

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Atlantic General Hospital

FISCAL YEAR ENDING	June 2013 -----	June 2012 -----	June 2011 -----
Gross Patient Revenue:			
Regulated Services	99,487,100	95,474,200	88,149,000
Unregulated Services	20,124,652	16,165,328	15,969,652
TOTAL	119,611,752	111,639,528	104,118,652
Net Patient Revenue (NPR):			
Regulated Services	81,125,900	77,261,700	73,273,700
Unregulated Services	11,081,452	9,419,228	9,080,852
TOTAL	92,207,352	86,680,928	82,354,552
Other Operating Revenue:			
Regulated Services	1,917,695	203,836	169,279
Unregulated Services	1,324,606	841,017	702,293
TOTAL	3,242,301	1,044,853	871,572
Net Operating Revenue (NOR)			
Regulated Services	83,043,595	77,465,536	73,442,979
Unregulated Services	12,406,058	10,260,245	9,783,145
Total	95,449,653	87,725,781	83,226,124
Total Operating Expenses:			
Regulated Services	73,821,246	69,630,609	65,558,492
Total	94,222,926	87,169,172	82,971,576
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	7,929	7,616	8,602
Total	9,532	8,906	10,161
NPR per EIPA :			
Regulated Services	10,232.18	10,144.01	8,517.96
Total	9,673.13	9,732.78	8,105.21
NOR per EIPA :			
Regulated Services	10,474.05	10,170.77	8,537.64
Total	10,013.27	9,850.10	8,190.99
Operating Expenses per EIPA :			
Regulated Services	9,310.86	9,142.09	7,621.08
Total	9,884.58	9,787.60	8,165.93
Net Operating Profit (Loss):			
Regulated Services	9,222,349	7,834,927	7,884,487
Unregulated Services	-7,995,621	-7,278,318	-7,629,939
Total	1,226,727	556,609	254,548
Total Non-Operating Profit (Loss):	1,499,225	899,431	1,532,896
Non-Operating Revenue	1,499,225	899,431	1,532,896
Non-Operating Expenses	0	0	0
Total Excess Profit	2,725,952	1,456,040	1,787,444
% Change in NPR per EIPA - Regulated	0.87	19.09	-0.56
% Change in NOR per EIPA - Regulated	2.98	19.13	-0.77
% Change in Oper. Expense per EIPA- Regulated	1.85	19.96	-0.89
% Change in Net Operating Profit- Regulated	17.71	-0.63	4.48
% Net Operating Profit of Regulated NOR	11.11	10.11	10.74
% Change in Net Operating Profit- Total	120.39	118.67	-70.55
% Net Total Operating Profit of Total NOR	1.29	0.63	0.31
% Change in Total Excess Profit	87.22	-18.54	-15.95
% Total Excess Profit of Total Revenue	2.81	1.64	2.11

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Bon Secours Hospital

FISCAL YEAR ENDING	August 2013 -----	August 2012 -----	August 2011 -----
Gross Patient Revenue:			
Regulated Services	121,044,100	130,651,800	128,847,200
Unregulated Services	27,611,031	29,355,513	25,492,096
TOTAL	148,655,131	160,007,313	154,339,296
Net Patient Revenue (NPR):			
Regulated Services	95,981,563	105,446,308	106,009,629
Unregulated Services	14,547,696	15,297,999	14,585,230
TOTAL	110,529,259	120,744,306	120,594,859
Other Operating Revenue:			
Regulated Services	-187,258	-311,199	470,471
Unregulated Services	3,163,706	3,352,382	3,771,169
TOTAL	2,976,447	3,041,184	4,241,640
Net Operating Revenue (NOR)			
Regulated Services	95,794,305	105,135,109	106,480,100
Unregulated Services	17,711,401	18,650,381	18,356,399
Total	113,505,706	123,785,490	124,836,499
Total Operating Expenses:			
Regulated Services	93,233,875	90,614,221	92,723,485
Total	124,525,202	122,564,724	125,678,956
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	9,605	10,238	10,810
Total	11,796	12,538	12,949
NPR per EIPA :			
Regulated Services	9,992.76	10,299.78	9,806.23
Total	9,369.98	9,630.28	9,312.88
NOR per EIPA :			
Regulated Services	9,973.27	10,269.38	9,849.75
Total	9,622.30	9,872.84	9,640.44
Operating Expenses per EIPA :			
Regulated Services	9,706.70	8,851.01	8,577.22
Total	10,556.47	9,775.47	9,705.50
Net Operating Profit (Loss):			
Regulated Services	2,560,429	14,520,888	13,756,615
Unregulated Services	-13,579,925	-13,300,123	-14,599,072
Total	-11,019,496	1,220,765	-842,457
Total Non-Operating Profit (Loss):	1,392,305	383,037	1,072,053
Non-Operating Revenue	1,435,493	387,108	1,221,528
Non-Operating Expenses	43,188	4,072	149,475
Total Excess Profit	-9,627,191	1,603,802	229,596
% Change in NPR per EIPA - Regulated	-2.98	5.03	7.49
% Change in NOR per EIPA - Regulated	-2.88	4.26	2.94
% Change in Oper. Expense per EIPA- Regulated	9.67	3.19	4.30
% Change in Net Operating Profit- Regulated	-82.37	5.56	-4.64
% Net Operating Profit of Regulated NOR	2.67	13.81	12.92
% Change in Net Operating Profit- Total	-1,002.67	244.91	-163.95
% Net Total Operating Profit of Total NOR	-9.71	0.99	-0.67
% Change in Total Excess Profit	-700.27	598.53	-87.69
% Total Excess Profit of Total Revenue	-8.38	1.29	0.18

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Bowie Emergency Center

FISCAL YEAR ENDING	June 2013	June 2012	-----
Gross Patient Revenue:			
Regulated Services	13,677,900	11,999,900	0
Unregulated Services	16,278,037	18,286,174	0
TOTAL	29,955,937	30,286,074	0
Net Patient Revenue (NPR):			
Regulated Services	9,812,164	8,676,283	0
Unregulated Services	5,639,207	7,121,389	0
TOTAL	15,451,371	15,797,672	0
Other Operating Revenue:			
Regulated Services	7,168	13,057	0
Unregulated Services	0	0	0
TOTAL	7,168	13,057	0
Net Operating Revenue (NOR)			
Regulated Services	9,819,332	8,689,340	0
Unregulated Services	5,639,207	7,121,389	0
Total	15,458,539	15,810,729	0
Total Operating Expenses:			
Regulated Services	10,764,397	9,256,547	0
Total	16,611,645	16,353,968	0
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	.	.	0
Total	.	.	0
NPR per EIPA :			
Regulated Services	.	.	0.00
Total	.	.	0.00
NOR per EIPA :			
Regulated Services	.	.	0.00
Total	.	.	0.00
Operating Expenses per EIPA :			
Regulated Services	.	.	0.00
Total	.	.	0.00
Net Operating Profit (Loss):			
Regulated Services	-945,065	-567,207	0
Unregulated Services	-208,041	23,968	0
Total	-1,153,106	-543,239	0
Total Non-Operating Profit (Loss):	0	0	0
Non-Operating Revenue	0	0	0
Non-Operating Expenses	0	0	0
Total Excess Profit	-1,153,106	-543,239	0
% Change in NPR per EIPA - Regulated	.	.	.
% Change in NOR per EIPA - Regulated	.	.	.
% Change in Oper. Expense per EIPA- Regulated	.	.	.
% Change in Net Operating Profit- Regulated	-66.62	.	.
% Net Operating Profit of Regulated NOR	-9.62	-6.53	0.00
% Change in Net Operating Profit- Total	-112.27	.	.
% Net Total Operating Profit of Total NOR	-7.46	-3.44	0.00
% Change in Total Excess Profit	-112.27	.	.
% Total Excess Profit of Total Revenue	-7.46	-3.44	0.00

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Calvert Memorial Hospital

FISCAL YEAR ENDING	June 2013 -----	June 2012 -----	June 2011 -----
Gross Patient Revenue:			
Regulated Services	138,862,900	135,740,500	129,181,700
Unregulated Services	9,162,932	17,105,738	16,303,597
TOTAL	148,025,832	152,846,238	145,485,297
Net Patient Revenue (NPR):			
Regulated Services	116,275,170	112,025,692	107,446,910
Unregulated Services	4,562,155	13,276,082	12,099,706
TOTAL	120,837,325	125,301,775	119,546,616
Other Operating Revenue:			
Regulated Services	4,305,853	3,698,312	4,551,830
Unregulated Services	663,940	1,480,473	1,031,658
TOTAL	4,969,793	5,178,786	5,583,488
Net Operating Revenue (NOR)			
Regulated Services	120,581,023	115,724,005	111,998,740
Unregulated Services	5,226,095	14,756,556	13,131,364
Total	125,807,118	130,480,560	125,130,104
Total Operating Expenses:			
Regulated Services	106,039,515	105,451,118	101,658,343
Total	118,896,903	130,770,372	124,478,541
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	14,027	14,608	14,469
Total	14,222	16,464	16,231
NPR per EIPA :			
Regulated Services	8,289.13	7,668.87	7,426.11
Total	8,496.38	7,610.64	7,365.24
NOR per EIPA :			
Regulated Services	8,596.09	7,922.05	7,740.71
Total	8,845.82	7,925.19	7,709.24
Operating Expenses per EIPA :			
Regulated Services	7,559.44	7,218.80	7,026.04
Total	8,359.94	7,942.80	7,669.10
Net Operating Profit (Loss):			
Regulated Services	14,541,508	10,272,886	10,340,397
Unregulated Services	-7,631,293	-10,562,698	-9,688,834
Total	6,910,215	-289,812	651,563
Total Non-Operating Profit (Loss):	6,414	3,063,317	606,246
Non-Operating Revenue	504,618	3,063,317	185,975
Non-Operating Expenses	498,204	0	-420,271
Total Excess Profit	6,916,629	2,773,506	1,257,809
% Change in NPR per EIPA - Regulated	8.09	3.27	12.35
% Change in NOR per EIPA - Regulated	8.51	2.34	14.51
% Change in Oper. Expense per EIPA- Regulated	4.72	2.74	11.44
% Change in Net Operating Profit- Regulated	41.55	-0.65	46.73
% Net Operating Profit of Regulated NOR	12.06	8.88	9.23
% Change in Net Operating Profit- Total	2,484.38	-144.48	123.85
% Net Total Operating Profit of Total NOR	5.49	-0.22	0.52
% Change in Total Excess Profit	149.38	120.50	155.51
% Total Excess Profit of Total Revenue	5.48	2.08	1.00

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Carroll County General Hospital

FISCAL YEAR ENDING	June 2013 -----	June 2012 -----	June 2011 -----
Gross Patient Revenue:			
Regulated Services	249,075,200	243,424,400	214,427,800
Unregulated Services	77,746,543	74,684,611	99,094,532
TOTAL	326,821,743	318,109,011	313,522,332
Net Patient Revenue (NPR):			
Regulated Services	208,787,942	203,507,315	182,174,860
Unregulated Services	36,390,537	34,947,553	44,532,619
TOTAL	245,178,479	238,454,868	226,707,479
Other Operating Revenue:			
Regulated Services	3,551,806	959,950	1,112,911
Unregulated Services	905,052	874,246	16,994,099
TOTAL	4,456,858	1,834,196	18,107,010
Net Operating Revenue (NOR)			
Regulated Services	212,339,748	204,467,265	183,287,771
Unregulated Services	37,295,589	35,821,799	61,526,718
Total	249,635,337	240,289,064	244,814,489
Total Operating Expenses:			
Regulated Services	187,052,755	182,701,684	161,836,399
Total	229,386,050	223,442,869	235,383,186
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	20,590	21,220	20,643
Total	26,773	27,510	30,183
NPR per EIPA :			
Regulated Services	10,140.48	9,590.48	8,824.85
Total	9,157.52	8,667.88	7,510.99
NOR per EIPA :			
Regulated Services	10,312.98	9,635.72	8,878.76
Total	9,323.99	8,734.56	8,110.89
Operating Expenses per EIPA :			
Regulated Services	9,084.84	8,609.99	7,839.62
Total	8,567.67	8,122.19	7,798.43
Net Operating Profit (Loss):			
Regulated Services	25,286,993	21,765,581	21,451,372
Unregulated Services	-5,037,706	-4,919,386	-12,020,069
Total	20,249,287	16,846,195	9,431,303
Total Non-Operating Profit (Loss):	10,424,416	-11,976,079	10,693,197
Non-Operating Revenue	11,480,669	1,813,742	11,164,536
Non-Operating Expenses	1,056,253	13,789,821	471,339
Total Excess Profit	30,673,703	4,870,116	20,124,500
% Change in NPR per EIPA - Regulated	5.73	8.68	12.14
% Change in NOR per EIPA - Regulated	7.03	8.53	11.99
% Change in Oper. Expense per EIPA- Regulated	5.51	9.83	4.78
% Change in Net Operating Profit- Regulated	16.18	1.46	115.14
% Net Operating Profit of Regulated NOR	11.91	10.65	11.70
% Change in Net Operating Profit- Total	20.20	78.62	827.80
% Net Total Operating Profit of Total NOR	8.11	7.01	3.85
% Change in Total Excess Profit	529.84	-75.80	637.96
% Total Excess Profit of Total Revenue	11.75	2.01	7.86

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Doctors Community Hospital

FISCAL YEAR ENDING	June 2013 -----	June 2012 -----	June 2011 -----
Gross Patient Revenue:			
Regulated Services	216,854,500	214,285,300	213,054,400
Unregulated Services	15,472,076	14,287,965	11,917,625
TOTAL	232,326,576	228,573,265	224,972,025
Net Patient Revenue (NPR):			
Regulated Services	171,977,743	176,759,733	181,899,812
Unregulated Services	15,430,295	14,210,549	11,872,391
TOTAL	187,408,037	190,970,282	193,772,203
Other Operating Revenue:			
Regulated Services	5,842,396	118,417	352,448
Unregulated Services	3,333,007	6,543,172	5,283,785
TOTAL	9,175,403	6,661,589	5,636,233
Net Operating Revenue (NOR)			
Regulated Services	177,820,138	176,878,150	182,252,260
Unregulated Services	18,763,302	20,753,721	17,156,176
Total	196,583,440	197,631,871	199,408,436
Total Operating Expenses:			
Regulated Services	173,397,492	170,336,837	174,216,209
Total	199,300,918	197,169,715	195,357,324
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	17,279	18,526	20,349
Total	18,512	19,761	21,487
NPR per EIPA :			
Regulated Services	9,952.89	9,541.10	8,939.06
Total	10,123.60	9,663.80	9,018.06
NOR per EIPA :			
Regulated Services	10,291.01	9,547.50	8,956.38
Total	10,619.24	10,000.90	9,280.37
Operating Expenses per EIPA :			
Regulated Services	10,035.06	9,194.41	8,561.47
Total	10,766.04	9,977.52	9,091.83
Net Operating Profit (Loss):			
Regulated Services	4,422,646	6,541,312	8,036,051
Unregulated Services	-7,140,124	-6,079,156	-3,984,940
Total	-2,717,478	462,156	4,051,112
Total Non-Operating Profit (Loss):	1,302,400	-156,352	13,148,798
Non-Operating Revenue	1,302,400	440,832	31,861,714
Non-Operating Expenses	0	597,184	18,712,916
Total Excess Profit	-1,415,078	305,804	17,199,910
% Change in NPR per EIPA - Regulated	4.32	6.73	4.73
% Change in NOR per EIPA - Regulated	7.79	6.60	4.84
% Change in Oper. Expense per EIPA- Regulated	9.14	7.39	3.11
% Change in Net Operating Profit- Regulated	-32.39	-18.60	70.90
% Net Operating Profit of Regulated NOR	2.49	3.70	4.41
% Change in Net Operating Profit- Total	-688.00	-88.59	17.15
% Net Total Operating Profit of Total NOR	-1.38	0.23	2.03
% Change in Total Excess Profit	-562.74	-98.22	589.96
% Total Excess Profit of Total Revenue	-0.72	0.15	7.44

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Fort Washington Medical Center

FISCAL YEAR ENDING	December 2013 -----	December 2012 -----	December 2011 -----
Gross Patient Revenue:			
Regulated Services	46,156,625	46,176,442	47,165,008
Unregulated Services	391,018	565,184	781,339
TOTAL	46,547,643	46,741,626	47,946,347
Net Patient Revenue (NPR):			
Regulated Services	37,357,875	37,540,675	38,192,640
Unregulated Services	391,018	565,184	781,339
TOTAL	37,748,893	38,105,859	38,973,979
Other Operating Revenue:			
Regulated Services	1,717,070	1,761,701	450,760
Unregulated Services	41,245	39,910	31,244
TOTAL	1,758,315	1,801,611	482,004
Net Operating Revenue (NOR)			
Regulated Services	39,074,945	39,302,376	38,643,400
Unregulated Services	432,263	605,094	812,583
Total	39,507,208	39,907,470	39,455,983
Total Operating Expenses:			
Regulated Services	37,851,168	37,600,240	37,259,013
Total	38,931,926	38,806,268	38,485,209
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	5,547	5,727	5,298
Total	5,594	5,737	5,338
NPR per EIPA :			
Regulated Services	6,735.16	6,555.57	7,209.27
Total	6,748.49	6,642.53	7,300.74
NOR per EIPA :			
Regulated Services	7,044.73	6,863.21	7,294.36
Total	7,062.83	6,956.58	7,391.03
Operating Expenses per EIPA :			
Regulated Services	6,824.10	6,565.97	7,033.04
Total	6,959.98	6,764.62	7,209.18
Net Operating Profit (Loss):			
Regulated Services	1,223,777	1,702,136	1,384,387
Unregulated Services	-648,495	-600,935	-413,612
Total	575,282	1,101,202	970,774
Total Non-Operating Profit (Loss):	748	808	4,260
Non-Operating Revenue	748	808	4,260
Non-Operating Expenses	0	0	0
Total Excess Profit	576,030	1,102,010	975,034
% Change in NPR per EIPA - Regulated	2.74	-9.07	16.77
% Change in NOR per EIPA - Regulated	2.64	-5.91	16.53
% Change in Oper. Expense per EIPA- Regulated	3.93	-6.64	14.82
% Change in Net Operating Profit- Regulated	-28.10	22.95	72.69
% Net Operating Profit of Regulated NOR	3.13	4.33	3.58
% Change in Net Operating Profit- Total	-47.76	13.44	144.80
% Net Total Operating Profit of Total NOR	1.46	2.76	2.46
% Change in Total Excess Profit	-47.73	13.02	142.51
% Total Excess Profit of Total Revenue	1.46	2.76	2.47

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Frederick Memorial Hospital

FISCAL YEAR ENDING	June 2013 -----	June 2012 -----	June 2011 -----
Gross Patient Revenue:			
Regulated Services	337,093,700	334,410,300	323,934,900
Unregulated Services	98,857,274	93,637,680	96,349,770
TOTAL	435,950,974	428,047,980	420,284,670
Net Patient Revenue (NPR):			
Regulated Services	276,164,675	267,942,036	272,142,214
Unregulated Services	54,480,258	59,840,190	55,641,683
TOTAL	330,644,933	327,782,227	327,783,897
Other Operating Revenue:			
Regulated Services	5,039,603	4,765,628	7,620,747
Unregulated Services	4,678,290	4,623,611	4,872,253
TOTAL	9,717,893	9,389,239	12,493,000
Net Operating Revenue (NOR)			
Regulated Services	281,204,278	272,707,664	279,762,961
Unregulated Services	59,158,548	64,463,802	60,513,936
Total	340,362,826	337,171,466	340,276,897
Total Operating Expenses:			
Regulated Services	263,988,130	263,435,625	249,564,558
Total	340,965,873	336,582,000	325,809,052
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	31,256	31,289	31,149
Total	40,423	40,050	40,414
NPR per EIPA :			
Regulated Services	8,835.47	8,563.41	8,736.71
Total	8,179.68	8,184.25	8,110.61
NOR per EIPA :			
Regulated Services	8,996.70	8,715.72	8,981.36
Total	8,420.09	8,418.68	8,419.74
Operating Expenses per EIPA :			
Regulated Services	8,445.90	8,419.39	8,011.89
Total	8,435.01	8,403.96	8,061.75
Net Operating Profit (Loss):			
Regulated Services	17,216,148	9,272,039	30,198,403
Unregulated Services	-17,819,196	-8,682,574	-15,730,558
Total	-603,048	589,466	14,467,845
Total Non-Operating Profit (Loss):	11,341,981	-3,588,239	11,282,000
Non-Operating Revenue	14,535,107	4,221,761	11,282,000
Non-Operating Expenses	3,193,127	7,810,000	0
Total Excess Profit	10,738,933	-2,998,773	25,749,845
% Change in NPR per EIPA - Regulated	3.18	-1.98	7.42
% Change in NOR per EIPA - Regulated	3.22	-2.96	8.00
% Change in Oper. Expense per EIPA- Regulated	0.31	5.09	3.08
% Change in Net Operating Profit- Regulated	85.68	-69.30	85.92
% Net Operating Profit of Regulated NOR	6.12	3.40	10.79
% Change in Net Operating Profit- Total	-202.30	-95.93	217.61
% Net Total Operating Profit of Total NOR	-0.18	0.17	4.25
% Change in Total Excess Profit	458.11	-111.65	211.96
% Total Excess Profit of Total Revenue	3.03	-0.88	7.32

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Garrett County Memorial Hospital

FISCAL YEAR ENDING	June 2013	June 2012	June 2011
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Gross Patient Revenue:			
Regulated Services	42,302,400	42,709,900	40,536,700
Unregulated Services	8,618,007	7,931,586	7,680,248
TOTAL	50,920,407	50,641,486	48,216,948
Net Patient Revenue (NPR):			
Regulated Services	34,358,738	33,399,378	32,414,248
Unregulated Services	5,094,768	4,881,490	4,792,388
TOTAL	39,453,506	38,280,868	37,206,636
Other Operating Revenue:			
Regulated Services	727,876	334,136	116,971
Unregulated Services	267,413	302,418	622,209
TOTAL	995,289	636,554	739,180
Net Operating Revenue (NOR)			
Regulated Services	35,086,614	33,733,514	32,531,219
Unregulated Services	5,362,181	5,183,908	5,414,597
Total	40,448,795	38,917,422	37,945,816
Total Operating Expenses:			
Regulated Services	32,516,478	31,978,077	30,293,633
Total	39,162,664	37,720,740	36,053,685
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	4,423	4,440	4,705
Total	4,768	5,299	5,610
NPR per EIPA :			
Regulated Services	7,768.58	7,522.95	6,889.14
Total	8,273.80	7,223.86	6,632.23
NOR per EIPA :			
Regulated Services	7,933.15	7,598.21	6,914.00
Total	8,482.52	7,343.98	6,763.99
Operating Expenses per EIPA :			
Regulated Services	7,352.04	7,202.81	6,438.43
Total	8,212.80	7,118.16	6,426.71
Net Operating Profit (Loss):			
Regulated Services	2,570,135	1,755,437	2,237,587
Unregulated Services	-1,284,004	-558,755	-345,456
Total	1,286,131	1,196,682	1,892,131
Total Non-Operating Profit (Loss):	754,939	425,243	923,010
Non-Operating Revenue	754,939	601,391	886,106
Non-Operating Expenses	0	176,148	-36,904
Total Excess Profit	2,041,070	1,621,925	2,815,141
% Change in NPR per EIPA - Regulated	3.27	9.20	2.82
% Change in NOR per EIPA - Regulated	4.41	9.90	2.53
% Change in Oper. Expense per EIPA- Regulated	2.07	11.87	7.93
% Change in Net Operating Profit- Regulated	46.41	-21.55	-41.12
% Net Operating Profit of Regulated NOR	7.33	5.20	6.88
% Change in Net Operating Profit- Total	7.47	-36.75	-57.71
% Net Total Operating Profit of Total NOR	3.18	3.07	4.99
% Change in Total Excess Profit	25.84	-42.39	-43.39
% Total Excess Profit of Total Revenue	4.95	4.10	7.25

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Germantown Emergency Center

FISCAL YEAR ENDING	June 2013 -----	June 2012 -----	June 2011 -----
Gross Patient Revenue:			
Regulated Services	12,992,000	14,429,600	6,672,043
Unregulated Services	0	0	7,518,602
TOTAL	12,992,000	14,429,600	14,190,645
Net Patient Revenue (NPR):			
Regulated Services	9,389,152	10,350,133	5,041,441
Unregulated Services	0	0	5,285,409
TOTAL	9,389,152	10,350,133	10,326,850
Other Operating Revenue:			
Regulated Services	14,865	20,575	139,408
Unregulated Services	0	0	399,559
TOTAL	14,865	20,575	538,967
Net Operating Revenue (NOR)			
Regulated Services	9,404,017	10,370,708	5,180,849
Unregulated Services	0	0	5,684,968
Total	9,404,017	10,370,708	10,865,817
Total Operating Expenses:			
Regulated Services	11,094,387	10,402,573	5,408,998
Total	11,289,944	10,758,951	11,209,023
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	.	.	.
Total	.	.	.
NPR per EIPA :			
Regulated Services	.	.	.
Total	.	.	.
NOR per EIPA :			
Regulated Services	.	.	.
Total	.	.	.
Operating Expenses per EIPA :			
Regulated Services	.	.	.
Total	.	.	.
Net Operating Profit (Loss):			
Regulated Services	-1,690,370	-31,865	-228,149
Unregulated Services	-195,557	-356,378	-115,057
Total	-1,885,927	-388,243	-343,206
Total Non-Operating Profit (Loss):	-378,665	-338,377	-266,355
Non-Operating Revenue	-378,665	-338,377	-266,355
Non-Operating Expenses	0	0	0
Total Excess Profit	-2,264,592	-726,620	-609,561
% Change in NPR per EIPA - Regulated	.	.	.
% Change in NOR per EIPA - Regulated	.	.	.
% Change in Oper. Expense per EIPA- Regulated	.	.	.
% Change in Net Operating Profit- Regulated	-5,204.79	86.03	.
% Net Operating Profit of Regulated NOR	-17.97	-0.31	-4.40
% Change in Net Operating Profit- Total	-385.76	-13.12	.
% Net Total Operating Profit of Total NOR	-20.05	-3.74	-3.16
% Change in Total Excess Profit	-211.66	-19.20	.
% Total Excess Profit of Total Revenue	-25.09	-7.24	-5.75

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Greater Baltimore Medical Center

FISCAL YEAR ENDING	June 2013 -----	June 2012 -----	June 2011 -----
Gross Patient Revenue:			
Regulated Services	421,137,700	426,432,400	427,052,500
Unregulated Services	44,910,725	43,504,800	41,854,997
TOTAL	466,048,425	469,937,200	468,907,497
Net Patient Revenue (NPR):			
Regulated Services	352,971,792	357,119,673	366,631,415
Unregulated Services	21,816,956	21,597,046	21,670,921
TOTAL	374,788,748	378,716,719	388,302,336
Other Operating Revenue:			
Regulated Services	7,062,683	8,535,246	4,534,388
Unregulated Services	12,145,411	10,795,400	9,811,444
TOTAL	19,208,094	19,330,646	14,345,832
Net Operating Revenue (NOR)			
Regulated Services	360,034,475	365,654,919	371,165,803
Unregulated Services	33,962,367	32,392,446	31,482,365
Total	393,996,842	398,047,365	402,648,168
Total Operating Expenses:			
Regulated Services	330,512,612	339,031,966	336,781,695
Total	379,062,165	384,772,902	383,916,507
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	35,580	34,455	35,457
Total	35,400	34,705	36,232
NPR per EIPA :			
Regulated Services	9,920.46	10,364.73	10,340.03
Total	10,587.14	10,912.51	10,717.01
NOR per EIPA :			
Regulated Services	10,118.96	10,612.45	10,467.92
Total	11,129.73	11,469.51	11,112.95
Operating Expenses per EIPA :			
Regulated Services	9,289.23	9,839.77	9,498.19
Total	10,707.85	11,087.02	10,595.96
Net Operating Profit (Loss):			
Regulated Services	29,521,863	26,622,953	34,384,108
Unregulated Services	-14,587,186	-13,348,490	-15,652,447
Total	14,934,677	13,274,463	18,731,661
Total Non-Operating Profit (Loss):	18,295,933	5,101,873	6,204,084
Non-Operating Revenue	18,792,504	6,816,966	7,100,813
Non-Operating Expenses	496,571	1,715,093	896,729
Total Excess Profit	33,230,610	18,376,336	24,935,745
% Change in NPR per EIPA - Regulated	-4.29	0.24	4.50
% Change in NOR per EIPA - Regulated	-4.65	1.38	4.81
% Change in Oper. Expense per EIPA- Regulated	-5.60	3.60	2.97
% Change in Net Operating Profit- Regulated	10.89	-22.57	24.17
% Net Operating Profit of Regulated NOR	8.20	7.28	9.26
% Change in Net Operating Profit- Total	12.51	-29.13	27.30
% Net Total Operating Profit of Total NOR	3.79	3.33	4.65
% Change in Total Excess Profit	80.83	-26.31	69.36
% Total Excess Profit of Total Revenue	8.05	4.54	6.09

