UNIVERSITY OF MARYLAND UPPER CHESAPEAKE HEALTH

Establish Specialty Psychiatric Hospital At Aberdeen
Matter No. 18-12-2436

Responses to Completeness Questions Dated March 22, 2019

PART IV - CONSISTENCY WITH GENERAL REVIEW CRITERIA

a) The State Health Plan

COMAR 10.24.07, State Health Plan for Facilities and Services: Psychiatric Services

Standard AP 14

1. **Please submit the letters required by standard AP-14.**

Applicants' Response

Attached as **Exhibit 14** are letters of acknowledgement submitted by the Harford County and Cecil County Health Departments and local community mental health centers. A letter of acknowledgment from the Maryland Department of Health will be sent directly to the Commission. Also enclosed with **Exhibit 14** are letters of support of UM UCH's proposed project from various providers and government entities, including Union Hospital of Cecil County, the City of Aberdeen, and the Harford County Volunteer Fire and EMS Association.

COMAR 10.24.10, State Health Plan for Facilities and Services: Acute Care Hospital Services

Charity Care Policy

2. **Based on the information submitted, it is not possible to determine whether your charity care policy is in compliance with the "Determination of Probable Eligibility" subpart of this standard (COMAR 10.24.19.04(C)(5)(a)(i)). Describe how this determination is made, and what information is required in order to convey probable eligibility (as contrasted with what is required to make final determination.[1] If your review of your process and application forms do not comply with this standard, please revise it to do so.**

[1] Note that the standard requires a two-day turnaround for a determination of probable eligibility, which allows a patient to know their likely eligibility for charity care without having to retrieve documentation that might not be readily available. As long as there is a simple procedure to assess probable eligibility, it is acceptable for the facility to require documentation prior to granting a final determination of eligibility.

Applicants' Response

The State Health Plan Chapter referenced in question 2 is applicable to Freestanding Medical Facilities. That being said, UM UCH's charity care policy, which will be implemented at UC Behavioral Health, complies with the requirements of COMAR 10.24.10.04A(2). *See* **Exhibit 5**, UM UCH's Financial Assistance Policy. In **Exhibit 5**, UM UCH included both its Financial Assistance Policy in effect at the time the CON Application was filed as well as a draft Financial Assistance Policy that was pending approval by the UM UCH Board of Directors. Subsequent to the filing of the CON Application, the UM UCH Board formally approved of UM UCH's revised Financial Assistance Policy. A signed version of the revised financial assistance policy dated October 2018, is submitted herewith as **Exhibit 15**. Along with **Exhibit 15**, UM UCH is also enclosing its Financial Assistance Form, instructions to patients and financially responsible persons concerning completion of its Financial Assistance Application Form, a follow-up letter to patients regarding probable eligibility, and the current schedule of federal poverty levels used to make eligibility determinations.

Notices regarding UM UCH's financial assistance policy are currently posted in UM UCH's respective admissions offices, business offices, and emergency department areas. Additionally, UM UCH publishes notice in the Harford County Aegis in the form attached as **Exhibit 16**. Further, UM UCH's Financial Assistance Policy and related materials are available on UM UCH's website at the following URL:

https://www.umms.org/uch/patients-visitors/for-patients/financial-assistance

As set forth in UM UCH's Financial Assistance Policy, patients will be deemed presumptively eligible for financial assistance if they qualify pursuant to one or more of fourteen (14) enumerated criteria, including:

I. Active Medical Assistance pharmacy coverage
II. Special Low Income Medicare Beneficiary (SLMB) coverage (covers Medicare Part B premiums)
III. Homelessness
IV. Medical Assistance and Medicaid Managed Care patients for services provided in the ED beyond coverage of these programs
V. Maryland Public Health System Emergency Petition (EP) patients (balance after insurance)
VI. Participation in Women, Infants and Children Program (WIC)
VII. Supplemental Nutritional Assistance Program (SNAP)
VIII. Eligibility for other state or local assistance programs
IX. Deceased with no known estate
X. Determined to meet eligibility criteria established under former State Only Medical Assistance Program
XI. Households with children in the free or reduced lunch program
XII. Low-income household Energy Assistance Program
XIII. Self-Administered Drugs (in the outpatient environment only)
XIV. Medical Assistance Spenddown amounts

Even if a patient does not qualify for presumptive eligibility, a probable eligibility determination may be made based on verbal or documented income levels and number of

family members. Following a determination of probable eligibility, the follow-up letter enclosed with **Exhibit 15** is mailed to patients within two business days. UM UCH also reserves the right to make eligibility determinations without a formal application from its patients.

3. **You did not address the distribution of your charity care public notice (COMAR 10.24.19.04(C)(5)(a)(ii)). Please provide a copy of this public notice and describe how you will disseminate it to your service area population on an annual basis.**

Applicants' Response

See UM UCH's Response to Question 2 above.

Bed Need

4. **The applicant is assuming a market share that is far larger than that of the unit it would succeed (at HMH). It also appears to assume that this new psychiatric facility would subsume the market share of Union Hospital of Cecil County (UHCC), which maintains an 11 bed psychiatric unit.**

   a) **Please explain and justify these assumptions.**

   b) **The original application that this submission modifies described a partnership that positioned UM UCH with UHCC to jointly address behavioral health issues in the region. Does that partnership still function?**

   c) **If it is still functioning, identify the participants and describe their roles.**

Applicants' Response

The proposed UC Behavioral Health special psychiatric hospital is expected to replace the existing twenty-eight (28) licensed psychiatric beds at Harford Memorial Hospital ("HMH"), to add a new geriatric psychiatric program to the service area to treat an aging population closer to their homes, and to improve access to behavioral health care for the residents of northeast Maryland by offering a continuum of care in a centralized, convenient location.

Beginning in fiscal year 2022, UM UCH proposes to establish two separate psychiatric programs at UC Behavioral Health including: (1) a fifteen (15) bed geriatric unit; and (2) an adult, non-geriatric unit, housing a total of twenty-five (25) non-geriatric adult psychiatric beds. UHCC, which is licensed for only seven (7) not eleven (11) psychiatric beds, "strongly" supports UM UCH's CON Application. *See* Exhibit 14.

While the Applicant's original CON application assumed that UHCC would decommission its psychiatric unit, this is no longer the case. Moreover, at the time of the Applicant's original CON application, UM UCH and UHCC were involved in a Regional Collaborative for Behavioral Health (the "Regional Collaborative"), the purpose of which was to coordinate and facilitate access to services for individuals in need of behavioral health services. The Regional Collaborative between UM UCH and UHCC was placed on hold pending discussions between UHCC and LifeBridge Health concerning a potential affiliation. Now that

the potential affiliation between UHCC and LifeBridge is not taking place, UM UCH is currently engaged in discussions with representatives from UHCC concerning reimplementation of the Regional Collaborative. Additionally, as noted above, Richard Szumel, M.D., the President and CEO of UHCC, recently filed a letter in support "strongly" recommending the Commission's approval of UM UCH's application for a CON to establish a forty-bed special psychiatric hospital in Aberdeen. *See* Exhibit 14.

In the CON Application filed on November 21, 2018, UM UCH's projected future utilization assumes some market share capture. As set forth in the CON Application, the growth in utilization at UC Behavioral Health will have a modest impact on other hospitals, including UHCC.

A. UC Behavioral Health's Geriatric and Non-Geriatric Programs

With the opening of UC Behavioral Health in fiscal year 2022, UC Behavioral Health will be capable of safely and effectively treating certain patients with co-occurring medical diagnoses. As a result, UM UCH anticipates that certain patients, particularly geriatric patients, who suffer from co-occurring medical and behavioral health diagnoses and who currently receive treatment in MSGA units, will be candidates for admission to UC Behavioral Health. Patients admitted to UC Behavioral Health who are diagnosed with co-occurring medical diagnoses will receive a medical assessment and follow-up during their course of treatment by a medicine specialist (e.g. internist, hospitalist) dedicated to serving the inpatient behavioral health units. The medicine specialist will work closely with the inpatient unit psychiatrist/psychiatric nurse practitioner to ensure an integrated treatment approach. Having this medicine specialist will enable UC Behavioral Health to annually capture approximately 150 patients suffering from co-occurring medical and behavioral health diagnoses who had previously been treated in MSGA units at HMH, UCMC, and other Maryland acute care hospitals.

UC Behavioral Health's geriatric program is generally characterized as serving patients suffering from a neurological disorder such as Alzheimer's and/or Dementia. Although there is no age restriction on patients that will be treated in the geriatric program for psychiatric disorders, such patients are primarily projected to be in the 65+ age cohort. In contrast, UC Behavioral Health's proposed adult non-geriatric program is defined as treating patients suffering from one or more psychiatric diagnoses, excluding geriatric neurological diagnoses.

B. Market Share

To address the demand for both inpatient geriatric and non-geriatric psychiatric services, UM UCH analyzed the utilization of inpatient psychiatric services at acute general hospitals and special hospitals servicing patients from the proposed Service Area in Harford and Cecil Counties. The historical service area discharges include discharges from acute and specialty hospitals in Maryland, as well as all hospitals in Delaware that were obtained from The St. Paul Group's non-confidential abstract patient level database for acute hospitals in Maryland, The St. Paul Group's summarized database of discharges for specialty hospitals in Maryland, and the Delaware Health Information Network summarized database of discharges for hospitals in Delaware.

Based on this data, the historical market share of geriatric and non-geriatric discharges at HMH, UCMC and other Maryland hospitals was calculated. The projected market share for geriatric and non-geriatric services is based on the application of assumptions regarding future changes in market share to the historical calculated market share. The historical market share and assumptions regarding future changes in market share are described below for geriatric and non-geriatric services.

1. UC Behavioral Health Geriatric Program Market Share

UC Behavioral Health's geriatric psychiatric market share decreased in fiscal years 2015 through 2017 (Table 24).

Table 24
UC Behavioral Health's Historical Market Share
Geriatric Psychiatric
FY2015 - FY2017

	Historical		
	FY2015	FY2016	FY2017
Geriatric Market Share			
Maryland Non-Academic Acute Hospitals			
UC Behavioral Health (HMH+UCMC)	24.4%	23.9%	17.3%
Johns Hopkins Bayview Medical Center	9.6%	11.5%	14.4%
Franklin Square Hospital	6.3%	9.5%	8.9%
Union Hospital of Cecil County	1.9%	5.5%	4.4%
St. Joseph Medical Center	2.1%	1.7%	1.8%
Other Non-Academic Acute Hospitals	9.2%	5.7%	6.5%
Subtotal Non-Academic Acute Hospitals	53.4%	57.8%	53.1%
Maryland Academic Acute Hospitals	1.7%	3.3%	2.4%
Maryland Specialty Hospitals	42.2%	34.1%	39.7%
Subtotal Maryland	97.2%	95.2%	95.2%
Delaware	2.8%	4.8%	4.8%
Total	100.0%	100.0%	100.0%

Although it lost market share in previous years, UC Behavioral Health's market share is projected to remain constant, by age cohort, from fiscal years 2017 through 2021. It will then increase in fiscal year 2022 with the introduction of a dedicated geriatric program at UC Behavioral Health and then remain constant, by age cohort, until the end of the projection period in fiscal year 2024 (Table 25). The increase in market share in fiscal year 2022 reflects an expected capture of approximately 25% of geriatric psychiatric discharges historically cared for at other non-academic acute hospitals in Maryland.

Table 25
UC Behavioral Health's Historical and Projected Market Share
Geriatric Psychiatric
FY2015 - FY2024

	Historical			Projected							% Change
	FY2015	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021	FY2022	FY2023	FY2024	FY17-FY24
Market Share											
Geriatric											
18-64	**32.7%**	**35.1%**	**19.4%**	**19.4%**	**19.4%**	**19.4%**	**19.4%**	**29.7%**	**29.7%**	**29.7%**	
%Change	-8.4%	7.1%	-44.8%	0.0%	0.0%	0.0%	0.0%	53.3%	0.0%	0.0%	*-15.4%*
65+	**23.6%**	**22.2%**	**17.0%**	**17.0%**	**17.0%**	**17.0%**	**17.0%**	**26.0%**	**26.0%**	**26.0%**	
%Change	-8.1%	-6.1%	-23.4%	0.0%	0.0%	0.0%	0.0%	53.3%	0.0%	0.0%	*53.3%*
Total	**24.4%**	**23.9%**	**17.3%**	**17.3%**	**17.3%**	**17.3%**	**17.2%**	**26.4%**	**26.4%**	**26.4%**	
% Change	-9.1%	-2.1%	-27.7%	-0.1%	-0.1%	-0.1%	-0.1%	53.2%	0.0%	0.0%	*52.7%*

The capture of approximately 25% of geriatric psychiatric discharges historically cared for at other non-academic acute hospitals in Maryland will, though, have a proportional impact on UHCC, though UHCC does not operate a dedicated geriatric psychiatric unit.

2. UC Behavioral Health Non-Geriatric Program Market Share

UC Behavioral Health's market share of non-geriatric psychiatric discharges increased from fiscal year 2015 to 2017 (Table 26).

Table 26
UC Behavioral Health's Historical Market Share
Non-Geriatric Psychiatric
FY2015 - FY2017

	Historical		
	FY2015	FY2016	FY2017
Non-Geriatric Market Share			
Maryland Non-Academic Acute Hospitals			
UC Behavioral Health (HMH+UCMC)	8.2%	8.4%	8.4%
Johns Hopkins Bayview Medical Center	2.2%	1.9%	2.2%
Franklin Square Hospital	5.2%	5.6%	5.8%
Union Hospital of Cecil County	3.8%	3.8%	3.1%
St. Joseph Medical Center	1.3%	1.3%	1.4%
Other Non-Academic Acute Hospitals	3.0%	3.1%	3.1%
Subtotal Non-Academic Acute Hospitals	23.7%	24.0%	24.0%
Maryland Academic Acute Hospitals	1.9%	1.4%	1.4%
Maryland Specialty Hospitals	69.6%	69.8%	69.9%
Subtotal Maryland	95.2%	95.2%	95.2%
Delaware	4.8%	4.8%	4.8%
Total	100.0%	100.0%	100.0%

Based on actual experience, UC Behavioral Health is expected to lose some market share in fiscal year 2018, but market share is then projected to remain constant, by age cohort, through fiscal year 2024 (Table 27).

