Exhibit 51

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Memorandum

To: Hospital CFOs

From: Sule Calikoglu, Ph.D., Deputy Director, Research and Methodology SC

Date: June 30, 2014

Re: Global Budget Hospital Population and Demographic Adjustment Volume Allowance

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The following Table contains the updated demographic adjustment that will be used for hospitals under the Global Budget Revenue (GBR) agreement for the Rate Year 2015.

The HSCRC has developed a demographic adjustment to allow for hospital service volume changes due to population change as well as population aging, without allowing for increases in hospital service volume due to potentially avoidable utilization (PAU). The approach also uses a per capita efficiency factor to bring the overall demographic adjustment within the level provided under the new All-Payer Model for population growth. Please see the attached Appendix for technical details and supporting data tables.

If you have any questions, please email Dr. Sule Calikoglu at sule.calikoglu@maryland.gov.

Hospital ID	Hospital Name	ECMADs FY 2013	Hospital Population 2014	Unadjusted Population Growth 2015	Age Adjusted Growth 2015	Hospital All-Payer Percent PAU	Age& PAU Adjusted Growth 2015	Poulation and Demographic Adjustment Volume Allowance 2015
210001	MERITUS	21,622	115,889	0.54%	0.99%	17.17%	0.82%	**0.45%**
210002	UNIVERSITY OF MARYLAND	72,113	390,329	0.48%	0.85%	11.73%	0.75%	**0.41%**
210003	PRINCE GEORGE	14,925	139,167	0.40%	0.99%	15.14%	0.84%	**0.46%**
210004	HOLY CROSS	36,953	352,523	0.76%	1.44%	13.56%	1.24%	**0.68%**
210005	FREDERICK MEMORIAL	28,939	179,619	0.94%	1.63%	14.90%	1.39%	**0.76%**
210006	HARFORD	8,205	30,863	0.63%	1.29%	16.16%	1.08%	**0.59%**
210008	MERCY	35,791	145,455	0.49%	1.01%	9.75%	0.91%	**0.50%**
210009	JOHNS HOPKINS	82,106	574,213	0.41%	0.73%	12.92%	0.64%	**0.35%**
210010	DORCHESTER	4,178	15,275	-0.09%	0.15%	17.75%	0.12%	**0.07%**
210011	ST. AGNES	30,598	118,032	0.69%	1.32%	17.23%	1.09%	**0.60%**
210012	SINAI	48,239	203,900	0.48%	1.00%	14.13%	0.86%	**0.47%**
210013	BON SECOURS	8,467	24,982	-0.07%	0.06%	25.78%	0.04%	**0.02%**
210015	FRANKLIN SQUARE	36,270	141,169	0.57%	1.20%	16.26%	1.00%	**0.55%**
210016	WASHINGTON ADVENTIST	18,482	150,543	1.07%	2.37%	16.23%	1.99%	**1.09%**
210017	GARRETT COUNTY	2,928	19,829	-0.36%	-0.10%	11.41%	0.00%	**0.00%**
210018	MONTGOMERY GENERAL	14,436	111,189	0.96%	1.68%	14.25%	1.44%	**0.79%**
210019	PENINSULA REGIONAL	27,329	129,932	0.50%	0.86%	14.19%	0.74%	**0.40%**
210022	SUBURBAN	22,135	187,935	1.34%	2.29%	14.11%	1.96%	**1.07%**
210023	ANNE ARUNDEL	47,937	299,161	0.81%	1.54%	11.49%	1.36%	**0.74%**
210024	UNION MEMORIAL	30,383	105,236	0.67%	1.51%	15.47%	1.28%	**0.70%**
