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MEMORANDUM

TO: Commissioners

FROM: Kevin R. McDonald
Chief, Certificate of Need

DATE: July 18, 2019

SUBJECT: White Marsh Surgical Center
Docket No. 19-03-2437

Enclosed is the staff report and recommendation regarding a Certificate of Need ("CON") application filed by Johns Hopkins Surgery Centers Series, which operates White Marsh Surgical Center ("WMSC"), a licensed physician outpatient surgical center ("POSC") located in White Marsh in Baltimore County.

The proposed project seeks to establish an ambulatory surgical facility ("ASF") by converting storage space to a second operating room. It would then operate with two ORs and two procedure rooms, thereby establishing an ASF.[1] The estimated total cost of renovations for the ASF is approximately $1,050,000, paid for with cash.

Commission staff analyzed the proposed project's compliance with the review standards at 10.24.11, the State Health Plan for General Surgical Services, and the CON review criteria at COMAR 10.24.01.08 and recommends that the project be APPROVED with the following conditions:

[1] If the Commission approves WMSC's CON application, its status as an ASF will be short-lived. Effective October 1, 2019, Maryland law enacted in the 2019 session of the General Assembly becomes effective and, as of that date, an ambulatory surgical facility will be defined in Maryland law as having three or more ORs.

1. White Marsh Surgery Center shall provide to the public, upon inquiry or as required by applicable regulations or law, information concerning charges for the full range of surgical services provided.

2. Prior to first use approval, WMSC shall provide an enhanced plan to identify and service patients in need of charity care, acceptable to Commission staff, that will ensure that it provides an amount of charity care that is equivalent to or greater than the average amount of charity care provided by ASFs in the most recent year reported, measured as a percentage of total operating expenses, and that it report charity care and bad debt as defined in the Freestanding Ambulatory Surgery Facility Survey.

IN THE MATTER OF	*	**BEFORE THE**
	*	
WHITE MARSH	*	**MARYLAND HEALTH**
	*	
SURGICAL CENTER	*	**CARE COMMISSION**
	*	
Docket No. 19-03-2437	*	
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Staff Report and Recommendation

July 18, 2019

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I. INTRODUCTION

The Applicant

The applicant in this review is Johns Hopkins Surgery Centers Series ("JHSCS"). JHSCS is an independent series of JH Ventures, LLC.[1] The owners of both JHSCS and Johns Hopkins Ventures, LLC are The Johns Hopkins University and The Johns Hopkins Health System Corporation, each of which owns a 50% share of both entities. JHSCS operates surgery centers and/or health centers in Odenton and Green Spring Station.

The Project

The proposed project seeks to establish an ambulatory surgical facility ("ASF") located at 4924 Campbell Boulevard in White Marsh (Baltimore County) to be known as White Marsh Surgery Center ("WMSC"). Surgical specialties currently offered at WMSC include ear, nose and throat ("ENT"), orthopedics, and plastic and reconstructive surgery.

WMSC currently is a multi-specialty physician outpatient surgical center ("POSC")[2], [3] and proposes to add a second OR by renovating 904 square feet ("SF") of space on the second floor that is currently used as a storage room; it would then operate with two ORs and two procedure rooms, thereby establishing an ASF.[4] This expansion will allow the addition of burn, gynecology, pediatric and urology surgical service lines.

The faculty of Johns Hopkins Medicine ("JHM") may perform inpatient, outpatient, or ambulatory surgery at any of the facilities affiliated with JHM. However, WMSC is primarily staffed by surgeons who also practice at the Johns Hopkins Bayview Medical Center ("JHBMC"), augmented by a smaller contingent of surgeons from Johns Hopkins Hospital ("JHH").

The estimated total capital cost for WMSC to furnish and equip the additional OR is approximately $1.05 million. WMSC expects the new OR will open for service within 15 months of obligating the required capital expenditure and reach full capacity within 12 months after first use.

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[1] A series limited liability company, commonly known as a series LLC, is a form of a limited liability company that provides liability protection across multiple "series," each of which is theoretically protected from liabilities arising from the other series. In overall structure, the series LLC has been described as a master LLC that has separate divisions.

[2] A physician outpatient surgery center (POSC) is defined at COMAR 10.24.11.08B(25) as ""any center, service, office, facility, or office of one or more health care practitioners that has no more than one sterile operating room, that operates primarily for the purpose of providing surgical services to patients who do not require overnight hospitalization, and that seeks reimbursement from payors for the provision of ambulatory surgical services."

[3] Note that a POSC is licensed by the Office of Health Care Quality as a freestanding ambulatory surgical facility under its regulations, COMAR 10.05.05.

[4] If the Commission approves WMSC's CON application, its status as an ASF will be short-lived. Effective October 1, 2019, Maryland law enacted in the 2019 session of the General Assembly becomes effective and, as of that date, an ambulatory surgical facility will be defined in Maryland law as having three or more ORs.

This proposed project to add a second OR requires a Certificate of Need ("CON") under current law. However, as of October 1, 2019 the threshold for being defined as an "ambulatory surgical facility," and thus requiring a CON, increases to three ORs. Under that new legislation a project of this nature (i.e., two ORs or fewer) would only require a determination of coverage.

Staff Recommendation

Staff concludes that JHSCS has demonstrated that the proposed ASF in White Marsh is likely to be used efficiently or "optimally," as defined in the General Surgical Services regulations of the State Health Plan ("SHP"). It has also demonstrated that the proposed ASF will be financially viable and prove to be a cost-effective option for delivering outpatient surgical services for physicians and residents within its service area. Staff believes that the project will have a positive impact on patient access and will reduce the cost of outpatient surgery by facilitating more use of the ASF setting. We also conclude that it is not likely to have a negative impact on other outpatient surgical

Thus, as explained more fully in this Staff Report, staff recommends that the Commission issue a CON for the proposed ambulatory surgical facility based on staff's conclusion that the proposed project complies with the applicable standards in COMAR 10.24.11, the General Surgical Services chapter of the SHP, and with the Certificate of Need review criteria at COMAR 10.24.01.08G(3)(a)-(f). COMAR 10.24.11.05 (1)(c) requires that the following condition be attached to every ambulatory surgery facility CON issued:

> White Marsh Surgery Center shall provide to the public, upon inquiry or as required by applicable regulations or law, information concerning charges for the full range of surgical services provided.

In addition, staff recommends the following condition relating to charity care:

> Prior to first use approval, WMSC shall provide an enhanced plan to identify and service patients in need of charity care, acceptable to Commission staff, that will ensure that it provides an amount of charity care that is equivalent to or greater than the average amount of charity care provided by ASFs in the most recent year reported, measured as a percentage of total operating expenses, and that it report charity care and bad debt as defined in the Freestanding Ambulatory Surgery Facility Survey.

II. PROCEDURAL HISTORY

A. Record of the Review

Please see Appendix 1, Record of the Review.

B. Interested Parties

There are no interested parties in this review.

C. Local Government Review and Comment

No comments were received from a local governmental body.