Table 27
UC Behavioral Health's Historical and Projected Market Share
Non-Geriatric Psychiatric
FY2015 - FY2024

	Historical			Projected							% Change
	FY2015	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021	FY2022	FY2023	FY2024	FY17-FY24
Market Share											
Non-Geriatric											
18-64	**8.3%**	**8.3%**	**8.6%**	**8.4%**	**8.4%**	**8.4%**	**8.4%**	**8.4%**	**8.4%**	**8.4%**	
%Change	-4.5%	0.1%	3.4%	-2.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	*-2.9%*
65+	**7.2%**	**8.9%**	**5.5%**	**4.5%**	**4.5%**	**4.5%**	**4.5%**	**4.5%**	**4.5%**	**4.5%**	
%Change	37.2%	23.0%	-38.7%	-17.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	*-17.7%*
Total	**8.2%**	**8.4%**	**8.4%**	**8.1%**	**8.1%**	**8.1%**	**8.1%**	**8.1%**	**8.0%**	**8.0%**	
% Change	-2.8%	1.4%	0.4%	-3.6%	-0.1%	-0.1%	-0.1%	-0.1%	-0.1%	-0.1%	*-4.3%*

With no projected change in market share, by age cohort, the projection of non-geriatric psychiatric market at UC Behavioral Health is not expected to impact other hospitals, including UHCC.

5. The applicant assumes that it would become a dominant provider of geriatric psychiatric care, and would essentially take business from other established programs. Please:

a) Discuss why you believe there is unmet need for gero-psychiatric inpatient care, and substantiate the statement in the application that: *geriatric patients who suffer from co-occurring medical and behavioral health diagnoses… currently receive treatment in MSGA units*;

b) Show where gero-psychiatric patients from the assumed market area are going now;

c) Project the distribution of those patients if/when the proposed Upper Chesapeake freestanding psychiatric hospital project reaches maturity

Applicants' Response

Table 28 below presents the historical allocation of geriatric psychiatric market share in UC Behavioral Health's service area.

Table 28
UC Behavioral Health's Historical Market Share
Geriatric Psychiatric
FY2015 - FY2017

	Historical		
	FY2015	FY2016	FY2017
Geriatric Market Share			
Maryland Non-Academic Acute Hospitals			
UC Behavioral Health (HMH+UCMC)	24.4%	23.9%	17.3%
Johns Hopkins Bayview Medical Center	9.6%	11.5%	14.4%
Franklin Square Hospital	6.3%	9.5%	8.9%
Union Hospital of Cecil County	1.9%	5.5%	4.4%
St. Joseph Medical Center	2.1%	1.7%	1.8%
Other Non-Academic Acute Hospitals	9.2%	5.7%	6.5%
Subtotal Non-Academic Acute Hospitals	53.4%	57.8%	53.1%
Maryland Academic Acute Hospitals	1.7%	3.3%	2.4%
Maryland Specialty Hospitals	42.2%	34.1%	39.7%
Subtotal Maryland	97.2%	95.2%	95.2%
Delaware	2.8%	4.8%	4.8%
Total	100.0%	100.0%	100.0%

Although it lost market share in previous years, UC Behavioral Health's market share is projected to remain constant, by age cohort, from fiscal years 2017 through 2021. It will then increase in fiscal year 2022 with the introduction of a dedicated geriatric program at UC Behavioral Health and then remain constant, by age cohort, until the end of the projection period in fiscal year 2024 (Table 29). The increase in market share in fiscal year 2022 reflects an expected capture of approximately 25% of geriatric psychiatric discharges historically cared for at other non-academic acute hospitals in Maryland.

Table 29
UC Behavioral Health's Historical and Projected Market Share
Geriatric Psychiatric
FY2015 - FY2024

	Historical			Projected							% Change
	FY2015	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021	FY2022	FY2023	FY2024	FY17-FY24
Market Share											
Geriatric											
18-64	**32.7%**	**35.1%**	**19.4%**	**19.4%**	**19.4%**	**19.4%**	**19.4%**	**29.7%**	**29.7%**	**29.7%**	
%Change	-8.4%	7.1%	-44.8%	0.0%	0.0%	0.0%	0.0%	53.3%	0.0%	0.0%	*-15.4%*
65+	**23.6%**	**22.2%**	**17.0%**	**17.0%**	**17.0%**	**17.0%**	**17.0%**	**26.0%**	**26.0%**	**26.0%**	
%Change	-8.1%	-6.1%	-23.4%	0.0%	0.0%	0.0%	0.0%	53.3%	0.0%	0.0%	*53.3%*
Total	**24.4%**	**23.9%**	**17.3%**	**17.3%**	**17.3%**	**17.3%**	**17.2%**	**26.4%**	**26.4%**	**26.4%**	
% Change	-9.1%	-2.1%	-27.7%	-0.1%	-0.1%	-0.1%	-0.1%	53.2%	0.0%	0.0%	*52.7%*

The capture of approximately 25% of geriatric psychiatric discharges historically cared for at other non-academic acute hospitals in Maryland is expected to have a proportional impact on these other hospitals. In fiscal year 2024, there is a projection of 778 service area geriatric

discharges. *See* Table 30 below and Table 12 from CON Application. At the historical fiscal year 2017 market share, the other non-academic acute hospitals in Maryland would have a combined 279 service area geriatric discharges (Table 30). With the introduction of a dedicated geriatric program, though, UC Behavioral Health is expected to pick up 9.1% of market share or 71 discharges. The impact of UC Behavioral Health picking up these 71 discharges is presented below in Table 30 by hospital. The largest impact is on Johns Hopkins Bayview Medical Center followed by UHCC with 4.3% and 1.8% reductions in their fiscal year 2018 psychiatric discharges, respectively.

Table 30
UC Behavioral Health's Projected Service Area Discharges and Market Share
Geriatric Psychiatric
FY2024

	Projected FY2024 at FY2017 Market Share		UC Behavioral Health Impact on Market Share	Projected FY2024		Impact on Discharges	FY2018 Hospital Psych Discharges	Impact % of Hospital Discharges
Geriatric Discharges and Market Share	Discharges	Market Share		Discharges	Market Share			
UC Behavioral Health (HMH+UCMC)	134	17.3%	9.1%	205	26.4%	71	1,195	5.9%
Other Maryland Non-Academic Acute Hospitals								
Johns Hopkins Bayview Medical Center	112	14.4%	-3.7%	83	10.7%	(28)	668	-4.3%
Franklin Square Hospital	69	8.9%	-2.3%	52	6.6%	(18)	2,385	-0.7%
Union Hospital of Cecil County	34	4.4%	-1.1%	25	3.3%	(9)	486	-1.8%
St. Joseph Medical Center	14	1.8%	-0.5%	10	1.3%	(4)	796	-0.4%
Other Non-Academic Acute Hospitals	50	6.5%	-1.6%	37	4.8%	(13)	-	-
Subtotal Other Non-Academic Acute Hosp	279	35.9%	-9.1%	208	26.7%	(71)	4,335	-1.6%
Maryland Academic Acute Hospitals	19	2.4%	0.0%	19	2.4%	-	-	-
Maryland Specialty Hospitals	309	39.7%	0.0%	309	39.7%	-	-	-
Subtotal Maryland	741	95.2%	0.0%	741	95.2%	-	-	-
Delaware	37	4.8%	0.0%	37	4.8%	-	-	-
Total	778	100.0%	0.0%	778	100.0%	-	-	-

Source: FY2017 market share and FY2024 projected discharges are based on a Maryland State non-confidential patient level data set
FY2018 discharges, by hospital, are based on HSCRC Experience Report

Cost Effectiveness

6. The application states (p. 9) that the minimum FGI design standard for inpatient psychiatric rooms is 100 SF; the planned rooms are between 175 SF to 236 SF, which is substantially over this standard. Please justify this variance.

Applicants' Response

The CON Application at page 9 states that patient bedrooms were designed in accordance with the FGI Guidelines standard 2.5-2.2.2.2, which requires that rooms "have a minimum clear floor area of 100 square feet." This does not mean that the FGI standard for inpatient rooms is 100 square feet; the FGI Guide definition of "clear floor area" excludes the patient's bed and other furniture in the room. As described on page 9 of the CON Application, the proposed project includes single-bed patient rooms ranging from 175 to 236 square feet. Standard patient rooms at UC Behavioral Health average 185 square feet.

UM UCH's patient room designs are based on the Alzheimer's and other dementia patient care unit "minimum" clear floor area requirements of 120 square feet in single patient room pursuant to 2018 FGI guidelines. The design drawings submitted with the CON Application do not reflect built-in furniture units such as an anchored bed, bench seating, and built in cabinetry. The overall clear floor area square footage per room is reduced by as much as 50 square feet per room with the proposed beds and furniture. Thus, a 185 square foot room as

reflected on the project drawings would only have 135 square feet of clear floor space, slightly above that required by the 2018 FGI Guidelines.

Finally, only four patient rooms exceed the average of 185 square feet, which rooms are respectively 193, 194, 201, and 236 square feet. However, the floor plate of the building has also been designed to accommodate the space planning requirements of both UC Behavioral Health and UC FMF, a freestanding medical facility that will be located below UC Behavioral Health. The shared floor plate dictates certain space planning at UC Behavioral Health associated with these four rooms.

7. **Describe where Upper Chesapeake is in the process of negotiations with HSCRC regarding its GBR proposal.**

Applicants' Response

Representatives from UM UCH recently had an initial meeting with the HSCRC on March 7, 2019. Another meeting will be scheduled in early April to review the financial projection details supporting the GBR proposal with representatives of the HSCRC. A follow-up meeting with the HSCRC related to the GBR proposal is expected to be scheduled in late April, 2019, and it is currently expected that UM UCH will reach an agreement with the HSCRC by mid-May.

8. **A complete cost analysis of replacing HMH is presented (p.52), but nothing comparable is shown for the other alternatives. Please provide more detail showing how the cost estimates were arrived at**.

Applicants' Response

Cost estimates of each of the alternatives considered in presented on pages 53-55 of the CON Application. Detailed cost estimates for new construction at UCMC to inpatient and outpatient transferred from HMH to UCMC for Alternatives 2, 3, and 4 are presented in UM UCH's Request for Exemption from CON Review to Merge and Consolidate HMH and UCMC. More specifically, a two-level addition above the Kaufman Cancer Center at UCMC to house observation beds is projected to cost $78,618,810. With the addition of a third-level of new construction constituting shell space, the projected cost is $81,789,216.

Detailed cost estimates for construction of a freestanding medical facility as reflected in Alternatives 2, 3, and 4 are presented in UCMC's and HMH's jointly filed Request for Exemption from CON Review to Convert HMH to a Freestanding Medical Facility. As set forth in that filing and on page 55 of the CON Application, locating the freestanding medical facility in the same building as a special psychiatric hospital will result in $6,972,020 in cost savings.

In summary, Alternative 2 was projected to cost $219,878,654 in total capital expenditures, including: (1) $78,618,810 for a two-level addition above the Kaufman Cancer Center at UCMC to house observation beds; (2) $83,000,000 for a one level expansion above one of UCMC's main bed towers to house acute and outpatient behavioral health services; and (3) $58,259,844 to house a stand-alone freestanding medical facility.

Alternative 3 was projected to cost $202,478,654 in capital expenditures, inclusive of: (1) $78,618,810 to construct a two-level addition above the Kaufman Cancer Center at UCMC

to house observation beds; (2) $58,259,844 in renovations at HMH to house acute inpatient and expanded outpatient psychiatric services; and (3) $58,259,844 to construct a freestanding medical facility.

Alternative 4, which includes the projects selected by the Applicant, is projected to cost $185,231,743 in capital expenditures, including: (1) $81,789,216 for a three-level addition above the Kaufman Cancer Center at UCMC to house observation beds with one additional floor of shell space (without shell space a two-level addition is projected to cost $78,618,810 as shown for Alternatives 2 and 3); (2) $53,889,154 to construct a forty-bed special psychiatric hospital co-located with a freestanding medical facility; and (3) $52,723,779 to construct a freestanding medical facility. The total projected capital costs under Alternative 4 amount to $188,402,149, including one floor of shell space above the Kaufman Cancer Center.

The table below reflects the cost estimates for each of the Alternatives considered as presented in the CON Application on pages 51-55.

Table 31
Projected Costs of Alternatives Considered

Alternatives Considered	Modified CON Page Number	Cost (Behavioral Health Only)	Cost (Obs. Only)	Cost (FMF Only)	Cost (Total)
1. Partial and/or Full Renovation and Expansion of UM HMH	52	$239.3M	N/A	N/A	$239.3M
2. Relocate UM HMH's Acute Inpatient Psychiatric Beds and Outpatient Services to UM UCMC and Maintain UHCC's Inpatient Acute Care Psychiatric Beds. New FMF on Aberdeen Site.	53	$83M	$78.6M	$52.7M	$214.3M
3. Maintain All Behavioral Services on the UC-HMH Campus and Relocate Both Emergency Service to a Free Standing FMF and Acute Inpatient and Surgical Services to UCMC's Campus. UHCC Would Maintain Its Psychiatric Beds in Elkton, Maryland.	54	$65.6M	$78.6M	$52.7M	$196.9M
4. Construct a New Specialty Psychiatric Hospital and FMF on the Aberdeen Site and Relocate UHCC's Acute Inpatient Psychiatric Beds to a New Specialty Psychiatric Hospital with UHCC Maintaining Outpatient Behavioral Health Services in Elkton, Maryland.	55 & Table E	$53.9M	$81.8M (includes 1 floor of shell space)	$52.7M	$185.2M

9. **Option 4, the preferred option, proposes a total of 101 observation beds between the FMF and UCMC, despite the fact that utilization data reported to MHCC[2] shows a combined average daily census (ADC) for HMH and UCMC of just 43 in FY2018, and 44 in FY2017. Option 4 also proposes 40 psychiatric beds, double the current ADC at HMH. Justify the:**

   a) Need for so many observation beds.

   b) 54% increase in psychiatric beds.