210027	WESTERN MARYLAND HEALTH SYSTEM	15,749	73,296	-0.26%	0.14%	15.06%	0.12%	**0.06%**
210028	ST. MARY	13,599	93,121	1.01%	1.56%	12.63%	1.37%	**0.75%**
210029	HOPKINS BAYVIEW MED CTR	34,537	145,857	0.52%	1.03%	15.15%	0.88%	**0.48%**
210030	CHESTERTOWN	3,889	17,952	0.21%	0.57%	19.37%	0.46%	**0.25%**
210032	UNION HOSPITAL OF CECIL COUNT	11,032	67,557	0.36%	0.99%	12.10%	0.87%	**0.47%**
210033	CARROLL COUNTY	18,070	88,236	0.32%	0.75%	15.33%	0.63%	**0.35%**
210034	HARBOR	15,324	62,886	0.57%	1.04%	15.71%	0.88%	**0.48%**
210035	CHARLES REGIONAL	12,354	92,701	0.86%	1.66%	18.78%	1.35%	**0.74%**
210037	EASTON	13,953	60,142	0.28%	0.82%	13.20%	0.71%	**0.39%**
210038	UMMC MIDTOWN	12,493	43,463	0.22%	0.56%	19.25%	0.45%	**0.25%**
210039	CALVERT	11,289	71,734	0.49%	0.85%	12.64%	0.74%	**0.40%**
210040	NORTHWEST	19,637	73,132	0.75%	1.50%	22.91%	1.16%	**0.63%**
210043	BALTIMORE WASHINGTON MEDICAL CENTER	33,236	146,659	1.03%	2.06%	17.92%	1.69%	**0.93%**
210044	G.B.M.C.	35,960	169,996	0.51%	0.92%	10.94%	0.82%	**0.45%**
210045	MCCREADY	813	2,815	-0.58%	-0.47%	12.95%	0.00%	**0.00%**
210048	HOWARD COUNTY	24,082	177,110	1.00%	1.62%	15.53%	1.37%	**0.75%**
210049	UPPER CHESAPEAKE HEALTH	25,498	108,151	0.73%	1.48%	13.00%	1.29%	**0.70%**
210051	DOCTORS COMMUNITY	16,308	125,315	1.02%	2.16%	20.69%	1.72%	**0.94%**
210055	LAUREL REGIONAL	8,508	62,374	0.76%	1.75%	15.35%	1.48%	**0.81%**
210056	GOOD SAMARITAN	25,803	79,629	0.70%	1.76%	19.14%	1.42%	**0.78%**
210057	SHADY GROVE	31,159	329,916	1.07%	1.64%	11.09%	1.46%	**0.80%**
210058	REHAB & ORTHO	8,014	41,822	0.74%	1.14%	8.33%	1.05%	**0.57%**
210060	FT. WASHINGTON	3,664	31,216	0.89%	2.14%	15.62%	1.80%	**0.99%**
210061	ATLANTIC GENERAL	6,238	23,687	0.48%	1.10%	11.69%	0.97%	**0.53%**
210062	SOUTHERN MARYLAND	20,037	167,992	0.84%	1.86%	18.49%	1.52%	**0.83%**
210063	UM ST. JOSEPH	29,233	118,938	0.72%	1.45%	12.69%	1.26%	**0.69%**
210087	GERMANTOWN	1,251	21,218	0.68%	0.87%	0.00%	0.87%	**0.48%**
210088	QUEEN ANNES	362	3,550	-0.21%	-0.54%	0.00%	0.00%	**0.00%**
210333	BOWIE HEALTH	883	16,037	0.15%	0.21%	0.00%	0.21%	**0.12%**
Total		**1,045,010**	**5,951,740**	**0.68%**	**1.30%**	**14.35%**	**1.10%**	**0.60%**

* ECMAD= Equivalent Case Mix Adjusted Discharges ; PAU= Potentially Avoidable Utilization

APPENDIX

Overview of the Demographic Adjustment under Global Revenue Models

Introduction

Under the new All-Payer Model in Maryland, hospitals have chosen to have their revenues regulated under global models in a system that focuses on meeting the three part aim of promoting better care, better health, and lower cost. In contrast to the previous Medicare waiver that focused on controlling increases in Medicare inpatient payments per case, the new All-Payer Model seeks to control increases in total hospital revenue per capita.

