

State of Maryland
Department of Health and Mental Hygiene



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**532nd MEETING OF THE HEALTH SERVICES COST REVIEW COMMISSION
August 10, 2016**

EXECUTIVE SESSION

12:00 p.m.

(The Commission will begin in public session at 12:00 p.m. for the purpose of, upon motion and approval, adjourning into closed session. The open session will resume at 2PM.)

1. Update on Contract and Modeling of the All-payer Model vis-a-vis the All-Payer Model Contract – Administration of Model Moving into Phase II - Authority General Provisions Article, §3-103 and §3-104
2. Discussion on Planning for Model Progression – Authority General Provisions Article, §3-103 and §3-104
3. Personnel Update – General Provisions Article, §3-305(b)(1)(ii)

PUBLIC SESSION

2:00 p.m.

1. Review of the Minutes from the Public Meeting and Executive Session on June 8, 2016
2. Executive Director's Report
3. New Model Monitoring
4. Docket Status – Cases Closed
2345A- MedStar Health 23
2346A – Johns Hopkins Health System
44A - MedStar Health
5. Docket Status – Cases Open
2319R – Sheppard Pratt Health System 2339R – Prince George's Hospital Center
2346A – Johns Hopkins Health System 2347A – University of Maryland Medical Center
2348A – University of Maryland Medical Center 2349A – Johns Hopkins Health System
6. Final Revised Recommendation for the RY 2017 Balanced Update for Psychiatric and Specialty Hospitals -approved
7. Draft Recommendation on Population Health Workforce Support for Disadvantaged Areas Awards
8. Disclosure of the Hospital Financial and Statistical Data for Fiscal Year 2015

9. CRISP Update

10. Legal Report

11. Hearing and Meeting Schedule

**Closed Session Minutes
of the
Health Services Cost Review Commission**

JUNE 8, 2016

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

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

The Closed Session was called to order at 11:03 a.m. and held under authority of §3-103 and §3-104 of the General Provisions Article.

In attendance in addition to Chairman Sabatini were Commissioners Bayless, Bone, Colmers, Jencks, Keane, and Wong.

In attendance representing Staff were Donna Kinzer, Steve Ports, Sule Gerovich, Jerry Schmith, Ellen Englert, Claudine Williams, Amanda Vaughn, Jessica Lee, and Dennis Phelps.

Also attending were Ben Steffen, Executive Director-Maryland Health Care Commission, Deborah Gracey and Eric Lindeman, Commission Consultants, and Stan Lustman and Leslie Schulman, Commission Counsel.

Item One

Donna Kinzer, Executive Director, and Eric Lindeman, Commission Consultant, presented and the Commission discussed analyses of Medicare per beneficiary data.

Item Two

Ms. Kinzer presented and the Commission discussed potential approaches for moving the All-Payer Model forward as contemplated by the Model Agreement.

Item Three

Ben Steffen, Executive Director-Maryland Health Care Commission, reported to the Commission on Maryland's potential participation in CMS's Comprehensive Primary Care Plus programs.

The Closed Session was adjourned at 1:04 p.m.

AMENDED
MINUTES OF THE
531th MEETING OF THE
HEALTH SERVICES COST REVIEW COMMISSION
June 8, 2016

Chairman Nelson Sabatini called the public meeting to order at 11:03 a.m. Commissioners Victoria Bayless, George H. Bone, M.D., John Colmers, Stephen F. Jencks, M.D., MPH, Jack C. Keane, and Herbert S. Wong, Ph.D. were also in attendance. Upon motion made by Commissioner Colmers and seconded by Commissioner Jencks, the meeting was moved to Executive Session. Chairman Sabatini reconvened the public meeting at 1:10 p.m.

REPORT OF THE JUNE 8, 2016 EXECUTIVE SESSION

Mr. Dennis Phelps, Associate Director-Audit & Compliance, summarized the minutes of the June 8, 2016 Executive Session.

ITEM I

REVIEW OF THE MINUTES FROM THE MAY 11, 2016
EXECUTIVE SESSION AND PUBLIC MEETING

The Commission voted unanimously to approve the minutes of the May 11, 2016 Executive Session and Public Meeting.

ITEM II

EXECUTIVE DIRECTOR REPORT

Ms. Donna Kinzer, Executive Director, reported that staff had received three proposals seeking \$ 7.5 million for participation in the Population Health Workforce Program. The three proposals were submitted by the following hospitals and health systems:

- Garrett County Regional Medical Center
- Mercy Medical Center
- Collaboration of Johns Hopkins, LifeBridge, MedStar, and University of Maryland Health Systems

Ms. Kinzer stated that the HSCRC is partnering with independent representatives from the University of Maryland School Of Medicine to review and evaluate the proposals. The review team will meet later this month and make recommendations to the Commission at the next Public Meeting.

Ms. Kinzer noted that Staff, CRISP, and MHA have been working collectively to increase the availability of data for hospitals, skilled nursing facilities, and others to reduce potentially avoidable utilization. Ms. Kinzer noted that the State of Maryland has requested an amendment

to its contract with the Center for Medicare and Medicaid Innovation (CMMI) to secure additional data for hospital use. If approved, hospitals would file a letter of intent to receive certain limited data sets.

ITEM III

NEW MODEL MONITORING

Amanda Vaughn, Program Manager, stated that Monitoring Maryland Performance (MMP) for the new All-Payer Model for the month of April focuses on the fiscal year (July 1 through June 30) as well as calendar year results.

Ms. Vaughn reported that for the ten month period ended April 30, 2016, All-Payer total gross revenue increased by 2.49% over the same period in FY 2015. All-Payer total gross revenue for Maryland residents increased by 2.55%; this translates to a per capita growth of 2.02%. All-Payer gross revenue for non-Maryland residents increased by 1.81%.

Ms. Vaughn reported that for the four months of the calendar year ended April 30, 2016, All-Payer total gross revenue increased by 1.78% over the same period in CY 2015. All-Payer total gross revenue for Maryland residents increased by 1.95%; this translates to a per capita growth of 1.42%. All-Payer gross revenue for non-Maryland residents decreased by (0.13%).

Ms. Vaughn reported that for the ten month period ended April 30, 2016, Medicare Fee-For-Service gross revenue increased by 2.16% over the same period in FY 2015. Medicare Fee-For-Service gross revenue for Maryland residents increased by 2.21%; this translates to a per capita growth of (0.17%). Maryland Fee-For-Service gross revenue for non-residents increased by 1.60%.

Ms. Vaughn reported that for the four months of the calendar year ended April 30, 2016, Medicare Fee-For-Service gross revenue increased by 0.25% over the same period in CY 2015. Medicare Fee-For-Service gross revenue for Maryland residents increased by 0.25%; this translates to a per capita growth of (1.40%). Maryland Fee-For-Service gross revenue for non-residents increased by 0.29%.

Ms. Vaughn reported that for the four months of the calendar year ended April 30, 2016 over the same period in CY 2013:

- Net per capita growth was 3.45%.
- Per capita growth before UCC and MHIP adjustments was 5.92%.
- Net per capita Medicare growth was .35%.
- Per capita growth Medicare before UCC and MHIP was 2.75%

According to Ms. Vaughn, for the ten months of the fiscal year ended April 30, 2016, unaudited average operating profit for acute hospitals was 2.95%. The median hospital profit was 3.92%, with a distribution of 1.22% in the 25th percentile and 5.75% in the 75th percentile. Rate Regulated profits were 6.47%.

Ms. Vaughn reported that for the four months of the calendar year ended April 30, 2016 over the same period in CY2015:

- All-Payer admissions decreased by 2.01%;
- All-Payer admissions per thousand residents decreased by 2.82%;
- Medicare Fee-For-Service admissions decreased by 3.53%;
- Medicare Fee-For-Service admissions per thousand residents decreased by 5.90%;
- All-Payer bed days decreased by 1.48%;
- All-Payer bed days per thousand residents decreased by 2.29%;
- Medicare Fee-For-Service bed days decreased by 3.47%;
- Medicare Fee-For-Service bed days per thousand decreased by 5.84%;

Ms. Denise Johnson, Chief, Special Projects, presented utilization trend reports reflecting the Equivalent Case-Mix Adjusted Discharges (ECMAD) growth for the three months of the calendar year ended March 31, 2016.

Ms. Johnson reported that for the three months of the calendar year ended March 31, 2016, All Payer ECMAD growth decreased by 0.04% over the same period in CY 2015. ECMAD growth for Maryland residents increased by 0.09%. This is made up of Maryland inpatient ECMAD decreasing by 1.33% and outpatient ECMAD increasing 2.55%. ECMAD growth for non-residents decreased by 1.66%.

Ms. Johnson reported that for the three months of the calendar year ended March 31, 2016, Medicare ECMAD growth decreased by (0.98%) over the same period in CY 2015. This is made up of Maryland Medicare inpatient ECMAD decreasing by 2.88% and Maryland Medicare outpatient ECMAD increasing 4.05%.

ITEM IV

DOCKET STATUS- CLOSED CASES

3372R- LifeBridge Health Inc.

2340A- Johns Hopkins Health System

2341A- University of Maryland Medical Center

ITEM V

DOCKET STATUS- OPEN CASES

2344A- MedStar Health

MedStar Health (“MedStar”) filed an application with the HSCRC on May 6, 2016 on behalf of Union Memorial Hospital and Good Samaritan (the “Hospitals”) for an alternative method of rate determination, pursuant to COMAR 10.37.10.06. MedStar requests approval from the HSCRC to continue participation in a global rate arrangement for joint replacement services with MAMSI for a period of one year beginning September 1, 2016.

Staff recommends that the Commission approve the Hospitals' application for an alternative method of rate determination for joint replacement services for one year beginning September 1, 2016, and that the approval be contingent upon the execution of the standard Memorandum of Understanding.

The Commission voted unanimously to approve staff's recommendation.

2345A- MedStar Health

MedStar Health ("MedStar") filed an application with the HSCRC on May 6, 2016 on behalf of Union Memorial Hospital (the "Hospital") for an alternative method of rate determination, pursuant to COMAR 10.37.10.06. MedStar requests approval from the HSCRC to continue participation in a global rate arrangement for cardiovascular services with Kaiser Foundation Health Plan of the Mid-Atlantic, Inc. for a period of one year beginning August 1, 2016.

Staff recommends that the Commission approve the Hospitals' application for an alternative method of rate determination for cardiovascular services for one year beginning August 1, 2016, and that the approval be contingent upon the execution of the standard Memorandum of Understanding.

The Commission voted unanimously to approve staff's recommendation.

ITEM VI

FINAL RECOMMENDATION FOR MODIFICATION TO THE READMISSIONS REDUCTION INCENTIVE PROGRAM FOR RY 2018

Dr. Sule Gerovich Ph.D., Director, Center for Population Based Methodologies, presented staff's final recommendations for modifications to the Readmission Reduction Incentive Program (RRIP) for RY 2018 and for making revisions to the application of the RY 2017 RRIP (See "Final Recommendation for the Readmissions Reduction Incentive Program for Rate Year 2018" on the HSCRC website). This final recommendation includes supporting details that were not available at the May Commission meeting.

Staff's revised final recommendations for the RRIP program for RY 2018 are as follows:

1. The RRIP policy should continue to be set for all-payers.
2. Hospital performance should be measured as the better of attainment or improvement.
3. Set attainment benchmark at 11.85%.
4. Set the reduction target at 9.50% from CY 2013 readmission rates.
5. For RY 2017, apply the same methodology recommended for RY 2018 based on 9.30% reduction target and 12.09% attainment benchmark.

Ms. Traci La Valle, Maryland Hospital Association (MHA), Vice President Rate Setting, supported the Staff's recommendation.

Commissioners voted 5-1 to accept the Staff's final recommendation. Commissioner Keane voted in opposition to the recommendation.

ITEM VII

FINAL RECOMMENDATION FOR TOTAL AMOUNT AT RISK FOR QUALITY PROGRAMS FOR RY 2018

Dr. Gerovich presented staff's final recommendations for total amount at risk for quality programs for RY 2018 (See "Final Recommendation for Aggregate Revenue Amount At-Risk Under Maryland Hospital Quality Programs for Rate Year 2018" on the HSCRC website).

The HSCRC quality-based payment methodologies are important policy tools with the potential to provide strong incentives for hospitals to improve their quality performance over time. Each of the current policies for quality-based payment programs holds revenue at risk directly related to specified performance targets.

The Quality Based Reimbursement (QBR) program employs revenue neutral scaling of hospitals in allocating rewards and reductions based on performance, with the net increases in rates for better performing hospitals funded by net decreases in rates for poorer performing hospitals.

For the Maryland Hospital Acquired Conditions (MHAC) program, hospital performance is measured using observed to expected ratio values for each component measure, and revenue allocations are performed using pre-established performance targets. The revenue at risk and reward structure are based on a tiered approach that requires statewide targets to be met for higher rewards and lower reductions.

The hospital Readmission Reduction Incentive Program (RRIP) policy initiated in FY 2015 is designed to be a positive incentive program to reward hospitals that achieve a specified readmission reduction target. For FY 2018, staff is proposing to strengthen this program by increasing the amount of revenue at risk and including both rewards and reductions. Similar to the MHAC program, staff is proposing the use of a tiered approach that requires statewide targets to be met for higher rewards and reduced penalties. Potentially Avoidable Utilization reductions are applied to global budgets to reduce allowed volume growth based on the percent of revenue associated with potentially avoidable utilization for each hospital.

This recommendation proposes the amount of hospital revenue at-risk for the following programs: 1. Quality-Based Reimbursement; 2. Maryland Hospital Acquired Conditions; and, 3. Readmission Reduction Incentive Program.

The Readmissions Shared Savings and Potentially Avoidable Utilization programs also hold revenue at risk based on performance, which is determined annually commensurate with the hospital rate update factor process.

Staff recommends the following maximum penalties and rewards for the QBR, MHAC and RRIP programs for RY 2018:

1. QBR: The maximum penalty should be 2.00%, while the maximum reward should be 1.00%.

The maximum penalty matches the penalty in Medicare's Value-Based Purchasing program and increases the incentive for hospitals to improve their Hospital Consumer Assessment of Healthcare Providers and Systems survey scores, which continue to be low compared with the nation.

2. MHAC: There should be a 3.00% maximum penalty if the statewide improvement target is not met; there should be a 1.00% maximum penalty and a reward up to 1.00 percent if the statewide improvement target is met.
3. RRIP: The maximum penalty should be 2.00%, and the reward should be 1.00% for hospitals that reduce readmission rates at or better than the minimum improvement.
4. Maximum penalty guardrail: The hospital maximum penalty guardrail should continue to be set at 3.50% of total hospital revenue.
5. The quality adjustments should be applied to inpatient revenue centers, similar to the approach used by CMS. HSCRC staff can apply the adjustments to hospitals' medical surgical rates to concentrate the impact of this adjustment on inpatient revenue, consistent with federal policies.

Ms. La Valle supported the Staff's recommendation.

The Commission voted unanimously to approve staff's recommendation.

ITEM VIII

FINAL RECOMMENDATION FOR POTENTIALLY AVOIDABLE UTILIZATION SAVINGS POLICY FOR RATE YEAR 2017

Dr. Gerovich presented staff's final recommendations for the Potentially Avoidable Utilization Savings Policy for RY 2017 (See "Final Recommendation for the Potentially Avoidable Utilization Saving Policy for Rate Year 2017" on the HSCRC website).

HSCRC operates a potentially avoidable utilization (PAU) savings policy as part of its portfolio of value-based payment policies. This policy was formerly referred to as the readmission shared savings policy. The PAU savings policy is important for maintaining hospitals' focus on improving care and health for patients by reducing PAU and its associated costs. The PAU savings policy is also important for maintaining Maryland's exemption from the CMS quality-based payment programs, as this exemption allows the State to operate its own programs on an all-payer basis.

In this final recommendation, staff is proposing to update the policy to incorporate an additional category of PAU; to increase the level of savings derived from the policy; and to specify the

calculations and application of the policy in conjunction with the State fiscal year FY 2017 update.

Staff recommends the following for the PAU savings policy for RY 2017:

- Align the measure with the PAU definitions used in the market shift adjustment, which is comprised of readmissions and Prevention Quality Indicators (PQIs) (inclusive of observation cases that are greater than 23 hours).
- Increase the annual value of the PAU savings amount from 0.20% to 0.45%. This will result in 1.25% reduction in total revenue, which is a 0.65% net reduction in RY 2017.
- Cap the PAU savings reduction at the statewide average reduction for hospitals with higher socio-economic burden.
- Evaluate further expansion of PAU definitions for RY 2018 to incorporate additional categories of unplanned admissions.
- Evaluate progress on sepsis coding and the apparent discrepancies in levels of sepsis cases across hospitals, including the need for possible independent coding audits.

Ms. La Valle reiterated MHA's concerns about how PQIs are being used to impact hospital revenues. Ms. La Valle stated that MHA, hospitals, and Staff can work together to improve the PAU policy and develop a more appropriate way of measuring PQIs at a hospital level.

The Commission voted unanimously to approve staff's recommendation.

ITEM IX

FINAL RECOMMENDATION FOR UNCOMPENSATED CARE FOR FY 2017

Dr. Gerovich presented staff's final recommendation on the Uncompensated Care Policy for FY 2017 (See "Final Recommendations on the Uncompensated Care Policy for 2017") on the HSCRC website.

Since it first began setting rates, the HSCRC has recognized the cost of uncompensated care (charity care and bad debts) within Maryland's unique hospital rate setting system. As a result, patients who cannot pay for care are still able to access hospital services, and hospitals are credited for reasonable levels of uncompensated care provided to those patients.

Under the current HSCRC policy, uncompensated care (UCC) is funded by a statewide pooling system in which regulated Maryland hospitals draw funds from the pool if they experience a greater than average level of uncompensated care, and pay into the pool if they experience a less than average level of uncompensated care. This ensures that the cost of uncompensated care is shared equally across the hospitals in the system.

The HSCRC must determine the percentage of UCC that will be placed in hospital rates for FY 2017 and the amount of funding that will be available for the uncompensated care pool.

Additionally, HSCRC must review the methodology for distributing these funds among hospitals.

Based on staff's analysis, the following draft recommendations are made:

- The UCC provision in rates should be 4.69% effective July 1, 2016;
- Continue to do 50/50 blend of FY2105 actual audited UCC and FY 2016 predicted or estimated UCC levels to determine hospital specific adjustments.

Mr. Bret McCone, MHA, Vice President Rate Setting, supported the Staff's recommendation.

The Commission voted unanimously to approve staff's recommendation.

ITEM X

FINAL RECOMMENDATION FOR UPDATE FACTOR FOR FY 2017

Jerry Schmith, Director Center for Revenue and Regulation Compliance, and Ms. Kinzer presented the staff's final recommendation concerning the update factors for FY 2017 (See "Final Update Factors Recommendations for FY 2017" on the HSCRC website).

On July 1st of each year, the HSCRC updates hospitals' rates and approved revenues to account for inflation policy adjustments and other adjustments related to performance and settlements from prior years.

The staff's final recommendations are as follows and are offered on the assumption that the other policy recommendations that affect the overall targets are approved (including PAU shared savings adjustments and the uncompensated care reductions):

1. Update the three categories of hospitals and revenues as follows:
 - Release the prospectively applied error correction factor of 0.56% for inflation to arrive at an approved RY 2017 balanced update for revenues under global budgets of 2.72% (net of offsets), limiting the amount provided in the first six months to an increase of 2.16% by having a lower semi-annual target for the first half of the year and a higher semi-annual target for second half of year.
 - In order to receive the additional inflation allowance, each hospital must agree to charge no more than the mid-year target through the first half of the year. Each hospital must agree to:
 - i. Monitor the growth of Medicare's total cost of care and total hospital cost of care for its service areas;
 - ii. Work with CRISP, Staff, and MHA to obtain available information to support monitoring and implementation efforts;
 - iii. Work with CRISP, HSCRC, and CMMI to obtain data for care redesign activities as soon as it is available;

- iv. Monitor the hospital's performance on PAUs for both Medicare and All Payers;
 - v. Implement programs focused on complex and high needs patients with multiple chronic conditions, initially focusing on Medicare patients;
 - vi. Work with CRISP to exchange information regarding care coordination resources aimed at reducing duplication of resources, ensuring more person centered approaches, and bringing additional information to bear at the point of care for the benefit of patients;
 - vii. Increase efforts to work in partnership with physicians, post-acute and long term facilities, and other providers to create aligned approaches and incentives to improve care, health, and reduce avoidable utilization for the benefit of patients. Work with physicians with the goal of developing and enhancing value based approaches that are applied under MACRA.
 - viii. Participate in the All Payer Model progression planning efforts.
- Revenues that are not on global budgets but subject to the Medicare rate setting waiver should increase by 1.24%.
2. Allocate 0.20% of the inflation allowance based on each hospital's proportion of drug costs to total costs. Additionally, earmark up to 0.10% of the allowance for unforeseen adjustments for increases in costs related to new outpatient physician administered drugs.
 3. The Commission should continue to closely monitor performance targets for Medicare including Medicare's growth in Total Cost of Care and Hospital Cost of Care per beneficiary. As always, the Commission has authority to adjust rates as it deems necessary, consistent with the All Payer Model.
 - Targets should be monitored both state-wide and on a hospital specific level.
 - If corrections become necessary, the Commission should consider whether to make the corrections based on hospital specific performance.
 4. In order to receive the full update for FY18, hospitals will need to reduce PAU, and any increases in Medicare's non-hospital costs resulting from implementation will need at least to be offset by reductions in Medicare's hospital costs.
 5. The revenue update for psychiatric hospitals and Mt. Washington Pediatric Hospital will be considered at the next public Commission meeting.

Carmela Coyle, President and CEO of MHA, and Mike Robbins, Senior Vice President of MHA supported the staff's recommendation.

Jonathan Blum, Executive Vice President of CareFirst of Maryland, Robert Murray, Consultant, and Gary Simmons Regional Vice President United Healthcare stated that they do not agree with the Staff's final update factor.

Mr. Blum noted that that CareFirst has concerns with the total cost of care guardrail test which is

part of the All-Payer Model. Under the model, if the State fails the total cost of care test, then the State will be placed on a corrective action plan. It is Mr. Blum's opinion that the update factor should be developed to avoid any required corrective action in regards to total cost of care. Mr. Simmons agrees with CareFirst that the update factor should be developed in conjunction with passing the total cost of care guardrail.

Commissioners Keane and Jencks expressed the view that there was too much money at risk with the Staff's recommendation and suggested that the update factor be lower. Commissioners Keane and Jencks expressed concern about passing the total cost of care test, and suggested that if in the next six months the State does, in fact, pass the total cost of care test, then at that point an increase in the update factor should be considered.

Commissioners Bone, Bayless, Wong and Colmers opined that the Staff's update factor is well balanced and applauded Staff for their work. They noted that while the Commission can always amend the update if hospital or total cost of care spending falls off track, now is not the time to inhibit activities that might delay further progress under the All-Payer Model

Commissioners voted 4-2 to accept the Staff's final recommendation. Commissioners Keane and Jencks voted in opposition to the recommendation.

ITEM XI

FINAL RECOMMENDATION FOR TRANSFORMATION IMPLEMENTATION GRANT AWARDS

Steve Ports, Director, Center for Engagement and Alignment, presented staff's final report on regional partnerships for health system transformation rewards for FY 2016 (See "Report on Review Committee Recommendations for Planning Grants to Create Regional Partnerships for Health System Transformation" on the HSCRC website).

The HSCRC and DHMH are recommending that nine proposals for health system transformation grants be partially or fully funded, beginning in fiscal year (FY) 2017. This recommendation follows the Commission's decision in June 2015 to authorize up to 0.25 percent of FY 2016 total approved hospital revenue to be distributed to grant applicants under a competitive process for "shovel-ready" care transformation improvements that will generate more efficient care delivery in collaboration with community providers and entities and achieve immediate results under the metrics of the All-Payer Model.

The Commission received 22 proposals for transformation implementation award funding. Commission staff established an independent committee to review the transformation grant proposals and make recommendations to the Commission for funding. The Transformation Implementation Award Review Committee (Review Committee) included representatives from DHMH and HSCRC as well as subject matter experts, including individuals with expertise in such areas as public health, community-based health care services and supports, and health information technology. Following a comprehensive initial review, nine of the 22 proposal applicants were invited to provide clarifying information related to their proposal. These nine

applicants, along with their community partners, were invited to present their proposals to the Review Committee.

After its thorough review, the Review Committee is pleased to present these recommendations to the Commission. The Review Committee is strongly encouraged about the prospects of the proposed interventions, which they believe will expand upon existing infrastructure investments to improve care coordination and population health management in Maryland and help achieve the goals of the All-Payer Model. This report reflects the Review Committee’s recommendations to grant a total of just over \$30.5 million for Transformation Implementation awards in FY 2017 of the authorized amount of up to 0.25 percent of FY 2016 approved hospital revenue (\$37,036,786).

Based on its review, the Review Committee recommends nine grant proposals for FY 2017 funding. Below are the recommended awardees, the award amount, and the hospitals affected.

Partnership Group Name	Award Request	Award Recommendation	Hospital(s) in Proposal
Bay Area Transformation Partnership	\$4,246,698.00	\$3,831,143.00	Anne Arundel Medical Center; UM Baltimore Washington Medical Center
Community Health Partnership	\$15,500,000.00	\$6,674,286.00	Johns Hopkins Hospital; Johns Hopkins – Bayview; MedStar Franklin Square; MedStar Harbor Hospital; Mercy Medical Center; Sinai Hospital
GBMC	\$2,942,000.00	\$2,115,131.00	Greater Baltimore Medical Center
Howard County Regional Partnership	\$1,533,945.00	\$1,468,258.00	Howard County General Hospital
Nexus Montgomery	\$7,950,216.00	\$7,663,683.00	Holy Cross Hospital; Holy Cross – Germantown; MedStar Montgomery General; Shady Grove Medical Center; Suburban Hospital; Washington Adventist Hospital
Total Eldercare Collaborative	\$1,882,870.00	\$1,882,870.00	MedStar Good Samaritan; MedStar Union Memorial
Trivergent Health Alliance	\$4,900,000.00	\$3,100,000.00	Frederick Memorial Hospital; Meritus Medical Center; Western Maryland Hospital Center
UM-St. Joseph	\$1,147,000.00	\$1,147,000.00	UM St. Joseph Medical Center
Upper Chesapeake Health	\$2,717,963.00	\$2,692,475.00	UM Harford Memorial Hospital; UM Upper Chesapeake Medical Center; Union Hospital of Cecil County

Total \$42,820,692.00

\$ 30,574,846.00

Commissioner Colmers voiced concern about the length of the process and the delay in notifying applicants of the status of their submission. He asked that Staff evaluate the resources dedicated to reviewing applications in the future.

The Commission voted unanimously to approve staff's reward recommendation to Trivergent Health Alliance, GBMC, Total Eldercare Collaborative, UM- St. Joseph and Upper Chesapeake Health.

The Commission voted unanimously to approve staff's reward recommendation to Howard County Regional Partnership, Nexus Montgomery, and Community Health Partnership. Commissioner Colmers recused himself from the discussion and vote.

The Commission voted unanimously to approve staff's reward recommendation to Bay Area Transformation Partnership. Commissioner Bayless recused herself from the discussion and vote.

ITEM XII

HEARING AND MEETING SCHEDULE

July 13, 2016	Canceled
August 10, 2016	Times to be determined, 4160 Patterson Avenue HSCRC Conference Room

There being no further business, the meeting was adjourned at 3:25 pm.



Update-Progression Strategy Discussion

August 10, 2016

Straw Model

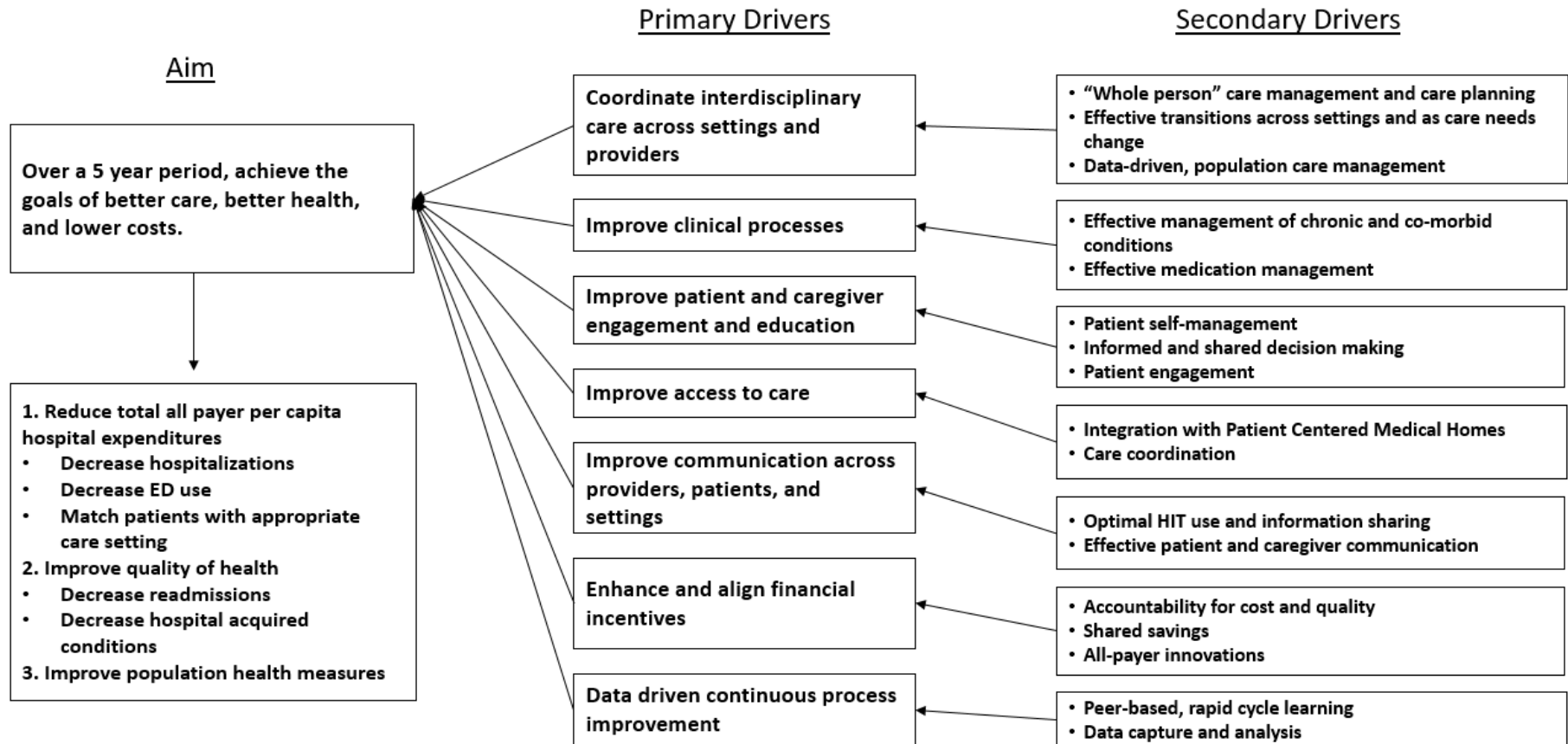
- ▶ The following document is prepared to assist in formulation of progression plans.
- ▶ It is offered as a high level straw model for stakeholder discussion and input.
- ▶ This progression strategy is under discussion with stakeholders, including the Advisory Council.

Current All-Payer Model



Original All-Payer Model Application: Maryland's Strategy

Aim: Over a 5 year period, achieve the goals of better care, better health and lower costs.



Recap: Stakeholder-Driven Strategy for Maryland

Aligning common interests and transforming the delivery system are key to sustainability and to meeting Maryland's goals

Focus Areas

Description

Care Delivery

- Improve care delivery and care coordination across episodes of care
- Tailor care delivery to persons' needs with care management interventions, especially for patients with high needs and chronic conditions
- Support enhancement of primary and chronic care models
- Promote consumer engagement and outreach

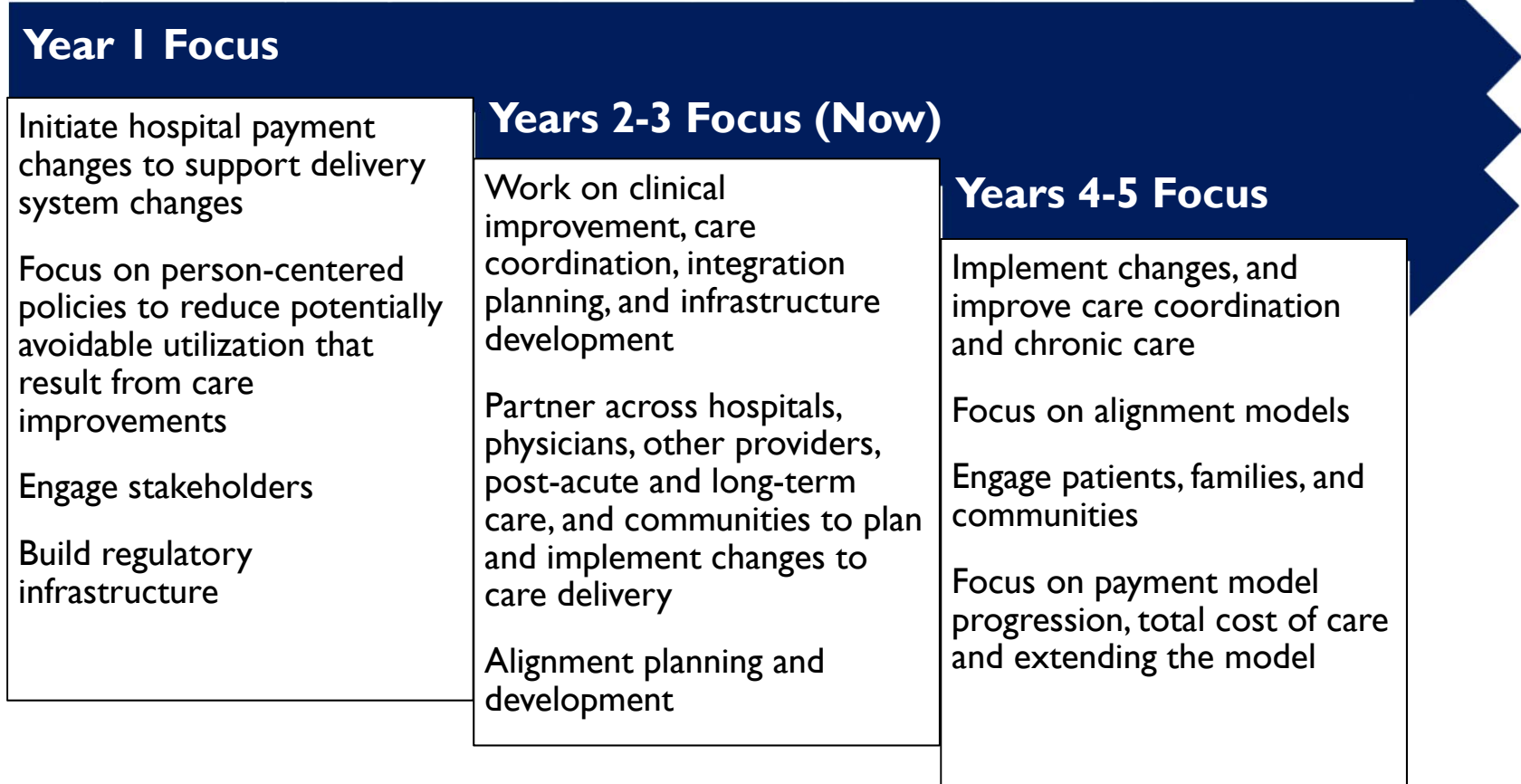
Health Information Exchange and Tools

- Connect providers (physicians, long-term care, etc.) in addition to hospitals
- Develop shared tools (e.g. common care overviews)
- Bring additional electronic health information to the point of care

Provider Alignment

- Build on existing models (e.g. hospital GBR model, ACOs, medical homes, etc.)
- Leverage opportunities for payment reform, common outcomes measures and value-based approaches across models and across payers to help drive system transformation

Recap: Strategy for Implementing the All-Payer Model

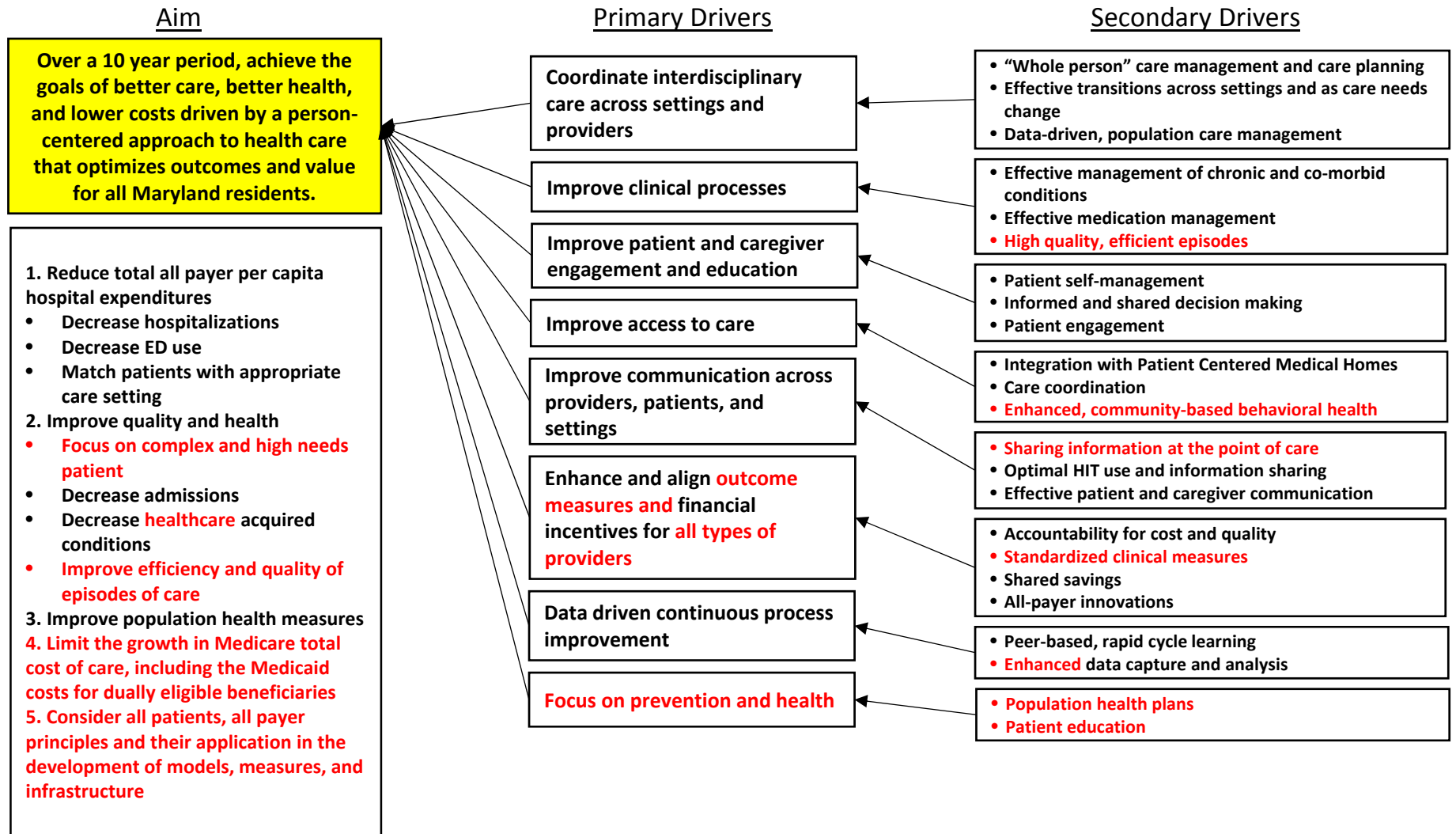


Progression of the All-Payer Model



Maryland All-Payer Model Driver Diagram

With Updates for the Model Progression



Maryland's Updated Strategy

-  **Updated Aim:** Over a 10 year period, achieve the goals of better care, better health, and lower costs driven by a **person-centered approach** to health care that optimizes outcomes and value for all Maryland residents.
- ▶ 1. Reduce total all payer per capita hospital expenditures
 - ▶ Decrease hospitalizations
 - ▶ Decrease ED use
 - ▶ Match patients with appropriate care setting
 - ▶ 2. Improve quality and efficiency of health care
 - ▶ **Focus on complex and high needs patients**
 - ▶ Decrease admissions
 - ▶ Decrease **health care** acquired conditions
 - ▶ **Improve efficiency and quality of episodes of care**
 - ▶ 3. Improve population health measures
 - ▶ 4. **Limit the growth in Medicare total cost of care, including the Medicaid costs for dually eligible beneficiaries**
 - ▶ 5. **Consider all patients, all payer principles and their application in the development of models, measures, and infrastructure**

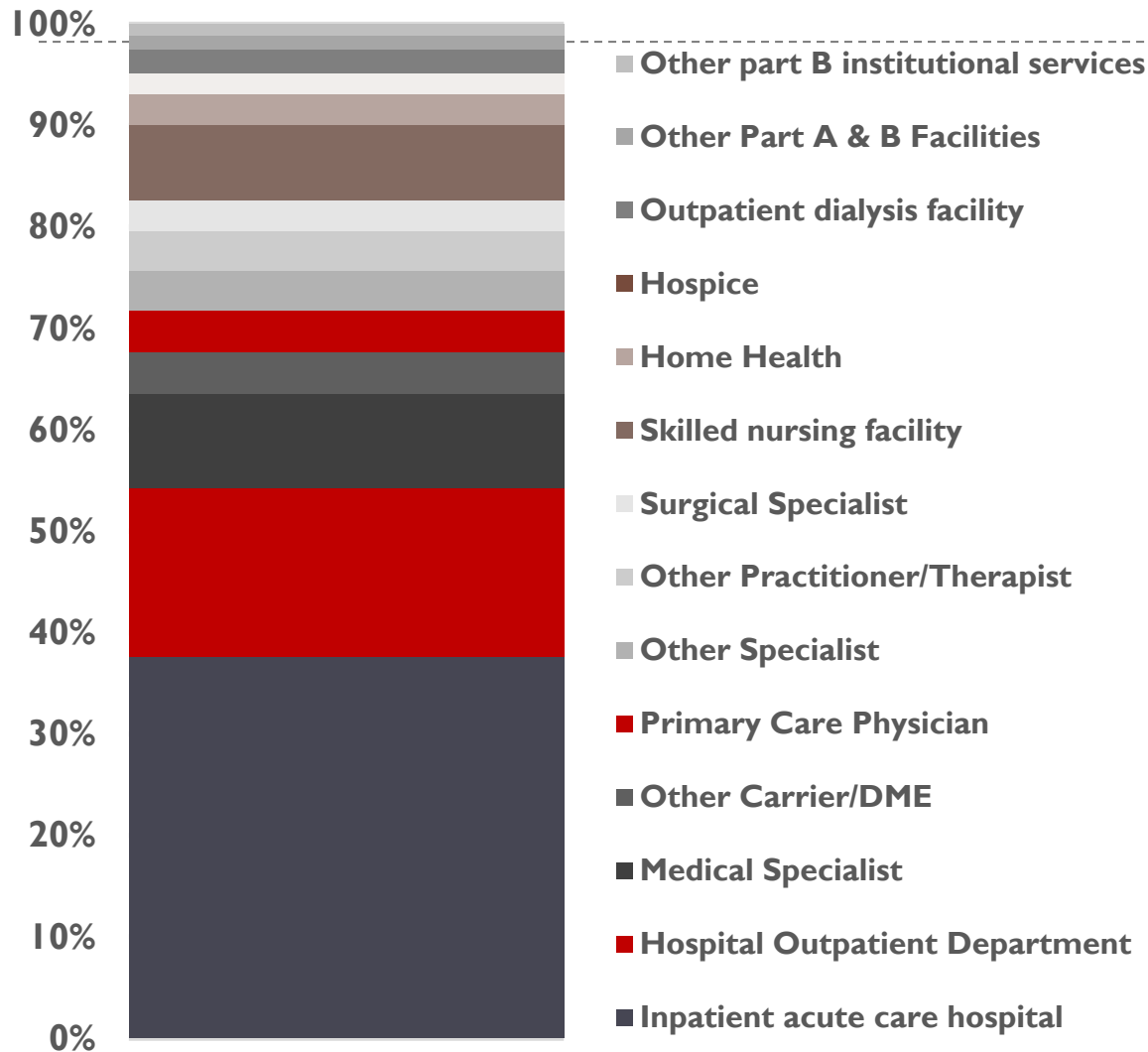
Progression Plan: Scope

Approximate CY 2015 Figures (for 6 million Marylanders)	
All Payer Hospital Revenues (Maryland Residents in Maryland hospitals)	\$14.8 billion
Medicare Non-Hospital Spend (Maryland Beneficiaries anywhere)	\$3.9 billion
Medicare Hospital Spend Non-Regulated	\$0.5 billion
Medicaid Costs for Dual Eligible Patients	\$2.0 billion
Total Costs to be Addressed in the Strategic Plan	\$21.2 billion

Notes:

- 1) Hospital revenues incorporate ~\$4.8 billion of Medicare spend.
- 2) Medicare spend includes only payments by Medicare.
- 3) Medicare non-regulated hospital spend is primarily out-of-state hospital spend. Also includes in-state specialty hospital spend.
- 4) Medicaid figures are estimated and may be updates.