Applicants' Response

The observation beds planned for UC FMF and UCMC are not part of this proposed CON Application. UM UCH's justifications for the number of observation beds at UC FMF and UCMC following the merger and consolidation of HMH and UCMC are set forth extensively in UM UCH's respective requests for exemption from CON review.

The need analysis for psychiatric beds based on current and projected utilization at HMH is set forth in detail in CON Application at pages 35 through 48 and is supported by data provided herein, including in response to Questions 4 and 5.

10. **For the decision matrix presented in Table 23 (p. 56) describe in more detail how the different choices were weighted, and how the final conclusions were derived for each project.**

Applicants' Response

The ranking of Alternatives considered on page 56 of the CON Application followed more than a decade of strategic planning by UM UCH to create an optimal health care delivery system for the future health care needs of Harford and Cecil County residents. UM UCH's primary objectives in its strategic planning process included: (1) coordination of health care services across the continuum of communities served by UM UCH to improve efficiency, patient outcomes, and reduce redundancy of clinical care services; (2) reduction in the total per capita health care expenditures for service area residents by reducing unnecessary acute care hospital utilization; (3) efficient use of capital expenditures; and (4) establishment of modern, innovatively designed facilities with future expansion capability.

UM UCH's lengthy strategic planning process involved community input and engagement of a number of consultants in the fields of health care planning, architecture, and construction. The alternatives presented are by no means a definitive recitation of every option that has been considered over course of more than a decade. As reflected on pages 49-50 of the CON Application, many options were considered to transform and modernize Harford Memorial Hospital to improve access and services to the community it serves. The Alternatives

[2] MHCC "Fiscal Year 2018 Annual Report on Selected Maryland Acute Care and Special Hospital Services" survey shows an observation ADC at HMH of 12 and of 31 at UCMC. For FY2017 it was reported as 12 at HMH and 32 at UCMC.

presented on pages 51-56 of the CON Application reflect, at a high level, various options that were considered with cost estimations updated to reflect the current proposed mid-point of construction in 2020.

The scoring matrix on page 56 was prepared by UM UCH's then-Chief Financial Officer, who was integrally involved in UM UCH's long term strategic planning, based on the decisions by UM UCH's strategic planning committee and its senior leadership.

Viability

11. Are there any physician staffing expenses for this project? There do not appear to by any shown in the work force Table L. Explain the plan for providing medical direction for this program. How many psychiatrists are on the staff of UM UCH?

Applicants' Response

The physician staffing expenses are included in the financial projections of Upper Chesapeake Medical Services ("UCMS"), an affiliate of UM UCH, which is included in Tables G and H in **Exhibit 1** to the CON Application. Because UCMS is an unregulated organization, the physician staffing detail is not presented in Table L included in the CON Application.

Included in the current fiscal year 2019 projection of UCMS, there are 8.5 psychiatrists on the medical staff of UM UCH between UCMC and HMH. In addition to the 8.5 FTEs, the medical direction for the new program would include an additional one (1) attending psychiatrist and two (2) psychiatric nurse practitioners for the inpatient units. The geriatric psychiatric program would include one (1) attending gero-psychiatrist and one (1) psychiatric nursing practitioner. These additional psychiatrists and practitioners will be employed by UCMS.

12. Discuss the possible impacts associated with this facility being subject to the Institution for Mental Diseases (IMD) Medicaid exclusion.

Applicants' Response

The Applicant does not anticipate reduced rates for Medicaid inpatients subject to the IMD exclusion. Recognizing the benefits that IMDs serve to the health care delivery system, Maryland has continued to budget for and fund Medicaid payments to IMDs following the end of the Medicaid Emergency Psychiatric Demonstration. A worst-case scenario assumes that UC Behavioral Health would continue to provide the same level of inpatient care to Medicaid beneficiaries but Medicaid payments to Maryland IMDs would be reduced to the State's share of Medicaid expenditures calculated according to Maryland's historic 0.50 federal matching assistance percentage ("FMAP"). Under this "worst-case" scenario UC Behavioral Health could lose approximately $4.4 million annually in Medicaid reimbursement as calculated in Table 32. Notably, this "worst-case" calculation assumes a 50% reduction in all Medicaid payments for inpatient admissions, and, therefore, overstates the potential reduction in Medicaid reimbursement. The Applicant assumes, Medicaid would still reimburse UC Behavioral Health at 94% for Medicaid inpatients not subject to the IMD exclusion, including adult Medicaid patients under 21 years of age and those older than 64 many of who would project to be residents of the geriatric psychiatric unit.

Table 32
Assumed 50% Reduction in Medicaid Inpatient Reimbursement

Projected FY 2022 IP Charges (Table H, Line 1.a)	$20,267,000
Estimated IP Psych Medicaid Payer Mix (Table H, Line 4.a.2)	41.30%
IP Medicaid Psych Revenue at 100% of Charges	$8,370,271
6% Contractual Allowance	-$502,216.26
IP Medicaid Psych Revenue at 94% of Charges	$7,868,054.74
New Medicaid Payment Factor	50%
IP Medicaid Revenue Under Worst Case Scenario	$3,934,027.37

This projected "worst-case" scenario loss of inpatient Medicaid revenue would also be offset by Medicaid disproportionate share payments to UC Behavioral Health for which matching federal funding is available regardless of a facility's IMD status.

The Applicant should also note that this "worst-case" scenario is unlikely even if Maryland determines that it can no longer continue to fund state-share only Medicaid payments to IMDs. On May 6, 2016, the Centers for Medicaid and Medicare Services ("CMS") issued a final rule clarifying certain Medicaid managed care regulations to allow federal financial participation associated with capitation payments to Medicaid managed care organizations for plan enrollees who are inpatients in an IMD for 15 days or less in one month and up to 30 days if such inpatient admissions span two months. *See* Department of Health and Human Services, Centers for Medicare and Medicaid Services, Medicaid and Children's Health Insurance Programs; Medicaid Managed Care, CHIP Delivered in Managed Care, Medicaid and CHIP Comprehensive Quality Strategies, and Revisions to Third Party Liability, 81 Fed. Reg. 27,498, 27,555-27,564 (May 6, 2016). More specifically, CMS's final rule clarified that states may receive federal financial participation and make capitation payments to managed care organizations, prepaid inpatient health plans, and prepaid ambulatory health plans for short term stays in an IMD "in lieu of" covered Medicaid services, such as an inpatient admission for psychiatric treatment in an acute general hospital, subject to regulatory requirements of 42 C.F.R. § 438.6(e)(2). This regulation was subsequently codified by the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act of 2018, Section 1013, codified at 42 U.S.C. § 1396b(m)(7). This statute provides "[federal financial participation] [p]ayment shall be made under [Medicaid] to a State for expenditures for capitation payments described in section 438.6(e) of title 42, Code of Federal Regulations (or any successor regulation)."

The statutory and regulatory clarifications do not currently affect Maryland Medicaid because the State has carved behavioral health services in an IMD out of its HealthChoice managed care program. In the event adequate state funding were not available to reimburse IMDs for inpatient services to Medicaid beneficiaries aged 21-64, however, the Applicant anticipates regulatory changes would be made to Maryland's Medicaid program to take advantage of additional federal Medicaid funding under the clarified managed care regulations. *See also* Maryland Department of Health and Mental Hygiene, Report on Substance Use Disorder Carve-Out at 6-8, 68 (December 2016) (discussing CMS's clarification of managed care regulations and explaining that flexible managed care options regarding coverage of IMD services may warrant further consideration).

Impact on Existing Providers and the Health Care Delivery System

13. The application states (p. 66) that this project will not impact other facilities but the proposed project expands the number of licensed psychiatric beds from 26 at HMH to 40 beds at the new psychiatric hospital. No mention is made of the potential impact on UHCC. In your previous proposal UHCC planned to close its unit creating a rationale for adding beds to those of HMH as the proposal to replace them was developed.

a) Given that this new proposal has the same number of beds, describe why you do not anticipate that it will have an adverse impact on UHCC.

b) UC Behavioral Health is projected to increase its market share over the next several fiscal years (FY2022-FY2024). From what hospitals do you expect it will take this market share? Explain why you do not expect this to have an adverse impact on these facilities.

Applicants' Response

As an initial matter, for fiscal year 2019, HMH is licensed for 28 psychiatric beds not 26 beds. Through the proposed project, UM UCH is not seeking an increase in the number of beds at HMH. UM UCH proposes a new special psychiatric hospital. Through other requests for exemptions from CON review, UM UCH proposes to merge and consolidate HMH with UCMC and to convert the HMH to a freestanding medical facility.

With the above being said, UM UCH's former CON Application, which has been withdrawn, assumed that UHCC would delicense its psychiatric beds. At that time, UHCC was licensed for eleven (11) psychiatric beds but it is now licensed for only seven (7) psychiatric beds. The pending CON Application does not contemplate that UHCC will delicense its psychiatric beds and UHCC has submitted a letter of "strong" support for UC Behavioral Health. *See* **Exhibit 14**.

Through the pending CON Application, the Applicant proposes to establish of a dedicated geriatric program at UC Behavioral Health in fiscal year 2022. UC Behavioral Heath's geriatric program is expected to capture approximately 25% of geriatric psychiatric discharges historically cared for at other non-academic acute hospitals in Maryland. The capture of this market share is expected to have a proportional impact on the other non-academic acute hospitals in Maryland, including UHCC.

In fiscal year 2024, the Applicant projects 778 service area geriatric discharges. *See* CON Application Table 12. At the historical fiscal year 2017 market share, the other non-academic acute hospitals in Maryland (Johns Hopkins Bayview Medical Center, Franklin Square Medical Center, UHCC, UM St. Joseph Medical Center, and Others) would have a combined 279 service area geriatric discharges. *See* Table 33 below. With the introduction of a dedicated geriatric program, though, UC Behavioral Health is expected to pick up 9.1% of market share or 71 discharges. The impact of UC Behavioral Health picking up these 71 discharges is presented below in Table 33 by hospital, including UHCC. The largest impact is on Johns

Hopkins Bayview Medical Center followed by UHCC, with 4.3% and 1.8% projected reductions in their fiscal year 2018 psychiatric discharges, respectively.

Table 33
UC Behavioral Health's Projected Service Area Discharges and Market Share
Geriatric Psychiatric
FY2024

	Projected FY2024 at FY2017 Market Share		UC Behavioral Health Impact on	Projected FY2024		Impact on	FY2018 Hospital Psych	Impact % of Hospital
	Discharges	Market Share	Market Share	Discharges	Market Share	Discharges	Discharges	Discharges
Geriatric Discharges and Market Share								
UC Behavioral Health (HMH+UCMC)	134	17.3%	9.1%	205	26.4%	71	1,195	5.9%
Other Maryland Non-Academic Acute Hospitals								
Johns Hopkins Bayview Medical Center	112	14.4%	-3.7%	83	10.7%	(28)	668	-4.3%
Franklin Square Hospital	69	8.9%	-2.3%	52	6.6%	(18)	2,385	-0.7%
Union Hospital of Cecil County	34	4.4%	-1.1%	25	3.3%	(9)	486	-1.8%
St. Joseph Medical Center	14	1.8%	-0.5%	10	1.3%	(4)	796	-0.4%
Other Non-Academic Acute Hospitals	50	6.5%	-1.6%	37	4.8%	(13)	-	-
Subtotal Other Non-Academic Acute Hosp	279	35.9%	-9.1%	208	26.7%	(71)	4,335	-1.6%
Maryland Academic Acute Hospitals	19	2.4%	0.0%	19	2.4%	-	-	-
Maryland Specialty Hospitals	309	39.7%	0.0%	309	39.7%	-	-	-
Subtotal Maryland	741	95.2%	0.0%	741	95.2%	-	-	-
Delaware	37	4.8%	0.0%	37	4.8%	-	-	-
Total	778	100.0%	0.0%	778	100.0%	-	-	-

Source: FY2017 market share and FY2024 projected discharges are based on a Maryland State non-confidential patient level data set
FY2018 discharges, by hospital, are based on HSCRC Experience Report

Table of Exhibits

Table of Tables

I hereby declare and affirm under the penalties of perjury that the facts stated in this Response to Completeness Questions dated March 22, 2019 and its attachments are true and correct to the best of my knowledge, information, and belief.

4.3.19
Date

Robin Luxon
Senior Vice President, Corporate Planning, Marketing & Business Development
University of Maryland Upper Chesapeake Health System

#659187
011888-0023

I hereby declare and affirm under the penalties of perjury that the facts stated in this Response to Completeness Questions dated March 22, 2019 and its attachments are true and correct to the best of my knowledge, information, and belief.

4/4/2019
Date

Stephen Witman
Senior Vice President, Chief Financial Officer
University of Maryland Upper Chesapeake Health System

I hereby declare and affirm under the penalties of perjury that the facts stated in this Response to Completeness Questions dated March 22, 2019 and its attachments are true and correct to the best of my knowledge, information, and belief.

4-3-2019
Date

Amale Obeid
Director of Planning and Business Development
University of Maryland Upper Chesapeake Health System

#659186
011888-0023

I hereby declare and affirm under the penalties of perjury that the facts stated in this Response to Completeness Questions dated March 22, 2019 and its attachments are true and correct to the best of my knowledge, information, and belief.