D. Community Support

WMSC submitted letters supporting the need for a second OR from several physician leaders and administrators. Each of the letters cited the projected number of surgical cases they would add to the facility and the need for ambulatory surgery options. (DI #3, Exh 15).

III. STAFF REVIEW AND ANALYSIS

The Commission reviews CON applications under six criteria found at COMAR 10.24.01.08G(3). The first of these considerations is the relevant State Health Plan standards, policies, and criteria.

A. The State Health Plan

An application for a Certificate of Need shall be evaluated according to all relevant State Health Plan standards, policies, and criteria.

The relevant SHP regulations in this review is the General Surgical Services chapter, COMAR 10.24.11 ("Surgical Services Chapter").

.05 STANDARDS

A. GENERAL STANDARDS. The following general standards encompass Commission expectations for the delivery of surgical services by all health care facilities in Maryland, as defined in Health General §19-114(d). Each applicant that seeks a Certificate of Need for a project or an exemption from Certificate of Need review for a project covered by this Chapter shall address and document its compliance with each of the following general standards as part of its application

(1) <u>Information Regarding Charges</u>.

Information regarding charges for surgical services shall be available to the public.

(a) A physician outpatient surgery center, ambulatory surgical facility, or a general hospital shall provide to the public, upon inquiry or as required by applicable regulations or law, information concerning charges for the full range of surgical services provided.

WMSC states it "makes information regarding charges for the full range of surgical services" available to the public upon inquiry. (DI #3, p. 20). The JHM website has a link to the ambulatory surgery centers' document regarding patient rights and responsibilities, which includes

provision for patients receiving an estimate of charges. It also states that patients are provided with this information when scheduling their appointment.

(b) The Commission shall consider complaints to the Consumer Protection Division in the Office of the Attorney General of Maryland or to the Maryland Insurance Administration when evaluating an applicant's compliance with this standard in addition to evaluating other sources of information.

The applicant states that it is not aware of any complaints on file with the Consumer Protection Division of the Office of the Attorney General of Maryland or the Maryland Insurance Administration. (DI #3, p. 20). Staff review did not find any complaints recorded for WMSC.

(c) Making this information available shall be a condition of any CON issued by the Commission.

WMSC notes that it understands that making this information available shall be a condition of any CON issued by the Commission.

Staff concludes that WMSC meets this standard, and recommends that if the Commission chooses to award a CON it should include this condition:

> White Marsh Surgery Center shall provide to the public, upon inquiry or as required by applicable regulations or law, information concerning charges for the full range of surgical services provided.

(2) Information Regarding Procedure Volume.

A hospital, physician outpatient surgery center, or ASF shall provide to the public upon inquiry information concerning the volume of specific surgical procedures performed at the location were an individual has inquired. A hospital, POSC, or ASF shall provide the requested information on surgical procedure volume for the most recent 12 months available, updated at least annually.

WMSC states that it "provides to the public upon inquiry information concerning the volume of specific surgical procedures performed." (DI #3, p. 21). WMSC provided a list of the most frequently performed surgical procedures in FY2018. (DI #3, exh. 7).

Staff concludes that WMSC complies with this standard.

(3) Charity Care Policy.

(a) ***Each hospital and ambulatory surgical facility shall have a written policy for the provision of charity care that ensures access to services regardless of an individual's ability to pay and shall provide ambulatory surgical services on a charitable basis to qualified indigent persons consistent with this policy. The policy shall have the following provisions:***

(i) Determination of Eligibility for Charity Care. Within two business days following a patient's request for charity care services, application for medical assistance, or both, the facility shall make a determination of probable eligibility.

The applicant states that it implements its charity care policy by designating a person or persons responsible for taking financial assistance applications at each JHM clinical or business unit. The designee(s) could be financial counselors, social workers, self-pay collection specialists, customer service, or other administrative staff.

The applicant states that an evaluation for financial assistance can begin in a number of ways, such as:

1. A patient presents at a clinical area without insurance, and states he/she cannot afford to pay current or previous medical services;
2. A physician or other clinician refers a patient for a financial assistance evaluation; or
3. A patient with a self-pay balance notifies collector that he/she cannot pay.

The responsible staff member talks with the patient requesting financial assistance to determine if s/he meets the preliminary criteria for assistance. To facilitate this process, each applicant must only provide minimal information about family size and estimated income. A statement of conditional approval will be made, and they will then be informed of what paperwork is required for a final determination. (DI #3, Exh. 8, pp.1 and 4).

(ii) Notice of Charity Care Policy. Public notice and information regarding the facility's charity care policy shall be disseminated, on an annual basis, through methods designed to best reach the facility's service area population and in a format understandable by the service area population. Notices regarding the facility's charity care policy shall be posted in the registration area and business office of the facility. Prior to a patient's arrival for surgery, the facility shall address any financial concerns of the patient, and individual notice regarding the facility's charity care policy shall be provided.

WMSC's charity care policy states that JHSCS facilities "will provide notice and information of the facility's charity care policy through methods designed to reach the service area's population…[by posting it at]… all patient registration sites and in the business office of the facility," and publishing it annually in local newspapers. WMSC submitted an example of the notice posted in the facility. (DI #9, Exh. CQ1.3).

The policy also states that JHSCS facilities shall address any financial concerns of patients, and provide individual notice of the facility's Financial Assistance policy prior to a patient's arrival for surgery. (DI #3, Exh. 8, page 1). In addition, the applicant's statement of Patient Rights and Responsibilities informs patients of their ability to request charity care.

(iii) Criteria for Eligibility. A hospital shall comply with applicable State statutes and Health Services Cost Review Commission ("HSCRC") regulations

regarding financial assistance policies and charity care eligibility. An ASF, at a minimum, shall include the following eligibility criteria in its charity care policies. Persons with family income below 100 percent of the current federal poverty guideline who have no health insurance coverage and are not eligible for any public program providing coverage for medical expenses shall be eligible for services free of charge. At a minimum, persons with family income above 100 percent of the federal poverty guideline but below 200 percent of the federal poverty guideline shall be eligible for services at a discounted charge, based on a sliding scale of discounts for family income bands. A health maintenance organization, acting as both the insurer and provider of health care services for members, shall have a financial assistance policy for its members that is consistent with the minimum eligibility criteria for charity care required of ASFs described in these regulations.

WMSC's policy states that patients are eligible for financial assistance if their maximum family income is at or below 200% of the federal poverty guidelines currently in effect. (DI #3, Exh. 8, page 4, item 4, and DI #7, p. 1).

Staff accessed Johns Hopkins Financial Assistance Policy online and confirmed that the financial assistance provided to patients with family income below 100 percent of the current federal poverty guideline would be eligible for free care. (https://hpo.johnshopkins.edu/enterprise/policies/1003/35770/appendix_191258.pdf).

(b) A hospital with a level of charity care, defined as the percentage of total operating expenses that falls within the bottom quartile of all hospitals, as reported in the most recent HSCRC Community Benefit Report, shall demonstrate that its level of charity care is appropriate to the needs of its service area population.