2015 Maryland Medicare Dollar



- Approximately 75%+ of Medicare expenditures are tied to a hospitalization
- **Hospital expenditures account for 56%** of the Medicare per capita total cost of care.
- **Post-acute expenditures account for 12%** of the Medicare dollar.
- Of the 28% Medicare expenditures that are for physicians, an estimated **10% are related to hospitalizations.**

Tackling TCOC

- ▶ **How to start addressing TCOC**
 - ▶ Start receiving TCOC data and data to support care coordination and chronic care improvement and more efficient high quality episodes (the Amendment)
 - ▶ Learn how to utilize data and make delivery system changes that act on the most significant opportunities for care improvement and controlling costs, including:
 - ▶ A medical home approach that cuts across payers and models
 - ▶ Patients with high needs and chronic conditions
 - ▶ Population health
 - ▶ Episode costs and outcomes (including post-acute)

All-Payer Model: Progression Strategy Blueprint



Strategic Considerations:

- ▶ Allow all system components and consumers, including physicians, long-term care, behavioral health, and others, to participate in care delivery and payment transformation initiatives
- ▶ Align hospital and provider performance measures and incentives
- ▶ Support providers/practitioners in practice transformation (e.g. streamlining administrative requirements)
- ▶ Assist providers with qualifying for additional funding under MACRA (financial incentives under MIPS and Advanced APM bonuses)
- ▶ Leverage current strengths, works in-progress, and available funding from the federal government
- ▶ Build in the flexibility to:
 - ▶ Improve models over time
 - ▶ Allow for adaptation in a dynamic health care system

Please refer to Progression Strategy Blueprint document for Guiding Principles

Starting to Address the Strategic Considerations: Care Redesign Amendment

- ▶ In response to stakeholder input, the State is proposing a **Care Redesign Amendment** to the All-Payer Model, which will allow needed approvals (Safe harbors, Stark, etc.) and data for care redesign and alignment
- ▶ Opportunity to incorporate physicians and other providers in focus on All Payer hospital costs and Medicare TCOC
 - ▶ Have a “**living**” program that allows for annual adjustments as we learn how to deploy interventions, test new models (e.g. considering episodes) and focus on TCOC
 - ▶ Focus on addressing MACRA coverage for the All Payer Model

Complex & Chronic Care
Improvement Program

Align community
providers

Hospital Care Improvement
Program

Align providers
practicing at hospitals

Long-term / Post-acute Models

Align other non-
hospital providers

▶ **Tools:**

- ▶ Shared care coordination resources
- ▶ Detailed Medicare data for care coordination
- ▶ Medicare TCOC data
- ▶ Shared savings from hospitals
- ▶ Possible MACRA Advanced APM status

Progression Strategy Blueprint: Areas for Consideration

▶ Consider transformation in the following strategy areas:

1. Payment and Delivery Approaches Supporting High Needs Patients, Person Centered Care and All Payer Benefits
 1. Primary/Complex Care
 1. Amendment--Complex and Chronic Care
 2. Comprehensive Primary Care
 3. Behavioral health
 4. Long term care
 5. Other MACRA eligible programs
 2. Episodes
 1. Amendment—Hospital Care Improvement
 2. Post acute
 3. Other MACRA eligible programs

Progression Strategy Blueprint: Areas for Consideration (cont)

▶ Consider transformation in the following strategy areas:

II. TCOC Focus—Test and Build on Several Models

1. Geographic Population Model (including leveraging Amendment) transitioning to upside/downside incentive payments and or risk over time, leveraging global budgets
2. Dual Eligibles ACO/PCMH transitioning to upside/downside risk over time
3. Continuing/Increasing ACO/PCMH approaches transitioning to upside/downside risk over time, building on investments in ACOs already underway and leveraging investments in PCMH already underway in payer organizations

Straw Model for TCOC and Outcomes focus for Medicare and Dual Eligibles

Medicare TCOC and Outcomes Focus

ACOs

200,000
beneficiaries?

Medical Home
or other
Aligned Models

200,000
beneficiaries?

Duals Model
(TBD)

80,000
beneficiaries?

Geographic
(Hospital + Non-
Hospital) Model

400,000
beneficiaries?

Supporting Payment and Delivery Approaches with All Payer Applicability

Global hospital budgets
Amendment—Complex & chronic care, Episodes of care
Primary care--complex and chronic care
Post acute care
Other MACRA eligible programs

Envisioning Core Strategic Elements

▶ Primary Care/Complex and Chronic Care

- ▶ Create a person-centered locus of care with supporting interdisciplinary care teams across all care settings, data-driven care coordination, and financial incentives that move towards greater accountability.

▶ Behavioral Health

- ▶ Improve access to community-based, behavioral health services and supports, promote clinical integration between primary care and behavioral health, enhance behavioral health capacity within primary care settings, and develop value-based payment mechanisms

▶ Long-term Care

- ▶ Create value-based payment and care delivery mechanisms that improve care coordination and delivery of long-term care and home and community-based services

Envisioning Core Strategic Elements (cont.)

▶ Post-acute Care

- ▶ Create alignment between hospitals and post-acute providers and facilities that optimizes transitions and resource use across care settings (e.g. acute, post-acute, long-term care, home, etc.)

▶ Other MACRA Eligible Models

- ▶ Create alignment between providers practicing at hospitals to improve the efficiency, quality, and outcomes of hospital episodes
 - ▶ Start by Implementing Amendment for Hospital Care Improvement and innovating under this approach
- ▶ Consider other MACRA eligible models

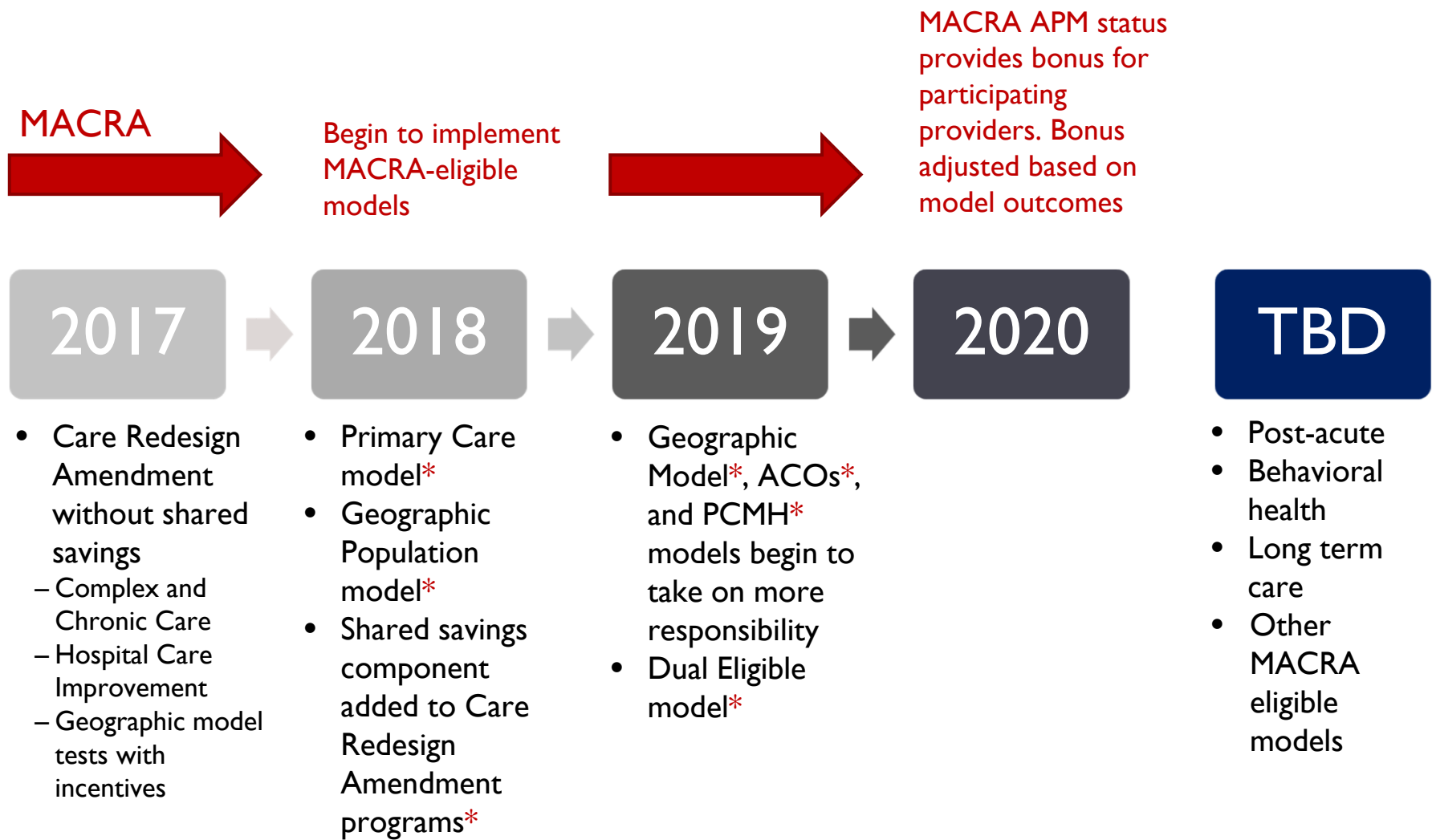
Test Models for TCOC focus

- ▶ **ACO (Already in place)**
- ▶ **Geographic Population Model**
 - ▶ Promote All-Payer Model progression through an accountability model that creates local responsibility for patient health outcomes and total cost of care in an actionable geographic area, first focusing on Medicare
- ▶ **Dual Eligibles**
 - ▶ Create payment and care delivery mechanisms that improve care coordination and access to care for Dual Eligible beneficiaries, and incorporate payer accountability for Dual Eligible total cost of care (e.g. including medical and custodial care)
- ▶ **PCMH**
 - ▶ Promote All-Payer Model progression through an accountability model that creates responsibility for patient health outcomes and total cost of care for assigned beneficiaries, incorporating Medicare beneficiaries into a multi-payer model (built on common Medicare primary care base model)

Potential Timeline-2016

- ▶ Develop progression plan for All Payer Model due to CMS by 12-31
- ▶ Develop Primary Care Model for Maryland to file with CMS by 12-31 for possible implementation in January 2018
- ▶ Prepare to implement Amendment (no shared savings/gainsharing in 2017)
- ▶ Develop geographic alternative rate models for Medicare TCOC with incentives, for implementation in 2017
 - ▶ Accelerate timeline based on TCOC performance

Potential Timeline



Straw Model Discussion

- ▶ **Questions for consideration:**
 - ▶ Are these elements the right ones?
 - ▶ What is the timeline? How should the strategies and models be prioritized? What is the best phased approach?
 - ▶ How should we go about developing the plan and the models?

Appendix- Strategies & Models To be Worked Through



Geographic Population Model

▶ Concept:

- ▶ Global budget(s) + **non-hospital costs** → Medicare total costs for a geography
 - ▶ Focuses on services provided in a particular geography
- ▶ Creates responsibility for a patient population in an actionable geographic area
 - ▶ Includes services provided in local geographic area (excludes tertiary and quaternary care provided in other hospitals)
 - ▶ Allows for local focus and increases opportunities for population health partnerships
 - ▶ Creates a larger pool that mitigates high-cost patients, allowing providers to learn how to effectively share responsibility gradually

Geographic Population Model (cont.)

▶ Rationale:

- ▶ While the global budget already distributes responsibility for ~ 56% of Medicare costs, CMS expects Maryland to take on increasing accountability for TCOC over time
 - ▶ A geographic model can cover the additional 15%-20% of Medicare spend for non-hospital services related to hospitalizations (e.g. post acute, physician costs, etc.)
- ▶ More partnerships with community providers are needed to continue reducing avoidable utilization and improving outcomes for the sustainability of the All-Payer Model
 - ▶ A geographic model can create an approach to engage non-hospital providers, organize resources, and create accountability approaches across providers
- ▶ MACRA is creating significant financial consequences for providers to support value-based payments, rather than volume-based payments
 - ▶ A geographic model can help physicians and others qualify for greater funding under MACRA if they work with hospitals that take some responsibility for TCOC and thus become Advanced APM entities

Geographic Population Model (cont.)

- ▶ **Geographic Population Model: Promote All-Payer Model progression through a model that creates local responsibility for patient health outcomes and total cost of care in an actionable geographic area, first focusing on Medicare**
- ▶ **Model Considerations:**
 - ▶ Base the model on geography/episodes or a combination of approaches
 - ▶ Consider regional organizations to service local health care community
 - ▶ Use value-based payment incentives to create alignment with goals
 - ▶ For CY 2017/FY 2018 use incentives based on TCOC for Medicare with global budgets/engage physicians through Amendment
 - ▶ Physician idea—value based payment could be applied to physician payment
 - Assists with MACRA eligibility
 - ▶ Accelerate TCOC focus for Medicare while limiting risk
 - ▶ For 2019, could become a shared savings model or increase value based portion of payment tied to Medicare TCOC and outcomes, consider HSCRC ARM approach
 - ▶ Works along with ACOs and PCMH models

Primary Care

▶ Rationale:

- ▶ The population is aging and chronic diseases are becoming more prevalent (e.g. 18% of MD population >65 by 2025)
 - ▶ Need for more care coordination and chronic care management
- ▶ Taking on Medicare Total Cost of Care (for the sustainability of the All-Payer Model) relies heavily on primary and complex and chronic care
 - ▶ CMS is focused on enhancing chronic care and primary care, and is providing significant funding sources. E.g. Chronic Care Management fees (CCM), Comprehensive Primary Care Plus model (CPC+)
- ▶ **Main idea: Focus on the opportunity to replace the CCM fee with a CPC+ type of model that pays care management dollars on a risk-adjusted per person basis rather than a fee schedule, and support primary care transformation**

Primary Care (cont.)

- ▶ **Primary Care Strategy:** Create a person-centered locus of care with supporting interdisciplinary care teams across all care settings, data-driven care coordination, and financial incentives that move towards greater accountability
- ▶ **Concept:**
 - ▶ Tailor care according to persons' needs
 - ▶ Engage consumers and families
 - ▶ Help people with chronic disease and complex needs live healthier lives, reducing downstream utilization
 - ▶ Continue to build care coordination infrastructure and resources
 - ▶ Improve care and reduce potentially avoidable utilization



Monitoring Maryland Performance Medicare TCOC Data

Through May 2016

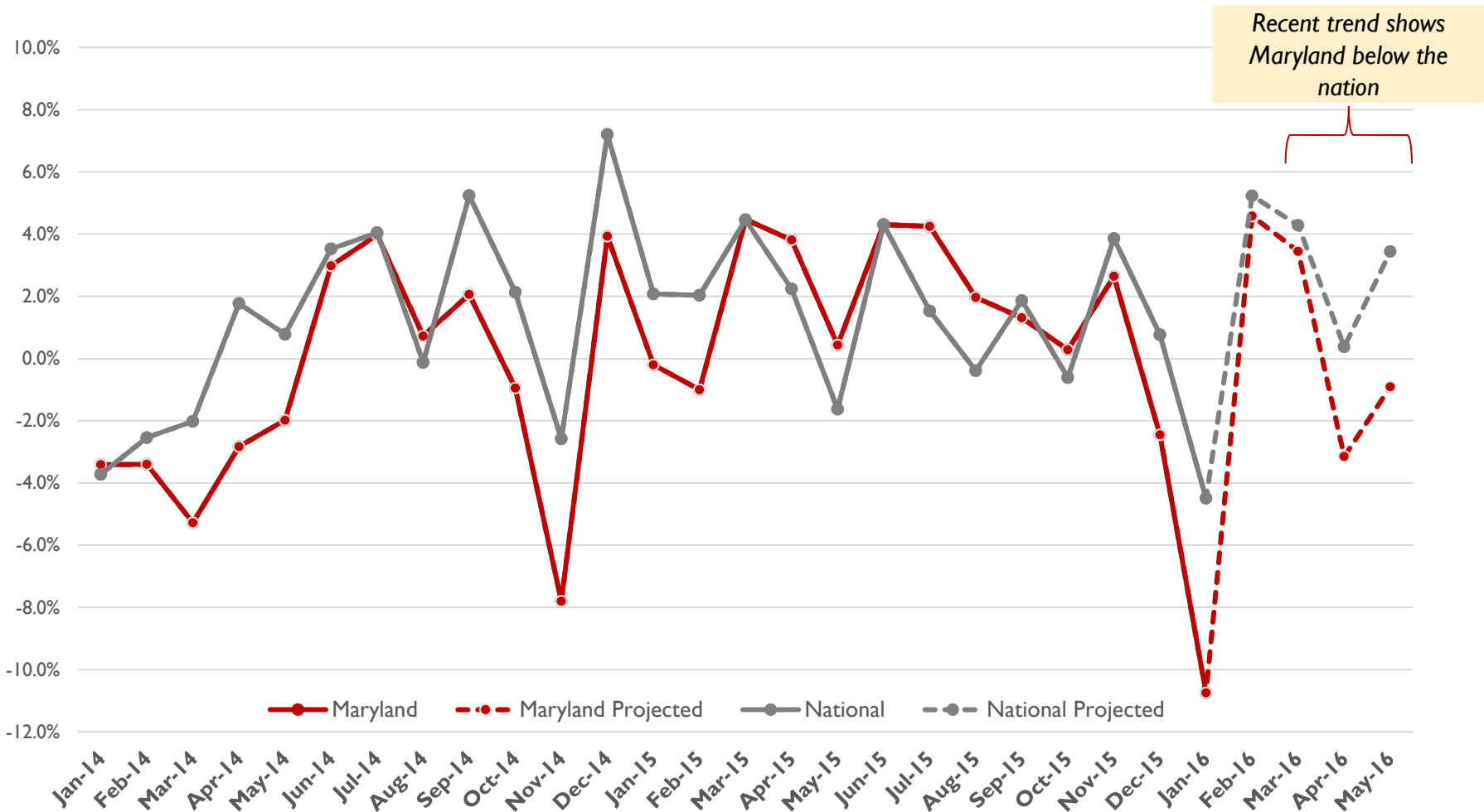


Disclaimer

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

Medicare Hospital Spending per Capita

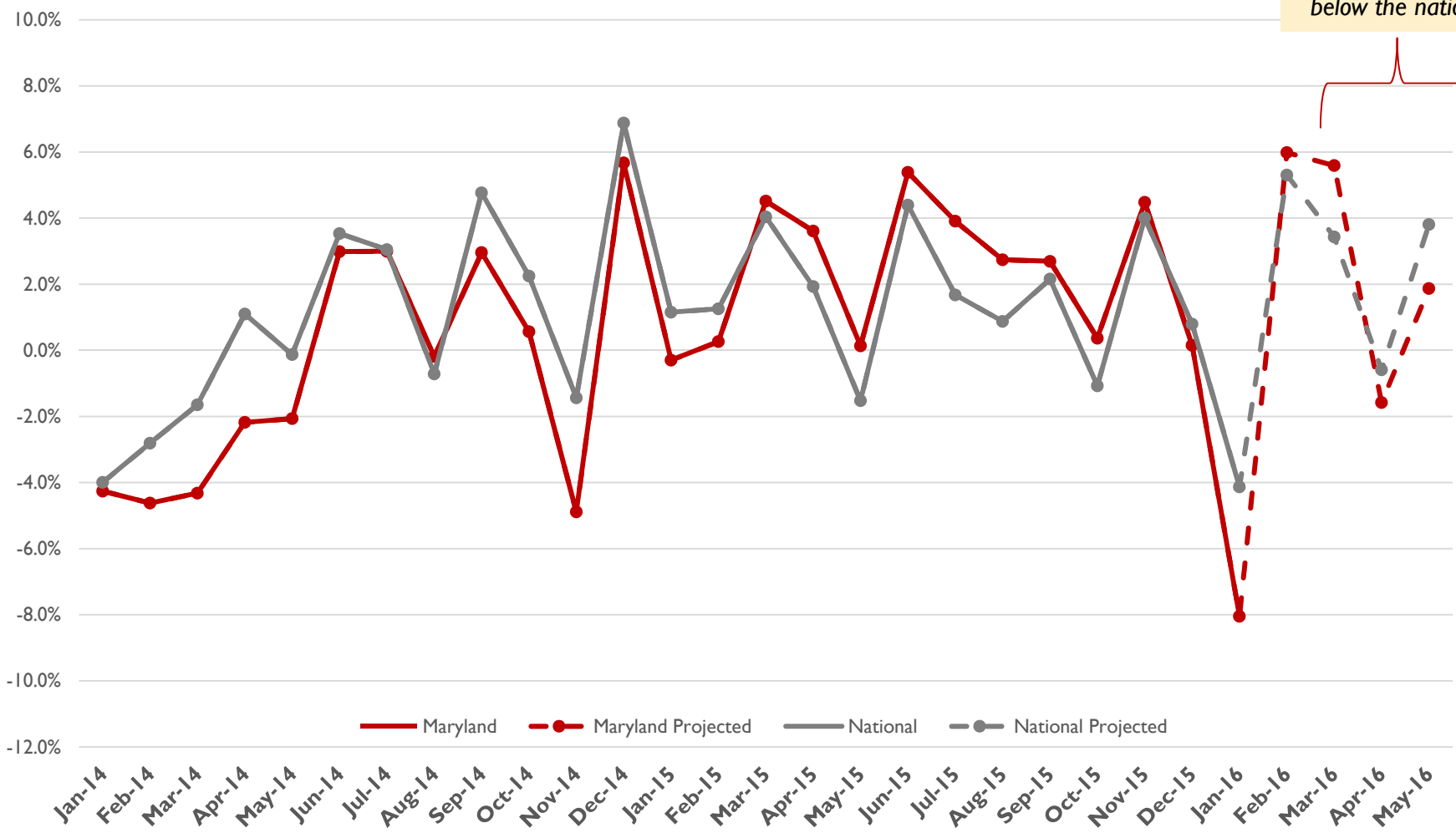
Actual Growth Trend (CY month vs. prior CY month)



Total Cost of Care per Capita

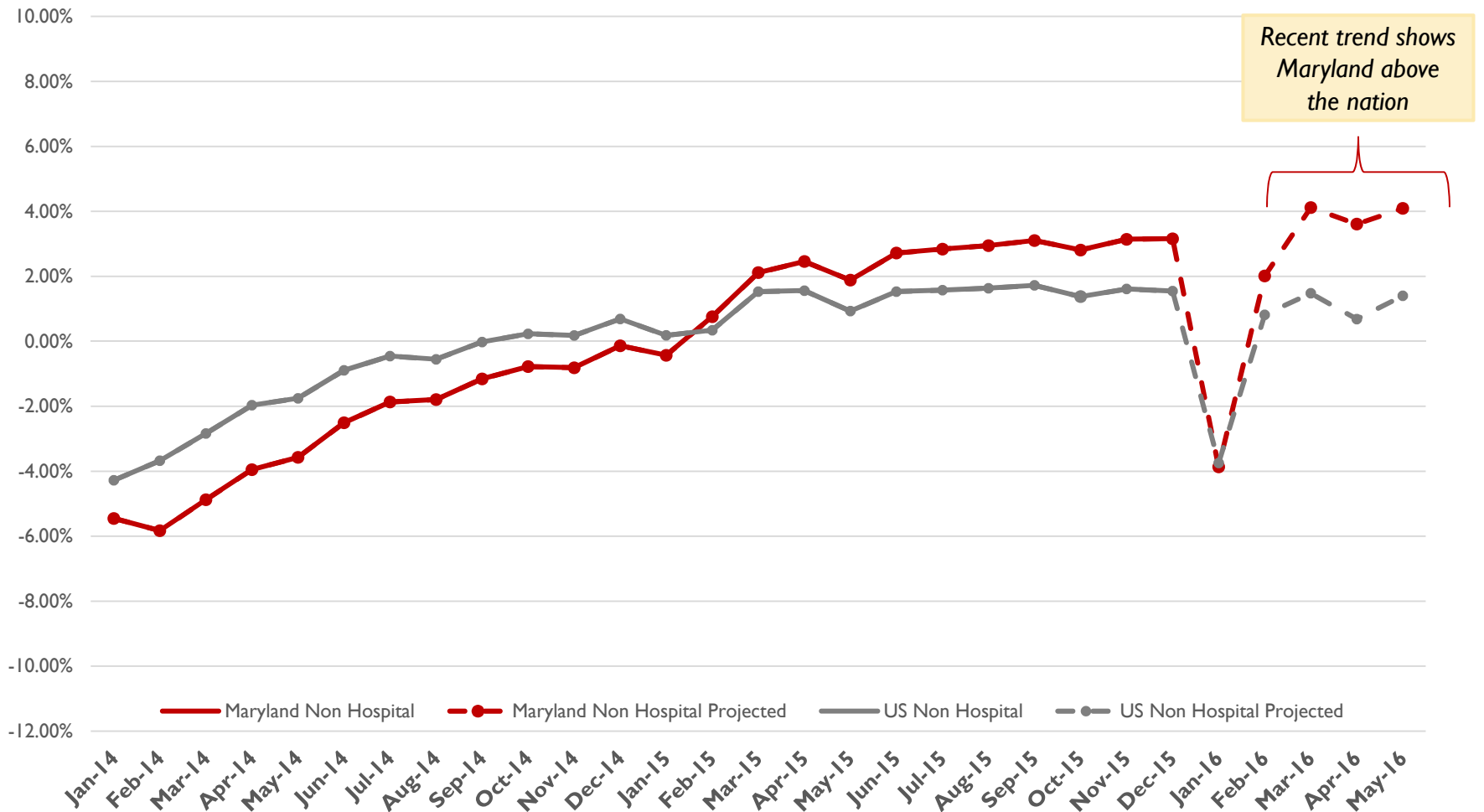
Actual Growth Trend (CY month vs. prior CY month)

Recent trend shows Maryland below the nation



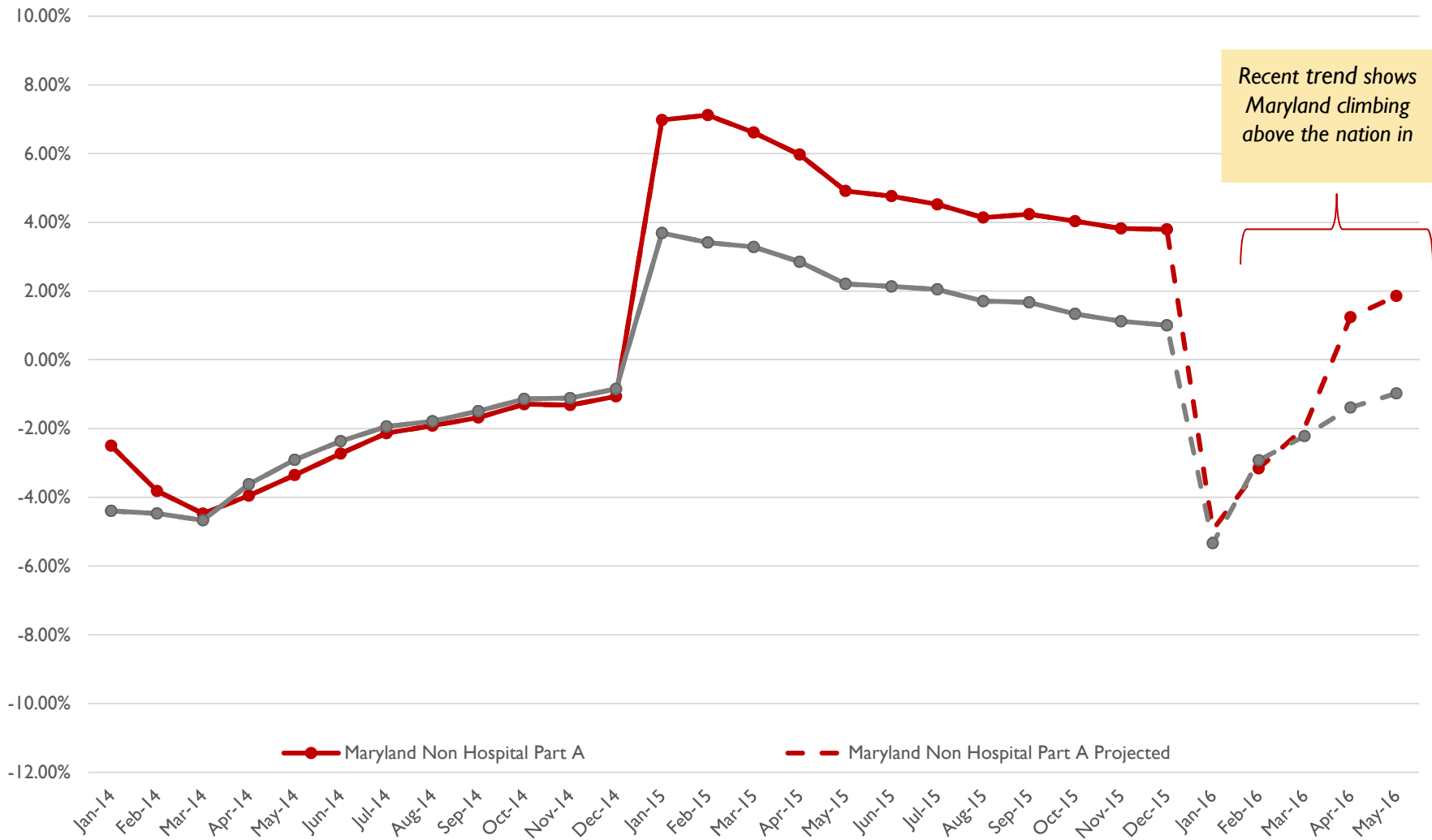
Non-Hospital Spending per Capita

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



Non Hospital Part A Spending per Capita

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

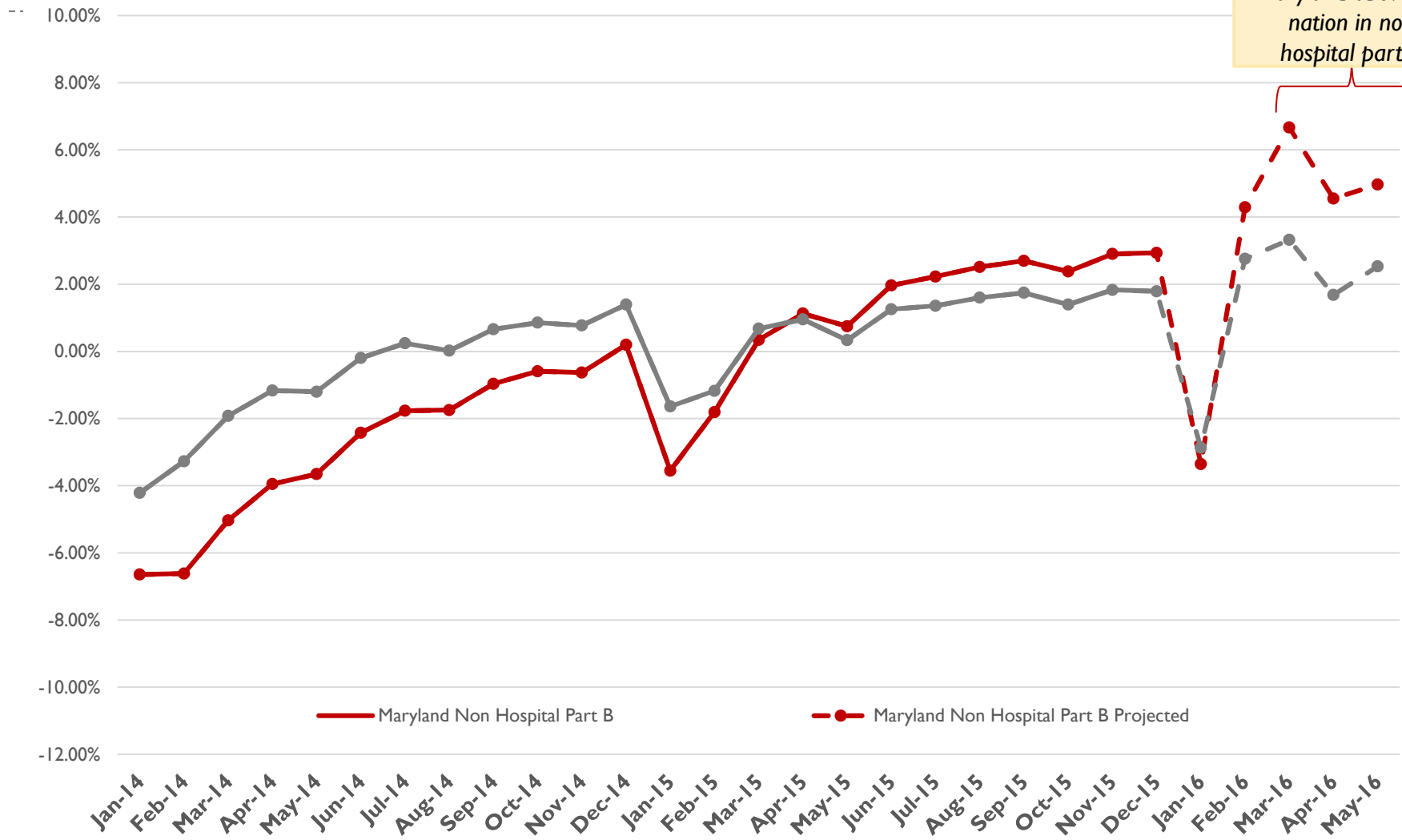


Recent trend shows Maryland climbing above the nation in

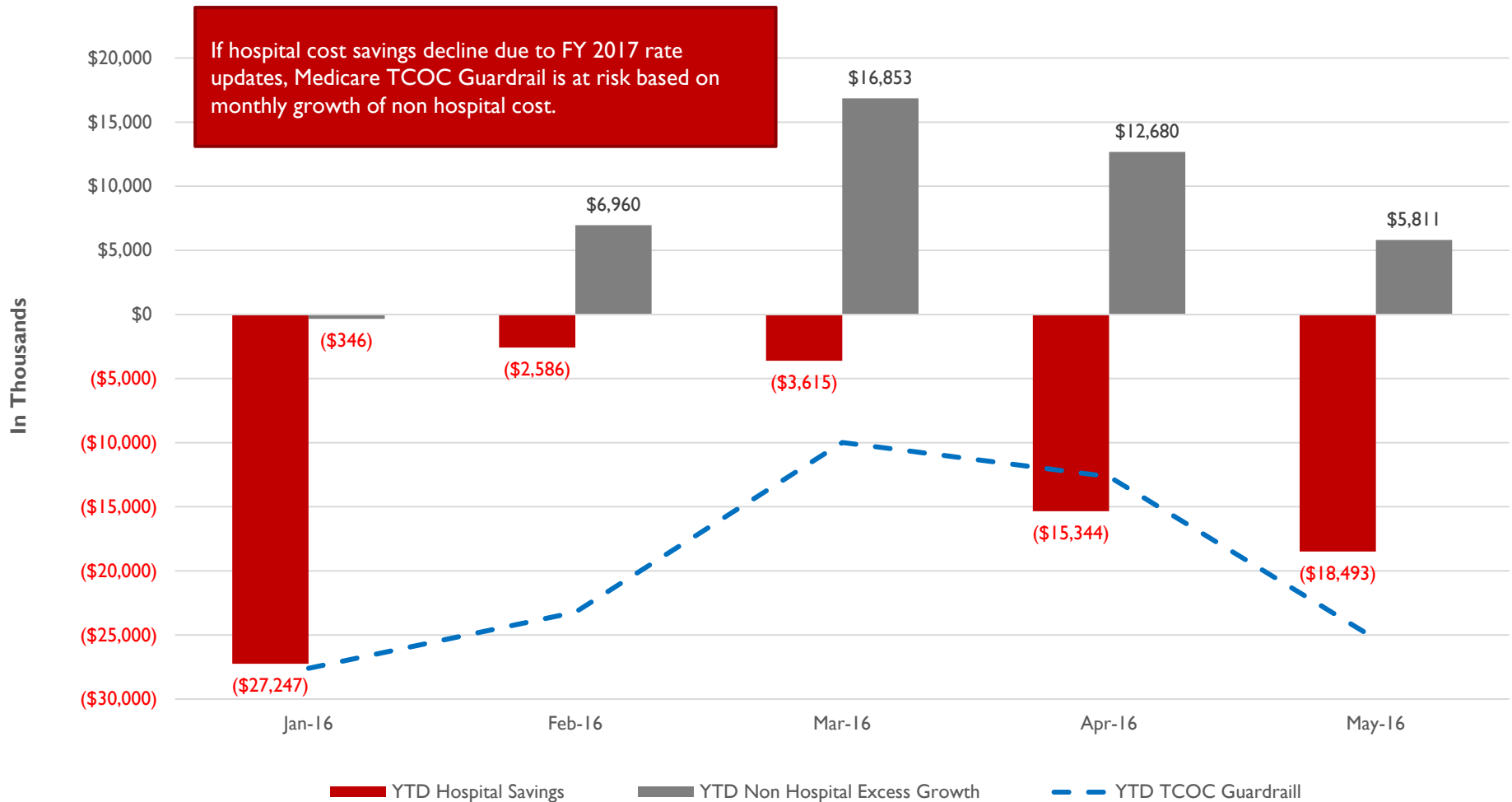
Non Hospital Part B Spending per Capita

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

Recent trend show Maryland above the nation in non hospital part B



Medicare Hospital & Non Hospital Growth (with completion) CYTD through May 2016

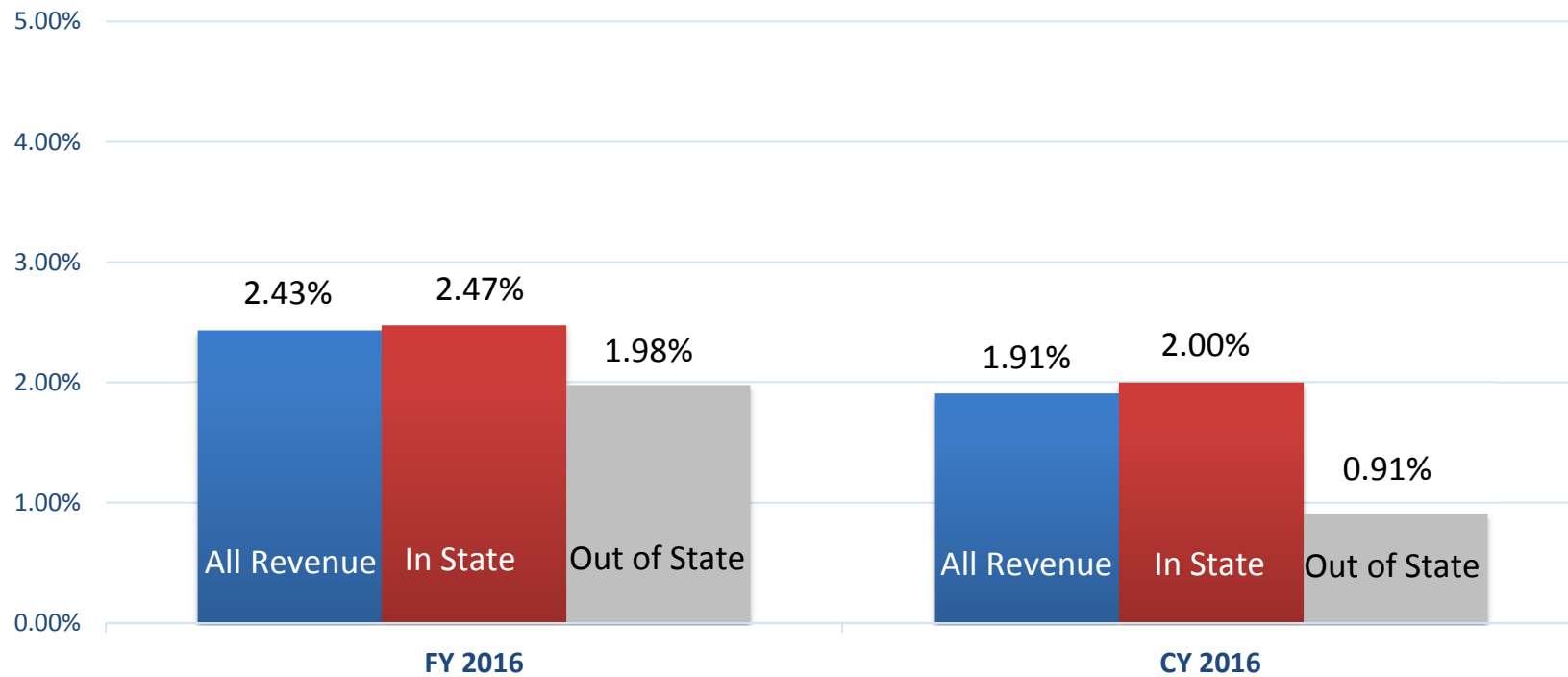




Monitoring Maryland Performance Financial Data

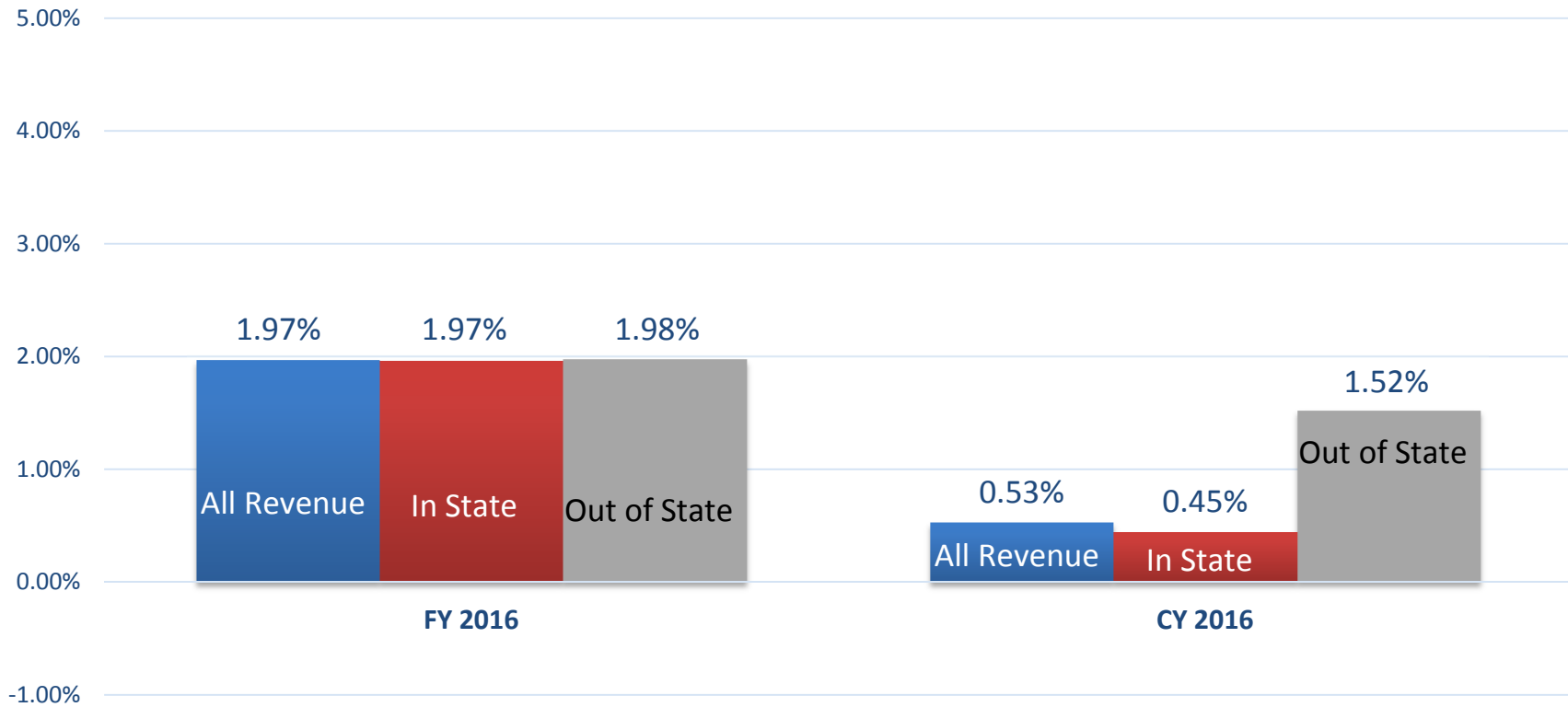
Year to Date thru June 2016

Gross All Payer Revenue Growth
Year to Date (thru June 2016) Compared to Same Period in Prior Year



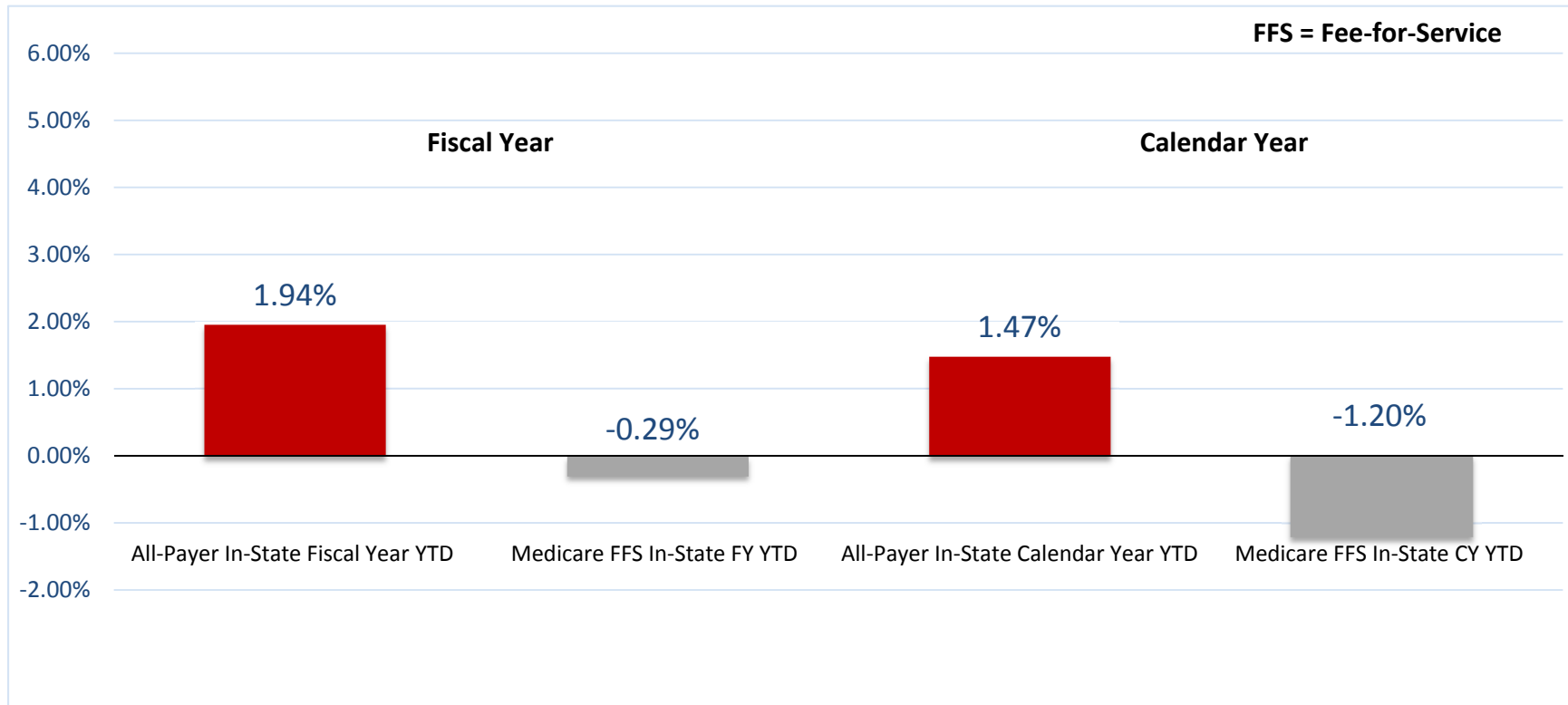
Gross Medicare Fee-for-Service Revenue Growth