4/3/19
Date

Phillip D. Crocker
Project Manager
University of Maryland Upper
Chesapeake Health System

I hereby declare and affirm under the penalties of perjury that the facts stated in this Response to Completeness Questions dated March 22, 2019 and its attachments are true and correct to the best of my knowledge, information, and belief.

4/3/19
Date

Andrew L. Solberg
A.L.S. Healthcare Consultant Services

#659194
011888-0023

I hereby declare and affirm under the penalties of perjury that the facts stated in this Response to Completeness Questions dated March 22, 2019 and its attachments are true and correct to the best of my knowledge, information, and belief.

APRIL 5, 2019
Date

Jay Wall
Jay Wall
Project Executive
ERDMAN

#659192
011888-0023

Exhibit 13

TABLE F. STATISTICAL PROJECTIONS - ENTIRE FACILITY (UCMC + UC FMF + HMH + UC BEHAVIORAL HEALTH + OBSERVATION)

INSTRUCTION: Complete this table for the entire facility, including the proposed project. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). For sections 4 & 5, the number of beds and occupancy percentage should be reported on the basis of licensed beds. In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable.

	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Include additional years, if needed in order to be consistent with Tables G and H.					
Indicate CY or FY	**FY 2016**	**FY 2017**	**FY 2018**	**FY 2019**	**FY 2020**	**FY 2021**	**FY 2022**	**FY 2023**	**FY 2024**
1. DISCHARGES									
a1. General Medical/Surgical* UCMC	9,082	8,974	8,061	8,241	8,427	8,619	11,404	11,671	11,948
a2. General Medical/Surgical* HMH	2,931	3,034	3,021	3,087	3,155	3,226			
a3. Observation UCMC	11,410	12,127	13,930	13,985	14,043	14,106	14,523	14,618	14,717
a4. Observation UC FMF							4,516	4,543	4,571
a5. Observation HMH	3,896	4,019	4,443	4,458	4,474	4,491			
General MSGA & Observation	**27,319**	**28,154**	**29,455**	**29,770**	**30,099**	**30,442**	**30,443**	**30,832**	**31,235**
b1. ICU/CCU UCMC	814	860	842	860	879	899	1,186	1,214	1,242
b2. ICU/CCU HMH	203	179	175	179	183	187			
Total MSGA	**28,336**	**29,193**	**30,472**	**30,809**	**31,161**	**31,528**	**31,630**	**32,045**	**32,477**
c. Pediatric	94	123	108	107	106	105	104	103	102
d. Obstetric	1,381	1,366	1,296	1,299	1,301	1,304	1,307	1,310	1,312
e1. Acute Psychiatric HMH	1,236	1,233	1,195	1,201	1,207	1,213			
e2. Acute Psychiatric UC Behavioral Health							1,367	1,375	1,385
Total Acute	***31,047***	***31,915***	***33,071***	***33,416***	***33,776***	***34,150***	***34,407***	***34,834***	***35,277***
f. Rehabilitation									
g. Comprehensive Care									
h. Other (Specify/add rows of needed)									
TOTAL DISCHARGES	***31,047***	***31,915***	***33,071***	***33,416***	***33,776***	***34,150***	***34,407***	***34,834***	***35,277***
2. PATIENT DAYS									
a1. General Medical/Surgical* UCMC	37,389	35,932	32,685	33,441	34,226	35,039	46,312	47,391	48,510
a2. General Medical/Surgical* HMH	13,472	13,246	12,318	12,601	12,896	13,201			
a3. Observation UCMC	12,169	13,243	13,841	13,890	13,941	13,996	22,033	22,177	22,327
a4. Observation UC FMF							5,652	5,685	5,720
a5. Observation HMH	4,670	4,813	4,788	4,802	4,818	4,834	-		
General MSGA & Observation	**67,700**	**67,234**	**63,631**	**64,734**	**65,881**	**67,070**	**73,997**	**75,253**	**76,557**
b1. ICU/CCU UCMC	3,600	3,415	3,342	3,419	3,500	3,583	4,727	4,836	4,950
b2. ICU/CCU HMH	1,515	1,496	1,465	1,499	1,534	1,571			
Total MSGA	**72,815**	**72,145**	**68,439**	**69,653**	**70,914**	**72,224**	**78,724**	**80,090**	**81,506**
c. Pediatric	232	335	234	232	245	251	249	246	244
d. Obstetric	2,806	2,776	2,512	2,517	2,522	2,528	2,533	2,538	2,544
e1. Acute Psychiatric HMH	7,502	7,486	7,737	8,138	8,542	8,609			
e2. Acute Psychiatric UC Behavioral Health							11,421	11,574	11,734
Total Acute	***83,355***	***82,741***	***78,922***	***80,541***	***82,224***	***83,612***	***92,927***	***94,449***	***96,028***
f. Rehabilitation									
g. Comprehensive Care									
h. Other (Specify/add rows of needed)									
TOTAL PATIENT DAYS	***83,355***	***82,741***	***78,922***	***80,541***	***82,224***	***83,612***	***92,927***	***94,449***	***96,028***

TABLE F. STATISTICAL PROJECTIONS - ENTIRE FACILITY (UCMC + UC FMF + HMH + UC BEHAVIORAL HEALTH + OBSERVATION)

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	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Include additional years, if needed in order to be consistent with Tables G and H.					
Indicate CY or FY	**FY 2016**	**FY 2017**	**FY 2018**	**FY 2019**	**FY 2020**	**FY 2021**	**FY 2022**	**FY 2023**	**FY 2024**
3. AVERAGE LENGTH OF STAY (patient days divided by discharges)									
a1. General Medical/Surgical* UCMC	4.1	4.0	4.1	4.1	4.1	4.1	4.1	4.1	4.1
a2. General Medical/Surgical* HMH	4.6	4.4	4.1	4.1	4.1	4.1			
a3. Observation UCMC	1.1	1.1	1.0	1.0	1.0	1.0	1.5	1.5	1.5
a4. Observation UC FMF							1.25	1.25	1.25
a5. Observation HMH	1.2	1.2	1.1	1.1	1.1	1.1			
General MSGA & Observation	2.5	2.4	2.2	2.2	2.2	2.2	2.4	2.4	2.5
b1. ICU/CCU UCMC	4.4	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0
b2. ICU/CCU HMH	7.5	8.4	8.4	8.4	8.4	8.4			
Total MSGA	2.6	2.5	2.2	2.3	2.3	2.3	2.5	2.5	2.5
c. Pediatric	2.5	2.7	2.2	2.2	2.3	2.4	2.4	2.4	2.4
d. Obstetric	2.0	2.0	1.9	1.9	1.9	1.9	1.9	1.9	1.9
e1. Acute Psychiatric HMH	6.1	6.1	6.5	6.8	7.1	7.1			
e2. Acute Psychiatric UC Behavioral Health							8.4	8.4	8.5
Total Acute	2.7	2.6	2.4	2.4	2.4	2.4	2.7	2.7	2.7
f. Rehabilitation									
g. Comprehensive Care									
h. Other (Specify/add rows of needed)									
TOTAL AVERAGE LENGTH OF STAY	2.7	2.6	2.4	2.4	2.4	2.4	2.7	2.7	2.7
4. NUMBER OF LICENSED BEDS									
a1. General Medical/Surgical* UCMC	128	123	112	114	117	120	159	162	165
a2. General Medical/Surgical* HMH	45	44	41	42	43	44			
a3. Observation UCMC	42	46	48	48	48	48	76	76	77
a4. Observation UC FMF							24	24	24
a5. Observation HMH	16	17	16	16	17	17			
General MSGA & Observation	**231**	**230**	**217**	**221**	**225**	**228**	**259**	**262**	**266**
b1. ICU/CCU UCMC	14	14	14	14	14	14	17	17	17
b2. ICU/CCU HMH	6	6	6	6	6	7			
Total MSGA	**251**	**250**	**237**	**241**	**245**	**249**	**276**	**279**	**283**
c. Pediatric	1	1	1	1	1	1	1	1	1
d. Obstetric	10	10	10	10	10	10	10	10	10
e1. Acute Psychiatric HMH	26	26	26	28	29	29			
e2. Acute Psychiatric UC Behavioral Health							40	40	40
Total Acute	***288***	***287***	***274***	***280***	***285***	***289***	***327***	***330***	***334***
f. Rehabilitation									
g. Comprehensive Care									
h. Other (Specify/add rows of needed)									
TOTAL LICENSED BEDS	***288***	***287***	***274***	***280***	***285***	***289***	***327***	***330***	***334***

TABLE F. STATISTICAL PROJECTIONS - ENTIRE FACILITY (UCMC + UC FMF + HMH + UC BEHAVIORAL HEALTH + OBSERVATION)

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	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Include additional years, if needed in order to be consistent with Tables G and H.					
Indicate CY or FY	**FY 2016**	**FY 2017**	**FY 2018**	**FY 2019**	**FY 2020**	**FY 2021**	**FY 2022**	**FY 2023**	**FY 2024**
5. OCCUPANCY PERCENTAGE *IMPORTANT NOTE: *Leap year formulas should be changed by applicant to reflect 366 days per year.*									
a1. General Medical/Surgical* UCMC	80.2%	79.8%	80.2%	80.2%	80.1%	80.1%	79.9%	80.0%	80.5%
a2. General Medical/Surgical* HMH	82.0%	82.5%	82.3%	82.2%	82.2%	82.2%			
a3. Observation UCMC	79.4%	78.9%	79.0%	79.3%	79.6%	79.9%	79.4%	79.9%	79.4%
a4. Observation UC FMF							64.5%	64.9%	65.3%
a5. Observation HMH	80.0%	79.9%	80.0%	80.2%	80.0%	79.8%			
General MSGA & Observation	80.4%	80.2%	80.3%	80.4%	80.4%	80.5%	78.3%	78.6%	78.8%
b1. ICU/CCU UCMC	70.5%	66.8%	65.4%	66.9%	68.5%	70.1%	76.2%	79.8%	80.2%
b2. ICU/CCU HMH	69.2%	68.3%	66.9%	68.5%	70.0%	61.5%			
Total MSGA	**79.6%**	**79.1%**	**79.1%**	**79.3%**	**79.5%**	**79.3%**	**78.2%**	**78.6%**	**78.9%**
c. Pediatric	63.6%	91.8%	64.1%	63.6%	67.1%	68.7%	68.1%	67.5%	66.9%
d. Obstetric	76.9%	76.0%	68.8%	69.0%	69.1%	69.3%	69.4%	69.5%	69.7%
e1. Acute Psychiatric HMH	79.1%	78.9%	81.5%	79.6%	80.7%	81.3%			
e2. Acute Psychiatric UC Behavioral Health							78.2%	79.3%	80.4%
Total Acute	**79.4%**	**79.0%**	**78.9%**	**78.9%**	**79.2%**	**79.2%**	**77.9%**	**78.4%**	**78.8%**
f. Rehabilitation									
g. Comprehensive Care									
h. Other (Specify/add rows of needed)									
TOTAL OCCUPANCY %	**79.4%**	**79.0%**	**78.9%**	**78.9%**	**79.2%**	**79.2%**	**77.9%**	**78.4%**	**78.8%**
6. OUTPATIENT VISITS									
a1. Emergency Department UCMC (Total)	65,251	64,502	61,445	61,812	62,181	62,553	63,041	63,418	63,797
a2. Emergency Department UC FMF (Total)							27,106	27,227	27,348
a3. Emergency Department HMH (Total)	29,520	28,356	26,743	26,862	26,981	27,101			
b1. Same-day Surgery Cases UCMC	5,890	5,678	5,621	5,652	5,685	5,719	5,753	5,791	5,830
b2. Same-day Surgery Cases HMH	1,169	1,210	1,234	1,240	1,246	1,252			
c1. Laboratory RVUs UCMC	11,182,649	12,048,570	11,494,331	10,945,039	11,228,867	11,453,817	14,782,750	15,082,236	15,392,589
c2. Laboratory RVUs HMH	2,803,257	2,695,784	2,487,416	2,554,276	2,599,157	2,645,591			
c3. Laboratory RVUs UC Behavioral Health							1,804,190	1,828,452	1,853,615
d1. Imaging RVUs UCMC	1,772,683	1,905,329	1,809,354	1,722,888	1,767,567	1,802,977	2,326,993	2,374,136	2,422,989
d2. Imaging RVUs HMH	590,035	615,566	582,398	598,053	608,561	619,433			
d3. Imaging RVUs UC Behavioral Health							495,722	502,356	509,234
e. Psych Emergency Department									
f1. Outpatient Psych Clinic HMH	5,052	5,646	5,759	5,874	5,992	6,111			
f2. Outpatient Psych Clinic UC Behavioral Health							6,234	6,358	6,485
g1. Intensive Outpatient Psych Program HMH	1,190	1,443	1,362	1,286	1,214	1,146			
g2. Intensive Outpatient Psych Program UC Behavioral Health							1,593	1,625	1,658
h1. Partial Hospitalization Program HMH				1,300	2,600	2,600			
h2. Partial Hospitalization Program UC Behavioral Health							3,900	5,200	5,200
TOTAL OUTPATIENT VISITS	***16,456,696***	***17,372,083***	***16,475,662***	***15,924,282***	***16,310,051***	***16,628,300***	***19,517,282***	***19,896,799***	***20,288,744***
7. OBSERVATIONS**									
a1. Number of Patients UCMC	11,410	12,127	13,930	13,985	14,043	14,106	14,523	14,618	14,717
a2. Number of Patients UC FMF							4,516	4,543	4,571
a3. Number of Patients HMH	3,896	4,019	4,443	4,458	4,474	4,491			
b1. Hours UCMC	292,060	317,843	332,191	333,349	334,589	335,915	528,801	532,243	535,846
b2. Hours UC FMF							135,645	136,443	137,280
b3. Hours HMH	112,075	115,522	114,915	115,254	115,620	116,014			

* Include beds dedicated to gynecology and addictions, if separate for acute psychiatric unit.