This part of the standard is not applicable. The project applicant is not a hospital.

(c) A proposal to establish or expand an ASF for which third party reimbursement is available, shall commit to provide charitable surgical services to indigent patients that are equivalent to at least the average amount of charity care provided by ASFs in the most recent year reported, measured as a percentage of total operating expenses.[5] The applicant shall demonstrate that:

(i) Its track record in the provision of charitable health care facility services supports the credibility of its commitment; and

WMSC reports the provision of charity care equivalent to 0.52% of operating expenses between FY2015 and FY2018. This exceeds the latest available statewide average of 0.42%.

[5] In MHCC's latest Freestanding Ambulatory Surgery Facility Survey (CY 2017), the 38 reporting Maryland ASFs reported providing, on average, a level of charity care valued at 0.42% of total expenses.

Table III-1: Charity Care at White Marsh Surgery Center

	FY2015	FY2016	FY2017	FY2018
Total Operating Expenses	$ 2,421,484	$ 2,683,111	$ 3,012,485	$ 3,617,225
Charity Care	$ 5,196	$ 21,581	$ 7,002	$ 30,484
% Charity Care	0.21%	0.80%	0.23%	0.84%

(DI #3, p. 25).

WMSC states that it evaluated its internal processes regarding the provision of charity care prior to the beginning of FY2018, and implemented several actions meant to enhance its provision of charity care, including:

- When scheduling patients, WMSC accepts charity approval from other Johns Hopkins entities (provided by the patient) and treats the case as a charity case;
- WMSC calls patients with large, outstanding balances. During that call, WMSC makes the patient aware of the charity program and offers to send an application; and
- When WMSC sends its third billing statement (for outstanding balances that have not been paid), it includes information in a letter noting the availability of the charity program and the charity care application.

WMSC provided more charity care in FY2018 than in any previous year, and the applicant notes that it was double the State average. WMSC stated that by the middle of FY2019, it had provided $31,540 in charity care. Therefore the FY2018 action plan for increasing charity care suggests that WMSC will continue to meet or exceed the statewide average for charity care in the future. (DI #3, p. 25).

Regarding the charity care values reported by WMSC, MHCC Staff notes that – while calling patients with outstanding balances and/or sending a notice of charity care availability in a third billing notice in order to offer them a charity care application certainly may help such patients, and ultimately provide them with free or reduced cost care – it is more appropriately classified as "bad debt" rather than "charity care."[6]

Since the amount that WMSC reports in its CON application did not differentiate between true charity care and free care that would be more appropriately defined as bad debt, making a pure judgment regarding its charity care track record is difficult.

[6] The annual MHCC Freestanding Ambulatory Surgical Facility Survey defines *Bad Debt* and *Charity Care* as follows in its instructions to survey recipients:

> Bad Debt: Report the amount of your normal facility fee charges for services rendered for which, at the time of service, payment was anticipated and credit was extended to the patient, but was not received.
>
> Charity Care: Includes only unpaid facility fee charges for services rendered for which payment is not anticipated. Charity care results from an entity's policy to provide health care free of charge or discounts, to individuals who meet certain financial criteria. Report the amount that would have been received under full facility fee charges.

(ii) It has a specific plan for achieving the level of charitable care provision to which it is committed.

As noted immediately above, while some of the initiatives installed by WMSC to assist patients who are having difficulty paying their bills seem to offer a certain level of assistance, that retroactive assistance does not qualify as charity care. Thus two of the three initiatives described above do not constitute an effective plan to ensure charity care that is recognized as such before services are rendered.

Staff recommends that the Commission find that WMSC has met the charity care standard, but that if it should approve this CON application it attach the following condition, crafted to enhance WMSC's provision of charity care as well as ensure that its future reporting correctly distinguishes between charity care and bad debt.

> Prior to first use approval, WMSC shall provide an enhanced plan to identify and service patients in need of charity care, acceptable to Commission staff, that will ensure that it provides an amount of charity care that is equivalent to or greater than the average amount of charity care provided by ASFs in the most recent year reported, measured as a percentage of total operating expenses, and that it report charity care and bad debt as defined in the Freestanding Ambulatory Surgery Facility Survey.

Standards .05A(3) Quality of Care, .05A(4) Transfer Agreements, and .05B(4) Design Requirements; and .05B(5), Support Services

Among the remaining applicable standards are several that prescribe policies, facility features, and staffing and/or service requirements that an applicant must meet, or agree to meet prior to first use. Staff reviewed the CON application and confirmed that the applicant provided information and affirmations that demonstrate full compliance with these standards:

.05A(4) Quality of Care
.05A(5) Transfer Agreements
.05B(4) Design Requirements, and
.05B(5) Support Services.

In responding to these standards, the applicant:

- Provided evidence to show that the facility is currently is licensed by the State of Maryland and accredited by The Joint Commission;
- Stated that written transfer and referral agreements with two area hospitals that each comply with Department of Health regulations and include procedures for emergency transfer of patients from the ASF to these facilities already exist;
- Submitted a letter from its principal architect stating that the facility is designed to comply with the most current Facilities Guideline Institute ("FGI") Guidelines; and
- Stated that WMSC will provide the necessary laboratory, radiology, and pathology services either directly or through a contractual agreement with an affiliate.

The text of these standards and location of the documentation of compliance are attached as Appendix 2.

B. PROJECT REVIEW STANDARDS. The standards in this section govern reviews of Certificate of Need applications and requests for exemption from Certificate of Need review involving surgical facilities and services. An applicant for a Certificate of Need or an exemption from Certificate of Need shall demonstrate consistency with all applicable review standards.

(1) Service Area.

An applicant proposing to establish a new hospital providing surgical services or a new ambulatory surgical facility shall identify its projected service area. An applicant proposing to expand the number of operating rooms at an existing hospital or ambulatory surgical facility shall document its existing service area, based on the origin of patients served.

The primary service area for the proposed ASF includes zip code areas located in Baltimore City and County, and Harford County, where 60 percent of patients originate. A secondary service area accounting for 25 percent of total patients seen at WMSC was also described. (DI #3, p. 33, and exh. 14).

WMSC identified the existing service area consistent with the standard.

(2) Need – Minimum Utilization for Establishment of a New or Replacement Facility.

An applicant proposing to establish or replace a hospital or ambulatory surgical facility shall:

(a) Demonstrate the need for the number of operating rooms proposed for the facility, consistent with the operating room capacity assumptions and other guidance included in Regulation .07 of this chapter.

(b) Provide a needs assessment demonstrating that each proposed operating room is likely to be utilized at optimal capacity or higher levels within three years of the initiation of surgical services at the proposed facility, consistent with Regulation .07 of this chapter.

(c) An applicant proposing the establishment or replacement of a hospital shall submit…..

Subpart (2)(c) is not applicable. It addresses development or replacement of hospital surgical capacity.