Central to the All-Payer Model are global revenue models that encourage hospitals to focus on population health and care improvement by prospectively establishing an annual revenue budget for each hospital. There are currently two global models being used: The Total Patient Revenue (TPR) model was expanded in 2008 and now includes 10 hospitals in more rural areas of the State. In 2013, the Global Budget Revenue (GBR) model, which was based on the TPR methodology, was introduced to all other hospitals in the State, including those in urban and suburban areas.

Under GBR and TPR, each hospital's total annual revenue is known at the beginning of the fiscal year. Total annual revenue is determined from a historical base period that is adjusted to account for several factors. In order to tie the global models to population and patient centered metrics and to provide for other changes required to the revenue budgets, the HSCRC makes a number of annual adjustments to the hospitals' global revenue budgets. The HSCRC has developed a demographic adjustment to recognize expected changes in hospital service volume due to population change as well as population aging, without allowing for increases in hospital service volume due to potentially avoidable utilization (PAU), which are defined as hospital care that is unplanned and can be prevented through improved care, care coordination, or effective community based care. The approach also uses a marginal cost factor for expected per capita efficiencies under the new Model to bring the overall demographic adjustment within the level provided under the new All-Payer Model for population growth.

This report outlines the demographic adjustment methodology that the HSCRC will implement for the update of global budgets of GBR hospitals in Maryland fiscal year 2015, which is similar to the approach used in establishing the fiscal year 2014 approved budgets. The TPR hospitals are operating under a demographic adjustment that is calculated in a manner similar to as the GBR method, using county level as opposed to zip code level estimates of population changes and aging along with adjustments reflecting expected efficiencies for reductions in avoidable utilization.

Overview of Demographic Adjustment Calculation

The GBR demographic adjustment calculation begins by determining a hospital's virtual patient service area (VPSA). A VPSA is determined by aggregating the hospital's service volume in each zip code for eight age groups in the State. The HSCRC uses this service area distribution to attribute population to each hospital based on the proportional amount of services it provides to patients in each zip code relative to services provided by all hospitals. The eight age cohorts within each zip code provide more specific cost trends than would otherwise result from an overall distribution since population growth trends and health care use within these cohorts differ significantly. In contrast to GBR hospitals, the TPR hospitals have more defined service areas, which allowed the HSCRC to use counties as a service area to calculate population growth for TPR hospitals.

The HSCRC then calculates the estimated population change for the attributed population using population projections (see data sources below). It also applies an age weight to each age/zip code cohort of the hospital's VPSA to adjust for the differences in cost per capita of each age cohort and to allow for changes resulting from aging of the population. However, a portion of the existing service volume is a result of PAU. The HSCRC removes this portion of the base volume when projecting each hospital's expected volume growth by reducing the age-adjusted growth percentage by that hospital's specific proportion of revenue that is associated with PAU. After removing PAU from the each hospital's demographic adjustment, the result is multiplied by a pro-rata factor that accounts for the expected per capita efficiencies to accomplish the overall savings target in the per capita growth rate to be applied. The result is the population driven volume growth that will be recognized in each GBR hospital's global budget (subject to agreement provisions) for the upcoming fiscal year.

<u>Summary:</u>

1. <u>Calculate base population estimates</u> for each hospital based on its share of volume, as measured by equivalent case-mix adjusted discharges, in a given zip code age cohort
2. <u>Calculate age adjusted population growth rates</u> by multiplying statewide age cost weights with zip/age population growth rates.
3. <u>Calculate hospital specific age adjusted population growth</u> by multiplying hospital specific base population by age adjusted population growth rates for each zip/age cohort and calculating total projected age adjusted population growth
4. <u>Calculate final demographic adjustment</u> by applying efficiency adjustments
    a. Reduce age adjusted population growth by hospital specific PAUs as a percent of total all-payer revenue
    b. Reduce PAU/age adjusted population growth by pro-rata per capita efficiency adjustment reduction

Demographic Adjustment Calculation Steps

This section provides the data sources used and a more detailed explanation of each step of the calculation.

Data Sources:
Volume estimates and total charges by age cohorts are calculated using HSCRC patient level inpatient and outpatient abstract data submitted on a monthly basis. All calculations involving volume and charges include only Maryland residents, determined by the reported billing zip code of the patient.