** Services included in the reporting of the "Observation Center", direct expenses incurred in providing bedside care to observation patients; furnished by the hospital on the hospital's premises, including use of a bed and periodic monitoring by the hospital's nursing or other staff, in order to determine the need for a possible admission to the hospitals as an inpatient. Such services must be ordered and documented in writing, given by a

Exhibit 14

Public Health
Prevent. Promote. Protect.
Harford County
Health Department

Harford County Health Department

Main Office: 120 S. Hays Street • P.O. Box 797 • Bel Air, Maryland 21014 • 410-838-1500

Russell W. Moy, MD, MPH • Health Officer
Marcy Austin • Deputy Health Officer

January 18, 2019

Paul Parker
Director, Center for Health Care Facilities Planning and Development
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215
paul.parker@maryland.gov

Re: Letter in Support of UM Upper Chesapeake Health System, Inc.'s Certificate of Need to Construct a Special Psychiatric Hospital

Dear Mr. Parker:

On behalf of the Harford County Health Department, I write to express full support for the Certificate of Need application filed by UM Upper Chesapeake Health System proposing to construct a special psychiatric hospital in Aberdeen, Maryland.

The Harford County Health Department and UM Upper Chesapeake Health System work closely together to coordinate a behavioral health strategy for the community. Most recently, this partnership has resulted in the creation of a county-wide behavioral health crisis center with a 24/7 crisis hotline.

Behavioral health, specifically mental health and substance use, access, prevention and treatment have been top priorities in Harford County's community health needs assessment. UM Upper Chesapeake Health System's proposed forty-bed specialty psychiatric hospital will improve access to behavioral health care for the residents of northeast Maryland by offering a continuum of care in one centralized, convenient location.

In particular, the facility will provide a much needed resource for a growing population suffering from co-occurring mental health and substance abuse issues. Further, UM Upper Chesapeake Health System's proposed geriatric psychiatry program will allow treatment of an aging population closer to home. Currently, many geriatric patients in UM Upper Chesapeake Health's service area that require inpatient behavioral health services are transferred many miles from their community or even out of the state. The proposed outpatient behavioral health services, including partial hospitalization, intensive outpatient, individualized counseling sessions, coupled with collaborative relationships with other mental health and substance use providers, will afford accessible treatment, recovery, and support.

I strongly support UM Upper Chesapeake Health System's proposed specialty psychiatric hospital and urge the Maryland Health Care Commission to approve the Certificate of Need Application.

Thank you for your consideration of this matter. Please feel free to contact me if you require any additional information.

Sincerely,

Russell W. Moy, MD, MPH
Health Officer
Harford County Health Department

CECIL COUNTY
HEALTH
DEPARTMENT
JOHN M. BYERS HEALTH CENTER • 401 BOW STREET • ELKTON, MD 21921 WWW.CECILCOUNTYHEALTH.ORG

January 3, 2019

Paul Parker
Director, Center for Health Care Facilities Planning and Development
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

Re: Letter in Support of UM Upper Chesapeake Health System, Inc.'s Certificate of Need to Construct a Special Psychiatric Hospital

Dear Mr. Parker:

On behalf the Cecil County Core Service Agency (CCCSA), I write to express full support for the Certificate of Need application filed by UM Upper Chesapeake Health System proposing to construct a special psychiatric hospital in Aberdeen, Maryland.

The CCCSA has been a key partner in the development of a regional approach to integrating Behavioral Health services across both Cecil and Harford Counties and development of the Aberdeen campus is vitally important to this entire region.

Behavioral health, specifically mental health and substance use, access, prevention and treatment have been top priorities in Cecil County's community health needs assessment. UM Upper Chesapeake Health System's proposed forty-bed specialty psychiatric hospital in Aberdeen will improve access to behavioral health care for the residents of northeast Maryland by offering a continuum of care in one centralized, convenient location.

In particular, the facility will provide a much-needed resource for a growing population suffering from co-occurring mental health and substance abuse issues. Further, UM Upper Chesapeake Health System's proposed geriatric psychiatry program will allow treatment of an aging population closer to home. Currently, many geriatric patients in UM Upper Chesapeake Health's service area that require inpatient behavioral health services are transferred many miles from their community. The proposed outpatient behavioral health services, including partial hospitalization, intensive outpatient, individualized counseling sessions, coupled with collaborative relationships with other mental health and substance use providers, will afford accessible treatment, recovery, and support.

The CCCSA strongly supports UM Upper Chesapeake Health System's proposed specialty psychiatric hospital and urges the Maryland Health Care Commission to approve the Certificate of Need Application.

Thank you for your consideration of this matter. Please feel free to contact me if you require any additional information, I can be reached at 443-245-3841.

Sincerely

Shelly Gulledge

Shelly Gulledge, Director
Cecil County Health Department
Mental Health Core Service Agency

CECIL COUNTY
HEALTH
DEPARTMENT
JOHN M. BYERS HEALTH CENTER • 401 BOW STREET • ELKTON, MD 21921 WWW.CECILCOUNTYHEALTH.ORG

February 12, 2019

Paul Parker
Director, Center for Health Care Facilities Planning and Development
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215
paul.parker@maryland.gov

Re: Letter in Support of UM Upper Chesapeake Health System, Inc.'s Certificate of Need to Construct a Special Psychiatric Hospital

Dear Mr. Parker:

On behalf of the Cecil County Health Department (CCHD), I write to express support for the Certificate of Need application filed by UM Upper Chesapeake Health System (UMUCH) proposing to construct a special psychiatric hospital in Aberdeen, Maryland.

UMUCH has collaborated with CCHD on projects affecting both Harford and Cecil Counties. Most notably, the Healthy Harford/Healthy Cecil WATCH program was honored as a Best Practice by the Maryland Rural Health Association in October 2018.

Behavioral health, specifically access to mental health and substance use treatment, has been identified as a top priority in Cecil County's community health needs assessment. Subsequently, advocating for the development of increased treatment options for adults and adolescents; and expanding options for inpatient and outpatient behavioral health treatment were strategies identified in CCHD's Local Health Improvement Plan. This proposed forty-bed specialty psychiatric hospital will address the need for additional resources, and improve access to behavioral health care for the residents of northeast Maryland.

In particular, the facility will provide a much needed resource for a growing population suffering from co-occurring mental health and substance abuse issues. Currently, many patients in Cecil County requiring inpatient behavioral health services are transferred many miles from their community or even out of the state. This proposed facility, although outside Cecil County, will provide services in closer proximity than existing resources.

The Cecil County Health Department supports UMUCH's proposed specialty psychiatric hospital and urges the Maryland Health Care Commission to approve the Certificate of Need Application. Thank you for your consideration of this matter.

Sincerely,

Laurie Humphries
Acting Health Officer

Office on Mental Health
Core Service Agency of Harford County, Inc.

2231 Conowingo Road
Suite A
Bel Air, Maryland 21015

410.803.8726 Phone
410.803.8732 Fax
www.harfordmentalhealth.org

Paul Parker
Director, Center for Health Care Facilities Planning and Development
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215
paul.parker@maryland.gov

Re: Letter in Support of UM Upper Chesapeake Health System, Inc.'s Certificate of Need to Construct a Special Psychiatric Hospital

Dear Mr. Parker:

On behalf of the Office on Mental Health/Core Service Agency of Harford County, Inc. (OMH/CSA), I write to express full support for the Certificate of Need application filed by UM Upper Chesapeake Health System proposing to construct a special psychiatric hospital in Aberdeen, Maryland.

The OMH/CSA and UM Upper Chesapeake Health System continually work together on matters related to behavioral health. Staff from our agency and the hospital regularly meet to discuss hospital diversion strategies for individuals who may not meet the needs for emergency department interventions. In addition, this group works with local mental health providers to ensure high cost utilizers are connected to community providers to increase stability of the individual and increase independence within the community. Most recently hospital staff have participated in trainings facilitated by our agency's staff to work with individuals who need assistance in applying for Social Security benefits. This training allows the case manager to "bypass" the lengthy wait one normally has when applying for these benefits.

Behavioral health, specifically mental health and substance use, access, prevention and treatment have been top priorities in Harford/Cecil County's community health needs assessment. UM Upper Chesapeake Health System's proposed forty-bed specialty psychiatric hospital in Aberdeen will improve access to behavioral health care for the residents of northeast Maryland by offering a continuum of care in one centralized, convenient location.

The facility will provide a much-needed resource for a growing population suffering from co-occurring mental health and substance abuse issues. Further, UM Upper Chesapeake Health System's proposed geriatric psychiatry program will allow treatment of an aging population

closer to home. Currently, many geriatric patients in UM Upper Chesapeake Health's service area that require inpatient behavioral health services are transferred many miles from their community. The proposed outpatient behavioral health services, including partial hospitalization, intensive outpatient, individualized counseling sessions, coupled with collaborative relationships with other mental health and substance use providers, will afford accessible treatment, recovery, and support.

The Office on Mental Health/Core Service Agency of Harford County, Inc. strongly supports UM Upper Chesapeake Health System's proposed specialty psychiatric hospital and urges the Maryland Health Care Commission to approve the Certificate of Need Application.

Thank you for your consideration of this matter. Please feel free to contact me if you require any additional information.

Sincerely,

Jessica Kraus
Executive Director

Harford County Crisis Response Services
Affiliated Santé Group
802 Baltimore Pike
Bel Air, Maryland 21014

Paul Parker
Director, Center for Health Care Facilities Planning and Development
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215
paul.parker@maryland.gov

6 February 2019

Re: Letter in Support of UM Upper Chesapeake Health System, Inc.'s Certificate of Need to Construct a Special Psychiatric Hospital

Dear Mr. Parker:

On behalf of Affiliated Santé Group's Harford County Crisis Response Services, I write to express full support for the Certificate of Need application filed by UM Upper Chesapeake Health System proposing to construct a special psychiatric hospital in Aberdeen, Maryland.

The Harford County Crisis Response Service of Affiliated Santé Group is a community partner with UM Upper Chesapeake Health and have worked collaboratively with UM Upper Chesapeake Health to establish the Mobile Crisis Team service and the Harford County Crisis Center in Bel air, Maryland.

Behavioral health, specifically mental health and substance use, access, prevention and treatment have been top priorities in Harford/Cecil County's community health needs assessment. UM Upper Chesapeake Health System's proposed forty-bed specialty psychiatric hospital will improve access to behavioral health care for the residents of northeast Maryland by offering a continuum of care in one centralized, convenient location.

In particular, the facility will provide a much needed resource for a growing population suffering from co-occurring mental health and substance abuse issues. Further, UM Upper Chesapeake Health System's proposed geriatric psychiatry program will allow treatment of an aging population closer to home. Currently, many geriatric patients in UM Upper Chesapeake Health's service area that require inpatient behavioral health services are transferred many miles from their community or even out of the state. The proposed outpatient behavioral health services, including partial hospitalization, intensive outpatient, individualized counseling sessions, coupled with collaborative relationships with other mental health and substance use providers, will afford accessible treatment, recovery, and support.

The Harford County Crisis Response Service of Affiliated Santé Group strongly supports UM Upper Chesapeake Health System's proposed specialty psychiatric hospital and urges the Maryland Health Care Commission to approve the Certificate of Need Application.

Thank you for your consideration of this matter. Please feel free to contact me if you require any additional information at 301-641-0102 or mclancy@santegroup.org.

Sincerely,

Michael Clancy, LCPC, LCADC
Director Harford County Crisis Response Services

Upper Bay Counseling & Support Services, Inc.

UBCSS

Suanne Blumberg, LCPC
Chief Executive Officer

Paul Parker
Director, Center for Health Care Facilities Planning and Development
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215
paul.parker@maryland.gov

Re: Letter in Support of UM Upper Chesapeake Health System, Inc.'s Certificate of Need to Construct a Special Psychiatric Hospital

Dear Mr. Parker:

On behalf Upper Bay Counseling & Support Services, I write to express full support for the Certificate of Need application filed by UM Upper Chesapeake Health System proposing to construct a special psychiatric hospital in Aberdeen, Maryland.

Upper Bay Counseling & Support Services and UM Upper Chesapeake Health Systems have a long history of working closely together to provide the best care for the residents in both Harford and Cecil Counties. Through our on-going collaborative work we have been able to improve access to both medical and behavioral health services. Together we work to reduce barriers and provide services in the least restrictive environment. We work closely with the emergency department staff, inpatient staff, and primary care staff to ensure those who need behavioral health services are assessed and offered appropriate treatment quickly.

Behavioral health, specifically mental health and substance use, access, prevention and treatment have been top priorities in Harford and Cecil County's community health needs assessment. UM Upper Chesapeake Health System's proposed forty-bed specialty psychiatric hospital in Aberdeen will improve access to behavioral health care for the residents of northeast Maryland by offering a continuum of care in one centralized, convenient location.

In particular, the facility will provide a much needed resource for a growing population suffering from co-occurring mental health and substance abuse issues. Further, UM Upper Chesapeake Health System's proposed geriatric psychiatry program will allow treatment of an aging population closer to home. Currently, many geriatric patients in UM Upper Chesapeake Health's service area that require inpatient behavioral health services are transferred many miles from their community. The proposed outpatient behavioral health services, including partial hospitalization, intensive outpatient, individualized counseling sessions, coupled with collaborative relationships with other mental health and substance use providers, will afford accessible treatment, recovery, and support.

Upper Bay Counseling & Support Services strongly supports UM Upper Chesapeake Health System's proposed specialty psychiatric hospital and urges the Maryland Health Care Commission to approve the Certificate of Need Application.

Thank you for your consideration of this matter. Please feel free to contact me if you require any additional information.

