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October 4, 2019

Ms. Ruby Potter
Health Facilities Coordination Officer
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

Re: Certificate of Need Application
Greater Baltimore Medical Center, Inc.
Modernization of Greater Baltimore Medical Center

Dear Ms. Potter:

On behalf of applicant Greater Baltimore Medical Center, Inc., enclosed are six copies of its "Response to Additional Information Questions Dated September 13, 2019" with respect to the CON Application for a proposed hospital addition at Greater Baltimore Medical Center.

I hereby certify that a copy of this submission has also been forwarded to the appropriate local health planning agencies as noted below. Thank you for your assistance.

Sincerely,

Thomas C. Dame

TCD:blr
Enclosures
cc: Kevin McDonald, Chief, Certificate of Need
Paul Parker, Director, Center for Health Care Facilities Planning & Development
Suellen Wideman, Esq., Assistant Attorney General, MHCC
Sarah Pendley, Esq., Assistant Attorney General, MHCC
Gregory Wm. Branch, Baltimore County Health Officer
John Chessare, MD, MPH, FACHE, President and CEO, GBMC
Keith Poisson, Executive VP and Chief Operating Officer, GBMC
Laurie R. Beyer, MBA, CPA, Executive Vice President and CFO, GBMC
Stacey McGreevy, VP of Support Services, GBMC
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Kimberly Jones, Assistant General Counsel, GBMC
Andrew Solberg, A.L.S. Healthcare Consultant Services
Hannah Perng, Esq.

#677896
010236-0002

GREATER BALTIMORE MEDICAL CENTER, INC.
HOSPITAL PROPOSED ADDITION
Matter No. 19-03-2439

Responses to Additional Information Questions
Dated September 13, 2019

PROJECT DESCRIPTION

1. **Please elaborate on the civil monetary penalty paid to OHCQ (p. 16 in the section on applicant history), describing the deficient practices that lead to this penalty as well as the corrective action that was implemented.**

Applicant Response

The deficient practice that prompted the penalty and corrective action was that in late 2009 GBMC failed to report a level 1 adverse event, a patient's hospital-acquired stage 3 pressure ulcer. The sanction was based on a daily civil money penalty of $100 per day for 163 days (the time period between the date the patient was found to have an ulcer and the date the hospital was notified of the complaint). GBMC submitted a plan of correction, which was approved. The plan of correction included the implementation of a revised incident reporting system, the appointment of a patient safety officer, and the improvement of the oversight and accountability of the hospital's quality and safety program.

2. **Has the amendment to the CRG for zoning approval been submitted and when is that approval expected (p.10)?**

Applicant Response

The initial submission of the site plan to Baltimore County to amend the zoning of the parcel of land was made on July 16, 2019. A response letter from the county zoning department is still pending. Once comments are received, the civil engineer of record, Site Resources, Inc., will make revisions and re-submit to Zoning. Approval of the CRG process is anticipated to occur by late January 2020.

3. **In Table A the "before" and "after" bed inventory entries show no overall changes to physical bed capacity, despite the fact that, while the application proposes to vacate 60 beds and relocate them to the new addition, the space housing the vacated beds will remain. Even without staffing, they still need to be counted in the hospital's physical capacity. Please revise Table A accordingly.**

Applicant Response

As explained in the CON application, the proposed project will not increase bed capacity or add new services. However, because existing patient rooms will be replaced with new rooms in the proposed newly constructed addition to the hospital, technically the hospital will have additional physical beds in that head walls will remain in the vacated rooms. These spaces will not be used as operational patient beds without approval from the Commission. A revised Table A is attached **Exhibit 17**, which shows the post-approval physical bed count as well as

the post-approval operational bed count**.** As shown in the revised table, the hospital will have 17 fewer operational beds than existing physical beds (366 future operational beds v. 383 existing physical beds).