Zip code and age specific population estimates and projections were provided by Claritas for current year and 5-year population projections, since zip code level data are not available from the Department of State Planning.

Below are the detailed calculation steps:

STEP 1. Calculate base population estimates for each hospital based on its share of volume, as measured by equivalent case-mix adjusted discharges, in a given zip code/age cohort.

Step 1a: Calculate the base year total service volume of the hospital (inpatient and outpatient) for each zip code by each of the eight age cohorts based on Equivalent Case Mix Adjusted Discharges.

i. Measure the volume of inpatient services as total inpatient case mix adjusted discharges (CMADs) that occurred in the specified fiscal year.
ii. Measure the volume of outpatient services as follows:
    a. Calculate the Hospital Unit Charge as the average charge per CMAD for all of the hospital's inpatients that occurred in the specified fiscal year.
    b. Calculate the outpatient equivalent case mix adjusted discharges (ECMADs) as:

$$Outpatient\ ECMAD = \frac{Total\ Charges - Inpatient\ Charges}{Hospital\ Unit\ Charge}$$

iii. Sum inpatient CMADs and Outpatient ECMADs to determine total service volume of the hospital ECMADs for each zip code and age cohort.

Step 1b: Allocate the base population for each zip/age cohort.
Use the proportion of each hospital's ECMAD volumes in each zip/age cohort divided by the total ECMADs for all hospitals in that zip/age cohort to allocate a proportion of the population in each zip code to each hospital.

Example:

For Hospital A and Zip/Age Cohort J the base population would be calculated as:
$Base\ Population_{AJ} = Population_J * (ECMAD_{AJ}/ECMAD_J)$

STEP 2: Calculate age adjusted population growth rates.

Step 2a: Calculate the statewide age cost weight for each age cohort.
Relative age cost weights are applied to a hospital's allocated population and population estimates to arrive at cost weighted populations for the base year and the projection year to account for the age-weighted growth in the population. Age specific hospital cost weights are calculated at the state level as the ratio of average total hospital charges per capita for each statewide age cohort to the statewide average hospital charge per capita in the base year. The total hospital charges include charges for Maryland residents only. This calculation is illustrated below for the statewide [5-14] age cohort.

$$Age\ Cost\ Weight\ for\ [5\ to\ 14] Age\ Cohort = \frac{Total\ [5\ to\ 14]\ Hospitals'\ Charges/Population\ in\ Base\ Year}{Total\ [All\ cohorts] Hospitals'\ Charges\ /Population\ in\ Base\ Year}$$

Step 2b: Calculate age adjusted growth rates.
For each zip/age cohort, the estimated population growth rates are multiplied by the age cost weights to determine the cost weighted population growth rates.

For a Zip/Age Cohort J and Age Weight [5 to 14]:
Age Adjusted Population Growth Rate = Population Growth Rate$_J$ Age-Weight [5 to 14]*

STEP 3: Calculate hospital overall age adjusted growth.
The age adjusted projected population related volume growth is calculated by multiplying base population numbers by age adjusted growth rates from Step 2 for each zip/age cohort. The overall hospital specific age adjusted growth rate is the sum of the allocated age adjusted population for the projection period divided by the age adjusted allocated population for the base period. This is converted to a percentage after subtracting 1.

For Hospital A and Zip/Age Cohort J and Age-Weight [5 to 14:;
*Projected Population Growth = Base Population$_{AJ}$*Population Growth Rate$_J$* Age-Weight [5 to 14]*

Then overall Projected Population for Hospital A for all Zip/Age Cohorts = i…..z:

$$Overall\ Projected\ Population\ Growth\ Rate = \frac{Sum\ of\ (Projected\ Population\ Growth\ i \ldots z)}{Sum\ of\ (\ Base\ Population\ i \ldots . z)}$$

STEP 4: Calculate the appropriate volume growth by applying efficiency adjustments.