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Holy Cross Hospital

FISCAL YEAR ENDING	June 2013 -----	June 2012 -----	June 2011 -----
Gross Patient Revenue:			
Regulated Services	461,351,200	453,731,600	437,749,300
Unregulated Services	28,420,055	26,444,000	32,444,200
TOTAL	489,771,255	480,175,600	470,193,500
Net Patient Revenue (NPR):			
Regulated Services	373,367,100	362,831,800	361,064,200
Unregulated Services	13,422,946	12,252,600	19,951,900
TOTAL	386,790,046	375,084,400	381,016,100
Other Operating Revenue:			
Regulated Services	6,119,000	4,593,400	3,857,791
Unregulated Services	11,136,000	11,802,100	11,406,409
TOTAL	17,255,000	16,395,500	15,264,200
Net Operating Revenue (NOR)			
Regulated Services	379,486,100	367,425,200	364,921,991
Unregulated Services	24,558,946	24,054,700	31,358,309
Total	404,045,046	391,479,900	396,280,300
Total Operating Expenses:			
Regulated Services	336,499,534	325,133,202	326,261,891
Total	379,895,000	364,822,000	369,945,500
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	39,841	39,200	39,880
Total	42,295	41,485	42,836
NPR per EIPA :			
Regulated Services	9,371.45	9,255.90	9,053.69
Total	9,145.01	9,041.52	8,894.74
NOR per EIPA :			
Regulated Services	9,525.03	9,373.08	9,150.42
Total	9,552.98	9,436.73	9,251.08
Operating Expenses per EIPA :			
Regulated Services	8,446.08	8,294.20	8,181.02
Total	8,981.99	8,794.14	8,636.30
Net Operating Profit (Loss):			
Regulated Services	42,986,566	42,291,998	38,660,100
Unregulated Services	-18,836,520	-15,634,098	-12,325,300
Total	24,150,046	26,657,900	26,334,800
Total Non-Operating Profit (Loss):	13,278,000	-580,000	17,357,300
Non-Operating Revenue	13,278,000	-580,000	17,357,300
Non-Operating Expenses	0	0	0
Total Excess Profit	37,428,046	26,077,900	43,692,100
% Change in NPR per EIPA - Regulated	1.25	2.23	2.64
% Change in NOR per EIPA - Regulated	1.62	2.43	3.31
% Change in Oper. Expense per EIPA- Regulated	1.83	1.38	1.73
% Change in Net Operating Profit- Regulated	1.64	9.39	22.32
% Net Operating Profit of Regulated NOR	11.33	11.51	10.59
% Change in Net Operating Profit- Total	-9.41	1.23	19.78
% Net Total Operating Profit of Total NOR	5.98	6.81	6.65
% Change in Total Excess Profit	43.52	-40.31	37.60
% Total Excess Profit of Total Revenue	8.97	6.67	10.56

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Howard County General Hospital

FISCAL YEAR ENDING	June 2013 -----	June 2012 -----	June 2011 -----
Gross Patient Revenue:			
Regulated Services	278,901,600	275,201,900	255,470,400
Unregulated Services	0	0	0
TOTAL	278,901,600	275,201,900	255,470,400
Net Patient Revenue (NPR):			
Regulated Services	232,449,101	228,528,424	219,286,242
Unregulated Services	0	0	0
TOTAL	232,449,101	228,528,424	219,286,242
Other Operating Revenue:			
Regulated Services	99,739	75,986	54,362
Unregulated Services	1,681,428	1,921,290	2,237,797
TOTAL	1,781,167	1,997,276	2,292,159
Net Operating Revenue (NOR)			
Regulated Services	232,548,840	228,604,410	219,340,604
Unregulated Services	1,681,428	1,921,290	2,237,797
Total	234,230,268	230,525,700	221,578,401
Total Operating Expenses:			
Regulated Services	214,010,558	210,259,612	205,527,459
Total	223,533,128	220,890,194	216,227,019
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	26,183	25,220	24,924
Total	26,183	25,220	24,924
NPR per EIPA :			
Regulated Services	8,877.90	9,061.49	8,798.34
Total	8,877.90	9,061.49	8,798.34
NOR per EIPA :			
Regulated Services	8,881.71	9,064.51	8,800.52
Total	8,945.93	9,140.69	8,890.31
Operating Expenses per EIPA :			
Regulated Services	8,173.68	8,337.11	8,246.30
Total	8,537.38	8,758.63	8,675.60
Net Operating Profit (Loss):			
Regulated Services	18,538,282	18,344,798	13,813,145
Unregulated Services	-7,841,142	-8,709,292	-8,461,763
Total	10,697,140	9,635,506	5,351,382
Total Non-Operating Profit (Loss):	8,692,566	-10,905,869	3,847,185
Non-Operating Revenue	1,763,387	2,601,476	669,164
Non-Operating Expenses	-6,929,179	13,507,345	-3,178,021
Total Excess Profit	19,389,706	-1,270,363	9,198,567
% Change in NPR per EIPA - Regulated	-2.03	2.99	-1.04
% Change in NOR per EIPA - Regulated	-2.02	3.00	-1.04
% Change in Oper. Expense per EIPA- Regulated	-1.96	1.10	-2.92
% Change in Net Operating Profit- Regulated	1.05	32.81	46.01
% Net Operating Profit of Regulated NOR	7.97	8.02	6.30
% Change in Net Operating Profit- Total	11.02	80.06	171.97
% Net Total Operating Profit of Total NOR	4.57	4.18	2.42
% Change in Total Excess Profit	1,626.31	-113.81	317.29
% Total Excess Profit of Total Revenue	8.22	-0.54	4.14

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Johns Hopkins Bayview Medical Center

FISCAL YEAR ENDING	June 2013 -----	June 2012 -----	June 2011 -----
Gross Patient Revenue:			
Regulated Services	596,807,300	584,860,100	530,152,100
Unregulated Services	8,573,900	9,292,400	9,081,800
TOTAL	605,381,200	594,152,500	539,233,900
Net Patient Revenue (NPR):			
Regulated Services	476,903,000	464,656,600	436,873,400
Unregulated Services	8,006,900	8,655,400	8,526,800
TOTAL	484,909,900	473,312,000	445,400,200
Other Operating Revenue:			
Regulated Services	9,832,500	10,640,600	7,822,600
Unregulated Services	38,516,600	40,589,600	41,217,000
TOTAL	48,349,100	51,230,200	49,039,600
Net Operating Revenue (NOR)			
Regulated Services	486,735,500	475,297,200	444,696,000
Unregulated Services	46,523,500	49,245,000	49,743,800
Total	533,259,000	524,542,200	494,439,800
Total Operating Expenses:			
Regulated Services	480,902,619	453,372,164	428,009,429
Total	541,313,000	515,400,000	489,673,000
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	35,676	35,261	34,562
Total	37,030	36,333	35,274
NPR per EIPA :			
Regulated Services	13,367.67	13,177.64	12,640.17
Total	13,095.22	13,026.94	12,626.75
NOR per EIPA :			
Regulated Services	13,643.28	13,479.41	12,866.50
Total	14,400.91	14,436.94	14,016.98
Operating Expenses per EIPA :			
Regulated Services	13,479.78	12,857.62	12,383.71
Total	14,618.41	14,185.32	13,881.85
Net Operating Profit (Loss):			
Regulated Services	5,832,881	21,925,036	16,686,571
Unregulated Services	-13,886,881	-12,782,836	-11,919,771
Total	-8,054,000	9,142,200	4,766,800
Total Non-Operating Profit (Loss):	1,258,000	1,483,500	1,430,200
Non-Operating Revenue	1,258,000	1,483,500	1,430,200
Non-Operating Expenses	0	0	0
Total Excess Profit	-6,796,000	10,625,700	6,197,000
% Change in NPR per EIPA - Regulated	1.44	4.25	-1.38
% Change in NOR per EIPA - Regulated	1.22	4.76	-1.22
% Change in Oper. Expense per EIPA- Regulated	4.84	3.83	-2.65
% Change in Net Operating Profit- Regulated	-73.40	31.39	62.46
% Net Operating Profit of Regulated NOR	1.20	4.61	3.75
% Change in Net Operating Profit- Total	-188.10	91.79	417.91
% Net Total Operating Profit of Total NOR	-1.51	1.74	0.96
% Change in Total Excess Profit	-163.96	71.47	164.26
% Total Excess Profit of Total Revenue	-1.27	2.02	1.25

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Johns Hopkins Hospital

FISCAL YEAR ENDING	June 2013 -----	June 2012 -----	June 2011 -----
Gross Patient Revenue:			
Regulated Services	2,132,419,000	1,851,351,500	1,772,066,300
Unregulated Services	7,919,391	7,839,714	7,944,657
TOTAL	2,140,338,391	1,859,191,214	1,780,010,957
Net Patient Revenue (NPR):			
Regulated Services	1,760,717,473	1,578,655,727	1,526,449,134
Unregulated Services	6,115,491	6,586,531	6,972,290
TOTAL	1,766,832,964	1,585,242,258	1,533,421,424
Other Operating Revenue:			
Regulated Services	14,570,644	14,097,472	13,482,919
Unregulated Services	131,724,408	124,914,611	121,610,341
TOTAL	146,295,052	139,012,083	135,093,260
Net Operating Revenue (NOR)			
Regulated Services	1,775,288,117	1,592,753,199	1,539,932,053
Unregulated Services	137,839,899	131,501,142	128,582,631
Total	1,913,128,016	1,724,254,341	1,668,514,684
Total Operating Expenses:			
Regulated Services	1,757,360,894	1,560,026,965	1,477,115,734
Total	1,897,159,817	1,690,861,340	1,610,358,429
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	77,249	72,575	70,010
Total	77,552	73,281	70,607
NPR per EIPA :			
Regulated Services	22,792.69	21,752.12	21,803.16
Total	22,782.63	21,632.26	21,717.55
NOR per EIPA :			
Regulated Services	22,981.31	21,946.37	21,995.74
Total	24,669.05	23,529.22	23,630.85
Operating Expenses per EIPA :			
Regulated Services	22,749.24	21,495.44	21,098.50
Total	24,463.15	23,073.54	22,807.20
Net Operating Profit (Loss):			
Regulated Services	17,927,223	32,726,234	62,816,319
Unregulated Services	-1,959,024	666,767	-4,660,064
Total	15,968,199	33,393,001	58,156,255
Total Non-Operating Profit (Loss):	35,094,878	32,718,682	23,520,276
Non-Operating Revenue	35,094,878	32,718,682	23,520,276
Non-Operating Expenses	0	0	0
Total Excess Profit	51,063,077	66,111,683	81,676,531
% Change in NPR per EIPA - Regulated	4.78	-0.23	3.44
% Change in NOR per EIPA - Regulated	4.72	-0.22	3.44
% Change in Oper. Expense per EIPA- Regulated	5.83	1.88	3.92
% Change in Net Operating Profit- Regulated	-45.22	-47.90	-6.88
% Net Operating Profit of Regulated NOR	1.01	2.05	4.08
% Change in Net Operating Profit- Total	-52.18	-42.58	-2.53
% Net Total Operating Profit of Total NOR	0.83	1.94	3.49
% Change in Total Excess Profit	-22.76	-19.06	1.77
% Total Excess Profit of Total Revenue	2.62	3.76	4.83

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Laurel Regional Hospital

FISCAL YEAR ENDING	June 2013	June 2012	June 2011
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Gross Patient Revenue:			
Regulated Services	121,542,100	118,724,400	103,068,600
Unregulated Services	3,766,780	3,961,730	4,033,188
TOTAL	125,308,880	122,686,130	107,101,788
Net Patient Revenue (NPR):			
Regulated Services	98,649,934	93,954,841	84,354,149
Unregulated Services	1,477,821	1,273,246	1,324,486
TOTAL	100,127,755	95,228,087	85,678,636
Other Operating Revenue:			
Regulated Services	118,373	-189,126	625,721
Unregulated Services	283,265	249,353	191,582
TOTAL	401,638	60,227	817,303
Net Operating Revenue (NOR)			
Regulated Services	98,768,306	93,765,714	84,979,870
Unregulated Services	1,761,086	1,522,599	1,516,069
Total	100,529,393	95,288,314	86,495,939
Total Operating Expenses:			
Regulated Services	101,679,156	96,874,582	87,305,281
Total	110,799,556	104,340,682	94,179,139
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	9,241	8,850	9,477
Total	9,528	9,145	9,847
NPR per EIPA :			
Regulated Services	10,674.81	10,616.51	8,901.30
Total	10,509.03	10,412.91	8,700.60
NOR per EIPA :			
Regulated Services	10,687.62	10,595.14	8,967.33
Total	10,551.18	10,419.49	8,783.60
Operating Expenses per EIPA :			
Regulated Services	11,002.60	10,946.43	9,212.72
Total	11,629.10	11,409.34	9,563.82
Net Operating Profit (Loss):			
Regulated Services	-2,910,849	-3,108,868	-2,325,411
Unregulated Services	-7,359,314	-5,943,501	-5,357,789
Total	-10,270,163	-9,052,368	-7,683,200
Total Non-Operating Profit (Loss):	8,700,000	9,150,000	8,601,136
Non-Operating Revenue	8,700,000	9,150,000	8,601,136
Non-Operating Expenses	0	0	0
Total Excess Profit	-1,570,163	97,632	917,936
% Change in NPR per EIPA - Regulated	0.55	19.27	1.16
% Change in NOR per EIPA - Regulated	0.87	18.15	1.40
% Change in Oper. Expense per EIPA- Regulated	0.51	18.82	4.11
% Change in Net Operating Profit- Regulated	6.37	-33.69	-3,946.23
% Net Operating Profit of Regulated NOR	-2.95	-3.32	-2.74
% Change in Net Operating Profit- Total	-13.45	-17.82	-37.80
% Net Total Operating Profit of Total NOR	-10.22	-9.50	-8.88
% Change in Total Excess Profit	-1,708.25	-89.36	90.72
% Total Excess Profit of Total Revenue	-1.44	0.09	0.97

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McCready Hospital

FISCAL YEAR ENDING	June 2013 -----	June 2012 -----	June 2011 -----
Gross Patient Revenue:			
Regulated Services	17,975,600	17,710,400	18,235,900
Unregulated Services	1,661,066	1,964,859	2,226,830
TOTAL	19,636,666	19,675,259	20,462,730
Net Patient Revenue (NPR):			
Regulated Services	13,914,617	14,280,227	13,751,431
Unregulated Services	923,548	1,051,180	1,109,237
TOTAL	14,838,165	15,331,407	14,860,668
Other Operating Revenue:			
Regulated Services	90,951	42,511	158,425
Unregulated Services	8,651	5,490	0
TOTAL	99,602	48,001	158,425
Net Operating Revenue (NOR)			
Regulated Services	14,005,568	14,322,738	13,909,856
Unregulated Services	932,199	1,056,670	1,109,237
Total	14,937,767	15,379,408	15,019,093
Total Operating Expenses:			
Regulated Services	14,303,837	13,816,498	12,842,513
Total	14,472,624	13,999,158	15,551,313
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	1,207	1,355	1,542
Total	1,317	1,504	1,733
NPR per EIPA :			
Regulated Services	11,523.68	10,541.96	8,919.72
Total	11,262.67	10,190.64	8,573.76
NOR per EIPA :			
Regulated Services	11,599.00	10,573.34	9,022.48
Total	11,338.27	10,222.55	8,665.17
Operating Expenses per EIPA :			
Regulated Services	11,846.02	10,199.63	8,330.16
Total	10,985.21	9,305.11	8,972.23
Net Operating Profit (Loss):			
Regulated Services	-298,269	506,240	1,067,343
Unregulated Services	763,412	874,010	-1,599,563
Total	465,143	1,380,250	-532,220
Total Non-Operating Profit (Loss):	-35,298	1,880,685	116,254
Non-Operating Revenue	103,748	1,880,685	116,254
Non-Operating Expenses	139,046	0	0
Total Excess Profit	429,845	3,260,935	-415,966
% Change in NPR per EIPA - Regulated	9.31	18.19	7.75
% Change in NOR per EIPA - Regulated	9.70	17.19	8.90
% Change in Oper. Expense per EIPA- Regulated	16.14	22.44	26.74
% Change in Net Operating Profit- Regulated	-158.92	-52.57	-64.11
% Net Operating Profit of Regulated NOR	-2.13	3.53	7.67
% Change in Net Operating Profit- Total	-66.30	359.34	-139.72
% Net Total Operating Profit of Total NOR	3.11	8.97	-3.54
% Change in Total Excess Profit	-86.82	883.94	-127.42
% Total Excess Profit of Total Revenue	2.86	18.89	-2.75

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MedStar Franklin Square

FISCAL YEAR ENDING	June 2013 -----	June 2012 -----	June 2011 -----
Gross Patient Revenue:			
Regulated Services	469,792,200	477,082,000	439,004,200
Unregulated Services	149,321,525	127,868,522	111,702,558
TOTAL	619,113,725	604,950,522	550,706,758
Net Patient Revenue (NPR):			
Regulated Services	385,021,682	391,379,153	376,513,275
Unregulated Services	55,271,201	50,326,959	43,181,867
TOTAL	440,292,883	441,706,112	419,695,142
Other Operating Revenue:			
Regulated Services	4,721,924	3,363,126	3,180,665
Unregulated Services	5,404,183	4,553,768	4,454,235
TOTAL	10,126,107	7,916,894	7,634,900
Net Operating Revenue (NOR)			
Regulated Services	389,743,606	394,742,279	379,693,940
Unregulated Services	60,675,384	54,880,727	47,636,102
Total	450,418,990	449,623,006	427,330,042
Total Operating Expenses:			
Regulated Services	363,168,650	363,245,385	340,668,797
Total	450,358,826	436,640,459	410,262,595
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	36,413	36,473	34,758
Total	31,443	32,085	31,080
NPR per EIPA :			
Regulated Services	10,573.71	10,730.66	10,832.30
Total	14,002.87	13,766.71	13,503.79
NOR per EIPA :			
Regulated Services	10,703.39	10,822.87	10,923.81
Total	14,324.92	14,013.46	13,749.45
Operating Expenses per EIPA :			
Regulated Services	9,973.57	9,959.30	9,801.06
Total	14,323.00	13,608.83	13,200.30
Net Operating Profit (Loss):			
Regulated Services	26,574,956	31,496,894	39,025,143
Unregulated Services	-26,514,792	-18,514,347	-21,957,696
Total	60,164	12,982,547	17,067,447
Total Non-Operating Profit (Loss):	365,370	304,953	376,560
Non-Operating Revenue	365,370	304,953	376,560
Non-Operating Expenses	0	0	0
Total Excess Profit	425,534	13,287,500	17,444,007
% Change in NPR per EIPA - Regulated	-1.46	-0.94	19.37
% Change in NOR per EIPA - Regulated	-1.10	-0.92	19.58
% Change in Oper. Expense per EIPA- Regulated	0.14	1.61	22.34
% Change in Net Operating Profit- Regulated	-15.63	-19.29	-13.32
% Net Operating Profit of Regulated NOR	6.82	7.98	10.28
% Change in Net Operating Profit- Total	-99.54	-23.93	-36.00
% Net Total Operating Profit of Total NOR	0.01	2.89	3.99
% Change in Total Excess Profit	-96.80	-23.83	-35.53
% Total Excess Profit of Total Revenue	0.09	2.95	4.08

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MedStar Good Samaritan

FISCAL YEAR ENDING	June 2013 -----	June 2012 -----	June 2011 -----
Gross Patient Revenue:			
Regulated Services	295,736,800	311,855,400	304,134,300
Unregulated Services	143,520,878	127,393,726	129,542,085
TOTAL	439,257,678	439,249,126	433,676,385
Net Patient Revenue (NPR):			
Regulated Services	239,029,241	251,566,429	259,358,444
Unregulated Services	49,676,077	51,726,988	43,305,707
TOTAL	288,705,318	303,293,417	302,664,151
Other Operating Revenue:			
Regulated Services	3,998,131	3,037,752	2,523,080
Unregulated Services	6,882,784	1,023,745	1,375,499
TOTAL	10,880,915	4,061,497	3,898,579
Net Operating Revenue (NOR)			
Regulated Services	243,027,372	254,604,181	261,881,525
Unregulated Services	56,558,861	52,750,733	44,681,205
Total	299,586,233	307,354,914	306,562,730
Total Operating Expenses:			
Regulated Services	230,253,466	232,260,097	235,303,147
Total	307,783,651	299,758,071	300,253,364
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	21,687	22,529	22,357
Total	20,404	19,640	26,986
NPR per EIPA :			
Regulated Services	11,021.59	11,166.54	11,601.00
Total	14,149.30	15,442.69	11,215.41
NOR per EIPA :			
Regulated Services	11,205.95	11,301.38	11,713.86
Total	14,682.57	15,649.49	11,359.87
Operating Expenses per EIPA :			
Regulated Services	10,616.94	10,309.57	10,525.02
Total	15,084.32	15,262.69	11,126.08
Net Operating Profit (Loss):			
Regulated Services	12,773,906	22,344,084	26,578,377
Unregulated Services	-20,971,324	-14,747,241	-20,269,011
Total	-8,197,418	7,596,843	6,309,366
Total Non-Operating Profit (Loss):	71,034	1,008,235	836,158
Non-Operating Revenue	56,644	1,013,557	836,158
Non-Operating Expenses	-14,390	5,322	0
Total Excess Profit	-8,126,384	8,605,078	7,145,524
% Change in NPR per EIPA - Regulated	-1.30	-3.75	13.73
% Change in NOR per EIPA - Regulated	-0.84	-3.52	13.59
% Change in Oper. Expense per EIPA- Regulated	2.98	-2.05	10.41
% Change in Net Operating Profit- Regulated	-42.83	-15.93	41.03
% Net Operating Profit of Regulated NOR	5.26	8.78	10.15
% Change in Net Operating Profit- Total	-207.91	20.41	38.98
% Net Total Operating Profit of Total NOR	-2.74	2.47	2.06
% Change in Total Excess Profit	-194.44	20.43	0.56
% Total Excess Profit of Total Revenue	-2.71	2.79	2.32

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MedStar Harbor Hospital

FISCAL YEAR ENDING	June 2013 -----	June 2012 -----	June 2011 -----
Gross Patient Revenue:			
Regulated Services	201,141,000	209,694,300	200,717,500
Unregulated Services	72,945,343	66,803,107	36,785,890
TOTAL	274,086,343	276,497,407	237,503,390
Net Patient Revenue (NPR):			
Regulated Services	165,007,143	166,004,244	165,509,687
Unregulated Services	25,598,351	21,464,485	15,245,494
TOTAL	190,605,494	187,468,729	180,755,181
Other Operating Revenue:			
Regulated Services	5,160,187	3,495,467	3,295,795
Unregulated Services	8,819,001	8,367,663	7,445,500
TOTAL	13,979,188	11,863,130	10,741,295
Net Operating Revenue (NOR)			
Regulated Services	170,167,330	169,499,711	168,805,482
Unregulated Services	34,417,352	29,832,148	22,690,994
Total	204,584,682	199,331,859	191,496,476
Total Operating Expenses:			
Regulated Services	157,878,796	166,965,434	156,221,586
Total	198,800,877	202,041,627	183,840,512
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	13,861	14,942	15,536
Total	16,059	16,948	16,210
NPR per EIPA :			
Regulated Services	11,904.52	11,109.59	10,653.05
Total	11,869.01	11,061.13	11,150.63
NOR per EIPA :			
Regulated Services	12,276.81	11,343.52	10,865.19
Total	12,739.50	11,761.09	11,813.26
Operating Expenses per EIPA :			
Regulated Services	11,390.25	11,173.92	10,055.22
Total	12,379.34	11,920.97	11,340.97
Net Operating Profit (Loss):			
Regulated Services	12,288,534	2,534,277	12,583,896
Unregulated Services	-6,504,729	-5,244,045	-4,927,932
Total	5,783,805	-2,709,768	7,655,964
Total Non-Operating Profit (Loss):	277,299	220,219	157,915
Non-Operating Revenue	198,723	220,219	157,915
Non-Operating Expenses	-78,576	0	0
Total Excess Profit	6,061,104	-2,489,549	7,813,879
% Change in NPR per EIPA - Regulated	7.16	4.29	13.53
% Change in NOR per EIPA - Regulated	8.23	4.40	14.26
% Change in Oper. Expense per EIPA- Regulated	1.94	11.13	12.58
% Change in Net Operating Profit- Regulated	384.89	-79.86	24.44
% Net Operating Profit of Regulated NOR	7.22	1.50	7.45
% Change in Net Operating Profit- Total	313.44	-135.39	22.26
% Net Total Operating Profit of Total NOR	2.83	-1.36	4.00
% Change in Total Excess Profit	343.46	-131.86	22.42
% Total Excess Profit of Total Revenue	2.96	-1.25	4.08

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MedStar Montgomery General

FISCAL YEAR ENDING	June 2013 -----	June 2012 -----	June 2011 -----
Gross Patient Revenue:			
Regulated Services	166,869,100	165,915,000	156,795,100
Unregulated Services	8,456,700	7,665,307	7,676,300
TOTAL	175,325,800	173,580,307	164,471,400
Net Patient Revenue (NPR):			
Regulated Services	140,038,336	139,632,555	135,596,229
Unregulated Services	4,357,068	3,286,403	3,782,893
TOTAL	144,395,405	142,918,959	139,379,122
Other Operating Revenue:			
Regulated Services	5,386,913	2,680,765	1,303,300
Unregulated Services	733,038	894,651	764,900
TOTAL	6,119,951	3,575,416	2,068,200
Net Operating Revenue (NOR)			
Regulated Services	145,425,249	142,313,320	136,899,529
Unregulated Services	5,090,107	4,181,054	4,547,793
Total	150,515,356	146,494,375	141,447,322
Total Operating Expenses:			
Regulated Services	128,574,908	124,575,881	119,548,593
Total	143,428,725	137,669,098	133,009,716
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	16,059	15,804	15,450
Total	16,872	16,534	15,061
NPR per EIPA :			
Regulated Services	8,720.47	8,835.11	8,776.38
Total	8,558.08	8,643.71	9,254.38
NOR per EIPA :			
Regulated Services	9,055.92	9,004.73	8,860.73
Total	8,920.80	8,859.95	9,391.70
Operating Expenses per EIPA :			
Regulated Services	8,006.62	7,882.42	7,737.70
Total	8,500.78	8,326.20	8,831.47
Net Operating Profit (Loss):			
Regulated Services	16,850,341	17,737,440	17,350,936
Unregulated Services	-9,763,710	-8,912,163	-8,913,309
Total	7,086,631	8,825,276	8,437,627
Total Non-Operating Profit (Loss):	175,895	179,353	988,687
Non-Operating Revenue	175,895	179,353	988,687
Non-Operating Expenses	0	0	0
Total Excess Profit	7,262,526	9,004,630	9,426,314
% Change in NPR per EIPA - Regulated	-1.30	0.67	0.52
% Change in NOR per EIPA - Regulated	0.57	1.63	0.27
% Change in Oper. Expense per EIPA- Regulated	1.58	1.87	-5.06
% Change in Net Operating Profit- Regulated	-5.00	2.23	77.54
% Net Operating Profit of Regulated NOR	11.59	12.46	12.67
% Change in Net Operating Profit- Total	-19.70	4.59	94.59
% Net Total Operating Profit of Total NOR	4.71	6.02	5.97
% Change in Total Excess Profit	-19.35	-4.47	32.26
% Total Excess Profit of Total Revenue	4.82	6.14	6.62

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MedStar Saint Mary's Hospital

FISCAL YEAR ENDING	June 2013 -----	June 2012 -----	June 2011 -----
Gross Patient Revenue:			
Regulated Services	154,603,000	151,897,000	134,162,900
Unregulated Services	11,584,466	10,086,460	9,278,303
TOTAL	166,187,466	161,983,460	143,441,203
Net Patient Revenue (NPR):			
Regulated Services	122,725,928	115,905,184	110,583,185
Unregulated Services	8,136,699	9,418,294	5,806,361
TOTAL	130,862,627	125,323,478	116,389,545
Other Operating Revenue:			
Regulated Services	252,484	4,778,880	273,700
Unregulated Services	2,025,953	1,180,088	1,397,344
TOTAL	2,278,437	5,958,967	1,671,044
Net Operating Revenue (NOR)			
Regulated Services	122,978,411	120,684,064	110,856,885
Unregulated Services	10,162,653	10,598,382	7,203,705
Total	133,141,064	131,282,445	118,060,590
Total Operating Expenses:			
Regulated Services	106,669,520	106,515,296	96,751,142
Total	122,895,946	121,640,602	112,047,407
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	16,783	16,444	16,151
Total	17,135	17,327	15,119
NPR per EIPA :			
Regulated Services	7,312.63	7,048.41	6,846.82
Total	7,636.99	7,232.88	7,698.38
NOR per EIPA :			
Regulated Services	7,327.67	7,339.03	6,863.77
Total	7,769.95	7,576.79	7,808.91
Operating Expenses per EIPA :			
Regulated Services	6,355.91	6,477.40	5,990.40
Total	7,172.06	7,020.33	7,411.18
Net Operating Profit (Loss):			
Regulated Services	16,308,891	14,168,767	14,105,743
Unregulated Services	-6,063,773	-4,526,924	-8,092,560
Total	10,245,118	9,641,843	6,013,183
Total Non-Operating Profit (Loss):	2,103,498	-1,535	1,437,820
Non-Operating Revenue	444,111	277,093	1,437,820
Non-Operating Expenses	-1,659,387	278,628	0
Total Excess Profit	12,348,616	9,640,308	7,451,003
% Change in NPR per EIPA - Regulated	3.75	2.94	17.52
% Change in NOR per EIPA - Regulated	-0.15	6.92	15.27
% Change in Oper. Expense per EIPA- Regulated	-1.88	8.13	12.14
% Change in Net Operating Profit- Regulated	15.10	0.45	30.95
% Net Operating Profit of Regulated NOR	13.26	11.74	12.72
% Change in Net Operating Profit- Total	6.26	60.35	40.36
% Net Total Operating Profit of Total NOR	7.69	7.34	5.09
% Change in Total Excess Profit	28.09	29.38	209.46
% Total Excess Profit of Total Revenue	9.24	7.33	6.24