PROJECT BUDGET

4. On Table E, please provide detail on the following:

a. $895,000 in "other" capital costs (section 1, row c4)

Applicant Response

The $895,000 "other" capital costs (section 1, row c4) is comprised of:

- Construction testing – $275,000
- Relocation of existing tenants and move in costs – $250,000
- Builder's Risk Insurance – $180,000
- Building & System Commissioning – $125,000
- Enhanced Commissioning & Peer Review – $65,000

b. $435,000 in "other" CON related consulting fees (section 2, row c2)

Applicant Response

The $435,000 in "other" CON-related consulting fees (section 2, row c2) respectively is comprised of:

- Market Analysis and CON preparation assistance (KPMG) – $360,000
- CON documentation preparation (ALS Consulting Services) – $50,000
- CON documentation architecture (Hammes Company) – $25,000

c. $2,438,000 in "other" Non CON consulting fees (section 2, row d2)

Applicant Response

The $2,438,000 "other" Non-CON related consulting fees (section 2, row d2) is comprised of:

- Project Management, (Hammes Company) – $1,900,000
- Project Management and Other Reimbursables – $483,000
- Legal review of Land Use – $55,000

CONSISTENCY WITH GENERAL REVIEW CRITERIA (COMAR 10.24.01.08G(3))

(a) The State Health Plan

COMAR 10.24.10 - Acute Hospital Services Standards

Information regarding charges

5. For subpart (a) of this standard, describe where this information is accessible at the hospital. Is the information posted or is it strictly available upon request (p. 19)?

Applicant Response

Information regarding charges is available on the hospital's website at https://www.gbmc.org/hospital-charges. Within the hospital, information regarding charges is available upon request in all areas where patients are registered.

Charity Care

6. For each of the subparts of this standard, the applicant should provide the language from the policy that meets the standard, as well as a citation showing where in the policy that language can be found. A worksheet – that will be provided to you in word format as well – is attached as Appendix 1 for your convenience.

Applicant Response

GBMC's Financial Assistance Policy is attached to the CON application as Exhibit 6. GBMC provides the following information concerning compliance with Standard .04A(2):

	Quote from the policy	Section citation
10.24.01.04A(2) (2) Charity Care Policy. Each hospital shall have a written policy for the provision of charity care for indigent patients to ensure access to services regardless of an individual's ability to pay.(a) The policy shall provide:		
(i) Determination of Probable Eligibility. Within two business days following a patient's request for charity care services, application for medical assistance, or both, the hospital must make a determination of probable eligibility.	"Following a patient's request for financial assistance, application for medical assistance, or both, GBMC will render and communicate to the patient a probable eligibility determination within two (2) business days."	Procedures for Standard Work, Section B(2) (page 3 of 5).

	Quote from the policy	Section citation
(ii) Minimum Required Notice of Charity Care Policy.		
Public notice of information regarding the hospital's charity care policy shall be distributed through methods designed to best reach the target population and in a format understandable by the target population on an annual basis;	GBMC will give notice of its Financial Assistance Policy by providing access on its website and patient portal; providing notice of the policy in a newspaper with circulation in GBMC's service area on an annual basis; providing hard copies upon request and by mail free of charge; by providing notice and information about the policy on its billing statements, as part of the pre-admission, registration and discharge process; and, by displaying information about the policy at the Billing Office and all hospital registration points, which includes the Emergency Department. Upon request, GBMC will translate the policy into all primary languages of all significant patient populations in the community with limited English proficiency.	Policy Statement (page 1 of 5)
Notices regarding the hospital's charity care policy shall be posted in the admissions office, business office, and emergency department areas within the hospital.	See above	Policy Statement (page 1 of 5)
Individual notice regarding the hospital's charity care policy shall be provided at the time of preadmission or admission to each person who seeks services in the hospital.	See above	Policy Statement (page 1 of 5)

7. Please provide a legible copy of the hospital's Plain Language Summary.

Applicant Response

A legible copy of the plain language summary of GBMC's financial assistance policy is attached as **Exhibit 18**.

8. **Subpart b of the charity care standard states that "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 Health Service Cost Review Commission Community Benefit Report, shall demonstrate that its level of charity care is appropriate to the needs of its service area population." Note that investments in community benefit programs are not defined as charity care. Given that GBMC falls in the bottom quartile on the level of charity care provided:**

   a. **Why do the projections in Table G show charity care to decrease beginning in 2020 through 2026 (to 0.25% from the current level of 0.34%) rather than reflecting efforts to improve that performance?**

Applicant Response

Tables G and H erroneously showed charity care declining during the projection period because a portion of charity care was misclassified as "Contractual Allowance." Revised versions of Tables G and H are included in the table set attached as **Exhibit 19**.

   b. **Following on the above, describe plans the hospital has to raise the amount of charity care provided.**