Year to Date (thru June 2016) Compared to Same Period in Prior Year



Per Capita Growth Rates

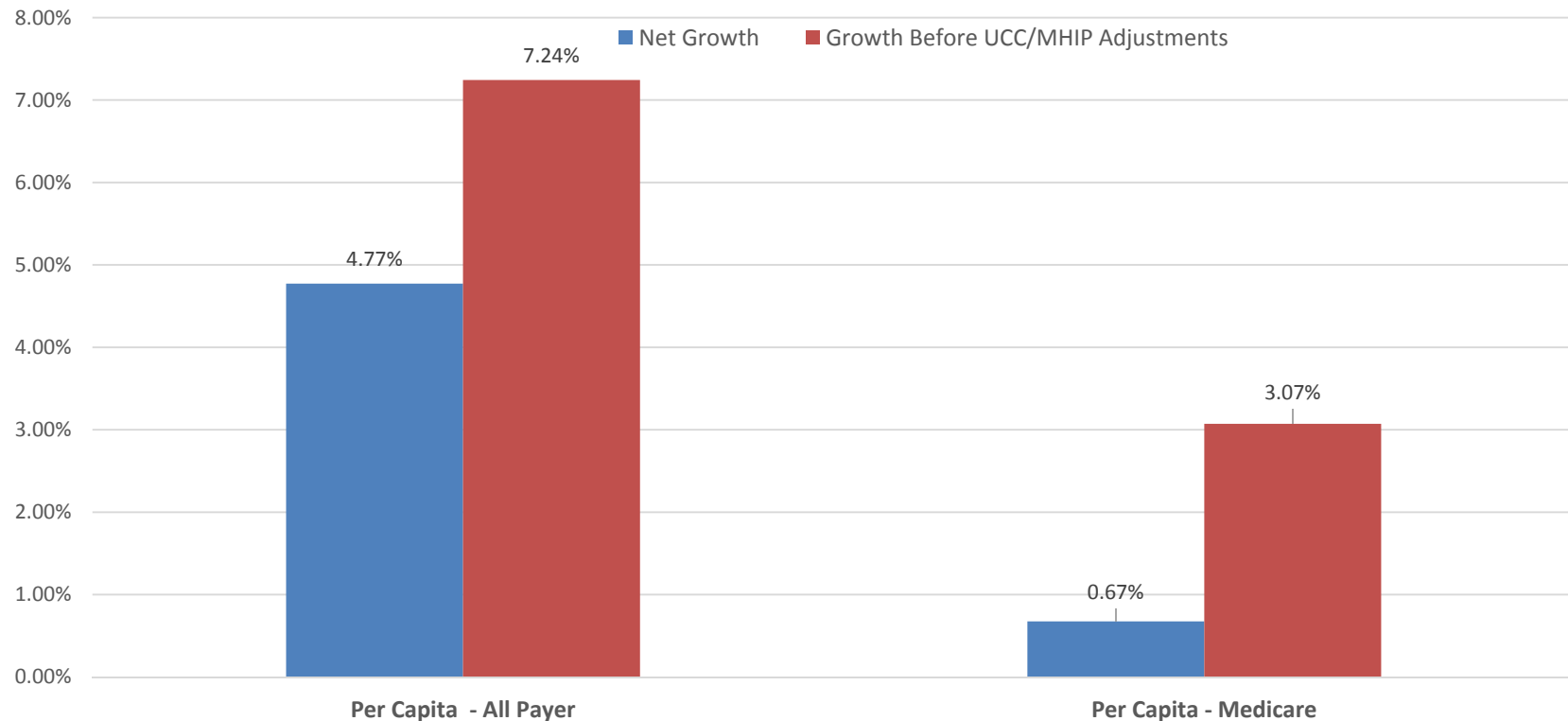
Fiscal Year 2016 and Calendar Year 2016 (2016 over 2015)



Population Data from Estimates Prepared by Maryland Department of Planning

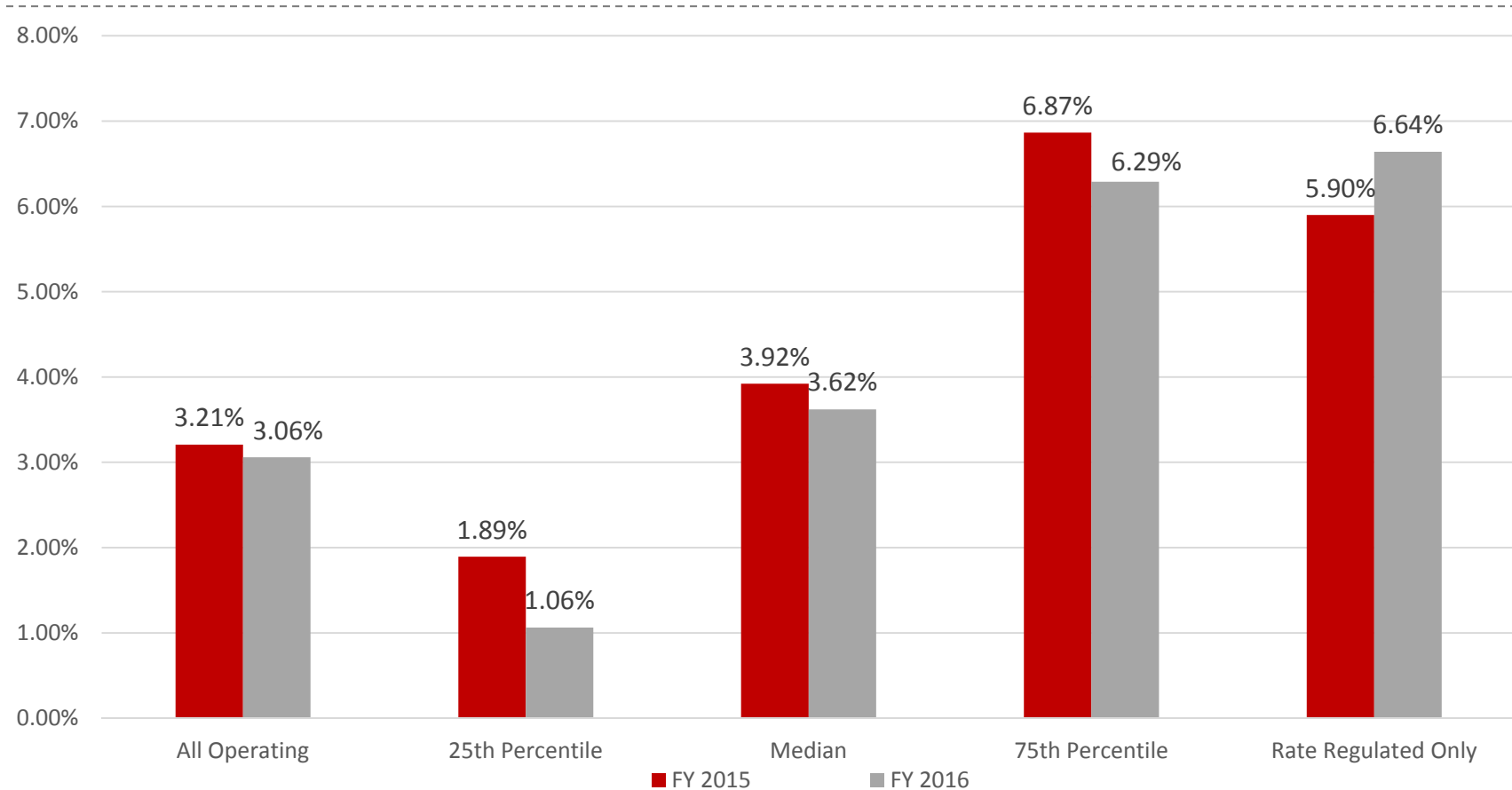
- Calendar and Fiscal Year trends through June are below All-Payer Model Guardrail of 3.58% per year for per capita growth.**

Per Capita Growth – Actual and Underlying Growth CY 2016 Year to Date Compared to Same Period in Base Year (2013)



- ▶ Three year per capita growth rate is well below maximum allowable growth rate of 11.13% (growth of 3.58% per year)
- ▶ Underlying growth reflects adjustment for FY16 revenue decreases that were budget neutral for hospitals. 2.52% hospital bad debts and elimination of MHIP assessment.

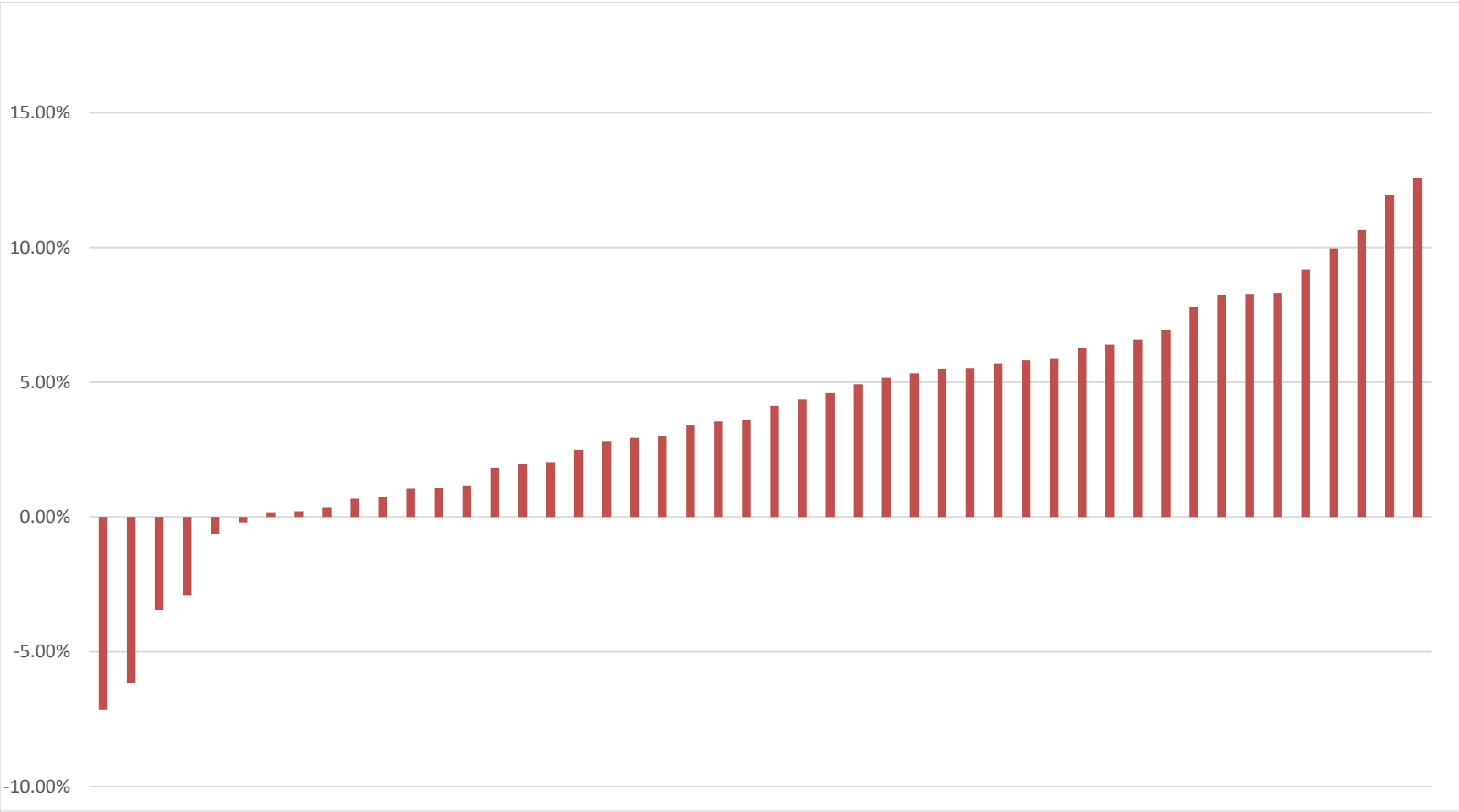
Operating Profits: Fiscal 2016 Year to Date (July-June) Compared to Same Period in FY 2015



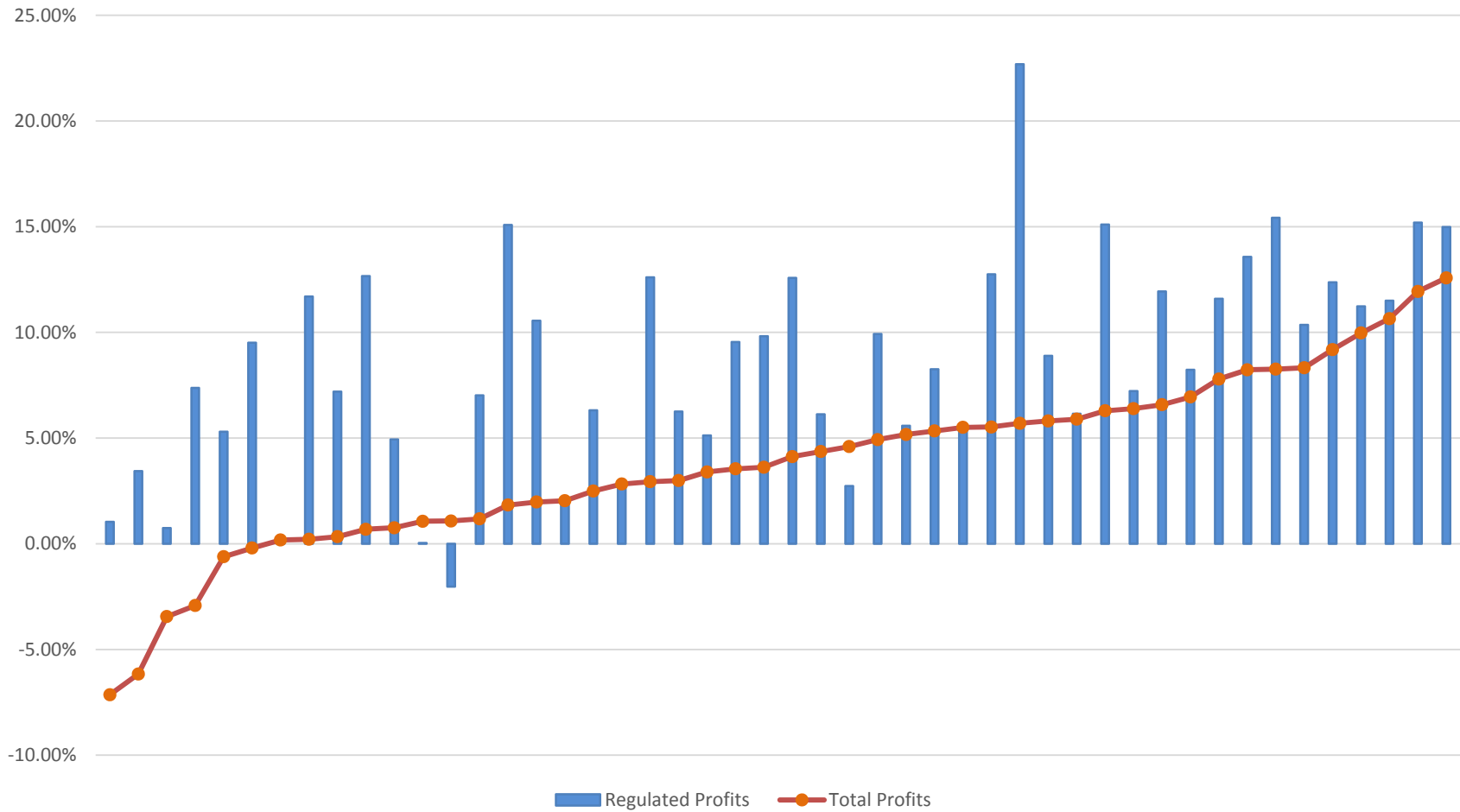
- FY 2016 unaudited hospital operating profits show a .15% decrease in total profits compared to the same period in FY 2015. Rate regulated profits have increased by .74% compared to the same period in FY 2015.

Total Operating Profits by Hospital

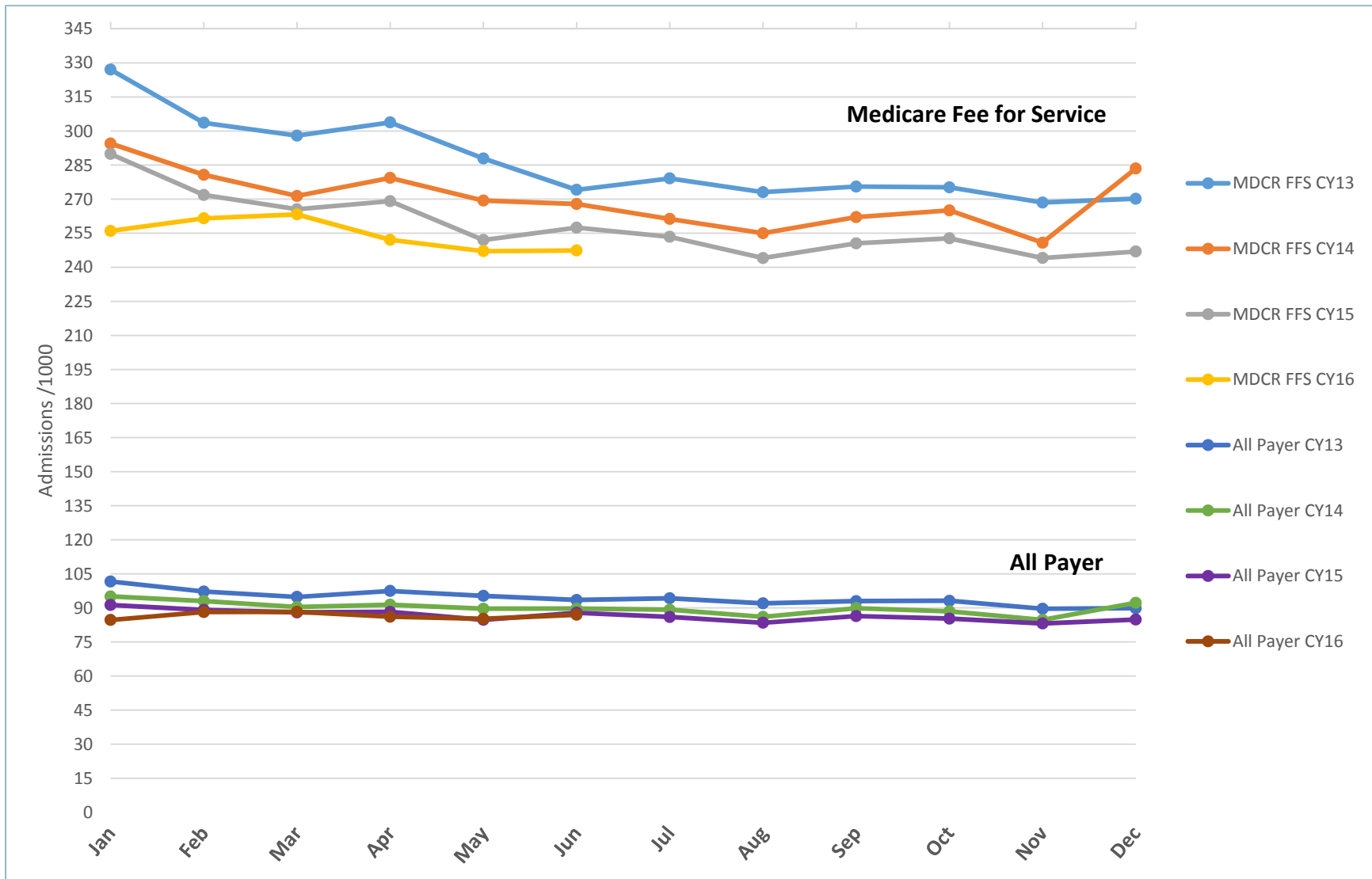
Fiscal Year 2016 to Date (July 2015 – June 2016)



Regulated and Total Operating Profits by Hospital Fiscal Year to Date (July – June 2016)

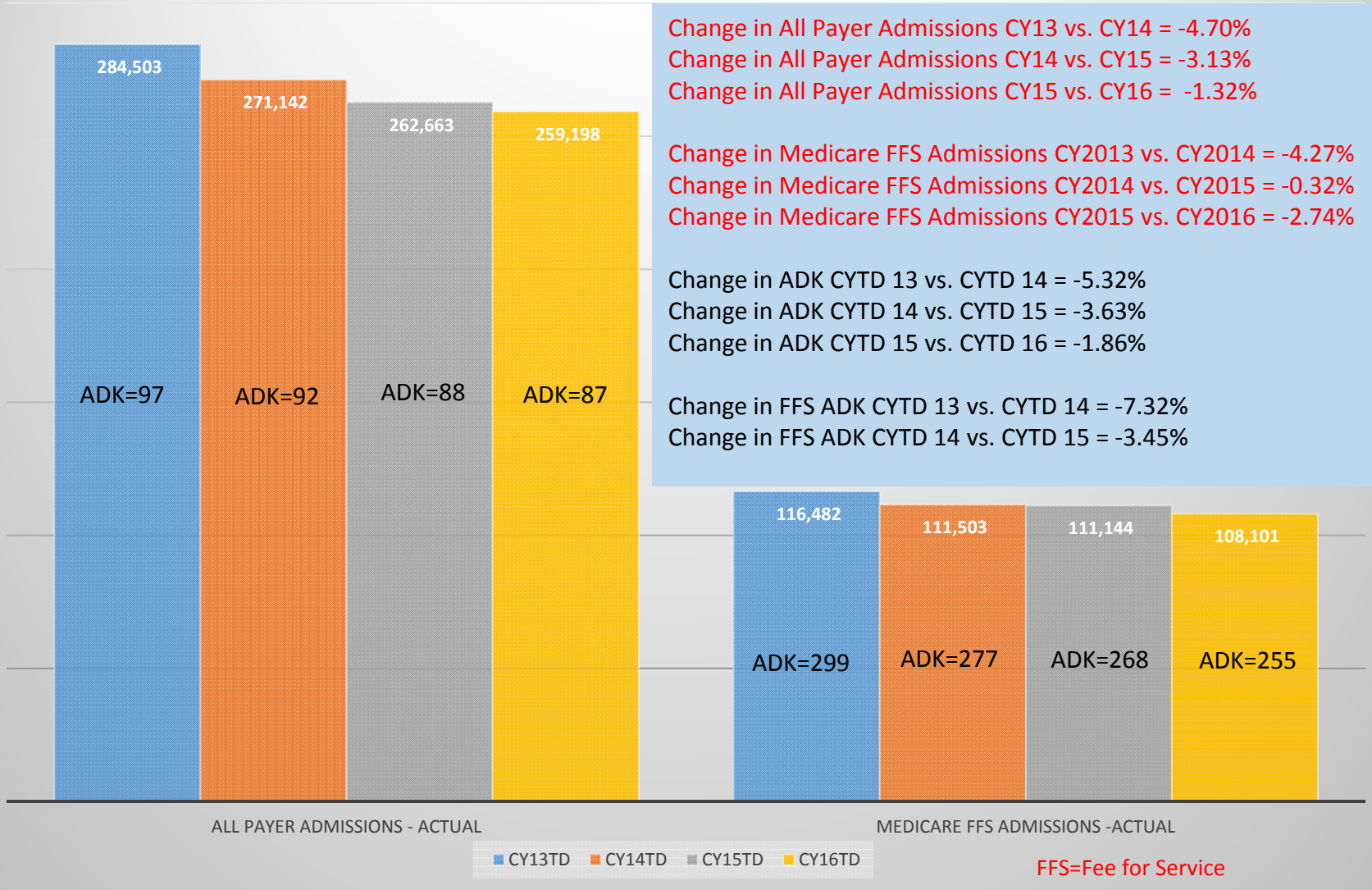


Annual Trends for Admissions/1000 (ADK) Annualized Medicare FFS and All Payer



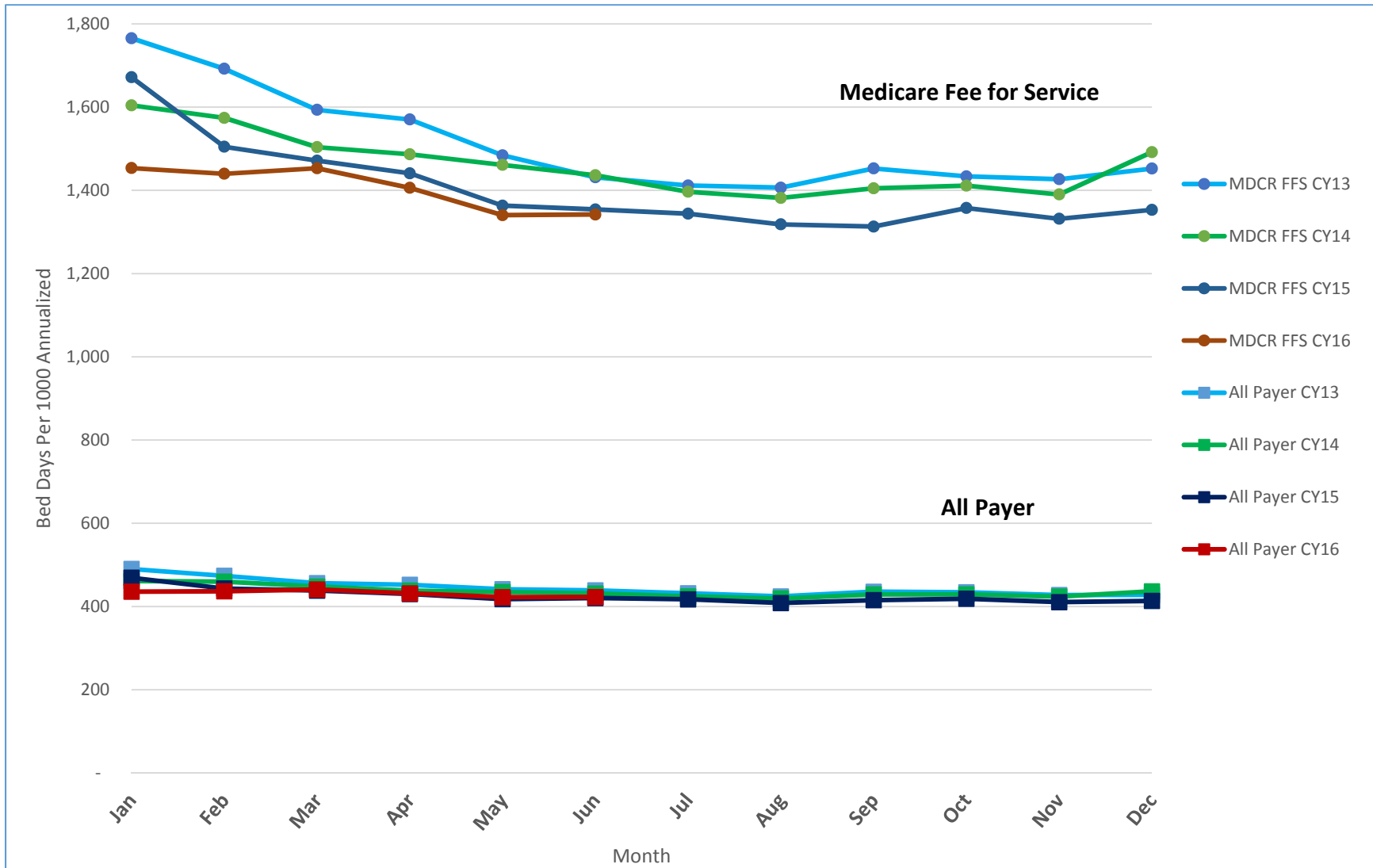
*Note – The admissions do not include out of state migration or specialty psych and rehab hospitals

Actual Admissions by Calendar Year to Date through June 2016



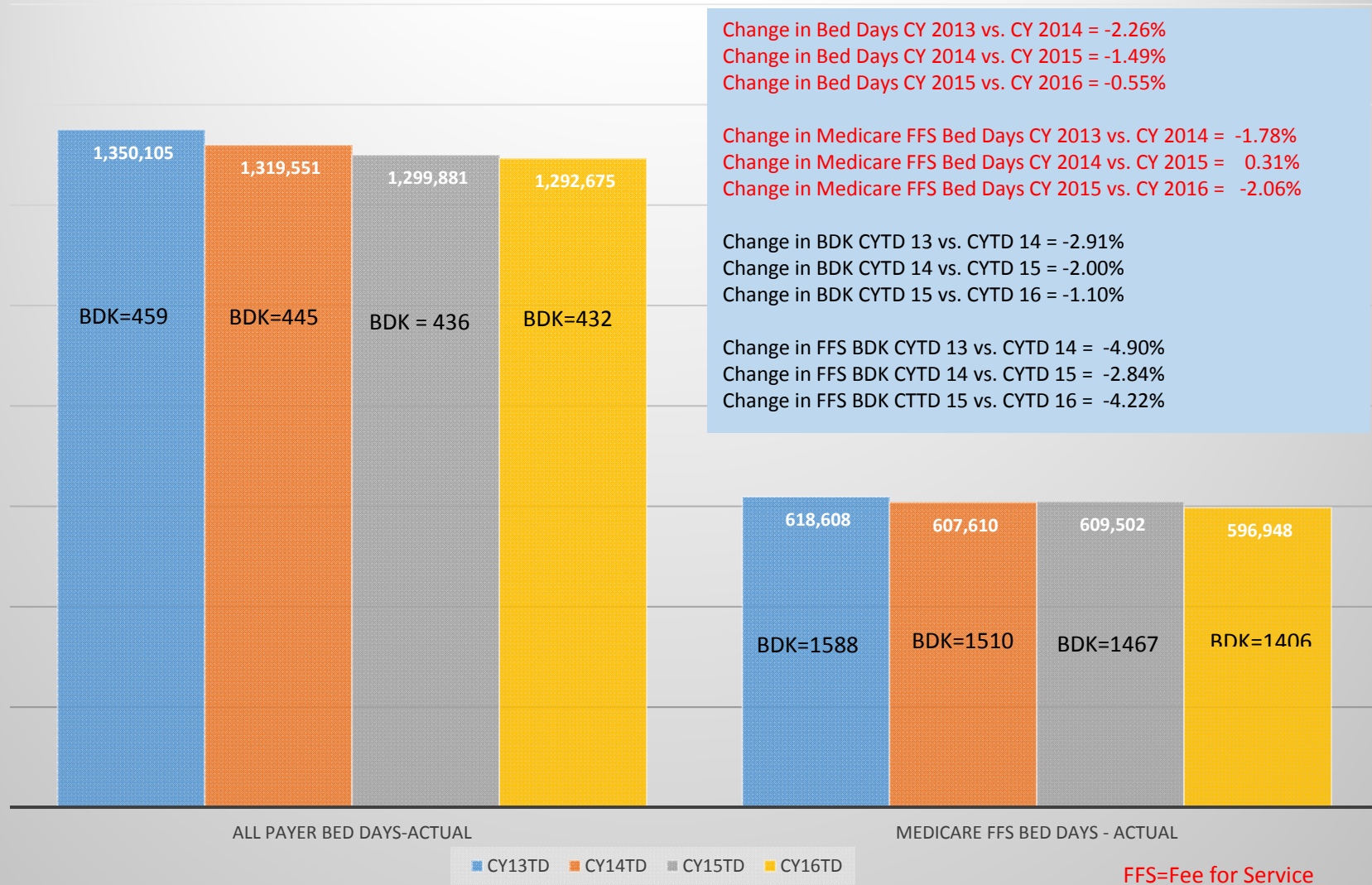
*Note – The admissions do not include out of state migration or specialty psych and rehab hospitals

Annual Trends for Bed Days/1000 (BDK) Annualized Medicare FFS and All Payer



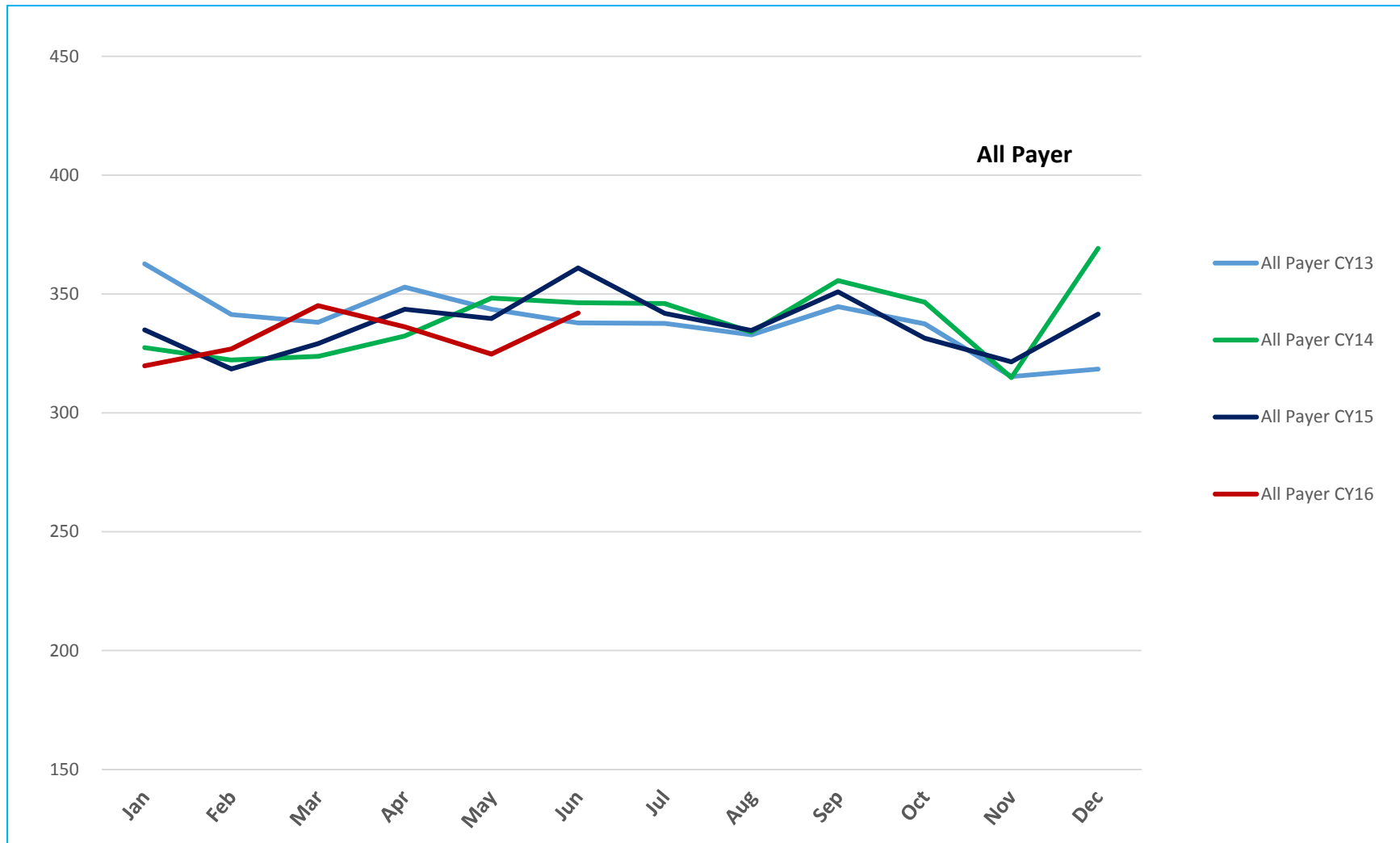
*Note – The bed days do not include out of state migration or specialty psych and rehab hospitals.

Actual Bed Days by Calendar Year to Date Through June 2016



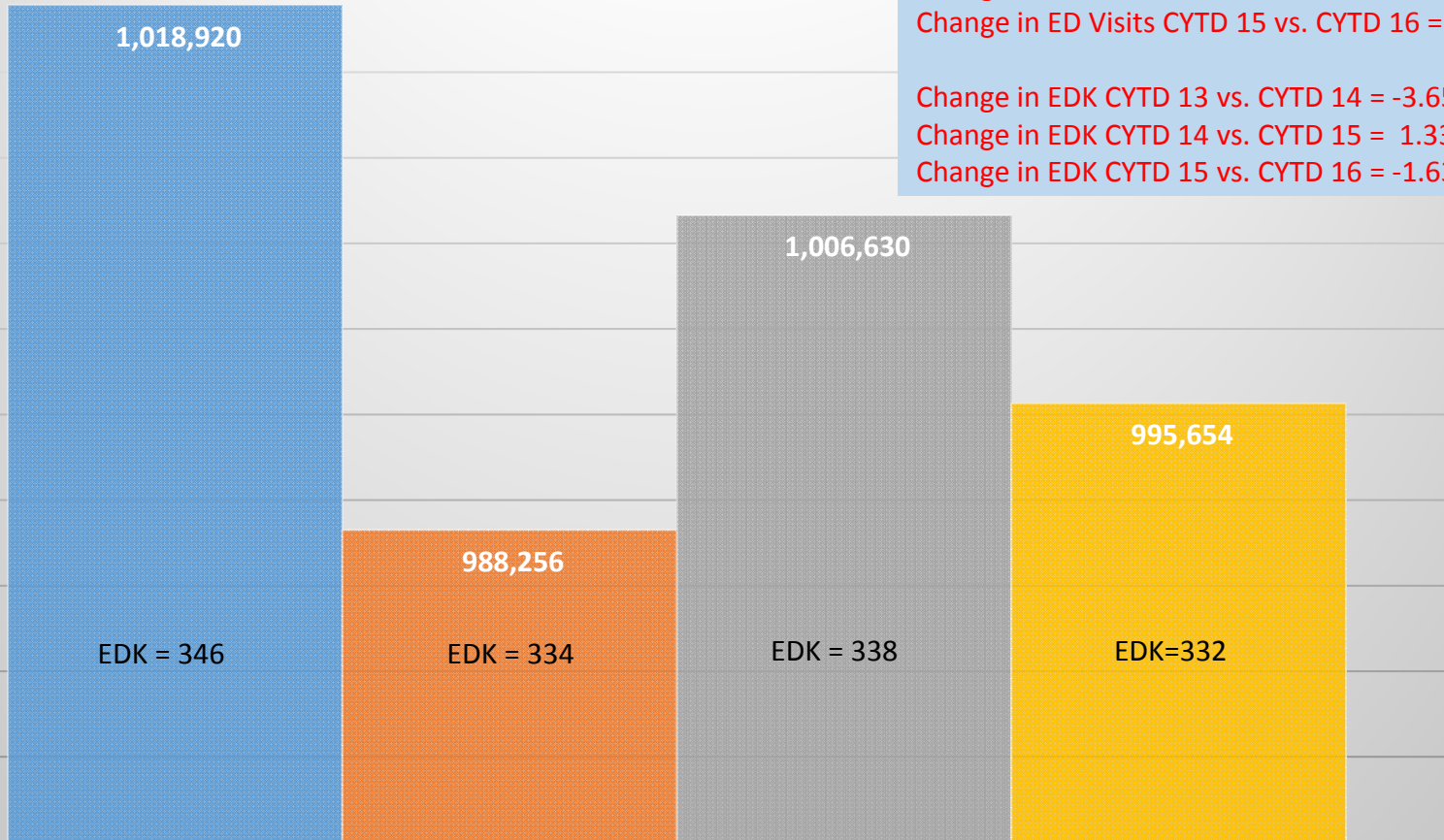
*Note – The bed days do not include out of state migration or specialty psych and rehab hospitals.

Annual Trends for In State All Payer ED Visits/1000 (EDK) Annualized



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

Actual ED Visits by Calendar YTD through June 2016



Change in ED Visits CYTD 13 vs. CYTD 14 = -3.01%
 Change in ED Visits CYTD 14 vs. CYTD 15 = 1.86%
 Change in ED Visits CYTD 15 vs. CYTD 16 = -1.09%

Change in EDK CYTD 13 vs. CYTD 14 = -3.65%
 Change in EDK CYTD 14 vs. CYTD 15 = 1.33%
 Change in EDK CYTD 15 vs. CYTD 16 = -1.63%

EMERGENCY VISITS ALL PAYER - ACTUAL

■ CY13TD ■ CY14TD ■ CY15TD ■ CY16TD

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

Purpose of Monitoring Maryland Performance

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

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

Data Caveats

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

Data Caveats cont.

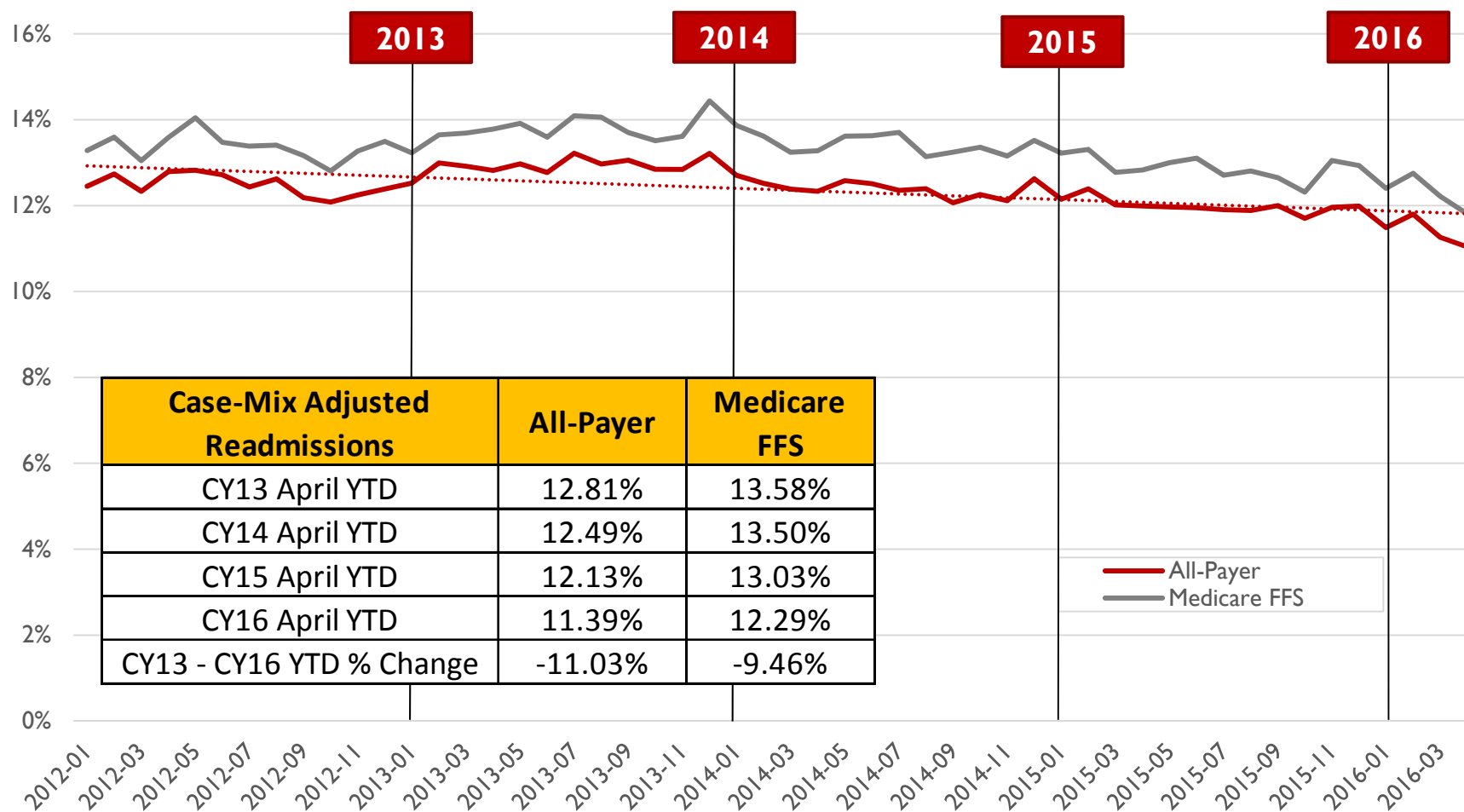
- ▶ The source data is the monthly volume and revenue statistics.
- ▶ ADK – Calculated using the admissions multiplied by 365 divided by the days in the period and then divided by average population per 1000.
- ▶ BDK – Calculated using the bed days multiplied by 365 divided by the days in the period and then divided by average population per 1000.
- ▶ EDK – Calculated using the ED visits multiplied by 365 divided by the days in the period and then divided by average population per 1000.
- ▶ All admission and bed days calculations exclude births and nursery center.
- ▶ Admissions, bed days, and ED visits do not include out of state migration or specialty psych and rehab hospitals.