Sincerely,

Suanne Blumberg

Suanne Blumberg, LCPC
Chief Executive Officer

Key Point
HEALTH SERVICES INC.
OUTPATIENT MENTAL HEALTH PROGRAMS
RESIDENTIAL CARE AND PSYCHIATRIC REHABILITATION

Paul Parker
Director, Center for Health Care Facilities Planning and Development
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215
paul.parker@maryland.gov

Re: Letter in Support of UM Upper Chesapeake Health System, Inc.'s Certificate of Need to Construct a Special Psychiatric Hospital

Dear Mr. Parker:

On behalf Key Point Health Services, I write to express full support for the Certificate of Need application filed by UM Upper Chesapeake Health System proposing to construct a special psychiatric hospital in Aberdeen, Maryland.

Key Point is a large private non-profit mental health care provider in Maryland and has outpatient clinics and adjunct mental health services in Harford and Cecil Counties. UM Upper Chesapeake Health System has been a valuable partner in assisting Key Point with a continuum of physical and mental health care and the addition of a new psychiatric facility will greatly improve care in Harford and Cecil County.

Behavioral health, specifically mental health and substance use, access, prevention and treatment have been top priorities in Harford/Cecil County's community health needs assessment. UM Upper Chesapeake Health System's proposed forty-bed specialty psychiatric hospital in Aberdeen will improve access to behavioral health care for the residents of northeast Maryland by offering a continuum of care in one centralized, convenient location.

In particular, the facility will provide a much needed resource for a growing population suffering from co-occurring mental health and substance abuse issues. Further, UM Upper Chesapeake Health System's proposed geriatric psychiatry program will allow treatment of an aging population closer to home. Currently, many geriatric patients in UM Upper Chesapeake Health's service area that require inpatient behavioral health services are transferred many miles from their community. The proposed outpatient behavioral health services, including partial hospitalization, intensive outpatient, individualized counseling sessions, coupled with

collaborative relationships with other mental health and substance use providers, will afford accessible treatment, recovery, and support.

Key Point strongly supports UM Upper Chesapeake Health System's proposed specialty psychiatric hospital and urges the Maryland Health Care Commission to approve the Certificate of Need Application.

Thank you for your consideration of this matter. Please feel free to contact me if you require any additional information.
Respectfully,

Russell Weber

Russell Weber
Chief Executive Officer
Office: 443-625-1597
Fax: 443-625-1595
135 N. Parke St.
Aberdeen, MD 21001

UNION HOSPITAL

March 29, 2019

Paul Parker
Director, Center for Health Care Facilities Planning and Development
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215
paul.parker@maryland.gov

Re: Letter in Support of UM Upper Chesapeake Health System, Inc.'s Certificate of Exemption and Certificate of Need Applications to Construct a Freestanding Medical Facility and a Special Psychiatric Hospital.

Dear Mr. Parker:

On behalf of Union Hospital of Cecil County and its Board of Directors, I write to express full support for the Certificate of Exemption and Certificate of Need applications filed by UM Upper Chesapeake Health System proposing to construct a freestanding medical facility and special psychiatric hospital in Aberdeen, Maryland.

Union Hospital of Cecil County and UM Upper Chesapeake Health System have a longstanding history of collaborating on a regional two-county approach to delivering exceptional care for those in need of medical and behavioral health services.

Included in UM Upper Chesapeake Health System transformative plan is the development of a multi-services medical campus in Aberdeen. The Aberdeen campus is planned to house a state-of-the-art forty-bed psychiatric hospital offering specialized inpatient and outpatient psychiatric services in one central location. Behavioral health, specifically mental health and substance use, access, prevention and treatment have been top priorities in Harford and Cecil Counties' community health needs assessment. UM Upper Chesapeake Health System's proposed forty-bed specialty psychiatric hospital will improve access to behavioral health care for the residents of northeast Maryland by offering a continuum of care in one centralized, convenient location. In particular, the facility will provide a much needed resource for a growing population suffering from co-occurring mental health and substance abuse issues. Further, UM Upper Chesapeake Health System's proposed geriatric psychiatry program will allow treatment of an aging population closer to home. Currently, many geriatric patients in UM Upper Chesapeake Health's service area that require inpatient behavioral health services are transferred many miles from their community or even out of the state. The proposed outpatient behavioral health services, including partial hospitalization, intensive outpatient, individualized counseling sessions, coupled with collaborative relationships with other mental health and substance use providers, will afford accessible treatment, recovery, and support.

Also planned for the Aberdeen campus is a fully functional emergency department that will be open 24 hours a day, 7 days a week, and capable of handling the volume and the severity of most emergency cases currently handled by Harford Memorial Hospital. A helipad and dedicated, onsite ambulance will ensure rapid transport for those patients requiring transfer to a higher level of care. Finally, a medical office building on the Aberdeen campus will provide enhanced access to regionalized specialty physician services. The development of the Aberdeen campus will continue to provide access to needed health care services in the community formerly served by Harford Memorial Hospital.

Union Hospital of Cecil County strongly supports UM Upper Chesapeake Health System's proposed integrated plans and urges the Maryland Health Care Commission to approve the Certificate of Exemption and Certificate of Need Applications.

Thank you for your consideration of this matter. Please feel free to contact me if you require any additional information.

Regards,

Richard C. Szumel, MD
President and CEO
Union Hospital of Cecil County
410-392-7009
rszumel@uhcc.com

City Of Aberdeen

Aberdeen
Home of Opportunity

Paul Parker
Director, Center for Health Care Facilities Planning and Development
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215
paul.parker@maryland.gov

Re: Letter in Support of UM Upper Chesapeake Health System, Inc.'s Certificate of Exemption and Certificate of Need Application to Construct a Freestanding Medical Facility and Special Psychiatric Hospital.

Dear Mr. Parker:

On behalf of the City of Aberdeen, I write to express full support for the Certificate of Need application filed by UM Upper Chesapeake Health System proposing to construct a freestanding medical facility and special psychiatric hospital in Aberdeen, Maryland.

The City of Aberdeen is proud to support UM Upper Chesapeake Health System's vision of an integrated health care system in Harford County. Behavioral health, specifically mental health and substance use, access, prevention and treatment have been top priorities in Harford County's community health needs assessment. UM Upper Chesapeake Health System's proposed forty-bed specialty psychiatric hospital will improve access to behavioral health care for the residents of northeast Maryland by offering a continuum of care in one centralized, convenient location in Aberdeen. In addition, the proposed freestanding medical facility's modern design, convenient location off of Interstate 95, and inclusion of observation services will maintain access to and delivery of emergency care to the residents of Harford and Cecil Counties.

UM Upper Chesapeake Health System also plans to consolidate general inpatient hospital services at UM Upper Chesapeake Medical Center by constructing a three level addition in Bel Air, Maryland. This centralization of inpatient and observation hospital services will allow UM Upper Chesapeake Health System to achieve economies of scale and provide more efficient, cost effective inpatient care in a modern environment. Once implemented, UM Upper Chesapeake Health System's regional delivery system model will ensure access to care and achieve goals of federal and state regulators to promote population health, improve patient outcomes, and reduce costs.

I strongly support UM Upper Chesapeake Health System's proposed freestanding medical facility and specialty psychiatric hospital and urge the Maryland Health Care Commission to approve the Certificate of Exemption and Certificate of Need Applications.

Thank you for your consideration of this matter. Please feel free to contact me if you require any additional information.

Sincerely,

Patrick McGrady
Mayor of Aberdeen

HARFORD COUNTY VOLUNTEER FIRE AND EMS ASSOCIATION, INC.

2220 ADY ROAD
FOREST HILL, MARYLAND 21050
410-638-4710

WWW.HCVFA.ORG

April 2, 2019

Paul Parker
Director, Center for Health Care Facilities Planning and Development
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215
paul.parker@maryland.gov

Re: Letter in Support of UM Upper Chesapeake Health System, Inc.'s Certificate of Exemption and Certificate of Need Applications to Construct a Freestanding Medical Facility, a Special Psychiatric Hospital, and Expand the Bed Capacity at UM UCMC.

Dear Mr. Parker:

On behalf of the Harford County Volunteer Fire and EMS Association, Inc., I write to express full support for the Certificate of Exemption and Certificate of Need applications filed by UM Upper Chesapeake Health System proposing to construct a freestanding medical facility offering specialized inpatient and outpatient psychiatric services and a fully functional emergency department that will be open 24 hours a day, 7 days a week on a new site in Aberdeen. A helipad and dedicated, onsite ambulance will ensure rapid transport for those patients requiring transfer to a higher level of care. To accommodate the needs of patients, UM UCH also plans to expand the observation bed capacity at UM Upper Chesapeake Medical Center in Bel Air, Maryland.

The Harford County Volunteer Fire and EMS Association and UM Upper Chesapeake Health System have a strong working relationship. As the primary 911 emergency medical services (EMS) provider in Harford County, Maryland, the Harford County Volunteer Fire and EMS Association, Inc. has a vested interest in having sufficient beds to allow our EMS to quickly and safely transfer patients to the hospital facilities.

The Harford County Volunteer Fire and EMS Association's EMS units were alerted 29,853 times in 2018. Our EMS call volume has been increasing at an average rate of 3.9% per year over the past 5 years. While our average call volume is increasing over 1000 calls per year our times to transfer our patients at the two hospitals has gradually lengthened to point where we now require frequent administrative intervention between our Association and hospital management.

These delays are primarily caused by lack of emergency department beds as well as overall hospital capacity. As an example UCMC is frequently on Red Alert due to having "borders" in monitored emergency department beds since there are no beds available in the hospital.

While the Harford County EMS system delivers the majority of patients to the two UM Upper Chesapeake Health System hospitals, the hospitals also receive patients from Cecil County EMS and Baltimore County EMS. Since the majority of Harford County EMS patients are transported from the development envelope in the center of the County, transport to a facility outside the County would increase the patient transport time by at least 15 minutes and the total call time by 30 or more minutes.

The number of beds in the original UM Upper Chesapeake Health System plan proposed for the Aberdeen Campus as well as the expansion of the observation bed capacity at UM UCMC in Bel Air, MD would help to resolve the current issues. Any reduction in the requested number of planned beds would have a very negative affect on our service.

The UM Upper Chesapeake leadership has met several times with the senior leadership of our Association to discuss their plans and solicit our concerns of the changes that would affect our EMS service. During those discussions, it was obvious that they have given significant consideration to limiting negative impacts on EMS and provided several possible positive impacts. The UM Upper Chesapeake leadership continues to work closely with the Association to make this a positive change.

The Harford County Volunteer Fire and EMS Association, Inc. strongly supports UM Upper Chesapeake Health System's proposed freestanding medical facility, specialty psychiatric hospital, and UM UCMC observation bed expansion, and urges the Maryland Health Care Commission to approve the Certificate of Exemption and Certificate of Need applications as submitted.

Thank you for your consideration of this matter. Please feel free to contact me if you require any additional information.

Sincerely,

Rusty Eyre

Rusty Eyre
President,
Harford County Volunteer Fire and EMS Association, Inc.

CITY OF ABERDEEN

April 1, 2019

Mr. Paul Parker
Director, Center for Health Care Facilities Planning and Development
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215
paul.parker@maryland.gov

Re: Letter in Support of UM Upper Chesapeake Health System, Inc.'s Certificate of Exemption and Certificate of Need Applications to Construct a Freestanding Medical Facility and Special Psychiatric Hospital.

Dear Mr. Parker:

On behalf of the City of Aberdeen's Economic Development Commission, I write to express full support for the Certificate of Exemption and Certificate of Need applications filed by UM Upper Chesapeake Health System proposing to construct a freestanding medical facility and special psychiatric hospital in Aberdeen, Maryland.

The City of Aberdeen's Economic Development Commission is well apprised of UM Upper Chesapeake Health System's development of plans to construct a medical campus in Aberdeen, including a special psychiatric hospital.

The Aberdeen campus is planned to house a state-of-the-art forty-bed psychiatric hospital offering specialized inpatient and outpatient psychiatric services in one central location. Also planned for the Aberdeen campus is a fully functional emergency department that will be open 24 hours a day, 7 days a week. A helipad and dedicated, onsite ambulance will ensure rapid transport for those patients requiring transfer to a higher level of care. Finally, a medical office building on the Aberdeen campus will provide enhanced access to regionalized specialty physician services. The development of the Aberdeen campus will continue to provide access to needed health care services in the community formerly served by Harford Memorial Hospital. To accommodate the needs of patients, UM UCH also plans to expand the observation bed capacity at UM UCMC in Bel Air, MD.

I strongly support UM Upper Chesapeake Health System's proposed freestanding medical facility and specialty psychiatric hospital and urge the Maryland Health Care Commission to approve the Certificate of Exemption and Certificate of Need Applications.

Thank you for your consideration of this matter. Please feel free to contact me if you require any additional information.

Sincerely,

Tom Fidler
Chairman
Aberdeen Economic Development Commission

CITY OF ABERDEEN

April 1, 2019

Mr. Paul Parker
Director, Center for Health Care Facilities Planning and Development
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215
paul.parker@maryland.gov

Re: Letter in Support of UM Upper Chesapeake Health System, Inc.'s Certificate of Exemption and Certificate of Need Applications to Construct a Freestanding Medical Facility and Special Psychiatric Hospital.

Dear Mr. Parker:

On behalf of the City of Aberdeen's Planning Commission, I write to express full support for the Certificate of Exemption and Certificate of Need applications filed by UM Upper Chesapeake Health System proposing to construct a freestanding medical facility and special psychiatric hospital in Aberdeen, Maryland.

The City of Aberdeen's Planning Commission is well apprised of UM Upper Chesapeake Health System's development of plans to construct a medical campus in Aberdeen, including a special psychiatric hospital. The Planning Commission unanimously approved these plans and is supportive of UM Upper Chesapeake Health System's vision to create an integrated medical and behavioral health strategy across the county.

The Aberdeen campus is planned to house a state-of-the-art forty-bed psychiatric hospital offering specialized inpatient and outpatient psychiatric services in one central location. Also planned for the Aberdeen campus is a fully functional emergency department that will be open 24 hours a day, 7 days a week. A helipad and dedicated, onsite ambulance will ensure rapid transport for those patients requiring transfer to a higher level of care. Finally, a medical office building on the Aberdeen campus will provide enhanced access to regionalized specialty physician services. The development of the Aberdeen campus will continue to provide access to needed health care services in the community formerly served by Harford Memorial Hospital. To accommodate the needs of patients, UM UCH also plans to expand the observation bed capacity at UM UCMC in Bel Air, MD.