Applicant Response

As set forth in response to Question 8(a) above, GBMC has corrected Tables G and H to accurately show that the hospital's charity care commitment will not decline during the projection period. Moreover, as explained in response to Question 8(c) below, GBMC provides appropriate charity care for the service area population it serves.

   c. **GBMC states on p. 21 of the application that "GBMC's charity care experience is a function of the insured and self-pay populations that GBMC serves." Please provide data to back up this statement.**

Applicant Response

Under Maryland's system of rate-setting, a hospital's charity care expenditure is largely a function of the poverty level distribution of the hospital's service area population. Relative to the service areas of most other hospitals in the State, GBMC's service area is less impacted by poverty.

GBMC's Self-Pay charges to Total charges is 1.05%, and ranks as the 35th lowest hospital in Maryland (see attached **Exhibit 20**). Additionally, the HSCRC's most recently calculated Uncompensated Care Policy ("UCC") for RY2020 shows that GBMC's predicted UCC value of 3.20% is the 4th lowest hospital in Maryland (see attached **Exhibit 21**). The predicted value includes variables that describe the patient population served by GBMC, including the Area Deprivation Index ("ADI"). ADI is nationally recognized as a measure of population deprivation, including poverty, and has been found to hold strong associations in the field of healthcare. The HSCRC has used ADI as a proxy for patient deprivation and its correlated likelihood of uncompensated care as part of its UCC policy for the past four years. ADI is also a reasonable indicator of expected charity expenditure as several of the ADI's 17 subcomponents

relate directly to the poorest patients. The following five ADI subcomponents directly tie to expected charity care:

- Median family income in US dollars
- Income disparity
- Percent of civilian labor force population aged 16 years and older who are unemployed
- Percent of families below federal poverty level
- Percent of the population below 150% of the federal poverty threshold

Other ADI subcomponents have a strong correlation to charity care and include subcomponents related to education level and homeownership status.

GBMC ranks 30th out of 46 Maryland hospitals in terms of average ADI score ventile indicating that GBMC has the 30th least deprived patient population and only 2.6% of GBMC's patients fall in the highest (most deprived) two ADI ventiles (see attached **Exhibit 22**).

Quality of Care

9. **The application cites 20 areas below average but you have only reported on 19 areas that are below average. The area that was missed is flu prevention for patients at 71% compliance. Please provide your action plan for this measure.**

Applicant Response

In September 2019 the Best Practice Advisory feature was enabled in the EPIC system to start the process for ordering vaccines for patients, and the vaccines were loaded into the medication dispensing cabinets in each area/unit. GBMC's action plan includes assessing every inpatient for the need for a flu vaccine during the hospital stay. If the patient has not received the flu vaccine and has no contraindications to the vaccine, the vaccine should be ordered and administered prior to discharge. GBMC has a reminder built into the EMR that pops up when the patient has a discharge order and an outstanding vaccine order. To monitor performance, there is a daily report in EPIC for current in-patients showing the flu vaccine assessment compliance. In addition, there is a metric available for units to track compliance daily. If units fall below 90% compliance, each unit will be asked to provide a written action plan of how it plans to achieve 90% compliance within 30 days.

10. **Quality measures associated with CT scans show two *below average* scores for contrast dye with a plan that reads "TBD." Has GBMC made any progress on devising a plan for these measures?**

Applicant Response

"Contrast material (dye) used during abdominal CT scan"

In July 2019, GBMC changed the manner that practitioners select the use of contrast. Practitioners now must manually select the level of contrast indicated for the study. Medical Imaging reflects what is requested on the physician order.

"Contrast material (dye) used during thorax CT scan"

In July 2019, GBMC changed the manner that practitioners select the use of contrast. Practitioners now must manually select the level of contrast indicated for the study. Medical Imaging reflects what is requested on the physician order.

11. **For the three measures listed under *results of care* that are reported as falling below average, GBMC acknowledges that it is aware of this issue and "has created a multi-disciplinary team to generate an action plan…to improve quality outcomes." If the teams have created plans, please update this information; if they have not, please estimate when that will be achieved.**

Applicant Response

"Patients who developed a blood clot while in the hospital and did not get treatment that could have prevented it."