Monitoring Maryland Performance Quality Data

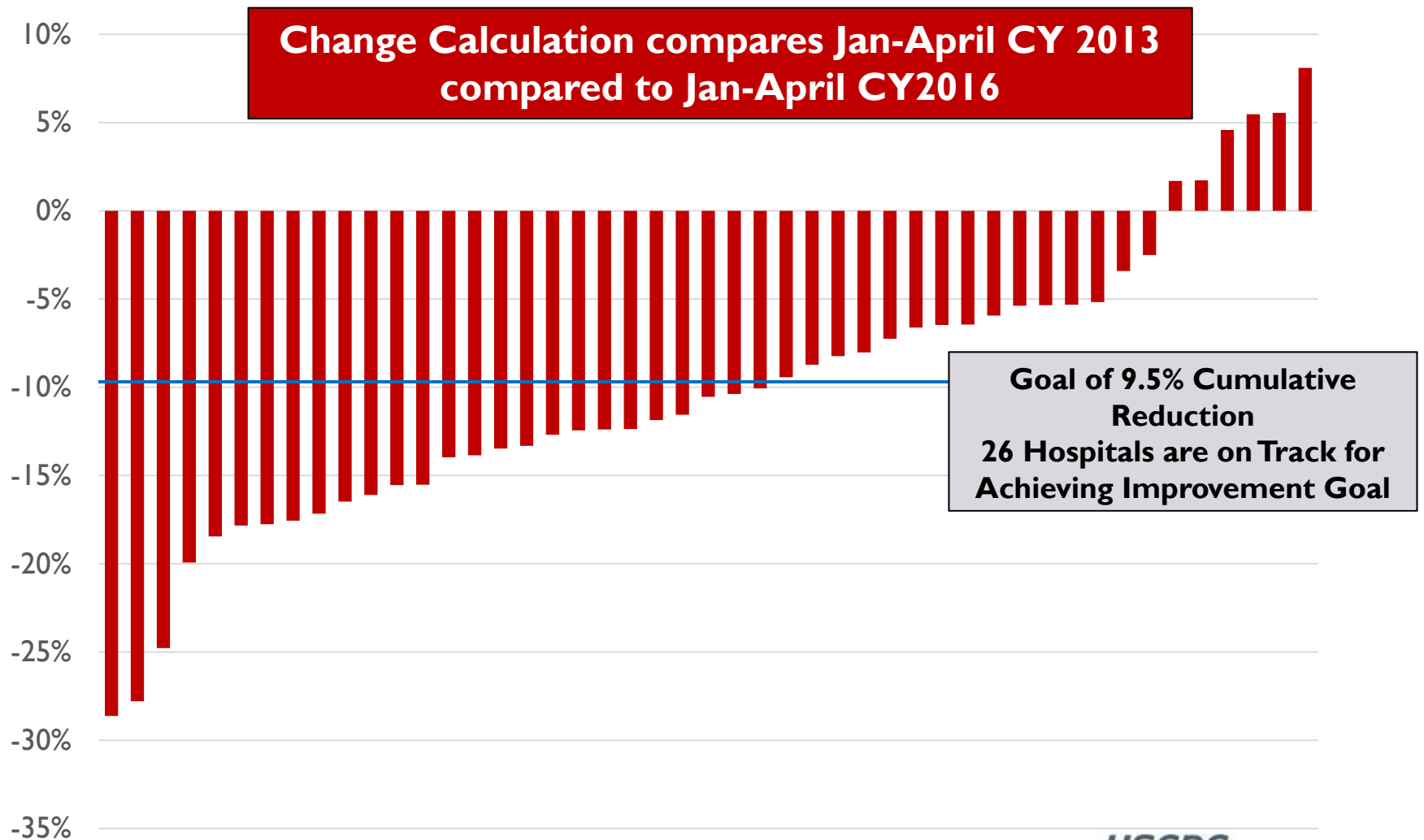
August 2016 Commission Meeting Update

Monthly Case-Mix Adjusted Readmission Rates



27 Note: Based on final data for January 2012 – March 2016, and preliminary data through May 2016.

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





Monitoring Maryland Performance Preliminary Utilization Trends

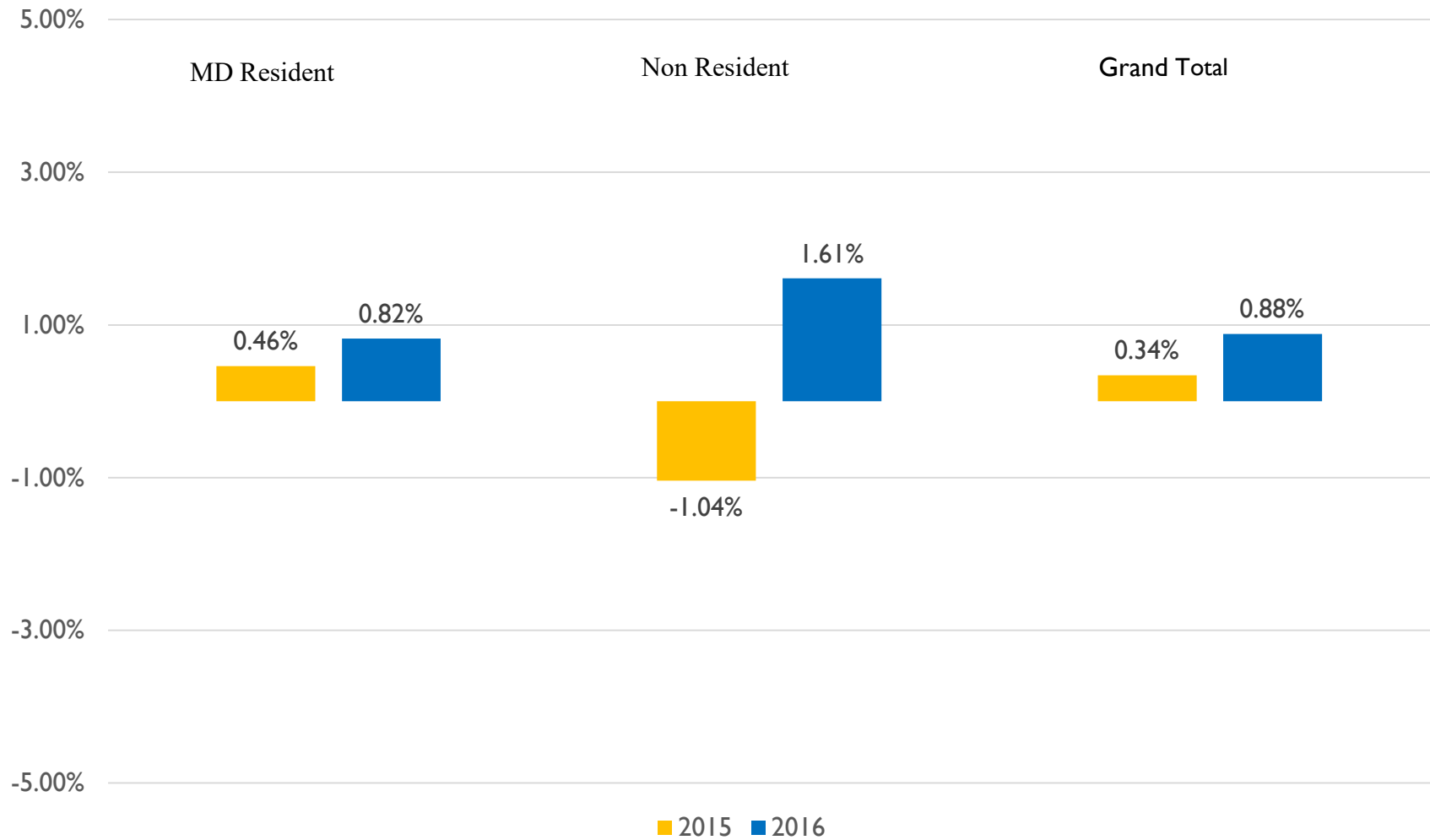
2016 vs 2015
(January to June)



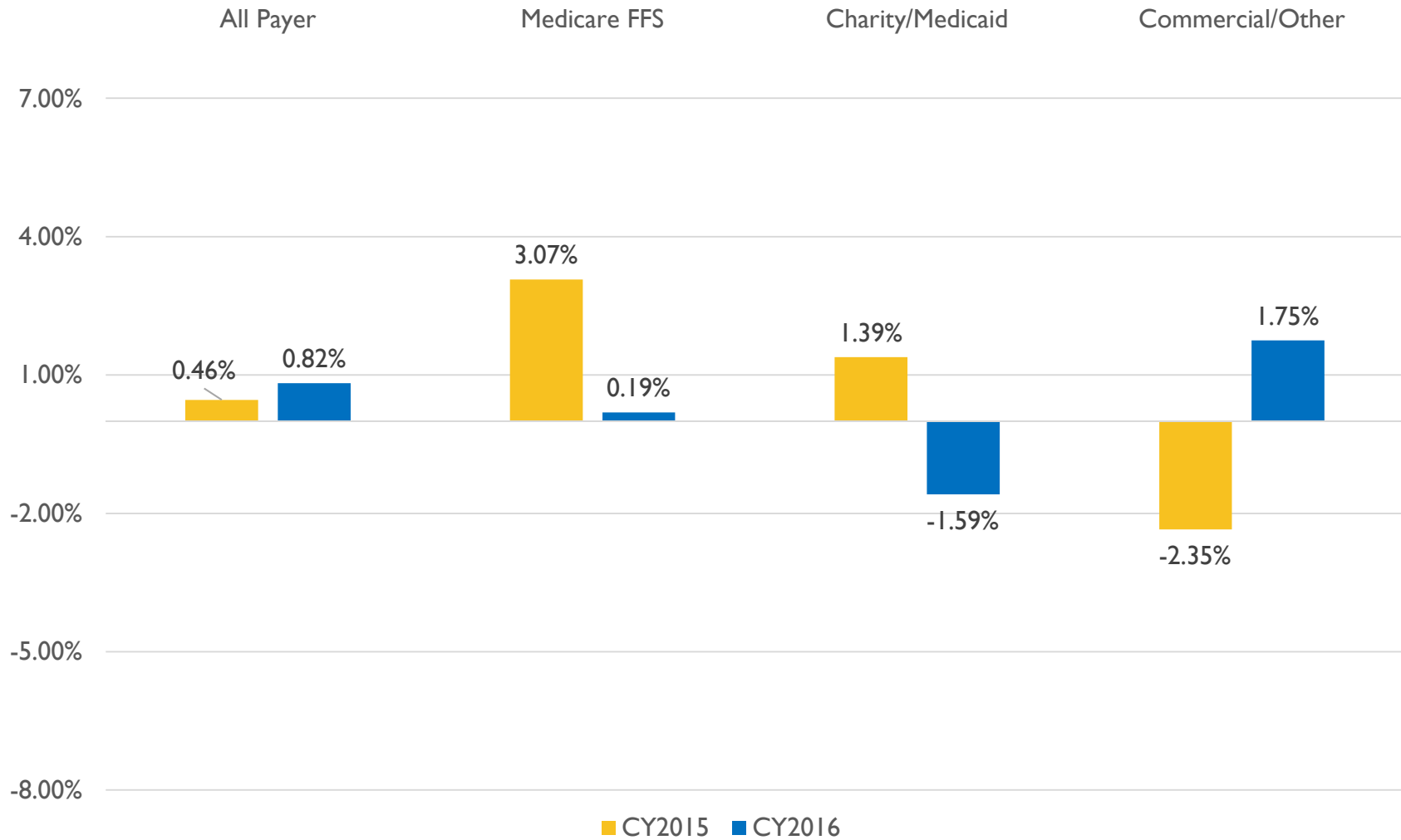
HSCRC

Health Services Cost
Review Commission

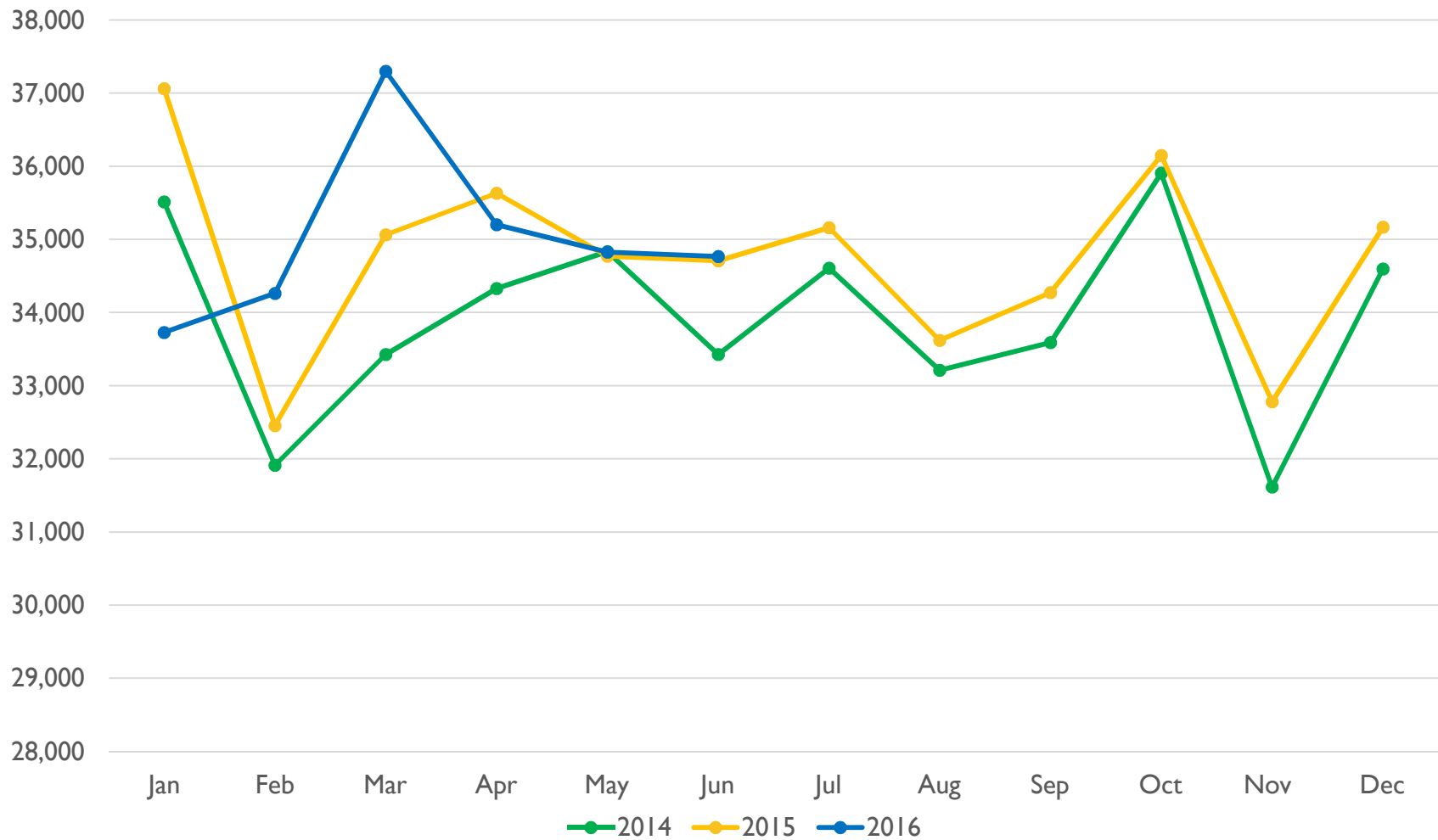
All Payer ECMAD Annual Growth– CYTD



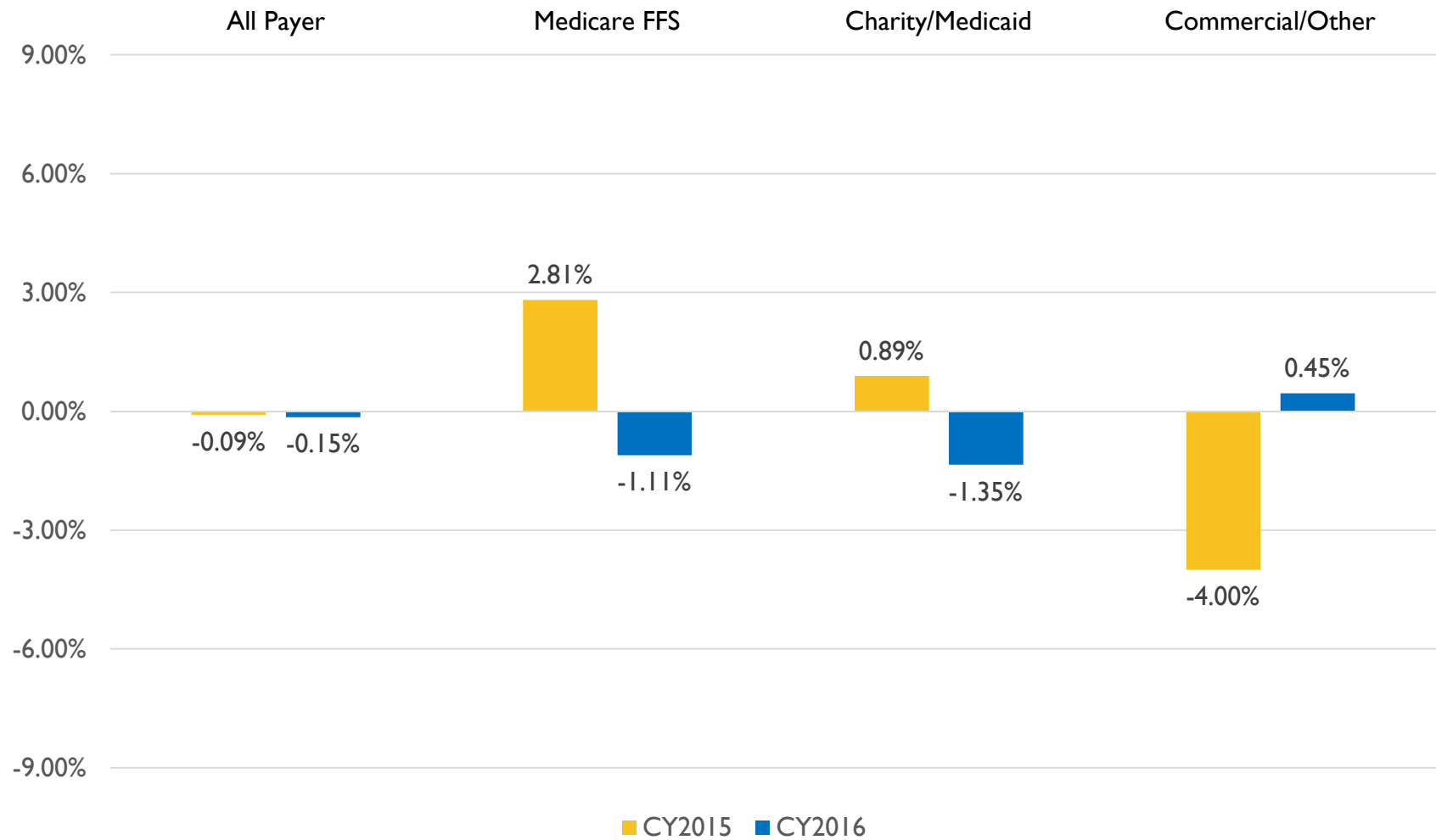
MD Resident ECMAD Annual Growth – CYTD



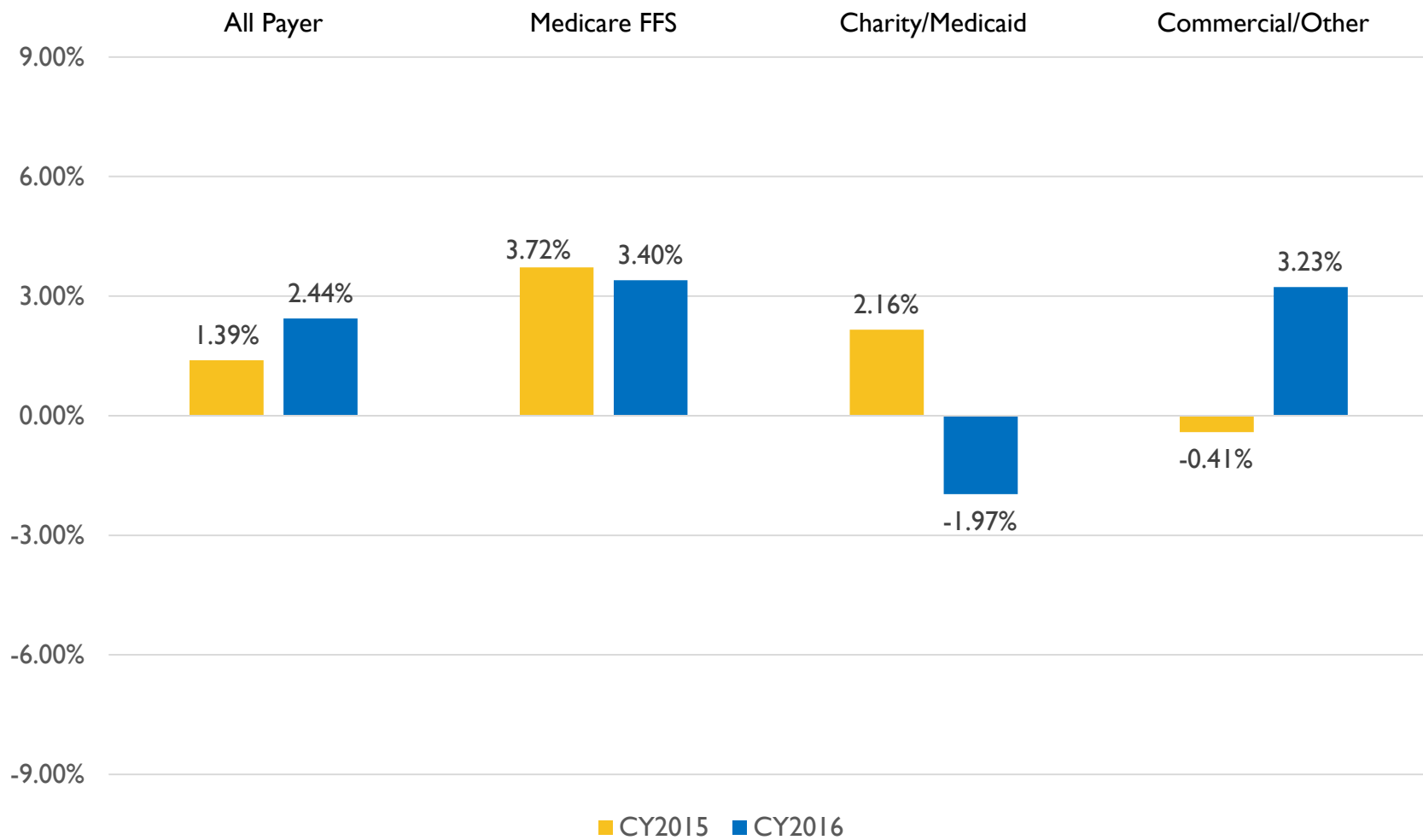
Medicare MD Resident ECMAD Growth by Month



MD Resident Inpatient ECMAD Annual Growth – CYTD

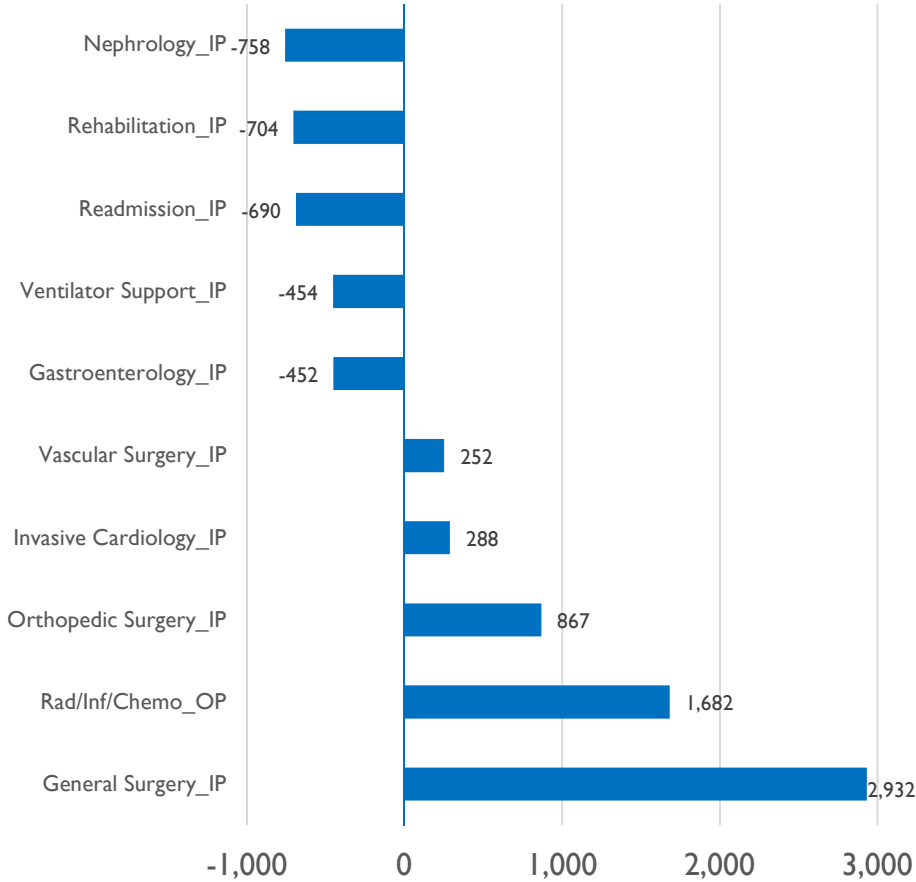


MD Resident Outpatient ECMAD Annual Growth – CYTD

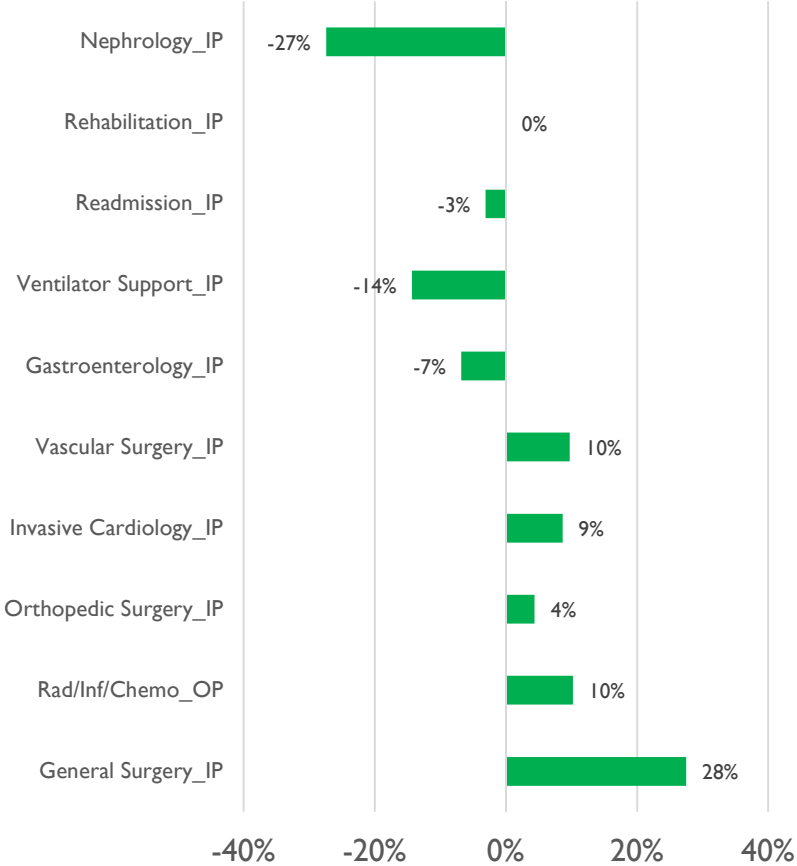


Medicare MD Resident Top 5 Service Line Changes (Total ECMAD Increase = 390)

Medicare Resident Top 5 Service Lines Changes
(CYTD 16 vs CYTD 15)



Medicare Resident Top 5 Service Lines
% Changes (CYTD 16 vs CYTD 15)



Utilization Analytics – Data Notes

- Utilization as measured by Equivalent Case-mix Adjusted Discharges (ECMAD)
 - 1 ECMAD Inpatient discharge=1 ECMAD Outpatient Visit
- Observation stays with more than 23 hour are included in the inpatient counts
 - $IP = IP + \text{Observation cases } >23 \text{ hrs.}$
 - $OP = OP - \text{Observation cases } >23 \text{ hrs.}$
- Preliminary data, not yet reconciled with financial data
- Careful review of outpatient service line trends is needed

Service Line Definitions

- ▶ **Inpatient service lines:**

- ▶ APR DRG (All Patient Refined Diagnostic Related Groups) to service line mapping
- ▶ Readmissions and PQIs (Prevention Quality Indicators) are top level service lines (include different service lines)

- ▶ **Outpatient service lines:**

- ▶ Highest EAPG (Enhanced Ambulatory Patient Grouping System) to service line mapping
- ▶ Hierarchical classifications (Emergency Department, major surgery etc)

- ▶ **Market Shift technical documentation**

Cases Closed

The closed cases from last month are listed in the agenda

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

AS OF JULY 29, 2016

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
2319R	Sheppard Pratt Health System	11/24/2015	8/15/2016	8/15/2016	CAPITAL	GS	OPEN
2339R	Prince George's Hospital Center	3/16/2016	8/15/2016	8/15/2016	PEDS/MSG	CK	OPEN
2346A	Johns Hopkins Health System	5/31/2016	N/A	N/A	ARM	DNP	OPEN
2348A	University of Maryland Medical Center	6/1/2016	N/A	N/A	ARM	DNP	OPEN
2348A	University of Maryland Medical Center	6/1/2016	N/A	N/A	ARM	DNP	OPEN
2349A	Johns Hopkins Health System	7/1/2016	N/A	N/A	ARM	DNP	OPEN

PROCEEDINGS REQUIRING COMMISSION ACTION - NOT ON OPEN DOCKET

NONE

**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: 2016
* FOLIO: 2156
* PROCEEDING: 2346A**

Staff Recommendation

August 10, 2016

I. INTRODUCTION

Johns Hopkins Health System (“System”) filed an application with the HSCRC on May 31, 2016 on behalf of its member hospitals (the “Hospitals”) for an alternative method of rate determination, pursuant to COMAR 10.37.10.06. The System requests approval from the HSCRC to continue to participate in a global arrangement to provide solid organ and bone marrow transplants services with Cigna Health Corporation. The System requests approval of the arrangement for a period of one year beginning July 1, 2016.

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 new global rates for solid organ transplants 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 risk of potential losses.

V. STAFF EVALUATION

Staff found that the experience under the arrangement for the last year has been favorable.

VI. STAFF RECOMMENDATION

The staff recommends that the Commission approve the Hospitals' request for participation in an alternative method of rate determination for bone marrow and solid organ transplant services, for a one year period commencing July 1, 2016, and that this approval be contingent upon the execution of the standard Memorandum of Understanding ("MOU"). 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 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: 2016
* FOLIO: 2157
* PROCEEDING: 2347A**

Staff Recommendation

August 10, 2016

I. INTRODUCTION

The University of Maryland Medical Center (“Hospital”) filed an application with the HSCRC on June 1, 2016 for an alternative method of rate determination under COMAR 10.37.10.06 the Hospital requests approval to continue its participation in a global rate arrangement with Maryland Physicians Care (“MPC”) for solid organ and blood and bone marrow transplant services for a period of one year beginning August 23, 2016.

II. OVERVIEW OF APPLICATION

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

III. FEE DEVELOPMENT

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

IV. IDENTIFICATION AND ASSESSMENT OF RISK

The Hospital will continue 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.

V. STAFF EVALUATION

Staff found that the actual experience under the arrangement for the last year has been favorable. Staff believes that the Hospital can continue to achieve favorable performance under this arrangement.

VI. STAFF RECOMMENDATION

The staff recommends that the Commission approve the Hospital's application for an alternative method of rate determination for solid organ and blood and bone marrow transplant services, for a one year period commencing August 23, 2016. The Hospital will need to file a renewal application for review to be considered for continued participation.

Consistent with its policy paper regarding applications for alternative methods of rate determination, the staff recommends that this approval be contingent upon the execution of the standard Memorandum of Understanding ("MOU") with the Hospital for the approved contract. This document 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.

**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: 2016
* FOLIO: 2158
* PROCEEDING: 2348A**

Staff Recommendation

August 10, 2016

I. INTRODUCTION

University of Maryland Medical Center (“Hospital”) filed an application with the HSCRC on June 1, 2016 for an alternative method of rate determination under to COMAR 10.37.10.06. The Hospital requests approval from the HSCRC for continued participation in global rates for solid organ transplant and blood and bone marrow transplants for one year with Aetna Health, Inc. beginning August 1, 2016.

II. OVERVIEW OF THE APPLICATION

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

III. FEE DEVELOPMENT

The hospital portion of the global rates was developed by calculating recent 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.

V. STAFF EVALUATION

Staff reviewed the experience under this arrangement for the last year and found it to be favorable. Staff believes that the Hospital can continue to achieve favorable performance under this arrangement.

VI. STAFF RECOMMENDATION

Based on the Hospital's favorable performance, staff recommends that the Commission approve the Hospital's application for an alternative method of rate determination for solid organ transplant, and blood and bone marrow transplant services, for a one year period beginning August 1, 2016. The Hospital will need to file a renewal application to be considered for continued participation.

Consistent with its policy paper regarding applications for alternative methods of rate determination, the staff recommends that this approval be contingent upon the execution of the standard Memorandum of Understanding ("MOU") with the Hospital for the approved contract. This document would formalize the understanding between the Commission and the Hospital, and would include provisions for such things as payments of HSCRC-approved rates, treatment of losses that may be attributed to the contract, quarterly and annual reporting, and 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: 2016
* FOLIO: 2159
* PROCEEDING: 2349A**

Staff Recommendation

August 10, 2016

I. INTRODUCTION

Johns Hopkins Health System (the “System”) filed an application with the HSCRC on July 1, 2016 on behalf of its member hospitals (the Hospitals), requesting approval to continue to participate in a global price arrangement with Aetna Health, Inc. for solid organ and bone marrow transplant services. The Hospitals request that the Commission approve the arrangement for one year beginning August 1, 2016.

II. OVERVIEW OF APPLICATION

The contract will 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 calculated for cases that exceed a specific length of stay outlier threshold were similarly adjusted.

IV. IDENTIFICATION AND ASSESSMENT OF RISK

The Hospitals will 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 risk of potential losses.

V. STAFF EVALUATION

The staff found that the actual experience under this arrangement for the last year has been favorable.

VI. STAFF RECOMMENDATION

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 beginning August 1, 2016. The Hospitals must file a renewal application annually for continued participation.

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

Final Recommendation for RY 2017 Balanced Update for Psych & Specialty Hospitals

August 10, 2016

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

This document represents the final revised recommendations for psychiatric hospitals and Mt. Washington Pediatrics as approved by the commission on August 10, 2016.

FINAL RECOMMENDATIONS FOR RY 2017 BALANCED UPDATE

The final recommendation for psychiatric hospitals and Mt. Washington Pediatrics is as follows:

1. Release the productivity adjustment of 0.50 percent. This results in a new net amount of 2.05 percent, which can be reviewed in the chart below.

	Psych & Mt. Washington Revenues
Proposed Base Update	2.80%
ACA Adjustment	-0.75%
Proposed Update	2.05%

2. In addition to receiving a higher update amount, these hospitals must agree to the following:
 - a. HSCRC staff will begin to implement quality measures and value based programs for psychiatric facilities/beds beginning in RY18. In order to successfully capture appropriate metrics, staff requests the following from the hospitals:
 - i. Work with HSCRC staff to compile a list of Potentially Avoidable Utilization metrics and readmissions reduction targets. These may include measures to reduce high risk Medicare readmissions by ensuring satisfactory discharge plans and availability of outpatient services;
 - a. Partner with community-based mental health services to improve care coordination and reduce potentially avoidable utilization;
 - b. Improve access to community-based mental health services;
 - ii. Work with CRISP, HSCRC, and MHA to obtain available information to support monitoring and implementation efforts;
 - iii. Work with CRISP, HSCRC, and CMMI to obtain data for care redesign activities as soon as it is available;
 - iv. Monitor the growth in Medicare's total cost of care and total hospital cost of care for its service area;
 - v. Implement programs focused on complex and high needs patients with multiple chronic conditions, initially focusing on Medicare patients;
 - vi. Work with CRISP to exchange information regarding care coordination resources aimed at reducing duplication of resources, ensuring more person-centered approaches, and bringing additional information to the point of care for the benefit of patients and

- vii. Increase efforts to work in partnership with physicians, post-acute and long term facilities, and providers to create aligned approaches and incentives to improve care, health, and reduce avoidable utilization for the benefit of patients. Work with physicians with the goal of developing and enhancing value-based approaches that are applied under MACRA.

**Draft Recommendation for Population Health
Workforce Support for Disadvantaged Areas Program
(PWSDA) Implementation Awards**

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

This is a draft recommendation. Comments may be submitted on or before August 31, 2016 to Erin Schurmann at Erin.Schurmann@maryland.gov.

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DRAFT

OVERVIEW

The Maryland Department of Health and Mental Hygiene (Department or DHMH) and the Maryland Health Services Cost Review Commission (HSCRC or Commission) are recommending that two proposals for competitive Population Health Workforce Support for Disadvantaged Areas Program (PWSDA) grants be funded, beginning in fiscal year (FY) 2017. This recommendation follows the Commission's decision in December 2015 authorizing up to \$10 million in hospital rates for hospitals that commit to train and hire workers from geographic areas of high economic disparities and unemployment. These workers will fill new care coordination, population health, health information exchange, health information technology, consumer engagement, and related positions. The ultimate goals of the program are to create community-based jobs that pay reasonable wages, contribute to improving population health in Maryland, and further the goals of the All-Payer Model.

The PWSDA program will continue through June 30, 2018, on a hospital-specific basis assuming the hospital's ongoing compliance with the grant requirements. The grants could be renewed as of July 1, 2018, for an additional period if the Commission finds that the program is effective.

BACKGROUND

The Commission received three proposals for award funding. Commission staff established an independent committee to review the grant proposals and make recommendations to the Commission for funding. The PWSDA Implementation Award Review Committee (Review Committee) included representatives from the Department, the Commission, and other subject matter experts, including individuals with expertise in such areas as population health, health disparities, workforce development and adult learning, health education, healthcare career advancement, and workplace and employee wellbeing.

Following a comprehensive initial review, two of the three proposal applicants were invited to provide clarifying information related to their proposal. At this time, the Review Committee is pleased to present these recommendations to the Commission. The Review Committee is strongly encouraged that these proposals will leverage the unique position that hospitals hold as economic pillars of their communities and create strong partnerships with community-based providers to respond to ongoing socioeconomic and health disparities in Maryland. This report reflects the Review Committee's recommendations to grant a total of \$10 million for PWSDA Implementation awards in FY 2017.

COMPETITIVE POPULATION HEALTH WORKFORCE SUPPORT FOR DISADVANTAGED AREAS PROGRAM REQUEST FOR PROPOSALS

In order to improve population health and address disparities in the community, the Department, in collaboration with the HSCRC, released a request for proposals (RFP) for funding to implement PWSDA on May 1, 2016. HSCRC received three applications by the extended due date of June 30, 2016.

The RFP invited proposals to support job opportunities for individuals who reside in neighborhoods with a high area deprivation index (ADI), and thus enable low-income urban, suburban, and rural communities to improve their socioeconomic status while working to improve population health. The overall objective is to address the social determinants of health and assist hospitals in bolstering population health and meeting the goals of the All-Payer Model.

The RFP limits the award total to \$10 million in hospital rates over a three-year period, with the condition that hospitals provide matching funds of at least 50 percent of the amount included in their rates. The applicants must clearly explain how they will use the increase in rates to support the training and hiring of individuals consistent with the program.

Funding will be allocated through HSCRC-approved rate increases for hospitals that train and/or hire individuals from deprived areas, with the expectation of reducing potentially avoidable utilization for Medicare and promoting population health in Maryland. Awardees will be required to report on the status of their ongoing implementation activities within six months of the initial award and annually thereafter.

THE REVIEW COMMITTEE AND EVALUATION CRITERIA

The Review Committee gave preference to those models that included the following characteristics/features:

- Specific target population that could be trained and recruited to bolster population health and help reduce hospital utilization
- Strong collaboration with community organizations that will facilitate recruitment of potential trainees who live in disadvantaged communities
- Efficient training to provide to selected individuals who will be employed in health-related positions, (e.g., community healthcare workers, peer recovery specialists, case managers, patient care workers, transport facilitators, etc.)
- Defined settings where trained workers can deliver the intended services to patients and other community members and contribute to promoting the health of the Maryland population
- Consistency with the goals of the All-Payer Model
- Focus on patient-centered care
- Valid implementation plan
- Reasonable budget

The Review Committee established evaluation and weighting criteria in each of the following categories:

1. Needs assessment (the disadvantaged community and the target workforce) -10 points

2. Work plan (partnership(s) with community organization(s), type of training, qualifications of the trainees, implementation, and employment retention) - 30 points
3. Evaluation (tracking and reporting; strategy to evaluate process and outcomes) -10 points
4. Sustainability, impact, and replicability by others -15 points
5. Resources (community resources, trainers, and organizations) -10 points
6. Support requested (budget and its justification) – 25 points

The Review Committee gave preference to those proposals that included the following characteristics/features:

- The likelihood that the proposed programs would be successful in reducing avoidable utilization and improving population health
- The operational readiness and sustainable staffing detail of the proposal
- The overall feasibility of the proposal to be successful

RECOMMENDATIONS

Recommended Awardees

Based on its review, the Review Committee recommends the following two grant proposals for FY 2017 funding:

- Baltimore Population Health Workforce Collaborative (BPHWC):
 - \$9,778,515 to be awarded and phased in over three years based on proposed expenses
 - With the resurgence of violence in Baltimore City, HSCRC staff recommends that \$300,000 be added to the Sinai portion of the proposal to expand the Safe Streets Program by one additional “pod.” Sinai Hospital shall contribute \$100,000 of the \$300,000. Individuals hired to support this program shall be from disadvantaged areas as defined in the RFP
 - Following approval of this recommendation, BPHWC shall submit an adjusted budget to reflect the reduction from the requested amount to the approved amount and to reflect the \$300,000 (\$200,000 in rates) for the Safe Streets Program as indicated above. The total request from rates shall not exceed \$9,778,515
- Garrett Regional Medical Center Health Work Force Support Program:
 - \$221,485 to be phased in over three years based on proposed expenses.
 - At least 50 percent of hires through the program must be Maryland residents

Table 1 below lists the recommended awardees, the requested and recommended award amounts from rates, and the hospitals affected. A summary of each recommended proposal may be found in the Appendix.

Table 1. Recommended Awardees

Applicant	Award Request	Rate Award Amount	Hospital(s) in Proposal
Baltimore Population Health Workforce Collaborative (BPHWC)	\$9,862,483	\$9,778,515	Johns Hopkins Hospital Johns Hopkins – Bayview Lifebridge Sinai MedStar Franklin Square Medical Center MedStar Harbor Hospital MedStar Good Samaritan Hospital MedStar Union Memorial Hospital University of Maryland Medical Center University of Maryland – Midtown Campus
Garrett Regional Medical Center Health Work Force Support Program	\$221,485	\$221,485	Garrett Regional Medical Center
Total		\$10,000,000	

REPORTING AND EVALUATION

The December 2015 approved Commission recommendations required that:

- Hospitals receiving funding under this program shall report to the Commission by May 1, 2017, and each year thereafter on:
 - The number of workers employed under the program
 - How many of those workers have been retained
 - The types of jobs that have been established under the program
 - How many patients or potential patients have been assisted through these positions
 - An estimate of the impact that these positions have had in reducing potentially avoidable utilization or in meeting other objectives of the All-Payer Model
- Awardees report periodically to the Commission on their program, including an annual report beginning on May 1, 2017
- The Commission evaluate the effectiveness of the program prior to July 1, 2018, to determine if the program should be continued in general, or for individual hospitals

- The Commission utilize external resources in collecting and evaluating proposals, reporting on the results of implementing the program, and assisting in evaluating its effectiveness

Following Commission approval of the awards, staff will provide each awardee with a template for monitoring and reporting on the performance of the programs in meeting the goals of the All-Payer Model and consistency with the application proposal. The Commission reserves the right to terminate or rescind an award at any time for material lack of performance or for not meeting the letter or intent of an application. Pursuant to the Commission mandate, staff will review the program before June 30, 2018, on each hospital's compliance with program requirements and to determine whether the program overall is meeting the Commission's goals. Staff will propose recommendations to the Commission based on their findings.

DRAFT

APPENDIX

Baltimore Population Health Workforce Collaborative (BPHWC)

Johns Hopkins Hospital; Johns Hopkins – Bayview; Lifebridge Sinai; MedStar Franklin Square Medical Center; MedStar Harbor Hospital; MedStar Good Samaritan Hospital; MedStar Union Memorial Hospital; University of Maryland Medical Center; University of Maryland – Midtown Campus.