HEALTH SERVICES COST REVIEW COMMISSION
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MedStar Southern Maryland

FISCAL YEAR ENDING	June 2013 -----	December 2012 -----	December 2011 -----
Gross Patient Revenue:			
Regulated Services	259,132,417	241,038,800	249,258,400
Unregulated Services	15,399,200	31,423,033	34,892,573
TOTAL	274,531,617	272,461,833	284,150,973
Net Patient Revenue (NPR):			
Regulated Services	200,413,856	199,310,186	208,612,308
Unregulated Services	5,166,698	13,200,279	13,438,473
TOTAL	205,580,554	212,510,465	222,050,781
Other Operating Revenue:			
Regulated Services	114,400	269,077	421,075
Unregulated Services	959,834	628,599	492,728
TOTAL	1,074,234	897,676	913,803
Net Operating Revenue (NOR)			
Regulated Services	200,528,256	199,579,263	209,033,383
Unregulated Services	6,126,532	13,828,878	13,931,201
Total	206,654,788	213,408,141	222,964,584
Total Operating Expenses:			
Regulated Services	222,142,014	193,980,843	198,573,862
Total	234,305,692	217,937,158	217,183,662
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	25,971	23,657	24,068
Total	27,300	26,575	27,310
NPR per EIPA :			
Regulated Services	7,716.73	8,424.99	8,667.45
Total	7,530.30	7,996.51	8,130.86
NOR per EIPA :			
Regulated Services	7,721.14	8,436.36	8,684.94
Total	7,569.65	8,030.29	8,164.32
Operating Expenses per EIPA :			
Regulated Services	8,553.35	8,199.71	8,250.37
Total	8,582.49	8,200.71	7,952.64
Net Operating Profit (Loss):			
Regulated Services	-21,613,758	5,598,420	10,459,521
Unregulated Services	-6,037,146	-10,127,437	-4,678,599
Total	-27,650,904	-4,529,017	5,780,922
Total Non-Operating Profit (Loss):	-104,289	-154,429	27,600
Non-Operating Revenue	0	-154,429	27,600
Non-Operating Expenses	104,289	0	0
Total Excess Profit	-21,613,758	-4,683,446	5,808,522
% Change in NPR per EIPA - Regulated	-8.41	-2.80	10.39
% Change in NOR per EIPA - Regulated	-8.48	-2.86	10.34
% Change in Oper. Expense per EIPA- Regulated	4.31	-0.61	9.93
% Change in Net Operating Profit- Regulated	-486.07	-46.48	20.09
% Net Operating Profit of Regulated NOR	-10.78	2.81	5.00
% Change in Net Operating Profit- Total	-510.53	-178.34	76.75
% Net Total Operating Profit of Total NOR	-13.38	-2.12	2.59
% Change in Total Excess Profit	-361.49	-180.63	71.21
% Total Excess Profit of Total Revenue	-10.46	-2.20	2.60

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MedStar Union Memorial

FISCAL YEAR ENDING	June 2013 -----	June 2012 -----	June 2011 -----
Gross Patient Revenue:			
Regulated Services	406,581,900	422,530,700	400,597,100
Unregulated Services	141,868,889	142,322,669	131,627,547
TOTAL	548,450,789	564,853,369	532,224,647
Net Patient Revenue (NPR):			
Regulated Services	325,853,133	339,127,630	337,555,155
Unregulated Services	51,680,296	48,461,245	47,056,844
TOTAL	377,533,429	387,588,875	384,611,999
Other Operating Revenue:			
Regulated Services	6,118,228	4,132,978	3,836,700
Unregulated Services	8,020,221	8,577,492	8,589,352
TOTAL	14,138,449	12,710,470	12,426,052
Net Operating Revenue (NOR)			
Regulated Services	331,971,361	343,260,608	341,391,855
Unregulated Services	59,700,517	57,038,737	55,646,196
Total	391,671,878	400,299,345	397,038,051
Total Operating Expenses:			
Regulated Services	311,635,984	311,843,852	302,554,958
Total	397,895,616	397,245,796	384,090,530
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	23,497	23,916	23,625
Total	26,977	27,496	26,942
NPR per EIPA :			
Regulated Services	13,867.62	14,179.75	14,287.85
Total	13,994.59	14,096.28	14,275.36
NOR per EIPA :			
Regulated Services	14,128.00	14,352.56	14,450.25
Total	14,518.68	14,558.55	14,736.57
Operating Expenses per EIPA :			
Regulated Services	13,262.57	13,038.95	12,806.38
Total	14,749.39	14,447.49	14,256.01
Net Operating Profit (Loss):			
Regulated Services	20,335,376	31,416,756	38,836,897
Unregulated Services	-26,559,115	-28,363,207	-25,889,376
Total	-6,223,738	3,053,549	12,947,521
Total Non-Operating Profit (Loss):	4,750,979	1,030,745	8,426,792
Non-Operating Revenue	4,750,979	1,030,745	8,426,792
Non-Operating Expenses	0	0	0
Total Excess Profit	-1,472,759	4,084,294	21,374,313
% Change in NPR per EIPA - Regulated	-2.20	-0.76	10.45
% Change in NOR per EIPA - Regulated	-1.56	-0.68	10.45
% Change in Oper. Expense per EIPA- Regulated	1.72	1.82	7.13
% Change in Net Operating Profit- Regulated	-35.27	-19.11	32.09
% Net Operating Profit of Regulated NOR	6.13	9.15	11.38
% Change in Net Operating Profit- Total	-303.82	-76.42	60.30
% Net Total Operating Profit of Total NOR	-1.59	0.76	3.26
% Change in Total Excess Profit	-136.06	-80.89	45.28
% Total Excess Profit of Total Revenue	-0.37	1.02	5.27

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Mercy Medical Center

FISCAL YEAR ENDING	June 2013 -----	June 2012 -----	June 2011 -----
Gross Patient Revenue:			
Regulated Services	470,759,600	459,265,700	420,066,700
Unregulated Services	627,139	683,968	4,647,983
TOTAL	471,386,739	459,949,668	424,714,683
Net Patient Revenue (NPR):			
Regulated Services	398,432,064	385,649,759	356,258,595
Unregulated Services	627,139	683,968	4,647,983
TOTAL	399,059,203	386,333,727	360,906,578
Other Operating Revenue:			
Regulated Services	3,404,900	8,682,300	6,126,028
Unregulated Services	14,337,643	13,322,987	12,019,196
TOTAL	17,742,543	22,005,287	18,145,224
Net Operating Revenue (NOR)			
Regulated Services	401,836,964	394,332,059	362,384,623
Unregulated Services	14,964,782	14,006,955	16,667,179
Total	416,801,746	408,339,014	379,051,802
Total Operating Expenses:			
Regulated Services	386,407,071	372,534,729	341,721,164
Total	413,737,170	399,668,121	366,190,164
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	33,615	32,987	33,407
Total	35,110	33,036	33,776
NPR per EIPA :			
Regulated Services	11,852.93	11,691.06	10,664.29
Total	11,365.91	11,694.38	10,685.19
NOR per EIPA :			
Regulated Services	11,954.22	11,954.26	10,847.66
Total	11,871.25	12,360.48	11,222.41
Operating Expenses per EIPA :			
Regulated Services	11,495.20	11,293.47	10,229.12
Total	11,783.97	12,098.01	10,841.62
Net Operating Profit (Loss):			
Regulated Services	15,429,893	21,797,330	20,663,459
Unregulated Services	-12,365,317	-13,126,437	-7,801,821
Total	3,064,576	8,670,893	12,861,638
Total Non-Operating Profit (Loss):	27,955,631	-22,986,000	22,557,807
Non-Operating Revenue	19,458,083	263,000	3,303,248
Non-Operating Expenses	-8,497,548	23,249,000	-19,254,559
Total Excess Profit	31,020,207	-14,315,107	35,419,445
% Change in NPR per EIPA - Regulated	1.38	9.63	6.61
% Change in NOR per EIPA - Regulated	-0.00	10.20	7.21
% Change in Oper. Expense per EIPA- Regulated	1.79	10.41	11.47
% Change in Net Operating Profit- Regulated	-29.21	5.49	-34.57
% Net Operating Profit of Regulated NOR	3.84	5.53	5.70
% Change in Net Operating Profit- Total	-64.66	-32.58	-49.03
% Net Total Operating Profit of Total NOR	0.74	2.12	3.39
% Change in Total Excess Profit	316.70	-140.42	13.35
% Total Excess Profit of Total Revenue	7.11	-3.50	9.26

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Meritus Medical Center

FISCAL YEAR ENDING	June 2013 -----	June 2012 -----	June 2011 -----
Gross Patient Revenue:			
Regulated Services	301,350,700	295,465,200	275,699,700
Unregulated Services	56,210,900	56,964,400	48,028,200
TOTAL	357,561,600	352,429,600	323,727,900
Net Patient Revenue (NPR):			
Regulated Services	247,469,100	244,455,300	232,040,400
Unregulated Services	33,954,400	31,708,200	28,878,200
TOTAL	281,423,500	276,163,500	260,918,600
Other Operating Revenue:			
Regulated Services	7,830,700	7,051,500	5,263,297
Unregulated Services	7,696,600	2,896,900	2,771,903
TOTAL	15,527,300	9,948,400	8,035,200
Net Operating Revenue (NOR)			
Regulated Services	255,299,800	251,506,800	237,303,697
Unregulated Services	41,651,000	34,605,100	31,650,103
Total	296,950,800	286,111,900	268,953,800
Total Operating Expenses:			
Regulated Services	244,991,246	247,646,762	228,333,405
Total	285,886,372	283,953,400	261,819,900
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	25,234	25,130	25,377
Total	29,900	29,975	29,796
NPR per EIPA :			
Regulated Services	9,806.89	9,727.62	9,143.74
Total	9,412.04	9,213.13	8,756.81
NOR per EIPA :			
Regulated Services	10,117.21	10,008.22	9,351.14
Total	9,931.34	9,545.02	9,026.48
Operating Expenses per EIPA :			
Regulated Services	9,708.70	9,854.62	8,997.66
Total	9,561.30	9,473.01	8,787.06
Net Operating Profit (Loss):			
Regulated Services	10,308,554	3,860,038	8,970,292
Unregulated Services	755,874	-1,701,538	-1,836,392
Total	11,064,428	2,158,500	7,133,900
Total Non-Operating Profit (Loss):	-1,948,200	2,553,900	5,176,800
Non-Operating Revenue	9,342,900	2,553,900	5,254,300
Non-Operating Expenses	11,291,100	0	77,500
Total Excess Profit	9,116,228	4,712,400	12,310,700
% Change in NPR per EIPA - Regulated	0.81	6.39	8.69
% Change in NOR per EIPA - Regulated	1.09	7.03	9.00
% Change in Oper. Expense per EIPA- Regulated	-1.48	9.52	6.01
% Change in Net Operating Profit- Regulated	167.06	-56.97	294.96
% Net Operating Profit of Regulated NOR	4.04	1.53	3.78
% Change in Net Operating Profit- Total	412.60	-69.74	4,389.78
% Net Total Operating Profit of Total NOR	3.73	0.75	2.65
% Change in Total Excess Profit	93.45	-61.72	308.04
% Total Excess Profit of Total Revenue	2.98	1.63	4.49

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Northwest Hospital Center

FISCAL YEAR ENDING	June 2013 -----	June 2012 -----	June 2011 -----
Gross Patient Revenue:			
Regulated Services	248,252,700	238,730,100	227,677,300
Unregulated Services	36,074,239	31,341,808	27,427,434
TOTAL	284,326,939	270,071,908	255,104,734
Net Patient Revenue (NPR):			
Regulated Services	197,370,392	193,159,085	187,938,400
Unregulated Services	16,188,598	12,355,386	11,408,249
TOTAL	213,558,990	205,514,471	199,346,649
Other Operating Revenue:			
Regulated Services	2,225,751	3,904,164	1,139,100
Unregulated Services	5,389,249	4,202,790	1,395,685
TOTAL	7,615,000	8,106,954	2,534,785
Net Operating Revenue (NOR)			
Regulated Services	199,596,143	197,063,249	189,077,500
Unregulated Services	21,577,847	16,558,176	12,803,934
Total	221,173,990	213,621,425	201,881,434
Total Operating Expenses:			
Regulated Services	179,749,164	178,234,237	170,174,366
Total	207,890,900	203,241,310	190,792,966
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	24,043	22,557	21,539
Total	23,277	22,195	21,538
NPR per EIPA :			
Regulated Services	8,209.22	8,563.11	8,725.59
Total	9,174.56	9,259.41	9,255.67
NOR per EIPA :			
Regulated Services	8,301.79	8,736.19	8,778.47
Total	9,501.70	9,624.66	9,373.36
Operating Expenses per EIPA :			
Regulated Services	7,476.30	7,901.46	7,900.84
Total	8,931.05	9,156.99	8,858.52
Net Operating Profit (Loss):			
Regulated Services	19,846,980	18,829,012	18,903,134
Unregulated Services	-6,563,890	-8,448,897	-7,814,666
Total	13,283,090	10,380,115	11,088,468
Total Non-Operating Profit (Loss):	10,330,900	1,315,681	12,763,168
Non-Operating Revenue	9,138,000	1,315,681	12,763,168
Non-Operating Expenses	-1,192,900	0	0
Total Excess Profit	23,613,990	11,695,796	23,851,636
% Change in NPR per EIPA - Regulated	-4.13	-1.86	6.31
% Change in NOR per EIPA - Regulated	-4.97	-0.48	6.34
% Change in Oper. Expense per EIPA- Regulated	-5.38	0.01	6.31
% Change in Net Operating Profit- Regulated	5.41	-0.39	5.69
% Net Operating Profit of Regulated NOR	9.94	9.55	10.00
% Change in Net Operating Profit- Total	27.97	-6.39	15.75
% Net Total Operating Profit of Total NOR	6.01	4.86	5.49
% Change in Total Excess Profit	101.90	-50.96	41.12
% Total Excess Profit of Total Revenue	10.25	5.44	11.11

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Peninsula Regional Medical Center

FISCAL YEAR ENDING	June 2013 -----	June 2012 -----	June 2011 -----
Gross Patient Revenue:			
Regulated Services	412,641,500	414,765,500	406,379,600
Unregulated Services	65,444,500	62,011,400	50,655,400
TOTAL	478,086,000	476,776,900	457,035,000
Net Patient Revenue (NPR):			
Regulated Services	335,753,200	336,910,100	339,681,900
Unregulated Services	23,926,300	24,508,400	22,959,100
TOTAL	359,679,500	361,418,500	362,641,000
Other Operating Revenue:			
Regulated Services	5,401,400	1,238,700	1,131,600
Unregulated Services	1,063,700	1,151,100	1,252,900
TOTAL	6,465,100	2,389,800	2,384,500
Net Operating Revenue (NOR)			
Regulated Services	341,154,600	338,148,800	340,813,500
Unregulated Services	24,990,000	25,659,500	24,212,000
Total	366,144,600	363,808,300	365,025,500
Total Operating Expenses:			
Regulated Services	315,285,076	309,515,853	304,199,081
Total	369,279,600	357,522,300	347,492,600
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	31,095	31,130	31,681
Total	36,247	36,135	36,028
NPR per EIPA :			
Regulated Services	10,797.82	10,822.80	10,721.88
Total	9,922.88	10,001.81	10,065.65
NOR per EIPA :			
Regulated Services	10,971.53	10,862.59	10,757.59
Total	10,101.24	10,067.94	10,131.83
Operating Expenses per EIPA :			
Regulated Services	10,139.56	9,942.79	9,601.88
Total	10,187.73	9,893.98	9,645.18
Net Operating Profit (Loss):			
Regulated Services	25,869,524	28,632,947	36,614,419
Unregulated Services	-29,004,524	-22,346,947	-19,081,519
Total	-3,135,000	6,286,000	17,532,900
Total Non-Operating Profit (Loss):	13,854,000	9,551,000	13,306,100
Non-Operating Revenue	13,854,000	9,603,000	15,292,000
Non-Operating Expenses	0	52,000	1,985,900
Total Excess Profit	10,719,000	15,837,000	30,839,000
% Change in NPR per EIPA - Regulated	-0.23	0.94	2.19
% Change in NOR per EIPA - Regulated	1.00	0.98	2.25
% Change in Oper. Expense per EIPA- Regulated	1.98	3.55	-0.03
% Change in Net Operating Profit- Regulated	-9.65	-21.80	26.00
% Net Operating Profit of Regulated NOR	7.58	8.47	10.74
% Change in Net Operating Profit- Total	-149.87	-64.15	149.40
% Net Total Operating Profit of Total NOR	-0.86	1.73	4.80
% Change in Total Excess Profit	-32.32	-48.65	61.57
% Total Excess Profit of Total Revenue	2.82	4.24	8.11

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Prince Georges' Hospital Center

FISCAL YEAR ENDING	June 2013 -----	June 2012 -----	June 2011 -----
Gross Patient Revenue:			
Regulated Services	249,192,555	255,903,800	263,104,300
Unregulated Services	16,344,218	16,268,731	33,038,345
TOTAL	265,536,772	272,172,531	296,142,645
Net Patient Revenue (NPR):			
Regulated Services	205,002,819	204,531,176	214,749,210
Unregulated Services	6,571,695	6,303,810	13,179,800
TOTAL	211,574,515	210,834,986	227,929,011
Other Operating Revenue:			
Regulated Services	3,652,361	1,273,509	1,308,349
Unregulated Services	1,260,997	997,687	1,604,648
TOTAL	4,913,358	2,271,197	2,912,997
Net Operating Revenue (NOR)			
Regulated Services	208,655,180	205,804,685	216,057,559
Unregulated Services	7,832,692	7,301,497	14,784,448
Total	216,487,873	213,106,183	230,842,008
Total Operating Expenses:			
Regulated Services	211,129,768	203,825,149	212,877,166
Total	237,801,774	227,988,386	242,965,897
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	14,764	15,237	16,957
Total	14,464	15,076	17,802
NPR per EIPA :			
Regulated Services	13,885.66	13,423.68	12,664.27
Total	14,628.15	13,984.69	12,803.91
NOR per EIPA :			
Regulated Services	14,133.04	13,507.26	12,741.43
Total	14,967.85	14,135.34	12,967.55
Operating Expenses per EIPA :			
Regulated Services	14,300.66	13,377.34	12,553.88
Total	16,441.49	15,122.48	13,648.61
Net Operating Profit (Loss):			
Regulated Services	-2,474,588	1,979,536	3,180,393
Unregulated Services	-18,839,314	-16,861,740	-15,304,283
Total	-21,313,902	-14,882,204	-12,123,890
Total Non-Operating Profit (Loss):	22,342,000	22,252,141	18,769,249
Non-Operating Revenue	22,342,000	22,252,141	22,714,349
Non-Operating Expenses	0	0	3,945,100
Total Excess Profit	1,028,098	7,369,937	6,645,359
% Change in NPR per EIPA - Regulated	3.44	6.00	10.40
% Change in NOR per EIPA - Regulated	4.63	6.01	10.11
% Change in Oper. Expense per EIPA- Regulated	6.90	6.56	6.52
% Change in Net Operating Profit- Regulated	-225.01	-37.76	183.16
% Net Operating Profit of Regulated NOR	-1.19	0.96	1.47
% Change in Net Operating Profit- Total	-43.22	-22.75	40.38
% Net Total Operating Profit of Total NOR	-9.85	-6.98	-5.25
% Change in Total Excess Profit	-86.05	10.90	283.71
% Total Excess Profit of Total Revenue	0.43	3.13	2.62

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Queen Annes Emergency Center

FISCAL YEAR ENDING	June 2013 -----	June 2012 -----	June 2011 -----
Gross Patient Revenue:			
Regulated Services	4,999,900	5,262,800	3,118,500
Unregulated Services	0	0	0
TOTAL	4,999,900	5,262,800	3,118,500
Net Patient Revenue (NPR):			
Regulated Services	4,038,910	4,141,820	2,863,559
Unregulated Services	0	0	0
TOTAL	4,038,910	4,141,820	2,863,559
Other Operating Revenue:			
Regulated Services	15,386	-1	0
Unregulated Services	0	1	0
TOTAL	15,386	0	0
Net Operating Revenue (NOR)			
Regulated Services	4,054,296	4,141,819	2,863,559
Unregulated Services	0	1	0
Total	4,054,296	4,141,820	2,863,559
Total Operating Expenses:			
Regulated Services	7,562,784	5,951,191	5,051,791
Total	7,562,784	5,951,191	5,051,791
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	.	.	.
Total	.	.	.
NPR per EIPA :			
Regulated Services	.	.	.
Total	.	.	.
NOR per EIPA :			
Regulated Services	.	.	.
Total	.	.	.
Operating Expenses per EIPA :			
Regulated Services	.	.	.
Total	.	.	.
Net Operating Profit (Loss):			
Regulated Services	-3,508,488	-1,809,372	-2,188,232
Unregulated Services	0	1	0
Total	-3,508,488	-1,809,371	-2,188,232
Total Non-Operating Profit (Loss):	50,254	-116,436	0
Non-Operating Revenue	50,254	-116,436	0
Non-Operating Expenses	0	0	0
Total Excess Profit	-3,458,234	-1,925,807	-2,188,232
% Change in NPR per EIPA - Regulated	.	.	.
% Change in NOR per EIPA - Regulated	.	.	.
% Change in Oper. Expense per EIPA- Regulated	.	.	.
% Change in Net Operating Profit- Regulated	-93.91	17.31	.
% Net Operating Profit of Regulated NOR	-86.54	-43.69	-76.42
% Change in Net Operating Profit- Total	-93.91	17.31	.
% Net Total Operating Profit of Total NOR	-86.54	-43.69	-76.42
% Change in Total Excess Profit	-79.57	11.99	.
% Total Excess Profit of Total Revenue	-84.25	-47.84	-76.42

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Saint Agnes Hospital

FISCAL YEAR ENDING	June 2013	June 2012	June 2011
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Gross Patient Revenue:			
Regulated Services	404,669,900	401,564,200	376,582,900
Unregulated Services	166,822,313	158,452,693	139,902,712
TOTAL	571,492,213	560,016,893	516,485,612
Net Patient Revenue (NPR):			
Regulated Services	331,731,681	330,910,826	318,111,245
Unregulated Services	69,671,974	69,184,299	57,182,251
TOTAL	401,403,655	400,095,125	375,293,496
Other Operating Revenue:			
Regulated Services	6,619,006	4,476,674	2,843,020
Unregulated Services	5,465,872	5,432,666	4,257,915
TOTAL	12,084,878	9,909,340	7,100,935
Net Operating Revenue (NOR)			
Regulated Services	338,350,687	335,387,500	320,954,265
Unregulated Services	75,137,846	74,616,966	61,440,166
Total	413,488,533	410,004,465	382,394,431
Total Operating Expenses:			
Regulated Services	282,897,718	286,983,653	278,581,383
Total	387,262,188	388,515,810	363,256,557
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	30,052	29,848	28,884
Total	42,441	37,319	35,929
NPR per EIPA :			
Regulated Services	11,038.49	11,086.68	11,013.44
Total	9,457.90	10,721.05	10,445.46
NOR per EIPA :			
Regulated Services	11,258.74	11,236.66	11,111.87
Total	9,742.65	10,986.59	10,643.10
Operating Expenses per EIPA :			
Regulated Services	9,413.52	9,614.96	9,644.86
Total	9,124.70	10,410.77	10,110.44
Net Operating Profit (Loss):			
Regulated Services	55,452,969	48,403,847	42,372,882
Unregulated Services	-29,226,624	-26,915,191	-23,235,008
Total	26,226,345	21,488,655	19,137,874
Total Non-Operating Profit (Loss):	15,657,000	22,026,368	34,402,050
Non-Operating Revenue	15,619,000	478,886	34,402,050
Non-Operating Expenses	-38,000	-21,547,482	0
Total Excess Profit	41,883,345	43,515,023	53,539,924
% Change in NPR per EIPA - Regulated	-0.43	0.67	10.00
% Change in NOR per EIPA - Regulated	0.20	1.12	10.29
% Change in Oper. Expense per EIPA- Regulated	-2.10	-0.31	7.64
% Change in Net Operating Profit- Regulated	14.56	14.23	23.62
% Net Operating Profit of Regulated NOR	16.39	14.43	13.20
% Change in Net Operating Profit- Total	22.05	12.28	23.88
% Net Total Operating Profit of Total NOR	6.34	5.24	5.00
% Change in Total Excess Profit	-3.75	-18.72	25.03
% Total Excess Profit of Total Revenue	9.76	10.60	12.85

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Shady Grove Adventist Hospital

FISCAL YEAR ENDING	December 2013 -----	December 2012 -----	December 2011 -----
Gross Patient Revenue:			
Regulated Services	375,189,800	348,706,200	358,655,535
Unregulated Services	27,614,020	30,434,434	21,556,507
TOTAL	402,803,820	379,140,634	380,212,042
Net Patient Revenue (NPR):			
Regulated Services	306,717,029	294,975,318	306,195,153
Unregulated Services	13,372,763	14,983,447	7,200,472
TOTAL	320,089,792	309,958,765	313,395,625
Other Operating Revenue:			
Regulated Services	5,247,337	2,524,169	2,944,664
Unregulated Services	5,820,855	6,341,040	4,388,402
TOTAL	11,068,192	8,865,209	7,333,066
Net Operating Revenue (NOR)			
Regulated Services	311,964,366	297,499,487	309,139,817
Unregulated Services	19,193,618	21,324,487	11,588,874
Total	331,157,984	318,823,974	320,728,691
Total Operating Expenses:			
Regulated Services	283,029,117	277,340,979	282,132,916
Total	315,633,624	310,920,356	296,255,894
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	32,605	33,685	31,475
Total	35,005	36,625	33,367
NPR per EIPA :			
Regulated Services	9,407.11	8,756.85	9,728.20
Total	9,144.24	8,463.02	9,392.47
NOR per EIPA :			
Regulated Services	9,568.05	8,831.79	9,821.76
Total	9,460.43	8,705.08	9,612.24
Operating Expenses per EIPA :			
Regulated Services	8,680.59	8,233.35	8,963.71
Total	9,016.94	8,489.28	8,878.79
Net Operating Profit (Loss):			
Regulated Services	28,935,249	20,158,508	27,006,901
Unregulated Services	-13,410,889	-12,254,890	-2,534,103
Total	15,524,360	7,903,618	24,472,797
Total Non-Operating Profit (Loss):	-260,667	1,005,006	1,197,213
Non-Operating Revenue	-260,667	1,802,328	1,197,213
Non-Operating Expenses	0	797,322	0
Total Excess Profit	15,263,693	8,908,624	25,670,010
% Change in NPR per EIPA - Regulated	7.43	-9.98	9.11
% Change in NOR per EIPA - Regulated	8.34	-10.08	8.89
% Change in Oper. Expense per EIPA- Regulated	5.43	-8.15	8.60
% Change in Net Operating Profit- Regulated	43.54	-25.36	7.36
% Net Operating Profit of Regulated NOR	9.28	6.78	8.74
% Change in Net Operating Profit- Total	96.42	-67.70	10.00
% Net Total Operating Profit of Total NOR	4.69	2.48	7.63
% Change in Total Excess Profit	71.34	-65.30	4.38
% Total Excess Profit of Total Revenue	4.61	2.78	7.97

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Sinai Hospital of Baltimore

FISCAL YEAR ENDING	June 2013 -----	June 2012 -----	June 2011 -----
Gross Patient Revenue:			
Regulated Services	684,516,800	676,602,700	636,490,900
Unregulated Services	169,421,934	153,761,069	146,550,900
TOTAL	853,938,734	830,363,769	783,041,800
Net Patient Revenue (NPR):			
Regulated Services	564,285,587	565,251,457	549,875,500
Unregulated Services	81,351,241	72,810,960	66,297,500
TOTAL	645,636,828	638,062,417	616,173,000
Other Operating Revenue:			
Regulated Services	16,233,000	6,501,576	11,172,500
Unregulated Services	34,075,711	38,199,150	27,165,276
TOTAL	50,308,711	44,700,726	38,337,776
Net Operating Revenue (NOR)			
Regulated Services	580,518,587	571,753,033	561,048,000
Unregulated Services	115,426,952	111,010,110	93,462,776
Total	695,945,539	682,763,143	654,510,776
Total Operating Expenses:			
Regulated Services	530,048,218	525,697,277	498,388,230
Total	680,645,621	668,599,780	630,868,676
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	41,325	42,045	39,610
Total	51,553	51,600	48,731
NPR per EIPA :			
Regulated Services	13,654.83	13,443.91	13,882.08
Total	12,523.72	12,365.52	12,644.46
NOR per EIPA :			
Regulated Services	14,047.65	13,598.54	14,164.14
Total	13,499.58	13,231.81	13,431.18
Operating Expenses per EIPA :			
Regulated Services	12,826.34	12,503.16	12,582.24
Total	13,202.80	12,957.33	12,946.02
Net Operating Profit (Loss):			
Regulated Services	50,470,369	46,055,756	62,659,770
Unregulated Services	-35,170,451	-31,892,393	-39,017,670
Total	15,299,918	14,163,363	23,642,100
Total Non-Operating Profit (Loss):	18,967,000	8,966,054	20,566,000
Non-Operating Revenue	18,967,000	8,966,054	20,566,000
Non-Operating Expenses	0	0	0
Total Excess Profit	34,266,918	23,129,417	44,208,100
% Change in NPR per EIPA - Regulated	1.57	-3.16	2.25
% Change in NOR per EIPA - Regulated	3.30	-3.99	2.69
% Change in Oper. Expense per EIPA- Regulated	2.58	-0.63	-0.34
% Change in Net Operating Profit- Regulated	9.59	-26.50	36.29
% Net Operating Profit of Regulated NOR	8.69	8.06	11.17
% Change in Net Operating Profit- Total	8.02	-40.09	150.47
% Net Total Operating Profit of Total NOR	2.20	2.07	3.61
% Change in Total Excess Profit	48.15	-47.68	131.91
% Total Excess Profit of Total Revenue	4.79	3.34	6.55