(d) An applicant proposing the establishment of a new ambulatory surgical facility shall submit a needs assessment that includes the following:

(i) Historic <u>trends</u> in the use of surgical facilities for outpatient surgical procedures by the proposed facility's likely service area population;

(ii) The operating room time required for surgical cases <u>projected</u> at the proposed facility by surgical specialty or, if approved by omission staff, another set of categories,: and

(iii) Documentation of the current surgical <u>caseload</u> of each <u>physician</u> likely to perform surgery at the proposed facility.

<u>Trends, Projections and Physician Caseload</u>

WMSC projected its volumes based on an assumption that all surgeons currently practicing at the facility will continue to do so, and that their near term case volumes (for FY 2019 through FY2023) will remain level with the case volumes achieved in FY2018. The applicant believes this is a conservative forecast, given that current market forces that encourage a shift of outpatient surgical procedures from the hospital setting to the lower charge ASF setting. To illustrate this, WMSC provided notices from several payors stating that certain outpatient procedures would not be reimbursed unless they were moved to a lower charge ASF. (DI #9, Exh. CQ1.4).

Table III-2 shows the projected WMSC case volumes for the specialties: (a) currently available at WMSC; (b) that will be added at WMSC; and (c) the projected total. All of the new cases will be the result of surgeons transferring outpatient cases from Johns Hopkins affiliated hospitals to WMSC. To document the surgeons' volumes, WMSC provided physician-specific data for the current and to-be-added surgeons (see Tables III-4 and III-5 in Appendix 5 for detail).

Table III-2: Projected Cases and OR Time, White Marsh Surgery Center, 2023

	Projected Cases – Current Specialties			Projected Cases –Proposed Additional Specialties					Total Projected Cases
	Ortho	Otolaryn	Plastic	Ped	Uro	GYN	Burn (Plastic)	Otolaryn	
Total Cases	483	174	123	100	357	191	586	120	2,134
Total OR Mins	59,447	21,407	15,131	9,000	29,750	17,190	52,890	10,800	215,615
Avg. OR Minutes per Case	123.1	123.1	123.1	90.0	83.3	90.0	90.3	90.0	101.0

Source: CON application, DI #3, p 35..

<u>Need for OR Time at the Proposed ASF</u>

Table III-3 shows the projected caseload at WMSC after the addition of new surgeons. The applicant states 14 new surgeons and one surgical fellowship program in urology will begin practice at WMSC once capacity is expanded. The caseload by surgeons expected to transfer cases from JHBMC or JHH is shown in Table III-3 below. An additional 1,354 cases totaling 119,630 OR minutes is anticipated to be transferred from existing Johns Hopkins affiliated hospitals to WMSC. (DI #3, exh. 15).

The applicant states that the second OR is needed to accommodate the existing case volume of current medical staff within the Johns Hopkins system, and that the transfer of surgical cases from Johns Hopkins affiliated hospitals to WMSC will enable the two ORs to operate slightly above optimal capacity. WMSC's projections do not assume any increase based on market growth or shifts from competing ASCs.

Table III-3: Total Projected Cases, Minutes, and Projected OR Need at Optimal Capacity

	Projected Cases	OR Minutes (including Turnaround time)	ORs Needed
Existing practitioners	780	95,985	0.98
Additional practitioners	1,354	119,630	1.22
Total	2,134	215,615	2.20

Optimal utilization of an ambulatory OR is 97,920 minutes per OR[7]. The 215,615 total minutes projected by WMSC yields a need for 2.2 ORs at WMSC. Staff concludes that WMSC has documented the need for two ORs.

(3) Need – Minimum Utilization for Expansion of An Existing Facility.

This standard is not applicable. The proposed project establishes a two operating room ASF in an existing one operating room POSC.

(6) Patient Safety.

The design of surgical facilities or changes to existing surgical facilities shall include features that enhance and improve patient safety. An applicant shall:

(a) Document the manner in which the planning of the project took patient safety into account; and

(b) Provide an analysis of patient safety features included in the design of proposed new, replacement, or renovated surgical facilities.

WMSC states that it has a robust patient safety and quality infrastructure for ambulatory surgery centers spearheaded by the JHM Ambulatory Surgery Quality Council (ASQC), which includes representation from each of Hopkins' nine ambulatory surgery centers. Its mission is "to provide exceptional high quality patient-centered care at all JHM Ambulatory Surgery Centers…[and a consistent patient] experience…at all sites." The ASQC leadership team includes: a physician leader; the director of Johns Hopkins Medical Management Corporation; representatives from the regulatory and quality functions; the medical director and nurse manager from each ASC; and an infection control specialist. (DI #3, pp. 29-31)

[7] "Optimal capacity" is defined in the General Surgical Services Chapter of the SHP, COMAR 10.24.11.07A(1)(b)(iii), as 80% of "full capacity use." "Full capacity" (for a general purpose outpatient OR) is defined as operating for a minimum of 255 days per year, eight hours per day, which results in an available full capacity of 2,040 hours per year. Thus, optimal capacity is 1,632 hours per year.

The applicant states that the JHM ASQC played an integral role in the planning of the WMSC second operating room design. Design features for the second operating room that are consistent with quality goals include:

- A design similar to that of the existing OR, to allow staff to move between the two operating rooms with minimal chance of confusion;
- FGI-recommended clearances and space requirements;
- Finish selections that maximize the ability to maintain a sanitary environment;
- A heating, ventilation, and air conditioning system that will provide the required air changes in the operating room; and
- Call systems, medical gases, and power upgrades that meet guidelines

Staff concludes that the applicant considered patient safety in its design of the proposed ASF and meets this standard.

(7) Construction Costs.

The cost of constructing surgical facilities shall be reasonable and consistent with current industry cost experience.

(a) Hospital projects.

Subpart (a) does not apply because this is not a hospital project.

(b) Ambulatory Surgical Facilities.

(i) The projected cost per square foot of new construction shall be compared to the benchmark cost of good quality Class A construction given in the Marshall Valuation Service® guide, updated using Marshall Valuation Service® update multipliers, and adjusted as shown in the Marshall Valuation Service® guide as necessary for site terrain, number of building levels, geographic locality, and other listed factors. This standard does not apply to the costs of renovation or the fitting out of shell space.

(ii) If the projected cost per square foot of new construction exceeds the Marshall Valuation Service® benchmark cost by 15% or more, then the applicant's project shall not be approved unless the applicant demonstrates the reasonableness of the construction costs. Additional independent construction cost estimates or information on the actual cost of recently constructed surgical facilities similar to the proposed facility may be provided to support an applicant's analysis of the reasonableness of the construction costs.

Subpart (b) does not apply because this is not new construction.

This standard is not applicable. It is not a hospital project and does not involve new construction.

(8) Financial Feasibility.

A surgical facility project shall be financially feasible. Financial projects filed as part of an application that includes the establishment or expansion of surgical facilities and services shall be accompanied by a statement containing each assumption used to develop the projects.