Step 4a: Reduce age adjusted overall projected growth by hospital specific overall PAU percentage of revenue.
The overall growth rate calculated in Step 3 is reduced by the PAU percentage of revenue that is calculated on a hospital specific basis by multiplying the growth rate by the PAU percentage of revenue. The policy result is that the hospital will not receive a demographic adjustment on any of its PAU revenues, which includes revenue from avoidable admissions, 30-day readmissions, observation or emergency department visits, as well as revenue from complications (see below

for additional information). PAU percentages of revenue are calculated at the hospital specific level by calculating the ratio of PAU revenue divided by total hospital revenue.

Step 4b: Reduce the PAU adjusted growth percentage for each hospital to achieve an allowance for demographic growth statewide that is lower than the overall growth allowed by the All-Payer Model.

The All-Payer Model provides for per capita growth, without any explicit adjustment for aging of the population. The preliminary result of Step 4a provides a demographic factor for each hospital that includes an age adjustment, and that has been reduced by a measure of potentially avoidable utilization. Without further adjustment, the age and PAU adjusted demographic factor statewide would produce an allowance for growth that is above the statewide allowance for growth in population. Therefore, an additional efficiency adjustment reduction percentage is applied to each hospital's age and PAU adjusted growth percentage to bring the allowance statewide to a level within the overall population increase percentage provided by the Model. For example, if the age and PAU adjusted allowance were 1.2% but the target population allowance was .6%, then all hospitals would receive an additional efficiency adjustment of 50%. This adjustment recognizes the ability to provide incremental volumes at a lower marginal cost or to further reduce avoidable volume to achieve the needed efficiency level of the per capita model.

Final Demographic Percentage: At the conclusion of Step 4b, the final demographic adjustment percentage has been calculated for each hospital in the State. After adding 1 to the percentage, this demographic growth rate is multiplied by each hospital's approved revenue from the base year to arrive at the population adjusted revenue for the target year.

Example Calculation

Below is an example calculation with just one zip code for a GBR hospital to arrive at the statewide per capita efficiency adjustment.

Zip Code	Age Cohort	Base Year ECMADs for Hospital	Total ECMADs for All Hospitals	Share of ECMADs	Base Population	Allocated Base Population	State Total Hospital Revenue per Capita	Age Cost Weights	Projected Population Growth Rate of Cohort	Age Adjusted Population Growth Rates	Hospital Age Adjusted Population Growth	Hospital Overall Age Adjusted Population Growth	Hospital PAU %	Hospital Specific PAU Adjusted Growth Rate	Statewide Per capita Efficiency Adjustment
		STEP 1a			Step1b		Step2a		Step2b		Step 3		Step 4		
A	B	C	D	E = C/D	F	G=F * E	H	I=H/H(total)	J	K=J*I	L=G*K	M=sum(L) /sum(G)	N	O=M*(1-N)	P=O*50%
00000	0-4	30	60	50%	3,713	1,857	$1,577	0.68	0.77%	0.52%	10				
00000	05-14	45	100	45%	23,471	10,562	$119	0.05	-0.07%	0.00%	(0)				
00000	15-44	100	210	48%	8,902	4,239	$3,798	1.63	-1.16%	-1.89%	(80)				
00000	45-55	20	35	57%	7,533	4,305	$2,822	1.21	1.18%	1.43%	61				
00000	55-64	25	40	63%	7,450	4,657	$3,413	1.46	0.16%	0.23%	11				
00000	65-74	25	30	83%	4,517	3,764	$5,162	2.21	2.73%	6.04%	227				
00000	75-84	55	70	79%	2,282	1,793	$7,337	3.14	2.42%	7.60%	136				
00000	85+	60	80	75%	1,044	783	$8,009	3.43	1.32%	4.53%	35				
Total	Total	360	625	58%	58,913	31,959	$2,335				401	1.3%	14%	1.08%	0.54%

Demographic Adjustment Considerations

The approach described above was arrived at after the HSCRC staff conducted additional analysis and received stakeholder input on various demographic variables. The stakeholder workgroup recommended an expanded number of age cohorts, which HSCRC staff has accepted and applied in the updated calculations. The eight age cohorts being used are: 0-4, 5-14, 15-44, 44-55, 55-64, 65-74, 75-84, 85+. The workgroup was also concerned about the initial calculation that used statewide PAU percentages in reducing age-adjusted weights. Staff responded by removing the PAU percentages from the weights and applying the overall PAU adjustment on a hospital specific basis. In the event that the demographic adjustment is not greater than 0%, the demographic adjustment is held at 0%, thereby providing no increase or decrease for the affected hospital. This approach may be adjusted in the future.

