MARYLAND
Health Care
Commission

Randolph S. Sergent, Esq, Chairman
Ben Steffen, Executive Director

February 1, 2023

VIA Email & U.S. MAIL

Sandra Benzer, Esquire
General Counsel
University of Maryland Capital Region Health
110 South Paca Street
Baltimore, Maryland, 21201

Re: Matter No. 23-16-2464
Dimensions Health Corporation d/b/a
University of Maryland Capital Region Health, Inc.
Introduce Neonatal Intensive Care Unit (Level III) Services at
University of Maryland Capital Region Medical Center

Dear Ms. Benzer:

Maryland Health Care Commission (MHCC) staff has reviewed the above-referenced Certificate of Need (CON) application. Please provide the following requested information and, in addition, provide responses to the following questions.

Background Information

The application states (page 25), "In October of 2020 . . . PGHC took voluntary action to temporarily suspend its provision of Level III neonatal intensive care services. From that time, the NICU at PGHC operated as a Level II Special Care Nursery until operations transferred to the replacement UMCRMC hospital. The NICU has continued to operate as a Level II Special Care Nursery at UMCRMC since its opening."

1. Did University of Maryland Prince George's Hospital Center (PGHC) provide care to newborns with a birth weight less than 1,500 grams and/or a gestational age of less than 32 weeks in the period between the October 2020 suspension of Level III neonatal intensive care services and the June 2021 initiation of general hospital services at University of Maryland Capital Region Medical Center (CRMC)?
   A. If the answer to Question 1 is yes, please provide the number of such newborns for this approximate nine-month period and specify how many were transferred to PGHC after delivery at another hospital..
   B. If the answer to Question 1 is yes, were payors billed for the care of these newborns under the NICU rate center (code NEO)? If so, please identify the number of newborn discharges for which charges were billed under this rate center.

C. If the answer to Question 1 is yes, please identify the number of such newborns who were born at a hospital other than PGHC and then transferred to PGHC for neonatal intensive care.

D. During this same approximate nine-month period, please provide the number of newborns served at PGHC with a birth weight of 1,500 grams or higher and/or a gestational age of 32 weeks or higher.

E. During this same approximate nine-month period, identify the number of low birth weight (less than 1,500 grams) and premature (gestational age less than 32 weeks) newborns delivered at PGHC and subsequently transferred to another hospital for neonatal intensive care services.

F. Did PGHC notify the Health Services Cost Review Commission in October 2020 that it was suspending operation of its neonatal intensive care services?

2. Did CRMC provide care to newborns with a birth weight less than 1,500 grams and/or a gestational age of less than 32 weeks in the period between the June 2021 initiation of general hospital services at CRMC through January 31, 2023.

   A. If the answer to Question 2 is yes, please provide the number of such newborns for this approximate nineteen-month period and specify how many were transferred to CRMC after delivery at another hospital.

   B. If the answer to Question 2 is yes, were payors billed for the care of these newborns under the NICU rate center (code NEO)? If so, please identify the number of newborn discharges for which charges were billed under this rate center.

   C. If the answer to Question 2 is yes, please identify the number of such newborns who were born at a hospital other than CRMC and then transferred to CRMC for neonatal intensive care.

   D. During this same approximate nineteen-month period, please provide the number of newborns served at CRMC with a birth weight of 1,500 grams or higher and/or a gestational age of 32 weeks or higher.

   E. During this same approximate nineteen-month period, identify the number of low birth weight (less than 1,500 grams) and premature (gestational age less than 32 weeks) newborns delivered at CRMC and subsequently transferred to other hospitals for neonatal intensive care services.

3. With respect to the "Note" accompanying Table 3 on page 28, and as also found in other parts of the application, what is a "Level II NICU admission."

<u>COMAR 10.24.10</u>

<u>Information Regarding Charges</u>

4. Staff was unable to locate a representative list of services and charges on the CRMC website. Please note that this is defined as "at a minimum, a list containing: (a) The average

charge per case for the ten most frequently occurring inpatient diagnoses (determined by DRG) for discharged medical/surgical patients, and also for discharged obstetric patients, discharged pediatric patients, and discharged acute psychiatric patients, if the hospital operates an inpatient unit for any of these latter three services; and (b) The average charge per procedure for the ten most frequently occurring outpatient procedures (defined by CPT codes) in three clinical areas: diagnostic imaging; outpatient surgery; and laboratory services. This list should be updated, with respect to DRGs, CPT codes, and charges, at least quarterly.

Please provide directions to finding the representative list of services and charges on the CRMC web site.

Charity Care Policy

5. Please provide a copy of the application used to determine probable eligibility for charity care.

6. The Charity Care policy states that "within two business days of receipt of a patient's request for financial assistance or an application for medical assistance, UMMS ***may*** provide determination of probable eligibility." Please clarify the apparent inconsistency between this policy statement and the requirements of the standard.

7. Please describe how the charity care policy is disseminated to the public and provide a copy of the most recent public notice.

8. Please provide copies of notices posted in the hospital (English and Spanish).

Quality of Care

9. Please provide a copy of the "fall of 2020:"document in which MIEMSS "identified certain programmatic improvement opportunities."