A multidisciplinary team of physicians and pharmacists have reviewed best practices in this area and have mandated perioperative prophylaxis through a standard order set for the issue. In addition, the Deep Vein Thrombosis / Pulmonary Embolism ("DVT/PE") Committee is disseminating best practices of standard work for ambulation across all units of the hospital. To monitor results, the DVT/PE Committee uses a real-time dashboard reviewed by a multidisciplinary team.

"Percentage of patients who received appropriate care for severe sepsis and septic shock"

GBMC is initiating a Sepsis Campaign and the EPIC Sepsis Predictive Model in November 2019. The EPIC Sepsis Predictive Model will help practitioners identify sepsis earlier, which will provide earlier treatment to the patient. The Sepsis Alert, also beginning in November 2019, will be triggered by lactic acid levels greater than or equal to 4. The Sepsis Alert triggers a two person team to include a SICU RN and an advanced practitioner to begin the SEP-1 order set and provide earlier treatment to the patient. The Sepsis Committee will continue to meet monthly and monitor results.

"How often patients in the hospital get a blood clot in the lung or leg vein after surgery"

A multidisciplinary team of physicians and pharmacists have reviewed best practices in this area and have mandated perioperative prophylaxis through a standard order set for this issue. In addition, the DVT/PE Committee is disseminating best practices of standard work for ambulation across all units of the hospital. To monitor results, the DVT/PE Committee uses a real-time dashboard reviewed by a multidisciplinary team.

12. **Under "environment" the application states that the hospital continues to "implement performance improvement" but does not describe what type of performance improvement is being implemented.**

Applicant Response

GBMC has implemented performance improvement action plans regarding the Hospital Consumer Assessment of Healthcare Providers and Systems questions concerning room and

bathroom cleanliness. Specifically, GBMC has revised and trained on a standard work cleanliness checklist for all associates, and has implemented purposeful rounding by nurse managers who solicit feedback directly from patients. Lastly, GBMC has implemented countermeasures with third party housekeeping vendor which requires them to meet key performance indicators under their contract obligations.

Construction Cost of Hospital Space

13. Please recalculate the MVS valuation to correct the following:

a. The height multiplier that should be used for 12.7 foot high ceilings is 1.016, not the 1.046 used in the calculation of construction costs.

Applicant Response

The height multiplier that should be used for 12.7 foot high ceilings is 1.016, not the 1.046 used in the calculation of construction costs.

b. The differential cost factor of 0.96 should be used for the welcome and wellness center which are defined as office space.

Applicant Response

Please see **Exhibit 23**.

14. Confirm that the Mechanical Penthouse will be 1 story with 20 foot ceilings, not 3 stories as described in Exhibit 13, Chart B.

Applicant Response

The Mechanical Penthouse is one story with 20 foot ceilings. However, it will be located above the third story, which is why it has a Multi-Story Multiplier of 1.005.

15. Provide the assumptions that resulted in an estimated a MBE participation cost premium of $2.5 million for the site and building.

Applicant Response

GBMC established a goal of including approximately 25% Minority Business Enterprise ("MBE") participation in the construction of the project. A consultant on this project, Andrew L. Solberg, has also served as a consultant on other CON projects, including numerous projects for a hospital system that also seeks approximately 25% MBE participation in construction projects. MBE participation would not be in the average cost of hospital construction. As explained in its CON submissions, the other CON applicant consulted with its cost estimators/construction managers on the impact on project budgets of targeting 25% inclusion of MBE subcontractors or suppliers as part of its projects, and their conservative estimate was that it adds 3-4% to the costs, compared to projects that do not include MBE subcontractors or suppliers. It costs more than the average cost because committing to the MBE inclusion means that the contractor manager will not simply seek the lowest cost suppliers of subcontracting or materials. The other CON applicant has used 4%, and this estimate has been confirmed

through experience with past construction jobs, and the Commission has accepted this percentage in several CON reviews. GBMC relied upon this significant empirical experience regarding the impact of MBE participation.