(a) An applicant shall document that:

(i) Utilization projections are consistent with observed historic trends in use of the applicable service by the likely service area population of the facility;

In the Need section, *supra*, pp. 9-11, the applicant demonstrated that the utilization projections are consistent with observed historic trends, both for the surgeons currently practicing at the WMSC and for the new surgeons joining the WMSC.

(ii) Revenue estimates are consistent with utilization projections and are based on current charge levels, rates of reimbursement, contractual adjustments and discounts, bad debt, and charity care provision, as experienced by the applicant facility or, if a new facility, the recent experience of similar facilities;

WMSC bases its estimates of revenue on its utilization projections and current charges and rates of reimbursement. (DI #3, pp. 68-72).

(iii) Staffing and overall expense projections are consistent with utilization projections and are based on current expenditure levels and reasonably anticipated future staffing levels as experienced by the applicant facility, or, if a new facility, the recent experience of similar facilities; and

The applicant based its projected staffing levels on its current experience with OR staffing. The proposed ASF is projected to require 28.7 full-time equivalent ("FTE") employees, including one nurse manager, 13.8 FTE registered nurses, 9.0 FTE technicians, and 4.9 FTE support staff. WMSC expects that 22.9 FTEs currently on staff will remain at the ASF, and that it will hire an additional 5.8 FTEs upon start of operations at the ASF. (DI #3, Exh. 19, Table L).

(iv) The facility will generate excess revenues over total expenses (including debt service expenses and plant and equipment depreciation), if utilization forecasts are achieved for the specific services affected by the project within five years of initiating operations.

The applicant provided the following projection of case volume, revenue, expenses, and income for the first and second year of operation of WMSC as an ASF.

Table III-6, Revenue and Expense Projection for White Marsh Surgery Center

	FY 2020	FY 2021
Operating Room Cases	2,134	2,134
Net Operating Revenue	$ 4,950,000	$ 6,100,000
Total Operating Expenses	$ 4,160,300	$ 5,179,000
Net Income(Loss)	$ 789,700	$ 921,000

DI #3, pp. 68-69.

The applicant projected positive financial results, as shown in the table immediately above. Its assumed utilization projections are reasonable and based on the participating surgeons' historical volumes.

(b) A project that does not generate excess revenues over total expenses even if utilization forecasts are achieved for the services affected by the project may be approved upon demonstration that overall facility financial performance will be positive and that the services will benefit the facility's primary service area population.

Subpart (b) is not applicable. An excess of revenues over total expenses is projected.

Staff concludes that the financial feasibility standard has been met.

(9) Impact.

(a) An application to establish a new ambulatory surgical facility shall present the following data as part of its impact assessment, in addition to addressing COMAR 10.24.01.08G(3)(f):

(i) The number of surgical cases projected for the facility and for each physician and practitioner;

(ii) A minimum of two years of historic surgical case volume data for each physician or practitioner, identifying each facility at which cases were performed and the average operating room time per case. Calendar year or fiscal year data may be provided as long as the time period is identified and is consistent for all physicians; and

The details on historic and projected case volume is shown in Appendix 5.

(iii) The proportion of case volume expected to shift from each existing facility to the proposed facility.

The applicant states that the goal of the project is to shift volume from JHBMC and JHH to the lower charge setting of the White Marsh Surgery Center. As indicated earlier in this recommendation, approximately 1,354 total cases and 119,630 total minutes are projected to shift from JHH and JHBMC to the White Marsh Surgery Center.

As shown in Table III-7, JHBMC's OR's were operating above optimal capacity in 2016 – 2018. The projected shift of 110,630 minutes will cut that excess roughly in half.

Table III-7 OR Minutes at Johns Hopkins Bayview Medical Center, 2016-2018

	CY2016	CY2017	CY2018
Total Minutes at JHBMC	1,805,598	1,859,794	1,802,920

Number of ORs	14	14	14
Optimal Capacity per OR (in minutes)	114,000	114,000	114,000
Total Optimal Capacity (in minutes)	1,596,000	1,596,000	1,596,000
Total Minutes Above Optimal OR Use	209,598	263,794	206,920
OR Use (Percentage of Optimal Use)	113.1%	116.5%	112.9%

(DI #3, p. 57)

(b) An application shall assess the impact of the proposed project on surgical case volume at general hospitals;

(i) If the applicant's needs assessment includes surgical cases performed by one or more physicians who currently perform cases at a hospital within the defined service area of the proposed ambulatory surgical facility that, in the aggregate, account for 18 percent or more of the operating room time in use at a hospital, then the applicant shall include, as part of its impact assessment, a projection of the levels of use at the affected hospital for at least three years following the anticipated opening of the proposed ambulatory surgical facility.

(ii) The operating room capacity assumptions in Regulation .07A of this chapter and the operating room inventory rules in Regulation .07C of this chapter shall be used in the impact assessment.

No hospital in the service area will have 18 percent or more of its OR time accounted for by a physician or physicians who currently perform cases at the hospital whose cases are included in the applicant's need assessment for the project. The only hospitals that are anticipated to lose case volume as a result of the proposed additional OR capacity at WMSC are JHH and JHBMC. The surgical case volume that is anticipated to be shifted from JHH is less than one percent of that hospital's total. It is anticipated that JHBMC will see just over six percent of its cases shift to WMSC. Under the terms of this standard, no further impact assessment is required.

(10) <u>Preference in Comparative Reviews.</u>

Since this review is not part of a comparative review, this standard is not applicable.

B. Need

COMAR 10.24.01.08G (3)(b) The Commission shall consider the applicable need analysis in the State Health Plan. If no State Health Plan need analysis is applicable, the Commission shall consider whether the applicant has demonstrated unmet needs of the population to be served, and established that the proposed project meets those needs.

This criterion directs the Commission to consider the "applicable need analysis in the State Health Plan." The applicable need standard is COMAR 10.24.11.05B(2), Need – Minimum Utilization for Establishment of a New…Facility.

In its analysis of this standard, *supra*, pp. 9-11, staff concluded that the applicant's projection of use are reasonable, and that WMSC is likely to meets the minimal capacity use

standard for two ORs. Additionally, staff concludes that implementing this proposal would enable providers and consumers to avail themselves of a lower cost alternative for needed surgery.

Staff recommends that the Commission find that the project is needed.

C. Availability of More Cost-Effective Alternatives

COMAR 10.24.01.08G(3)(c) The Commission shall compare the cost effectiveness of the proposed project with the cost effectiveness of providing the service through alternative existing facilities, or alternative facilities which have submitted a competitive application as part of a comparative review.

WMSC states that the project goal is to offer high-quality outpatient care in the right place at the lowest cost. JHM is mindful of current market forces and reimbursement trends promoting the shift of outpatient surgical procedures from a hospital setting to an ambulatory setting. By adding additional ambulatory OR capacity, JHM will be able to provide more outpatient surgical procedures in the most cost-effective and medically appropriate setting.