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Suburban Hospital

FISCAL YEAR ENDING	June 2013 -----	June 2012 -----	June 2011 -----
Gross Patient Revenue:			
Regulated Services	280,578,500	272,892,400	253,166,900
Unregulated Services	10,147,116	10,349,192	17,329,554
TOTAL	290,725,616	283,241,592	270,496,454
Net Patient Revenue (NPR):			
Regulated Services	232,362,800	229,323,220	217,988,385
Unregulated Services	3,093,016	7,363,073	14,264,942
TOTAL	235,455,816	236,686,293	232,253,327
Other Operating Revenue:			
Regulated Services	7,003,940	4,740,818	4,587,637
Unregulated Services	42,394,260	11,768,869	9,160,414
TOTAL	49,398,200	16,509,687	13,748,051
Net Operating Revenue (NOR)			
Regulated Services	239,366,740	234,064,038	222,576,022
Unregulated Services	45,487,276	19,131,942	23,425,356
Total	284,854,016	253,195,980	246,001,378
Total Operating Expenses:			
Regulated Services	218,871,188	216,882,253	208,508,731
Total	251,081,646	239,149,257	230,275,371
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	20,337	20,973	20,516
Total	20,568	21,768	21,921
NPR per EIPA :			
Regulated Services	11,425.41	10,934.19	10,625.20
Total	11,447.56	10,872.92	10,595.24
NOR per EIPA :			
Regulated Services	11,769.80	11,160.23	10,848.81
Total	13,849.24	11,631.34	11,222.42
Operating Expenses per EIPA :			
Regulated Services	10,762.02	10,341.00	10,163.14
Total	12,207.27	10,986.06	10,505.01
Net Operating Profit (Loss):			
Regulated Services	20,495,552	17,181,785	14,067,291
Unregulated Services	13,276,817	-3,135,062	1,658,716
Total	33,772,370	14,046,723	15,726,007
Total Non-Operating Profit (Loss):	4,362,488	-2,603,825	5,903,537
Non-Operating Revenue	4,362,488	-2,603,825	5,903,537
Non-Operating Expenses	0	0	0
Total Excess Profit	38,134,858	11,442,898	21,629,544
% Change in NPR per EIPA - Regulated	4.49	2.91	1.74
% Change in NOR per EIPA - Regulated	5.46	2.87	0.65
% Change in Oper. Expense per EIPA- Regulated	4.07	1.75	-1.12
% Change in Net Operating Profit- Regulated	19.29	22.14	45.61
% Net Operating Profit of Regulated NOR	8.56	7.34	6.32
% Change in Net Operating Profit- Total	140.43	-10.68	72.43
% Net Total Operating Profit of Total NOR	11.86	5.55	6.39
% Change in Total Excess Profit	233.26	-47.10	142.78
% Total Excess Profit of Total Revenue	13.19	4.57	8.59

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UM Baltimore Washington

FISCAL YEAR ENDING	June 2013 -----	June 2012 -----	June 2011 -----
Gross Patient Revenue:			
Regulated Services	376,812,800	381,065,300	353,767,500
Unregulated Services	10,944,461	11,077,953	9,157,167
TOTAL	387,757,261	392,143,253	362,924,667
Net Patient Revenue (NPR):			
Regulated Services	308,070,323	312,825,359	295,750,514
Unregulated Services	10,944,461	11,077,953	9,157,167
TOTAL	319,014,784	323,903,313	304,907,681
Other Operating Revenue:			
Regulated Services	1,904,465	2,569,890	1,565,762
Unregulated Services	1,670,068	1,558,022	1,587,190
TOTAL	3,574,533	4,127,912	3,152,953
Net Operating Revenue (NOR)			
Regulated Services	309,974,788	315,395,249	297,316,277
Unregulated Services	12,614,529	12,635,976	10,744,357
Total	322,589,317	328,031,225	308,060,634
Total Operating Expenses:			
Regulated Services	307,055,161	301,328,290	281,461,913
Total	326,994,589	313,491,003	293,156,534
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	32,625	30,546	29,727
Total	33,573	31,434	30,496
NPR per EIPA :			
Regulated Services	9,442.71	10,241.12	9,949.04
Total	9,502.18	10,304.23	9,998.28
NOR per EIPA :			
Regulated Services	9,501.09	10,325.25	10,001.71
Total	9,608.65	10,435.55	10,101.67
Operating Expenses per EIPA :			
Regulated Services	9,411.60	9,864.73	9,468.37
Total	9,739.87	9,972.98	9,612.95
Net Operating Profit (Loss):			
Regulated Services	2,919,627	14,066,959	15,854,364
Unregulated Services	-7,324,899	473,264	-950,265
Total	-4,405,272	14,540,222	14,904,099
Total Non-Operating Profit (Loss):	24,629	-3,288,000	4,246,000
Non-Operating Revenue	4,424,231	1,577,000	4,246,000
Non-Operating Expenses	4,399,602	4,865,000	0
Total Excess Profit	-4,380,643	11,252,222	19,150,099
% Change in NPR per EIPA - Regulated	-7.80	2.94	12.34
% Change in NOR per EIPA - Regulated	-7.98	3.23	12.34
% Change in Oper. Expense per EIPA- Regulated	-4.59	4.19	9.32
% Change in Net Operating Profit- Regulated	-79.24	-11.27	106.08
% Net Operating Profit of Regulated NOR	0.94	4.46	5.33
% Change in Net Operating Profit- Total	-130.30	-2.44	113.11
% Net Total Operating Profit of Total NOR	-1.37	4.43	4.84
% Change in Total Excess Profit	-138.93	-41.24	122.89
% Total Excess Profit of Total Revenue	-1.34	3.41	6.13

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UM Charles Regional Medical Center

FISCAL YEAR ENDING	June 2013 -----	June 2012 -----	June 2011 -----
Gross Patient Revenue:			
Regulated Services	137,003,900	126,393,900	115,504,200
Unregulated Services	999,343	425,147	760,000
TOTAL	138,003,243	126,819,047	116,264,200
Net Patient Revenue (NPR):			
Regulated Services	112,746,501	103,830,122	95,590,668
Unregulated Services	842,746	215,805	284,800
TOTAL	113,589,247	104,045,927	95,875,468
Other Operating Revenue:			
Regulated Services	-156,758	-282,149	147,457
Unregulated Services	483,220	474,202	487,058
TOTAL	326,462	192,054	634,515
Net Operating Revenue (NOR)			
Regulated Services	112,589,742	103,547,973	95,738,125
Unregulated Services	1,325,966	690,007	771,858
Total	113,915,709	104,237,981	96,509,983
Total Operating Expenses:			
Regulated Services	100,889,258	94,890,378	92,856,943
Total	103,915,537	96,010,018	93,575,970
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	14,264	12,406	12,619
Total	14,368	12,448	12,679
NPR per EIPA :			
Regulated Services	7,904.32	8,369.20	7,574.99
Total	7,905.74	8,358.48	7,561.51
NOR per EIPA :			
Regulated Services	7,893.33	8,346.45	7,586.68
Total	7,928.46	8,373.90	7,611.56
Operating Expenses per EIPA :			
Regulated Services	7,073.05	7,648.61	7,358.36
Total	7,232.45	7,712.92	7,380.16
Net Operating Profit (Loss):			
Regulated Services	11,700,484	8,657,595	2,881,182
Unregulated Services	-1,700,312	-429,633	52,831
Total	10,000,172	8,227,962	2,934,013
Total Non-Operating Profit (Loss):	-5,266,000	-8,884,000	1,659,487
Non-Operating Revenue	-5,266,000	-8,884,000	1,659,487
Non-Operating Expenses	0	0	0
Total Excess Profit	4,734,172	-656,038	4,593,499
% Change in NPR per EIPA - Regulated	-5.55	10.48	-0.81
% Change in NOR per EIPA - Regulated	-5.43	10.01	-0.71
% Change in Oper. Expense per EIPA- Regulated	-7.53	3.94	-1.61
% Change in Net Operating Profit- Regulated	35.15	200.49	43.06
% Net Operating Profit of Regulated NOR	10.39	8.36	3.01
% Change in Net Operating Profit- Total	21.54	180.43	74.39
% Net Total Operating Profit of Total NOR	8.78	7.89	3.04
% Change in Total Excess Profit	821.63	-114.28	146.82
% Total Excess Profit of Total Revenue	4.36	-0.69	4.68

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UM Harford Memorial Hospital

FISCAL YEAR ENDING	December 2013 -----	December 2012 -----	December 2011 -----
Gross Patient Revenue:			
Regulated Services	103,499,300	104,451,400	100,465,500
Unregulated Services	130,700	163,300	221,600
TOTAL	103,630,000	104,614,700	100,687,100
Net Patient Revenue (NPR):			
Regulated Services	80,749,039	82,984,005	80,367,789
Unregulated Services	61,300	104,000	151,800
TOTAL	80,810,339	83,088,005	80,519,589
Other Operating Revenue:			
Regulated Services	2,452,600	1,050,423	1,091,500
Unregulated Services	479,400	2,361,577	488,500
TOTAL	2,932,000	3,412,000	1,580,000
Net Operating Revenue (NOR)			
Regulated Services	83,201,639	84,034,428	81,459,289
Unregulated Services	540,700	2,465,577	640,300
Total	83,742,339	86,500,005	82,099,589
Total Operating Expenses:			
Regulated Services	77,131,271	80,495,251	77,961,016
Total	79,558,000	83,528,951	80,374,000
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	10,519	10,561	10,041
Total	10,532	10,577	10,063
NPR per EIPA :			
Regulated Services	7,676.72	7,857.65	8,003.72
Total	7,672.86	7,855.22	8,001.19
NOR per EIPA :			
Regulated Services	7,909.88	7,957.12	8,112.42
Total	7,951.25	8,177.79	8,158.20
Operating Expenses per EIPA :			
Regulated Services	7,332.78	7,622.00	7,764.04
Total	7,553.95	7,896.91	7,986.73
Net Operating Profit (Loss):			
Regulated Services	6,070,368	3,539,177	3,498,273
Unregulated Services	-1,886,029	-568,123	-1,772,684
Total	4,184,339	2,971,054	1,725,589
Total Non-Operating Profit (Loss):	7,340,000	5,297,000	-621,000
Non-Operating Revenue	7,340,000	5,297,000	0
Non-Operating Expenses	0	0	621,000
Total Excess Profit	11,524,339	8,268,054	1,104,589
% Change in NPR per EIPA - Regulated	-2.30	-1.83	10.28
% Change in NOR per EIPA - Regulated	-0.59	-1.91	10.75
% Change in Oper. Expense per EIPA- Regulated	-3.79	-1.83	13.63
% Change in Net Operating Profit- Regulated	71.52	1.17	-36.92
% Net Operating Profit of Regulated NOR	7.30	4.21	4.29
% Change in Net Operating Profit- Total	40.84	72.18	-47.63
% Net Total Operating Profit of Total NOR	5.00	3.43	2.10
% Change in Total Excess Profit	39.38	648.52	-86.98
% Total Excess Profit of Total Revenue	12.65	9.01	1.35

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UM Midtown

FISCAL YEAR ENDING	June 2013 -----	June 2012 -----	June 2011 -----
Gross Patient Revenue:			
Regulated Services	216,173,800	185,438,390	183,154,500
Unregulated Services	19,029,350	8,054,159	8,412,068
TOTAL	235,203,150	193,492,549	191,566,568
Net Patient Revenue (NPR):			
Regulated Services	177,185,337	154,041,944	155,116,834
Unregulated Services	6,168,253	8,008,771	8,339,749
TOTAL	183,353,590	162,050,715	163,456,583
Other Operating Revenue:			
Regulated Services	270,527	865,829	132,329
Unregulated Services	1,212,224	1,157,473	1,203,226
TOTAL	1,482,751	2,023,301	1,335,555
Net Operating Revenue (NOR)			
Regulated Services	177,455,864	154,907,773	155,249,163
Unregulated Services	7,380,478	9,166,243	9,542,975
Total	184,836,341	164,074,016	164,792,138
Total Operating Expenses:			
Regulated Services	159,502,922	144,339,647	136,759,389
Total	188,088,728	168,209,026	160,525,000
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	11,991	13,404	13,553
Total	13,046	13,986	14,175
NPR per EIPA :			
Regulated Services	14,776.59	11,492.34	11,445.47
Total	14,053.87	11,586.59	11,531.21
NOR per EIPA :			
Regulated Services	14,799.15	11,556.93	11,455.23
Total	14,167.52	11,731.26	11,625.43
Operating Expenses per EIPA :			
Regulated Services	13,301.95	10,768.50	10,090.94
Total	14,416.81	12,026.91	11,324.40
Net Operating Profit (Loss):			
Regulated Services	17,952,942	10,568,126	18,489,775
Unregulated Services	-21,205,328	-14,703,136	-14,222,636
Total	-3,252,386	-4,135,010	4,267,138
Total Non-Operating Profit (Loss):	-432,000	-678,000	-108,000
Non-Operating Revenue	-432,000	100,000	-108,000
Non-Operating Expenses	0	778,000	0
Total Excess Profit	-3,684,386	-4,813,010	4,159,138
% Change in NPR per EIPA - Regulated	28.58	0.41	6.38
% Change in NOR per EIPA - Regulated	28.05	0.89	6.28
% Change in Oper. Expense per EIPA- Regulated	23.53	6.71	5.63
% Change in Net Operating Profit- Regulated	69.88	-42.84	5.68
% Net Operating Profit of Regulated NOR	10.12	6.82	11.91
% Change in Net Operating Profit- Total	21.35	-196.90	45.80
% Net Total Operating Profit of Total NOR	-1.76	-2.52	2.59
% Change in Total Excess Profit	23.45	-215.72	10.77
% Total Excess Profit of Total Revenue	-2.00	-2.93	2.53

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UM Rehabilitation & Orthopaedic Institute

FISCAL YEAR ENDING	June 2013 -----	June 2012 -----	June 2011 -----
Gross Patient Revenue:			
Regulated Services	115,227,400	117,995,400	103,574,600
Unregulated Services	1,438,975	1,667,820	1,928,233
TOTAL	116,666,375	119,663,220	105,502,833
Net Patient Revenue (NPR):			
Regulated Services	97,022,400	99,715,400	88,207,600
Unregulated Services	806,975	916,820	1,143,233
TOTAL	97,829,375	100,632,220	89,350,833
Other Operating Revenue:			
Regulated Services	705,340	1,040,606	618,529
Unregulated Services	1,810,147	1,841,976	1,955,016
TOTAL	2,515,487	2,882,582	2,573,545
Net Operating Revenue (NOR)			
Regulated Services	97,727,740	100,756,006	88,826,129
Unregulated Services	2,617,121	2,758,796	3,098,248
Total	100,344,862	103,514,802	91,924,378
Total Operating Expenses:			
Regulated Services	98,425,900	95,494,655	87,246,523
Total	101,635,160	98,824,910	90,594,000
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	6,107	5,643	5,250
Total	6,183	5,722	5,348
NPR per EIPA :			
Regulated Services	15,887.28	17,671.73	16,799.86
Total	15,821.84	17,585.64	16,706.57
NOR per EIPA :			
Regulated Services	16,002.78	17,856.15	16,917.66
Total	16,228.66	18,089.38	17,187.77
Operating Expenses per EIPA :			
Regulated Services	16,117.10	16,923.72	16,616.81
Total	16,437.34	17,269.81	16,939.02
Net Operating Profit (Loss):			
Regulated Services	-698,160	5,261,351	1,579,606
Unregulated Services	-592,139	-571,459	-249,229
Total	-1,290,298	4,689,892	1,330,378
Total Non-Operating Profit (Loss):	905,000	-317,000	1,932,000
Non-Operating Revenue	905,000	-317,000	1,932,000
Non-Operating Expenses	0	0	0
Total Excess Profit	-385,298	4,372,892	3,262,378
% Change in NPR per EIPA - Regulated	-10.10	5.19	-3.85
% Change in NOR per EIPA - Regulated	-10.38	5.55	-3.84
% Change in Oper. Expense per EIPA- Regulated	-4.77	1.85	-4.57
% Change in Net Operating Profit- Regulated	-113.27	233.08	74.74
% Net Operating Profit of Regulated NOR	-0.71	5.22	1.78
% Change in Net Operating Profit- Total	-127.51	252.52	1,093.41
% Net Total Operating Profit of Total NOR	-1.29	4.53	1.45
% Change in Total Excess Profit	-108.81	34.04	177.63
% Total Excess Profit of Total Revenue	-0.38	4.24	3.48

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UM Saint Joseph

FISCAL YEAR ENDING	June 2013 -----	June 2012 -----	June 2011 -----
Gross Patient Revenue:			
Regulated Services	337,661,500	354,785,600	362,195,000
Unregulated Services	50,839,541	48,931,087	47,028,886
TOTAL	388,501,041	403,716,687	409,223,886
Net Patient Revenue (NPR):			
Regulated Services	251,556,991	286,710,810	293,912,806
Unregulated Services	24,022,541	23,504,013	23,093,568
TOTAL	275,579,532	310,214,823	317,006,374
Other Operating Revenue:			
Regulated Services	135,501	389,513	490,972
Unregulated Services	8,677,499	5,934,776	5,721,239
TOTAL	8,813,000	6,324,288	6,212,211
Net Operating Revenue (NOR)			
Regulated Services	251,692,492	287,100,323	294,403,778
Unregulated Services	32,700,040	29,438,788	28,814,807
Total	284,392,532	316,539,111	323,218,585
Total Operating Expenses:			
Regulated Services	284,063,416	286,684,281	293,587,390
Total	350,245,000	344,709,199	347,676,334
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	24,887	25,988	26,720
Total	28,634	29,571	30,190
NPR per EIPA :			
Regulated Services	10,107.98	11,032.61	10,999.57
Total	9,624.19	10,490.43	10,500.42
NOR per EIPA :			
Regulated Services	10,113.43	11,047.60	11,017.95
Total	9,931.97	10,704.30	10,706.19
Operating Expenses per EIPA :			
Regulated Services	11,414.14	11,031.59	10,987.39
Total	12,231.77	11,656.92	11,516.32
Net Operating Profit (Loss):			
Regulated Services	-32,370,924	416,042	816,389
Unregulated Services	-33,481,543	-28,586,130	-25,274,138
Total	-65,852,468	-28,170,088	-24,457,749
Total Non-Operating Profit (Loss):	-6,660,000	3,763,186	8,418,345
Non-Operating Revenue	5,113,000	3,763,182	8,418,345
Non-Operating Expenses	11,773,000	-4	0
Total Excess Profit	-72,512,468	-24,406,902	-16,039,404
% Change in NPR per EIPA - Regulated	-8.38	0.30	1.40
% Change in NOR per EIPA - Regulated	-8.46	0.27	1.52
% Change in Oper. Expense per EIPA- Regulated	3.47	0.40	3.73
% Change in Net Operating Profit- Regulated	-7,880.68	-49.04	-88.96
% Net Operating Profit of Regulated NOR	-12.86	0.14	0.28
% Change in Net Operating Profit- Total	-133.77	-15.18	-38.05
% Net Total Operating Profit of Total NOR	-23.16	-8.90	-7.57
% Change in Total Excess Profit	-197.10	-52.17	-30.69
% Total Excess Profit of Total Revenue	-25.05	-7.62	-4.84

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UM Shore Medical Chestertown

FISCAL YEAR ENDING	June 2013 -----	June 2012 -----	June 2011 -----
Gross Patient Revenue:			
Regulated Services	62,791,800	65,051,700	62,310,300
Unregulated Services	3,590,997	3,579,369	2,877,368
TOTAL	66,382,797	68,631,069	65,187,668
Net Patient Revenue (NPR):			
Regulated Services	48,143,539	49,528,431	51,340,374
Unregulated Services	3,231,997	2,157,309	1,704,749
TOTAL	51,375,536	51,685,740	53,045,123
Other Operating Revenue:			
Regulated Services	80,723	204,497	208,861
Unregulated Services	223,432	251,867	289,153
TOTAL	304,155	456,364	498,014
Net Operating Revenue (NOR)			
Regulated Services	48,224,262	49,732,928	51,549,234
Unregulated Services	3,455,429	2,409,176	1,993,902
Total	51,679,691	52,142,104	53,543,137
Total Operating Expenses:			
Regulated Services	46,820,546	50,318,541	49,886,918
Total	51,865,507	54,293,956	53,012,104
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	4,695	5,527	5,495
Total	4,841	5,703	5,631
NPR per EIPA :			
Regulated Services	10,254.50	8,960.38	9,343.83
Total	10,612.59	9,063.17	9,420.48
NOR per EIPA :			
Regulated Services	10,271.70	8,997.38	9,381.84
Total	10,675.42	9,143.20	9,508.92
Operating Expenses per EIPA :			
Regulated Services	9,972.71	9,103.32	9,079.30
Total	10,713.80	9,520.53	9,414.61
Net Operating Profit (Loss):			
Regulated Services	1,403,716	-585,613	1,662,317
Unregulated Services	-1,589,533	-1,566,239	-1,131,284
Total	-185,817	-2,151,852	531,033
Total Non-Operating Profit (Loss):	1,251,802	204,000	1,561,894
Non-Operating Revenue	1,251,802	602,016	1,618,790
Non-Operating Expenses	0	398,016	56,896
Total Excess Profit	1,065,985	-1,947,852	2,092,927
% Change in NPR per EIPA - Regulated	14.44	-4.10	17.00
% Change in NOR per EIPA - Regulated	14.16	-4.10	16.85
% Change in Oper. Expense per EIPA- Regulated	9.55	0.26	13.42
% Change in Net Operating Profit- Regulated	339.70	-135.23	973.00
% Net Operating Profit of Regulated NOR	2.91	-1.18	3.22
% Change in Net Operating Profit- Total	91.36	-505.22	131.72
% Net Total Operating Profit of Total NOR	-0.36	-4.13	0.99
% Change in Total Excess Profit	154.73	-193.07	303.59
% Total Excess Profit of Total Revenue	2.01	-3.69	3.79

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UM Shore Medical Dorchester

FISCAL YEAR ENDING	June 2013 -----	June 2012 -----	June 2011 -----
Gross Patient Revenue:			
Regulated Services	59,897,900	59,359,900	56,094,100
Unregulated Services	3,250,913	2,472,867	1,587,378
TOTAL	63,148,813	61,832,767	57,681,478
Net Patient Revenue (NPR):			
Regulated Services	46,893,694	47,614,371	47,446,616
Unregulated Services	1,296,834	734,338	613,466
TOTAL	48,190,528	48,348,709	48,060,082
Other Operating Revenue:			
Regulated Services	113,804	222,340	371,076
Unregulated Services	279,429	262,525	301,145
TOTAL	393,233	484,865	672,221
Net Operating Revenue (NOR)			
Regulated Services	47,007,498	47,836,711	47,817,692
Unregulated Services	1,576,264	996,863	914,611
Total	48,583,761	48,833,574	48,732,303
Total Operating Expenses:			
Regulated Services	38,660,406	40,439,854	41,944,947
Total	42,329,887	43,070,521	44,051,259
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	5,867	5,903	6,169
Total	6,186	6,149	6,344
NPR per EIPA :			
Regulated Services	7,992.59	8,066.34	7,691.07
Total	7,790.79	7,863.18	7,576.12
NOR per EIPA :			
Regulated Services	8,011.99	8,104.01	7,751.22
Total	7,854.36	7,942.03	7,682.09
Operating Expenses per EIPA :			
Regulated Services	6,589.31	6,850.91	6,799.25
Total	6,843.32	7,004.76	6,944.17
Net Operating Profit (Loss):			
Regulated Services	8,347,091	7,396,857	5,872,745
Unregulated Services	-2,093,218	-1,633,805	-1,191,701
Total	6,253,874	5,763,053	4,681,044
Total Non-Operating Profit (Loss):	376,979	-186,965	671,304
Non-Operating Revenue	376,979	-186,965	671,304
Non-Operating Expenses	0	0	0
Total Excess Profit	6,630,853	5,576,088	5,352,348
% Change in NPR per EIPA - Regulated	-0.91	4.88	7.01
% Change in NOR per EIPA - Regulated	-1.14	4.55	6.18
% Change in Oper. Expense per EIPA- Regulated	-3.82	0.76	0.50
% Change in Net Operating Profit- Regulated	12.85	25.95	76.48
% Net Operating Profit of Regulated NOR	17.76	15.46	12.28
% Change in Net Operating Profit- Total	8.52	23.11	187.35
% Net Total Operating Profit of Total NOR	12.87	11.80	9.61
% Change in Total Excess Profit	18.92	4.18	218.21
% Total Excess Profit of Total Revenue	13.54	11.46	10.83

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UM Shore Medical Easton

FISCAL YEAR ENDING	June 2013 -----	June 2012 -----	June 2011 -----
Gross Patient Revenue:			
Regulated Services	186,358,600	184,647,500	173,171,500
Unregulated Services	39,880,874	37,070,671	33,489,644
TOTAL	226,239,474	221,718,171	206,661,144
Net Patient Revenue (NPR):			
Regulated Services	149,505,473	152,889,603	145,233,736
Unregulated Services	14,312,219	13,326,855	13,110,959
TOTAL	163,817,692	166,216,458	158,344,695
Other Operating Revenue:			
Regulated Services	918,482	3,652,293	4,036,480
Unregulated Services	1,650,793	934,678	1,421,491
TOTAL	2,569,275	4,586,971	5,457,971
Net Operating Revenue (NOR)			
Regulated Services	150,423,955	156,541,896	149,270,216
Unregulated Services	15,963,011	14,261,533	14,532,450
Total	166,386,967	170,803,429	163,802,666
Total Operating Expenses:			
Regulated Services	137,324,774	141,357,659	140,221,608
Total	156,018,117	155,789,668	154,561,476
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	15,530	16,087	16,228
Total	18,854	19,316	19,366
NPR per EIPA :			
Regulated Services	9,626.79	9,504.11	8,949.77
Total	8,688.92	8,604.98	8,176.46
NOR per EIPA :			
Regulated Services	9,685.93	9,731.15	9,198.51
Total	8,825.20	8,842.45	8,458.30
Operating Expenses per EIPA :			
Regulated Services	8,842.46	8,787.25	8,640.91
Total	8,275.23	8,065.19	7,981.11
Net Operating Profit (Loss):			
Regulated Services	13,099,182	15,184,237	9,048,607
Unregulated Services	-2,730,332	-170,476	192,582
Total	10,368,850	15,013,761	9,241,189
Total Non-Operating Profit (Loss):	4,002,174	-1,952,423	9,777,820
Non-Operating Revenue	4,002,174	-1,952,423	9,777,820
Non-Operating Expenses	0	0	0
Total Excess Profit	14,371,024	13,061,338	19,019,010
% Change in NPR per EIPA - Regulated	1.29	6.19	7.03
% Change in NOR per EIPA - Regulated	-0.46	5.79	8.58
% Change in Oper. Expense per EIPA- Regulated	0.63	1.69	6.61
% Change in Net Operating Profit- Regulated	-13.73	67.81	49.99
% Net Operating Profit of Regulated NOR	8.71	9.70	6.06
% Change in Net Operating Profit- Total	-30.94	62.47	72.03
% Net Total Operating Profit of Total NOR	6.23	8.79	5.64
% Change in Total Excess Profit	10.03	-31.32	91.88
% Total Excess Profit of Total Revenue	8.43	7.74	10.96

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UM Upper Chesapeake

FISCAL YEAR ENDING	December 2013 -----	December 2012 -----	December 2011 -----
Gross Patient Revenue:			
Regulated Services	290,000,800	283,588,000	259,833,100
Unregulated Services	226,600	310,400	273,900
TOTAL	290,227,400	283,898,400	260,107,000
Net Patient Revenue (NPR):			
Regulated Services	241,546,300	237,245,612	215,725,606
Unregulated Services	121,000	205,200	182,900
TOTAL	241,667,300	237,450,812	215,908,506
Other Operating Revenue:			
Regulated Services	2,938,400	1,355,018	1,336,000
Unregulated Services	2,642,600	6,192,982	2,403,000
TOTAL	5,581,000	7,548,000	3,739,000
Net Operating Revenue (NOR)			
Regulated Services	244,484,700	238,600,630	217,061,606
Unregulated Services	2,763,600	6,398,182	2,585,900
Total	247,248,300	244,998,812	219,647,506
Total Operating Expenses:			
Regulated Services	220,046,741	217,111,969	190,492,953
Total	228,970,300	225,852,000	198,755,260
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	26,153	25,594	23,305
Total	26,174	25,622	23,330
NPR per EIPA :			
Regulated Services	9,235.81	9,269.51	9,256.60
Total	9,233.23	9,267.39	9,254.69
NOR per EIPA :			
Regulated Services	9,348.17	9,322.46	9,313.93
Total	9,446.46	9,561.98	9,414.96
Operating Expenses per EIPA :			
Regulated Services	8,413.75	8,482.86	8,173.89
Total	8,748.12	8,814.70	8,519.44
Net Operating Profit (Loss):			
Regulated Services	24,437,959	21,488,661	26,568,653
Unregulated Services	-6,159,959	-2,341,849	-5,676,407
Total	18,278,000	19,146,812	20,892,246
Total Non-Operating Profit (Loss):	4,122,000	-3,602,000	-11,775,000
Non-Operating Revenue	4,122,000	471,000	0
Non-Operating Expenses	0	4,073,000	11,775,000
Total Excess Profit	22,400,000	15,544,812	9,117,246
% Change in NPR per EIPA - Regulated	-0.36	0.14	15.22
% Change in NOR per EIPA - Regulated	0.28	0.09	15.37
% Change in Oper. Expense per EIPA- Regulated	-0.81	3.78	10.31
% Change in Net Operating Profit- Regulated	13.72	-19.12	70.46
% Net Operating Profit of Regulated NOR	10.00	9.01	12.24
% Change in Net Operating Profit- Total	-4.54	-8.35	92.80
% Net Total Operating Profit of Total NOR	7.39	7.82	9.51
% Change in Total Excess Profit	44.10	70.50	-16.06
% Total Excess Profit of Total Revenue	8.91	6.33	4.15