	Cost	Percent	MBE Premium
Building	$55,214,606	4%	$2,208,584
Site Preparation	$8,393,957	4%	335,758
TOTAL	**$63,608,563**		**$2,544,342**

Efficiency

16. **The application describes a variety of ways in which the new units will be more efficient, but does not attempt to quantify how productivity will be reflected in FTEs per admission (or other appropriate measure). Please quantify the impact these changes will have.**

Applicant Response

As set forth in the CON application, the proposed project will achieve several areas of improvement in operational efficiency on the inpatient units. CON Appl., pp. 33-34. GBMC does not, however, expect a reduction in FTEs. Rather, GBMC will redesign work flows such that each FTE will do work at "the top of their license" to advance the hospital's work in population health and safe, effective care delivery. For example, in the new units, GBMC will build two medication rooms on each floor rather than one as currently configured. This design will ensure that all medications are available and accessible at all times and will eliminate the need to have pharmacy technicians perform "cart fills" on a daily basis in addition to stocking cabinets that are currently undersized. GBMC will change the work of the pharmacy technicians and have them complete medication reconciliation duties currently performed by nurses and physicians. This is one example of an efficiency gain, as noted in the CON application. GBMC is building these units based on Lean design principles to eliminate waste associated with transportation, inventory, motion, waiting, over-processing, over-production and defects. It is not possible at this time to translate these efficiencies into a reduction in FTEs.

Need

17 **Please provide the sources for the data presented in tables 7-23 in the NEED criterion. We note that the PowerPoint presentation you did for staff provided that information, but it needs to be entered into the record of the review by providing that information in your response to this completeness letter.**

Applicant Response

The source of all data contained in Tables 7 – 23 was the St. Paul's Abstract Data Tapes for FY 2016 through FY 2018.

Availability of Cost Effective Alternatives

18 Note that the criterion requires that an applicant ***compare the cost effectiveness of the proposed project with the cost effectiveness of providing the service through alternative existing facilities*. The applicant's response compared the proposal to *its existing facilities*; a proper interpretation of the criterion requires GBMC to provide an analysis of other existing facilities that provide the same services as GBMC (other acute care hospitals) and why they are or are not an appropriate alternative to this modernization project.**

Applicant Response

The objective of the proposed project is to modernize GBMC's existing patient rooms by replacing rooms containing 60 MSGA beds with larger and modernized rooms that will be compliant with applicable FGI Guidelines. As explained in response to Question 3, the proposed project will not increase the number of operational beds. Based on the need analysis set forth in the CON application, GBMC projects demand for at least 226 MSGA and observation beds in FY 2026. CON Application, pp. 41-54.

Because the project objective does not involve the establishment or expansion of beds or services, the objective cannot be addressed through other existing acute care hospitals.

Viability of the Proposal

19 In the uninflated figures for FYs 2025 and '26 it is projected that the income from operations will be negative (-$2.2 million in '26). In the inflated figures, income from operations is projected to lead to healthy profits ($11,172 million in '26). Please explain.

Applicant Response

The difference between projected income from operations presented in Tables G & H is largely due to significant projected cumulative revenue growth through rate increases in GBMC Healthcare's unregulated subsidiaries, which are not related to the proposed project.

20. Investment earnings shown on Tables G and H are projected to fall from a three year average of about $29.3 million in 2019 to $8.7 million in 2020, and remain around that level. Please explain.

Applicant Response

The $20.6M variance in average non-operating income of $29.3M vs. the $8.7M projected income reflects the following:

- As historical returns do not guarantee future performance, GBMC does not project unrealized gains; $15M in unrealized gains are included in the three-year average.

- The projection reflects an anticipated decline in unrestricted contributions and corresponding increase in fund-raising expenses due to the $30M capital campaign for the proposed project.

- The projection assumes the use of investments to fund the proposed project, resulting in lower investment income.

- The projection assumes an investment return of 3%.

Table of Exhibits

Exhibit	Description
17	***REVISED*** Table A
18	Plain language summary of GBMC financial assistance policy
19	***REVISED*** Tables G and H
20	Self-Pay Charges as a Percent of Total Charges Rankings (FY 2018)
21	RY 2019 and 2020 Uncompensated Care Policy Results and Predicted Use
22	Ranking of Maryland Hospital ADI Scores
23	***REVISED*** MVS Valuation

GBMC

I hereby declare and affirm under the penalties of perjury that the facts stated in this Response to Additional Information Questions dated September 13, 2019 and its attachments are true and correct to the best of my knowledge, information, and belief.

October 4, 2019
Date

Laurie R. Beyer, MBA, CPA
Executive Vice President
and Chief Financial Officer
GBMC

#670668
010236-0002

GBMC

I hereby declare and affirm under the penalties of perjury that the facts stated in this Response to Additional Information Questions dated September 13, 2019 and its attachments are true and correct to the best of my knowledge, information, and belief.