The applicant reviewed the options of acquiring an existing ASF and developing a new larger ASF as alternative ways in which to gain additional OR capacity and considered proximity to the patient population being served, cost and effectiveness, and economies of scale that could be achieved. Expanding WMSC was clearly superior in terms of the ratio of cost to effectiveness and provides a scale of operation that is desirable, given that WMSC already exists as a single OR center. While it could be argued that patients can continue to be served in the hospital setting by JHM without undertaking any capital project, this is obviously an alternative that entails continuation of higher charges for ambulatory surgery and fails to respond to the competitive pressures imposed by payers, which would likely result in loss of market share over time.

Staff recommends that the Commission find that the project is cost effective. Expanding an existing facility from one to two ORs will result in a space that is more economical to operate and is less costly than either acquiring or building a new ASC for JHM to manage.

D. Viability of the Proposal

COMAR 10.24.01.08G(3)(d) The Commission shall consider the availability of financial and nonfinancial resources, including community support, necessary to implement the project within the time frames set forth in the Commission's performance requirements, as well as the availability of resources necessary to sustain the project.

Availability of Resources to Implement the Proposed Project

The applicant states that the project, with an estimated cost of $1,050,000[8], will be funded with cash, and provided audited financial statements showing that it has sufficient cash to fund the project. (DI #3, Exh. 22).

[8] The project budget is attached as App. 4.

The applicant states that there is strong support within the medical community for the project, as shown by letters included in the application. (DI #3, exhibits 15 and 21). The physician directors or administrators of departments that will be transferring or expanding services at WMSC all wrote regarding the ability to shift surgical cases from outpatient ORs at the hospitals to this proposed ASF.

Availability of Resources to Sustain the Proposed Project

WMSC's projected operating results for the surgical center were shown *supra*, p. 13 of this report. The applicant has demonstrated that the expanded facility is likely to generate excess revenue over expenses. (DI #3, p. 67, Tables 3 and 4).

Staff recommends that the Commission find the proposed project to be viable.

E. Compliance with Conditions of Previous Certificates of Need

COMAR 10.24.01.08G(3)(e) An applicant shall demonstrate compliance with all terms and conditions of each previous Certificate of Need granted to the applicant, and with all commitments made that earned preferences in obtaining each previous Certificate of Need, or provide the Commission with a written notice and explanation as to why the conditions or commitments were not met.

The Commission issued a Certificate of Need to Johns Hopkins Surgery Center Series, in September 2016 to establish an ASF the Green Spring Station Surgery Center (Docket No. 15-03-23-69). The project is nearing completion and JHSCS is in compliance with all terms and conditions.

F. Impact

COMAR 10.24.01.08G(3)(f) Impact on Existing Providers and the Health Care Delivery System. An applicant shall provide information and analysis with respect to the impact of the proposed project on existing health care providers in the health planning region, including the impact on geographic and demographic access to services, on occupancy, on costs and charges of other providers, and on costs to the health care delivery system. Provide an analysis of the following impacts:

a) On the volume of service provided by all other existing health care providers that are likely to experience some impact as a result of this project;

b) On the payer mix of all other existing health care providers that are likely to experience some impact on payer mix as a result of this project. If an applicant for a new nursing home claims no impact on payer mix, the applicant must identify the likely source of any expected increase in patients by payer.

c) On access to health care services for the service area population that will be served by the project. (State and support the assumptions used in this analysis of the impact on access);

d) On costs to the health care delivery system.

As described in the applicable Impact project review standard earlier in this report, *supra*, pp. 12-16, facilities most likely to see an impact as a result of this proposed project are hospitals affiliated with the applicant. This impact is intended and is meant to provide JHM with an ability to meet payors' demands to provide ambulatory surgery in a lower charge setting and provide a means to mitigate the pressure on hospital ORs that are currently operating at relatively high levels of capacity.

WMSC expects that its payor mix will not be affected. Its projection of the cases that will shift from its two affiliated hospitals was based on the practices of existing individual physicians. The payor mix of their practices is not expected to change.

WMSC states that a key project goal is to shift outpatient surgical cases from a higher charge to a lower charge setting. It reasonably assumes that the total charges for ambulatory surgery it provides will be reduced as a result of the project. The applicant states that by moving individual surgeons to this lower cost setting will mitigate financial barriers to accessing surgical services, thus improving financial accessibility.

Staff concludes that the project is not likely to have a negative impact on non-JHM providers of ambulatory surgery and that the JHM hospitals affected are utilized at levels that do not suggest the likelihood of significantly higher cost related to a decline in scale of operation. The proposed project is likely to have a positive impact on geographic and financial access to services and will reduce charges for ambulatory surgery in the service area. Staff recommends the Commission find that the project's impact will be positive.

IV. SUMMARY AND STAFF RECOMMENDATION

Based on the review of the proposed project's consistency with the Certificate of Need review criteria (COMAR 10.24.01.08G(3)(a)-(f)) and with the applicable standards in the General Surgical Services Chapter of the State Health Plan (COMAR 10.24.11), Commission staff recommends that the Commission issue a Certificate of Need to Johns Hopkins Surgery Centers Series application for a Certificate of Need creating a new ASF by authorizing the renovation of a an existing POSC by adding a second operation room to a facility that currently has one operating room and two procedure rooms. Staff concludes that the applicant demonstrated that the project complies with the applicable standards in the Surgical Services Chapter, is needed, is a cost-effective approach to meeting the project objectives, is viable, will have a positive impact on the applicant's ability to provide outpatient surgery without adversely affecting costs and charges or other providers of surgical care.

Staff recommends that the Commission **APPROVE** Johns Hopkins Surgery Centers Series project with the following conditions:

> White Marsh Surgery Center shall provide to the public, upon inquiry or as required by applicable regulations or law, information concerning charges for the full range of surgical services provided.

Prior to first use approval, WMSC shall provide an enhanced plan to identify and service patients in need of charity care, acceptable to Commission staff, that will ensure that it provides an amount of charity care that is equivalent to or greater than the average amount of charity care provided by ASFs in the most recent year reported, measured as a percentage of total operating expenses, and that it report charity care and bad debt as defined in the Freestanding Ambulatory Surgery Facility Survey.

IN THE MATTER OF	*	**BEFORE THE**
	*	
WHITE MARSH	*	**MARYLAND HEALTH**
	*	
SURGICAL CENTER	*	**CARE COMMISSION**
	*	
Docket No. 19-03-2437	*	
	*	

* *

FINAL ORDER

Based on the analysis and conclusions contained in the Staff Report and Recommendation, it is this 18th day of July, 2019, by a majority of the Maryland Health Care Commission, **ORDERED:**

That the application by Johns Hopkins Surgery Centers Series for a Certificate of Need to establish an ambulatory surgical facility by adding a second operating room to an existing physician outpatient surgery center, the White Marsh Surgery Center,, at an approved cost of $1,050,000, is hereby **APPROVED**, with the following conditions:

> White Marsh Surgery Center shall provide to the public, upon inquiry or as required by applicable regulations or law, information concerning charges for the full range of surgical services provided.
>
> Prior to first use approval, WMSC shall provide an enhanced plan to identify and service patients in need of charity care, acceptable to Commission staff, that will ensure that it provides an amount of charity care that is equivalent to or greater than the average amount of charity care provided by ASFs in the most recent year reported, measured as a percentage of total operating expenses, and that it report charity care and bad debt as defined in the Freestanding Ambulatory Surgery Facility Survey.