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FISCAL YEAR 2011 TO 2013

Union Hospital of Cecil County

FISCAL YEAR ENDING	June 2013 -----	June 2012 -----	June 2011 -----
Gross Patient Revenue:			
Regulated Services	153,372,900	148,428,400	137,717,900
Unregulated Services	35,956,700	36,898,300	33,392,400
TOTAL	189,329,600	185,326,700	171,110,300
Net Patient Revenue (NPR):			
Regulated Services	125,947,900	121,323,300	113,936,800
Unregulated Services	15,230,700	15,504,200	13,922,700
TOTAL	141,178,600	136,827,500	127,859,500
Other Operating Revenue:			
Regulated Services	2,787,800	618,900	829,400
Unregulated Services	2,087,100	1,916,900	1,882,900
TOTAL	4,874,900	2,535,800	2,712,300
Net Operating Revenue (NOR)			
Regulated Services	128,735,700	121,942,200	114,766,200
Unregulated Services	17,317,800	17,421,100	15,805,600
Total	146,053,500	139,363,300	130,571,800
Total Operating Expenses:			
Regulated Services	112,982,000	106,988,700	102,914,000
Total	140,941,500	134,374,600	126,141,700
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	12,828	13,309	13,899
Total	15,834	16,616	17,267
NPR per EIPA :			
Regulated Services	9,818.47	9,115.61	8,197.34
Total	8,916.11	8,234.81	7,404.65
NOR per EIPA :			
Regulated Services	10,035.80	9,162.11	8,257.01
Total	9,223.98	8,387.42	7,561.73
Operating Expenses per EIPA :			
Regulated Services	8,807.70	8,038.58	7,404.29
Total	8,901.14	8,087.18	7,305.17
Net Operating Profit (Loss):			
Regulated Services	15,753,700	14,953,500	11,852,200
Unregulated Services	-10,641,700	-9,964,800	-7,422,100
Total	5,112,000	4,988,700	4,430,100
Total Non-Operating Profit (Loss):	4,169,500	-732,300	6,581,100
Non-Operating Revenue	4,771,900	-344,500	6,766,700
Non-Operating Expenses	602,400	387,800	185,600
Total Excess Profit	9,281,500	4,256,400	11,011,200
% Change in NPR per EIPA - Regulated	7.71	11.20	19.46
% Change in NOR per EIPA - Regulated	9.54	10.96	18.70
% Change in Oper. Expense per EIPA- Regulated	9.57	8.57	10.17
% Change in Net Operating Profit- Regulated	5.35	26.17	230.25
% Net Operating Profit of Regulated NOR	12.24	12.26	10.33
% Change in Net Operating Profit- Total	2.47	12.61	322.09
% Net Total Operating Profit of Total NOR	3.50	3.58	3.39
% Change in Total Excess Profit	118.06	-61.34	244.20
% Total Excess Profit of Total Revenue	6.15	3.06	8.02

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University MIEMSS

FISCAL YEAR ENDING	June 2013 -----	June 2012 -----	June 2011 -----
Gross Patient Revenue:			
Regulated Services	188,680,900	181,819,200	180,648,800
Unregulated Services	3,609,000	3,046,000	3,453,000
TOTAL	192,289,900	184,865,200	184,101,800
Net Patient Revenue (NPR):			
Regulated Services	154,423,000	154,091,408	153,261,047
Unregulated Services	3,609,000	3,046,000	3,453,000
TOTAL	158,032,000	157,137,408	156,714,047
Other Operating Revenue:			
Regulated Services	3,091,000	3,263,000	3,201,000
Unregulated Services	0	0	0
TOTAL	3,091,000	3,263,000	3,201,000
Net Operating Revenue (NOR)			
Regulated Services	157,514,000	157,354,408	156,462,047
Unregulated Services	3,609,000	3,046,000	3,453,000
Total	161,123,000	160,400,408	159,915,047
Total Operating Expenses:			
Regulated Services	136,670,900	133,571,300	138,690,000
Total	144,594,000	140,164,000	144,828,400
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	8,535	8,862	8,516
Total	8,698	9,011	8,679
NPR per EIPA :			
Regulated Services	18,092.47	17,386.90	17,996.07
Total	18,167.80	17,438.45	18,056.39
NOR per EIPA :			
Regulated Services	18,454.62	17,755.08	18,371.94
Total	18,523.15	17,800.57	18,425.21
Operating Expenses per EIPA :			
Regulated Services	16,012.60	15,071.52	16,285.13
Total	16,622.93	15,554.82	16,686.94
Net Operating Profit (Loss):			
Regulated Services	20,843,100	23,783,108	17,772,047
Unregulated Services	-4,314,100	-3,546,700	-2,685,400
Total	16,529,000	20,236,408	15,086,647
Total Non-Operating Profit (Loss):	1,500,000	1,500,000	1,966,000
Non-Operating Revenue	791,450	1,500,000	1,966,000
Non-Operating Expenses	-708,550	0	0
Total Excess Profit	18,029,000	21,736,408	17,052,647
% Change in NPR per EIPA - Regulated	4.06	-3.39	5.49
% Change in NOR per EIPA - Regulated	3.94	-3.36	5.30
% Change in Oper. Expense per EIPA- Regulated	6.24	-7.45	-4.01
% Change in Net Operating Profit- Regulated	-12.36	33.82	350.51
% Net Operating Profit of Regulated NOR	13.23	15.11	11.36
% Change in Net Operating Profit- Total	-18.32	34.13	5,715.90
% Net Total Operating Profit of Total NOR	10.26	12.62	9.43
% Change in Total Excess Profit	-17.06	27.47	904.66
% Total Excess Profit of Total Revenue	11.13	13.43	10.53

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University UMCC

FISCAL YEAR ENDING	-----	June 2012	June 2011
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Gross Patient Revenue:			
Regulated Services	0	59,320,800	50,120,400
Unregulated Services	0	0	0
TOTAL	0	59,320,800	50,120,400
Net Patient Revenue (NPR):			
Regulated Services	0	51,737,776	44,600,287
Unregulated Services	0	0	0
TOTAL	0	51,737,776	44,600,287
Other Operating Revenue:			
Regulated Services	0	94,000	105,000
Unregulated Services	0	0	0
TOTAL	0	94,000	105,000
Net Operating Revenue (NOR)			
Regulated Services	0	51,831,776	44,705,287
Unregulated Services	0	0	0
Total	0	51,831,776	44,705,287
Total Operating Expenses:			
Regulated Services	0	57,727,800	55,014,937
Total	0	58,704,000	56,140,037
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	0	3,415	3,236
Total	0	3,415	3,236
NPR per EIPA :			
Regulated Services	0.00	15,151.87	13,782.68
Total	0.00	15,151.87	13,782.68
NOR per EIPA :			
Regulated Services	0.00	15,179.39	13,815.13
Total	0.00	15,179.39	13,815.13
Operating Expenses per EIPA :			
Regulated Services	0.00	16,906.10	17,001.09
Total	0.00	17,191.99	17,348.78
Net Operating Profit (Loss):			
Regulated Services	0	-5,896,024	-10,309,650
Unregulated Services	0	-976,200	-1,125,100
Total	0	-6,872,224	-11,434,750
Total Non-Operating Profit (Loss):	0	349,202	138,758
Non-Operating Revenue	0	335,000	806,000
Non-Operating Expenses	0	-14,202	667,242
Total Excess Profit	0	-6,523,022	-11,295,992
% Change in NPR per EIPA - Regulated	-100.00	9.93	-21.56
% Change in NOR per EIPA - Regulated	-100.00	9.88	-21.72
% Change in Oper. Expense per EIPA- Regulated	-100.00	-0.56	-33.47
% Change in Net Operating Profit- Regulated	100.00	42.81	44.97
% Net Operating Profit of Regulated NOR	0.00	-11.38	-23.06
% Change in Net Operating Profit- Total	100.00	39.90	9.17
% Net Total Operating Profit of Total NOR	0.00	-13.26	-25.58
% Change in Total Excess Profit	100.00	42.25	4.13
% Total Excess Profit of Total Revenue	0.00	-12.50	-24.82

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University of Maryland Medical Center

FISCAL YEAR ENDING	June 2013 -----	June 2012 -----	June 2011 -----
Gross Patient Revenue:			
Regulated Services	1,241,601,500	1,179,258,000	1,113,137,000
Unregulated Services	11,074,000	11,002,797	10,663,168
TOTAL	1,252,675,500	1,190,260,797	1,123,800,168
Net Patient Revenue (NPR):			
Regulated Services	1,068,680,949	1,016,430,615	961,486,655
Unregulated Services	10,489,051	10,714,232	10,011,558
TOTAL	1,079,170,000	1,027,144,847	971,498,213
Other Operating Revenue:			
Regulated Services	36,092,760	13,102,329	13,823,963
Unregulated Services	43,072,240	38,305,671	36,846,037
TOTAL	79,165,000	51,408,000	50,670,000
Net Operating Revenue (NOR)			
Regulated Services	1,104,773,709	1,029,532,944	975,310,618
Unregulated Services	53,561,291	49,019,904	46,857,596
Total	1,158,335,000	1,078,552,847	1,022,168,213
Total Operating Expenses:			
Regulated Services	1,054,664,631	938,351,058	883,383,327
Total	1,123,809,000	1,019,533,500	946,953,900
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	38,517	37,591	39,823
Total	38,861	37,942	40,204
NPR per EIPA :			
Regulated Services	27,745.59	27,039.07	24,144.00
Total	27,770.22	27,071.50	24,163.92
NOR per EIPA :			
Regulated Services	28,682.64	27,387.61	24,491.13
Total	29,807.37	28,426.41	25,424.23
Operating Expenses per EIPA :			
Regulated Services	27,381.69	24,962.00	22,182.73
Total	28,918.92	26,870.90	23,553.43
Net Operating Profit (Loss):			
Regulated Services	50,109,078	91,181,886	91,927,290
Unregulated Services	-15,583,078	-32,162,539	-16,712,977
Total	34,526,000	59,019,347	75,214,313
Total Non-Operating Profit (Loss):	90,290,000	-114,569,797	61,751,700
Non-Operating Revenue	90,290,000	0	58,857,000
Non-Operating Expenses	0	114,569,797	-2,894,700
Total Excess Profit	124,816,000	-55,550,450	136,966,013
% Change in NPR per EIPA - Regulated	2.61	11.99	4.28
% Change in NOR per EIPA - Regulated	4.73	11.83	3.98
% Change in Oper. Expense per EIPA- Regulated	9.69	12.53	4.81
% Change in Net Operating Profit- Regulated	-45.04	-0.81	1.94
% Net Operating Profit of Regulated NOR	4.54	8.86	9.43
% Change in Net Operating Profit- Total	-41.50	-21.53	4.19
% Net Total Operating Profit of Total NOR	2.98	5.47	7.36
% Change in Total Excess Profit	324.69	-140.56	180.05
% Total Excess Profit of Total Revenue	10.00	-5.15	12.67

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Washington Adventist Hospital

FISCAL YEAR ENDING	December 2013 -----	December 2012 -----	December 2011 -----
Gross Patient Revenue:			
Regulated Services	245,900,400	260,716,100	270,695,934
Unregulated Services	23,951	685,558	574,096
TOTAL	245,924,351	261,401,658	271,270,030
Net Patient Revenue (NPR):			
Regulated Services	196,111,014	203,900,463	219,464,572
Unregulated Services	23,399	682,387	569,563
TOTAL	196,134,413	204,582,850	220,034,135
Other Operating Revenue:			
Regulated Services	3,888,835	2,588,088	2,648,701
Unregulated Services	2,651,790	3,107,623	2,316,834
TOTAL	6,540,625	5,695,711	4,965,535
Net Operating Revenue (NOR)			
Regulated Services	199,999,849	206,488,551	222,113,273
Unregulated Services	2,675,189	3,790,010	2,886,397
Total	202,675,038	210,278,561	224,999,670
Total Operating Expenses:			
Regulated Services	199,029,900	203,178,114	218,674,356
Total	213,396,004	216,661,910	222,513,029
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	18,392	19,124	19,309
Total	18,394	19,175	19,321
NPR per EIPA :			
Regulated Services	10,662.57	10,661.77	11,365.70
Total	10,662.84	10,669.39	11,388.47
NOR per EIPA :			
Regulated Services	10,874.01	10,797.10	11,502.87
Total	11,018.42	10,966.44	11,645.48
Operating Expenses per EIPA :			
Regulated Services	10,821.27	10,624.00	11,324.77
Total	11,601.27	11,299.34	11,516.78
Net Operating Profit (Loss):			
Regulated Services	969,949	3,310,437	3,438,917
Unregulated Services	-11,690,915	-9,693,786	-952,276
Total	-10,720,966	-6,383,349	2,486,641
Total Non-Operating Profit (Loss):	-1,509,711	-1,012,274	-427,994
Non-Operating Revenue	-1,509,711	-506,403	-427,994
Non-Operating Expenses	0	505,871	0
Total Excess Profit	-12,230,677	-7,395,623	2,058,647
% Change in NPR per EIPA - Regulated	0.01	-6.19	4.00
% Change in NOR per EIPA - Regulated	0.71	-6.14	4.03
% Change in Oper. Expense per EIPA- Regulated	1.86	-6.19	4.98
% Change in Net Operating Profit- Regulated	-70.70	-3.74	-38.17
% Net Operating Profit of Regulated NOR	0.48	1.60	1.55
% Change in Net Operating Profit- Total	-67.95	-356.71	-38.72
% Net Total Operating Profit of Total NOR	-5.29	-3.04	1.11
% Change in Total Excess Profit	-65.38	-459.25	-54.69
% Total Excess Profit of Total Revenue	-6.08	-3.53	0.92

HEALTH SERVICES COST REVIEW COMMISSION
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Western Maryland Regional M. C.

FISCAL YEAR ENDING	June 2013 -----	June 2012 -----	June 2011 -----
Gross Patient Revenue:			
Regulated Services	314,237,300	308,555,800	304,982,500
Unregulated Services	60,556,700	57,610,800	51,910,900
TOTAL	374,794,000	366,166,600	356,893,400
Net Patient Revenue (NPR):			
Regulated Services	253,404,600	239,944,900	247,155,600
Unregulated Services	37,853,500	43,571,300	38,269,700
TOTAL	291,258,100	283,516,200	285,425,300
Other Operating Revenue:			
Regulated Services	6,605,700	2,672,900	2,277,300
Unregulated Services	2,881,300	2,376,100	2,623,100
TOTAL	9,487,000	5,049,000	4,900,400
Net Operating Revenue (NOR)			
Regulated Services	260,010,300	242,617,800	249,432,900
Unregulated Services	40,734,800	45,947,400	40,892,800
Total	300,745,100	288,565,200	290,325,700
Total Operating Expenses:			
Regulated Services	230,006,375	240,958,708	234,036,619
Total	289,875,700	298,432,900	287,495,800
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	21,991	24,458	25,965
Total	25,498	28,015	29,329
NPR per EIPA :			
Regulated Services	11,523.11	9,810.36	9,518.94
Total	11,422.59	10,120.15	9,731.76
NOR per EIPA :			
Regulated Services	11,823.50	9,919.64	9,606.65
Total	11,794.66	10,300.38	9,898.84
Operating Expenses per EIPA :			
Regulated Services	10,459.12	9,851.81	9,013.68
Total	11,368.38	10,652.61	9,802.36
Net Operating Profit (Loss):			
Regulated Services	30,003,925	1,659,092	15,396,281
Unregulated Services	-19,134,525	-11,526,792	-12,566,381
Total	10,869,400	-9,867,700	2,829,900
Total Non-Operating Profit (Loss):	4,332,300	8,144,000	8,160,100
Non-Operating Revenue	4,332,300	8,144,000	8,160,100
Non-Operating Expenses	0	0	0
Total Excess Profit	15,201,700	-1,723,700	10,990,000
% Change in NPR per EIPA - Regulated	17.46	3.06	7.91
% Change in NOR per EIPA - Regulated	19.19	3.26	8.21
% Change in Oper. Expense per EIPA- Regulated	6.16	9.30	2.78
% Change in Net Operating Profit- Regulated	1,708.45	-89.22	436.99
% Net Operating Profit of Regulated NOR	11.54	0.68	6.17
% Change in Net Operating Profit- Total	210.15	-448.69	156.48
% Net Total Operating Profit of Total NOR	3.61	-3.42	0.97
% Change in Total Excess Profit	981.92	-115.68	531.32
% Total Excess Profit of Total Revenue	4.98	-0.58	3.68

**HEALTH SERVICES COST REVIEW COMMISSION
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ALL SPECIALTY HOSPITALS

FISCAL YEAR ENDING	YEAR 2013	YEAR 2012	YEAR 2011
Gross Patient Revenue	357,921,238	393,606,336	361,591,178
Net Patient Revenue (NPR)	285,589,920	318,734,693	312,426,693
Other Operating Revenue	5,057,969	3,403,284	2,783,217
Net Operating Revenue (NOR)	290,647,889	322,137,977	315,209,910
Operating Expenses	266,414,937	327,855,359	309,571,662
Inpatient Admissions (IPAs)	18,115	18,982	17,040
Equivalent Inpatient Admissions (EIPAs)	20,489	20,867	18,741
NPR per EIPA	13,938.82	15,274.58	16,670.76
Operating Expenses per EIPA	13,002.95	15,711.67	16,518.42
Net Operating Profit (Loss)	24,232,952	(5,717,382)	5,638,248
Total Non-Operating Profit (Loss)	8,279,291	(6,174,190)	6,684,342
Total Excess Profits (Loss)	32,512,243	(11,891,572)	12,322,590
% Change in NPR per EIPA	(8.74)	(8.38)	0.84
% Change in Cost per EIPA	(17.24)	(4.88)	0.57

Adventist Behavioral Health-Rockville

FISCAL YEAR ENDING	YEAR 2013	YEAR 2012	YEAR 2011
Gross Patient Revenue	36,298,100	31,489,200	2,694,020
Net Patient Revenue (NPR)	27,395,522	26,042,739	20,674,928
Other Operating Revenue	444,774	165,419	441,800
Net Operating Revenue (NOR)	27,840,296	26,208,158	21,116,728
Operating Expenses	24,401,558	23,105,596	21,607,012
Inpatient Admissions (IPAs)	2,705	2,738	2,515
Equivalent Inpatient Admissions (EIPAs)	2,958	3,028	2,833
NPR per EIPA	9,260.11	8,600.64	7,297.89
Operating Expenses per EIPA	8,248.10	7,630.65	7,626.90
Net Operating Profit (Loss)	3,438,738	3,102,562	(490,284)
Total Non-Operating Profit (Loss)	(1,191,069)	(2,598,512)	(3,285,688)
Total Excess Profits (Loss)	2,247,669	504,050	(3,775,972)
% Change in NPR per EIPA	7.67	17.85	17.26
% Change in Cost per EIPA	8.09	0.05	8.84

**HEALTH SERVICES COST REVIEW COMMISSION
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Adventist Rehab Hospital of MD.

FISCAL YEAR ENDING	YEAR 2013	YEAR 2012	YEAR 2011
Gross Patient Revenue	59,348,989	51,233,400	46,328,071
Net Patient Revenue (NPR)	32,969,459	28,199,348	27,408,865
Other Operating Revenue	360,155	186,348	251,896
Net Operating Revenue (NOR)	33,329,614	28,385,696	27,660,761
Operating Expenses	33,160,136	29,121,717	27,960,206
Inpatient Admissions (IPAs)	1,574	1,581	1,597
Equivalent Inpatient Admissions (EIPAs)	1,885	1,581	1,619
NPR per EIPA	17,490.43	17,836.40	16,929.50
Operating Expenses per EIPA	17,591.58	18,419.81	17,270.05
Net Operating Profit (Loss)	169,478	(736,021)	(299,445)
Total Non-Operating Profit (Loss)	2,949,432	3,854,931	2,834,829
Total Excess Profits (Loss)	3,118,910	3,118,910	2,535,384
% Change in NPR per EIPA	(1.94)	5.36	11.11
% Change in Cost per EIPA	(4.50)	6.66	8.20

Brook Lane Health Services

FISCAL YEAR ENDING	YEAR 2013	YEAR 2012	YEAR 2011
Gross Patient Revenue	14,918,100	14,051,500	12,241,600
Net Patient Revenue (NPR)	11,758,600	11,264,200	9,771,500
Other Operating Revenue	124,000	161,300	143,300
Net Operating Revenue (NOR)	11,882,600	11,425,500	9,914,800
Operating Expenses	13,962,200	12,618,800	11,091,700
Inpatient Admissions (IPAs)	1,775	1,973	1,694
Equivalent Inpatient Admissions (EIPAs)	1,906	2,100	1,805
NPR per EIPA	6,170.29	5,363.90	5,413.57
Operating Expenses per EIPA	7,326.62	6,008.95	6,144.99
Net Operating Profit (Loss)	(2,079,600)	(1,193,300)	(1,176,900)
Total Non-Operating Profit (Loss)	2,586,800	2,674,000	2,591,000
Total Excess Profits (Loss)	507,200	1,480,700	1,414,100
% Change in NPR per EIPA	15.03	(0.92)	3.31
% Change in Cost per EIPA	21.93	(2.21)	1.70

**HEALTH SERVICES COST REVIEW COMMISSION
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Adventist Behavioral Health - Eastern Shore

FISCAL YEAR ENDING	YEAR 2013	YEAR 2012	YEAR 2011
Gross Patient Revenue	2,508,000	2,457,650	2,498,500
Net Patient Revenue (NPR)	2,045,654	2,101,900	2,241,665
Other Operating Revenue	0	0	0
Net Operating Revenue (NOR)	2,045,654	2,101,900	2,241,665
Operating Expenses	616,191	1,000,156	905,530
Inpatient Admissions (IPAs)	271	304	342
Equivalent Inpatient Admissions (EIPAs)	271	304	342
NPR per EIPA	7,548.54	6,914.14	6,554.58
Operating Expenses per EIPA	2,273.77	3,289.99	2,647.75
Net Operating Profit (Loss)	1,429,463	1,101,744	1,336,135
Total Non-Operating Profit (Loss)	0	0	0
Total Excess Profits (Loss)	1,429,463	1,101,744	1,336,135
% Change in NPR per EIPA	9.18	5.49	(15.10)
% Change in Cost per EIPA	(30.89)	24.26	(1.79)

Levindale Hospital

FISCAL YEAR ENDING	YEAR 2013	YEAR 2012	YEAR 2011
Gross Patient Revenue	53,610,200	52,498,900	57,501,400
Net Patient Revenue (NPR)	48,264,286	49,039,494	47,973,225
Other Operating Revenue	1,779,100	1,990,000	1,415,500
Net Operating Revenue (NOR)	50,043,386	51,029,494	49,388,725
Operating Expenses	44,401,061	43,340,924	47,759,942
Inpatient Admissions (IPAs)	1,324	1,578	893
Equivalent Inpatient Admissions (EIPAs)	1,401	1,686	949
NPR per EIPA	34,461.34	29,086.30	50,551.34
Operating Expenses per EIPA	31,702.95	25,706.36	50,326.60
Net Operating Profit (Loss)	5,642,325	7,688,570	1,628,783
Total Non-Operating Profit (Loss)	(3,534,070)	(7,177,520)	(320,823)
Total Excess Profits (Loss)	2,108,255	511,050	1,307,960
% Change in NPR per EIPA	18.48	(42.46)	(34.57)
% Change in Cost per EIPA	23.33	(48.92)	(30.64)

* NOTE: FY 2005 Regulated Service Only

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Mt. Washington Pediatric Hospital

FISCAL YEAR ENDING	YEAR 2013	YEAR 2012	YEAR 2011
Gross Patient Revenue	53,308,449	49,446,660	49,553,000
Net Patient Revenue (NPR)	49,434,005	45,713,951	47,647,556
Other Operating Revenue	2,432,381	444,185	291,981
Net Operating Revenue (NOR)	51,866,386	46,158,136	47,939,537
Operating Expenses	42,963,622	40,690,987	40,908,322
Inpatient Admissions (IPAs)	790	691	727
Equivalent Inpatient Admissions (EIPAs)	1,312	897	912
NPR per EIPA	37,678.36	50,963.16	52,245.13
Operating Expenses per EIPA	32,746.66	45,363.42	44,855.62
Net Operating Profit (Loss)	8,902,764	5,467,149	7,031,215
Total Non-Operating Profit (Loss)	(1,320,561)	(3,419,720)	2,662,266
Total Excess Profits (Loss)	7,582,203	2,047,429	9,693,481
% Change in NPR per EIPA	(26.07)	(2.45)	(0.47)
% Change in Cost per EIPA	(27.81)	1.13	(3.88)

Sheppard Pratt Hospital

FISCAL YEAR ENDING	YEAR 2013	YEAR 2012	YEAR 2011
Gross Patient Revenue	137,929,400	140,136,100	126,921,400
Net Patient Revenue (NPR)	113,722,394	111,243,237	103,073,206
Other Operating Revenue	(82,441)	206,952	195,481
Net Operating Revenue (NOR)	113,639,954	111,450,189	103,268,687
Operating Expenses	106,910,170	108,750,802	101,940,810
Inpatient Admissions (IPAs)	9,676	9,389	8,294
Equivalent Inpatient Admissions (EIPAs)	10,756	10,392	9,151
NPR per EIPA	10,572.78	10,704.70	11,263.60
Operating Expenses per EIPA	9,939.45	10,464.86	11,139.85
Net Operating Profit (Loss)	6,729,784	2,699,387	1,327,877
Total Non-Operating Profit (Loss)	8,788,759	(41,437)	4,432,073
Total Excess Profits (Loss)	15,518,543	2,657,950	5,759,950
% Change in NPR per EIPA	(1.23)	(4.96)	7.01
% Change in Cost per EIPA	(5.02)	(6.06)	6.48

**HEALTH SERVICES COST REVIEW COMMISSION
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St. Luke Institute

FISCAL YEAR ENDING	YEAR 2013	YEAR 2012	YEAR 2011
Gross Patient Revenue	0	6,213,526	6,066,087
Net Patient Revenue (NPR)	0	6,171,824	5,486,648
Other Operating Revenue	0	249,127	57,729
Net Operating Revenue (NOR)	0	6,420,951	5,544,377
Operating Expenses	0	7,420,561	7,075,807
Inpatient Admissions (IPAs)	0	83	68
Equivalent Inpatient Admissions (EIPAs)	0	92	72
NPR per EIPA	0	67,085.04	76,203.44
Operating Expenses per EIPA	0	80,658.27	98,275.10
Net Operating Profit (Loss)	0	(999,610)	(1,531,430)
Total Non-Operating Profit (Loss)	0	2,997,905	(1,197,018)
Total Excess Profits (Loss)	0	1,998,295	(2,728,448)
% Change in NPR per EIPA		(11.97)	5.49
% Change in Cost per EIPA		(17.93)	1.31

University Specialty Hospital

FISCAL YEAR ENDING	YEAR 2013	YEAR 2012	YEAR 2011
Gross Patient Revenue	0	46,079,400	57,787,100
Net Patient Revenue (NPR)	0	38,958,000	48,149,100
Other Operating Revenue	0	(47)	(14,470)
Net Operating Revenue (NOR)	0	38,957,953	48,134,630
Operating Expenses	0	61,805,816	50,322,333
Inpatient Admissions (IPAs)	0	645	910
Equivalent Inpatient Admissions (EIPAs)	0	787	1,058
NPR per EIPA	0	49,501.91	45,509.55
Operating Expenses per EIPA	0	78,533.44	47,563.64
Net Operating Profit (Loss)	0	(22,847,863)	(2,187,703)
Total Non-Operating Profit (Loss)	0	(2,463,837)	(1,032,297)
Total Excess Profits (Loss)	0	(25,311,700)	(3,220,000)
% Change in NPR per EIPA		8.77	(8.87)
% Change in Cost per EIPA		65.11	(7.98)