I strongly support UM Upper Chesapeake Health System's proposed freestanding medical facility and specialty psychiatric hospital and urge the Maryland Health Care Commission to approve the Certificate of Exemption and Certificate of Need Applications.

Thank you for your consideration of this matter. Please feel free to contact me if you require any additional information at 410.404.5373.

Sincerely,

Mark Schlottman
Chairman
Aberdeen Planning Commission

Exhibit 15

UNIVERSITY of MARYLAND
UPPER CHESAPEAKE HEALTH

Upper Chesapeake Health

Subject: Financial Assistance Policy

Effective Date: 10/2018

Approved by: _____

Steve Witman, Sr. VP CFO

_____

Board of Directors

To provide financial relief to patients unable to meet their financial obligation to University of Maryland Upper Chesapeake Health.

1. **Policy**
    a. This policy applies to the University of Maryland Upper Chesapeake Health (UM UCH) facilities to include:
        i. University of Maryland Upper Chesapeake Medical Center
        ii. University of Maryland Harford Memorial Hospital.

    UM UCH is committed to providing financial assistance to persons who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for all medically necessary care will be covered based on their individual financial situation.

    b. It is the policy of UM UCH to provide Financial Assistance (FA) based on indigence or high medical expenses (Medical Financial Hardship program) for patients who meet specified financial criteria and request such assistance. The purpose of the following policy statement is to describe how applications for FA should be made, the criteria for eligibility, and the steps for processing applications.

    c. UM UCH will post notices of availability at appropriate intake locations as well as the Patient Accounting Office. Notice of availability will also be sent to patients on patient bills. A Patient Billing and Financial Assistance Information Sheet will be provided before discharge and will be available to all patients upon request and without charge, both by mail and in the emergency room and admission areas. A written estimate of total charges, excluding the emergency department, will be available to all

patients upon request. This policy, the Patient Billing and Financial Information Sheet, and the Financial Assistance Application will also be conspicuously posted on the UM UCH website (https://www.umms.org/uch/patients-visitors/for-patients/financial-assistance).

d. FA may be extended when a review of a patient's individual financial circumstances has been conducted and documented. This may include a review of the patient's existing medical expenses and obligations, including any accounts having gone to bad debt.
e. Payments made for care received during the financial assistance eligibility window that exceed the patients determined responsibility will be refunded if that amount exceeds $5.00
    i. Collector notes, and any other relevant information, are deliberated as part of the final refund decision; in general refunds are issued based on when the patient was determined unable to pay compared to when the payments were made
    ii. Patients documented as uncooperative within 30 days after initiation of a financial assistance application are ineligible for a refund
f. UM UCH retains the right in its sole discretion to determine a patient's ability to pay. All patients presenting for emergency services or diagnosed-cancer care will be treated regardless of their ability to pay, except as noted under 2. d. iv. below.

2. Program Eligibility

a. Consistent with our mission to deliver compassionate and high quality healthcare services and to advocate for those who do not have the means to pay for medically necessary care, UM UCH strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. To further the UM UCH commitment to our mission to provide healthcare to the surrounding community, UM UCH reserves the right to grant financial assistance without formal application being made by our patients.
b. Specific exclusions to coverage under the Financial Assistance Program:
    i. Physician charges are excluded from UM UCH's FA policy. Patients who wish to pursue FA for physician related bills must contact the physician directly. For a list of physicians providing emergency and other medically necessary care in the hospital facility, whose services are not covered under this policy, please contact our Financial Assistance Department at (443) 843-5092.

ii. Generally, the FA program is not available to cover services that are 100% denied by a patient's insurance company; however, exceptions may be made on a case by case basis considering medical and programmatic implications
iii. Cosmetic or other non-medically necessary services

c. Patients may become ineligible for FA for the following reasons:
   i. Have insurance coverage through an HMO, PPO, Workers Compensation, Medicaid, Motor Vehicle or other insurance programs that deny access to UM UCH due to insurance plan restrictions/limits
   ii. Refusal to be screened for other assistance programs prior to submitting an application to the FA program
d. Determination for Financial Assistance eligibility will be based on assets, income, and family size. Please note the following:
   i. Liquid assets greater than $15,000 for individuals, and $25,000 for families will disqualify the patient for 100% assistance.
   ii. Equity of $150,000 in a primary residence will be excluded from the calculation for determination of financial assistance; and
   iii. Retirement assets, regardless of balance, to which the IRS has granted preferential tax treatment as a retirement account, including but not limited to, deferred compensation plans qualified under the IRS code or nonqualified deferred compensation plans will not be used for determination of financial assistance.
   iv. Non-citizens/non-residents of the United States may only qualify for Financial Assistance under these circumstances: 1. an initial visit for emergency care or 2. if qualified for presumptive Medical Assistance upon inpatient admission or prior to outpatient treatments for cancer care, and only after a determination by the Financial Counselor/Director of Patient Accounting and/or V.P. of Finance. See the Upper Chesapeake Health Self Pay Billing policy for criteria for beginning outpatient cancer care for these patients.
e. Patients who indicate they are unemployed and have no insurance coverage shall be required to submit a FA application unless they meet Presumptive FA (see section 3 below) eligibility criteria. If a patient qualifies for COBRA coverage, the patient's financial ability to pay COBRA insurance premiums shall be reviewed by the Financial Counselor and recommendations shall be made to Senior Leadership. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services and for their overall personal health.

f. Free medically necessary care will be awarded to patients with family income at or below 200 percent of the Federal Poverty Level (FPL).
g. Reduced-cost, medically necessary care will be awarded to low-income patients with family income between 200 and 300 percent of the FPL
h. If a patient requests the application be reconsidered after a denial determination made by the Financial Counselor, the Director of Patient Accounting will review the application for final determination.
i. Payment plans can be offered for all self-pay balances by our Self Pay Vendor.

3. Presumptive Financial Assistance

a. Patients may also be considered for Presumptive Financial Assistance eligibility with proof of enrollment in one of the programs listed below. There are instances when a patient may appear eligible for FA, but there is no FA form on file. Often there is adequate information provided by the patient or through other sources, which could provide sufficient evidence to provide the patent with FA. In the event there is no evidence to support a patient's eligibility for FA, UM UCH reserves the right to use outside agencies or information in determining estimated income amounts for the basis of determining financial assistance eligibility and potential reduced care rates. Once determined, due to the inherent nature of presumptive circumstances, the only financial assistance that can be granted is a 100-percent write-off of the account balance. Presumptive FA eligibility shall only cover the patient's specific date of service. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:
    i. Active Medical Assistance pharmacy coverage
    ii. Special Low Income Medicare Beneficiary (SLMB) coverage (covers Medicare Part B premiums)
    iii. Homelessness
    iv. Medical Assistance and Medicaid Managed Care patients for services provided in the ED beyond coverage of these programs
    v. Maryland Public Health System Emergency Petition (EP) patients (balance after insurance)
    vi. Participation in Women, Infants and Children Program (WIC)
    vii. Supplemental Nutritional Assistance Program (SNAP)
    viii. Eligibility for other state or local assistance programs
    ix. Deceased with no known estate
    x. Determined to meet eligibility criteria established under former State Only Medical Assistance Program

xi. Households with children in the free or reduced lunch program
xii. Low-income household Energy Assistance Program
xiii. Self-Administered Drugs (in the outpatient environment only)
xiv. Medical Assistance Spenddown amounts

b. Specific services or criteria that are ineligible for Presumptive FA include:
   i. Uninsured patients seen in the ED under EP will not be considered under the presumptive FA program until the Maryland Medicaid Psych program has been billed

4. Procedures

a. The Financial Counselor will complete an eligibility check with the Medicaid program to verify whether the patient has current coverage
b. The Financial Counselor will consult via phone or meet with patients who request FA to determine if they meet preliminary criteria for assistance.
   i. To facilitate this process each applicant must provide information about family size and income. To help applicants complete the process, we will provide an application that will let them know what paperwork is required for a final determination of eligibility
   ii. All applications will be tracked and after eligibility is determined, a letter of final determination will be submitted to the patient
   iii. Patients will have fifteen days to submit required documentation to be considered for eligibility. The patient may re-apply to the program and initiate a new case if the original timeline is not adhered to. For any episode of care, the financial assistance application process will be open up to at least 240 days after the first post-discharge patient bill for the care is sent.
c. There will be one application process for UM UCH. The patient is required to provide a completed FA application. In addition, the following may be required:
   i. A copy of their most recent Federal Income Tax Return (if married and filing separately, then also a copy of spouse's tax return)
   ii. Proof of disability income (if applicable)
   iii. A copy of their three most recent pay stubs (if employed) or other evidence of income of any other person whose income is considered part of the family income
   iv. A Medical Assistance Notice of Determination (if applicable)
   v. Proof of U.S. citizenship or lawful permanent residence status (green card)
   vi. Reasonable proof of other declared expenses may be taken in to consideration

vii. If unemployed, reasonable proof of unemployment such as statement from the Office of Unemployment Insurance, a statement from current source of financial support, etc.
viii. A Verification of No Income Letter (if there is no evidence of income)
ix. Three most recent bank statements

Written request for missing information will be sent to the patient. Where appropriate, oral submission of needed information will be accepted.

d. In addition to qualifying for Financial Assistance based on income, a patient can qualify for FA either through lack of sufficient income, insurance or catastrophic medical expenses based on the Financial Hardship criteria discussed below. Within two (2) business days following a patient's request for Financial Assistance, application for Medical Assistance, or both, the hospital will make a determination of probable eligibility. Completed applications will be forwarded to the Manager of Patient Accounting who will determine approval for adjustments up to $10,000. Adjustments of $10,000 or greater will be forwarded to the Director of Patient Financial Services and the V.P. of Finance for an additional approval.
e. Once a patient is approved for FA, FA coverage is effective for:
    i. All accounts in an AR (Accounts Receivable) status
    ii. All accounts in a BD (Bad Debt) status that were transferred within one year of the service date of the oldest AR account being adjusted using the current application
    iii. All future visits within 6 months of the application date
    iv. In addition, coverage will also extend to any account for which a written notice described in paragraph h (below) has not been sent or for which the deadline stated therein has not elapsed. However, UM UCH may decide to extend the FA eligibility period further into the past or the future.
f. Social Security beneficiaries with lifelong disabilities may become eligible for FA indefinitely and may not need to reapply
g. UM UCH does not report debts owed to credit reporting agencies.
h. In rare cases, accounts may warrant Extraordinary Collection Actions (ECAs). Once an account has met the following criteria, the account is closed by the collection agency as "uncollectible" and forwarded back to Patient Accounting for review to establish grounds for legal action. UM UCH reserves the right to place a lien on a patient's income, residence and/or automobile. This only occurs after all efforts to resolve the debt have been exhausted.

Criteria:

i. The debt is valid
ii. The account is equal to or greater than 120 days old
iii. Patient refuses to acknowledge the debt
iv. Upon review and investigation, we have determined liquid assets are available (checking, savings, stocks, bonds or money market accounts)
v. The VP of Finance must authorize legal action

Action will be preceded by notice 30 days prior to commencement. Availability of financial assistance will be communicated to the patient and a presumptive eligibility review will occur prior to any ECA action being taken. This written notice will indicate that Financial Assistance is available for eligible individuals, identify the ECAs that the hospital (or its collection agency, attorney or other authorized party) intends to initiate to obtain payment for the care, and state a deadline after which such ECAs may be initiated. It will also include a Patient Billing and Financial Assistance Information Sheet. In addition, the hospital will make reasonable efforts to orally communicate the availability of Financial Assistance to the patient and tell the patient how he or she may obtain assistance with the application process.

5. Financial Hardship

a. The following guidelines are outlined as a separate, supplemental determination of Financial Assistance, known as Financial Hardship. Financial Hardship will be offered to all patients who apply for FA and are determined to be eligible. Medical Financial Hardship is available for patients who otherwise do not qualify for Financial Assistance under the primary guidelines of this policy.
b. Financial Hardship Assistance is defined as facility charges incurred at UM UCH owned hospitals or physician practices for medically necessary treatment by a family household that exceeds 25% of the family's annual income. The Financial Assistance reduction will be the balance that exceeds the 25% of the family's annual income. Family annual income must be less than 500% of the Federal Poverty Limit
c. Once a patient is approved for Financial Hardship Assistance, coverage may be effective starting with the first qualifying date of service and the following twelve (12) months
d. Financial Hardship Assistance may cover the patient and the immediate family members living in the same household. Each family member may

be approved for the reduced cost and eligibility period for medically necessary treatment.

e. Coverage will not apply to elective or cosmetic procedures.
f. In order to continue in the program after the expiration of an eligibility period, each patient (family member) must reapply to be considered.
g. Patients who have been approved for the program should inform UM UCH of any changes in income, assets, expenses or family (household) status within 30 days of such changes. Patients determined to be eligible for Financial Hardship Assistance and granted an eligibility period extending into the future will be notified about how to apply for more generous assistance during such eligibility period.
h. All other eligibility, ineligibility and procedures for the primary Financial Assistance program criteria apply for the Financial Hardship Assistance, unless otherwise stated
i. See Attachment A for the sliding scale reduced cost of care.

6. Amounts Generally Billed

a. An individual who is eligible for assistance under this policy for emergency or other medically necessary care will never be charged more than the amounts generally billed (AGB) to an individual who is not eligible for assistance. The charges to which a discount will apply are set by the State of Maryland's rate regulation agency (HSCRC) and are the same for all payers (i.e. commercial insurers, Medicare, Medicaid or self-pay).