Applicant	Baltimore Population Health Workforce Collaborative (BPHWC)
Date of Submission	5/27/2016 original submission, 07/08/2016 revised submission
Health System Affiliations	Johns Hopkins MedStar Lifebridge University of Maryland
Total Rate Request (\$):	\$9,862,483

Summary of the Proposal	
<p>A consortium of four major health systems that includes nine hospitals proposes to train and hire individuals from high poverty communities in the Baltimore Metropolitan area to be community healthcare workers (CHWs), peer outreach specialists (PRSs), and certified nursing /geriatric nursing assistants (CNAs/GNAs). They propose to partner with the Baltimore Alliance for Careers in Healthcare (BACH), which will coordinate the recruitment and training of individuals from the community. BACH will rely on several community organizations to select, screen, and provide essential skills training to the potential recipients of the PWSDA program. They will also target hospital employees from “high poverty communities” to train and promote them to positions with a “career ladder.” They propose to screen, select, and train 578 individuals in essential skills over three years. Of these individuals, 238 will be trained as CHWs, PRSs, or CNAs/GNAs. For the first two positions, individuals will complete 160 and 50 hours, respectively, of occupational skills training before being recruited. For the CNA position, training and certification will take place at the Baltimore County Community College. The applicant projected that of those technically trained (238), 137 will be hired by the hospitals, and of those, 120 will be retained as permanent employees.</p>	

FY 2017 PWSDA Implementation Awards

Work Plan for the First Year	
July 2016	<ol style="list-style-type: none"> 1. Execute agreements with BACH and its training programs. 2. Establish BPHWC steering committee, comprised of health system representatives. 3. Ongoing evaluating, learning, and making adjustments; adding new community partners when indicated.
August 2016	<ol style="list-style-type: none"> 1. Begin essential skills training. 2. Provide training on data collection to training partners. 3. Establish and post new CHW, PRS and CNA job descriptions.
September 2016	<ol style="list-style-type: none"> 1. Begin CHW, PRS, and CNA training sessions.
October/November 2016	<ol style="list-style-type: none"> 1. Move qualified trainees into employment. 2. Connect participants with career coaches. 3. Develop individual workforce development plans for new employees.

DRAFT

Garrett Regional Medical Center Health Work Force Support Program

Applicant	Garrett Regional Medical Center
Date of Submission:	05/31/2016 original submission, 06/27/2016 revised submission
Health System Affiliation	N/A
Total Rate Request (\$)	\$221,485

Summary of the Proposal
<p>Garrett Regional Medical Center proposes to partner with Garrett College and the Garrett County Health Department to provide health education and care coordination for high utilizers of inpatient care. High utilizers of hospital services are enrolled in “the well patient program” that is managed by a social worker and nurse navigator, who will identify the potential recipients for the PWSDA program.</p> <p>They will identify high-needs patients from “the well patient program” who could be a good fit for the workforce development program, and enlist the help of Garrett College instructors to train these individuals as community healthcare workers, transport facilitators, or liaisons for medical services. The opportunity to attend the training that will focus on chronic diseases will also be offered to the recipient’s family. Those who complete the training will become hospital staff to provide services in homes, community centers, and local churches. They will also be supervised by community outreach mentors under the auspice of the Garrett County Health Department. Once hospital employees, the recipients will have opportunities for continuing education with tuition remission and, eventually, when they move to other jobs, they will be replaced by other individuals from the region. Over the three year period, the Medical Center will train and hire 26 individuals from deprived areas in Maryland and neighboring West Virginia.</p>

Work Plan	
Fall 2015	<ol style="list-style-type: none"> 1. The Well Patient Program was initiated. 2. The hospital’s designated social worker and nurse navigator identified high utilizers of the hospital resources and their specific needs.
Following HSCRC approval of the program	<ol style="list-style-type: none"> 1. Identified patients/program recipients will be trained as CHWs by Garrett College. 2. New trainees, under the supervision of the social worker or nurse navigator, will meet with the patients they will be assisting. 3. Additional two weeks of training on safety practices and infection control. 4. Trained individuals will be deployed in the community. 5. Trainees’ performance will be evaluated annually. 6. Metrics will be collected from the start.

DRAFT Recommendation for Population
Health Workforce Support for Disadvantaged
Areas Program Implementation Awards

8/10/2016

HSCRC

Health Services Cost
Review Commission

Background

- ▶ In December 2015, the Commission authorized up \$10 million in hospital rates for hospitals that commit to train and hire workers from geographic areas of high economic disparities and unemployment.
- ▶ These workers will fill new care coordination, population health, health information exchange, health information technology, consumer engagement, and related positions.
- ▶ The program will continue through June 30, 2018, on a hospital-specific basis assuming the hospital's ongoing compliance with the grant requirements. The grants could continue July 1, 2018, if, after evaluation, the Commission finds that the program is effective.

Review Process

- ▶ Commission hired a contractor to facilitate the review process, as well as the evaluation process.
- ▶ Review Committee comprised of DHMH, HSCRC, and Subject-Matter Experts
- ▶ The review committee received three applications by the submission date of June 30, 2016
- ▶ Commission required a 50% match of the amount requested to be included in rates.

Evaluation Criteria

- ▶ Needs assessment (the disadvantaged community and the target workforce) -10 points
- ▶ Work plan (partnership(s) with community organization(s), type of training, qualifications of the trainees, implementation, and employment retention) - 30 points
- ▶ Evaluation (tracking and reporting; strategy to evaluate process and outcomes) -10 points
- ▶ Sustainability, impact, and replicability by others -15 points
- ▶ Resources (community resources, trainers, and organizations) - 10 points
- ▶ Support requested (budget and its justification) – 25 points

Preference

- ▶ The Review Committee gave preference to those proposals that included the following features:
 - ▶ The likelihood that the proposed programs would be successful in reducing avoidable utilization and improving population health
 - ▶ The operational readiness and sustainable staffing detail of the proposal
 - ▶ The overall feasibility of the proposal to be successful
- ▶ The Review Committee has recommended funding of 2 of the 3 applicants using \$10 million over 3 years

Recommendations

Applicant	Award Request	Rate Award Amount	Hospital(s) in Proposal
Baltimore Population Health Workforce Collaborative (BPHWC)	\$9,862,483	\$9,778,515	Johns Hopkins Hospital Johns Hopkins – Bayview Lifebridge Sinai MedStar Franklin Square Medical Center MedStar Harbor Hospital MedStar Good Samaritan Hospital MedStar Union Memorial Hospital University of Maryland Medical Center University of Maryland – Midtown Campus
Garrett Regional Medical Center Health Work Force Support Program	\$221,485	\$221,485	Garrett Regional Medical Center
Total	\$10,083,968	\$10,000,000	

Baltimore Population Health Workforce Collaborative

- ▶ A consortium of four major health systems that includes nine hospitals proposes to train and hire individuals from high poverty communities in the Baltimore Metropolitan area to be community healthcare workers (CHWs), peer outreach specialists (PRSs), and certified nursing /geriatric nursing assistants (CNAs/GNAs).
- ▶ They propose to partner with the Baltimore Alliance for Careers in Healthcare (BACH), which will coordinate the recruitment and training of individuals from the community.
- ▶ They will also target hospital employees from “high poverty communities” to train and promote them to positions with a “career ladder.”
- ▶ They propose to screen, select, and train 578 individuals in essential skills over three years. Of these individuals, 238 will be trained as CHWs, PRSs, or CNAs/GNAs.
- ▶ The applicant projected that of those technically trained (238), 137 will be hired by the hospitals, and of those.

Garrett Regional Medical Center Health Work Force Support Program

- ▶ Garrett Regional Medical Center proposes to partner with Garrett College and the Garrett County Health Department to provide health education and care coordination for high utilizers of inpatient care
- ▶ They will identify high-needs patients from “the well patient program” who could be a good fit for the workforce development program, and enlist the help of Garrett College instructors to train these individuals as community healthcare workers, transport facilitators, or liaisons for medical services.
- ▶ Over the three year period, the Medical Center will train and hire 26 individuals from deprived areas in Maryland and neighboring West Virginia.

Conditions

- ▶ **Baltimore Population Health Workforce Collaborative**
 - ▶ \$9,778,515 to be awarded and phased in over three years
 - ▶ With the resurgence of violence in Baltimore City, HSCRC staff recommends that \$300,000 be added to the Sinai portion of the proposal to expand the Safe Streets Program by one additional “pod.” Sinai Hospital shall contribute \$100,000 of the \$300,000. Individuals hired to support this program shall be from disadvantaged areas as defined in the RFP
 - ▶ Following approval of this recommendation, BPHWC shall submit an adjusted budget to reflect these changes
- ▶ **Garrett Regional Medical Center Health Work Force Support Program**
 - ▶ \$221,485 to be phased in over three years
 - ▶ At least 50 percent of hires must be Maryland residents

Reporting and Evaluation

- ▶ Hospitals receiving funding under this program shall report to the Commission periodically, including annual reports beginning in the spring of 2017.
- ▶ The contractor shall evaluate the effectiveness of the program prior to July 1, 2018, and Staff shall make a recommendation to the Commission on whether the program should be continued in general, or for individual hospitals.

Disclosure of Hospital Financial and Statistical Data: Fiscal Year 2015

August 3, 2016

Health Services Cost Review Commission

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EXECUTIVE SUMMARY

The Maryland Health Services Cost Review Commission (HSCRC or Commission) has completed the annual hospital financial disclosure report for fiscal year (FY) 2015.

In FY 2015, Maryland concluded its first year under the new agreement with the federal Centers for Medicare & Medicaid Services (CMS) and began the second year. Under the new All-Payer Model, the State's focus shifted from controlling the charge per case for Medicare inpatient hospital stays to controlling per capita hospital revenue growth (including both inpatient and outpatient hospital costs) for all payers. The new Model will assess whether Maryland's hospital all-payer system is a successful model for achieving the triple aim of:

- Lower costs
- Better patient experience
- Improved health

Calendar year (CY) 2014 was the first year of the new Model. Since FY 2015 straddles the end of the first year under the new Model and the beginning of the second year, this report focuses on the first year of the new Model's financial and quality metric performance, as well as traditional measures of hospital financial health.

The following are a number of Maryland All-Payer Model Performance Year 1 results:

1. Gross all-payer per capita hospital revenues from services provided to Maryland residents grew by 2.2 percent, slower than the per capita growth in the Maryland economy, which was about 3.34 percent in FY 2015.
2. Over the performance period of the Model, the State must achieve aggregate savings in the Medicare per beneficiary total hospital expenditures for Maryland resident Medicare fee-for-service (FFS) beneficiaries of at least \$330 million. For Performance Year 1 (CY 2014), the State achieved \$116 million in Medicare savings.
3. Over the Model's performance period, the State must shift at least 80.00 percent of all regulated hospital revenue for Maryland residents into population-based payment arrangements. The State successfully shifted 95.04 percent of hospital revenue into population-based payments through hospital global budgets.
4. Over the Model's performance period, the State must reduce the aggregate Medicare 30-day readmission rate for Medicare FFS beneficiaries to be less than or equal to the national readmission rate. The gap in the readmission rate between Maryland and the nation decreased by 0.21 percent in the first performance year.

5. Over the performance period of the Model, the State must achieve an aggregate 30 percent reduction for all payers in 65 potentially preventable complications (PPCs) as part of Maryland's Hospital Acquired Conditions program. The State achieved a 26.3 percent reduction in PPCs in 2014 compared to 2013.

This report shows that for Maryland acute hospitals in FY 2015:

1. Profits on regulated activities increased in FY 2015, from \$938 million (or 7.19 percent of regulated net operating revenue) in FY 2014 to \$1.1 billion (or 8.27 percent of regulated net operating revenue).
2. Profits on operations (which include profits and losses from regulated and unregulated day-to-day activities) increased from \$411 million (or 2.87 percent of total net operating revenue) in FY 2014 to \$532 million in FY 2015 (or 3.54 percent of total net operating revenue).
3. Total excess profits (which include profits and losses from regulated and unregulated operating and non-operating activities) decreased substantially from \$896 million in FY 2014 (or 6.05 percent of the total revenue) to \$530 million in FY 2015 (or 3.52 percent of the total revenue).
4. Total regulated net patient revenue rose from \$12.8 billion in FY 2014 to \$13.4 billion in FY 2015, an increase of 4.35 percent.
5. In FY 2015, Maryland hospitals incurred \$770 million in uncompensated care, amounting to approximately five cents of uncompensated care cost for every dollar of gross patient revenue.
6. Gross regulated revenue from potentially avoidable utilization (PAU) readmissions fell from \$1.278 billion in FY 2014 to \$1.276 billion in FY 2015. The percent of gross regulated revenue associated with PAUs in general declined from 12.1 percent in FY 2014 to 11.9 percent in FY 2015, a decrease of 0.9 percent. The case-mix adjusted PPC rate declined from 0.96 percent in FY 2014 to 0.79 percent in FY 2015, a decrease of 17.7 percent. These declines reflect improvement in the quality of care delivered in Maryland hospitals, where readmission rates declined faster than the national levels for Medicare, and the State achieved the 30 percent PPC reduction goal.
7. Total direct graduate medical education expenditures increased from \$292 million in FY 2014 to \$300 million in FY 2015, an increase of 2.79 percent.

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

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

INTRODUCTION

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

- Lower costs
- Better patient experience
- Improved health

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

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

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

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

- All-payer per capita hospital revenues grew 1.85 percent, which is below both the per capita growth of the Maryland economy in both CY 2014 and fiscal year (FY) 2015 and well below the 3.58 percent annual growth gap contained in the waiver agreement.
- Medicare FFS hospital charges per Maryland Medicare beneficiary increased by 2.92 percent in FY 2015. National data are not yet available for FY 2015, but CY 2015 data indicate that Maryland costs grew slower than the nation.
- Charges for PAU readmissions decreased slightly from \$1.278 billion in FY 2014 to \$1.276 billion in FY 2015. Overall PAU charges increased, rising from \$1.888 billion in FY 2014 to \$1.913 billion in FY 2015. However, as a percentage of gross regulated patient revenue, readmissions and PAU charges decreased slightly between FY 2014 and FY 2015 by 2.3 percent and 0.9 percent respectively.

Data on quality show that there was a reduction in the case-mix adjusted readmission and PPC rate. The case-mix adjusted readmission rate declined from 13.76 percent in FY 2014 to 13.12 percent in FY 2015, a decrease of 4.6 percent. The case-mix adjusted PPC rate declined from 0.96 percent in FY 2014 to 0.79 percent in FY 2015, a decrease of 17.7 percent. This decline reflects improvement in the quality of care delivered at Maryland hospitals. Since CY 2013, the PPC decrease has been greater than the CMS target of a 30 percent reduction by CY 2018. Data on the collective financial performance of Maryland hospitals are summarized below.

- Gross regulated revenue growth. Gross patient revenue on regulated services increased 2.22 percent from \$15.7 billion in FY 2014 to \$16 billion in FY 2015.
- Net regulated patient revenue. Total regulated net patient revenue rose from \$12.8 billion in FY 2014 to \$13.4 billion in FY 2015, an increase of 4.35 percent.
- Profits on regulated activities. Profits on regulated activities increased in FY 2015, from \$938 million (7.18 percent of regulated net operating revenue) in FY 2014 to \$1.1 billion (8.27 percent of regulated net operating revenue).
- Profits on operations. Profits on operations (which include profits and losses from regulated and unregulated day-to-day activities) increased from \$411 million (or 2.87 percent of total net operating revenue) in FY 2014 to \$532 million in FY 2015 (or 3.54 percent of total net operating revenue).
- Total excess profit. Total excess profits (which include profits and losses from regulated and unregulated operating and non-operating activities) decreased substantially from \$896 million in FY 2014 (or 6.1 percent of the total revenue) to \$530 million in FY 2015 (or 3.5 percent of the total revenue).

- Total Direct Graduate Medical Education Expenditures. Total direct graduate medical education expenditures increased from \$292 million in FY 2014 to \$300 million in FY 2015, an increase of 2.80 percent.¹

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

Additionally, the mark-up in Maryland hospitals—the difference between hospitals’ costs and what hospitals ultimately charge patients—remained the lowest in the nation. The average mark-up for hospitals nationally is more than 3.6 times that of Maryland hospitals, according to the most recent data from the American Hospital Association. In the absence of rate setting, non-Maryland hospitals must artificially mark up their charges in order to cover shortfalls due to uncompensated care, discounts to large health plans, and low payments from Medicare and Medicaid.

CONTENTS OF REPORT

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

This report marks a transition from the manner in which hospital financial data are presented. This report combines the financial data of hospitals with a June 30 fiscal year end with the hospitals with a December 31 year end of the previous year, e.g., June 30, 2014 and December 31, 2013, rather than combining together the financial data of hospitals whose fiscal years end in the same calendar year, e.g., June 30, 2014 and December 31, 2014, as was done in the past. All of the financial data in this report have been combined in this fashion. In FY 2014, the University of Maryland Upper Chesapeake Medical Center and the University of Maryland

¹ The HSCRC is working on expanding available information related to graduate medical education.

Harford Memorial Hospital changed from a December 31 fiscal year end to a June 30 fiscal year end. Because of this change in combining hospital data, the data for the six months from January 1, 2014 to June 30, 2014 for these hospitals were not included in this report. This report also marks the first annual filing submitted by Holy Cross Germantown Hospital, and includes nine months of data, from October 1, 2014 to June 30, 2015.

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

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

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

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

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

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

Other Operating Revenue includes regulated and unregulated revenue associated with normal day-to-day operations from services other than health care provided to patients. These include sales and services to non-patients and revenue from miscellaneous sources, such as rental of hospital space, sale of cafeteria meals, gift shop sales, research, and Medicare Part B physician

services. Such revenue is common in the regular operations of a hospital but should be accounted for separately from regulated patient revenue.

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

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

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

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

Non-Operating Profit/Loss includes 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.)

PAU is the general classification of hospital care that is unplanned and can be prevented through improved care, care coordination, effective community based care, or care cost increases that result from a PPC occurring in a hospital. The HSCRC intends to continue to refine the measurement of PAU and thus the current PAU numbers differ from previous disclosure reports. Changes in this report include removal of the revenue associated with PPCs and the change to assigning readmission charges to the hospital receiving the readmission rather than the hospital with the original admission. Currently, the following measures are included as PAU cost measures:

- 30-day, all-cause, all-hospital inpatient readmissions, excluding planned readmissions, based on similar specifications for Maryland Readmission Reduction Incentive Program but applied to all inpatient discharges and observation stays greater than 23 hours and the

readmission revenue is assigned to the hospital receiving the readmission regardless of where the original admission occurred.

- Prevention quality indicators (PQIs) as defined by the Agency for Healthcare Research and Quality applied to all inpatient discharges and observation stays greater than 23 hours. The PQIs included are the 12 acute and chronic PQIs included in the PQI-90 Composite measure and PQI 02 (Perforated Appendix). It does not include PQI 09 (low birth weight).

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

PPCs consist of a list of 65 measures developed by 3M. PPCs are defined as harmful events (e.g., an accidental laceration during a procedure) or negative outcomes (e.g., hospital-acquired pneumonia) that may result from the process of care and treatment rather than from a natural progression of underlying disease. The conditions are excluded if present on admission indicators show that the patient arrived at the hospital with the condition. Hospital payment is linked to hospital performance by comparing the observed number of PPCs to the expected number of PPCs. In this report, HSCRC only provides the case-mix adjusted PPC rate and not the revenue associated with PPCs.

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

Financial information contained in this report provides only an overview of the total financial status of the institutions. Additional information concerning the hospitals, in the form of Audited Financial Statements and reports filed pursuant to the regulations of the HSCRC, is available at the HSCRC's offices for public inspection between the hours of 8:30 a.m. and 4:30 p.m. and in PDF under Financial Data Reports/Financial Disclosure on the HSCRC website at <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 Medicare Part B professional services are only included in regulated hospital data in hospitals that had HSCRC-approved physician rates on June 30, 1985, and that have not subsequently requested that those rates be removed so that the physicians may bill Medicare FFS.
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, and Sheppard Pratt 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 HSCRC. The HSCRC sets rates for all payers for emergency services provided at Queen Anne’s Freestanding Medical Center effective October 1, 2010, and at Germantown Emergency Center and Bowie Health Center effective July 1, 2011.
5. Effective July 1, 2013, data associated with the University of Maryland Cancer Center was combined with that of the University of Maryland Medical Center.
6. Effective January 1, 2014, Levindale Hospital was designated by CMS as an acute care hospital, rather than a specialty hospital.
7. Effective October 1, 2014, Holy Cross Germantown Hospital was issued a rate order to begin business in Maryland as an acute care hospital. The data included in this report contain nine months of data (October 1, 2014 to June 30, 2015) for Holy Cross Germantown Hospital’s first annual filing.

HEALTH SERVICES COST REVIEW COMMISSION
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
FISCAL YEAR 2013 TO 2015

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All Acute Hospitals

FISCAL YEAR ENDING ²	June 2015	June 2014	June 2013
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Gross Patient Revenue:			
Regulated Services	16,023,174,651	15,674,388,126	15,134,958,583
Unregulated Services	1,765,339,383	1,775,574,672	1,705,768,368
TOTAL	17,788,514,034	17,449,962,798	16,840,726,950
Net Patient Revenue (NPR):			
Regulated Services	13,399,072,155	12,840,037,696	12,408,813,933
Unregulated Services	849,298,449	803,304,981	785,699,753
TOTAL	14,248,370,604	13,643,342,677	13,194,513,686
Other Operating Revenue:			
Regulated Services	207,012,377	202,547,501	207,275,726
Unregulated Services	557,485,573	470,054,013	453,864,868
TOTAL	764,497,950	672,601,514	661,140,594
Net Operating Revenue (NOR)			
Regulated Services	13,606,084,533	13,042,585,197	12,616,089,659
Unregulated Services	1,406,784,022	1,273,358,994	1,239,564,621
Total	15,012,868,554	14,315,944,191	13,855,654,280
Total Operating Expenses:			
Regulated Services	12,481,365,520	12,104,941,967	11,938,084,662
Total	14,481,119,517	13,904,654,153	13,681,231,529
Net Operating Profit (Loss):			
Regulated Services	1,124,718,913	937,643,255	678,004,997
Unregulated Services	-592,969,975	-526,353,133	-503,582,246
Total	531,748,938	411,290,122	174,422,751
Total Non-Operating Profit (Loss):	-2,059,614	484,613,004	371,406,971
Non-Operating Revenue	51,393,310	502,513,301	391,157,125
Non-Operating Expenses	53,452,924	17,900,297	19,750,154
Total Excess Profit (Loss):	529,689,423	895,903,147	545,829,723
% Net Operating Profit of Regulated NOR	8.27	7.19	5.37
% Net Total Operating Profit of Total NOR	3.54	2.87	1.26
% Total Excess Profit of Total Revenue	3.52	6.05	3.83
Total Direct Graduate Medical Education:	300,062,898	291,890,966	290,469,880
Inpatient Readmission Charges:	1,276,280,843	1,278,259,326	1,263,633,387
Risk Adjusted Readmission Percent:	13.12%	13.76%	13.53%
Potentially Avoidable Utilization Costs:	1,913,586,405	1,888,029,399	1,866,347,001
Risk Adjusted PPC Rate:	0.79	0.96	1.25

² The hospitals contained in this report make up three different fiscal year ends, June 30, 2015, August 31, 2015, and December 31, 2014. This is changed from prior years' reports where the fiscal year ends were June 30, August 31 and December 31 of the same calendar year. The data contained on this page will not match the prior years' reports.

HEALTH SERVICES COST REVIEW COMMISSION
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
FISCAL YEAR 2013 TO 2015

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Anne Arundel Medical Center

FISCAL YEAR ENDING	June 2015	June 2014	June 2013
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Gross Patient Revenue:			
Regulated Services	562,952,500	554,132,400	541,867,800
Unregulated Services	6,805,400	6,868,600	8,377,200
TOTAL	569,757,900	561,001,000	550,245,000
Net Patient Revenue (NPR):			
Regulated Services	477,344,509	451,481,300	444,013,900
Unregulated Services	6,611,300	6,553,400	7,464,500
TOTAL	483,955,809	458,034,700	451,478,400
Other Operating Revenue:			
Regulated Services	7,170,500	7,047,500	8,188,700
Unregulated Services	19,782,400	18,947,490	17,847,500
TOTAL	26,952,900	25,994,990	26,036,200
Net Operating Revenue (NOR)			
Regulated Services	484,515,009	458,528,800	452,202,600
Unregulated Services	26,393,700	25,500,890	25,312,000
Total	510,908,709	484,029,690	477,514,600
Total Operating Expenses:			
Regulated Services	437,421,849	433,202,797	436,200,149
Total	486,102,500	471,917,600	476,400,000
Net Operating Profit (Loss):			
Regulated Services	47,093,161	25,326,003	16,002,451
Unregulated Services	-22,286,951	-13,213,903	-14,887,851
Total	24,806,209	12,112,100	1,114,600
Total Non-Operating Profit (Loss):	-40,992,000	27,091,100	44,226,600
Non-Operating Revenue	-40,992,000	27,091,100	44,226,600
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	-16,185,791	39,203,200	45,341,200
% Net Operating Profit of Regulated NOR	9.72	5.52	3.54
% Net Total Operating Profit of Total NOR	4.86	2.50	0.23
% Total Excess Profit of Total Revenue	-3.44	7.67	8.69
Total Direct Graduate Medical Education:	0	0	0
Inpatient Readmission Charges:	31,284,247	29,529,602	32,678,081
Risk Adjusted Readmission Percent:	12.35%	12.82%	12.70%
Potentially Avoidable Utilization Costs:	53,328,489	48,842,640	53,413,474
Risk Adjusted PPC Rate:	0.85	0.99	1.10

HEALTH SERVICES COST REVIEW COMMISSION
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
FISCAL YEAR 2013 TO 2015

Atlantic General Hospital

FISCAL YEAR ENDING	June 2015	June 2014	June 2013
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Gross Patient Revenue:			
Regulated Services	102,371,000	102,693,200	99,487,100
Unregulated Services	42,556,300	25,414,008	20,124,652
TOTAL	144,927,300	128,107,208	119,611,752
Net Patient Revenue (NPR):			
Regulated Services	88,616,700	89,143,246	81,125,900
Unregulated Services	17,503,300	13,780,408	11,081,452
TOTAL	106,120,000	102,923,654	92,207,352
Other Operating Revenue:			
Regulated Services	1,315,700	1,310,947	1,917,695
Unregulated Services	1,767,100	1,213,122	1,324,606
TOTAL	3,082,800	2,524,069	3,242,301
Net Operating Revenue (NOR)			
Regulated Services	89,932,400	90,454,193	83,043,595
Unregulated Services	19,270,400	14,993,530	12,406,058
Total	109,202,800	105,447,723	95,449,653
Total Operating Expenses:			
Regulated Services	75,395,800	76,554,862	73,821,246
Total	108,320,800	101,635,006	94,222,926
Net Operating Profit (Loss):			
Regulated Services	14,536,600	13,899,332	9,222,349
Unregulated Services	-13,654,600	-10,086,613	-7,995,621
Total	882,000	3,812,719	1,226,727
Total Non-Operating Profit (Loss):	1,560,200	2,461,360	1,499,225
Non-Operating Revenue	1,560,200	2,461,360	1,499,225
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	2,442,300	6,274,080	2,725,952
% Net Operating Profit of Regulated NOR	16.16	15.37	11.11
% Net Total Operating Profit of Total NOR	0.81	3.62	1.29
% Total Excess Profit of Total Revenue	2.20	5.81	2.81
Total Direct Graduate Medical Education:	0	0	0
Inpatient Readmission Charges:	5,492,878	5,985,872	6,013,450
Risk Adjusted Readmission Percent:	11.50%	12.88%	11.80%
Potentially Avoidable Utilization Costs:	11,021,864	11,510,340	11,336,777
Risk Adjusted PPC Rate:	0.81	0.87	0.65

HEALTH SERVICES COST REVIEW COMMISSION
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
FISCAL YEAR 2013 TO 2015

Bon Secours Hospital

FISCAL YEAR ENDING	August 2015	August 2014	August 2013
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Gross Patient Revenue:			
Regulated Services	117,217,800	129,714,300	121,044,100
Unregulated Services	36,444,670	26,341,350	27,611,031
TOTAL	153,662,470	156,055,650	148,655,131
Net Patient Revenue (NPR):			
Regulated Services	98,069,566	99,985,454	95,981,563
Unregulated Services	16,757,466	15,078,939	14,547,696
TOTAL	114,827,031	115,064,392	110,529,259
Other Operating Revenue:			
Regulated Services	800,398	1,585,024	-187,258
Unregulated Services	3,812,977	4,245,338	3,163,706
TOTAL	4,613,375	5,830,362	2,976,447
Net Operating Revenue (NOR)			
Regulated Services	98,869,964	101,570,478	95,794,305
Unregulated Services	20,570,443	19,324,277	17,711,401
Total	119,440,406	120,894,754	113,505,706
Total Operating Expenses:			
Regulated Services	78,959,061	85,614,206	93,233,875
Total	110,395,175	118,891,000	124,525,202
Net Operating Profit (Loss):			
Regulated Services	19,910,902	15,956,273	2,560,429
Unregulated Services	-10,865,671	-13,952,517	-13,579,925
Total	9,045,231	2,003,755	-11,019,496
Total Non-Operating Profit (Loss):	299,000	1,565,750	1,392,305
Non-Operating Revenue	299,000	1,565,750	1,435,493
Non-Operating Expenses	0	0	43,188
Total Excess Profit (Loss):	9,344,231	3,569,505	-9,627,191
% Net Operating Profit of Regulated NOR	20.14	15.71	2.67
% Net Total Operating Profit of Total NOR	7.57	1.66	-9.71
% Total Excess Profit of Total Revenue	7.80	2.91	-8.38
Total Direct Graduate Medical Education:	0	0	0
Inpatient Readmission Charges:	19,371,494	23,694,933	22,480,455
Risk Adjusted Readmission Percent:	16.59%	19.37%	19.34%
Potentially Avoidable Utilization Costs:	26,260,071	32,577,020	30,559,860
Risk Adjusted PPC Rate:	0.84	0.65	1.05

HEALTH SERVICES COST REVIEW COMMISSION
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
FISCAL YEAR 2013 TO 2015

Bowie Emergency Center

FISCAL YEAR ENDING	June 2015	June 2014	June 2013
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Gross Patient Revenue:			
Regulated Services	20,111,300	16,513,400	13,677,900
Unregulated Services	10,142,311	9,852,802	16,278,037
TOTAL	30,253,611	26,366,202	29,955,937
Net Patient Revenue (NPR):			
Regulated Services	14,488,830	12,399,706	9,812,164
Unregulated Services	4,223,356	4,648,934	5,639,207
TOTAL	18,712,186	17,048,641	15,451,371
Other Operating Revenue:			
Regulated Services	189,930	867	7,168
Unregulated Services	0	0	0
TOTAL	189,930	867	7,168
Net Operating Revenue (NOR)			
Regulated Services	14,678,760	12,400,574	9,819,332
Unregulated Services	4,223,356	4,648,934	5,639,207
Total	18,902,116	17,049,508	15,458,539
Total Operating Expenses:			
Regulated Services	12,222,939	10,457,177	10,764,397
Total	17,267,715	15,071,710	16,611,645
Net Operating Profit (Loss):			
Regulated Services	2,455,821	1,943,397	-945,065
Unregulated Services	-821,420	34,401	-208,041
Total	1,634,401	1,977,798	-1,153,106
Total Non-Operating Profit (Loss):	0	0	0
Non-Operating Revenue	0	0	0
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	1,634,401	1,977,798	-1,153,106
% Net Operating Profit of Regulated NOR	16.73	15.67	-9.62
% Net Total Operating Profit of Total NOR	8.65	11.60	-7.46
% Total Excess Profit of Total Revenue	8.65	11.60	-7.46
Total Direct Graduate Medical Education:	0	0	0
Inpatient Readmission Charges:	0	0	0
Risk Adjusted Readmission Percent:	0	0	0
Potentially Avoidable Utilization Costs:	0	0	0
Risk Adjusted PPC Rate:	0	0	0

HEALTH SERVICES COST REVIEW COMMISSION
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
FISCAL YEAR 2013 TO 2015

Calvert Memorial Hospital

FISCAL YEAR ENDING	June 2015	June 2014	June 2013
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Gross Patient Revenue:			
Regulated Services	144,499,900	141,935,300	138,862,900
Unregulated Services	11,343,400	10,240,860	9,162,932
TOTAL	155,843,300	152,176,160	148,025,832
Net Patient Revenue (NPR):			
Regulated Services	124,641,770	117,478,592	116,275,170
Unregulated Services	5,090,942	4,675,516	4,562,155
TOTAL	129,732,712	122,154,108	120,837,325
Other Operating Revenue:			
Regulated Services	3,869,985	5,148,688	4,305,853
Unregulated Services	1,084,745	952,342	663,940
TOTAL	4,954,730	6,101,030	4,969,793
Net Operating Revenue (NOR)			
Regulated Services	128,511,755	122,627,280	120,581,023
Unregulated Services	6,175,687	5,627,858	5,226,095
Total	134,687,442	128,255,139	125,807,118
Total Operating Expenses:			
Regulated Services	109,246,740	105,829,305	106,039,515
Total	124,914,230	119,797,306	118,896,903
Net Operating Profit (Loss):			
Regulated Services	19,265,015	16,797,976	14,541,508
Unregulated Services	-9,491,803	-8,340,143	-7,631,293
Total	9,773,212	8,457,833	6,910,215
Total Non-Operating Profit (Loss):	-2,132,041	-1,655,105	6,414
Non-Operating Revenue	281,369	514,608	504,618
Non-Operating Expenses	2,413,410	2,169,713	498,204
Total Excess Profit (Loss):	7,641,171	6,802,728	6,916,629
% Net Operating Profit of Regulated NOR	14.99	13.70	12.06
% Net Total Operating Profit of Total NOR	7.26	6.59	5.49
% Total Excess Profit of Total Revenue	5.66	5.28	5.48
Total Direct Graduate Medical Education:	0	0	0
Inpatient Readmission Charges:	7,113,594	6,222,135	7,286,346
Risk Adjusted Readmission Percent:	9.43%	9.29%	10.33%
Potentially Avoidable Utilization Costs:	16,140,060	14,772,233	16,164,060
Risk Adjusted PPC Rate:	0.59	0.79	1.13

HEALTH SERVICES COST REVIEW COMMISSION
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
FISCAL YEAR 2013 TO 2015

Carroll County General Hospital

FISCAL YEAR ENDING	June 2015	June 2014	June 2013
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Gross Patient Revenue:			
Regulated Services	254,037,700	251,985,400	249,075,200
Unregulated Services	73,597,756	74,612,637	77,746,543
TOTAL	327,635,456	326,598,037	326,821,743
Net Patient Revenue (NPR):			
Regulated Services	217,722,362	211,421,290	208,787,942
Unregulated Services	33,093,873	33,726,861	36,390,537
TOTAL	250,816,235	245,148,151	245,178,479
Other Operating Revenue:			
Regulated Services	2,597,080	4,639,865	3,551,806
Unregulated Services	1,240,078	961,456	905,052
TOTAL	3,837,158	5,601,321	4,456,858
Net Operating Revenue (NOR)			
Regulated Services	220,319,442	216,061,155	212,339,748
Unregulated Services	34,333,951	34,688,317	37,295,589
Total	254,653,393	250,749,472	249,635,337
Total Operating Expenses:			
Regulated Services	199,756,327	189,824,332	187,052,755
Total	238,732,927	229,948,414	229,386,050
Net Operating Profit (Loss):			
Regulated Services	20,563,115	26,236,823	25,286,993
Unregulated Services	-4,642,649	-5,435,765	-5,037,706
Total	15,920,466	20,801,058	20,249,287
Total Non-Operating Profit (Loss):	-3,927,869	6,354,928	10,424,416
Non-Operating Revenue	1,223,684	9,594,707	11,480,669
Non-Operating Expenses	5,151,553	3,239,779	1,056,253
Total Excess Profit (Loss):	11,992,597	27,155,986	30,673,703
% Net Operating Profit of Regulated NOR	9.33	12.14	11.91
% Net Total Operating Profit of Total NOR	6.25	8.30	8.11
% Total Excess Profit of Total Revenue	4.69	10.43	11.75
Total Direct Graduate Medical Education:	0	0	0
Inpatient Readmission Charges:	20,290,911	21,264,305	19,311,861
Risk Adjusted Readmission Percent:	12.18%	13.40%	12.52%
Potentially Avoidable Utilization Costs:	36,703,450	35,226,912	33,506,514
Risk Adjusted PPC Rate:	0.90	1.08	1.11

HEALTH SERVICES COST REVIEW COMMISSION
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
FISCAL YEAR 2013 TO 2015

Doctors Community Hospital

FISCAL YEAR ENDING	June 2015	June 2014	June 2013
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Gross Patient Revenue:			
Regulated Services	226,462,500	222,145,400	216,854,500
Unregulated Services	21,074,527	21,497,124	15,472,076
TOTAL	247,537,027	243,642,524	232,326,576
Net Patient Revenue (NPR):			
Regulated Services	186,906,068	178,102,639	171,977,743
Unregulated Services	20,785,043	21,502,253	15,430,295
TOTAL	207,691,111	199,604,892	187,408,037
Other Operating Revenue:			
Regulated Services	1,978,080	2,232,490	5,842,396
Unregulated Services	4,961,871	3,242,342	3,333,007
TOTAL	6,939,951	5,474,832	9,175,403
Net Operating Revenue (NOR)			
Regulated Services	188,884,148	180,335,129	177,820,138
Unregulated Services	25,746,914	24,744,595	18,763,302
Total	214,631,062	205,079,724	196,583,440
Total Operating Expenses:			
Regulated Services	170,753,892	170,083,752	173,397,492
Total	208,511,680	204,184,713	199,300,918
Net Operating Profit (Loss):			
Regulated Services	18,130,257	10,251,378	4,422,646
Unregulated Services	-12,010,875	-9,356,366	-7,140,124
Total	6,119,382	895,012	-2,717,478
Total Non-Operating Profit (Loss):	-1,022,687	-243,211	1,302,400
Non-Operating Revenue	-1,022,687	-243,211	1,302,400
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	5,096,695	651,801	-1,415,078
% Net Operating Profit of Regulated NOR	9.60	5.68	2.49
% Net Total Operating Profit of Total NOR	2.85	0.44	-1.38
% Total Excess Profit of Total Revenue	2.39	0.32	-0.72
Total Direct Graduate Medical Education:	0	0	0
Inpatient Readmission Charges:	23,438,727	22,018,158	24,364,088
Risk Adjusted Readmission Percent:	12.69%	12.98%	12.95%
Potentially Avoidable Utilization Costs:	37,736,747	38,349,521	39,948,367
Risk Adjusted PPC Rate:	1.20	1.10	1.43

HEALTH SERVICES COST REVIEW COMMISSION
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
FISCAL YEAR 2013 TO 2015

Fort Washington Medical Center

FISCAL YEAR ENDING	December 2014	December 2013	December 2012
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Gross Patient Revenue:			
Regulated Services	48,565,970	46,156,625	46,176,442
Unregulated Services	404,675	391,018	565,184
TOTAL	48,970,645	46,547,643	46,741,626
Net Patient Revenue (NPR):			
Regulated Services	40,450,576	37,357,875	37,540,675
Unregulated Services	404,675	391,018	565,184
TOTAL	40,855,251	37,748,893	38,105,859
Other Operating Revenue:			
Regulated Services	1,345,091	1,717,070	1,761,701
Unregulated Services	39,088	41,245	39,910
TOTAL	1,384,179	1,758,315	1,801,611
Net Operating Revenue (NOR)			
Regulated Services	41,795,667	39,074,945	39,302,376
Unregulated Services	443,763	432,263	605,094
Total	42,239,430	39,507,208	39,907,470
Total Operating Expenses:			
Regulated Services	39,766,800	37,851,168	37,600,240
Total	40,859,285	38,931,926	38,806,268
Net Operating Profit (Loss):			
Regulated Services	2,028,867	1,223,777	1,702,136
Unregulated Services	-648,722	-648,495	-600,935
Total	1,380,145	575,282	1,101,202
Total Non-Operating Profit (Loss):			
Non-Operating Revenue	607	748	808
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):			
	1,380,752	576,030	1,102,010
% Net Operating Profit of Regulated NOR	4.85	3.13	4.33
% Net Total Operating Profit of Total NOR	3.27	1.46	2.76
% Total Excess Profit of Total Revenue	3.27	1.46	2.76
Total Direct Graduate Medical Education:	0	0	0
Inpatient Readmission Charges:	3,818,311	3,296,087	3,500,783
Risk Adjusted Readmission Percent:	12.43%	15.10%	14.70%
Potentially Avoidable Utilization Costs:	8,164,290	7,328,485	7,576,258
Risk Adjusted PPC Rate:	0.32	0.74	1.22

HEALTH SERVICES COST REVIEW COMMISSION
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
FISCAL YEAR 2013 TO 2015

Frederick Memorial Hospital

FISCAL YEAR ENDING	June 2015	June 2014	June 2013
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Gross Patient Revenue:			
Regulated Services	346,609,902	339,660,800	337,093,700
Unregulated Services	57,086,448	69,997,055	98,857,274
TOTAL	403,696,350	409,657,855	435,950,974
Net Patient Revenue (NPR):			
Regulated Services	293,871,610	274,540,716	276,164,675
Unregulated Services	33,379,435	38,893,323	54,480,258
TOTAL	327,251,045	313,434,038	330,644,933
Other Operating Revenue:			
Regulated Services	5,129,913	6,545,338	5,039,603
Unregulated Services	3,124,506	3,683,661	4,678,290
TOTAL	8,254,419	10,228,999	9,717,893
Net Operating Revenue (NOR)			
Regulated Services	299,001,523	281,086,054	281,204,278
Unregulated Services	36,503,941	42,576,984	59,158,548
Total	335,505,464	323,663,037	340,362,826
Total Operating Expenses:			
Regulated Services	274,234,304	264,760,912	263,988,130
Total	324,400,419	320,533,000	340,965,873
Net Operating Profit (Loss):			
Regulated Services	24,767,220	16,325,142	17,216,148
Unregulated Services	-13,662,174	-13,195,104	-17,819,196
Total	11,105,045	3,130,038	-603,048
Total Non-Operating Profit (Loss):	579,400	13,863,000	11,341,981
Non-Operating Revenue	7,448,400	16,523,000	14,535,107
Non-Operating Expenses	6,869,000	2,660,000	3,193,127
Total Excess Profit (Loss):	11,684,445	16,993,038	10,738,933
% Net Operating Profit of Regulated NOR	8.28	5.81	6.12
% Net Total Operating Profit of Total NOR	3.31	0.97	-0.18
% Total Excess Profit of Total Revenue	3.41	5.00	3.03
Total Direct Graduate Medical Education:	0	0	0
Inpatient Readmission Charges:	25,739,473	24,792,512	26,180,572
Risk Adjusted Readmission Percent:	11.54%	11.39%	11.40%
Potentially Avoidable Utilization Costs:	43,390,376	42,360,730	44,076,833
Risk Adjusted PPC Rate:	0.80	0.91	1.13

HEALTH SERVICES COST REVIEW COMMISSION
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
FISCAL YEAR 2013 TO 2015

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Garrett County Memorial Hospital

FISCAL YEAR ENDING	June 2015	June 2014	June 2013
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Gross Patient Revenue:			
Regulated Services	44,693,600	45,202,600	42,302,400
Unregulated Services	12,856,975	7,013,510	8,618,007
TOTAL	57,550,575	52,216,110	50,920,407
Net Patient Revenue (NPR):			
Regulated Services	37,569,611	36,914,781	34,358,738
Unregulated Services	6,048,180	4,252,165	5,094,768
TOTAL	43,617,791	41,166,947	39,453,506
Other Operating Revenue:			
Regulated Services	1,722,986	1,918,578	727,876
Unregulated Services	329,639	299,663	267,413
TOTAL	2,052,625	2,218,241	995,289
Net Operating Revenue (NOR)			
Regulated Services	39,292,597	38,833,359	35,086,614
Unregulated Services	6,377,819	4,551,828	5,362,181
Total	45,670,416	43,385,188	40,448,795
Total Operating Expenses:			
Regulated Services	35,427,708	34,661,815	32,516,478
Total	41,597,075	40,023,965	39,162,664
Net Operating Profit (Loss):			
Regulated Services	3,864,889	4,171,544	2,570,135
Unregulated Services	208,452	-810,322	-1,284,004
Total	4,073,341	3,361,223	1,286,131
Total Non-Operating Profit (Loss):	731,976	877,732	754,939
Non-Operating Revenue	731,976	877,732	754,939
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	4,805,317	4,238,955	2,041,070
% Net Operating Profit of Regulated NOR	9.84	10.74	7.33
% Net Total Operating Profit of Total NOR	8.92	7.75	3.18
% Total Excess Profit of Total Revenue	10.36	9.58	4.95
Total Direct Graduate Medical Education:	0	0	0
Inpatient Readmission Charges:	1,463,568	1,355,194	1,557,272
Risk Adjusted Readmission Percent:	7.23%	7.83%	8.54%
Potentially Avoidable Utilization Costs:	4,290,271	4,274,700	4,164,488
Risk Adjusted PPC Rate:	0.57	1.09	0.91

HEALTH SERVICES COST REVIEW COMMISSION
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
FISCAL YEAR 2013 TO 2015

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Germantown Emergency Center

FISCAL YEAR ENDING	December 2014	December 2013	December 2012
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Gross Patient Revenue:			
Regulated Services	14,059,900	12,992,000	14,429,600
Unregulated Services	0	0	0
TOTAL	14,059,900	12,992,000	14,429,600
Net Patient Revenue (NPR):			
Regulated Services	9,216,478	9,389,152	10,350,133
Unregulated Services	0	0	0
TOTAL	9,216,478	9,389,152	10,350,133
Other Operating Revenue:			
Regulated Services	7,567	14,865	20,575
Unregulated Services	263,000	0	0
TOTAL	270,567	14,865	20,575
Net Operating Revenue (NOR)			
Regulated Services	9,224,045	9,404,017	10,370,708
Unregulated Services	263,000	0	0
Total	9,487,045	9,404,017	10,370,708
Total Operating Expenses:			
Regulated Services	11,106,309	11,094,387	10,402,573
Total	11,406,414	11,289,944	10,758,951
Net Operating Profit (Loss):			
Regulated Services	-1,882,264	-1,690,370	-31,865
Unregulated Services	-37,105	-195,557	-356,378
Total	-1,919,369	-1,885,927	-388,243
Total Non-Operating Profit (Loss):	-407,785	-378,665	-338,377
Non-Operating Revenue	-407,785	-378,665	-338,377
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	-2,327,154	-2,264,592	-726,620
% Net Operating Profit of Regulated NOR	-20.41	-17.97	-0.31
% Net Total Operating Profit of Total NOR	-20.23	-20.05	-3.74
% Total Excess Profit of Total Revenue	-25.63	-25.09	-7.24
Total Direct Graduate Medical Education:	0	0	0
Inpatient Readmission Charges:	0	0	0
Risk Adjusted Readmission Percent:	0	0	0
Potentially Avoidable Utilization Costs:	0	0	0
Risk Adjusted PPC Rate:	0	0	0

HEALTH SERVICES COST REVIEW COMMISSION
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FISCAL YEAR 2013 TO 2015

Greater Baltimore Medical Center

FISCAL YEAR ENDING	June 2015	June 2014	June 2013
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Gross Patient Revenue:			
Regulated Services	432,707,700	426,965,000	421,137,700
Unregulated Services	46,277,696	46,343,000	44,910,725
TOTAL	478,985,396	473,308,000	466,048,425
Net Patient Revenue (NPR):			
Regulated Services	369,026,601	357,329,000	352,971,792
Unregulated Services	22,677,372	21,736,100	21,816,956
TOTAL	391,703,973	379,065,100	374,788,748
Other Operating Revenue:			
Regulated Services	8,852,410	8,765,799	7,062,683
Unregulated Services	11,589,157	14,711,200	12,145,411
TOTAL	20,441,567	23,476,999	19,208,094
Net Operating Revenue (NOR)			
Regulated Services	377,879,011	366,094,799	360,034,475
Unregulated Services	34,266,529	36,447,300	33,962,367
Total	412,145,540	402,542,099	393,996,842
Total Operating Expenses:			
Regulated Services	337,071,422	335,132,100	330,512,612
Total	392,458,020	381,697,400	379,062,165
Net Operating Profit (Loss):			
Regulated Services	40,807,589	30,962,700	29,521,863
Unregulated Services	-21,120,069	-10,118,000	-14,587,186
Total	19,687,520	20,844,700	14,934,677
Total Non-Operating Profit (Loss):	2,623,000	19,695,000	18,295,933
Non-Operating Revenue	5,100,000	20,282,900	18,792,504
Non-Operating Expenses	2,477,000	587,900	496,571
Total Excess Profit (Loss):	22,310,520	40,539,700	33,230,610
% Net Operating Profit of Regulated NOR	10.80	8.46	8.20
% Net Total Operating Profit of Total NOR	4.78	5.18	3.79
% Total Excess Profit of Total Revenue	5.35	9.59	8.05
Total Direct Graduate Medical Education:	4,976,560	5,078,600	5,080,120
Inpatient Readmission Charges:	23,418,303	24,530,680	25,920,951
Risk Adjusted Readmission Percent:	11.59%	11.52%	11.63%
Potentially Avoidable Utilization Costs:	37,798,128	39,544,461	41,138,131
Risk Adjusted PPC Rate:	1.03	1.04	1.43

HEALTH SERVICES COST REVIEW COMMISSION
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
FISCAL YEAR 2013 TO 2015

Holy Cross Germantown

FISCAL YEAR ENDING ³	June 2015		
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Gross Patient Revenue:			
Regulated Services	43,305,400	0	0
Unregulated Services	102,457	0	0
TOTAL	43,407,857	0	0
Net Patient Revenue (NPR):			
Regulated Services	36,057,303	0	0
Unregulated Services	102,457	0	0
TOTAL	36,159,760	0	0
Other Operating Revenue:			
Regulated Services	313,191	0	0
Unregulated Services	461,781	0	0
TOTAL	774,972	0	0
Net Operating Revenue (NOR)			
Regulated Services	36,370,494	0	0
Unregulated Services	564,238	0	0
Total	36,934,732	0	0
Total Operating Expenses:			
Regulated Services	56,371,837	0	0
Total	62,122,512	0	0
Net Operating Profit (Loss):			
Regulated Services	-20,001,343	0	0
Unregulated Services	-5,186,437	0	0
Total	-25,187,780	0	0
Total Non-Operating Profit (Loss):			
Non-Operating Revenue	-142,227	0	0
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):			
	-25,330,007	0	0
% Net Operating Profit of Regulated NOR	-54.99	0.00	0.00
% Net Total Operating Profit of Total NOR	-68.20	0.00	0.00
% Total Excess Profit of Total Revenue	-68.85	0.00	0.00
Total Direct Graduate Medical Education:		0	0
Inpatient Readmission Charges:	4,529,568	0	0
Risk Adjusted Readmission Percent:		0.00%	0.00%
Potentially Avoidable Utilization Costs:	8,202,488	0	0
Risk Adjusted PPC Rate:		0.00	0.00

³ This is the first annual filing for Holy Cross Germantown Hospital and contains nine months of data, from October 1, 2014 to June 30, 2015.