MARYLAND HEALTH CARE COMMISSION

APPENDIX 1: Record of the Review

RECORD OF THE REVIEW

IN THE MATTER OF

White Marsh Surgery Center
Docket No. 19-03-2437

Docket Item #	Description	Date
1	MHCC staff acknowledges receipt of Letter of Intent.	12/08/18
2	Letters of Support submitted.	Various Dates
3	Certificate of Need Application filed.	2/8/19
4	MHCC staff acknowledges receipt of application for completeness review.	2/12/19
5	MHCC staff requests Sun Paper to publish notice of receipt of application.	2/12/19
6	MHCC staff requests Maryland Register to publish notice of receipt of application.	2/12/19
7	E-mail – Addendum A to CON Application – Charity Care received.	2/15/19
8	MHCC staff requests completeness information.	5/2/19
9	White Marsh submits completeness information.	5/20/19
10	Commission staff notifies applicant of formal start of review of the application will begin June 7, 2019.	5/23/19
11	MHCC staff requests that Sun Paper publish notice of the formal start of the review.	5/23/19
12	MHCC staff requests that Maryland Register publish notice of the formal start of the review.	5/23/19
13	MHCC staff requests local Health Department comments.	5/23/19
14	Notice of formal start of the review published in the Sun Paper.	6/28/19

APPENDIX 2:

Excerpted CON Standards for General Surgical Services

From State Health Plan Chapter 10.24.11

Excerpted CON Standards for General Surgical Services

From State Health Plan Chapter 10.24.11

Each of these standards prescribes policies, services, staffing, or facility features necessary for CON approval that MHCC staff have determined the applicant has met. Also included are references to where in the application or completeness correspondence the documentation can be found.

STANDARD	**APPLICATION REFERENCE (Docket Item #)**
.05A(4) Quality of Care A facility providing surgical services shall provide high quality care. (a) An existing hospital or ambulatory surgical facility shall document that it is licensed, in good standing, by the Maryland Department of Health. (b) A hospital shall document that it is accredited by the Joint Commission. (c) An existing ambulatory surgical facility or POSC shall document that it is: (i) In compliance with the conditions of participation of the Medicare and Medicaid programs; (ii) Accredited by the Joint Commission, the Accreditation Association for Ambulatory Health Care, the American Association for Accreditation of Ambulatory Surgery Facilities, or another accreditation agency recognized by the Centers for Medicare and Medicaid as acceptable for obtaining Medicare certification. (iii) A provider of quality services, as demonstrated by its performance on publicly reported performance measures, including quality measures adopted by the Centers for Medicare and Medicaid Services. The applicant shall explain how its ambulatory surgical facility or each POSC, as applicable, compares on these quality measures to other facilities that provide the same type of specialized services in Maryland. (d) A person proposing the development of an ambulatory surgical facility shall demonstrate that the proposed facility will: (i) Meet or exceed the minimum requirements for licensure in Maryland in the areas of administration, personnel, surgical services provision, anesthesia services provision, emergency services, hospitalization, pharmaceutical services, laboratory and radiologic services, medical records, and physical environment; and (ii) Obtain accreditation by the Joint Commission, the Accreditation Association for Ambulatory Health Care, or the American Association for Accreditation of Ambulatory	DI #3, pp. 27-31, And Exhibits 9, 10, 11, 12

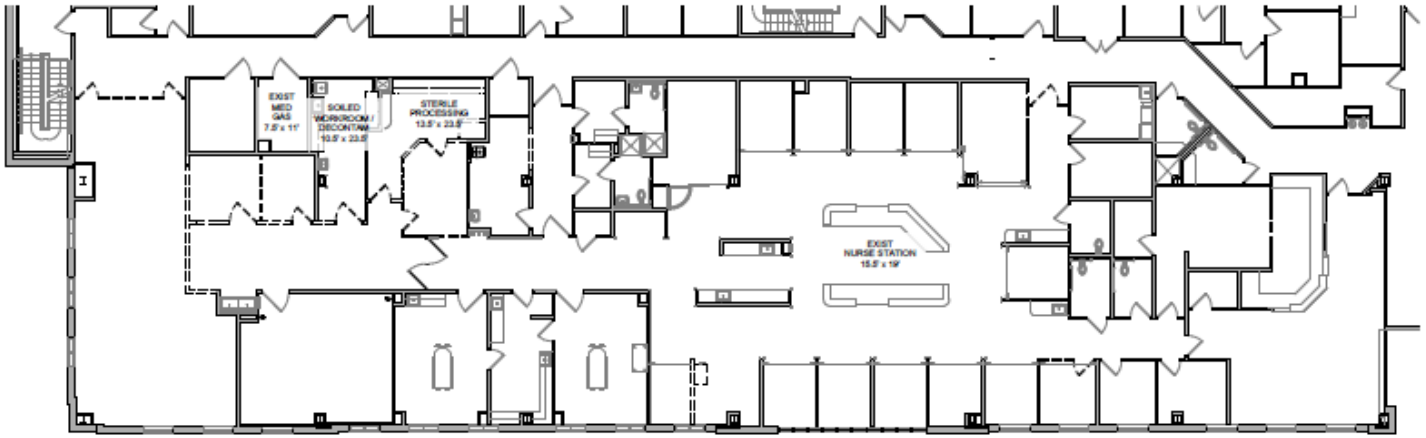
Surgery Facilities within two years of initiating service at the facility or voluntarily suspend operation of the facility. (e) An applicant or a related entity that currently or previously has operated or owned a POSC or ambulatory surgical facility, in Maryland or outside of Maryland, in the five years prior to the applicant's filing of a request for exemption request to establish an ASF, shall address the quality of care at each location through the provision of information on licensure, accreditation, performance metrics, and other relevant information.	
.05A(5) <u>Transfer Agreements.</u> (a) Each ASF shall have written transfer and referral agreements with hospitals capable of managing cases that exceed the capabilities of the ASF. (b) Written transfer agreements between hospitals shall comply with the Department of Health regulations implementing the requirements of Health-General Article, 19-308.2. (c) Each ASF shall have procedures for emergency transfer to a hospital that meet or exceed the minimum requirements in COMAR 10.05.05.09.	DI #3, p. 32, and Exhibit 13
.05B(4) <u>Design Requirements</u>. Floor plans submitted by an applicant must be consistent with the current Facility Guidelines for Design and Construction of Health Care Facilities (FGI Guidelines): (a) A hospital shall meet the requirements in current Section 2.2 of the FGI Guidelines. (b) An ASF shall meet the requirements in current Section 3.7 of the FGI Guidelines. (c) Design features of a hospital or ASF that are at variance with the current FGI Guidelines shall be justified. The Commission may consider the opinion of staff at the Facility Guidelines Institute, which publishes the FGI Guidelines, to help determine whether the proposed variance is acceptable.	DI #3, Exhibits 4 and 16
.05B(5) <u>Support Services</u>. Each applicant shall agree to provide laboratory, radiology, and pathology services as needed, either directly or through contractual agreements. .	DI #3, p. 47