Reviewed / Revised: 10/2018

ORIGIN DATE: 10/2010

NEXT REVIEW DATE: 10/2019

2/1/2019

% discount	MAX/MIN	Family 1	Family 2	Family 3	Family 4	Family 5	Family 6	Family 7	Family 8
Fed Pov Guideline		$12,490.00	$16,910.00	$21,330.00	$25,750.00	$30,170.00	$34,590.00	$39,010.00	$43,430.00
MHA Guidelines now at 200% of FPL									
100%	up to	$ 24,980.00	$ 33,820.00	$ 42,660.00	$ 51,500.00	$ 60,340.00	$ 69,180.00	$ 78,020.00	$ 86,860.00
90%	Min	$ 24,981.00	$ 33,821.00	$ 42,661.00	$ 51,501.00	$ 60,341.00	$ 69,181.00	$ 78,021.00	$ 86,861.00
	Max	$ 27,478.00	$ 37,202.00	$ 46,926.00	$ 56,650.00	$ 66,374.00	$ 76,098.00	$ 85,822.00	$ 95,546.00
80%	Min	$ 27,479.00	$ 37,203.00	$ 46,927.00	$ 56,651.00	$ 66,375.00	$ 76,099.00	$ 85,823.00	$ 95,547.00
	Max	$ 28,727.00	$ 38,893.00	$ 49,059.00	$ 59,225.00	$ 69,391.00	$ 79,557.00	$ 89,723.00	$ 99,889.00
70%	Min	$ 28,728.00	$ 38,894.00	$ 49,060.00	$ 59,226.00	$ 69,392.00	$ 79,558.00	$ 89,724.00	$ 99,890.00
	Max	$ 29,976.00	$ 40,584.00	$ 51,192.00	$ 61,800.00	$ 72,408.00	$ 83,016.00	$ 93,624.00	$ 104,232.00
60%	Min	$ 29,977.00	$ 40,585.00	$ 51,193.00	$ 61,801.00	$ 72,409.00	$ 83,017.00	$ 93,625.00	$ 104,233.00
	Max	$ 31,225.00	$ 42,275.00	$ 53,325.00	$ 64,375.00	$ 75,425.00	$ 86,475.00	$ 97,525.00	$ 108,575.00
50%	Min	$ 31,226.00	$ 42,276.00	$ 53,326.00	$ 64,376.00	$ 75,426.00	$ 86,476.00	$ 97,526.00	$ 108,576.00
	Max	$ 32,474.00	$ 43,966.00	$ 55,458.00	$ 66,950.00	$ 78,442.00	$ 89,934.00	$ 101,426.00	$ 112,918.00
40%	Min	$ 32,475.00	$ 43,967.00	$ 55,459.00	$ 66,951.00	$ 78,443.00	$ 89,935.00	$ 101,427.00	$ 112,919.00
	Max	$ 33,723.00	$ 45,657.00	$ 57,591.00	$ 69,525.00	$ 81,459.00	$ 93,393.00	$ 105,327.00	$ 117,261.00
30%	Min	$ 33,724.00	$ 45,658.00	$ 57,592.00	$ 69,526.00	$ 81,460.00	$ 93,394.00	$ 105,328.00	$ 117,262.00
	Max	$ 34,972.00	$ 47,348.00	$ 59,724.00	$ 72,100.00	$ 84,476.00	$ 96,852.00	$ 109,228.00	$ 121,604.00
20%	Min	$ 34,973.00	$ 47,349.00	$ 59,725.00	$ 72,101.00	$ 84,477.00	$ 96,853.00	$ 109,229.00	$ 121,605.00
	Max	$ 36,221.00	$ 49,039.00	$ 61,857.00	$ 74,675.00	$ 87,493.00	$ 100,311.00	$ 113,129.00	$ 125,947.00
10%	Min	$ 36,222.00	$ 49,040.00	$ 61,858.00	$ 74,676.00	$ 87,494.00	$ 100,312.00	$ 113,130.00	$ 125,948.00
	Max	$ 37,470.00	$ 50,730.00	$ 63,990.00	$ 77,250.00	$ 90,510.00	$ 103,770.00	$ 117,030.00	$ 130,290.00

UNIVERSITY of MARYLAND
UPPER CHESAPEAKE HEALTH

UM Upper Chesapeake Health has a Financial Assistance Program based on financial need.

Please complete and return the attached form and required documents within 15 days.

This information will be held in the strictest confidence and is necessary to determine eligibility.

Within two (2) business days of receipt of the Financial Assistance Request, the hospital will make a determination of probable eligibility.

Thank you for choosing **UM Upper Chesapeake Health**

We would like to assist you with the **Financial Assistance** process. Please complete the attached form and return it to us **within 15 days** with the requested information from the list below. This information will be held in the strictest confidence and is necessary to determine eligibility. Within two (2) business days of receipt of the Financial Assistance Request, the hospital will make a determination of probable eligibility. If you are unable to provide this information within that time frame, please contact:

Financial Counselor
(443) 843-5092

In order for you to qualify for **Financial Assistance**, we are required to obtain the completed and signed application along with the following:

- **Copies of all pages of your last three (3) bank statements**
  - Must be copies of original bank statements showing bank's name and all account holders' names
  - Need copies for applicant and spouse
  - If there are deposits other than payroll, please provide an explanation
- **Copies of your last three (3) pay stubs**
  - Need copies for applicant and spouse
- **Copies of all pages of your current income tax return and W-2's**
- **Copies of any benefits you are receiving**
  - Social Security benefit letter
  - Unemployment notifications
  - Disability benefit letters
  - Proof of any public assistance
    - Food Stamps
    - WIC program
    - Primary Adult Care Program
    - Energy Assistance
    - Free or reduced lunch plans
- **If there is no income**, you will need to call me to obtain a copy of our Verification of No Income form

Please be assured that this information is necessary to determine your eligibility.

UNIVERSITY of MARYLAND
UPPER CHESAPEAKE HEALTH

Maryland State Uniform Financial Assistance Application

Information About You

Name: _____ (First) (Middle Initial) (Last)

Social Security Number ☐☐☐ - ☐☐ - ☐☐☐☐ Marital Status: ☐ Single ☐ Married ☐ Separated

US Citizen: ☐ Yes ☐ No Permanent Resident: ☐ Yes ☐ No

Home Address: _____ (Street Address)
_____ (City) (State) (Zip code) (Country)

Home Phone: (☐☐☐) ☐☐☐ - ☐☐☐☐ (Area Code) ### - ####

Employer Name & Address: _____ (Employer Name)
_____ (Street Address)
_____ (City) (State) (Zip code)

Work Phone: (☐☐☐) ☐☐☐ - ☐☐☐☐ (Area Code) ### - ####

Household Members:

Name	Age	Relationship

Have you applied for Medical Assistance ☐ Yes ☐ No

If yes, what was the date you applied? ☐☐/☐☐/☐☐☐☐ *(MM/DD/YYYY)*

If yes, what was the determination?

Do you receive any type of state or county assistance? ☐ Yes ☐ No

If Yes, please attach a copy of your benefit letter as proof of this assistance.

Please return application to:
UM Upper Chesapeake Health
Patient Accounting Department
2027 Pulaski Highway, Suite 215
Havre de Grace, MD 21078

I. Family Income

List the amount of your monthly income from all sources. You may be required to supply proof of income, assets, and expenses. If you have no income, please provide a letter of support from the person providing your housing and meals. Within two (2) business days following a patient's request for Financial Assistance the hospital will make a determination of probable eligibility.

	Monthly Amount
Employment	
Retirement/pension benefits	
Social security benefits	
Public assistance benefits	
Disability benefits	
Unemployment benefits	
Veterans benefits	
Alimony	
Rental property income	
Strike benefits	
Military allotment	
Farm or self employment	
Other income source:	
Total	

II. Liquid Assets

	Current Balance
Checking account	
Savings account	
Stocks, bonds, CD, or money market	
Other accounts	
Total	

III. Other Assets

If you own any of the following items, please list the type and approximate value.

Home :	Loan Balance:			Approximate value:	
Automobile:	Make:		Year:	Approximate value:	
Additional vehicle:	Make :		Year:	Approximate value:	
Additional vehicle:	Make:		Year:	Approximate value:	
Other property:				Approximate value:	
				Total	

IV. Monthly Expenses

	Amount
Rent or Mortgage	
Utilities	
Car payment(s)	
Credit card(s)	
Car insurance	
Health insurance	
Other medical expenses	
Other expenses	
Total	

Do you have any other unpaid medical bills? ☐ Yes ☐ No

For what service? _____

If you have arranged a payment plan, what is the monthly payment? _____

If you request that the hospital extend additional financial assistance, the hospital may request additional information in order to make a supplemental determination. By signing this form, you certify that the information provided is true and agree to notify the hospital of any changes to the information provided within ten days of the change.

_____

Applicant signature *Date* *Relationship to Patient*

UNIVERSITY of MARYLAND
UPPER CHESAPEAKE HEALTH

UM Harford Memorial Hospital
443-843-5000
UM Upper Chesapeake Medical Center
443-643-1000

Help for Patients to Pay Hospital Care Costs

If you cannot pay for all or part of your care from our hospital, you may be able to get **free** or **lower cost** services.

PLEASE NOTE:

1. We treat all patients needing emergency care, no matter what they are able to pay.
2. There may be services provided by physicians or other providers that are not covered by the **hospital's** Financial Assistance Policy. For a **list of physicians** providing emergency and other medically necessary care in the hospital facility, whose services are not covered under this policy, please visit our website or contact our Financial Assistance Department at (443) 843-5092.
3. You will never be charged for emergency and other medically necessary care more than **amounts generally billed** to patients who are not eligible for financial assistance under the financial assistance policy. Rates are set by the State of Maryland.

HOW THE PROCESS WORKS:

When you become a patient, we ask if you have any health insurance. We will not charge you more for hospital services than we charge people with health insurance. The hospital will:

1. Give you information about our financial assistance policy or
2. Offer you help with a counselor who will help you with the application.

HOW WE REVIEW YOUR APPLICATION:

The hospital will look at your ability to pay for care. We look at your income and family size. You may receive free or lower costs of care if:

1. Your income or your family's total income is at 300% or less of the federal poverty level.
2. Your income or your family's income is at 500% or less of the federal poverty level **and** your medical debt incurred at an UMMS hospital facility exceeds 25% of your family's annual household income.

PLEASE NOTE: If you are able to get financial help, we will tell you how much you can get. If you are not able to get financial help, we will tell you why not.

HOW TO APPLY FOR FINANCIAL HELP:

1. Fill out a **Financial Assistance Application Form**. (see below for website address of application form)
2. Give us all of your information to help us understand your financial situation.
3. Turn the Application Form into us.

PLEASE NOTE: The hospital must screen patients for Medicaid before giving financial help. Cosmetic and other non-medically necessary services may not be covered.

OTHER HELPFUL INFORMATION:

1. You can get a **free copy** of our Financial Assistance Policy and Application Form:
- *Online* at www.umuch.org/patients/financial-assistance
- *In person* at UM Upper Chesapeake Health, 2027 Pulaski Highway Ste 215, Havre De Grace MD 21078
- *By mail* by calling (443) 843-5092 to request a copy.

2. You can call the Financial Assistance Department at (443) 843-5092 if you have questions or need help applying.
3. The FAP, FAP application or Plain Language Summary are also available in Spanish. If you need information translated in another language, please call (443) 843-5092.

UNIVERSITY of MARYLAND
UPPER CHESAPEAKE HEALTH

UM Harford Memorial Hospital
443-843-5000
UM Upper Chesapeake Medical Center
443-643-1000

[f_Mis Current Date]

[f_Reg Guar Name Full]
[f_Reg Guarantor Address1]
[f_Reg Guarantor City], [f_Reg Guarantor State] [f_Reg Guarantor Zip]

Dear [f_Reg Guar Name Full]:

Thank you for returning your Financial Assistance application.

At this time, we have completed a preliminary review of your application and have determined that you did not return sufficient information with your application to allow us to complete the assessment of your eligibility. However, based on information we have received your eligibility for Financial Assistance is probable.

Therefore, if you would like for us to reconsider your application at this time, please return the requested information to us within **5 business days** to **University of Maryland Upper Chesapeake Health, Patient Accounting Department, 2027 Pulaski Highway, Suite 215, Havre de Grace, MD 21078.**

Missing or incomplete information: Account #: [f_Reg Account Number]

___ Three (3) most recent pay stubs
___ Three (3) most current bank statements (must be copies of original statements)
___ Explanation for deposits on bank statements
(explanations must be submitted in writing)
___ Proof of Retirement/Pension benefits
___ Proof of Social Security Income
___ Proof of Public Assistance benefits (WIC, PAC, Food Stamps, Energy Assistance)
___ Proof of Disability benefits
___ Proof of Unemployment benefits
___ Proof of Veteran's benefits
___ Proof of Alimony/Child Support
___ Most current Tax Return including W-2's
___ Verification of No Income form
___ Applicant's signature on form
___ Proof of insurance (copy of insurance card)
___ Other _____

Please feel free to contact me directly Monday through Friday at (443) 843-5092 with any questions.

If the requested information is not available, please contact our **Billing Office at 855-748-0680 within 5 business days** on Monday through Thursday from 8am to 8pm or Friday from 8am to 4:30pm to set up an acceptable payment plan. We would like to continue to work with you to clear this account as soon as possible.

Thank you for your continued cooperation.

Sincerely,

Financial Counselor

Exhibit 16

NOTICE

University of Maryland Upper Chesapeake Health maintains accessibility to all emergency and other medically-necessary services regardless of an individual's ability to pay. The hospital's financial assistance policy will consider free or discounted care for those patients who cannot pay the total cost of hospitalization due to lack of insurance coverage and/or inability to pay. For more information on our financial assistance policy for patients who qualify for help with their hospital bills, or if you require translation services to understand this policy, please call 443-843-5092 or visit us at umuch.org.

AGF 3-2600 March 1 6163214