10. Please provide a copy of the UMCRH 30-day "comprehensive action plan" prepared in response to the MIEMSS surveyor's findings in the fall of 2020.

Financial Feasibility

11. Table 3 is titled "UM Capital Region Health Historical and Projected NICU Utilization." It appears to identify an average of 117 "NICU" discharges at PGHC for the three fiscal years (FYs) of 2018-2020, fiscal years in which PGHC operated a NICU service. In FY 2022, the first year, approximately, in which CRMC was operational, in which it did not

provide NICU services, the table identifies 168 NICU discharges. How can these numbers be correct if provision of NICU services was suspended in October 2020? (See related questions 1-3.)

Similarly, the tables provided at Exhibit 1 identify "NICU" revenues and expenses in FY 2022 and FY 2023 and identify NICU staff full-time-equivalents. How can these numbers be correct if provision of NICU services was suspended in October 2020? (See related questions 1-3.)

Please provide clarification with respect to the utilization and financial information provided in the CON application that is consistent with the narrative provided by the applicant, i.e., that the provision of NICU services was suspended by PGHC in October 2020, that CRMC opened as a replacement hospital for PGHC without implementing provision of the authorized NICU services, and that NICU services have not, to date, been provided at CRMC.

12. Does the applicant project that neonatal intensive care services at CRMC will ever generate revenue sufficient to cover its projected operating expenses? If so, please provide a discussion of this forecast.

<u>COMAR 10.24.18</u>

<u>Policy 2.1</u>

13. What was the referral base for the NICU service operated at PGHC prior to October 2020? Identify the number of newborns transferred to PGHC for NICU services in the last pre-pandemic fiscal year, FY 2019, by referring hospital.

14. What hospitals will serve as the referral base for NICU services operated at CRMC? Please provide the number of projected newborn transfers to CRMC for NICU services in FY 2024 by referring hospital.

<u>Neonatal Intensive Care Standards</u>

15. In the MIEMSS application two weaknesses were identified; lack of a program for mothers who need diabetic care and lack of a maternal medicine/fetal medicine specialist. What is the status of addressing these weaknesses?

16. Exhibit 9, p. 19, identifies two obstetrical maternal-fetal medicine physicians. Are both physicians currently on staff full time. If not, please identify when CRMC will have the full complement of required staff?

17. Please include all supporting documentation to the MIEMSS application.

Minimum Unit Volume

18. MHCC has determined that this application involves the introduction of NICU services at CRMC (a hospital that has never provided NICU services) and the applicant describes CRMC as a hospital that does not provide NICU services. Rather, it provides Level II perinatal services. However, echoing other confusing and contradictory elements of this application, on page 29, the application states, "UMCRH currently operates a neonatal intensive care unit …" and, on this basis, it declines to respond to COMAR 10.24.18D(2)(b). This is non-responsive, at best.

    Please document compliance with the obstetric volume requirements at COMAR 10.24.12.03B(1) and (4).

Other Review Criteria

Need

19. Is the last row in Table 4, page 34, showing transfers to Level IV NICU programs? If so, why would this number be so low in CY 2018 through CY 2020. If not, what is "specialty care" being referenced? Please clarify.

Tables

20. It appears that several tables are comparing actual utilization ("recent") of special care nursery patients with projected use of the hospital by NICU patients. Please clarify. Why are there NICU discharges reported in years in which NICU services are not being provided? (See earlier related questions.)

21. Table A was described on page 8 but not completed as part of the tables package. Please complete the table.

22. For Table E, Budget, no project budget estimate was submitted because there are no construction costs associated with the project. However, the project budget form includes other project-related project costs. Please provide an accounting of all costs associated with this project review.

23. In Table H, what are the assumptions supporting the projection that the hospital will have net income by FY 2025?

24. Is the projected average length of stay (ALOS) for NICU patients based on experience at PGHC when NICU services were provided? Please document. How does this ALOS assumption compare with the ALOS at other Level III NICU programs?

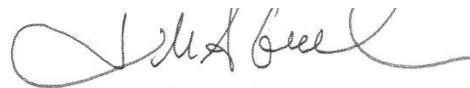
25. With respect to Table K, what payors are included under "Other?"

Please submit four copies of the responses to the above questions and requests for additional information within ten working days of receipt. Also submit the response electronically, in both Word and PDF format, to Ruby Potter (ruby.potter@maryland.gov). If additional time is needed to prepare a response, please let me know at your earliest convenience.

As with the request itself, all information supplementing the request must be signed by person(s) available for cross-examination on the facts set forth in the supplementary information, who shall sign a statement as follows: "I hereby declare and affirm under the penalties of perjury that the facts stated in this application and its attachments are true and correct to the best of my knowledge, information, and belief."

Should you have any questions regarding this matter, please contact me at (410) 764-3371.

Sincerely,



Jeanne Marie Gawel, Program Manager, CON

cc: Thomas Dame, Esquire
Alison J. B. Lutich, Esquire
Ernest L. Carter, M.D., Health Officer, Prince George's County
Wynee Hawk, Chief Certificate of Need
Ruby Potter, Health Facilities Coordinator
Alexa Bertinelli, AAG