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

Hospital	2012				2013				%(\$) Change
	Admis- sions	EIPAs	Operating Expenses	Expense per EIPA	Admis- sions	EIPAs	Operating Expenses	Expense per EIPA	
All Acute Hospitals	638,274	1,024,332	11,649,000,119	11,372.29	616,184	1,025,305	12,044,797,691	11,747.52	3.30
Anne Arundel Medical Center	28,014	46,016	421,842,523	9,167.26	28,142	49,059	436,200,149	8,891.37	-3.01
Atlantic General Hospital	3,054	7,616	69,630,609	9,142.09	3,086	7,929	73,821,246	9,310.86	1.85
Bon Secours Hospital	6,579	10,238	90,614,221	8,851.01	5,894	9,605	93,233,875	9,706.70	9.67
Calvert Memorial Hospital	7,405	14,608	105,451,118	7,218.80	6,835	14,027	106,039,515	7,559.44	4.72
Carroll County General Hospital	12,276	21,220	182,701,684	8,609.99	11,585	20,590	187,052,755	9,084.84	5.51
Doctors Community Hospital	12,052	18,526	170,336,837	9,194.41	10,857	17,279	173,397,492	10,035.06	9.14
Fort Washington Medical Center	2,185	5,727	37,600,240	6,565.97	2,306	5,547	37,851,168	6,824.10	3.93
Frederick Memorial Hospital	19,107	31,289	263,435,625	8,419.39	17,954	31,256	263,988,130	8,445.90	0.31
Garrett County Memorial Hospital	2,177	4,440	31,978,077	7,202.81	2,009	4,423	32,516,478	7,352.04	2.07
Greater Baltimore Medical Center	18,386	34,455	339,031,966	9,839.77	17,180	35,580	330,512,612	9,289.23	-5.60
Holy Cross Hospital	27,918	39,200	325,133,202	8,294.20	27,676	39,841	336,499,534	8,446.08	1.83
Howard County General Hospital	15,680	25,220	210,259,612	8,337.11	16,001	26,183	214,010,558	8,173.68	-1.96
Johns Hopkins Bayview Medical Center	21,903	35,261	453,372,164	12,857.62	21,497	35,676	480,902,619	13,479.78	4.84
Johns Hopkins Hospital	47,047	72,575	1,560,026,965	21,495.44	48,261	77,249	1,757,360,894	22,749.24	5.83
Laurel Regional Hospital	5,630	8,850	96,874,582	10,946.43	5,989	9,241	101,679,156	11,002.60	0.51
McCready Hospital	399	1,355	13,816,498	10,199.63	297	1,207	14,303,837	11,846.02	16.14
MedStar Franklin Square	22,145	36,473	363,245,385	9,959.30	21,997	36,413	363,168,650	9,973.57	0.14
MedStar Good Samaritan	14,948	22,529	232,260,097	10,309.57	13,416	21,687	230,253,466	10,616.94	2.98
MedStar Harbor Hospital	10,096	14,942	166,965,434	11,173.92	8,581	13,861	157,878,796	11,390.25	1.94
MedStar Montgomery General	9,247	15,804	124,575,881	7,882.42	8,615	16,059	128,574,908	8,006.62	1.58
MedStar Saint Mary's Hospital	7,581	16,444	106,515,296	6,477.40	7,477	16,783	106,669,520	6,355.91	-1.88
MedStar Southern Maryland	15,272	23,657	193,980,843	8,199.71	16,421	25,971	222,142,014	8,553.35	4.31
MedStar Union Memorial	14,914	23,916	311,843,852	13,038.95	14,044	23,497	311,635,984	13,262.57	1.72
Mercy Medical Center	16,740	32,987	372,534,729	11,293.47	16,473	33,615	386,407,071	11,495.20	1.79
Meritus Medical Center	15,558	25,130	247,646,762	9,854.62	15,846	25,234	244,991,246	9,708.70	-1.48

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

Hospital	2012				2013				%(\$) Change
	Admis- sions	EIPAs	Operating Expenses	Expense per EIPA	Admis- sions	EIPAs	Operating Expenses	Expense per EIPA	
Northwest Hospital Center	13,666	22,557	178,234,237	7,901.46	14,013	24,043	179,749,164	7,476.30	-5.38
Peninsula Regional Medical Center	19,139	31,130	309,515,853	9,942.79	17,915	31,095	315,285,076	10,139.56	1.98
Prince Georges' Hospital Center	11,365	15,237	203,825,149	13,377.34	10,400	14,764	211,129,768	14,300.66	6.90
Saint Agnes Hospital	19,122	29,848	286,983,653	9,614.96	17,907	30,052	282,897,718	9,413.52	-2.10
Shady Grove Adventist Hospital	21,112	33,685	277,340,979	8,233.35	20,321	32,605	283,029,117	8,680.59	5.43
Sinai Hospital of Baltimore	27,229	42,045	525,697,277	12,503.16	25,871	41,325	530,048,218	12,826.34	2.58
Suburban Hospital	14,172	20,973	216,882,253	10,341.00	13,210	20,337	218,871,188	10,762.02	4.07
UM Baltimore Washington	18,543	30,546	301,328,290	9,864.73	18,921	32,625	307,055,161	9,411.60	-4.59
UM Charles Regional Medical Center	7,083	12,406	94,890,378	7,648.61	7,717	14,264	100,889,258	7,073.05	-7.53
UM Harford Memorial Hospital	5,132	10,561	80,495,251	7,622.00	4,727	10,519	77,131,271	7,332.78	-3.79
UM Midtown	8,870	13,404	144,339,647	10,768.50	7,527	11,991	159,502,922	13,301.95	23.53
UM Rehabilitation & orthopedic Institute	3,465	5,643	95,494,655	16,923.72	3,662	6,107	98,425,900	16,117.10	-4.77
UM Saint Joseph	16,217	25,988	286,684,281	11,031.59	15,176	24,887	284,063,416	11,414.14	3.47
UM Shore Medical Chestertown	2,666	5,527	50,318,541	9,103.32	2,217	4,695	46,820,546	9,972.71	9.55
UM Shore Medical Dorchester	2,844	5,903	40,439,854	6,850.91	2,611	5,867	38,660,406	6,589.31	-3.82
UM Shore Medical Easton	8,313	16,087	141,357,659	8,787.25	8,074	15,530	137,324,774	8,842.46	0.63
UM Upper Chesapeake	12,968	25,594	217,111,969	8,482.86	12,589	26,153	220,046,741	8,413.75	-0.81
Union Hospital of Cecil County	6,347	13,309	106,988,700	8,038.58	5,750	12,828	112,982,000	8,807.70	9.57
University MIEMSS	8,106	8,862	133,571,300	15,071.52	7,874	8,535	136,670,900	16,012.60	6.24
University UMCC	1,534	3,415	57,727,800	16,906.10					
University of Maryland Medical Center	27,143	37,591	938,351,058	24,962.00	26,586	38,517	1,054,664,631	27,381.69	9.69
Washington Adventist Hospital	13,111	19,124	203,178,114	10,624.00	11,648	18,392	199,029,900	10,821.27	1.86
Western Maryland Regional M. C.	13,814	24,458	240,958,708	9,851.81	13,029	21,991	230,006,375	10,459.12	6.16

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

Hospital	2012				2013				%(\$) Change
	Admis- sions	EIPAs	Operating Expenses	Expense per EIPA	Admis- sions	EIPAs	Operating Expenses	Expense per EIPA	
UM Midtown	8,870	13,404	144,339,647	10,768.50	7,527	11,991	159,502,922	13,301.95	23.53
McCready Hospital	399	1,355	13,816,498	10,199.63	297	1,207	14,303,837	11,846.02	16.14
University of Maryland Medical Center	27,143	37,591	938,351,058	24,962.00	26,586	38,517	1,054,664,631	27,381.69	9.69
Bon Secours Hospital	6,579	10,238	90,614,221	8,851.01	5,894	9,605	93,233,875	9,706.70	9.67
Union Hospital of Cecil County	6,347	13,309	106,988,700	8,038.58	5,750	12,828	112,982,000	8,807.70	9.57
UM Shore Medical Chestertown	2,666	5,527	50,318,541	9,103.32	2,217	4,695	46,820,546	9,972.71	9.55
Doctors Community Hospital	12,052	18,526	170,336,837	9,194.41	10,857	17,279	173,397,492	10,035.06	9.14
Prince Georges' Hospital Center	11,365	15,237	203,825,149	13,377.34	10,400	14,764	211,129,768	14,300.66	6.90
University MIEMSS	8,106	8,862	133,571,300	15,071.52	7,874	8,535	136,670,900	16,012.60	6.24
Western Maryland Regional M. C.	13,814	24,458	240,958,708	9,851.81	13,029	21,991	230,006,375	10,459.12	6.16
Johns Hopkins Hospital	47,047	72,575	1,560,026,965	21,495.44	48,261	77,249	1,757,360,894	22,749.24	5.83
Carroll County General Hospital	12,276	21,220	182,701,684	8,609.99	11,585	20,590	187,052,755	9,084.84	5.51
Shady Grove Adventist Hospital	21,112	33,685	277,340,979	8,233.35	20,321	32,605	283,029,117	8,680.59	5.43
Johns Hopkins Bayview Medical Center	21,903	35,261	453,372,164	12,857.62	21,497	35,676	480,902,619	13,479.78	4.84
Calvert Memorial Hospital	7,405	14,608	105,451,118	7,218.80	6,835	14,027	106,039,515	7,559.44	4.72
MedStar Southern Maryland	15,272	23,657	193,980,843	8,199.71	16,421	25,971	222,142,014	8,553.35	4.31
Suburban Hospital	14,172	20,973	216,882,253	10,341.00	13,210	20,337	218,871,188	10,762.02	4.07
Fort Washington Medical Center	2,185	5,727	37,600,240	6,565.97	2,306	5,547	37,851,168	6,824.10	3.93
UM Saint Joseph	16,217	25,988	286,684,281	11,031.59	15,176	24,887	284,063,416	11,414.14	3.47
All Acute Hospitals	638,274	1,024,332	11,649,000,119	11,372.29	616,184	1,025,305	12,044,797,691	11,747.52	3.30
MedStar Good Samaritan	14,948	22,529	232,260,097	10,309.57	13,416	21,687	230,253,466	10,616.94	2.98
Sinai Hospital of Baltimore	27,229	42,045	525,697,277	12,503.16	25,871	41,325	530,048,218	12,826.34	2.58
Garrett County Memorial Hospital	2,177	4,440	31,978,077	7,202.81	2,009	4,423	32,516,478	7,352.04	2.07
Peninsula Regional Medical Center	19,139	31,130	309,515,853	9,942.79	17,915	31,095	315,285,076	10,139.56	1.98
MedStar Harbor Hospital	10,096	14,942	166,965,434	11,173.92	8,581	13,861	157,878,796	11,390.25	1.94

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

Hospital	2012				2013				%(\$) Change
	Admis- sions	EIPAs	Operating Expenses	Expense per EIPA	Admis- sions	EIPAs	Operating Expenses	Expense per EIPA	
Washington Adventist Hospital	13,111	19,124	203,178,114	10,624.00	11,648	18,392	199,029,900	10,821.27	1.86
Atlantic General Hospital	3,054	7,616	69,630,609	9,142.09	3,086	7,929	73,821,246	9,310.86	1.85
Holy Cross Hospital	27,918	39,200	325,133,202	8,294.20	27,676	39,841	336,499,534	8,446.08	1.83
Mercy Medical Center	16,740	32,987	372,534,729	11,293.47	16,473	33,615	386,407,071	11,495.20	1.79
MedStar Union Memorial	14,914	23,916	311,843,852	13,038.95	14,044	23,497	311,635,984	13,262.57	1.72
MedStar Montgomery General	9,247	15,804	124,575,881	7,882.42	8,615	16,059	128,574,908	8,006.62	1.58
UM Shore Medical Easton	8,313	16,087	141,357,659	8,787.25	8,074	15,530	137,324,774	8,842.46	0.63
Laurel Regional Hospital	5,630	8,850	96,874,582	10,946.43	5,989	9,241	101,679,156	11,002.60	0.51
Frederick Memorial Hospital	19,107	31,289	263,435,625	8,419.39	17,954	31,256	263,988,130	8,445.90	0.31
MedStar Franklin Square	22,145	36,473	363,245,385	9,959.30	21,997	36,413	363,168,650	9,973.57	0.14
UM Upper Chesapeake	12,968	25,594	217,111,969	8,482.86	12,589	26,153	220,046,741	8,413.75	-0.81
Meritus Medical Center	15,558	25,130	247,646,762	9,854.62	15,846	25,234	244,991,246	9,708.70	-1.48
MedStar Saint Mary's Hospital	7,581	16,444	106,515,296	6,477.40	7,477	16,783	106,669,520	6,355.91	-1.88
Howard County General Hospital	15,680	25,220	210,259,612	8,337.11	16,001	26,183	214,010,558	8,173.68	-1.96
Saint Agnes Hospital	19,122	29,848	286,983,653	9,614.96	17,907	30,052	282,897,718	9,413.52	-2.10
Anne Arundel Medical Center	28,014	46,016	421,842,523	9,167.26	28,142	49,059	436,200,149	8,891.37	-3.01
UM Harford Memorial Hospital	5,132	10,561	80,495,251	7,622.00	4,727	10,519	77,131,271	7,332.78	-3.79
UM Shore Medical Dorchester	2,844	5,903	40,439,854	6,850.91	2,611	5,867	38,660,406	6,589.31	-3.82
UM Baltimore Washington	18,543	30,546	301,328,290	9,864.73	18,921	32,625	307,055,161	9,411.60	-4.59
UM Rehabilitation & orthopedic Institute	3,465	5,643	95,494,655	16,923.72	3,662	6,107	98,425,900	16,117.10	-4.77
Northwest Hospital Center	13,666	22,557	178,234,237	7,901.46	14,013	24,043	179,749,164	7,476.30	-5.38
Greater Baltimore Medical Center	18,386	34,455	339,031,966	9,839.77	17,180	35,580	330,512,612	9,289.23	-5.60
UM Charles Regional Medical Center	7,083	12,406	94,890,378	7,648.61	7,717	14,264	100,889,258	7,073.05	-7.53
University UMCC	1,534	3,415	57,727,800	16,906.10					

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

Hospital	2012			2013			Volume % Change	Revenue % Change
	Admissions	Inpatient Revenue \$	Revenue Per Admission	Admissions	Inpatient Revenue \$	Revenue Per Admission		
Anne Arundel Medical Center	28,014	318,831,500	11,381.15	28,142	310,835,800	11,045.26	0.46	-2.95
Atlantic General Hospital	3,054	38,282,500	12,535.20	3,086	38,723,200	12,548.02	1.05	0.10
Bon Secours Hospital	6,579	83,959,900	12,761.80	5,894	74,276,500	12,602.05	-10.41	-1.25
Calvert Memorial Hospital	7,405	68,809,500	9,292.30	6,835	67,662,300	9,899.39	-7.70	6.53
Carroll County General Hospital	12,276	140,825,500	11,471.61	11,585	140,145,600	12,097.16	-5.63	5.45
Doctors Community Hospital	12,052	139,401,300	11,566.65	10,857	136,255,900	12,550.05	-9.92	8.50
Fort Washington Medical Center	2,185	17,618,969	8,063.60	2,306	19,189,300	8,321.47	5.54	3.20
Frederick Memorial Hospital	19,107	204,210,600	10,687.74	17,954	193,630,300	10,784.80	-6.03	0.91
Garrett County Memorial Hospital	2,177	20,942,900	9,620.07	2,009	19,215,400	9,564.66	-7.72	-0.58
Greater Baltimore Medical Center	18,386	227,552,600	12,376.41	17,180	203,347,600	11,836.30	-6.56	-4.36
Holy Cross Hospital	27,918	323,144,400	11,574.77	27,676	320,483,500	11,579.83	-0.87	0.04
Howard County General Hospital	15,680	171,102,800	10,912.17	16,001	170,443,600	10,652.06	2.05	-2.38
Johns Hopkins Bayview Medical Center	21,903	363,296,500	16,586.61	21,497	359,614,900	16,728.61	-1.85	0.86
Johns Hopkins Hospital	47,047	1,200,148,600	25,509.57	48,261	1,332,216,300	27,604.41	2.58	8.21
Laurel Regional Hospital	5,630	75,528,500	13,415.36	5,989	78,767,000	13,151.95	6.38	-1.96
McCready Hospital	399	5,216,600	13,074.19	297	4,421,400	14,886.87	-25.56	13.86
MedStar Franklin Square	22,145	289,666,000	13,080.42	21,997	283,799,500	12,901.74	-0.67	-1.37
MedStar Good Samaritan	14,948	206,919,900	13,842.65	13,416	182,945,500	13,636.37	-10.25	-1.49
MedStar Harbor Hospital	10,096	141,682,100	14,033.49	8,581	124,522,500	14,511.42	-15.01	3.41
MedStar Montgomery General	9,247	97,076,000	10,498.11	8,615	89,520,800	10,391.27	-6.83	-1.02
MedStar Saint Mary's Hospital	7,581	70,026,800	9,237.15	7,477	68,878,300	9,212.02	-1.37	-0.27
MedStar Southern Maryland	15,272	155,604,700	10,188.89	16,421	163,842,686	9,977.63	7.52	-2.07
MedStar Union Memorial	14,914	263,486,200	17,667.04	14,044	243,007,100	17,303.27	-5.83	-2.06
Mercy Medical Center	16,740	233,066,700	13,922.74	16,473	230,697,700	14,004.60	-1.59	0.59
Meritus Medical Center	15,558	182,922,500	11,757.46	15,846	189,235,300	11,942.15	1.85	1.57
Northwest Hospital Center	13,666	144,632,200	10,583.36	14,013	144,692,100	10,325.56	2.54	-2.44
Peninsula Regional Medical Center	19,139	255,004,200	13,323.80	17,915	237,741,800	13,270.54	-6.40	-0.40

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

Hospital	2012			2013			Volume % Change	Revenue % Change
	Admissions	Inpatient Revenue \$	Revenue Per Admission	Admissions	Inpatient Revenue \$	Revenue Per Admission		
Prince Georges' Hospital Center	11,365	190,879,000	16,795.34	10,400	175,539,534	16,878.80	-8.49	0.50
Saint Agnes Hospital	19,122	257,263,800	13,453.81	17,907	241,127,400	13,465.54	-6.35	0.09
Shady Grove Adventist Hospital	21,112	218,550,300	10,351.95	20,321	233,837,600	11,507.19	-3.75	11.16
Sinai Hospital of Baltimore	27,229	438,176,800	16,092.28	25,871	428,533,500	16,564.24	-4.99	2.93
Suburban Hospital	14,172	184,400,100	13,011.58	13,210	182,247,900	13,796.21	-6.79	6.03
UM Baltimore Washington	18,543	231,326,200	12,475.12	18,921	218,532,800	11,549.75	2.04	-7.42
UM Charles Regional Medical Center	7,083	72,161,200	10,187.94	7,717	74,121,300	9,604.94	8.95	-5.72
UM Harford Memorial Hospital	5,132	50,757,400	9,890.37	4,727	46,511,600	9,839.56	-7.89	-0.51
UM Midtown	8,870	122,713,590	13,834.68	7,527	135,697,400	18,028.09	-15.14	30.31
UM Rehabilitation & orthopedic Institute	3,465	72,457,800	20,911.34	3,662	69,095,800	18,868.32	5.69	-9.77
UM Saint Joseph	16,217	221,396,500	13,652.12	15,176	205,905,000	13,567.80	-6.42	-0.62
UM Shore Medical Chestertown	2,666	31,375,500	11,768.75	2,217	29,651,400	13,374.56	-16.84	13.64
UM Shore Medical Dorchester	2,844	28,599,700	10,056.15	2,611	26,655,800	10,209.04	-8.19	1.52
UM Shore Medical Easton	8,313	95,419,000	11,478.29	8,074	96,886,300	11,999.79	-2.88	4.54
UM Upper Chesapeake	12,968	143,687,700	11,080.17	12,589	139,593,500	11,088.53	-2.92	0.08
Union Hospital of Cecil County	6,347	70,782,700	11,152.15	5,750	68,749,500	11,956.43	-9.41	7.21
University MIEMSS	8,106	166,299,200	20,515.57	7,874	174,064,100	22,106.18	-2.86	7.75
University UMCC	1,534	26,649,600	17,372.62					
University of Maryland Medical Center	27,143	851,492,100	31,370.60	26,586	857,000,500	32,235.03	-2.05	2.76
Washington Adventist Hospital	13,111	178,737,100	13,632.61	11,648	155,729,400	13,369.63	-11.16	-1.93
Western Maryland Regional M. C.	13,814	174,271,500	12,615.57	13,029	186,176,200	14,289.37	-5.68	13.27
<i>Total</i>	<i>638,274</i>	<i>9,266,356,759</i>	<i>14,517.84</i>	<i>616,184</i>	<i>9,173,768,420</i>	<i>14,888.03</i>	<i>-3.46</i>	<i>2.55</i>

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

Hospital	2012			2013			Volume % Change	Revenue % Change
	Admissions	Inpatient Revenue \$	Revenue Per Admission	Admissions	Inpatient Revenue \$	Revenue Per Admission		
UM Midtown	8,870	122,713,590	13,834.68	7,527	135,697,400	18,028.09	-15.14	30.31
McCready Hospital	399	5,216,600	13,074.19	297	4,421,400	14,886.87	-25.56	13.86
UM Shore Medical Chestertown	2,666	31,375,500	11,768.75	2,217	29,651,400	13,374.56	-16.84	13.64
Western Maryland Regional M. C.	13,814	174,271,500	12,615.57	13,029	186,176,200	14,289.37	-5.68	13.27
Shady Grove Adventist Hospital	21,112	218,550,300	10,351.95	20,321	233,837,600	11,507.19	-3.75	11.16
Doctors Community Hospital	12,052	139,401,300	11,566.65	10,857	136,255,900	12,550.05	-9.92	8.50
Johns Hopkins Hospital	47,047	1,200,148,600	25,509.57	48,261	1,332,216,300	27,604.41	2.58	8.21
University MIEMSS	8,106	166,299,200	20,515.57	7,874	174,064,100	22,106.18	-2.86	7.75
Union Hospital of Cecil County	6,347	70,782,700	11,152.15	5,750	68,749,500	11,956.43	-9.41	7.21
Calvert Memorial Hospital	7,405	68,809,500	9,292.30	6,835	67,662,300	9,899.39	-7.70	6.53
Suburban Hospital	14,172	184,400,100	13,011.58	13,210	182,247,900	13,796.21	-6.79	6.03
Carroll County General Hospital	12,276	140,825,500	11,471.61	11,585	140,145,600	12,097.16	-5.63	5.45
UM Shore Medical Easton	8,313	95,419,000	11,478.29	8,074	96,886,300	11,999.79	-2.88	4.54
MedStar Harbor Hospital	10,096	141,682,100	14,033.49	8,581	124,522,500	14,511.42	-15.01	3.41
Fort Washington Medical Center	2,185	17,618,969	8,063.60	2,306	19,189,300	8,321.47	5.54	3.20
Sinai Hospital of Baltimore	27,229	438,176,800	16,092.28	25,871	428,533,500	16,564.24	-4.99	2.93
University of Maryland Medical Center	27,143	851,492,100	31,370.60	26,586	857,000,500	32,235.03	-2.05	2.76
Meritus Medical Center	15,558	182,922,500	11,757.46	15,846	189,235,300	11,942.15	1.85	1.57
UM Shore Medical Dorchester	2,844	28,599,700	10,056.15	2,611	26,655,800	10,209.04	-8.19	1.52
Frederick Memorial Hospital	19,107	204,210,600	10,687.74	17,954	193,630,300	10,784.80	-6.03	0.91
Johns Hopkins Bayview Medical Center	21,903	363,296,500	16,586.61	21,497	359,614,900	16,728.61	-1.85	0.86
Mercy Medical Center	16,740	233,066,700	13,922.74	16,473	230,697,700	14,004.60	-1.59	0.59
Prince Georges' Hospital Center	11,365	190,879,000	16,795.34	10,400	175,539,534	16,878.80	-8.49	0.50
Atlantic General Hospital	3,054	38,282,500	12,535.20	3,086	38,723,200	12,548.02	1.05	0.10
Saint Agnes Hospital	19,122	257,263,800	13,453.81	17,907	241,127,400	13,465.54	-6.35	0.09
UM Upper Chesapeake	12,968	143,687,700	11,080.17	12,589	139,593,500	11,088.53	-2.92	0.08
Holy Cross Hospital	27,918	323,144,400	11,574.77	27,676	320,483,500	11,579.83	-0.87	0.04

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

Hospital	2012			2013			Volume % Change	Revenue % Change
	Admissions	Inpatient Revenue \$	Revenue Per Admission	Admissions	Inpatient Revenue \$	Revenue Per Admission		
MedStar Saint Mary's Hospital	7,581	70,026,800	9,237.15	7,477	68,878,300	9,212.02	-1.37	-0.27
Peninsula Regional Medical Center	19,139	255,004,200	13,323.80	17,915	237,741,800	13,270.54	-6.40	-0.40
UM Harford Memorial Hospital	5,132	50,757,400	9,890.37	4,727	46,511,600	9,839.56	-7.89	-0.51
Garrett County Memorial Hospital	2,177	20,942,900	9,620.07	2,009	19,215,400	9,564.66	-7.72	-0.58
UM Saint Joseph	16,217	221,396,500	13,652.12	15,176	205,905,000	13,567.80	-6.42	-0.62
MedStar Montgomery General	9,247	97,076,000	10,498.11	8,615	89,520,800	10,391.27	-6.83	-1.02
Bon Secours Hospital	6,579	83,959,900	12,761.80	5,894	74,276,500	12,602.05	-10.41	-1.25
MedStar Franklin Square	22,145	289,666,000	13,080.42	21,997	283,799,500	12,901.74	-0.67	-1.37
MedStar Good Samaritan	14,948	206,919,900	13,842.65	13,416	182,945,500	13,636.37	-10.25	-1.49
Washington Adventist Hospital	13,111	178,737,100	13,632.61	11,648	155,729,400	13,369.63	-11.16	-1.93
Laurel Regional Hospital	5,630	75,528,500	13,415.36	5,989	78,767,000	13,151.95	6.38	-1.96
MedStar Union Memorial	14,914	263,486,200	17,667.04	14,044	243,007,100	17,303.27	-5.83	-2.06
MedStar Southern Maryland	15,272	155,604,700	10,188.89	16,421	163,842,686	9,977.63	7.52	-2.07
Howard County General Hospital	15,680	171,102,800	10,912.17	16,001	170,443,600	10,652.06	2.05	-2.38
Northwest Hospital Center	13,666	144,632,200	10,583.36	14,013	144,692,100	10,325.56	2.54	-2.44
Anne Arundel Medical Center	28,014	318,831,500	11,381.15	28,142	310,835,800	11,045.26	0.46	-2.95
Greater Baltimore Medical Center	18,386	227,552,600	12,376.41	17,180	203,347,600	11,836.30	-6.56	-4.36
UM Charles Regional Medical Center	7,083	72,161,200	10,187.94	7,717	74,121,300	9,604.94	8.95	-5.72
UM Baltimore Washington	18,543	231,326,200	12,475.12	18,921	218,532,800	11,549.75	2.04	-7.42
UM Rehabilitation & orthopedic Institute	3,465	72,457,800	20,911.34	3,662	69,095,800	18,868.32	5.69	-9.77
University UMCC	1,534	26,649,600	17,372.62					
<i>Total</i>	<i>638,274</i>	<i>9,266,356,759</i>	<i>14,517.84</i>	<i>616,184</i>	<i>9,173,768,420</i>	<i>14,888.03</i>	<i>-3.46</i>	<i>2.55</i>

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

		2012			2013			
Hospital Area	Hospital	Gross Revenues	Charity & Bad Debts	UCC %	Gross Revenues	Charity & Bad Debts	UCC %	% Change UCC Amount
M E T R O	Anne Arundel Medical Center	523,717,000	24,192,210	4.62	541,867,800	28,229,300	5.21	16.7
	Bon Secours Hospital	130,651,800	21,658,510	16.58	121,044,100	21,934,644	18.12	1.3
	Doctors Community Hospital	214,285,300	16,991,839	7.93	216,854,500	20,137,582	9.29	18.5
	Fort Washington Medical Center	46,176,442	5,723,254	12.39	46,156,625	6,289,082	13.63	9.9
	Greater Baltimore Medical Center	426,432,400	13,087,000	3.07	421,137,700	13,135,500	3.12	0.4
	Holy Cross Hospital	453,731,600	43,354,000	9.55	461,351,200	42,720,100	9.26	-1.5
	Howard County General Hospital	275,201,900	17,377,268	6.31	278,901,600	16,701,844	5.99	-3.9
	Johns Hopkins Bayview Medical Center	584,860,100	52,983,100	9.06	596,807,300	55,404,000	9.28	4.6
	Johns Hopkins Hospital	1,851,351,500	67,614,205	3.65	2,132,419,000	90,951,400	4.27	34.5
	Laurel Regional Hospital	118,724,400	16,591,426	13.97	121,542,100	17,298,770	14.23	4.3
	MedStar Franklin Square	477,082,000	34,274,457	7.18	469,792,200	33,165,956	7.06	-3.2
	MedStar Good Samaritan	311,855,400	18,459,092	5.92	295,736,800	19,525,089	6.60	5.8
	MedStar Harbor Hospital	209,694,300	16,757,741	7.99	201,141,000	17,275,577	8.59	3.1
	MedStar Montgomery General	165,915,000	10,756,470	6.48	166,869,100	10,997,703	6.59	2.2
	MedStar Southern Maryland	241,038,800	13,728,275	5.70	259,132,417	17,742,561	6.85	29.2
	MedStar Union Memorial	422,530,700	30,030,199	7.11	406,581,900	33,074,497	8.13	10.1
	Mercy Medical Center	459,265,700	32,628,441	7.10	470,759,600	39,008,070	8.29	19.6
	Northwest Hospital Center	238,730,100	16,213,700	6.79	248,252,700	20,881,783	8.41	28.8
	Prince Georges' Hospital Center	255,903,800	38,850,699	15.18	249,192,555	38,639,516	15.51	-0.5
	Saint Agnes Hospital	401,564,200	26,742,414	6.66	404,669,900	32,203,974	7.96	20.4
Shady Grove Adventist Hospital	348,706,200	23,215,600	6.66	375,189,800	25,364,171	6.76	9.3	
Sinai Hospital of Baltimore	676,602,700	34,877,593	5.15	684,516,800	37,059,900	5.41	6.3	
Suburban Hospital	272,892,400	12,262,211	4.49	280,578,500	14,223,180	5.07	16.0	
UM Baltimore Washington	381,065,300	32,917,052	8.64	376,812,800	36,844,300	9.78	11.9	