MARYLAND HEALTH CARE COMMISSION

APPENDIX 3:

Project Floor Plans

Existing Floor Plan



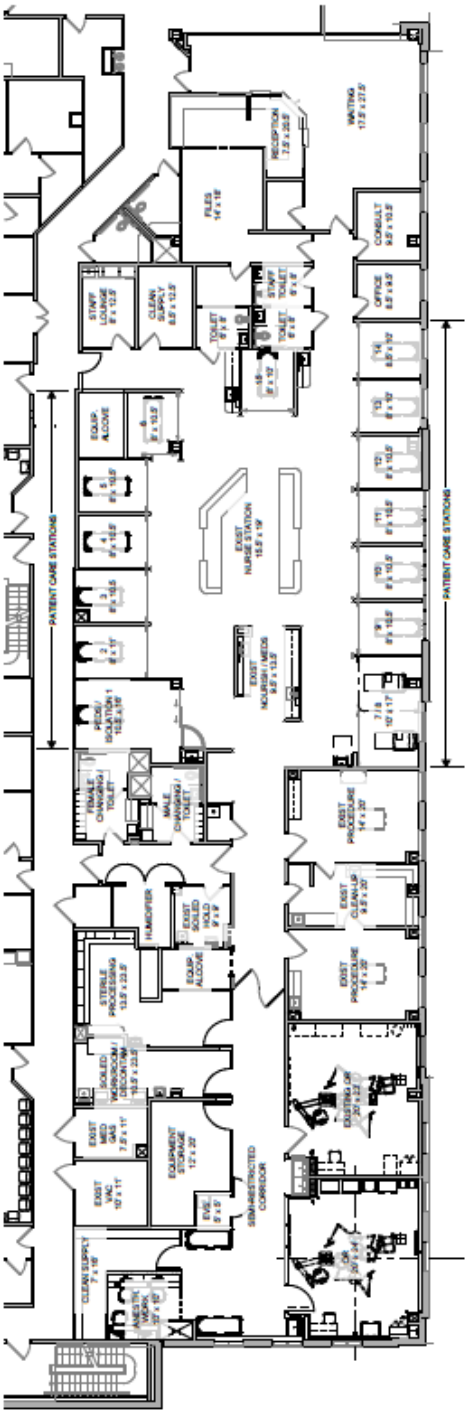
JOHNS HOPKINS SURGERY CENTERS SERIES
***DBA* WHITE MARSH SURGERY CENTER, LLC**

EXISTING LAYOUT

NTS

WILMOTSANZ
JANUARY 2019

Proposed Floor Plan



JOHNS HOPKINS SURGERY CENTERS SERIES
DBA WHITE MARSH SURGERY CENTER, LLC

PROPOSED LAYOUT

NTS

WILMOTSANZ
JANUARY 2019

MARYLAND HEALTH CARE COMMISSION

APPENDIX 4:

White Marsh Surgical Center's Project Budget

White Marsh Surgical Center's Project Budget

Use of Funds	
Renovations	
Building	$ 450,000
Fixed Equipment (not included in construction)	$170,000
Architect/Engineering Fees	$95,000
Permits (Building, Utilities, Etc.)	$5,000
Subtotal	**$ 720,000**
Other Capital costs	
Moveable Equipment	$ 280,000
Contingency Allowance-equipment	50,000
Other (IT, Furnishings, Telecomm Equipment)	-
Subtotal	$ **330,000**
Total Current Capital Costs	**$ 1,050,000**
Inflation Allowance	-
Total Capital Costs	$ 1,050,000
Financing Cost and Other Cash Requirements	
CON Application Assistance	-
Subtotal	$ 0
Total Uses of Funds	**$ 1,050,000**
Source of Funds	
Cash	**$1,050,000**
Other (MOB Developer Financing)	
Total Source of Funds	**$ 1,050,000**

DI #3, Exhibit 6, Table E

MARYLAND HEALTH CARE COMMISSION

APPENDIX 5:

Historical and Projected Surgical Volume

Historical and Projected Surgical Volume, WMSC

Table III-4: Historic and Projected Volume by Existing Surgeons at White Marsh Surgery Center

				Historic Outpatient Volumes Actual at One OR WMSC			Projection of Outpatient Volume in Existing 1 OR		Constant Projection for 2 ORs
	Current Campus	**Specialty**	**Surgeon**	**FY2016**	**FY2017**	**FY2018**	**FY2019**	**FY2020**	**FY2021 -- FY2023**
Current Surgeons	WMSC	Ortho-pedics	Wickens	220	238	226	226	226	226
			Humbyrd	96	109	168	168	168	168
			Ingari	94	86	79	79	79	79
			Sikria	91	99	9	9	9	9
			Ficke			1	1	1	1
		Plastics	Lifchez	68	68	58	58	58	58
			Drafshar	35	27	25	25	25	25
			Residents	39	12	22	22	22	40
		ENT	Boahene	82	102	92	92	92	92
			Ishil	107	89	82	82	82	82
	Total Cases			**832**	**830**	**762**	**762**	**762**	**780**
	Total Minutes (w Turn Around Time)			**92509**	**94410**	**91665**	**91665**	**91665**	**95,985**
	Minutes Per Case			**111.2**	**113.7**	**120.3**	**120.3**	**120.3**	**123.1**

Table III-5: Historic and Projected Volume by Transferring Surgeons at White Marsh Surgery Center

Current Campus	**Specialty**		**Surgeon**	**Fiscal Year 2016**	**2017**	**2018**	**Volume Transferred to 2 ORs in FY2021-23**	**Estimated Minutes/ Case in FY2021-23**	**Total Minutes in FY2021-23**
JHBMC	Plastics		Broderick	31	102	126	36	240.0	8,640
	ENT		Clark			10	120	90.0	10,800
	Burn		Caffrey			202	350	75.0	26,250
			Hultman			2	200	90.0	18,000
	Gyne-cology		Borahay		76	99	39	90.0	3,510
			Bourque	12	20	12	12	90.0	1,080
			Chen	14	15	23	23	90.0	2,070
			Powell			63	39	90.0	3,510
			Robinson	87	138	155	39	90.0	3,510
			Yazdy			0	39	90.0	3,510
	Urology		Wright	80	149	198	89	100.0	8,900
			Herati			143	149	75.0	11,175
			Fellowship			139	119	81.3	9,675
JHH	Pediatric Surgery		Garcia		82	123	50	90.0	4,500
			Stewart		186	191	50	90.0	4,500
		Transferred Cases		**224**	**768**	**1,486**	**1,354**	**88.4**	**119,630**

(DI #3, p. 36).