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FISCAL YEAR 2013 TO 2015

Holy Cross Hospital

FISCAL YEAR ENDING	June 2015	June 2014	June 2013
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Gross Patient Revenue:			
Regulated Services	480,562,300	468,876,700	461,351,200
Unregulated Services	29,149,790	28,978,500	28,420,055
TOTAL	509,712,090	497,855,200	489,771,255
Net Patient Revenue (NPR):			
Regulated Services	400,831,157	382,981,000	373,367,100
Unregulated Services	13,882,068	14,213,000	13,422,946
TOTAL	414,713,225	397,194,000	386,790,046
Other Operating Revenue:			
Regulated Services	4,612,845	6,272,300	6,119,000
Unregulated Services	10,728,100	10,731,690	11,136,000
TOTAL	15,340,945	17,003,990	17,255,000
Net Operating Revenue (NOR)			
Regulated Services	405,444,002	389,253,300	379,486,100
Unregulated Services	24,610,168	24,944,690	24,558,946
Total	430,054,170	414,197,990	404,045,046
Total Operating Expenses:			
Regulated Services	354,456,924	348,206,775	336,499,534
Total	398,445,304	390,903,000	379,895,000
Net Operating Profit (Loss):			
Regulated Services	50,987,078	41,046,525	42,986,566
Unregulated Services	-19,378,211	-17,751,525	-18,836,520
Total	31,608,866	23,295,000	24,150,046
Total Non-Operating Profit (Loss):	6,093,296	23,263,000	13,278,000
Non-Operating Revenue	6,093,296	23,263,000	13,278,000
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	37,702,162	46,558,000	37,428,046
% Net Operating Profit of Regulated NOR	12.58	10.54	11.33
% Net Total Operating Profit of Total NOR	7.35	5.62	5.98
% Total Excess Profit of Total Revenue	8.64	10.64	8.97
Total Direct Graduate Medical Education:	2,658,000	2,757,760	2,370,070
Inpatient Readmission Charges:	43,305,800	39,183,569	37,282,649
Risk Adjusted Readmission Percent:	12.79%	12.77%	12.16%
Potentially Avoidable Utilization Costs:	62,012,594	58,269,770	54,972,608
Risk Adjusted PPC Rate:	0.73	1.10	1.17

HEALTH SERVICES COST REVIEW COMMISSION
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
FISCAL YEAR 2013 TO 2015

Howard County General Hospital

FISCAL YEAR ENDING	June 2015	June 2014	June 2013
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Gross Patient Revenue:			
Regulated Services	286,302,800	281,805,600	278,901,600
Unregulated Services	0	0	0
TOTAL	286,302,800	281,805,600	278,901,600
Net Patient Revenue (NPR):			
Regulated Services	242,889,800	232,598,600	232,449,101
Unregulated Services	0	0	0
TOTAL	242,889,800	232,598,600	232,449,101
Other Operating Revenue:			
Regulated Services	2,048,754	62,249	99,739
Unregulated Services	2,508,749	1,995,674	1,681,428
TOTAL	4,557,503	2,057,923	1,781,167
Net Operating Revenue (NOR)			
Regulated Services	244,938,554	232,660,849	232,548,840
Unregulated Services	2,508,749	1,995,674	1,681,428
Total	247,447,303	234,656,523	234,230,268
Total Operating Expenses:			
Regulated Services	227,890,658	222,265,553	214,010,558
Total	237,009,512	231,079,634	223,533,128
Net Operating Profit (Loss):			
Regulated Services	17,047,896	10,395,296	18,538,282
Unregulated Services	-6,610,105	-6,818,406	-7,841,142
Total	10,437,791	3,576,890	10,697,140
Total Non-Operating Profit (Loss):	-1,238,991	6,309,706	8,692,566
Non-Operating Revenue	2,137,497	4,133,076	1,763,387
Non-Operating Expenses	3,376,488	-2,176,630	-6,929,179
Total Excess Profit (Loss):	9,198,800	9,886,601	19,389,706
% Net Operating Profit of Regulated NOR	6.96	4.47	7.97
% Net Total Operating Profit of Total NOR	4.22	1.52	4.57
% Total Excess Profit of Total Revenue	3.69	4.14	8.22
Total Direct Graduate Medical Education:	0	0	0
Inpatient Readmission Charges:	23,264,290	26,899,420	24,682,662
Risk Adjusted Readmission Percent:	12.25%	13.30%	12.40%
Potentially Avoidable Utilization Costs:	37,095,671	40,449,407	39,837,255
Risk Adjusted PPC Rate:	0.78	1.19	1.46

HEALTH SERVICES COST REVIEW COMMISSION
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
FISCAL YEAR 2013 TO 2015

Johns Hopkins Bayview Medical Center

FISCAL YEAR ENDING	June 2015	June 2014	June 2013
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Gross Patient Revenue:			
Regulated Services	618,220,800	605,106,300	596,807,300
Unregulated Services	4,222,500	4,406,900	8,573,900
TOTAL	622,443,300	609,513,200	605,381,200
Net Patient Revenue (NPR):			
Regulated Services	507,487,100	484,348,000	476,903,000
Unregulated Services	3,850,500	3,663,900	8,006,900
TOTAL	511,337,600	488,011,900	484,909,900
Other Operating Revenue:			
Regulated Services	8,098,100	9,049,099	9,832,500
Unregulated Services	55,593,100	42,960,500	38,516,600
TOTAL	63,691,200	52,009,599	48,349,100
Net Operating Revenue (NOR)			
Regulated Services	515,585,200	493,397,099	486,735,500
Unregulated Services	59,443,600	46,624,400	46,523,500
Total	575,028,800	540,021,499	533,259,000
Total Operating Expenses:			
Regulated Services	498,586,635	472,155,588	480,902,619
Total	563,029,000	530,603,000	541,313,000
Net Operating Profit (Loss):			
Regulated Services	16,998,565	21,241,512	5,832,881
Unregulated Services	-4,998,765	-11,823,012	-13,886,881
Total	11,999,800	9,418,500	-8,054,000
Total Non-Operating Profit (Loss):	1,875,200	1,686,500	1,258,000
Non-Operating Revenue	1,875,200	1,686,500	1,258,000
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	13,875,000	11,105,000	-6,796,000
% Net Operating Profit of Regulated NOR	3.30	4.31	1.20
% Net Total Operating Profit of Total NOR	2.09	1.74	-1.51
% Total Excess Profit of Total Revenue	2.41	2.05	-1.27
Total Direct Graduate Medical Education:	22,227,000	21,979,800	21,604,600
Inpatient Readmission Charges:	52,707,608	53,463,821	54,097,223
Risk Adjusted Readmission Percent:	15.06%	16.06%	15.74%
Potentially Avoidable Utilization Costs:	76,390,659	76,306,415	76,755,203
Risk Adjusted PPC Rate:	0.72	0.76	1.45

HEALTH SERVICES COST REVIEW COMMISSION
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
FISCAL YEAR 2013 TO 2015

Johns Hopkins Hospital

FISCAL YEAR ENDING	June 2015	June 2014	June 2013
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Gross Patient Revenue:			
Regulated Services	2,209,868,500	2,172,517,900	2,132,419,000
Unregulated Services	7,110,016	12,351,327	7,919,391
TOTAL	2,216,978,516	2,184,869,227	2,140,338,391
Net Patient Revenue (NPR):			
Regulated Services	1,839,752,921	1,778,796,357	1,760,717,473
Unregulated Services	5,444,904	10,509,115	6,115,491
TOTAL	1,845,197,825	1,789,305,472	1,766,832,964
Other Operating Revenue:			
Regulated Services	14,952,526	14,656,180	14,570,644
Unregulated Services	196,988,003	155,742,900	131,724,408
TOTAL	211,940,529	170,399,080	146,295,052
Net Operating Revenue (NOR)			
Regulated Services	1,854,705,447	1,793,452,537	1,775,288,117
Unregulated Services	202,432,907	166,252,015	137,839,899
Total	2,057,138,354	1,959,704,552	1,913,128,016
Total Operating Expenses:			
Regulated Services	1,842,294,064	1,768,501,426	1,757,360,894
Total	2,047,447,655	1,928,276,090	1,897,159,817
Net Operating Profit (Loss):			
Regulated Services	12,411,383	24,951,117	17,927,223
Unregulated Services	-2,720,684	6,477,361	-1,959,024
Total	9,690,699	31,428,478	15,968,199
Total Non-Operating Profit (Loss):	39,589,768	35,421,690	35,094,878
Non-Operating Revenue	39,589,768	35,421,690	35,094,878
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	49,280,467	66,850,174	51,063,077
% Net Operating Profit of Regulated NOR	0.67	1.39	1.01
% Net Total Operating Profit of Total NOR	0.47	1.60	0.83
% Total Excess Profit of Total Revenue	2.35	3.35	2.62
Total Direct Graduate Medical Education:	110,114,790	103,050,920	102,860,000
Inpatient Readmission Charges:	178,960,935	181,749,798	173,985,259
Risk Adjusted Readmission Percent:	15.00%	15.63%	14.99%
Potentially Avoidable Utilization Costs:	213,399,521	213,231,265	205,069,453
Risk Adjusted PPC Rate:	0.79	0.90	1.50

HEALTH SERVICES COST REVIEW COMMISSION
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
FISCAL YEAR 2013 TO 2015

Laurel Regional Hospital

FISCAL YEAR ENDING	June 2015	June 2014	June 2013
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Gross Patient Revenue:			
Regulated Services	106,467,900	118,865,000	121,542,100
Unregulated Services	1,517,991	5,189,156	3,766,780
TOTAL	107,985,891	124,054,156	125,308,880
Net Patient Revenue (NPR):			
Regulated Services	90,359,092	97,912,231	98,649,934
Unregulated Services	123,792	1,501,121	1,477,821
TOTAL	90,482,885	99,413,352	100,127,755
Other Operating Revenue:			
Regulated Services	1,509,271	2,735,242	118,373
Unregulated Services	276,336	306,036	283,265
TOTAL	1,785,607	3,041,278	401,638
Net Operating Revenue (NOR)			
Regulated Services	91,868,363	100,647,473	98,768,306
Unregulated Services	400,129	1,807,157	1,761,086
Total	92,268,492	102,454,630	100,529,393
Total Operating Expenses:			
Regulated Services	96,291,469	104,245,610	101,679,156
Total	108,774,321	111,690,619	110,799,556
Net Operating Profit (Loss):			
Regulated Services	-4,423,106	-3,598,137	-2,910,849
Unregulated Services	-12,082,723	-5,637,852	-7,359,314
Total	-16,505,829	-9,235,989	-10,270,163
Total Non-Operating Profit (Loss):	7,391,088	8,550,000	8,700,000
Non-Operating Revenue	7,391,088	8,550,000	8,700,000
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	-9,114,741	-685,989	-1,570,163
% Net Operating Profit of Regulated NOR	-4.81	-3.57	-2.95
% Net Total Operating Profit of Total NOR	-17.89	-9.01	-10.22
% Total Excess Profit of Total Revenue	-9.15	-0.62	-1.44
Total Direct Graduate Medical Education:	0	0	0
Inpatient Readmission Charges:	8,587,489	8,502,377	8,880,825
Risk Adjusted Readmission Percent:	13.97%	14.70%	13.98%
Potentially Avoidable Utilization Costs:	13,493,727	13,646,955	13,734,806
Risk Adjusted PPC Rate:	0.98	0.94	0.84

HEALTH SERVICES COST REVIEW COMMISSION
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
FISCAL YEAR 2013 TO 2015

Levindale

FISCAL YEAR ENDING	June 2015	June 2014	-----
Gross Patient Revenue:			
Regulated Services	59,785,479	54,541,800	0
Unregulated Services	32,727,172	35,343,587	0
TOTAL	92,512,651	89,885,387	0
Net Patient Revenue (NPR):			
Regulated Services	46,832,627	47,571,840	0
Unregulated Services	26,559,417	28,791,830	0
TOTAL	73,392,044	76,363,670	0
Other Operating Revenue:			
Regulated Services	823,334	1,640,083	0
Unregulated Services	206,374	54,975	0
TOTAL	1,029,708	1,695,058	0
Net Operating Revenue (NOR)			
Regulated Services	47,655,961	49,211,923	0
Unregulated Services	26,765,791	28,846,805	0
Total	74,421,752	78,058,728	0
Total Operating Expenses:			
Regulated Services	39,404,902	42,154,535	0
Total	72,621,228	74,832,787	0
Net Operating Profit (Loss):			
Regulated Services	8,251,059	7,057,388	0
Unregulated Services	-6,450,535	-3,831,447	0
Total	1,800,524	3,225,941	0
Total Non-Operating Profit (Loss):	-1,019,876	3,575,884	0
Non-Operating Revenue	-1,019,876	3,575,884	0
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	780,648	6,801,826	0
% Net Operating Profit of Regulated NOR	17.31	14.34	0.00
% Net Total Operating Profit of Total NOR	2.42	4.13	0.00
% Total Excess Profit of Total Revenue	1.06	8.33	0.00
Total Direct Graduate Medical Education			0
Inpatient Readmission Charges:			0
Risk Adjusted Readmission Percent:			0.00%
Potentially Avoidable Utilization Costs:			0
Risk Adjusted PPC Rate:			0.00

HEALTH SERVICES COST REVIEW COMMISSION
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
FISCAL YEAR 2013 TO 2015

McCready Hospital

FISCAL YEAR ENDING	June 2015	June 2014	June 2013
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Gross Patient Revenue:			
Regulated Services	15,059,800	16,638,000	17,976,486
Unregulated Services	1,255,944	1,397,602	1,638,273
TOTAL	16,315,744	18,035,602	19,614,759
Net Patient Revenue (NPR):			
Regulated Services	11,880,053	14,019,441	13,937,410
Unregulated Services	771,294	863,487	900,755
TOTAL	12,651,347	14,882,928	14,838,165
Other Operating Revenue:			
Regulated Services	784,050	1,301,193	90,951
Unregulated Services	48,108	83,844	8,651
TOTAL	832,158	1,385,037	99,602
Net Operating Revenue (NOR)			
Regulated Services	12,664,103	15,320,634	14,028,361
Unregulated Services	819,402	947,331	909,406
Total	13,483,505	16,267,965	14,937,767
Total Operating Expenses:			
Regulated Services	13,220,754	12,257,596	14,303,837
Total	13,993,311	13,788,378	14,472,624
Net Operating Profit (Loss):			
Regulated Services	-556,651	3,063,038	-275,476
Unregulated Services	46,844	-583,451	740,619
Total	-509,807	2,479,588	465,143
Total Non-Operating Profit (Loss):	84,305	107,518	-35,298
Non-Operating Revenue	84,305	107,518	103,748
Non-Operating Expenses	0	0	139,046
Total Excess Profit (Loss):	-425,502	2,587,106	429,845
% Net Operating Profit of Regulated NOR	-4.40	19.99	-1.96
% Net Total Operating Profit of Total NOR	-3.78	15.24	3.11
% Total Excess Profit of Total Revenue	-3.14	15.80	2.86
Total Direct Graduate Medical Education:	0	0	0
Inpatient Readmission Charges:	451,585	574,424	948,776
Risk Adjusted Readmission Percent:	10.27%	11.15%	13.87%
Potentially Avoidable Utilization Costs:	1,385,188	1,745,456	2,426,194
Risk Adjusted PPC Rate:	0.00	0.00	0.00

HEALTH SERVICES COST REVIEW COMMISSION
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
FISCAL YEAR 2013 TO 2015

MedStar Franklin Square

FISCAL YEAR ENDING	June 2015	June 2014	June 2013
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Gross Patient Revenue:			
Regulated Services	491,172,800	486,467,000	469,792,200
Unregulated Services	175,283,739	192,175,314	149,321,525
TOTAL	666,456,539	678,642,314	619,113,725
Net Patient Revenue (NPR):			
Regulated Services	418,234,842	407,447,444	385,021,682
Unregulated Services	75,371,387	70,000,653	55,271,201
TOTAL	493,606,230	477,448,097	440,292,883
Other Operating Revenue:			
Regulated Services	3,724,142	6,794,480	4,721,924
Unregulated Services	6,802,058	6,316,130	5,404,183
TOTAL	10,526,200	13,110,610	10,126,107
Net Operating Revenue (NOR)			
Regulated Services	421,958,984	414,241,924	389,743,606
Unregulated Services	82,173,445	76,316,783	60,675,384
Total	504,132,430	490,558,707	450,418,990
Total Operating Expenses:			
Regulated Services	382,118,274	373,444,124	363,168,650
Total	486,989,680	469,241,214	450,358,826
Net Operating Profit (Loss):			
Regulated Services	39,840,710	40,797,801	26,574,956
Unregulated Services	-22,697,960	-19,480,307	-26,514,792
Total	17,142,750	21,317,494	60,164
Total Non-Operating Profit (Loss):	199,160	246,061	365,370
Non-Operating Revenue	199,160	246,061	365,370
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	17,341,909	21,563,555	425,534
% Net Operating Profit of Regulated NOR	9.44	9.85	6.82
% Net Total Operating Profit of Total NOR	3.40	4.35	0.01
% Total Excess Profit of Total Revenue	3.44	4.39	0.09
Total Direct Graduate Medical Education:	8,467,280	7,574,040	7,580,480
Inpatient Readmission Charges:	48,834,341	51,728,419	47,337,666
Risk Adjusted Readmission Percent:	13.15%	13.99%	13.77%
Potentially Avoidable Utilization Costs:	77,672,133	79,414,042	77,076,949
Risk Adjusted PPC Rate:	0.79	0.90	0.99

HEALTH SERVICES COST REVIEW COMMISSION
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
FISCAL YEAR 2013 TO 2015

MedStar Good Samaritan

FISCAL YEAR ENDING	June 2015	June 2014	June 2013
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Gross Patient Revenue:			
Regulated Services	303,789,300	299,250,000	295,736,800
Unregulated Services	147,196,441	142,342,915	143,520,878
TOTAL	450,985,741	441,592,915	439,257,678
Net Patient Revenue (NPR):			
Regulated Services	247,347,394	242,965,630	239,029,241
Unregulated Services	51,580,271	49,688,130	49,676,077
TOTAL	298,927,665	292,653,760	288,705,318
Other Operating Revenue:			
Regulated Services	5,004,986	7,433,958	3,998,131
Unregulated Services	7,962,520	7,188,325	6,882,784
TOTAL	12,967,505	14,622,283	10,880,915
Net Operating Revenue (NOR)			
Regulated Services	252,352,380	250,399,588	243,027,372
Unregulated Services	59,542,790	56,876,455	56,558,861
Total	311,895,170	307,276,043	299,586,233
Total Operating Expenses:			
Regulated Services	216,682,038	224,965,932	230,253,466
Total	303,538,841	303,307,419	307,783,651
Net Operating Profit (Loss):			
Regulated Services	35,670,341	25,433,656	12,773,906
Unregulated Services	-27,314,012	-21,465,032	-20,971,324
Total	8,356,329	3,968,625	-8,197,418
Total Non-Operating Profit (Loss):	2,380,847	3,219	71,034
Non-Operating Revenue	2,380,847	43,284	56,644
Non-Operating Expenses	0	40,065	-14,390
Total Excess Profit (Loss):	10,737,176	3,971,844	-8,126,384
% Net Operating Profit of Regulated NOR	14.14	10.16	5.26
% Net Total Operating Profit of Total NOR	2.68	1.29	-2.74
% Total Excess Profit of Total Revenue	3.42	1.29	-2.71
Total Direct Graduate Medical Education:	3,914,080	3,801,620	3,729,130
Inpatient Readmission Charges:	33,781,195	31,243,975	35,009,693
Risk Adjusted Readmission Percent:	13.49%	15.25%	15.31%
Potentially Avoidable Utilization Costs:	50,432,986	47,161,116	51,756,383
Risk Adjusted PPC Rate:	0.83	0.79	1.06

HEALTH SERVICES COST REVIEW COMMISSION
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
FISCAL YEAR 2013 TO 2015

MedStar Harbor Hospital

FISCAL YEAR ENDING	June 2015	June 2014	June 2013
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Gross Patient Revenue:			
Regulated Services	207,452,600	205,146,300	201,141,000
Unregulated Services	62,562,425	78,505,062	72,945,343
TOTAL	270,015,025	283,651,362	274,086,343
Net Patient Revenue (NPR):			
Regulated Services	164,442,500	171,046,194	165,007,143
Unregulated Services	25,629,647	25,319,070	25,598,351
TOTAL	190,072,147	196,365,264	190,605,494
Other Operating Revenue:			
Regulated Services	4,013,879	5,371,719	5,160,187
Unregulated Services	8,578,338	8,195,974	8,819,001
TOTAL	12,592,218	13,567,693	13,979,188
Net Operating Revenue (NOR)			
Regulated Services	168,456,379	176,417,913	170,167,330
Unregulated Services	34,207,986	33,515,044	34,417,352
Total	202,664,365	209,932,957	204,584,682
Total Operating Expenses:			
Regulated Services	144,974,260	146,516,583	157,878,796
Total	191,580,981	189,700,114	198,800,877
Net Operating Profit (Loss):			
Regulated Services	23,482,119	29,901,331	12,288,534
Unregulated Services	-12,398,735	-9,668,488	-6,504,729
Total	11,083,384	20,232,843	5,783,805
Total Non-Operating Profit (Loss):	374,536	506,890	277,299
Non-Operating Revenue	374,536	506,890	198,723
Non-Operating Expenses	0	0	-78,576
Total Excess Profit (Loss):	11,457,920	20,739,733	6,061,104
% Net Operating Profit of Regulated NOR	13.94	16.95	7.22
% Net Total Operating Profit of Total NOR	5.47	9.64	2.83
% Total Excess Profit of Total Revenue	5.64	9.86	2.96
Total Direct Graduate Medical Education:	4,637,050	4,402,330	4,596,520
Inpatient Readmission Charges:	18,026,886	16,918,085	18,663,197
Risk Adjusted Readmission Percent:	13.09%	13.78%	14.41%
Potentially Avoidable Utilization Costs:	28,242,626	27,743,826	30,261,929
Risk Adjusted PPC Rate:	0.70	1.01	0.92

HEALTH SERVICES COST REVIEW COMMISSION
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
FISCAL YEAR 2013 TO 2015

MedStar Montgomery General

FISCAL YEAR ENDING	June 2015	June 2014	June 2013
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Gross Patient Revenue:			
Regulated Services	174,302,200	167,893,100	166,869,100
Unregulated Services	8,452,327	8,493,778	8,456,700
TOTAL	182,754,527	176,386,878	175,325,800
Net Patient Revenue (NPR):			
Regulated Services	147,518,393	141,046,268	140,038,336
Unregulated Services	4,296,785	4,590,335	4,357,068
TOTAL	151,815,179	145,636,603	144,395,405
Other Operating Revenue:			
Regulated Services	3,087,252	2,796,922	5,386,913
Unregulated Services	172,711	282,582	733,038
TOTAL	3,259,963	3,079,504	6,119,951
Net Operating Revenue (NOR)			
Regulated Services	150,605,645	143,843,190	145,425,249
Unregulated Services	4,469,496	4,872,917	5,090,107
Total	155,075,141	148,716,107	150,515,356
Total Operating Expenses:			
Regulated Services	136,227,753	128,893,109	128,574,908
Total	148,463,817	141,655,632	143,428,725
Net Operating Profit (Loss):			
Regulated Services	14,377,892	14,950,082	16,850,341
Unregulated Services	-7,766,568	-7,889,606	-9,763,710
Total	6,611,324	7,060,476	7,086,631
Total Non-Operating Profit (Loss):	7,758	15,370	175,895
Non-Operating Revenue	7,758	15,370	175,895
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	6,619,082	7,075,846	7,262,526
% Net Operating Profit of Regulated NOR	9.55	10.39	11.59
% Net Total Operating Profit of Total NOR	4.26	4.75	4.71
% Total Excess Profit of Total Revenue	4.27	4.76	4.82
Total Direct Graduate Medical Education:	0	0	0
Inpatient Readmission Charges:	13,336,169	12,798,447	13,337,996
Risk Adjusted Readmission Percent:	12.81%	12.75%	12.93%
Potentially Avoidable Utilization Costs:	21,832,609	20,998,629	21,700,966
Risk Adjusted PPC Rate:	0.91	1.21	1.48

HEALTH SERVICES COST REVIEW COMMISSION
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
FISCAL YEAR 2013 TO 2015

MedStar Saint Mary's Hospital

FISCAL YEAR ENDING	June 2015	June 2014	June 2013
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Gross Patient Revenue:			
Regulated Services	166,124,100	157,936,000	154,603,000
Unregulated Services	12,615,882	12,443,429	11,584,466
TOTAL	178,739,982	170,379,429	166,187,466
Net Patient Revenue (NPR):			
Regulated Services	140,075,188	131,499,627	122,725,928
Unregulated Services	7,713,460	6,799,669	8,136,699
TOTAL	147,788,648	138,299,296	130,862,627
Other Operating Revenue:			
Regulated Services	3,241,480	2,960,851	252,484
Unregulated Services	1,632,552	1,745,067	2,025,953
TOTAL	4,874,032	4,705,918	2,278,437
Net Operating Revenue (NOR)			
Regulated Services	143,316,668	134,460,477	122,978,411
Unregulated Services	9,346,012	8,544,737	10,162,653
Total	152,662,680	143,005,214	133,141,064
Total Operating Expenses:			
Regulated Services	120,822,142	114,203,324	106,669,520
Total	139,396,080	131,503,457	122,895,946
Net Operating Profit (Loss):			
Regulated Services	22,494,526	20,257,153	16,308,891
Unregulated Services	-9,227,927	-8,755,396	-6,063,773
Total	13,266,600	11,501,757	10,245,118
Total Non-Operating Profit (Loss):	-8,804	769,829	2,103,498
Non-Operating Revenue	-8,804	769,829	444,111
Non-Operating Expenses	0	0	-1,659,387
Total Excess Profit (Loss):	13,257,796	12,271,586	12,348,616
% Net Operating Profit of Regulated NOR	15.70	15.07	13.26
% Net Total Operating Profit of Total NOR	8.69	8.04	7.69
% Total Excess Profit of Total Revenue	8.68	8.54	9.24
Total Direct Graduate Medical Education:	0	0	0
Inpatient Readmission Charges:	9,037,725	9,849,040	10,019,402
Risk Adjusted Readmission Percent:	11.25%	12.56%	13.50%
Potentially Avoidable Utilization Costs:	18,362,831	18,962,134	19,538,456
Risk Adjusted PPC Rate:	0.62	0.74	0.87

HEALTH SERVICES COST REVIEW COMMISSION
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
FISCAL YEAR 2013 TO 2015

MedStar Southern Maryland

FISCAL YEAR ENDING	June 2015	June 2014	June 2013
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Gross Patient Revenue:			
Regulated Services	262,672,600	261,812,300	259,132,417
Unregulated Services	9,699,152	10,051,455	15,399,200
TOTAL	272,371,752	271,863,755	274,531,617
Net Patient Revenue (NPR):			
Regulated Services	216,113,395	207,161,288	200,413,856
Unregulated Services	4,606,447	5,415,538	5,166,698
TOTAL	220,719,842	212,576,826	205,580,554
Other Operating Revenue:			
Regulated Services	4,253,655	402,847	114,400
Unregulated Services	833,050	882,941	959,834
TOTAL	5,086,705	1,285,788	1,074,234
Net Operating Revenue (NOR)			
Regulated Services	220,367,050	207,564,135	200,528,256
Unregulated Services	5,439,497	6,298,479	6,126,532
Total	225,806,547	213,862,614	206,654,788
Total Operating Expenses:			
Regulated Services	216,259,673	204,401,483	222,142,014
Total	233,355,690	219,466,790	234,305,692
Net Operating Profit (Loss):			
Regulated Services	4,107,378	3,162,651	-21,613,758
Unregulated Services	-11,656,520	-8,766,828	-6,037,146
Total	-7,549,143	-5,604,177	-27,650,904
Total Non-Operating Profit (Loss):	20,445	21,958	-104,289
Non-Operating Revenue	20,445	21,958	0
Non-Operating Expenses	0	0	104,289
Total Excess Profit (Loss):	-7,528,697	-5,582,219	-21,613,758
% Net Operating Profit of Regulated NOR	1.86	1.52	-10.78
% Net Total Operating Profit of Total NOR	-3.34	-2.62	-13.38
% Total Excess Profit of Total Revenue	-3.33	-2.61	-10.46
Total Direct Graduate Medical Education:	0	0	0
Inpatient Readmission Charges:	27,877,210	27,998,316	26,930,719
Risk Adjusted Readmission Percent:	12.78%	12.38%	12.58%
Potentially Avoidable Utilization Costs:	48,417,086	47,231,983	45,269,939
Risk Adjusted PPC Rate:	0.96	1.16	1.28

HEALTH SERVICES COST REVIEW COMMISSION
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
FISCAL YEAR 2013 TO 2015

MedStar Union Memorial

FISCAL YEAR ENDING	June 2015	June 2014	June 2013
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Gross Patient Revenue:			
Regulated Services	419,374,600	415,164,300	406,581,900
Unregulated Services	137,656,161	153,664,182	141,868,889
TOTAL	557,030,761	568,828,482	548,450,789
Net Patient Revenue (NPR):			
Regulated Services	361,044,332	343,104,896	325,853,133
Unregulated Services	53,324,011	52,362,138	51,680,296
TOTAL	414,368,343	395,467,034	377,533,429
Other Operating Revenue:			
Regulated Services	5,235,322	4,836,762	6,118,228
Unregulated Services	9,315,121	8,902,680	8,020,221
TOTAL	14,550,443	13,739,442	14,138,449
Net Operating Revenue (NOR)			
Regulated Services	366,279,654	347,941,658	331,971,361
Unregulated Services	62,639,133	61,264,818	59,700,517
Total	428,918,786	409,206,476	391,671,878
Total Operating Expenses:			
Regulated Services	323,965,920	301,629,439	311,635,984
Total	420,732,087	394,669,299	397,895,616
Net Operating Profit (Loss):			
Regulated Services	42,313,734	46,312,220	20,335,376
Unregulated Services	-34,127,034	-31,775,042	-26,559,115
Total	8,186,700	14,537,178	-6,223,738
Total Non-Operating Profit (Loss):	1,393,271	5,852,483	4,750,979
Non-Operating Revenue	1,393,271	5,852,483	4,750,979
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	9,579,971	20,389,661	-1,472,759
% Net Operating Profit of Regulated NOR	11.55	13.31	6.13
% Net Total Operating Profit of Total NOR	1.91	3.55	-1.59
% Total Excess Profit of Total Revenue	2.23	4.91	-0.37
Total Direct Graduate Medical Education:	11,093,490	11,238,490	11,912,410
Inpatient Readmission Charges:	33,450,245	33,840,623	32,215,404
Risk Adjusted Readmission Percent:	13.23%	14.55%	15.00%
Potentially Avoidable Utilization Costs:	51,128,359	48,780,920	48,151,353
Risk Adjusted PPC Rate:	0.85	1.03	1.34

HEALTH SERVICES COST REVIEW COMMISSION
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
FISCAL YEAR 2013 TO 2015

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Mercy Medical Center

FISCAL YEAR ENDING	June 2015	June 2014	June 2013
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Gross Patient Revenue:			
Regulated Services	495,805,900	489,187,300	470,759,600
Unregulated Services	727,940	749,899	627,139
TOTAL	496,533,840	489,937,199	471,386,739
Net Patient Revenue (NPR):			
Regulated Services	422,084,601	408,619,365	398,432,064
Unregulated Services	727,940	749,899	627,139
TOTAL	422,812,541	409,369,264	399,059,203
Other Operating Revenue:			
Regulated Services	13,387,504	8,959,900	3,404,900
Unregulated Services	15,057,414	14,885,430	14,337,643
TOTAL	28,444,918	23,845,330	17,742,543
Net Operating Revenue (NOR)			
Regulated Services	435,472,105	417,579,265	401,836,964
Unregulated Services	15,785,354	15,635,329	14,964,782
Total	451,257,459	433,214,594	416,801,746
Total Operating Expenses:			
Regulated Services	415,561,187	403,467,951	386,407,071
Total	440,636,048	426,907,582	413,737,170
Net Operating Profit (Loss):			
Regulated Services	19,910,918	14,111,314	15,429,893
Unregulated Services	-9,289,507	-7,804,301	-12,365,317
Total	10,621,411	6,307,013	3,064,576
Total Non-Operating Profit (Loss):	5,922,844	9,709,384	27,955,631
Non-Operating Revenue	5,966,826	8,724,168	19,458,083
Non-Operating Expenses	43,982	-985,216	-8,497,548
Total Excess Profit (Loss):	16,544,255	16,016,399	31,020,207
% Net Operating Profit of Regulated NOR	4.57	3.38	3.84
% Net Total Operating Profit of Total NOR	2.35	1.46	0.74
% Total Excess Profit of Total Revenue	3.62	3.62	7.11
Total Direct Graduate Medical Education:	4,874,380	4,675,330	4,655,550
Inpatient Readmission Charges:	21,864,796	23,377,217	24,068,778
Risk Adjusted Readmission Percent:	13.56%	15.64%	14.74%
Potentially Avoidable Utilization Costs:	31,884,141	34,234,109	35,990,411
Risk Adjusted PPC Rate:	0.75	0.92	1.03

HEALTH SERVICES COST REVIEW COMMISSION
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
FISCAL YEAR 2013 TO 2015

Meritus Medical Center

FISCAL YEAR ENDING	June 2015	June 2014	June 2013
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Gross Patient Revenue:			
Regulated Services	312,302,400	305,141,600	301,350,700
Unregulated Services	64,034,600	59,470,600	56,210,900
TOTAL	376,337,000	364,612,200	357,561,600
Net Patient Revenue (NPR):			
Regulated Services	256,037,471	247,293,500	247,469,100
Unregulated Services	43,247,127	36,504,200	33,954,400
TOTAL	299,284,598	283,797,700	281,423,500
Other Operating Revenue:			
Regulated Services	6,200,021	4,178,200	7,830,700
Unregulated Services	9,609,792	8,868,100	7,696,600
TOTAL	15,809,813	13,046,300	15,527,300
Net Operating Revenue (NOR)			
Regulated Services	262,237,492	251,471,700	255,299,800
Unregulated Services	52,856,919	45,372,300	41,651,000
Total	315,094,411	296,844,000	296,950,800
Total Operating Expenses:			
Regulated Services	249,895,029	246,754,400	244,991,246
Total	298,834,529	292,347,100	285,886,372
Net Operating Profit (Loss):			
Regulated Services	12,342,463	4,717,300	10,308,554
Unregulated Services	3,917,419	-220,400	755,874
Total	16,259,882	4,496,900	11,064,428
Total Non-Operating Profit (Loss):			
Non-Operating Revenue	2,068,739	14,486,000	-1,948,200
Non-Operating Expenses	0	0	11,291,100
Total Excess Profit (Loss):			
	18,328,621	18,982,900	9,116,228
% Net Operating Profit of Regulated NOR	4.71	1.88	4.04
% Net Total Operating Profit of Total NOR	5.16	1.51	3.73
% Total Excess Profit of Total Revenue	5.78	6.10	2.98
Total Direct Graduate Medical Education:	0	0	0
Inpatient Readmission Charges:	24,957,718	25,522,516	27,005,043
Risk Adjusted Readmission Percent:	13.07%	12.82%	11.64%
Potentially Avoidable Utilization Costs:	41,810,697	42,357,253	44,766,008
Risk Adjusted PPC Rate:	0.87	0.93	1.38

HEALTH SERVICES COST REVIEW COMMISSION
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
FISCAL YEAR 2013 TO 2015

Northwest Hospital Center

FISCAL YEAR ENDING	June 2015	June 2014	June 2013
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Gross Patient Revenue:			
Regulated Services	254,115,900	249,134,500	248,252,700
Unregulated Services	45,875,010	40,289,193	36,074,239
TOTAL	299,990,910	289,423,693	284,326,939
Net Patient Revenue (NPR):			
Regulated Services	208,102,926	198,880,687	197,370,392
Unregulated Services	18,285,149	16,322,685	16,188,598
TOTAL	226,388,075	215,203,372	213,558,990
Other Operating Revenue:			
Regulated Services	1,254,036	2,083,246	2,225,751
Unregulated Services	8,137,819	6,071,930	5,389,249
TOTAL	9,391,855	8,155,176	7,615,000
Net Operating Revenue (NOR)			
Regulated Services	209,356,962	200,963,933	199,596,143
Unregulated Services	26,422,968	22,394,615	21,577,847
Total	235,779,930	223,358,548	221,173,990
Total Operating Expenses:			
Regulated Services	175,840,331	177,499,465	179,749,164
Total	219,326,432	213,902,245	207,890,900
Net Operating Profit (Loss):			
Regulated Services	33,516,631	23,464,469	19,846,980
Unregulated Services	-17,063,133	-14,008,165	-6,563,890
Total	16,453,498	9,456,304	13,283,090
Total Non-Operating Profit (Loss):			
Non-Operating Revenue	2,338,720	16,161,910	10,330,900
Non-Operating Expenses	0	0	-1,192,900
Total Excess Profit (Loss):			
	18,792,218	25,618,214	23,613,990
% Net Operating Profit of Regulated NOR	16.01	11.68	9.94
% Net Total Operating Profit of Total NOR	6.98	4.23	6.01
% Total Excess Profit of Total Revenue	7.89	10.70	10.25
Total Direct Graduate Medical Education:	0	0	0
Inpatient Readmission Charges:	26,394,629	28,482,684	29,320,093
Risk Adjusted Readmission Percent:	13.39%	15.60%	15.70%
Potentially Avoidable Utilization Costs:	44,661,341	46,234,763	47,578,097
Risk Adjusted PPC Rate:	0.68	0.95	1.63

HEALTH SERVICES COST REVIEW COMMISSION
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
FISCAL YEAR 2013 TO 2015

Peninsula Regional Medical Center

FISCAL YEAR ENDING	June 2015	June 2014	June 2013
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Gross Patient Revenue:			
Regulated Services	422,383,500	416,388,900	412,641,500
Unregulated Services	68,171,900	65,260,800	65,444,500
TOTAL	490,555,400	481,649,700	478,086,000
Net Patient Revenue (NPR):			
Regulated Services	359,583,600	344,224,200	335,753,200
Unregulated Services	26,494,900	24,311,800	23,926,300
TOTAL	386,078,500	368,536,000	359,679,500
Other Operating Revenue:			
Regulated Services	2,474,800	4,808,700	5,401,400
Unregulated Services	5,230,900	2,542,800	1,063,700
TOTAL	7,705,700	7,351,500	6,465,100
Net Operating Revenue (NOR)			
Regulated Services	362,058,400	349,032,900	341,154,600
Unregulated Services	31,725,800	26,854,600	24,990,000
Total	393,784,200	375,887,500	366,144,600
Total Operating Expenses:			
Regulated Services	313,563,770	312,613,046	315,285,076
Total	378,340,200	368,196,500	369,279,600
Net Operating Profit (Loss):			
Regulated Services	48,494,630	36,419,854	25,869,524
Unregulated Services	-33,050,630	-28,728,854	-29,004,524
Total	15,444,000	7,691,000	-3,135,000
Total Non-Operating Profit (Loss):	8,624,000	21,729,000	13,854,000
Non-Operating Revenue	15,933,000	21,729,000	13,854,000
Non-Operating Expenses	7,309,000	0	0
Total Excess Profit (Loss):	24,068,000	29,420,000	10,719,000
% Net Operating Profit of Regulated NOR	13.39	10.43	7.58
% Net Total Operating Profit of Total NOR	3.92	2.05	-0.86
% Total Excess Profit of Total Revenue	5.87	7.40	2.82
Total Direct Graduate Medical Education:	0	0	0
Inpatient Readmission Charges:	32,245,396	30,251,518	29,455,076
Risk Adjusted Readmission Percent:	11.87%	12.38%	11.32%
Potentially Avoidable Utilization Costs:	54,292,542	48,125,461	47,994,104
Risk Adjusted PPC Rate:	0.60	1.18	1.30

HEALTH SERVICES COST REVIEW COMMISSION
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
FISCAL YEAR 2013 TO 2015

Prince Georges' Hospital Center

FISCAL YEAR ENDING	June 2015	June 2014	June 2013
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Gross Patient Revenue:			
Regulated Services	279,091,000	267,282,400	249,192,555
Unregulated Services	21,066,946	19,068,307	16,344,218
TOTAL	300,157,946	286,350,707	265,536,772
Net Patient Revenue (NPR):			
Regulated Services	237,779,691	218,330,120	205,002,819
Unregulated Services	8,129,982	7,067,837	6,571,695
TOTAL	245,909,673	225,397,957	211,574,515
Other Operating Revenue:			
Regulated Services	6,259,988	3,683,713	3,652,361
Unregulated Services	1,383,449	1,476,428	1,260,997
TOTAL	7,643,437	5,160,141	4,913,358
Net Operating Revenue (NOR)			
Regulated Services	244,039,679	222,013,833	208,655,180
Unregulated Services	9,513,431	8,544,265	7,832,692
Total	253,553,109	230,558,098	216,487,873
Total Operating Expenses:			
Regulated Services	220,302,096	217,477,104	211,129,768
Total	254,630,833	249,691,862	237,801,774
Net Operating Profit (Loss):			
Regulated Services	23,737,583	4,536,729	-2,474,588
Unregulated Services	-24,815,306	-23,670,492	-18,839,314
Total	-1,077,724	-19,133,763	-21,313,902
Total Non-Operating Profit (Loss):	18,773,845	22,326,150	22,342,000
Non-Operating Revenue	18,773,845	22,326,150	22,342,000
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	17,696,121	3,192,390	1,028,098
% Net Operating Profit of Regulated NOR	9.73	2.04	-1.19
% Net Total Operating Profit of Total NOR	-0.43	-8.30	-9.85
% Total Excess Profit of Total Revenue	6.50	1.26	0.43
Total Direct Graduate Medical Education:	4,388,670	3,988,330	3,651,970
Inpatient Readmission Charges:	24,006,085	22,164,119	21,185,004
Risk Adjusted Readmission Percent:	11.80%	11.17%	11.25%
Potentially Avoidable Utilization Costs:	38,768,698	39,289,139	36,886,416
Risk Adjusted PPC Rate:	0.93	0.80	1.05