Calculation of the PAU Percentage for Each Hospital

PAU is defined as hospital care that is unplanned and can be prevented through improved care, care coordination, or effective community based care. Also, it can reflect cost increases that resulted from a potentially preventable complication occurring in a hospital. The HSCRC intends to continue to create new tools to refine the measurement of PAU.

For purposes of FY2014 and 2015, PAU was measured through three inpatient measures and one outpatient measure: 30 day all cause any hospital inpatient readmissions, inpatient prevention quality indicators (PQIs) as defined by the Agency for Healthcare Research and Quality (AHRQ), and inpatient potentially preventable conditions (PPCs) calculated under the Maryland Hospital Acquired Conditions policy. The measure also includes outpatient re-hospitalizations in the emergency room and observation occurring within 30 days of an inpatient admission.

The total cost of PAU was calculated for each hospital by summing the total cost associated with the discharges and visits indicated above. The PAU percentage was then calculated as the ratio of total PAU charges to the total charges for each hospital in the fiscal year base period. As described above, this PAU percentage was utilized to remove growth in the expected changes in hospital service volume due to population change as well as population aging, by not providing for increases in hospital service volume for growth in PAU.

Rate Year 2015 Supporting Data Results

1. Age Cost Weights - FY 2013

Age group	Population 2013	Inpatient Revenue	Outpatient Revenue	Total Revenue	Per Capita Revenue	FY 13 Age Cost Weights
0-4	371,334	$447,907,135	$139,043,726	$586,950,862	$1,581	0.68
5-14	2,347,063	$96,801,062	$185,339,044	$282,140,106	$120	0.05
15-44	890,201	$1,749,030,422	$1,649,167,754	$3,398,198,175	$3,817	1.64
45-54	753,340	$1,152,737,145	$978,209,702	$2,130,946,847	$2,829	1.21
55-64	745,045	$1,520,406,701	$1,019,280,809	$2,539,687,510	$3,409	1.46
65-74	451,737	$1,468,707,995	$852,941,786	$2,321,649,782	$5,139	2.20
75-84	228,153	$1,155,016,976	$503,027,306	$1,658,044,281	$7,267	3.11
85+	104,429	$637,069,486	$192,166,907	$829,236,393	$7,941	3.40
Total	**5,891,302**			**$13,746,853,957**	**$2,333**	**1.00**

***Total Revenue is based on MD Residents only. (updated since the previous analysis)**
***Population is based on Claritas Data**

2. State-Wide Age-Adjusted Population Growth

Age Cohort	Population 2014	Population 2019	Annual Growth Rate	Age Cost Weights	Age Weighted Growth Rate
0-4	364,846	365,032	0.0%	0.68	0.01%
5-14	2,367,336	2,393,555	0.2%	0.05	0.01%
15-44	886,762	834,278	-1.2%	1.64	-1.98%
45-54	775,593	854,098	1.9%	1.21	2.36%
55-64	746,031	748,717	0.1%	1.46	0.11%
65-74	470,688	604,404	5.1%	2.20	11.29%
75-84	233,876	270,773	3.0%	3.11	9.26%
85+	106,711	113,277	1.2%	3.40	4.09%
Total	**5,951,843**	**6,184,134**	**0.77%**	**1.00**	**1.36%**