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

		2012			2013			
Hospital Area	Hospital	Gross Revenues	Charity & Bad Debts	UCC %	Gross Revenues	Charity & Bad Debts	UCC %	% Change UCC Amount
	UM Midtown	185,438,390	22,355,847	12.06	216,173,800	32,903,997	15.22	47.2
	UM Rehabilitation & orthopedic Institute	117,995,400	7,457,000	6.32	115,227,400	5,988,426	5.20	-19.7
	UM Saint Joseph	354,785,600	15,291,350	4.31	337,661,500	17,305,468	5.13	13.2
	UM Upper Chesapeake	283,588,000	16,858,788	5.94	290,000,800	17,640,400	6.08	4.6
	University MIEMSS	181,819,200	36,519,592	20.09	188,680,900	42,108,564	22.32	15.3
	University UMCC	59,320,800	5,141,924	8.67				
	University of Maryland Medical Center	1,179,258,000	73,456,059	6.23	1,241,601,500	67,006,535	5.40	-8.8
	Washington Adventist Hospital	260,716,100	34,587,715	13.27	245,900,400	34,627,375	14.08	0.1
<i>M E T R O</i>	<i>Total</i>	<i>12,110,900,532</i>	<i>832,955,030</i>	<i>6.88</i>	<i>12,462,554,297</i>	<i>906,389,263</i>	<i>7.27</i>	<i>8.8</i>

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

		2012			2013			
Hospital Area	Hospital	Gross Revenues	Charity & Bad Debts	UCC %	Gross Revenues	Charity & Bad Debts	UCC %	% Change UCC Amount
R U R A L	Atlantic General Hospital	95,474,200	6,005,000	6.29	99,487,100	7,638,100	7.68	27.2
	Calvert Memorial Hospital	135,740,500	7,735,564	5.70	138,862,900	8,548,160	6.16	10.5
	Carroll County General Hospital	243,424,400	11,599,908	4.77	249,075,200	11,694,600	4.70	0.8
	Frederick Memorial Hospital	334,410,300	20,735,614	6.20	337,093,700	20,318,595	6.03	-2.0
	Garrett County Memorial Hospital	42,709,900	4,840,088	11.33	42,302,400	4,593,416	10.86	-5.1
	McCready Hospital	17,710,400	1,554,753	8.78	17,975,600	1,495,267	8.32	-3.8
	MedStar Saint Mary's Hospital	151,897,000	9,564,088	6.30	154,603,000	13,099,310	8.47	37.0
	Meritus Medical Center	295,465,200	22,476,900	7.61	301,350,700	21,682,200	7.20	-3.5
	Peninsula Regional Medical Center	414,765,500	28,362,900	6.84	412,641,500	28,334,500	6.87	-0.1
	UM Charles Regional Medical Center	126,393,900	9,003,599	7.12	137,003,900	10,219,211	7.46	13.5
	UM Harford Memorial Hospital	104,451,400	12,160,695	11.64	103,499,300	12,876,361	12.44	5.9
	UM Shore Medical Chestertown	65,051,700	6,210,017	9.55	62,791,800	6,363,467	10.13	2.5
	UM Shore Medical Dorchester	59,359,900	3,293,845	5.55	59,897,900	4,186,127	6.99	27.1
	UM Shore Medical Easton	184,647,500	9,595,084	5.20	186,358,600	10,916,970	5.86	13.8
	Union Hospital of Cecil County	148,428,400	11,688,200	7.87	153,372,900	13,323,600	8.69	14.0
	Western Maryland Regional M. C.	308,555,800	19,084,400	6.19	314,237,300	21,637,900	6.89	13.4
R U R A L	<i>Total</i>	<i>2,728,486,000</i>	<i>183,910,655</i>	<i>6.74</i>	<i>2,770,553,800</i>	<i>196,927,785</i>	<i>7.11</i>	<i>7.1</i>
<i>Overall</i>		<i>14,839,386,532</i>	<i>1,016,865,685</i>	<i>6.85</i>	<i>15,233,108,097</i>	<i>1,103,317,049</i>	<i>7.24</i>	<i>8.5</i>

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

		2012			2013			
Hospital Area	Hospital	Gross Revenues	Charity & Bad Debts	UCC %	Gross Revenues	Charity & Bad Debts	UCC %	% Change UCC Amount
M E T R O	University MIEMSS	181,819,200	36,519,592	20.09	188,680,900	42,108,564	22.32	15.3
	Bon Secours Hospital	130,651,800	21,658,510	16.58	121,044,100	21,934,644	18.12	1.3
	Prince Georges' Hospital Center	255,903,800	38,850,699	15.18	249,192,555	38,639,516	15.51	-0.5
	UM Midtown	185,438,390	22,355,847	12.06	216,173,800	32,903,997	15.22	47.2
	Laurel Regional Hospital	118,724,400	16,591,426	13.97	121,542,100	17,298,770	14.23	4.3
	Washington Adventist Hospital	260,716,100	34,587,715	13.27	245,900,400	34,627,375	14.08	0.1
	Fort Washington Medical Center	46,176,442	5,723,254	12.39	46,156,625	6,289,082	13.63	9.9
	UM Baltimore Washington	381,065,300	32,917,052	8.64	376,812,800	36,844,300	9.78	11.9
	Doctors Community Hospital	214,285,300	16,991,839	7.93	216,854,500	20,137,582	9.29	18.5
	Johns Hopkins Bayview Medical Center	584,860,100	52,983,100	9.06	596,807,300	55,404,000	9.28	4.6
	Holy Cross Hospital	453,731,600	43,354,000	9.55	461,351,200	42,720,100	9.26	-1.5
	MedStar Harbor Hospital	209,694,300	16,757,741	7.99	201,141,000	17,275,577	8.59	3.1
	Northwest Hospital Center	238,730,100	16,213,700	6.79	248,252,700	20,881,783	8.41	28.8
	Mercy Medical Center	459,265,700	32,628,441	7.10	470,759,600	39,008,070	8.29	19.6
	MedStar Union Memorial	422,530,700	30,030,199	7.11	406,581,900	33,074,497	8.13	10.1
	Saint Agnes Hospital	401,564,200	26,742,414	6.66	404,669,900	32,203,974	7.96	20.4
	MedStar Franklin Square	477,082,000	34,274,457	7.18	469,792,200	33,165,956	7.06	-3.2
	MedStar Southern Maryland	241,038,800	13,728,275	5.70	259,132,417	17,742,561	6.85	29.2
	Shady Grove Adventist Hospital	348,706,200	23,215,600	6.66	375,189,800	25,364,171	6.76	9.3
	MedStar Good Samaritan	311,855,400	18,459,092	5.92	295,736,800	19,525,089	6.60	5.8
	MedStar Montgomery General	165,915,000	10,756,470	6.48	166,869,100	10,997,703	6.59	2.2

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

		2012			2013			
Hospital Area	Hospital	Gross Revenues	Charity & Bad Debts	UCC %	Gross Revenues	Charity & Bad Debts	UCC %	% Change UCC Amount
	UM Upper Chesapeake	283,588,000	16,858,788	5.94	290,000,800	17,640,400	6.08	4.6
	Howard County General Hospital	275,201,900	17,377,268	6.31	278,901,600	16,701,844	5.99	-3.9
	Sinai Hospital of Baltimore	676,602,700	34,877,593	5.15	684,516,800	37,059,900	5.41	6.3
	University of Maryland Medical Center	1,179,258,000	73,456,059	6.23	1,241,601,500	67,006,535	5.40	-8.8
	Anne Arundel Medical Center	523,717,000	24,192,210	4.62	541,867,800	28,229,300	5.21	16.7
	UM Rehabilitation & orthopedic Institute	117,995,400	7,457,000	6.32	115,227,400	5,988,426	5.20	-19.7
	UM Saint Joseph	354,785,600	15,291,350	4.31	337,661,500	17,305,468	5.13	13.2
	Suburban Hospital	272,892,400	12,262,211	4.49	280,578,500	14,223,180	5.07	16.0
	Johns Hopkins Hospital	1,851,351,500	67,614,205	3.65	2,132,419,000	90,951,400	4.27	34.5
	Greater Baltimore Medical Center	426,432,400	13,087,000	3.07	421,137,700	13,135,500	3.12	0.4
	University UMCC	59,320,800	5,141,924	8.67				
M E T R O	<i>Total</i>	<i>12,110,900,532</i>	<i>832,955,030</i>	<i>6.88</i>	<i>12,462,554,297</i>	<i>906,389,263</i>	<i>7.27</i>	<i>8.8</i>

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

		2012			2013			
Hospital Area	Hospital	Gross Revenues	Charity & Bad Debts	UCC %	Gross Revenues	Charity & Bad Debts	UCC %	% Change UCC Amount
R U R A L	UM Harford Memorial Hospital	104,451,400	12,160,695	11.64	103,499,300	12,876,361	12.44	5.9
	Garrett County Memorial Hospital	42,709,900	4,840,088	11.33	42,302,400	4,593,416	10.86	-5.1
	UM Shore Medical Chestertown	65,051,700	6,210,017	9.55	62,791,800	6,363,467	10.13	2.5
	Union Hospital of Cecil County	148,428,400	11,688,200	7.87	153,372,900	13,323,600	8.69	14.0
	MedStar Saint Mary's Hospital	151,897,000	9,564,088	6.30	154,603,000	13,099,310	8.47	37.0
	McCready Hospital	17,710,400	1,554,753	8.78	17,975,600	1,495,267	8.32	-3.8
	Atlantic General Hospital	95,474,200	6,005,000	6.29	99,487,100	7,638,100	7.68	27.2
	UM Charles Regional Medical Center	126,393,900	9,003,599	7.12	137,003,900	10,219,211	7.46	13.5
	Meritus Medical Center	295,465,200	22,476,900	7.61	301,350,700	21,682,200	7.20	-3.5
	UM Shore Medical Dorchester	59,359,900	3,293,845	5.55	59,897,900	4,186,127	6.99	27.1
	Western Maryland Regional M. C.	308,555,800	19,084,400	6.19	314,237,300	21,637,900	6.89	13.4
	Peninsula Regional Medical Center	414,765,500	28,362,900	6.84	412,641,500	28,334,500	6.87	-0.1
	Calvert Memorial Hospital	135,740,500	7,735,564	5.70	138,862,900	8,548,160	6.16	10.5
	Frederick Memorial Hospital	334,410,300	20,735,614	6.20	337,093,700	20,318,595	6.03	-2.0
	UM Shore Medical Easton	184,647,500	9,595,084	5.20	186,358,600	10,916,970	5.86	13.8
	Carroll County General Hospital	243,424,400	11,599,908	4.77	249,075,200	11,694,600	4.70	0.8
R U R A L	<i>Total</i>	<i>2,728,486,000</i>	<i>183,910,655</i>	<i>6.74</i>	<i>2,770,553,800</i>	<i>196,927,785</i>	<i>7.11</i>	<i>7.1</i>
<i>Overall</i>		<i>14,839,386,532</i>	<i>1,016,865,685</i>	<i>6.85</i>	<i>15,233,108,097</i>	<i>1,103,317,049</i>	<i>7.24</i>	<i>8.5</i>

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

Hospital	2012			2013			% Change NPR Per EIPA
	Net Patient Revenue	EIPAs	NPR Per EIPA	Net Patient Revenue	EIPAs	NPR Per EIPA	
All Acute Hospitals	12,275,982,668	1,024,332	11,984.38	12,507,457,797	1,025,305	12,198.77	1.79
Anne Arundel Medical Center	435,998,560	46,016	9,474.90	444,013,900	49,059	9,050.64	-4.48
Atlantic General Hospital	77,261,700	7,616	10,144.01	81,125,900	7,929	10,232.18	0.87
Bon Secours Hospital	105,446,308	10,238	10,299.78	95,981,563	9,605	9,992.76	-2.98
Calvert Memorial Hospital	112,025,692	14,608	7,668.87	116,275,170	14,027	8,289.13	8.09
Carroll County General Hospital	203,507,315	21,220	9,590.48	208,787,942	20,590	10,140.48	5.73
Doctors Community Hospital	176,759,733	18,526	9,541.10	171,977,743	17,279	9,952.89	4.32
Fort Washington Medical Center	37,540,675	5,727	6,555.57	37,357,875	5,547	6,735.16	2.74
Frederick Memorial Hospital	267,942,036	31,289	8,563.41	276,164,675	31,256	8,835.47	3.18
Garrett County Memorial Hospital	33,399,378	4,440	7,522.95	34,358,738	4,423	7,768.58	3.27
Greater Baltimore Medical Center	357,119,673	34,455	10,364.73	352,971,792	35,580	9,920.46	-4.29
Holy Cross Hospital	362,831,800	39,200	9,255.90	373,367,100	39,841	9,371.45	1.25
Howard County General Hospital	228,528,424	25,220	9,061.49	232,449,101	26,183	8,877.90	-2.03
Johns Hopkins Bayview Medical Center	464,656,600	35,261	13,177.64	476,903,000	35,676	13,367.67	1.44
Johns Hopkins Hospital	1,578,655,727	72,575	21,752.12	1,760,717,473	77,249	22,792.69	4.78
Laurel Regional Hospital	93,954,841	8,850	10,616.51	98,649,934	9,241	10,674.81	0.55
McCready Hospital	14,280,227	1,355	10,541.96	13,914,617	1,207	11,523.68	9.31
MedStar Franklin Square	391,379,153	36,473	10,730.66	385,021,682	36,413	10,573.71	-1.46
MedStar Good Samaritan	251,566,429	22,529	11,166.54	239,029,241	21,687	11,021.59	-1.30
MedStar Harbor Hospital	166,004,244	14,942	11,109.59	165,007,143	13,861	11,904.52	7.16
MedStar Montgomery General	139,632,555	15,804	8,835.11	140,038,336	16,059	8,720.47	-1.30
MedStar Saint Mary's Hospital	115,905,184	16,444	7,048.41	122,725,928	16,783	7,312.63	3.75
MedStar Southern Maryland	199,310,186	23,657	8,424.99	200,413,856	25,971	7,716.73	-8.41
MedStar Union Memorial	339,127,630	23,916	14,179.75	325,853,133	23,497	13,867.62	-2.20
Mercy Medical Center	385,649,759	32,987	11,691.06	398,432,064	33,615	11,852.93	1.38
Meritus Medical Center	244,455,300	25,130	9,727.62	247,469,100	25,234	9,806.89	0.81
Northwest Hospital Center	193,159,085	22,557	8,563.11	197,370,392	24,043	8,209.22	-4.13

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

Hospital	2012			2013			% Change NPR Per EIPA
	Net Patient Revenue	EIPAs	NPR Per EIPA	Net Patient Revenue	EIPAs	NPR Per EIPA	
Peninsula Regional Medical Center	336,910,100	31,130	10,822.80	335,753,200	31,095	10,797.82	-0.23
Prince Georges' Hospital Center	204,531,176	15,237	13,423.68	205,002,819	14,764	13,885.66	3.44
Saint Agnes Hospital	330,910,826	29,848	11,086.68	331,731,681	30,052	11,038.49	-0.43
Shady Grove Adventist Hospital	294,975,318	33,685	8,756.85	306,717,029	32,605	9,407.11	7.43
Sinai Hospital of Baltimore	565,251,457	42,045	13,443.91	564,285,587	41,325	13,654.83	1.57
Suburban Hospital	229,323,220	20,973	10,934.19	232,362,800	20,337	11,425.41	4.49
UM Baltimore Washington	312,825,359	30,546	10,241.12	308,070,323	32,625	9,442.71	-7.80
UM Charles Regional Medical Center	103,830,122	12,406	8,369.20	112,746,501	14,264	7,904.32	-5.55
UM Harford Memorial Hospital	82,984,005	10,561	7,857.65	80,749,039	10,519	7,676.72	-2.30
UM Midtown	154,041,944	13,404	11,492.34	177,185,337	11,991	14,776.59	28.58
UM Rehabilitation & orthopedic Institute	99,715,400	5,643	17,671.73	97,022,400	6,107	15,887.28	-10.10
UM Saint Joseph	286,710,810	25,988	11,032.61	251,556,991	24,887	10,107.98	-8.38
UM Shore Medical Chestertown	49,528,431	5,527	8,960.38	48,143,539	4,695	10,254.50	14.44
UM Shore Medical Dorchester	47,614,371	5,903	8,066.34	46,893,694	5,867	7,992.59	-0.91
UM Shore Medical Easton	152,889,603	16,087	9,504.11	149,505,473	15,530	9,626.79	1.29
UM Upper Chesapeake	237,245,612	25,594	9,269.51	241,546,300	26,153	9,235.81	-0.36
Union Hospital of Cecil County	121,323,300	13,309	9,115.61	125,947,900	12,828	9,818.47	7.71
University MIEMSS	154,091,408	8,862	17,386.90	154,423,000	8,535	18,092.47	4.06
University UMCC	51,737,776	3,415	15,151.87				
University of Maryland Medical Center	1,016,430,615	37,591	27,039.07	1,068,680,949	38,517	27,745.59	2.61
Washington Adventist Hospital	203,900,463	19,124	10,661.77	196,111,014	18,392	10,662.57	0.01
Western Maryland Regional M. C.	239,944,900	24,458	9,810.36	253,404,600	21,991	11,523.11	17.46

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

Hospital	2012			2013			% Change NPR Per EIPA
	Net Patient Revenue	EIPAs	NPR Per EIPA	Net Patient Revenue	EIPAs	NPR Per EIPA	
University of Maryland Medical Center	1,016,430,615	37,591	27,039.07	1,068,680,949	38,517	27,745.59	2.61
Johns Hopkins Hospital	1,578,655,727	72,575	21,752.12	1,760,717,473	77,249	22,792.69	4.78
University MIEMSS	154,091,408	8,862	17,386.90	154,423,000	8,535	18,092.47	4.06
UM Rehabilitation & orthopedic Institute	99,715,400	5,643	17,671.73	97,022,400	6,107	15,887.28	-10.10
UM Midtown	154,041,944	13,404	11,492.34	177,185,337	11,991	14,776.59	28.58
Prince Georges' Hospital Center	204,531,176	15,237	13,423.68	205,002,819	14,764	13,885.66	3.44
MedStar Union Memorial	339,127,630	23,916	14,179.75	325,853,133	23,497	13,867.62	-2.20
Sinai Hospital of Baltimore	565,251,457	42,045	13,443.91	564,285,587	41,325	13,654.83	1.57
Johns Hopkins Bayview Medical Center	464,656,600	35,261	13,177.64	476,903,000	35,676	13,367.67	1.44
All Acute Hospitals	12,275,982,668	1,024,332	11,984.38	12,507,457,797	1,025,305	12,198.77	1.79
MedStar Harbor Hospital	166,004,244	14,942	11,109.59	165,007,143	13,861	11,904.52	7.16
Mercy Medical Center	385,649,759	32,987	11,691.06	398,432,064	33,615	11,852.93	1.38
McCready Hospital	14,280,227	1,355	10,541.96	13,914,617	1,207	11,523.68	9.31
Western Maryland Regional M. C.	239,944,900	24,458	9,810.36	253,404,600	21,991	11,523.11	17.46
Suburban Hospital	229,323,220	20,973	10,934.19	232,362,800	20,337	11,425.41	4.49
Saint Agnes Hospital	330,910,826	29,848	11,086.68	331,731,681	30,052	11,038.49	-0.43
MedStar Good Samaritan	251,566,429	22,529	11,166.54	239,029,241	21,687	11,021.59	-1.30
Peninsula Regional Medical Center	336,910,100	31,130	10,822.80	335,753,200	31,095	10,797.82	-0.23
Laurel Regional Hospital	93,954,841	8,850	10,616.51	98,649,934	9,241	10,674.81	0.55
Washington Adventist Hospital	203,900,463	19,124	10,661.77	196,111,014	18,392	10,662.57	0.01
MedStar Franklin Square	391,379,153	36,473	10,730.66	385,021,682	36,413	10,573.71	-1.46
UM Shore Medical Chestertown	49,528,431	5,527	8,960.38	48,143,539	4,695	10,254.50	14.44
Atlantic General Hospital	77,261,700	7,616	10,144.01	81,125,900	7,929	10,232.18	0.87
Carroll County General Hospital	203,507,315	21,220	9,590.48	208,787,942	20,590	10,140.48	5.73
UM Saint Joseph	286,710,810	25,988	11,032.61	251,556,991	24,887	10,107.98	-8.38

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

Hospital	2012			2013			% Change NPR Per EIPA
	Net Patient Revenue	EIPAs	NPR Per EIPA	Net Patient Revenue	EIPAs	NPR Per EIPA	
Bon Secours Hospital	105,446,308	10,238	10,299.78	95,981,563	9,605	9,992.76	-2.98
Doctors Community Hospital	176,759,733	18,526	9,541.10	171,977,743	17,279	9,952.89	4.32
Greater Baltimore Medical Center	357,119,673	34,455	10,364.73	352,971,792	35,580	9,920.46	-4.29
Union Hospital of Cecil County	121,323,300	13,309	9,115.61	125,947,900	12,828	9,818.47	7.71
Meritus Medical Center	244,455,300	25,130	9,727.62	247,469,100	25,234	9,806.89	0.81
UM Shore Medical Easton	152,889,603	16,087	9,504.11	149,505,473	15,530	9,626.79	1.29
UM Baltimore Washington	312,825,359	30,546	10,241.12	308,070,323	32,625	9,442.71	-7.80
Shady Grove Adventist Hospital	294,975,318	33,685	8,756.85	306,717,029	32,605	9,407.11	7.43
Holy Cross Hospital	362,831,800	39,200	9,255.90	373,367,100	39,841	9,371.45	1.25
UM Upper Chesapeake	237,245,612	25,594	9,269.51	241,546,300	26,153	9,235.81	-0.36
Anne Arundel Medical Center	435,998,560	46,016	9,474.90	444,013,900	49,059	9,050.64	-4.48
Howard County General Hospital	228,528,424	25,220	9,061.49	232,449,101	26,183	8,877.90	-2.03
Frederick Memorial Hospital	267,942,036	31,289	8,563.41	276,164,675	31,256	8,835.47	3.18
MedStar Montgomery General	139,632,555	15,804	8,835.11	140,038,336	16,059	8,720.47	-1.30
Calvert Memorial Hospital	112,025,692	14,608	7,668.87	116,275,170	14,027	8,289.13	8.09
Northwest Hospital Center	193,159,085	22,557	8,563.11	197,370,392	24,043	8,209.22	-4.13
UM Shore Medical Dorchester	47,614,371	5,903	8,066.34	46,893,694	5,867	7,992.59	-0.91
UM Charles Regional Medical Center	103,830,122	12,406	8,369.20	112,746,501	14,264	7,904.32	-5.55
Garrett County Memorial Hospital	33,399,378	4,440	7,522.95	34,358,738	4,423	7,768.58	3.27
MedStar Southern Maryland	199,310,186	23,657	8,424.99	200,413,856	25,971	7,716.73	-8.41
UM Harford Memorial Hospital	82,984,005	10,561	7,857.65	80,749,039	10,519	7,676.72	-2.30
MedStar Saint Mary's Hospital	115,905,184	16,444	7,048.41	122,725,928	16,783	7,312.63	3.75
Fort Washington Medical Center	37,540,675	5,727	6,555.57	37,357,875	5,547	6,735.16	2.74
University UMCC	51,737,776	3,415	15,151.87				

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

Hospital	2012			2013			% Change NOR Per EIPA
	Net Operating Revenue	EIPAs	NOR Per EIPA	Net Operating Revenue	EIPAs	NOR Per EIPA	
All Acute Hospitals	12,429,743,200	1,024,332	12,134.49	12,721,692,687	1,025,305	12,407.71	2.25
Anne Arundel Medical Center	444,839,660	46,016	9,667.03	452,202,600	49,059	9,217.56	-4.65
Atlantic General Hospital	77,465,536	7,616	10,170.77	83,043,595	7,929	10,474.05	2.98
Bon Secours Hospital	105,135,109	10,238	10,269.38	95,794,305	9,605	9,973.27	-2.88
Calvert Memorial Hospital	115,724,005	14,608	7,922.05	120,581,023	14,027	8,596.09	8.51
Carroll County General Hospital	204,467,265	21,220	9,635.72	212,339,748	20,590	10,312.98	7.03
Doctors Community Hospital	176,878,150	18,526	9,547.50	177,820,138	17,279	10,291.01	7.79
Fort Washington Medical Center	39,302,376	5,727	6,863.21	39,074,945	5,547	7,044.73	2.64
Frederick Memorial Hospital	272,707,664	31,289	8,715.72	281,204,278	31,256	8,996.70	3.22
Garrett County Memorial Hospital	33,733,514	4,440	7,598.21	35,086,614	4,423	7,933.15	4.41
Greater Baltimore Medical Center	365,654,919	34,455	10,612.45	360,034,475	35,580	10,118.96	-4.65
Holy Cross Hospital	367,425,200	39,200	9,373.08	379,486,100	39,841	9,525.03	1.62
Howard County General Hospital	228,604,410	25,220	9,064.51	232,548,840	26,183	8,881.71	-2.02
Johns Hopkins Bayview Medical Center	475,297,200	35,261	13,479.41	486,735,500	35,676	13,643.28	1.22
Johns Hopkins Hospital	1,592,753,199	72,575	21,946.37	1,775,288,117	77,249	22,981.31	4.72
Laurel Regional Hospital	93,765,714	8,850	10,595.14	98,768,306	9,241	10,687.62	0.87
McCready Hospital	14,322,738	1,355	10,573.34	14,005,568	1,207	11,599.00	9.70
MedStar Franklin Square	394,742,279	36,473	10,822.87	389,743,606	36,413	10,703.39	-1.10
MedStar Good Samaritan	254,604,181	22,529	11,301.38	243,027,372	21,687	11,205.95	-0.84
MedStar Harbor Hospital	169,499,711	14,942	11,343.52	170,167,330	13,861	12,276.81	8.23
MedStar Montgomery General	142,313,320	15,804	9,004.73	145,425,249	16,059	9,055.92	0.57
MedStar Saint Mary's Hospital	120,684,064	16,444	7,339.03	122,978,411	16,783	7,327.67	-0.15
MedStar Southern Maryland	199,579,263	23,657	8,436.36	200,528,256	25,971	7,721.14	-8.48
MedStar Union Memorial	343,260,608	23,916	14,352.56	331,971,361	23,497	14,128.00	-1.56
Mercy Medical Center	394,332,059	32,987	11,954.26	401,836,964	33,615	11,954.22	-0.00
Meritus Medical Center	251,506,800	25,130	10,008.22	255,299,800	25,234	10,117.21	1.09
Northwest Hospital Center	197,063,249	22,557	8,736.19	199,596,143	24,043	8,301.79	-4.97

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

Hospital	2012			2013			% Change NOR Per EIPA
	Net Operating Revenue	EIPAs	NOR Per EIPA	Net Operating Revenue	EIPAs	NOR Per EIPA	
Peninsula Regional Medical Center	338,148,800	31,130	10,862.59	341,154,600	31,095	10,971.53	1.00
Prince Georges' Hospital Center	205,804,685	15,237	13,507.26	208,655,180	14,764	14,133.04	4.63
Saint Agnes Hospital	335,387,500	29,848	11,236.66	338,350,687	30,052	11,258.74	0.20
Shady Grove Adventist Hospital	297,499,487	33,685	8,831.79	311,964,366	32,605	9,568.05	8.34
Sinai Hospital of Baltimore	571,753,033	42,045	13,598.54	580,518,587	41,325	14,047.65	3.30
Suburban Hospital	234,064,038	20,973	11,160.23	239,366,740	20,337	11,769.80	5.46
UM Baltimore Washington	315,395,249	30,546	10,325.25	309,974,788	32,625	9,501.09	-7.98
UM Charles Regional Medical Center	103,547,973	12,406	8,346.45	112,589,742	14,264	7,893.33	-5.43
UM Harford Memorial Hospital	84,034,428	10,561	7,957.12	83,201,639	10,519	7,909.88	-0.59
UM Midtown	154,907,773	13,404	11,556.93	177,455,864	11,991	14,799.15	28.05
UM Rehabilitation & orthopedic Institute	100,756,006	5,643	17,856.15	97,727,740	6,107	16,002.78	-10.38
UM Saint Joseph	287,100,323	25,988	11,047.60	251,692,492	24,887	10,113.43	-8.46
UM Shore Medical Chestertown	49,732,928	5,527	8,997.38	48,224,262	4,695	10,271.70	14.16
UM Shore Medical Dorchester	47,836,711	5,903	8,104.01	47,007,498	5,867	8,011.99	-1.14
UM Shore Medical Easton	156,541,896	16,087	9,731.15	150,423,955	15,530	9,685.93	-0.46
UM Upper Chesapeake	238,600,630	25,594	9,322.46	244,484,700	26,153	9,348.17	0.28
Union Hospital of Cecil County	121,942,200	13,309	9,162.11	128,735,700	12,828	10,035.80	9.54
University MIEMSS	157,354,408	8,862	17,755.08	157,514,000	8,535	18,454.62	3.94
University UMCC	51,831,776	3,415	15,179.39				
University of Maryland Medical Center	1,029,532,944	37,591	27,387.61	1,104,773,709	38,517	28,682.64	4.73
Washington Adventist Hospital	206,488,551	19,124	10,797.10	199,999,849	18,392	10,874.01	0.71
Western Maryland Regional M. C.	242,617,800	24,458	9,919.64	260,010,300	21,991	11,823.50	19.19