October 4, 2019
Date

Stacey McGreevy, CPA
Vice President of Support Services
GBMC

#670659
010236-0002

#677913

GBMC

I hereby declare and affirm under the penalties of perjury that the facts stated in this Response to Additional Information Questions dated September 13, 2019 and its attachments are true and correct to the best of my knowledge, information, and belief.

October 4, 2019
Date

Amber Olig
Director, Corporate Strategy
GBMC

#670660
010236-0002

I hereby declare and affirm under the penalties of perjury that the facts stated in this Response to Additional Information Questions dated September 13, 2019 and its attachments are true and correct to the best of my knowledge, information, and belief.

October 4, 2019
Date

Matthew McGovern
Consultant
Hammes Co.

GBMC

I hereby declare and affirm under the penalties of perjury that the facts stated in this Response to Additional Information Questions dated September 13, 2019 and its attachments are true and correct to the best of my knowledge, information, and belief.

October 4, 2019
Date

Brett Kass
Consultant
Hammes Co.

#670662
010236-0002

GBMC

I hereby declare and affirm under the penalties of perjury that the facts stated in this Response to Additional Information Questions dated September 13, 2019 and its attachments are true and correct to the best of my knowledge, information, and belief.

October 4, 2019
Date

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

#670664
010236-0002

EXHIBIT 17

TABLE A. PHYSICAL BED CAPACITY BEFORE AND AFTER PROJECT--REVISED 10/4/19

INSTRUCTIONS: Identify the location of each nursing unit (add or delete rows if necessary) and specify the room and bed count before and after the project in accordance with the definition of physical capacity noted below. Applicants should add columns and recalculate formulas to address rooms with 3 and 4 bed capacity. NOTE: Physical capacity is the total number of beds that could be physically set up in space without significant renovations. This should be the maximum operating capacity under normal, non-emergency circumstances and is a physical count of bed capacity, rather than a measure of staffing capacity. A room with two headwalls and two sets of gasses should be counted as having capacity for two beds, even if it is typically set up and operated with only one bed. A room with one headwall and one set of gasses is counted as a private room, even if it is large enough from a square footage perspective to be used as a semi-private room, since renovation/construction would be required to convert it to semi-private use. If the hospital operates patient rooms that contain no headwalls or a single headwall, but are normally used to accommodate one or more than one patient (e.g., for psychiatric patients), the physical capacity of such rooms should be counted as they are currently used.