*Population growth rates are based on Claritas Data

3. All Payer Potentially Avoidable Utilization FY 2013

Potentially Avoidable Utilization- All Payer Using CRISP ID-FY 2013

FY 2013		ALLPAYER -$								
		INPATIENT					OUTPATIENT		INPATIENT & OUTPATIENT	
Hospital ID	Hospital Name	Total Inpatient Discharges	%PQI	%Readmission	% PPC	% Total PAU	Total Outpatient Charges	% 30-Day ED/Observation Charges	Total PAU	% Total PAU
210001	MERITUS	$192,764,879	10.3%	14.0%	4.9%	25.7%	$107,759,787	1.9%	$51,600,590	17.2%
210002	UNIVERSITY OF MARYLAND	$1,034,396,785	2.6%	9.1%	4.8%	15.8%	$402,163,518	1.3%	$168,478,200	11.7%
210003	PRINCE GEORGE	$170,811,372	10.0%	9.9%	3.5%	20.8%	$74,811,565	2.3%	$37,187,432	15.1%
210004	HOLY CROSS	$322,831,396	6.1%	10.6%	4.2%	19.0%	$140,589,976	1.1%	$62,827,799	13.6%
210005	FREDERICK MEMORIAL	$195,322,415	11.1%	12.6%	4.4%	24.9%	$141,694,926	1.2%	$50,229,848	14.9%
210006	HARFORD	$51,863,659	11.9%	17.4%	4.7%	30.7%	$54,811,724	2.4%	$17,240,719	16.2%
210008	MERCY	$233,031,507	6.2%	11.4%	3.6%	18.9%	$238,819,452	0.8%	$45,987,029	9.7%
210009	JOHNS HOPKINS	$1,319,257,303	3.6%	12.7%	5.1%	20.2%	$789,313,162	0.8%	$272,424,434	12.9%
210010	DORCHESTER GENERAL	$26,582,401	23.1%	18.6%	3.0%	37.7%	$32,706,581	1.5%	$10,524,201	17.8%
210011	ST. AGNES	$243,314,760	11.2%	15.2%	4.8%	27.5%	$159,759,717	1.5%	$69,435,199	17.2%
210012	SINAI	$428,008,625	5.7%	13.0%	5.4%	21.9%	$255,271,007	1.1%	$96,530,926	14.1%
210013	BON SECOURS	$75,481,177	12.7%	26.9%	4.1%	37.8%	$46,157,491	6.1%	$31,355,494	25.8%
210015	FRANKLIN SQUARE	$285,256,375	10.8%	14.4%	4.2%	25.7%	$185,318,872	1.7%	$76,495,788	16.3%
210016	WASHINGTON ADVENTIST	$164,166,435	8.7%	13.7%	4.6%	23.9%	$86,638,586	1.6%	$40,699,412	16.2%
210017	GARRETT COUNTY	$19,360,642	13.7%	10.4%	4.1%	25.1%	$24,659,868	0.7%	$5,022,047	11.4%
210018	MONTGOMERY GENERAL	$89,820,257	9.5%	13.9%	5.2%	25.6%	$76,716,400	1.0%	$23,733,141	14.3%
210019	PENINSULA GENERAL	$239,525,278	8.5%	12.2%	5.6%	23.7%	$173,063,607	1.1%	$58,556,877	14.2%
210022	SUBURBAN	$185,393,142	6.3%	10.6%	6.0%	20.9%	$97,106,727	1.2%	$39,857,020	14.1%
210023	ANNE ARUNDEL	$306,809,646	8.0%	10.3%	4.0%	19.6%	$230,516,591	0.7%	$61,753,754	11.5%
210024	UNION MEMORIAL	$244,385,833	7.7%	12.7%	6.7%	24.8%	$162,796,792	1.4%	$62,989,595	15.5%
210027	WESTERN MARYLAND HEALTH SYSTEM	$187,675,091	9.3%	13.0%	5.3%	24.4%	$127,095,241	1.3%	$47,389,331	15.1%
210028	ST. MARY	$68,745,781	15.0%	13.5%	2.3%	26.6%	$86,082,954	1.5%	$19,560,584	12.6%