HEALTH SERVICES COST REVIEW COMMISSION
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
FISCAL YEAR 2013 TO 2015

Queen Anne's Emergency Center

FISCAL YEAR ENDING	June 2015	June 2014	June 2013
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Gross Patient Revenue:			
Regulated Services	4,794,500	5,190,800	4,999,900
Unregulated Services	0	0	0
TOTAL	4,794,500	5,190,800	4,999,900
Net Patient Revenue (NPR):			
Regulated Services	4,322,561	4,257,207	4,038,910
Unregulated Services	0	0	0
TOTAL	4,322,561	4,257,207	4,038,910
Other Operating Revenue:			
Regulated Services	5,799	9,569	15,386
Unregulated Services	0	0	0
TOTAL	5,799	9,569	15,386
Net Operating Revenue (NOR)			
Regulated Services	4,328,360	4,266,776	4,054,296
Unregulated Services	0	0	0
Total	4,328,360	4,266,776	4,054,296
Total Operating Expenses:			
Regulated Services	7,275,580	7,584,616	7,562,784
Total	7,290,680	7,584,616	7,562,784
Net Operating Profit (Loss):			
Regulated Services	-2,947,220	-3,317,840	-3,508,488
Unregulated Services	-15,100	0	0
Total	-2,962,320	-3,317,840	-3,508,488
Total Non-Operating Profit (Loss):	6,253	-29,398	50,254
Non-Operating Revenue	6,253	-29,398	50,254
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	-2,956,067	-3,347,238	-3,458,234
% Net Operating Profit of Regulated NOR	-68.09	-77.76	-86.54
% Net Total Operating Profit of Total NOR	-68.44	-77.76	-86.54
% Total Excess Profit of Total Revenue	-68.20	-78.99	-84.25
Total Direct Graduate Medical Education:	0	0	0
Inpatient Readmission Charges:	0	0	0
Risk Adjusted Readmission Percent:	0	0	0
Potentially Avoidable Utilization Costs:	0	0	0
Risk Adjusted PPC Rate:	0	0	0

HEALTH SERVICES COST REVIEW COMMISSION
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FISCAL YEAR 2013 TO 2015

Saint Agnes Hospital

FISCAL YEAR ENDING	June 2015	June 2014	June 2013
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Gross Patient Revenue:			
Regulated Services	418,876,800	410,191,100	404,669,900
Unregulated Services	172,273,343	164,764,875	166,822,313
TOTAL	591,150,143	574,955,975	571,492,213
Net Patient Revenue (NPR):			
Regulated Services	353,198,398	336,783,777	331,731,681
Unregulated Services	74,518,312	69,199,726	69,671,974
TOTAL	427,716,710	405,983,504	401,403,655
Other Operating Revenue:			
Regulated Services	4,998,484	5,698,599	6,619,006
Unregulated Services	5,606,012	5,273,683	5,465,872
TOTAL	10,604,497	10,972,282	12,084,878
Net Operating Revenue (NOR)			
Regulated Services	358,196,882	342,482,376	338,350,687
Unregulated Services	80,124,325	74,473,409	75,137,846
Total	438,321,207	416,955,786	413,488,533
Total Operating Expenses:			
Regulated Services	304,505,439	289,084,013	282,897,718
Total	420,930,671	393,019,853	387,262,188
Net Operating Profit (Loss):			
Regulated Services	53,691,443	53,398,364	55,452,969
Unregulated Services	-36,300,907	-29,462,430	-29,226,624
Total	17,390,536	23,935,933	26,226,345
Total Non-Operating Profit (Loss):	1,309,904	20,935,447	15,657,000
Non-Operating Revenue	1,309,904	22,133,540	15,619,000
Non-Operating Expenses	0	1,198,093	-38,000
Total Excess Profit (Loss):	18,700,440	44,871,382	41,883,345
% Net Operating Profit of Regulated NOR	14.99	15.59	16.39
% Net Total Operating Profit of Total NOR	3.97	5.74	6.34
% Total Excess Profit of Total Revenue	4.25	10.22	9.76
Total Direct Graduate Medical Education:	6,863,970	6,888,070	7,101,460
Inpatient Readmission Charges:	39,663,695	41,789,204	39,433,776
Risk Adjusted Readmission Percent:	13.20%	14.63%	14.28%
Potentially Avoidable Utilization Costs:	64,974,645	66,272,977	63,522,213
Risk Adjusted PPC Rate:	0.72	0.94	1.29

HEALTH SERVICES COST REVIEW COMMISSION
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
FISCAL YEAR 2013 TO 2015

Shady Grove Adventist Hospital

FISCAL YEAR ENDING	December 2014	December 2013	December 2012
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Gross Patient Revenue:			
Regulated Services	383,323,300	375,189,800	348,706,200
Unregulated Services	21,122,086	27,614,020	30,434,434
TOTAL	404,445,386	402,803,820	379,140,634
Net Patient Revenue (NPR):			
Regulated Services	322,939,414	306,717,029	294,975,318
Unregulated Services	11,062,723	13,372,763	14,983,447
TOTAL	334,002,137	320,089,792	309,958,765
Other Operating Revenue:			
Regulated Services	3,045,364	5,247,337	2,524,169
Unregulated Services	6,356,051	5,820,855	6,341,040
TOTAL	9,401,415	11,068,192	8,865,209
Net Operating Revenue (NOR)			
Regulated Services	325,984,778	311,964,366	297,499,487
Unregulated Services	17,418,774	19,193,618	21,324,487
Total	343,403,552	331,157,984	318,823,974
Total Operating Expenses:			
Regulated Services	294,301,624	283,029,117	277,340,979
Total	326,254,601	315,633,624	310,920,356
Net Operating Profit (Loss):			
Regulated Services	31,683,154	28,935,249	20,158,508
Unregulated Services	-14,534,203	-13,410,889	-12,254,890
Total	17,148,951	15,524,360	7,903,618
Total Non-Operating Profit (Loss):			
Non-Operating Revenue	1,178,041	-260,667	1,005,006
Non-Operating Expenses	0	0	797,322
Total Excess Profit (Loss):	18,326,992	15,263,693	8,908,624
% Net Operating Profit of Regulated NOR	9.72	9.28	6.78
% Net Total Operating Profit of Total NOR	4.99	4.69	2.48
% Total Excess Profit of Total Revenue	5.32	4.61	2.78
Total Direct Graduate Medical Education:	0	0	0
Inpatient Readmission Charges:	29,872,309	27,033,637	28,653,057
Risk Adjusted Readmission Percent:	11.54%	11.36%	12.01%
Potentially Avoidable Utilization Costs:	43,838,417	41,926,020	37,515,185
Risk Adjusted PPC Rate:	0.73	0.76	0.75

HEALTH SERVICES COST REVIEW COMMISSION
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
FISCAL YEAR 2013 TO 2015

Sinai Hospital of Baltimore

FISCAL YEAR ENDING	June 2015	June 2014	June 2013
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Gross Patient Revenue:			
Regulated Services	717,312,400	699,430,000	684,516,800
Unregulated Services	192,009,500	193,082,993	169,421,934
TOTAL	909,321,900	892,512,993	853,938,734
Net Patient Revenue (NPR):			
Regulated Services	592,096,200	565,895,246	564,285,587
Unregulated Services	83,947,900	83,756,627	81,351,241
TOTAL	676,044,100	649,651,873	645,636,828
Other Operating Revenue:			
Regulated Services	10,212,300	11,819,850	16,233,000
Unregulated Services	49,598,000	41,560,500	34,075,711
TOTAL	59,810,300	53,380,350	50,308,711
Net Operating Revenue (NOR)			
Regulated Services	602,308,500	577,715,096	580,518,587
Unregulated Services	133,545,900	125,317,127	115,426,952
Total	735,854,400	703,032,223	695,945,539
Total Operating Expenses:			
Regulated Services	528,171,600	517,159,092	530,048,218
Total	698,380,500	675,091,241	680,645,621
Net Operating Profit (Loss):			
Regulated Services	74,136,800	60,556,006	50,470,369
Unregulated Services	-36,663,000	-32,615,013	-35,170,451
Total	37,473,800	27,940,993	15,299,918
Total Non-Operating Profit (Loss):	7,728,000	29,800,000	18,967,000
Non-Operating Revenue	7,728,000	29,800,000	18,967,000
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	45,201,800	57,740,993	34,266,918
% Net Operating Profit of Regulated NOR	12.31	10.48	8.69
% Net Total Operating Profit of Total NOR	5.09	3.97	2.20
% Total Excess Profit of Total Revenue	6.08	7.88	4.79
Total Direct Graduate Medical Education:	15,453,348	15,265,590	17,342,840
Inpatient Readmission Charges:	55,400,324	58,362,102	58,040,514
Risk Adjusted Readmission Percent:	13.72%	15.09%	14.49%
Potentially Avoidable Utilization Costs:	77,813,964	78,907,836	77,230,782
Risk Adjusted PPC Rate:	0.64	0.90	1.35

HEALTH SERVICES COST REVIEW COMMISSION
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
FISCAL YEAR 2013 TO 2015

Suburban Hospital

FISCAL YEAR ENDING	June 2015	June 2014	June 2013
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Gross Patient Revenue:			
Regulated Services	295,844,600	289,286,600	280,578,500
Unregulated Services	2,426,100	9,632,810	10,147,116
TOTAL	298,270,700	298,919,410	290,725,616
Net Patient Revenue (NPR):			
Regulated Services	248,692,415	239,648,239	232,362,800
Unregulated Services	2,155,565	3,624,514	3,093,016
TOTAL	250,847,980	243,272,753	235,455,816
Other Operating Revenue:			
Regulated Services	14,154,340	2,720,835	7,003,940
Unregulated Services	10,102,660	18,648,960	42,394,260
TOTAL	24,257,000	21,369,795	49,398,200
Net Operating Revenue (NOR)			
Regulated Services	262,846,755	242,369,074	239,366,740
Unregulated Services	12,258,225	22,273,474	45,487,276
Total	275,104,980	264,642,548	284,854,016
Total Operating Expenses:			
Regulated Services	226,375,634	225,204,531	218,871,188
Total	262,880,000	262,016,800	251,081,646
Net Operating Profit (Loss):			
Regulated Services	36,471,122	17,164,544	20,495,552
Unregulated Services	-24,246,141	-14,538,791	13,276,817
Total	12,224,980	2,625,753	33,772,370
Total Non-Operating Profit (Loss):	-2,411,000	13,775,934	4,362,488
Non-Operating Revenue	615,000	14,727,120	4,362,488
Non-Operating Expenses	3,026,000	951,186	0
Total Excess Profit (Loss):	9,813,980	16,401,687	38,134,858
% Net Operating Profit of Regulated NOR	13.88	7.08	8.56
% Net Total Operating Profit of Total NOR	4.44	0.99	11.86
% Total Excess Profit of Total Revenue	3.56	5.87	13.19
Total Direct Graduate Medical Education:	339,710	314,920	298,050
Inpatient Readmission Charges:	22,152,861	22,844,777	21,275,564
Risk Adjusted Readmission Percent:	12.00%	11.85%	11.62%
Potentially Avoidable Utilization Costs:	32,064,940	32,062,763	31,661,241
Risk Adjusted PPC Rate:	0.87	1.20	1.48

HEALTH SERVICES COST REVIEW COMMISSION
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
FISCAL YEAR 2013 TO 2015

UM Baltimore Washington

FISCAL YEAR ENDING	June 2015	June 2014	June 2013
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Gross Patient Revenue:			
Regulated Services	402,010,800	393,181,900	376,812,800
Unregulated Services	32,849,000	28,963,224	10,944,461
TOTAL	434,859,800	422,145,124	387,757,261
Net Patient Revenue (NPR):			
Regulated Services	322,582,436	320,033,920	308,070,323
Unregulated Services	32,849,000	11,367,399	10,944,461
TOTAL	355,431,436	331,401,319	319,014,784
Other Operating Revenue:			
Regulated Services	1,296,993	2,304,240	1,904,465
Unregulated Services	1,652,007	1,694,936	1,670,068
TOTAL	2,949,000	3,999,176	3,574,533
Net Operating Revenue (NOR)			
Regulated Services	323,879,429	322,338,160	309,974,788
Unregulated Services	34,501,007	13,062,335	12,614,529
Total	358,380,436	335,400,495	322,589,317
Total Operating Expenses:			
Regulated Services	303,700,098	296,252,216	307,055,161
Total	328,186,000	319,029,811	326,994,589
Net Operating Profit (Loss):			
Regulated Services	20,179,331	26,085,945	2,919,627
Unregulated Services	10,015,105	-9,715,260	-7,324,899
Total	30,194,436	16,370,685	-4,405,272
Total Non-Operating Profit (Loss):	-3,607,000	3,103,363	24,629
Non-Operating Revenue	0	6,430,980	4,424,231
Non-Operating Expenses	3,607,000	3,327,617	4,399,602
Total Excess Profit (Loss):	26,587,436	19,474,047	-4,380,643
% Net Operating Profit of Regulated NOR	6.23	8.09	0.94
% Net Total Operating Profit of Total NOR	8.43	4.88	-1.37
% Total Excess Profit of Total Revenue	7.42	5.70	-1.34
Total Direct Graduate Medical Education:	422,730	421,820	491,620
Inpatient Readmission Charges:	41,283,276	39,937,622	37,565,616
Risk Adjusted Readmission Percent:	14.61%	14.95%	15.05%
Potentially Avoidable Utilization Costs:	65,389,427	62,835,026	60,342,988
Risk Adjusted PPC Rate:	0.76	0.96	1.15

HEALTH SERVICES COST REVIEW COMMISSION
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
FISCAL YEAR 2013 TO 2015

UM Charles Regional Medical Center

FISCAL YEAR ENDING	June 2015	June 2014	June 2013
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Gross Patient Revenue:			
Regulated Services	148,386,400	144,785,724	137,003,900
Unregulated Services	1,069,773	790,489	999,343
TOTAL	149,456,173	145,576,213	138,003,243
Net Patient Revenue (NPR):			
Regulated Services	123,706,426	118,662,627	112,746,501
Unregulated Services	722,392	579,067	842,746
TOTAL	124,428,818	119,241,694	113,589,247
Other Operating Revenue:			
Regulated Services	53,527	28,963	-156,758
Unregulated Services	490,473	481,289	483,220
TOTAL	544,000	510,252	326,462
Net Operating Revenue (NOR)			
Regulated Services	123,759,953	118,691,590	112,589,742
Unregulated Services	1,212,865	1,060,356	1,325,966
Total	124,972,818	119,751,946	113,915,709
Total Operating Expenses:			
Regulated Services	106,346,702	105,796,706	100,889,258
Total	109,684,000	108,754,924	103,915,537
Net Operating Profit (Loss):			
Regulated Services	17,413,251	12,894,884	11,700,484
Unregulated Services	-2,124,433	-1,897,862	-1,700,312
Total	15,288,818	10,997,022	10,000,172
Total Non-Operating Profit (Loss):	-1,005,000	-828,000	-5,266,000
Non-Operating Revenue	-1,005,000	-1,009,000	-5,266,000
Non-Operating Expenses	0	-181,000	0
Total Excess Profit (Loss):	14,283,818	10,169,022	4,734,172
% Net Operating Profit of Regulated NOR	14.07	10.86	10.39
% Net Total Operating Profit of Total NOR	12.23	9.18	8.78
% Total Excess Profit of Total Revenue	11.52	8.56	4.36
Total Direct Graduate Medical Education:	0	0	0
Inpatient Readmission Charges:	12,719,741	12,690,855	13,057,534
Risk Adjusted Readmission Percent:	12.99%	12.89%	13.02%
Potentially Avoidable Utilization Costs:	23,612,851	23,934,983	23,352,158
Risk Adjusted PPC Rate:	0.69	0.75	1.10

HEALTH SERVICES COST REVIEW COMMISSION
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
FISCAL YEAR 2013 TO 2015

UM Harford Memorial Hospital

FISCAL YEAR ENDING	June 2015	December 2013	December 2012
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Gross Patient Revenue:			
Regulated Services	104,703,700	103,499,300	104,451,400
Unregulated Services	156,000	130,700	163,300
TOTAL	104,859,700	103,630,000	104,614,700
Net Patient Revenue (NPR):			
Regulated Services	86,689,400	80,749,039	82,984,005
Unregulated Services	91,600	61,300	104,000
TOTAL	86,781,000	80,810,339	83,088,005
Other Operating Revenue:			
Regulated Services	1,453,800	2,452,600	1,050,423
Unregulated Services	661,900	479,400	2,361,577
TOTAL	2,115,700	2,932,000	3,412,000
Net Operating Revenue (NOR)			
Regulated Services	88,143,200	83,201,639	84,034,428
Unregulated Services	753,500	540,700	2,465,577
Total	88,896,700	83,742,339	86,500,005
Total Operating Expenses:			
Regulated Services	77,762,696	77,131,271	80,495,251
Total	79,992,100	79,558,000	83,528,951
Net Operating Profit (Loss):			
Regulated Services	10,380,504	6,070,368	3,539,177
Unregulated Services	-1,475,904	-1,886,029	-568,123
Total	8,904,600	4,184,339	2,971,054
Total Non-Operating Profit (Loss):	501,000	7,340,000	5,297,000
Non-Operating Revenue	4,800,000	7,340,000	5,297,000
Non-Operating Expenses	4,299,000	0	0
Total Excess Profit (Loss):	9,405,600	11,524,339	8,268,054
% Net Operating Profit of Regulated NOR	11.78	7.30	4.21
% Net Total Operating Profit of Total NOR	10.02	5.00	3.43
% Total Excess Profit of Total Revenue	10.04	12.65	9.01
Total Direct Graduate Medical Education:	0	0	0
Inpatient Readmission Charges:	10,106,079	10,227,507	10,967,334
Risk Adjusted Readmission Percent:	11.14%	12.53%	12.25%
Potentially Avoidable Utilization Costs:	18,069,485	17,696,640	17,742,365
Risk Adjusted PPC Rate:	0.77	1.22	1.40

HEALTH SERVICES COST REVIEW COMMISSION
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
FISCAL YEAR 2013 TO 2015

UM Midtown

FISCAL YEAR ENDING	June 2015	June 2014	June 2013
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Gross Patient Revenue:			
Regulated Services	228,795,700	222,427,600	216,173,800
Unregulated Services	15,788,605	15,808,226	19,029,350
TOTAL	244,584,305	238,235,826	235,203,150
Net Patient Revenue (NPR):			
Regulated Services	185,184,700	174,389,612	177,185,337
Unregulated Services	6,810,964	5,994,896	6,168,253
TOTAL	191,995,664	180,384,509	183,353,590
Other Operating Revenue:			
Regulated Services	471,695	1,163,270	270,527
Unregulated Services	1,066,278	998,502	1,212,224
TOTAL	1,537,973	2,161,772	1,482,751
Net Operating Revenue (NOR)			
Regulated Services	185,656,395	175,552,882	177,455,864
Unregulated Services	7,877,242	6,993,398	7,380,478
Total	193,533,638	182,546,280	184,836,341
Total Operating Expenses:			
Regulated Services	162,177,865	152,556,172	159,502,922
Total	192,081,025	178,869,079	188,088,728
Net Operating Profit (Loss):			
Regulated Services	23,478,530	22,996,711	17,952,942
Unregulated Services	-22,025,917	-19,319,509	-21,205,328
Total	1,452,613	3,677,202	-3,252,386
Total Non-Operating Profit (Loss):	-509,000	-599,000	-432,000
Non-Operating Revenue	-509,000	-599,000	-432,000
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	943,613	3,078,202	-3,684,386
% Net Operating Profit of Regulated NOR	12.65	13.10	10.12
% Net Total Operating Profit of Total NOR	0.75	2.01	-1.76
% Total Excess Profit of Total Revenue	0.49	1.69	-2.00
Total Direct Graduate Medical Education:	4,028,360	4,245,770	4,653,320
Inpatient Readmission Charges:	27,797,981	28,084,317	29,990,391
Risk Adjusted Readmission Percent:	16.54%	17.51%	16.90%
Potentially Avoidable Utilization Costs:	36,128,555	35,348,016	38,241,796
Risk Adjusted PPC Rate:	1.02	0.85	1.26

HEALTH SERVICES COST REVIEW COMMISSION
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FISCAL YEAR 2013 TO 2015

UM Rehabilitation & Orthopedic Institute

FISCAL YEAR ENDING	June 2015	June 2014	June 2013
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Gross Patient Revenue:			
Regulated Services	120,364,600	118,262,200	115,227,400
Unregulated Services	1,043,037	1,205,991	1,438,975
TOTAL	121,407,637	119,468,191	116,666,375
Net Patient Revenue (NPR):			
Regulated Services	101,157,600	98,687,200	97,022,400
Unregulated Services	573,037	611,991	806,975
TOTAL	101,730,637	99,299,191	97,829,375
Other Operating Revenue:			
Regulated Services	2,453,297	2,099,610	705,340
Unregulated Services	1,917,058	1,870,812	1,810,147
TOTAL	4,370,355	3,970,422	2,515,487
Net Operating Revenue (NOR)			
Regulated Services	103,610,897	100,786,810	97,727,740
Unregulated Services	2,490,095	2,482,803	2,617,121
Total	106,100,992	103,269,613	100,344,862
Total Operating Expenses:			
Regulated Services	102,984,560	99,422,003	98,425,900
Total	106,210,000	102,736,500	101,635,160
Net Operating Profit (Loss):			
Regulated Services	626,337	1,364,808	-698,160
Unregulated Services	-735,345	-831,695	-592,139
Total	-109,008	533,113	-1,290,298
Total Non-Operating Profit (Loss):	-524,000	1,269,000	905,000
Non-Operating Revenue	-524,000	1,269,000	905,000
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	-633,008	1,802,113	-385,298
% Net Operating Profit of Regulated NOR	0.60	1.35	-0.71
% Net Total Operating Profit of Total NOR	-0.10	0.52	-1.29
% Total Excess Profit of Total Revenue	-0.60	1.72	-0.38
Total Direct Graduate Medical Education:	4,287,880	4,767,170	4,851,360
Inpatient Readmission Charges:	422,164	678,096	338,542
Risk Adjusted Readmission Percent:	9.92%	9.51%	12.15%
Potentially Avoidable Utilization Costs:	422,164	678,096	338,542
Risk Adjusted PPC Rate:	0.64	0.92	1.15

HEALTH SERVICES COST REVIEW COMMISSION
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
FISCAL YEAR 2013 TO 2015

UM Saint Joseph

FISCAL YEAR ENDING	June 2015	June 2014	June 2013
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Gross Patient Revenue:			
Regulated Services	390,826,300	362,415,700	337,661,500
Unregulated Services	3,044,464	3,646,000	50,839,541
TOTAL	393,870,764	366,061,700	388,501,041
Net Patient Revenue (NPR):			
Regulated Services	323,889,336	295,642,876	251,556,991
Unregulated Services	2,849,664	3,416,124	24,022,541
TOTAL	326,739,000	299,059,000	275,579,532
Other Operating Revenue:			
Regulated Services	503,132	386,513	135,501
Unregulated Services	2,623,868	2,769,487	8,677,499
TOTAL	3,127,000	3,156,000	8,813,000
Net Operating Revenue (NOR)			
Regulated Services	324,392,467	296,029,390	251,692,492
Unregulated Services	5,473,533	6,185,610	32,700,040
Total	329,866,000	302,215,000	284,392,532
Total Operating Expenses:			
Regulated Services	294,947,644	288,289,144	284,063,416
Total	319,343,921	310,933,000	350,245,000
Net Operating Profit (Loss):			
Regulated Services	29,444,823	7,740,245	-32,370,924
Unregulated Services	-18,922,744	-16,458,245	-33,481,543
Total	10,522,079	-8,718,000	-65,852,468
Total Non-Operating Profit (Loss):	-2,797,000	-5,413,000	-6,660,000
Non-Operating Revenue	0	1,897,000	5,113,000
Non-Operating Expenses	2,797,000	7,310,000	11,773,000
Total Excess Profit (Loss):	7,725,079	-14,131,000	-72,512,468
% Net Operating Profit of Regulated NOR	9.08	2.61	-12.86
% Net Total Operating Profit of Total NOR	3.19	-2.88	-23.16
% Total Excess Profit of Total Revenue	2.34	-4.65	-25.05
Total Direct Graduate Medical Education:	0	0	0
Inpatient Readmission Charges:	23,126,316	21,079,608	23,406,195
Risk Adjusted Readmission Percent:	11.85%	12.31%	12.76%
Potentially Avoidable Utilization Costs:	34,442,119	31,223,476	33,413,112
Risk Adjusted PPC Rate:	0.77	0.94	1.58

HEALTH SERVICES COST REVIEW COMMISSION
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
FISCAL YEAR 2013 TO 2015

UM Shore Medical Chestertown

FISCAL YEAR ENDING	June 2015	June 2014	June 2013
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Gross Patient Revenue:			
Regulated Services	64,477,400	64,508,977	62,791,800
Unregulated Services	3,756,475	3,555,824	3,590,997
TOTAL	68,233,875	68,064,801	66,382,797
Net Patient Revenue (NPR):			
Regulated Services	46,873,264	49,270,622	48,143,539
Unregulated Services	3,571,140	3,379,824	3,231,997
TOTAL	50,444,404	52,650,446	51,375,536
Other Operating Revenue:			
Regulated Services	32,274	53,666	80,723
Unregulated Services	226,834	230,078	223,432
TOTAL	259,108	283,744	304,155
Net Operating Revenue (NOR)			
Regulated Services	46,905,538	49,324,288	48,224,262
Unregulated Services	3,797,974	3,609,902	3,455,429
Total	50,703,512	52,934,190	51,679,691
Total Operating Expenses:			
Regulated Services	43,026,022	40,990,213	46,820,546
Total	49,362,348	47,353,897	51,865,507
Net Operating Profit (Loss):			
Regulated Services	3,879,516	8,334,074	1,403,716
Unregulated Services	-2,538,352	-2,753,782	-1,589,533
Total	1,341,164	5,580,293	-185,817
Total Non-Operating Profit (Loss):	-166,984	969,715	1,251,802
Non-Operating Revenue	-162,293	1,041,405	1,251,802
Non-Operating Expenses	4,691	71,690	0
Total Excess Profit (Loss):	1,174,180	6,550,008	1,065,985
% Net Operating Profit of Regulated NOR	8.27	16.90	2.91
% Net Total Operating Profit of Total NOR	2.65	10.54	-0.36
% Total Excess Profit of Total Revenue	2.32	12.14	2.01
Total Direct Graduate Medical Education:	0	0	0
Inpatient Readmission Charges:	3,816,284	5,365,199	5,992,004
Risk Adjusted Readmission Percent:	12.34%	13.76%	15.13%
Potentially Avoidable Utilization Costs:	9,025,276	10,362,569	11,291,653
Risk Adjusted PPC Rate:	0.90	0.46	1.16

HEALTH SERVICES COST REVIEW COMMISSION
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FISCAL YEAR 2013 TO 2015

UM Shore Medical Dorchester

FISCAL YEAR ENDING	June 2015	June 2014	June 2013
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Gross Patient Revenue:			
Regulated Services	56,007,200	58,994,300	59,897,900
Unregulated Services	3,201,167	3,348,901	3,250,913
TOTAL	59,208,367	62,343,201	63,148,813
Net Patient Revenue (NPR):			
Regulated Services	43,898,251	44,745,961	46,893,694
Unregulated Services	1,107,367	950,026	1,296,834
TOTAL	45,005,618	45,695,987	48,190,528
Other Operating Revenue:			
Regulated Services	43,602	144,703	113,804
Unregulated Services	263,178	269,579	279,429
TOTAL	306,780	414,282	393,233
Net Operating Revenue (NOR)			
Regulated Services	43,941,853	44,890,664	47,007,498
Unregulated Services	1,370,545	1,219,605	1,576,264
Total	45,312,398	46,110,269	48,583,761
Total Operating Expenses:			
Regulated Services	35,650,610	36,608,786	38,660,406
Total	38,814,754	39,673,868	42,329,887
Net Operating Profit (Loss):			
Regulated Services	8,291,243	8,281,878	8,347,091
Unregulated Services	-1,793,599	-1,845,477	-2,093,218
Total	6,497,644	6,436,401	6,253,874
Total Non-Operating Profit (Loss):	45,254	-211,918	376,979
Non-Operating Revenue	45,254	-211,918	376,979
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	6,542,898	6,224,482	6,630,853
% Net Operating Profit of Regulated NOR	18.87	18.45	17.76
% Net Total Operating Profit of Total NOR	14.34	13.96	12.87
% Total Excess Profit of Total Revenue	14.43	13.56	13.54
Total Direct Graduate Medical Education:	0	0	0
Inpatient Readmission Charges:	6,662,779	4,965,106	4,524,465
Risk Adjusted Readmission Percent:	13.04%	12.20%	11.81%
Potentially Avoidable Utilization Costs:	12,846,683	11,639,918	10,089,111
Risk Adjusted PPC Rate:	0.77	1.44	0.82

HEALTH SERVICES COST REVIEW COMMISSION
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
FISCAL YEAR 2013 TO 2015

UM Shore Medical Easton

FISCAL YEAR ENDING	June 2015	June 2014	June 2013
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Gross Patient Revenue:			
Regulated Services	192,831,500	187,483,400	186,358,600
Unregulated Services	45,431,600	43,572,553	39,880,874
TOTAL	238,263,100	231,055,953	226,239,474
Net Patient Revenue (NPR):			
Regulated Services	163,132,861	152,823,340	149,505,473
Unregulated Services	15,693,215	14,648,824	14,312,219
TOTAL	178,826,076	167,472,165	163,817,692
Other Operating Revenue:			
Regulated Services	691,214	814,178	918,482
Unregulated Services	2,241,300	1,841,348	1,650,793
TOTAL	2,932,514	2,655,526	2,569,275
Net Operating Revenue (NOR)			
Regulated Services	163,824,075	153,637,519	150,423,955
Unregulated Services	17,934,515	16,490,172	15,963,011
Total	181,758,590	170,127,691	166,386,967
Total Operating Expenses:			
Regulated Services	140,456,749	140,191,581	137,324,774
Total	161,959,446	160,828,827	156,018,117
Net Operating Profit (Loss):			
Regulated Services	23,367,326	13,445,938	13,099,182
Unregulated Services	-3,568,182	-4,147,074	-2,730,332
Total	19,799,144	9,298,864	10,368,850
Total Non-Operating Profit (Loss):	-296,359	7,882,051	4,002,174
Non-Operating Revenue	-296,359	7,882,051	4,002,174
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	19,502,785	17,180,916	14,371,024
% Net Operating Profit of Regulated NOR	14.26	8.75	8.71
% Net Total Operating Profit of Total NOR	10.89	5.47	6.23
% Total Excess Profit of Total Revenue	10.75	9.65	8.43
Total Direct Graduate Medical Education:	0	0	0
Inpatient Readmission Charges:	12,780,486	12,673,851	11,906,417
Risk Adjusted Readmission Percent:	12.55%	12.76%	11.37%
Potentially Avoidable Utilization Costs:	24,798,339	23,528,859	22,416,794
Risk Adjusted PPC Rate:	0.96	0.99	1.06

HEALTH SERVICES COST REVIEW COMMISSION
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
FISCAL YEAR 2013 TO 2015

UM Upper Chesapeake

FISCAL YEAR ENDING	June 2015	December 2013	December 2012
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Gross Patient Revenue:			
Regulated Services	320,267,600	290,000,800	283,588,000
Unregulated Services	1,089,734	226,600	310,400
TOTAL	321,357,334	290,227,400	283,898,400
Net Patient Revenue (NPR):			
Regulated Services	268,193,832	241,546,300	237,245,612
Unregulated Services	1,089,734	121,000	205,200
TOTAL	269,283,566	241,667,300	237,450,812
Other Operating Revenue:			
Regulated Services	6,358,000	2,938,400	1,355,018
Unregulated Services	0	2,642,600	6,192,982
TOTAL	6,358,000	5,581,000	7,548,000
Net Operating Revenue (NOR)			
Regulated Services	274,551,832	244,484,700	238,600,630
Unregulated Services	1,089,734	2,763,600	6,398,182
Total	275,641,566	247,248,300	244,998,812
Total Operating Expenses:			
Regulated Services	231,433,257	220,046,741	217,111,969
Total	241,611,000	228,970,300	225,852,000
Net Operating Profit (Loss):			
Regulated Services	43,118,575	24,437,959	21,488,661
Unregulated Services	-9,088,009	-6,159,959	-2,341,849
Total	34,030,566	18,278,000	19,146,812
Total Non-Operating Profit (Loss):			
Non-Operating Revenue	329,000	4,122,000	471,000
Non-Operating Expenses	11,016,000	0	4,073,000
Total Excess Profit (Loss):			
	23,343,566	22,400,000	15,544,812
% Net Operating Profit of Regulated NOR	15.71	10.00	9.01
% Net Total Operating Profit of Total NOR	12.35	7.39	7.82
% Total Excess Profit of Total Revenue	8.46	8.91	6.33
Total Direct Graduate Medical Education:	0	0	0
Inpatient Readmission Charges:	23,829,133	24,058,636	21,676,913
Risk Adjusted Readmission Percent:	12.72%	12.77%	12.47%
Potentially Avoidable Utilization Costs:	39,598,899	39,249,310	35,056,240
Risk Adjusted PPC Rate:	0.65	0.92	1.19

HEALTH SERVICES COST REVIEW COMMISSION
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
FISCAL YEAR 2013 TO 2015

Union Hospital of Cecil County

FISCAL YEAR ENDING	June 2015	June 2014	June 2013
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Gross Patient Revenue:			
Regulated Services	157,025,000	157,913,800	153,372,900
Unregulated Services	36,162,400	31,936,900	35,956,700
TOTAL	193,187,400	189,850,700	189,329,600
Net Patient Revenue (NPR):			
Regulated Services	132,874,783	130,347,100	125,947,900
Unregulated Services	16,574,100	14,803,200	15,230,700
TOTAL	149,448,883	145,150,300	141,178,600
Other Operating Revenue:			
Regulated Services	1,927,000	2,557,500	2,787,800
Unregulated Services	2,003,400	2,080,699	2,087,100
TOTAL	3,930,400	4,638,199	4,874,900
Net Operating Revenue (NOR)			
Regulated Services	134,801,783	132,904,600	128,735,700
Unregulated Services	18,577,500	16,883,899	17,317,800
Total	153,379,283	149,788,499	146,053,500
Total Operating Expenses:			
Regulated Services	120,149,000	117,995,300	112,982,000
Total	150,750,000	146,416,200	140,941,500
Net Operating Profit (Loss):			
Regulated Services	14,652,783	14,909,300	15,753,700
Unregulated Services	-12,023,500	-11,537,000	-10,641,700
Total	2,629,283	3,372,300	5,112,000
Total Non-Operating Profit (Loss):			
Non-Operating Revenue	596,700	7,725,300	4,771,900
Non-Operating Expenses	1,062,800	287,100	602,400
Total Excess Profit (Loss):			
	2,163,183	10,810,500	9,281,500
% Net Operating Profit of Regulated NOR	10.87	11.22	12.24
% Net Total Operating Profit of Total NOR	1.71	2.25	3.50
% Total Excess Profit of Total Revenue	1.40	6.86	6.15
Total Direct Graduate Medical Education:	0	0	0
Inpatient Readmission Charges:	11,210,503	9,945,419	9,416,702
Risk Adjusted Readmission Percent:	12.03%	10.68%	11.30%
Potentially Avoidable Utilization Costs:	21,520,245	17,513,349	15,525,727
Risk Adjusted PPC Rate:	0.74	0.94	1.37

HEALTH SERVICES COST REVIEW COMMISSION
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
FISCAL YEAR 2013 TO 2015

University MEIMS

FISCAL YEAR ENDING	June 2015	June 2014	June 2013
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Gross Patient Revenue:			
Regulated Services	197,941,300	202,364,100	188,680,900
Unregulated Services	5,318,329	5,165,260	3,609,000
TOTAL	203,259,629	207,529,360	192,289,900
Net Patient Revenue (NPR):			
Regulated Services	169,890,126	166,218,825	154,423,000
Unregulated Services	5,318,329	5,165,260	3,609,000
TOTAL	175,208,455	171,384,085	158,032,000
Other Operating Revenue:			
Regulated Services	3,375,000	3,126,000	3,091,000
Unregulated Services	0	0	0
TOTAL	3,375,000	3,126,000	3,091,000
Net Operating Revenue (NOR)			
Regulated Services	173,265,126	169,344,825	157,514,000
Unregulated Services	5,318,329	5,165,260	3,609,000
Total	178,583,455	174,510,085	161,123,000
Total Operating Expenses:			
Regulated Services	155,366,237	149,776,000	136,670,900
Total	160,789,537	155,394,000	144,594,000
Net Operating Profit (Loss):			
Regulated Services	17,898,888	19,568,825	20,843,100
Unregulated Services	-104,971	-452,740	-4,314,100
Total	17,793,917	19,116,085	16,529,000
Total Non-Operating Profit (Loss):	1,500,000	1,500,000	1,500,000
Non-Operating Revenue	1,500,000	900,000	791,450
Non-Operating Expenses	0	-600,000	-708,550
Total Excess Profit (Loss):	19,293,917	20,616,085	18,029,000
% Net Operating Profit of Regulated NOR	10.33	11.56	13.23
% Net Total Operating Profit of Total NOR	9.96	10.95	10.26
% Total Excess Profit of Total Revenue	10.71	11.75	11.13
Total Direct Graduate Medical Education:	8,483,190	9,619,796	9,815,410
Inpatient Readmission Charges:	0	0	0
Risk Adjusted Readmission Percent:	0	0	0
Potentially Avoidable Utilization Costs:	0	0	0
Risk Adjusted PPC Rate:	0	0	0

HEALTH SERVICES COST REVIEW COMMISSION
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
FISCAL YEAR 2013 TO 2015

University of Maryland Medical Center

FISCAL YEAR ENDING	June 2015	June 2014	June 2013
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Gross Patient Revenue:			
Regulated Services	1,313,670,900	1,296,211,400	1,241,601,500
Unregulated Services	11,691,229	10,519,886	11,074,000
TOTAL	1,325,362,129	1,306,731,286	1,252,675,500
Net Patient Revenue (NPR):			
Regulated Services	1,124,828,668	1,086,670,121	1,068,680,949
Unregulated Services	11,167,335	10,407,916	10,489,051
TOTAL	1,135,996,003	1,097,078,037	1,079,170,000
Other Operating Revenue:			
Regulated Services	24,332,274	18,824,460	36,092,760
Unregulated Services	77,095,726	50,534,530	43,072,240
TOTAL	101,428,000	69,358,990	79,165,000
Net Operating Revenue (NOR)			
Regulated Services	1,149,160,942	1,105,494,581	1,104,773,709
Unregulated Services	88,263,061	60,942,446	53,561,291
Total	1,237,424,003	1,166,437,027	1,158,335,000
Total Operating Expenses:			
Regulated Services	1,100,361,772	1,060,074,815	1,054,664,631
Total	1,201,701,000	1,142,114,001	1,123,809,000
Net Operating Profit (Loss):			
Regulated Services	48,799,170	45,419,769	50,109,078
Unregulated Services	-13,076,167	-21,096,733	-15,583,078
Total	35,723,003	24,323,036	34,526,000
Total Non-Operating Profit (Loss):	-41,947,000	149,439,000	90,290,000
Non-Operating Revenue	-41,947,000	149,439,000	90,290,000
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	-6,223,997	173,762,036	124,816,000
% Net Operating Profit of Regulated NOR	4.25	4.11	4.54
% Net Total Operating Profit of Total NOR	2.89	2.09	2.98
% Total Excess Profit of Total Revenue	-0.52	13.21	10.00
Total Direct Graduate Medical Education:	82,832,410	81,820,610	77,874,970
Inpatient Readmission Charges:	120,990,535	126,956,596	114,406,022
Risk Adjusted Readmission Percent:	14.31%	15.63%	14.62%
Potentially Avoidable Utilization Costs:	139,108,822	142,454,474	129,927,209
Risk Adjusted PPC Rate:	0.75	1.00	1.30

HEALTH SERVICES COST REVIEW COMMISSION
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
FISCAL YEAR 2013 TO 2015

Washington Adventist Hospital

FISCAL YEAR ENDING	December 2014	December 2013	December 2012
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Gross Patient Revenue:			
Regulated Services	260,306,100	245,900,400	260,716,100
Unregulated Services	3,791	23,951	685,558
TOTAL	260,309,891	245,924,351	261,401,658
Net Patient Revenue (NPR):			
Regulated Services	209,906,016	196,111,014	203,900,463
Unregulated Services	3,791	23,399	682,387
TOTAL	209,909,807	196,134,413	204,582,850
Other Operating Revenue:			
Regulated Services	1,378,906	3,888,835	2,588,088
Unregulated Services	3,547,691	2,651,790	3,107,623
TOTAL	4,926,597	6,540,625	5,695,711
Net Operating Revenue (NOR)			
Regulated Services	211,284,922	199,999,849	206,488,551
Unregulated Services	3,551,482	2,675,189	3,790,010
Total	214,836,404	202,675,038	210,278,561
Total Operating Expenses:			
Regulated Services	194,645,259	199,029,900	203,178,114
Total	210,709,734	213,396,004	216,661,910
Net Operating Profit (Loss):			
Regulated Services	16,639,663	969,949	3,310,437
Unregulated Services	-12,512,993	-11,690,915	-9,693,786
Total	4,126,670	-10,720,966	-6,383,349
Total Non-Operating Profit (Loss):			
Non-Operating Revenue	-1,500,747	-1,509,711	-1,012,274
Non-Operating Expenses	0	0	505,871
Total Excess Profit (Loss):			
	2,625,923	-12,230,677	-7,395,623
% Net Operating Profit of Regulated NOR	7.88	0.48	1.60
% Net Total Operating Profit of Total NOR	1.92	-5.29	-3.04
% Total Excess Profit of Total Revenue	1.23	-6.08	-3.53
Total Direct Graduate Medical Education:	0	0	0
Inpatient Readmission Charges:	23,944,311	23,087,333	23,963,798
Risk Adjusted Readmission Percent:	12.89%	12.51%	12.59%
Potentially Avoidable Utilization Costs:	36,932,253	38,644,676	37,230,155
Risk Adjusted PPC Rate:	0.98	0.98	0.98

HEALTH SERVICES COST REVIEW COMMISSION
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA
FISCAL YEAR 2013 TO 2015

Western Maryland Regional M. C.