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

Hospital	2012			2013			% Change NOR Per EIPA
	Net Operating Revenue	EIPAs	NOR Per EIPA	Net Operating Revenue	EIPAs	NOR Per EIPA	
University of Maryland Medical Center	1,029,532,944	37,591	27,387.61	1,104,773,709	38,517	28,682.64	4.73
Johns Hopkins Hospital	1,592,753,199	72,575	21,946.37	1,775,288,117	77,249	22,981.31	4.72
University MIEMSS	157,354,408	8,862	17,755.08	157,514,000	8,535	18,454.62	3.94
UM Rehabilitation & orthopedic Institute	100,756,006	5,643	17,856.15	97,727,740	6,107	16,002.78	-10.38
UM Midtown	154,907,773	13,404	11,556.93	177,455,864	11,991	14,799.15	28.05
Prince Georges' Hospital Center	205,804,685	15,237	13,507.26	208,655,180	14,764	14,133.04	4.63
MedStar Union Memorial	343,260,608	23,916	14,352.56	331,971,361	23,497	14,128.00	-1.56
Sinai Hospital of Baltimore	571,753,033	42,045	13,598.54	580,518,587	41,325	14,047.65	3.30
Johns Hopkins Bayview Medical Center	475,297,200	35,261	13,479.41	486,735,500	35,676	13,643.28	1.22
All Acute Hospitals	12,429,743,200	1,024,332	12,134.49	12,721,692,687	1,025,305	12,407.71	2.25
MedStar Harbor Hospital	169,499,711	14,942	11,343.52	170,167,330	13,861	12,276.81	8.23
Mercy Medical Center	394,332,059	32,987	11,954.26	401,836,964	33,615	11,954.22	-0.00
Western Maryland Regional M. C.	242,617,800	24,458	9,919.64	260,010,300	21,991	11,823.50	19.19
Suburban Hospital	234,064,038	20,973	11,160.23	239,366,740	20,337	11,769.80	5.46
McCready Hospital	14,322,738	1,355	10,573.34	14,005,568	1,207	11,599.00	9.70
Saint Agnes Hospital	335,387,500	29,848	11,236.66	338,350,687	30,052	11,258.74	0.20
MedStar Good Samaritan	254,604,181	22,529	11,301.38	243,027,372	21,687	11,205.95	-0.84
Peninsula Regional Medical Center	338,148,800	31,130	10,862.59	341,154,600	31,095	10,971.53	1.00
Washington Adventist Hospital	206,488,551	19,124	10,797.10	199,999,849	18,392	10,874.01	0.71
MedStar Franklin Square	394,742,279	36,473	10,822.87	389,743,606	36,413	10,703.39	-1.10
Laurel Regional Hospital	93,765,714	8,850	10,595.14	98,768,306	9,241	10,687.62	0.87
Atlantic General Hospital	77,465,536	7,616	10,170.77	83,043,595	7,929	10,474.05	2.98
Carroll County General Hospital	204,467,265	21,220	9,635.72	212,339,748	20,590	10,312.98	7.03
Doctors Community Hospital	176,878,150	18,526	9,547.50	177,820,138	17,279	10,291.01	7.79
UM Shore Medical Chestertown	49,732,928	5,527	8,997.38	48,224,262	4,695	10,271.70	14.16

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

Hospital	2012			2013			% Change NOR Per EIPA
	Net Operating Revenue	EIPAs	NOR Per EIPA	Net Operating Revenue	EIPAs	NOR Per EIPA	
Greater Baltimore Medical Center	365,654,919	34,455	10,612.45	360,034,475	35,580	10,118.96	-4.65
Meritus Medical Center	251,506,800	25,130	10,008.22	255,299,800	25,234	10,117.21	1.09
UM Saint Joseph	287,100,323	25,988	11,047.60	251,692,492	24,887	10,113.43	-8.46
Union Hospital of Cecil County	121,942,200	13,309	9,162.11	128,735,700	12,828	10,035.80	9.54
Bon Secours Hospital	105,135,109	10,238	10,269.38	95,794,305	9,605	9,973.27	-2.88
UM Shore Medical Easton	156,541,896	16,087	9,731.15	150,423,955	15,530	9,685.93	-0.46
Shady Grove Adventist Hospital	297,499,487	33,685	8,831.79	311,964,366	32,605	9,568.05	8.34
Holy Cross Hospital	367,425,200	39,200	9,373.08	379,486,100	39,841	9,525.03	1.62
UM Baltimore Washington	315,395,249	30,546	10,325.25	309,974,788	32,625	9,501.09	-7.98
UM Upper Chesapeake	238,600,630	25,594	9,322.46	244,484,700	26,153	9,348.17	0.28
Anne Arundel Medical Center	444,839,660	46,016	9,667.03	452,202,600	49,059	9,217.56	-4.65
MedStar Montgomery General	142,313,320	15,804	9,004.73	145,425,249	16,059	9,055.92	0.57
Frederick Memorial Hospital	272,707,664	31,289	8,715.72	281,204,278	31,256	8,996.70	3.22
Howard County General Hospital	228,604,410	25,220	9,064.51	232,548,840	26,183	8,881.71	-2.02
Calvert Memorial Hospital	115,724,005	14,608	7,922.05	120,581,023	14,027	8,596.09	8.51
Northwest Hospital Center	197,063,249	22,557	8,736.19	199,596,143	24,043	8,301.79	-4.97
UM Shore Medical Dorchester	47,836,711	5,903	8,104.01	47,007,498	5,867	8,011.99	-1.14
Garrett County Memorial Hospital	33,733,514	4,440	7,598.21	35,086,614	4,423	7,933.15	4.41
UM Harford Memorial Hospital	84,034,428	10,561	7,957.12	83,201,639	10,519	7,909.88	-0.59
UM Charles Regional Medical Center	103,547,973	12,406	8,346.45	112,589,742	14,264	7,893.33	-5.43
MedStar Southern Maryland	199,579,263	23,657	8,436.36	200,528,256	25,971	7,721.14	-8.48
MedStar Saint Mary's Hospital	120,684,064	16,444	7,339.03	122,978,411	16,783	7,327.67	-0.15
Fort Washington Medical Center	39,302,376	5,727	6,863.21	39,074,945	5,547	7,044.73	2.64
University UMCC	51,831,776	3,415	15,179.39				

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

Hospital	2012			2013			% Change Reg. Operating	% Change Total Operating
	Regulated Operating	Unregulated Operating	Total Operating	Regulated Operating	Unregulated Operating	Total Operating		
All Acute Hospitals	780,743,081	-466,227,662	314,515,420	676,894,996	-513,224,985	163,670,011	-13.30	-47.96
Anne Arundel Medical Center	22,997,137	-13,949,007	9,048,130	16,002,451	-14,887,851	1,114,600	-30.42	-87.68
Atlantic General Hospital	7,834,927	-7,278,318	556,609	9,222,349	-7,995,621	1,226,727	17.71	120.39
Bon Secours Hospital	14,520,888	-13,300,123	1,220,765	2,560,429	-13,579,925	-11,019,496	-82.37	-1002.67
Calvert Memorial Hospital	10,272,886	-10,562,698	-289,812	14,541,508	-7,631,293	6,910,215	41.55	2484.38
Carroll County General Hospital	21,765,581	-4,919,386	16,846,195	25,286,993	-5,037,706	20,249,287	16.18	20.20
Doctors Community Hospital	6,541,312	-6,079,156	462,156	4,422,646	-7,140,124	-2,717,478	-32.39	-688.00
Fort Washington Medical Center	1,702,136	-600,935	1,101,202	1,223,777	-648,495	575,282	-28.10	-47.76
Frederick Memorial Hospital	9,272,039	-8,682,574	589,466	17,216,148	-17,819,196	-603,048	85.68	-202.30
Garrett County Memorial Hospital	1,755,437	-558,755	1,196,682	2,570,135	-1,284,004	1,286,131	46.41	7.47
Greater Baltimore Medical Center	26,622,953	-13,348,490	13,274,463	29,521,863	-14,587,186	14,934,677	10.89	12.51
Holy Cross Hospital	42,291,998	-15,634,098	26,657,900	42,986,566	-18,836,520	24,150,046	1.64	-9.41
Howard County General Hospital	18,344,798	-8,709,292	9,635,506	18,538,282	-7,841,142	10,697,140	1.05	11.02
Johns Hopkins Bayview Medical Center	21,925,036	-12,782,836	9,142,200	5,832,881	-13,886,881	-8,054,000	-73.40	-188.10
Johns Hopkins Hospital	32,726,234	666,767	33,393,001	17,927,223	-1,959,024	15,968,199	-45.22	-52.18
Laurel Regional Hospital	-3,108,868	-5,943,501	-9,052,368	-2,910,849	-7,359,314	-10,270,163	6.37	-13.45
McCready Hospital	506,240	874,010	1,380,250	-298,269	763,412	465,143	-158.92	-66.30
MedStar Franklin Square	31,496,894	-18,514,347	12,982,547	26,574,956	-26,514,792	60,164	-15.63	-99.54
MedStar Good Samaritan	22,344,084	-14,747,241	7,596,843	12,773,906	-20,971,324	-8,197,418	-42.83	-207.91
MedStar Harbor Hospital	2,534,277	-5,244,045	-2,709,768	12,288,534	-6,504,729	5,783,805	384.89	313.44
MedStar Montgomery General	17,737,440	-8,912,163	8,825,276	16,850,341	-9,763,710	7,086,631	-5.00	-19.70
MedStar Saint Mary's Hospital	14,168,767	-4,526,924	9,641,843	16,308,891	-6,063,773	10,245,118	15.10	6.26
MedStar Southern Maryland	5,598,420	-10,127,437	-4,529,017	-21,613,758	-6,037,146	-27,650,904	-486.07	-510.53
MedStar Union Memorial	31,416,756	-28,363,207	3,053,549	20,335,376	-26,559,115	-6,223,738	-35.27	-303.82
Mercy Medical Center	21,797,330	-13,126,437	8,670,893	15,429,893	-12,365,317	3,064,576	-29.21	-64.66
Meritus Medical Center	3,860,038	-1,701,538	2,158,500	10,308,554	755,874	11,064,428	167.06	412.60
Northwest Hospital Center	18,829,012	-8,448,897	10,380,115	19,846,980	-6,563,890	13,283,090	5.41	27.97

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

Hospital	2012			2013			% Change Reg. Operating	% Change Total Operating
	Regulated Operating	Unregulated Operating	Total Operating	Regulated Operating	Unregulated Operating	Total Operating		
Peninsula Regional Medical Center	28,632,947	-22,346,947	6,286,000	25,869,524	-29,004,524	-3,135,000	-9.65	-149.87
Prince Georges' Hospital Center	1,979,536	-16,861,740	-14,882,204	-2,474,588	-18,839,314	-21,313,902	-225.01	-43.22
Saint Agnes Hospital	48,403,847	-26,915,191	21,488,655	55,452,969	-29,226,624	26,226,345	14.56	22.05
Shady Grove Adventist Hospital	20,158,508	-12,254,890	7,903,618	28,935,249	-13,410,889	15,524,360	43.54	96.42
Sinai Hospital of Baltimore	46,055,756	-31,892,393	14,163,363	50,470,369	-35,170,451	15,299,918	9.59	8.02
Suburban Hospital	17,181,785	-3,135,062	14,046,723	20,495,552	13,276,817	33,772,370	19.29	140.43
UM Baltimore Washington	14,066,959	473,264	14,540,222	2,919,627	-7,324,899	-4,405,272	-79.24	-130.30
UM Charles Regional Medical Center	8,657,595	-429,633	8,227,962	11,700,484	-1,700,312	10,000,172	35.15	21.54
UM Harford Memorial Hospital	3,539,177	-568,123	2,971,054	6,070,368	-1,886,029	4,184,339	71.52	40.84
UM Midtown	10,568,126	-14,703,136	-4,135,010	17,952,942	-21,205,328	-3,252,386	69.88	21.35
UM Rehabilitation & orthopedic Institute	5,261,351	-571,459	4,689,892	-698,160	-592,139	-1,290,298	-113.27	-127.51
UM Saint Joseph	416,042	-28,586,130	-28,170,088	-32,370,924	-33,481,543	-65,852,468	-7880.68	-133.77
UM Shore Medical Chestertown	-585,613	-1,566,239	-2,151,852	1,403,716	-1,589,533	-185,817	339.70	91.36
UM Shore Medical Dorchester	7,396,857	-1,633,805	5,763,053	8,347,091	-2,093,218	6,253,874	12.85	8.52
UM Shore Medical Easton	15,184,237	-170,476	15,013,761	13,099,182	-2,730,332	10,368,850	-13.73	-30.94
UM Upper Chesapeake	21,488,661	-2,341,849	19,146,812	24,437,959	-6,159,959	18,278,000	13.72	-4.54
Union Hospital of Cecil County	14,953,500	-9,964,800	4,988,700	15,753,700	-10,641,700	5,112,000	5.35	2.47
University MIEMSS	23,783,108	-3,546,700	20,236,408	20,843,100	-4,314,100	16,529,000	-12.36	-18.32
University UMCC	-5,896,024	-976,200	-6,872,224					
University of Maryland Medical Center	91,181,886	-32,162,539	59,019,347	50,109,078	-15,583,078	34,526,000	-45.04	-41.50
Washington Adventist Hospital	3,310,437	-9,693,786	-6,383,349	969,949	-11,690,915	-10,720,966	-70.70	-67.95
Western Maryland Regional M. C.	1,659,092	-11,526,792	-9,867,700	30,003,925	-19,134,525	10,869,400	1708.45	210.15

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

Hospital	2012			2013			% Change Reg. Operating	% Change Total Operating
	Regulated Operating	Unregulated Operating	Total Operating	Regulated Operating	Unregulated Operating	Total Operating		
All Acute Hospitals	780,743,081	-466,227,662	314,515,420	676,894,996	-513,224,985	163,670,011	-13.30	-47.96
University of Maryland Medical Center	91,181,886	-32,162,539	59,019,347	50,109,078	-15,583,078	34,526,000	-45.04	-41.50
Suburban Hospital	17,181,785	-3,135,062	14,046,723	20,495,552	13,276,817	33,772,370	19.29	140.43
Saint Agnes Hospital	48,403,847	-26,915,191	21,488,655	55,452,969	-29,226,624	26,226,345	14.56	22.05
Holy Cross Hospital	42,291,998	-15,634,098	26,657,900	42,986,566	-18,836,520	24,150,046	1.64	-9.41
Carroll County General Hospital	21,765,581	-4,919,386	16,846,195	25,286,993	-5,037,706	20,249,287	16.18	20.20
UM Upper Chesapeake	21,488,661	-2,341,849	19,146,812	24,437,959	-6,159,959	18,278,000	13.72	-4.54
University MIEMSS	23,783,108	-3,546,700	20,236,408	20,843,100	-4,314,100	16,529,000	-12.36	-18.32
Johns Hopkins Hospital	32,726,234	666,767	33,393,001	17,927,223	-1,959,024	15,968,199	-45.22	-52.18
Shady Grove Adventist Hospital	20,158,508	-12,254,890	7,903,618	28,935,249	-13,410,889	15,524,360	43.54	96.42
Sinai Hospital of Baltimore	46,055,756	-31,892,393	14,163,363	50,470,369	-35,170,451	15,299,918	9.59	8.02
Greater Baltimore Medical Center	26,622,953	-13,348,490	13,274,463	29,521,863	-14,587,186	14,934,677	10.89	12.51
Northwest Hospital Center	18,829,012	-8,448,897	10,380,115	19,846,980	-6,563,890	13,283,090	5.41	27.97
Meritus Medical Center	3,860,038	-1,701,538	2,158,500	10,308,554	755,874	11,064,428	167.06	412.60
Western Maryland Regional M. C.	1,659,092	-11,526,792	-9,867,700	30,003,925	-19,134,525	10,869,400	1708.45	210.15
Howard County General Hospital	18,344,798	-8,709,292	9,635,506	18,538,282	-7,841,142	10,697,140	1.05	11.02
UM Shore Medical Easton	15,184,237	-170,476	15,013,761	13,099,182	-2,730,332	10,368,850	-13.73	-30.94
MedStar Saint Mary's Hospital	14,168,767	-4,526,924	9,641,843	16,308,891	-6,063,773	10,245,118	15.10	6.26
UM Charles Regional Medical Center	8,657,595	-429,633	8,227,962	11,700,484	-1,700,312	10,000,172	35.15	21.54
MedStar Montgomery General	17,737,440	-8,912,163	8,825,276	16,850,341	-9,763,710	7,086,631	-5.00	-19.70
Calvert Memorial Hospital	10,272,886	-10,562,698	-289,812	14,541,508	-7,631,293	6,910,215	41.55	2484.38
UM Shore Medical Dorchester	7,396,857	-1,633,805	5,763,053	8,347,091	-2,093,218	6,253,874	12.85	8.52
MedStar Harbor Hospital	2,534,277	-5,244,045	-2,709,768	12,288,534	-6,504,729	5,783,805	384.89	313.44
Union Hospital of Cecil County	14,953,500	-9,964,800	4,988,700	15,753,700	-10,641,700	5,112,000	5.35	2.47
UM Harford Memorial Hospital	3,539,177	-568,123	2,971,054	6,070,368	-1,886,029	4,184,339	71.52	40.84
Mercy Medical Center	21,797,330	-13,126,437	8,670,893	15,429,893	-12,365,317	3,064,576	-29.21	-64.66

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

Hospital	2012			2013			% Change Reg. Operating	% Change Total Operating
	Regulated Operating	Unregulated Operating	Total Operating	Regulated Operating	Unregulated Operating	Total Operating		
Garrett County Memorial Hospital	1,755,437	-558,755	1,196,682	2,570,135	-1,284,004	1,286,131	46.41	7.47
Atlantic General Hospital	7,834,927	-7,278,318	556,609	9,222,349	-7,995,621	1,226,727	17.71	120.39
Anne Arundel Medical Center	22,997,137	-13,949,007	9,048,130	16,002,451	-14,887,851	1,114,600	-30.42	-87.68
Fort Washington Medical Center	1,702,136	-600,935	1,101,202	1,223,777	-648,495	575,282	-28.10	-47.76
McCready Hospital	506,240	874,010	1,380,250	-298,269	763,412	465,143	-158.92	-66.30
MedStar Franklin Square	31,496,894	-18,514,347	12,982,547	26,574,956	-26,514,792	60,164	-15.63	-99.54
UM Shore Medical Chestertown	-585,613	-1,566,239	-2,151,852	1,403,716	-1,589,533	-185,817	339.70	91.36
Frederick Memorial Hospital	9,272,039	-8,682,574	589,466	17,216,148	-17,819,196	-603,048	85.68	-202.30
UM Rehabilitation & orthopedic Institute	5,261,351	-571,459	4,689,892	-698,160	-592,139	-1,290,298	-113.27	-127.51
Doctors Community Hospital	6,541,312	-6,079,156	462,156	4,422,646	-7,140,124	-2,717,478	-32.39	-688.00
Peninsula Regional Medical Center	28,632,947	-22,346,947	6,286,000	25,869,524	-29,004,524	-3,135,000	-9.65	-149.87
UM Midtown	10,568,126	-14,703,136	-4,135,010	17,952,942	-21,205,328	-3,252,386	69.88	21.35
UM Baltimore Washington	14,066,959	473,264	14,540,222	2,919,627	-7,324,899	-4,405,272	-79.24	-130.30
MedStar Union Memorial	31,416,756	-28,363,207	3,053,549	20,335,376	-26,559,115	-6,223,738	-35.27	-303.82
Johns Hopkins Bayview Medical Center	21,925,036	-12,782,836	9,142,200	5,832,881	-13,886,881	-8,054,000	-73.40	-188.10
MedStar Good Samaritan	22,344,084	-14,747,241	7,596,843	12,773,906	-20,971,324	-8,197,418	-42.83	-207.91
Laurel Regional Hospital	-3,108,868	-5,943,501	-9,052,368	-2,910,849	-7,359,314	-10,270,163	6.37	-13.45
Washington Adventist Hospital	3,310,437	-9,693,786	-6,383,349	969,949	-11,690,915	-10,720,966	-70.70	-67.95
Bon Secours Hospital	14,520,888	-13,300,123	1,220,765	2,560,429	-13,579,925	-11,019,496	-82.37	-1002.67
Prince Georges' Hospital Center	1,979,536	-16,861,740	-14,882,204	-2,474,588	-18,839,314	-21,313,902	-225.01	-43.22
MedStar Southern Maryland	5,598,420	-10,127,437	-4,529,017	-21,613,758	-6,037,146	-27,650,904	-486.07	-510.53
UM Saint Joseph	416,042	-28,586,130	-28,170,088	-32,370,924	-33,481,543	-65,852,468	-7880.68	-133.77
University UMCC	-5,896,024	-976,200	-6,872,224					

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

	2012	2013	
Hospital	Excess Profit Loss	Excess Profit Loss	% Change in Excess
All Acute Hospitals	229,618,116	549,062,753	139.12
Anne Arundel Medical Center	-31,996,892	45,341,200	241.71
Atlantic General Hospital	1,456,040	2,725,952	87.22
Bon Secours Hospital	1,603,802	-9,627,191	-700.27
Calvert Memorial Hospital	2,773,506	6,916,629	149.38
Carroll County General Hospital	4,870,116	30,673,703	529.84
Doctors Community Hospital	305,804	-1,415,078	-562.74
Fort Washington Medical Center	1,102,010	576,030	-47.73
Frederick Memorial Hospital	-2,998,773	10,738,933	458.11
Garrett County Memorial Hospital	1,621,925	2,041,070	25.84
Greater Baltimore Medical Center	18,376,336	33,230,610	80.83
Holy Cross Hospital	26,077,900	37,428,046	43.52
Howard County General Hospital	-1,270,363	19,389,706	1626.31
Johns Hopkins Bayview Medical Center	10,625,700	-6,796,000	-163.96
Johns Hopkins Hospital	66,111,683	51,063,077	-22.76
Laurel Regional Hospital	97,632	-1,570,163	-1708.25
McCready Hospital	3,260,935	429,845	-86.82
MedStar Franklin Square	13,287,500	425,534	-96.80
MedStar Good Samaritan	8,605,078	-8,126,384	-194.44
MedStar Harbor Hospital	-2,489,549	6,061,104	343.46
MedStar Montgomery General	9,004,630	7,262,526	-19.35
MedStar Saint Mary's Hospital	9,640,308	12,348,616	28.09
MedStar Southern Maryland	-4,683,446	-21,613,758	-361.49
MedStar Union Memorial	4,084,294	-1,472,759	-136.06
Mercy Medical Center	-14,315,107	31,020,207	316.70
Meritus Medical Center	4,712,400	9,116,228	93.45
Northwest Hospital Center	11,695,796	23,613,990	101.90

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

	2012	2013	
Hospital	Excess Profit Loss	Excess Profit Loss	% Change in Excess
Peninsula Regional Medical Center	15,837,000	10,719,000	-32.32
Prince Georges' Hospital Center	7,369,937	1,028,098	-86.05
Saint Agnes Hospital	43,515,023	41,883,345	-3.75
Shady Grove Adventist Hospital	8,908,624	15,263,693	71.34
Sinai Hospital of Baltimore	23,129,417	34,266,918	48.15
Suburban Hospital	11,442,898	38,134,858	233.26
UM Baltimore Washington	11,252,222	-4,380,643	-138.93
UM Charles Regional Medical Center	-656,038	4,734,172	821.63
UM Harford Memorial Hospital	8,268,054	11,524,339	39.38
UM Midtown	-4,813,010	-3,684,386	23.45
UM Rehabilitation & orthopedic Institute	4,372,892	-385,298	-108.81
UM Saint Joseph	-24,406,902	-72,512,468	-197.10
UM Shore Medical Chestertown	-1,947,852	1,065,985	154.73
UM Shore Medical Dorchester	5,576,088	6,630,853	18.92
UM Shore Medical Easton	13,061,338	14,371,024	10.03
UM Upper Chesapeake	15,544,812	22,400,000	44.10
Union Hospital of Cecil County	4,256,400	9,281,500	118.06
University MIEMSS	21,736,408	18,029,000	-17.06
University UMCC	-6,523,022		
University of Maryland Medical Center	-55,550,450	124,816,000	324.69
Washington Adventist Hospital	-7,395,623	-12,230,677	-65.38
Western Maryland Regional M. C.	-1,723,700	15,201,700	981.92

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

	2012	2013	
Hospital	Excess Profit Loss	Excess Profit Loss	% Change in Excess
All Acute Hospitals	229,618,116	549,062,753	139.12
University of Maryland Medical Center	-55,550,450	124,816,000	324.69
Johns Hopkins Hospital	66,111,683	51,063,077	-22.76
Anne Arundel Medical Center	-31,996,892	45,341,200	241.71
Saint Agnes Hospital	43,515,023	41,883,345	-3.75
Suburban Hospital	11,442,898	38,134,858	233.26
Holy Cross Hospital	26,077,900	37,428,046	43.52
Sinai Hospital of Baltimore	23,129,417	34,266,918	48.15
Greater Baltimore Medical Center	18,376,336	33,230,610	80.83
Mercy Medical Center	-14,315,107	31,020,207	316.70
Carroll County General Hospital	4,870,116	30,673,703	529.84
Northwest Hospital Center	11,695,796	23,613,990	101.90
UM Upper Chesapeake	15,544,812	22,400,000	44.10
Howard County General Hospital	-1,270,363	19,389,706	1626.31
University MIEMSS	21,736,408	18,029,000	-17.06
Shady Grove Adventist Hospital	8,908,624	15,263,693	71.34
Western Maryland Regional M. C.	-1,723,700	15,201,700	981.92
UM Shore Medical Easton	13,061,338	14,371,024	10.03
MedStar Saint Mary's Hospital	9,640,308	12,348,616	28.09
UM Harford Memorial Hospital	8,268,054	11,524,339	39.38
Frederick Memorial Hospital	-2,998,773	10,738,933	458.11
Peninsula Regional Medical Center	15,837,000	10,719,000	-32.32
Union Hospital of Cecil County	4,256,400	9,281,500	118.06
Meritus Medical Center	4,712,400	9,116,228	93.45
MedStar Montgomery General	9,004,630	7,262,526	-19.35
Calvert Memorial Hospital	2,773,506	6,916,629	149.38
UM Shore Medical Dorchester	5,576,088	6,630,853	18.92

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

	2012	2013	
Hospital	Excess Profit Loss	Excess Profit Loss	% Change in Excess
MedStar Harbor Hospital	-2,489,549	6,061,104	343.46
UM Charles Regional Medical Center	-656,038	4,734,172	821.63
Atlantic General Hospital	1,456,040	2,725,952	87.22
Garrett County Memorial Hospital	1,621,925	2,041,070	25.84
UM Shore Medical Chestertown	-1,947,852	1,065,985	154.73
Prince Georges' Hospital Center	7,369,937	1,028,098	-86.05
Fort Washington Medical Center	1,102,010	576,030	-47.73
McCready Hospital	3,260,935	429,845	-86.82
MedStar Franklin Square	13,287,500	425,534	-96.80
UM Rehabilitation & orthopedic Institute	4,372,892	-385,298	-108.81
Doctors Community Hospital	305,804	-1,415,078	-562.74
MedStar Union Memorial	4,084,294	-1,472,759	-136.06
Laurel Regional Hospital	97,632	-1,570,163	-1708.25
UM Midtown	-4,813,010	-3,684,386	23.45
UM Baltimore Washington	11,252,222	-4,380,643	-138.93
Johns Hopkins Bayview Medical Center	10,625,700	-6,796,000	-163.96
MedStar Good Samaritan	8,605,078	-8,126,384	-194.44
Bon Secours Hospital	1,603,802	-9,627,191	-700.27
Washington Adventist Hospital	-7,395,623	-12,230,677	-65.38
MedStar Southern Maryland	-4,683,446	-21,613,758	-361.49
UM Saint Joseph	-24,406,902	-72,512,468	-197.10
University UMCC	-6,523,022		

State of Maryland
Department of Health and Mental Hygiene



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Health Services Cost Review Commission

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Sule Calikoglu, Ph.D.
Deputy Director
Research and Methodology

TO: Commissioners
FROM: Legal Department
DATE: November 12, 2014
RE: Hearing and Meeting Schedule

December 10, 2014 HSCRC	Time to be determined, 4160 Patterson Avenue Conference Room
January 14, 2015 HSCRC	Time to be determined, 4160 Patterson Avenue Conference Room

Please note that the Commissioner's packets will be available in the Commission's office at 11:45 a.m.

The Agenda for the Executive and Public Sessions will be available for your review on the Thursday before the Commission meeting on the Commission's website.

<http://www.hsrc.maryland.gov/commission-meetings-2014.cfm>

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