210029	HOPKINS BAYVIEW MED CTR	$319,143,338	8.8%	14.5%	4.9%	25.2%	$234,871,802	1.5%	$83,944,190	15.2%
210030	CHESTER RIVER HOSPITAL CENTER	$29,503,903	21.3%	18.7%	5.3%	37.9%	$29,604,648	1.0%	$11,449,620	19.4%
210032	UNION HOSPITAL OF CECIL COUNT	$69,072,681	10.7%	13.0%	5.3%	25.5%	$84,623,596	1.2%	$18,597,251	12.1%
210033	CARROLL COUNTY	$140,633,500	10.9%	14.6%	3.8%	26.1%	$107,807,118	1.3%	$38,097,158	15.3%
210034	HARBOR	$126,070,391	10.0%	13.6%	4.1%	24.2%	$76,740,880	1.7%	$31,863,722	15.7%
210035	CIVISTA	$75,433,187	15.9%	18.5%	3.8%	32.9%	$61,712,774	1.5%	$25,754,568	18.8%
210037	MEMORIAL AT EASTON	$96,717,508	13.0%	11.8%	3.0%	24.4%	$88,710,268	1.0%	$24,477,501	13.2%
210038	MARYLAND GENERAL	$107,899,179	8.4%	21.8%	3.6%	30.7%	$77,571,319	3.3%	$35,709,273	19.3%
210039	CALVERT	$67,839,359	13.8%	10.7%	3.9%	24.9%	$70,789,587	0.9%	$17,518,636	12.6%
210040	NORTHWEST	$143,315,084	16.1%	21.6%	6.3%	38.3%	$102,765,592	1.5%	$56,371,288	22.9%
210043	BALTIMORE WASHINGTON MEDICAL CENTER	$218,119,657	12.7%	16.7%	5.7%	29.8%	$158,267,329	1.5%	$67,466,805	17.9%
210044	G.B.M.C.	$203,533,231	8.0%	10.3%	5.7%	21.9%	$217,789,064	0.7%	$46,100,446	10.9%
210045	MCCREADY	$4,486,449	37.1%	15.6%	4.3%	49.0%	$13,382,397	0.9%	$2,313,420	12.9%
210048	HOWARD COUNTY	$170,255,194	9.6%	13.3%	4.8%	24.5%	$107,684,134	1.4%	$43,163,171	15.5%
210049	UPPER CHESAPEAKE HEALTH	$145,945,703	8.5%	13.1%	4.9%	23.9%	$138,459,329	1.5%	$36,961,384	13.0%
210051	DOCTORS COMMUNITY	$137,664,693	11.4%	18.3%	5.6%	31.8%	$78,815,849	1.3%	$44,781,266	20.7%
210055	LAUREL REGIONAL	$61,357,628	8.9%	16.1%	2.9%	24.8%	$41,818,409	1.5%	$15,842,138	15.4%
210056	GOOD SAMARITAN	$184,677,236	11.5%	18.2%	4.2%	29.7%	$112,731,397	1.8%	$56,930,732	19.1%
210057	SHADY GROVE	$225,297,389	4.4%	11.8%	2.7%	17.1%	$136,319,563	1.1%	$40,103,224	11.1%
210058	KERNAN	$51,092,789	0.0%	11.7%	3.8%	15.6%	$46,077,716	0.3%	$8,096,086	8.3%
210060	FT. WASHINGTON	$18,333,890	22.4%	18.2%	5.0%	37.9%	$28,224,598	1.2%	$7,273,355	15.6%
210061	ATLANTIC GENERAL	$38,938,556	15.1%	15.8%	3.2%	29.1%	$60,805,025	0.6%	$11,663,037	11.7%
210062	SOUTHERN MARYLAND	$161,076,262	11.7%	15.0%	5.0%	28.1%	$90,846,807	1.5%	$46,574,436	18.5%
210063	UM ST. JOSEPH MEDICAL CENTER	$208,229,613	5.4%	10.9%	5.5%	20.1%	$128,951,864	0.8%	$42,787,023	12.7%
	STATEWIDE	**$9,089,441,182**	**7.7%**	**13.0%**	**4.8%**	**23.0%**	**$5,989,225,609**	**1.2%**	**$2,163,719,150**	**14.3%**

* Readmissions are adjusted for Planned Admissions
3/18/2014