FISCAL YEAR ENDING	June 2015	June 2014	June 2013
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Gross Patient Revenue:			
Regulated Services	322,958,900	317,898,800	314,237,400
Unregulated Services	68,884,200	62,831,500	60,556,600
TOTAL	391,843,100	380,730,300	374,794,000
Net Patient Revenue (NPR):			
Regulated Services	262,636,400	255,447,200	253,404,700
Unregulated Services	42,475,800	37,907,800	37,853,400
TOTAL	305,112,200	293,355,000	291,258,100
Other Operating Revenue:			
Regulated Services	3,966,600	5,313,699	6,605,700
Unregulated Services	2,512,300	2,673,100	2,881,300
TOTAL	6,478,900	7,986,799	9,487,000
Net Operating Revenue (NOR)			
Regulated Services	266,603,000	260,760,899	260,010,400
Unregulated Services	44,988,100	40,580,900	40,734,700
Total	311,591,100	301,341,799	300,745,100
Total Operating Expenses:			
Regulated Services	225,634,304	221,999,899	230,006,375
Total	289,953,900	281,594,900	289,875,700
Net Operating Profit (Loss):			
Regulated Services	40,968,696	38,761,001	30,004,025
Unregulated Services	-19,331,496	-19,014,101	-19,134,625
Total	21,637,200	19,746,900	10,869,400
Total Non-Operating Profit (Loss):	-450,600	5,514,799	4,332,300
Non-Operating Revenue	-450,600	5,514,799	4,332,300
Non-Operating Expenses	0	0	0
Total Excess Profit (Loss):	21,186,600	25,261,700	15,201,700
% Net Operating Profit of Regulated NOR	15.37	14.86	11.54
% Net Total Operating Profit of Total NOR	6.94	6.55	3.61
% Total Excess Profit of Total Revenue	6.81	8.23	4.98
Total Direct Graduate Medical Education:	0	0	0
Inpatient Readmission Charges:	23,450,890	21,241,617	25,299,218
Risk Adjusted Readmission Percent:	13.17%	12.81%	13.73%
Potentially Avoidable Utilization Costs:	38,679,677	34,780,732	39,798,436
Risk Adjusted PPC Rate:	0.86	0.81	1.24

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

Hospital Area	Hospital	2014			2015			% Change UCC Amount
		Gross Revenues	Charity & Bad Debts	UCC %	Gross Revenues	Charity & Bad Debts	UCC %	
M E T R O	Anne Arundel Medical Center	554,132,400	28,030,100	5.06	562,952,500	17,108,400	3.04	-39.0
	Bon Secours Hospital	129,714,300	18,907,653	14.58	117,217,800	4,640,014	3.96	-75.5
	Bowie Emergency Center	16,513,400	3,176,307	19.23	20,111,300	3,395,072	16.88	6.9
	Doctors Community Hospital	222,145,400	21,083,439	9.49	226,462,500	16,475,191	7.28	-21.9
	Fort Washington Medical Center	46,156,625	6,289,082	13.63	48,565,970	5,271,258	10.85	-16.2
	Germantown Emergency Center	12,992,000	3,426,331	26.37	14,059,900	2,928,631	20.83	-14.5
	Greater Baltimore Medical Center	426,965,000	14,448,600	3.38	432,707,700	10,736,746	2.48	-25.7
	Holy Cross Hospital	468,876,700	41,181,900	8.78	480,562,300	38,696,900	8.05	-6.0
	Howard County General Hospital	281,805,600	15,945,000	5.66	286,302,800	11,859,000	4.14	-25.6
	Johns Hopkins Bayview Medical Center	605,106,300	53,366,000	8.82	618,220,800	40,097,000	6.49	-24.9
	Johns Hopkins Hospital	2,172,517,900	90,418,800	4.16	2,209,868,500	49,710,100	2.25	-45.0
	Laurel Regional Hospital	118,865,000	13,262,786	11.16	106,467,900	9,376,744	8.81	-29.3
	Levindale	54,541,800	1,645,534	3.02	59,785,479	2,454,993	4.11	49.2
	MedStar Franklin Square	486,467,000	28,840,763	5.93	491,172,800	20,158,582	4.10	-30.1
	MedStar Good Samaritan	299,250,000	18,307,883	6.12	303,789,300	12,198,847	4.02	-33.4
	MedStar Harbor Hospital	205,146,300	12,384,997	6.04	207,452,600	10,376,136	5.00	-16.2
	MedStar Montgomery General	167,893,100	9,139,362	5.44	174,302,200	8,301,281	4.76	-9.2
	MedStar Southern Maryland	261,812,300	21,607,448	8.25	262,672,600	15,033,744	5.72	-30.4
	MedStar Union Memorial	415,164,300	23,163,918	5.58	419,374,600	14,810,320	3.53	-36.1
	Mercy Medical Center	489,187,300	39,462,900	8.07	495,805,900	31,935,790	6.44	-19.1
	Northwest Hospital Center	249,134,500	19,327,600	7.76	254,115,900	15,937,500	6.27	-17.5

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

Hospital Area	Hospital	2014			2015			% Change UCC Amount
		Gross Revenues	Charity & Bad Debts	UCC %	Gross Revenues	Charity & Bad Debts	UCC %	
	Prince Georges' Hospital Center	267,282,400	34,867,927	13.05	279,091,000	25,794,211	9.24	-26.0
	Queen Anne's Emergency Center	5,190,800	327,866	6.32	4,794,500	255,761	5.33	-22.0
	Saint Agnes Hospital	410,191,100	25,327,088	6.17	418,876,800	20,902,206	4.99	-17.5
	Shady Grove Adventist Hospital	375,189,800	25,364,171	6.76	383,323,300	29,442,581	7.68	16.1
	Sinai Hospital of Baltimore	699,430,000	42,571,600	6.09	717,312,400	30,113,400	4.20	-29.3
	Suburban Hospital	289,286,600	12,582,100	4.35	295,844,600	11,753,155	3.97	-6.6
	UM Baltimore Washington	393,181,900	41,793,900	10.63	402,010,800	23,399,564	5.82	-44.0
	UM Midtown	222,427,600	33,531,633	15.08	228,795,700	24,054,357	10.51	-28.3
	UM Rehabilitation & Orthopedic Inst.	118,262,200	8,436,183	7.13	120,364,600	5,640,901	4.69	-33.1
	UM Saint Joseph	362,415,700	22,836,124	6.30	390,826,300	15,978,200	4.09	-30.0
	UM Upper Chesapeake	290,000,800	17,640,400	6.08	320,267,600	16,806,953	5.25	-4.7
	University MEIMS	202,364,100	40,596,352	20.06	197,941,300	24,974,663	12.62	-38.5
	University of Maryland Medical Center	1,296,211,400	71,156,193	5.49	1,313,670,900	36,135,103	2.75	-49.2
	Washington Adventist Hospital	245,900,400	34,627,375	14.08	260,306,100	31,746,079	12.20	-8.3
<i>M E T R O</i>		<i>12,861,722,025</i>	<i>895,075,314</i>	<i>6.96</i>	<i>13,125,397,249</i>	<i>638,499,384</i>	<i>4.86</i>	<i>-28.7</i>
R U R A L	Atlantic General Hospital	102,693,200	7,165,200	6.98	102,371,000	4,685,400	4.58	-34.6
	Calvert Memorial Hospital	141,935,300	9,268,967	6.53	144,499,900	4,821,800	3.34	-48.0
	Carroll County General Hospital	251,985,400	11,185,592	4.44	254,037,700	5,473,796	2.15	-51.1
	Frederick Memorial Hospital	339,660,800	22,831,994	6.72	346,609,902	11,735,349	3.39	-48.6
	Garrett County Memorial Hospital	45,202,600	4,192,263	9.27	44,693,600	3,688,206	8.25	-12.0
	McCready Hospital	16,638,000	1,412,273	8.49	15,059,800	1,147,311	7.62	-18.8

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

Hospital Area	Hospital	2014			2015			% Change UCC Amount
		Gross Revenues	Charity & Bad Debts	UCC %	Gross Revenues	Charity & Bad Debts	UCC %	
	MedStar Saint Mary's Hospital	157,936,000	8,667,483	5.49	166,124,100	8,891,272	5.35	2.6
	Meritus Medical Center	305,141,600	22,551,500	7.39	312,302,400	14,332,763	4.59	-36.4
	Peninsula Regional Medical Center	416,388,900	24,743,900	5.94	422,383,500	15,711,300	3.72	-36.5
	UM Charles Regional Medical Center	144,785,724	10,881,673	7.52	148,386,400	10,105,851	6.81	-7.1
	UM Harford Memorial Hospital	103,499,300	12,876,361	12.44	104,703,700	9,365,100	8.94	-27.3
	UM Shore Medical Chestertown	64,508,977	6,551,013	10.16	64,477,400	4,265,966	6.62	-34.9
	UM Shore Medical Dorchester	58,994,300	5,504,997	9.33	56,007,200	3,681,129	6.57	-33.1
	UM Shore Medical Easton	187,483,400	11,857,425	6.32	192,831,500	10,294,433	5.34	-13.2
	Union Hospital of Cecil County	157,913,800	12,201,400	7.73	157,025,000	7,442,417	4.74	-39.0
	Western Maryland Regional M. C.	317,898,800	20,653,700	6.50	322,958,900	15,587,800	4.83	-24.5
<i>RURAL</i>		<i>2,812,666,101</i>	<i>192,545,741</i>	<i>6.85</i>	<i>2,854,472,002</i>	<i>131,229,893</i>	<i>4.60</i>	<i>-31.8</i>
<i>TOTAL</i>		<i>15,674,388,126</i>	<i>1,087,621,055</i>	<i>6.94</i>	<i>15,979,869,251</i>	<i>769,729,276</i>	<i>4.82</i>	<i>-29.2</i>

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

		2014			2015			% Change UCC Amount
Hospital Area	Hospital	Gross Revenues	Charity & Bad Debts	UCC %	Gross Revenues	Charity & Bad Debts	UCC %	
M E T R O	Germantown Emergency Center	12,992,000	3,426,331	26.37	14,059,900	2,928,631	20.83	-14.5
	University MEIMS	202,364,100	40,596,352	20.06	197,941,300	24,974,663	12.62	-38.5
	Bowie Emergency Center	16,513,400	3,176,307	19.23	20,111,300	3,395,072	16.88	6.9
	UM Midtown	222,427,600	33,531,633	15.08	228,795,700	24,054,357	10.51	-28.3
	Bon Secours Hospital	129,714,300	18,907,653	14.58	117,217,800	4,640,014	3.96	-75.5
	Washington Adventist Hospital	245,900,400	34,627,375	14.08	260,306,100	31,746,079	12.20	-8.3
	Fort Washington Medical Center	46,156,625	6,289,082	13.63	48,565,970	5,271,258	10.85	-16.2
	Prince Georges' Hospital Center	267,282,400	34,867,927	13.05	279,091,000	25,794,211	9.24	-26.0
	Laurel Regional Hospital	118,865,000	13,262,786	11.16	106,467,900	9,376,744	8.81	-29.3
	UM Baltimore Washington	393,181,900	41,793,900	10.63	402,010,800	23,399,564	5.82	-44.0
	Doctors Community Hospital	222,145,400	21,083,439	9.49	226,462,500	16,475,191	7.28	-21.9
	Johns Hopkins Bayview Medical Center	605,106,300	53,366,000	8.82	618,220,800	40,097,000	6.49	-24.9
	Holy Cross Hospital	468,876,700	41,181,900	8.78	480,562,300	38,696,900	8.05	-6.0
	MedStar Southern Maryland	261,812,300	21,607,448	8.25	262,672,600	15,033,744	5.72	-30.4
	Mercy Medical Center	489,187,300	39,462,900	8.07	495,805,900	31,935,790	6.44	-19.1
	Northwest Hospital Center	249,134,500	19,327,600	7.76	254,115,900	15,937,500	6.27	-17.5
	UM Rehabilitation & Orthopedic Inst.	118,262,200	8,436,183	7.13	120,364,600	5,640,901	4.69	-33.1
	Shady Grove Adventist Hospital	375,189,800	25,364,171	6.76	383,323,300	29,442,581	7.68	16.1
	Queen Anne's Emergency Center	5,190,800	327,866	6.32	4,794,500	255,761	5.33	-22.0
	UM Saint Joseph	362,415,700	22,836,124	6.30	390,826,300	15,978,200	4.09	-30.0
	Saint Agnes Hospital	410,191,100	25,327,088	6.17	418,876,800	20,902,206	4.99	-17.5
	MedStar Good Samaritan	299,250,000	18,307,883	6.12	303,789,300	12,198,847	4.02	-33.4

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

		2014			2015			% Change UCC Amount
Hospital Area	Hospital	Gross Revenues	Charity & Bad Debts	UCC %	Gross Revenues	Charity & Bad Debts	UCC %	
	Sinai Hospital of Baltimore	699,430,000	42,571,600	6.09	717,312,400	30,113,400	4.20	-29.3
	UM Upper Chesapeake	290,000,800	17,640,400	6.08	320,267,600	16,806,953	5.25	-4.7
	MedStar Harbor Hospital	205,146,300	12,384,997	6.04	207,452,600	10,376,136	5.00	-16.2
	MedStar Franklin Square	486,467,000	28,840,763	5.93	491,172,800	20,158,582	4.10	-30.1
	Howard County General Hospital	281,805,600	15,945,000	5.66	286,302,800	11,859,000	4.14	-25.6
	MedStar Union Memorial	415,164,300	23,163,918	5.58	419,374,600	14,810,320	3.53	-36.1
	University of Maryland Medical Center	1,296,211,400	71,156,193	5.49	1,313,670,900	36,135,103	2.75	-49.2
	MedStar Montgomery General	167,893,100	9,139,362	5.44	174,302,200	8,301,281	4.76	-9.2
	Anne Arundel Medical Center	554,132,400	28,030,100	5.06	562,952,500	17,108,400	3.04	-39.0
	Suburban Hospital	289,286,600	12,582,100	4.35	295,844,600	11,753,155	3.97	-6.6
	Johns Hopkins Hospital	2,172,517,900	90,418,800	4.16	2,209,868,500	49,710,100	2.25	-45.0
	Greater Baltimore Medical Center	426,965,000	14,448,600	3.38	432,707,700	10,736,746	2.48	-25.7
	Levindale	54,541,800	1,645,534	3.02	59,785,479	2,454,993	4.11	49.2
<i>METRO</i>		<i>12,861,722,025</i>	<i>895,075,314</i>	<i>6.96</i>	<i>13,125,397,249</i>	<i>638,499,384</i>	<i>4.86</i>	<i>-28.7</i>

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

		2014		2015				
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	103,499,300	12,876,361	12.44	104,703,700	9,365,100	8.94	-27.3
	UM Shore Medical Chestertown	64,508,977	6,551,013	10.16	64,477,400	4,265,966	6.62	-34.9
	UM Shore Medical Dorchester	58,994,300	5,504,997	9.33	56,007,200	3,681,129	6.57	-33.1
	Garrett County Memorial Hospital	45,202,600	4,192,263	9.27	44,693,600	3,688,206	8.25	-12.0
	McCready Hospital	16,638,000	1,412,273	8.49	15,059,800	1,147,311	7.62	-18.8
	Union Hospital of Cecil County	157,913,800	12,201,400	7.73	157,025,000	7,442,417	4.74	-39.0
	UM Charles Regional Medical Center	144,785,724	10,881,673	7.52	148,386,400	10,105,851	6.81	-7.1
	Meritus Medical Center	305,141,600	22,551,500	7.39	312,302,400	14,332,763	4.59	-36.4
	Atlantic General Hospital	102,693,200	7,165,200	6.98	102,371,000	4,685,400	4.58	-34.6
	Frederick Memorial Hospital	339,660,800	22,831,994	6.72	346,609,902	11,735,349	3.39	-48.6
	Calvert Memorial Hospital	141,935,300	9,268,967	6.53	144,499,900	4,821,800	3.34	-48.0
	Western Maryland Regional M. C.	317,898,800	20,653,700	6.50	322,958,900	15,587,800	4.83	-24.5
	UM Shore Medical Easton	187,483,400	11,857,425	6.32	192,831,500	10,294,433	5.34	-13.2
	Peninsula Regional Medical Center	416,388,900	24,743,900	5.94	422,383,500	15,711,300	3.72	-36.5
	MedStar Saint Mary's Hospital	157,936,000	8,667,483	5.49	166,124,100	8,891,272	5.35	2.6
	Carroll County General Hospital	251,985,400	11,185,592	4.44	254,037,700	5,473,796	2.15	-51.1
R U R A L		2,812,666,101	192,545,741	6.85	2,854,472,002	131,229,893	4.60	-31.8
TOTAL		15,674,388,126	1,087,621,055	6.94	15,979,869,251	769,729,276	4.82	-29.2

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

Hospital	2014			2015			% Change Reg. Operating	% Change Total Operating
	Regulated Operating	Unregulated Operating	Total Operating	Regulated Operating	Unregulated Operating	Total Operating		
Anne Arundel Medical Center	25,326,003	-13,213,903	12,112,100	47,093,161	-22,286,951	24,806,209	85.95	104.81
Atlantic General Hospital	13,899,332	-10,086,613	3,812,719	14,536,600	-13,654,600	882,000	4.58	-76.86
Bon Secours Hospital	15,956,273	-13,952,517	2,003,755	19,910,902	-10,865,671	9,045,231	24.78	351.41
Bowie Emergency Center	1,943,397	34,401	1,977,798	2,455,821	-821,420	1,634,401	26.37	-17.36
Calvert Memorial Hospital	16,797,976	-8,340,143	8,457,833	19,265,015	-9,491,803	9,773,212	14.69	15.55
Carroll County General Hospital	26,236,823	-5,435,765	20,801,058	20,563,115	-4,642,649	15,920,466	-21.62	-23.46
Doctors Community Hospital	10,251,378	-9,356,366	895,012	18,130,257	-12,010,875	6,119,382	76.86	583.72
Fort Washington Medical Center	1,223,777	-648,495	575,282	2,028,867	-648,722	1,380,145	65.79	139.91
Frederick Memorial Hospital	16,325,142	-13,195,104	3,130,038	24,767,220	-13,662,174	11,105,045	51.71	254.79
Garrett County Memorial Hospital	4,171,544	-810,322	3,361,223	3,864,889	208,452	4,073,341	-7.35	21.19
Germantown Emergency Center	-1,690,370	-195,557	-1,885,927	-1,882,264	-37,105	-1,919,369	-11.35	-1.77
Greater Baltimore Medical Center	30,962,700	-10,118,000	20,844,700	40,807,589	-21,120,069	19,687,520	31.80	-5.55
Holy Cross Hospital	41,046,525	-17,751,525	23,295,000	50,987,078	-19,378,211	31,608,866	24.22	35.69
Howard County General Hospital	10,395,296	-6,818,406	3,576,890	17,047,896	-6,610,105	10,437,791	64.00	191.81
Johns Hopkins Bayview Medical Center	21,241,512	-11,823,012	9,418,500	16,998,565	-4,998,765	11,999,800	-19.97	27.41
Johns Hopkins Hospital	24,951,117	6,477,361	31,428,478	12,411,383	-2,720,684	9,690,699	-50.26	-69.17
Laurel Regional Hospital	-3,598,137	-5,637,852	-9,235,989	-4,423,106	-12,082,723	-16,505,829	-22.93	-78.71
Levindale	7,057,388	-3,831,447	3,225,941	8,251,059	-6,450,535	1,800,524	16.91	-44.19
McCready Hospital	3,063,038	-583,451	2,479,588	-556,651	46,844	-509,807	-118.17	-120.56
MedStar Franklin Square	40,797,801	-19,480,307	21,317,494	39,840,710	-22,697,960	17,142,750	-2.35	-19.58

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

Hospital	2014			2015			% Change Reg. Operating	% Change Total Operating
	Regulated Operating	Unregulated Operating	Total Operating	Regulated Operating	Unregulated Operating	Total Operating		
MedStar Good Samaritan	25,433,656	-21,465,032	3,968,625	35,670,341	-27,314,012	8,356,329	40.25	110.56
MedStar Harbor Hospital	29,901,331	-9,668,488	20,232,843	23,482,119	-12,398,735	11,083,384	-21.47	-45.22
MedStar Montgomery General	14,950,082	-7,889,606	7,060,476	14,377,892	-7,766,568	6,611,324	-3.83	-6.36
MedStar Saint Mary's Hospital	20,257,153	-8,755,396	11,501,757	22,494,526	-9,227,927	13,266,600	11.04	15.34
MedStar Southern Maryland	3,162,651	-8,766,828	-5,604,177	4,107,378	-11,656,520	-7,549,143	29.87	-34.71
MedStar Union Memorial	46,312,220	-31,775,042	14,537,178	42,313,734	-34,127,034	8,186,700	-8.63	-43.68
Mercy Medical Center	14,111,314	-7,804,301	6,307,013	19,910,918	-9,289,507	10,621,411	41.10	68.41
Meritus Medical Center	4,717,300	-220,400	4,496,900	12,342,463	3,917,419	16,259,882	161.64	261.58
Northwest Hospital Center	23,464,469	-14,008,165	9,456,304	33,516,631	-17,063,133	16,453,498	42.84	74.00
Peninsula Regional Medical Center	36,419,854	-28,728,854	7,691,000	48,494,630	-33,050,630	15,444,000	33.15	100.81
Prince Georges' Hospital Center	4,536,729	-23,670,492	-19,133,763	23,737,583	-24,815,306	-1,077,724	423.23	94.37
Queen Anne's Emergency Center	-3,317,840	0	-3,317,840	-2,947,220	-15,100	-2,962,320	11.17	10.72
Saint Agnes Hospital	53,398,364	-29,462,430	23,935,933	53,691,443	-36,300,907	17,390,536	0.55	-27.35
Shady Grove Adventist Hospital	28,935,249	-13,410,889	15,524,360	31,683,154	-14,534,203	17,148,951	9.50	10.46
Sinai Hospital of Baltimore	60,556,006	-32,615,013	27,940,993	74,136,800	-36,663,000	37,473,800	22.43	34.12
Suburban Hospital	17,164,544	-14,538,791	2,625,753	36,471,122	-24,246,141	12,224,980	112.48	365.58
UM Baltimore Washington	26,085,945	-9,715,260	16,370,685	20,179,331	10,015,105	30,194,436	-22.64	84.44
UM Charles Regional Medical Center	12,894,884	-1,897,862	10,997,022	17,413,251	-2,124,433	15,288,818	35.04	39.03
UM Harford Memorial Hospital	6,070,368	-1,886,029	4,184,339	10,380,504	-1,475,904	8,904,600	71.00	112.81
UM Midtown	22,996,711	-19,319,509	3,677,202	23,478,530	-22,025,917	1,452,613	2.10	-60.50

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

Hospital	2014			2015			% Change Reg. Operating	% Change Total Operating
	Regulated Operating	Unregulated Operating	Total Operating	Regulated Operating	Unregulated Operating	Total Operating		
UM Rehabilitation & Orthopedic Inst.	1,364,808	-831,695	533,113	626,337	-735,345	-109,008	-54.11	-120.45
UM Saint Joseph	7,740,245	-16,458,245	-8,718,000	29,444,823	-18,922,744	10,522,079	280.41	220.69
UM Shore Medical Chestertown	8,334,074	-2,753,782	5,580,293	3,879,516	-2,538,352	1,341,164	-53.45	-75.97
UM Shore Medical Dorchester	8,281,878	-1,845,477	6,436,401	8,291,243	-1,793,599	6,497,644	0.11	0.95
UM Shore Medical Easton	13,445,938	-4,147,074	9,298,864	23,367,326	-3,568,182	19,799,144	73.79	112.92
UM Upper Chesapeake	24,437,959	-6,159,959	18,278,000	43,118,575	-9,088,009	34,030,566	76.44	86.18
Union Hospital of Cecil County	14,909,300	-11,537,000	3,372,300	14,652,783	-12,023,500	2,629,283	-1.72	-22.03
University MEIMS	19,568,825	-452,740	19,116,085	17,898,888	-104,971	17,793,917	-8.53	-6.92
University of Maryland Medical Center	45,419,769	-21,096,733	24,323,036	48,799,170	-13,076,167	35,723,003	7.44	46.87
Washington Adventist Hospital	969,949	-11,690,915	-10,720,966	16,639,663	-12,512,993	4,126,670	1615.52	138.49
Western Maryland Regional M. C.	38,761,001	-19,014,101	19,746,900	40,968,696	-19,331,496	21,637,200	5.70	9.57

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

Hospital	2014			2015			% Change Reg. Operating	% Change Total Operating
	Regulated Operating	Unregulated Operating	Total Operating	Regulated Operating	Unregulated Operating	Total Operating		
Sinai Hospital of Baltimore	60,556,006	-32,615,013	27,940,993	74,136,800	-36,663,000	37,473,800	22.43	34.12
University of Maryland Medical Center	45,419,769	-21,096,733	24,323,036	48,799,170	-13,076,167	35,723,003	7.44	46.87
UM Upper Chesapeake	24,437,959	-6,159,959	18,278,000	43,118,575	-9,088,009	34,030,566	76.44	86.18
Holy Cross Hospital	41,046,525	-17,751,525	23,295,000	50,987,078	-19,378,211	31,608,866	24.22	35.69
UM Baltimore Washington	26,085,945	-9,715,260	16,370,685	20,179,331	10,015,105	30,194,436	-22.64	84.44
Anne Arundel Medical Center	25,326,003	-13,213,903	12,112,100	47,093,161	-22,286,951	24,806,209	85.95	104.81
Western Maryland Regional M. C.	38,761,001	-19,014,101	19,746,900	40,968,696	-19,331,496	21,637,200	5.70	9.57
UM Shore Medical Easton	13,445,938	-4,147,074	9,298,864	23,367,326	-3,568,182	19,799,144	73.79	112.92
Greater Baltimore Medical Center	30,962,700	-10,118,000	20,844,700	40,807,589	-21,120,069	19,687,520	31.80	-5.55
University MEIMS	19,568,825	-452,740	19,116,085	17,898,888	-104,971	17,793,917	-8.53	-6.92
Saint Agnes Hospital	53,398,364	-29,462,430	23,935,933	53,691,443	-36,300,907	17,390,536	0.55	-27.35
Shady Grove Adventist Hospital	28,935,249	-13,410,889	15,524,360	31,683,154	-14,534,203	17,148,951	9.50	10.46
MedStar Franklin Square	40,797,801	-19,480,307	21,317,494	39,840,710	-22,697,960	17,142,750	-2.35	-19.58
Northwest Hospital Center	23,464,469	-14,008,165	9,456,304	33,516,631	-17,063,133	16,453,498	42.84	74.00
Meritus Medical Center	4,717,300	-220,400	4,496,900	12,342,463	3,917,419	16,259,882	161.64	261.58
Carroll County General Hospital	26,236,823	-5,435,765	20,801,058	20,563,115	-4,642,649	15,920,466	-21.62	-23.46
Peninsula Regional Medical Center	36,419,854	-28,728,854	7,691,000	48,494,630	-33,050,630	15,444,000	33.15	100.81
UM Charles Regional Medical Center	12,894,884	-1,897,862	10,997,022	17,413,251	-2,124,433	15,288,818	35.04	39.03
MedStar Saint Mary's Hospital	20,257,153	-8,755,396	11,501,757	22,494,526	-9,227,927	13,266,600	11.04	15.34
Suburban Hospital	17,164,544	-14,538,791	2,625,753	36,471,122	-24,246,141	12,224,980	112.48	365.58

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

Hospital	2014			2015			% Change Reg. Operating	% Change Total Operating
	Regulated Operating	Unregulated Operating	Total Operating	Regulated Operating	Unregulated Operating	Total Operating		
Johns Hopkins Bayview Medical Center	21,241,512	-11,823,012	9,418,500	16,998,565	-4,998,765	11,999,800	-19.97	27.41
Frederick Memorial Hospital	16,325,142	-13,195,104	3,130,038	24,767,220	-13,662,174	11,105,045	51.71	254.79
MedStar Harbor Hospital	29,901,331	-9,668,488	20,232,843	23,482,119	-12,398,735	11,083,384	-21.47	-45.22
Mercy Medical Center	14,111,314	-7,804,301	6,307,013	19,910,918	-9,289,507	10,621,411	41.10	68.41
UM Saint Joseph	7,740,245	-16,458,245	-8,718,000	29,444,823	-18,922,744	10,522,079	280.41	220.69
Howard County General Hospital	10,395,296	-6,818,406	3,576,890	17,047,896	-6,610,105	10,437,791	64.00	191.81
Calvert Memorial Hospital	16,797,976	-8,340,143	8,457,833	19,265,015	-9,491,803	9,773,212	14.69	15.55
Johns Hopkins Hospital	24,951,117	6,477,361	31,428,478	12,411,383	-2,720,684	9,690,699	-50.26	-69.17
Bon Secours Hospital	15,956,273	-13,952,517	2,003,755	19,910,902	-10,865,671	9,045,231	24.78	351.41
UM Harford Memorial Hospital	6,070,368	-1,886,029	4,184,339	10,380,504	-1,475,904	8,904,600	71.00	112.81
MedStar Good Samaritan	25,433,656	-21,465,032	3,968,625	35,670,341	-27,314,012	8,356,329	40.25	110.56
MedStar Union Memorial	46,312,220	-31,775,042	14,537,178	42,313,734	-34,127,034	8,186,700	-8.63	-43.68
MedStar Montgomery General	14,950,082	-7,889,606	7,060,476	14,377,892	-7,766,568	6,611,324	-3.83	-6.36
UM Shore Medical Dorchester	8,281,878	-1,845,477	6,436,401	8,291,243	-1,793,599	6,497,644	0.11	0.95
Doctors Community Hospital	10,251,378	-9,356,366	895,012	18,130,257	-12,010,875	6,119,382	76.86	583.72
Washington Adventist Hospital	969,949	-11,690,915	-10,720,966	16,639,663	-12,512,993	4,126,670	1615.52	138.49
Garrett County Memorial Hospital	4,171,544	-810,322	3,361,223	3,864,889	208,452	4,073,341	-7.35	21.19
Union Hospital of Cecil County	14,909,300	-11,537,000	3,372,300	14,652,783	-12,023,500	2,629,283	-1.72	-22.03
Levindale	7,057,388	-3,831,447	3,225,941	8,251,059	-6,450,535	1,800,524	16.91	-44.19
Bowie Emergency Center	1,943,397	34,401	1,977,798	2,455,821	-821,420	1,634,401	26.37	-17.36

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

Hospital	2014			2015			% Change Reg. Operating	% Change Total Operating
	Regulated Operating	Unregulated Operating	Total Operating	Regulated Operating	Unregulated Operating	Total Operating		
UM Midtown	22,996,711	-19,319,509	3,677,202	23,478,530	-22,025,917	1,452,613	2.10	-60.50
Fort Washington Medical Center	1,223,777	-648,495	575,282	2,028,867	-648,722	1,380,145	65.79	139.91
UM Shore Medical Chestertown	8,334,074	-2,753,782	5,580,293	3,879,516	-2,538,352	1,341,164	-53.45	-75.97
Atlantic General Hospital	13,899,332	-10,086,613	3,812,719	14,536,600	-13,654,600	882,000	4.58	-76.86
UM Rehabilitation & Orthopedic Inst.	1,364,808	-831,695	533,113	626,337	-735,345	-109,008	-54.11	-120.45
McCready Hospital	3,063,038	-583,451	2,479,588	-556,651	46,844	-509,807	-118.17	-120.56
Prince Georges' Hospital Center	4,536,729	-23,670,492	-19,133,763	23,737,583	-24,815,306	-1,077,724	423.23	94.37
Germantown Emergency Center	-1,690,370	-195,557	-1,885,927	-1,882,264	-37,105	-1,919,369	-11.35	-1.77
Queen Anne's Emergency Center	-3,317,840	0	-3,317,840	-2,947,220	-15,100	-2,962,320	11.17	10.72
MedStar Southern Maryland	3,162,651	-8,766,828	-5,604,177	4,107,378	-11,656,520	-7,549,143	29.87	-34.71
Laurel Regional Hospital	-3,598,137	-5,637,852	-9,235,989	-4,423,106	-12,082,723	-16,505,829	-22.93	-78.71

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

	2014	2015	
Hospital	Excess Profit Loss	Excess Profit Loss	% Change in Excess
All Acute Hospitals	895,903,147	529,689,423	-40.88
Anne Arundel Medical Center	39,203,200	-16,185,791	-141.29
Atlantic General Hospital	6,274,080	2,442,300	-61.07
Bon Secours Hospital	3,569,505	9,344,231	161.78
Bowie Emergency Center	1,977,798	1,634,401	-17.36
Calvert Memorial Hospital	6,802,728	7,641,171	12.33
Carroll County General Hospital	27,155,986	11,992,597	-55.84
Doctors Community Hospital	651,801	5,096,695	681.94
Fort Washington Medical Center	576,030	1,380,752	139.70
Frederick Memorial Hospital	16,993,038	11,684,445	-31.24
Garrett County Memorial Hospital	4,238,955	4,805,317	13.36
Germantown Emergency Center	-2,264,592	-2,327,154	-2.76
Greater Baltimore Medical Center	40,539,700	22,310,520	-44.97
Holy Cross Hospital	46,558,000	37,702,162	-19.02
Howard County General Hospital	9,886,601	9,198,800	-6.96
Johns Hopkins Bayview Medical Center	11,105,000	13,875,000	24.94
Johns Hopkins Hospital	66,850,174	49,280,467	-26.28
Laurel Regional Hospital	-685,989	-9,114,741	-1228.70
Levindale	6,801,826	780,648	-88.52
McCready Hospital	2,587,106	-425,502	-116.45
MedStar Franklin Square	21,563,555	17,341,909	-19.58
MedStar Good Samaritan	3,971,844	10,737,176	170.33
MedStar Harbor Hospital	20,739,733	11,457,920	-44.75
MedStar Montgomery General	7,075,846	6,619,082	-6.46
MedStar Saint Mary's Hospital	12,271,586	13,257,796	8.04
MedStar Southern Maryland	-5,582,219	-7,528,697	-34.87
MedStar Union Memorial	20,389,661	9,579,971	-53.02
Mercy Medical Center	16,016,399	16,544,255	3.30
Meritus Medical Center	18,982,900	18,328,621	-3.45
Northwest Hospital Center	25,618,214	18,792,218	-26.65
Peninsula Regional Medical Center	29,420,000	24,068,000	-18.19

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

	2014	2015	
Hospital	Excess Profit Loss	Excess Profit Loss	% Change in Excess
Prince Georges' Hospital Center	3,192,390	17,696,121	454.32
Queen Anne's Emergency Center	-3,347,238	-2,956,067	11.69
Saint Agnes Hospital	44,871,382	18,700,440	-58.32
Shady Grove Adventist Hospital	15,263,693	18,326,992	20.07
Sinai Hospital of Baltimore	57,740,993	45,201,800	-21.72
Suburban Hospital	16,401,687	9,813,980	-40.16
UM Baltimore Washington	19,474,047	26,587,436	36.53
UM Charles Regional Medical Center	10,169,022	14,283,818	40.46
UM Harford Memorial Hospital	11,524,339	9,405,600	-18.38
UM Midtown	3,078,202	943,613	-69.35
UM Rehabilitation & Orthopaedic Instit	1,802,113	-633,008	-135.13
UM Saint Joseph	-14,131,000	7,725,079	154.67
UM Shore Medical Chestertown	6,550,008	1,174,180	-82.07
UM Shore Medical Dorchester	6,224,482	6,542,898	5.12
UM Shore Medical Easton	17,180,916	19,502,785	13.51
UM Upper Chesapeake	22,400,000	23,343,566	4.21
Union Hospital of Cecil County	10,810,500	2,163,183	-79.99
University MEIMS	20,616,085	19,293,917	-6.41
University of Maryland Medical Center	173,762,036	-6,223,997	-103.58
Washington Adventist Hospital	-12,230,677	2,625,923	121.47
Western Maryland Regional M. C.	25,261,700	21,186,600	-16.13

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

	2014	2015	
Hospital	Excess Profit Loss	Excess Profit Loss	% Change in Excess
Johns Hopkins Hospital	66,850,174	49,280,467	-26.28
Sinai Hospital of Baltimore	57,740,993	45,201,800	-21.72
Holy Cross Hospital	46,558,000	37,702,162	-19.02
UM Baltimore Washington	19,474,047	26,587,436	36.53
Peninsula Regional Medical Center	29,420,000	24,068,000	-18.19
UM Upper Chesapeake	22,400,000	23,343,566	4.21
Greater Baltimore Medical Center	40,539,700	22,310,520	-44.97
Western Maryland Regional M. C.	25,261,700	21,186,600	-16.13
UM Shore Medical Easton	17,180,916	19,502,785	13.51
University MEIMS	20,616,085	19,293,917	-6.41
Northwest Hospital Center	25,618,214	18,792,218	-26.65
Saint Agnes Hospital	44,871,382	18,700,440	-58.32
Meritus Medical Center	18,982,900	18,328,621	-3.45
Shady Grove Adventist Hospital	15,263,693	18,326,992	20.07
Prince Georges' Hospital Center	3,192,390	17,696,121	454.32
MedStar Franklin Square	21,563,555	17,341,909	-19.58
Mercy Medical Center	16,016,399	16,544,255	3.30
UM Charles Regional Medical Center	10,169,022	14,283,818	40.46
Johns Hopkins Bayview Medical Center	11,105,000	13,875,000	24.94
MedStar Saint Mary's Hospital	12,271,586	13,257,796	8.04
Carroll County General Hospital	27,155,986	11,992,597	-55.84
Frederick Memorial Hospital	16,993,038	11,684,445	-31.24
MedStar Harbor Hospital	20,739,733	11,457,920	-44.75
MedStar Good Samaritan	3,971,844	10,737,176	170.33
Suburban Hospital	16,401,687	9,813,980	-40.16
MedStar Union Memorial	20,389,661	9,579,971	-53.02
UM Harford Memorial Hospital	11,524,339	9,405,600	-18.38
Bon Secours Hospital	3,569,505	9,344,231	161.78
Howard County General Hospital	9,886,601	9,198,800	-6.96
UM Saint Joseph	-14,131,000	7,725,079	154.67
Calvert Memorial Hospital	6,802,728	7,641,171	12.33

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

	2014	2015	
Hospital	Excess Profit Loss	Excess Profit Loss	% Change in Excess
MedStar Montgomery General	7,075,846	6,619,082	-6.46
UM Shore Medical Dorchester	6,224,482	6,542,898	5.12
Doctors Community Hospital	651,801	5,096,695	681.94
Garrett County Memorial Hospital	4,238,955	4,805,317	13.36
Washington Adventist Hospital	-12,230,677	2,625,923	121.47
Atlantic General Hospital	6,274,080	2,442,300	-61.07
Union Hospital of Cecil County	10,810,500	2,163,183	-79.99
Bowie Emergency Center	1,977,798	1,634,401	-17.36
Fort Washington Medical Center	576,030	1,380,752	139.70
UM Shore Medical Chestertown	6,550,008	1,174,180	-82.07
UM Midtown	3,078,202	943,613	-69.35
Levindale	6,801,826	780,648	-88.52
McCready Hospital	2,587,106	-425,502	-116.45
UM Rehabilitation & Orthopaedic Instit	1,802,113	-633,008	-135.13
Germantown Emergency Center	-2,264,592	-2,327,154	-2.76
Queen Anne's Emergency Center	-3,347,238	-2,956,067	11.69
University of Maryland Medical Center	173,762,036	-6,223,997	-103.58
MedStar Southern Maryland	-5,582,219	-7,528,697	-34.87
Laurel Regional Hospital	-685,989	-9,114,741	-1228.70
Anne Arundel Medical Center	39,203,200	-16,185,791	-141.29



CHESAPEAKE REGIONAL INFORMATION SYSTEM FOR OUR PATIENTS

HSCRC Commission Meeting ICN Infrastructure Progress Update

8/10/2016

7160 Columbia Gateway Drive, Suite 230
Columbia, MD 21046
877.952.7477 | info@crisphealth.org
www.crisphealth.org



ICN Infrastructure

As Maryland implements health reform under the unique terms of the Medicare waiver, CRISP is tasked with standing up supporting infrastructures to be shared by all participants. The effort will avoid duplication of costs and give stakeholders more complete records from which to work.

Called the Integrated Care Network Infrastructure or “ICN” project, CRISP tools are designed to assist with three general activities:

1. Better identifying at-risk patients who could benefit from care coordination or a targeted intervention
2. Coordinating services provided to these individuals, including with more complete records at the point-of-care
3. Monitoring the effectiveness of such efforts, by benchmarking performance among peers and understanding the bigger total-cost-of-care picture



Progress at the four venues in which information is used

1. The Point of Care

- Patient Care Overview provides insight into the full care team (checked 3,000 times in June)
- In-context alerts put information at a clinicians fingertips (25,000 alerts in June)
- Single-sign-on makes access to richer information easy (25,000 queries in June of 125,000 total)
- Secure texting in use (250 new users)

2. Care Managers / Coordinators

- 3,879 ambulatory physicians are connected to send real time encounter records, and 769 sending clinical records
- 'Smart Router' to intelligently forward information to care managers now in place (used for 5,400 patients)
- Encounter Notifications have been expanded (55% of patients have a notification sent to their ambulatory provider at discharge, up from about 40% at project start)
- Skilled Nursing facilities are sending encounter data (77 connected)



Progress at the four venues in which information is used

3. The Population Health Team

- The PaTH dashboard shows hospitals the total hospitalization picture, including use of other facilities, for anyone who was their patient in the last 12 months, to help identify patients with complex needs who might benefit from a care management intervention (390 report logins last month)
- All hospitals have access to a Medicare High Utilizers report, derived from casemix data
- All hospitals can see total cost of care (TCOC) trends by county, through CY 2015
- Hospitals can access HCC risk scores for their patients, which incorporate all hospitalizations

4. Patients

- The ability to honor patient opt-out in reporting services was added, without which PaTH would likely not be possible
- Patients can now opt-out of sharing all ambulatory data, without being excluded from other CRISP services



Challenges

- Approaches to care coordination interventions among stakeholders are not consistent, making shared infrastructures more difficult to deploy.
 - Everyone requires basic connectivity, but workflow support is harder.
- Ambulatory providers, acute providers, post-acute providers, and managed care organizations have not been fully aligned in their approaches to meet new waiver goals or their vision as to the end state.
 - Gaining broad ambulatory and LTPAC connectivity will be difficult without alignment.
- The project team had difficulty obtaining Medicare data to produce reports.
 - The pace has recently quickened on reports for planning – i.e. not the identified reports for care managers.
- The overall pace was somewhat slow compared to plan and spending was below budget.
- Operationally, the project team needs to simplify the message to participants and focus on a smaller set of goals.



Top-line goals for the year

CRISP's ICN Steering Committee has proposed the following goals as the top-line success measures for the coming year. Progress on these measures would become the top of our monthly report to stakeholders.

- Of about 20,000 Medicare beneficiaries who are high utilizers, and do not have another known disposition such as opt-out or deceased, 50% / 75% (stretch) / 90% (double stretch) have an identified care coordinator and PCP.
- Of about 20,000 Medicare beneficiaries who are high utilizers, and do not have another known disposition such as opt-out or deceased, 5% / 10% (stretch) / 20% (double stretch) have a care alert or equivalent.



Goals for the year working with hospitals

CRISP will support hospitals this year, with an aim of helping them all do these four things, to collectively improve care coordination:

- A. Notify CRISP for each patient who is enrolled/dis-enrolled in a care management program. This process can be automated through a simple IT interface. Hospitals also need to make sure these individuals consent for their data to be shared.
- B. Whenever care management information appropriate for sharing is created or updated for a participating patient, send a copy of the information to CRISP.
- C. Create an “alert mechanism” in your hospital EHR so your clinicians know when a person who is in care management has shown up, with easy access to the full data.
- D. Incorporate CRISP reports and compiled data into the work of the population health team. (For patient identification and performance measurement.)

Title 10 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Subtitle 37 HEALTH SERVICES COST REVIEW COMMISSION

Chapter 10 Rate Application and Approval Procedures

**Authority: Health-General Article, §§ 19-207, 19-219, and 19-222; Annotated Code of
Maryland**

NOTICE OF EMERGENCY ACTION

The Health Services Cost Review Commission has granted emergency status to amend Regulation .03 under **COMAR 10.37.10 Rate Application and Approval Procedures**.

Emergency Status: September 1, 2016

Emergency Status Expires: February 1, 2017

Comparison to Federal Standards

There is no corresponding federal standard to this proposed action.

Estimate of Economic Impact

There is economic impact. See Estimate of Economic Impact attached

.03 Regular Rate Applications.

A. A hospital may not file a regular rate application with the Commission until rate efficiency measures are adopted by the Commission which are consistent with the all-payer model contract approved by the Centers for Medicare & Medicaid Services (CMS). During this interim period of time, a hospital may seek a rate adjustment under any other administrative remedy available to it under existing Commission, law, regulation, or policy. The rate efficiency measures shall be adopted by the Commission on or about [July 1, 2016] *October 31, 2017*. [In no event shall the moratorium continue in effect beyond September 30, 2016.] Once the moratorium is lifted, a hospital may file a regular rate application with the Commission at any time if:

(1) (text unchanged)

(2) (text unchanged)

B. – D. (text unchanged)

NELSON SABATINI
Chairman
Health Services Cost Review Commission

Title 10 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Subtitle 37 HEALTH SERVICES COST REVIEW COMMISSION

Chapter 10 Rate Application and Approval Procedures

Authority: Health-General Article, §§ 19-207, 19-219, and 19-222; Annotated Code of Maryland

NOTICE OF PROPOSED ACTION

The Health Services Cost Review Commission proposes to amend Regulations .03 under **COMAR 10.37.10 Rate Application and Approval Procedures** . This action was considered and approved for promulgation by the Commission at a previously announced open meeting held on August 10, 2016, notice of which was given pursuant to General Provisions Article, § 3-302(c), Annotated Code of Maryland. If adopted, the proposed amendments will become effective on or about December 19, 2016.

Statement of Purpose

The purpose of this action is to extend a moratorium on the filing of regular rate applications given the progression of the all-payer model.

Comparison of Federal Standards

There is no corresponding federal standard to this proposed action.

Estimate of Economic Impact

The proposed action has economic impact. See attached Economic Impact Statement.

Opportunity for Public Comment

Comments may be sent to Diana M. Kemp, Regulations Coordinator, Health Services Cost Review Commission, 4160 Patterson Avenue, Baltimore, Maryland 21215, or (410) 764-2576, or fax to (410) 358-6217, or email to diana.kemp@maryland.gov. The Health Services Cost Review Commission will consider comments on the proposed amendments until October 17, 2016. A hearing may be held at the discretion of the Commission.

.03 Regular Rate Applications.

A. A hospital may not file a regular rate application with the Commission until rate efficiency measures are adopted by the Commission which are consistent with the all-payer model contract approved by the Centers for Medicare & Medicaid Services (CMS). During this interim period of time, a hospital may seek a rate adjustment under any other administrative remedy available to it under existing Commission, law, regulation, or policy. The rate efficiency measures shall be adopted by the Commission on or about [July 1, 2016] *October 31, 2017*. [In no event shall the moratorium continue in effect beyond September 30, 2016.] Once the moratorium is lifted, a hospital may file a regular rate application with the Commission at any time if:

(1) (text unchanged)

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B. – D. (text unchanged)

NELSON SABATINI

Chairman

Health Services Cost Review Commission

State of Maryland
Department of Health and Mental Hygiene



Nelson J. Sabatini
Chairman
Herbert S. Wong, PhD
Vice-Chairman
Joseph Antos, PhD
Victoria W. Bayless
George H. Bone, MD
John M. Colmers
Jack C. Keane

Health Services Cost Review Commission

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Donna Kinzer
Executive Director
Stephen Ports, Director
Center for Engagement
and Alignment
Sule Gerovich, PhD, Director
Center for Population
Based Methodologies
Vacant, Director
Center for Clinical and
Financial Information
Gerard J. Schmith, Director
Center for Revenue and
Regulation Compliance

TO: Commissioners
FROM: HSCRC Staff
DATE: June 8, 2016
RE: Hearing and Meeting Schedule

September 14, 2016 To be determined - 4160 Patterson Avenue
HSCRC/MHCC Conference Room
October 19, 2016 To be determined - 4160 Patterson Avenue
HSCRC/MHCC Conference Room

Please note that Commissioner's binders will be available in the Commission's office at 11:45 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 at <http://www.hscrc.maryland.gov/commission-meetings-2016.cfm>

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