Before the Project							Physical Capacity After Project Completion						Operational Beds After Project Completion						
Hospital Service	Location (Floor/ Wing)*	Licensed Beds: 7/1/2020	Based on Physical Capacity				Hospital Service	Location (Floor/ Wing)*	Based on Physical Capacity				Hospital Service	Location (Floor/ Wing)*	Bed Count				
			Room Count			Bed Count			Room Count			Bed Count			Room Count			Bed Count	
			Private	Semi-Private	Total Rooms	Physical Capacity			Private	Semi-Private	Total Rooms	Physical Capacity			Private	Semi-Private	Total Rooms	Operational Capacity	
ACUTE CARE							**ACUTE CARE**												
General Medical/ Surgical*							**General Medical/ Surgical***				0	0	**General Medical/ Surgical***						
Unit 58	5		25	4	29	33	Unit 58	5	25	4	29	33	Unit 58	5	25	4	29	33	
Unit 48	4		24	5	29	34	Unit 48	4	24	5	29	34	Unit 48	4	24	5	29	34	
Unit 46	4		30	0	30	30	Unit 46	4	30	0	30	30	Unit 46	4	15	0	15	15	* Unit will become a 15 bed unit, rather than 30 beds
Unit 45	4		24	0	24	24	Unit 45	4	24	0	24	24	Unit 45	4	15	0	15	15	* Unit will become a 15 bed unit, rather than 24 beds
Unit 47 (Current Overflow NICU)							Unit 47	4	12	0	12	12	Unit 47	4	12	0	12	12	* 12 beds will move from Unit 27 to Unit 47, the Integrated Care Unit
Unit 38	3		29	4	33	37	Unit 38	3	29	4	33	37	Unit 38	3	25	0	25	25	
Unit 36- Integrated Care Unit	3		42	0	42	42	Unit 36	3	25	0	25	25	Unit 36	3	25	0	25	25	* Unit will be reduced from a 42 bed unit to a 25 bed unit
Unit 35	3		26	0	26	26	Unit 35	3	26	0	26	26	Unit 35	3	26	0	26	26	
Unit 34	3		25	0	25	25	Unit 34	3	0	0	0	0	Unit 34	3	0	0	0	0	* 25 bed unit will be vacated and the space will be used for outpatient services
New Building Floor 4	4		0	0	0	0	New Building Floor 4	4	30	0	30	30	New Building Floor 4	4	30	0	30	30	* Beds in new addition
New Building Floor 5	5		0	0	0	0	New Building Floor 5	5	30	0	30	30	New Building Floor 5	5	30	0	30	30	* Beds in new addition
SUBTOTAL Gen. Med/Surg*		**165**	**225**	**13**	**238**	**251**	**SUBTOTAL Gen. Med/Surg***		**255**	**13**	**268**	**281**	**SUBTOTAL Gen. Med/Surg***		**227**	**9**	**236**	**245**	
ICU/CCU		**24**	24	0	24	24	**ICU/CCU**		24	0	24	24	**ICU/CCU**		24	0	24	24	
Unit 59 SICU	5	**12**	12	0	12	12	Unit 59 SICU		12	0	12	12	Unit 59 SICU		12	0	12	12	
Unit 57 MICU	5	**12**	12	0	12	12	Unit 57 MICU		12	0	12	12	Unit 57 MICU		12	0	12	12	
Other *(Specify/add rows as needed)*		**0**	0	0	0	0	**Other** *(Specify/add rows as needed)*		0	0	0	0	**Other** *(Specify/add rows as needed)*		0	0	0	0	
TOTAL MSGA		**189**	**249**	**13**	**262**	**275**	**TOTAL MSGA**		**279**	**13**	**292**	**305**	**TOTAL MSGA**		**251**	**9**	**260**	**269**	
Obstetrics	2	**60**	60	0	60	60	**Obstetrics**		60	0	60	60	**Obstetrics**		48	0	48	48	* 12 beds in Unit 27 will no longer be used. The unit will be used for GBMC's SAFE Progam and the Parent Education store
Pediatrics	3	**8**	7	1	8	9	**Pediatrics**		8	1	9	10	**Pediatrics**		8	1	9	10	
Psychiatric		**0**	0	0	0	0	**Psychiatric**		0	0	0	0	**Psychiatric**		0	0	0	0	
TOTAL ACUTE		**257**	**316**	**14**	**330**	**344**	**TOTAL ACUTE**		**347**	**14**	**361**	**375**	**TOTAL ACUTE**		**307**	**10**	**317**	**327**	
NON-ACUTE CARE							**NON-ACUTE CARE**						**NON-ACUTE CARE**						
Dedicated Observation**		**0**	0	0	0	0	**Dedicated Observation****		0	**0**	0	0	**Dedicated Observation****		0	0	0	0	
Rehabilitation		**0**	0	0	0	0	**Rehabilitation**		0	**0**	0	0	**Rehabilitation**		0	0	0	0	
Comprehensive Care	5	**27**	15	12	27	39	**Comprehensive Care**		15	**12**	27	39	**Comprehensive Care**		15	12	27	39	
Other *(Specify/add rows as needed)*		**0**	0	0	0	0	**Other** *(Specify/add rows as needed)*		0	**0**	0	0	**Other** *(Specify/add rows as needed)*		0	0	0	0	
TOTAL NON-ACUTE		**27**	**15**	**12**	**27**	**39**	**TOTAL NON-ACUTE**		**15**	**12**	**27**	**39**	**TOTAL NON-ACUTE**		**15**	**12**	**27**	**39**	
HOSPITAL TOTAL		**284**	**331**	**26**	**357**	**383**	**HOSPITAL TOTAL**		**362**	**26**	**388**	**414**	**HOSPITAL TOTAL**		**322**	**22**	**344**	**366**	

#677913

EXHIBIT 18

Greater Baltimore Medical Center

Financial Assistance Policy-Plain Language Summary

We treat all patients needing emergency care, no matter the ability to pay.

Help for Patients to Pay Healthcare Care Costs

If you cannot pay for all or part of your health care costs you may be able to get free or lower cost services for medically necessary services.

❖ **How the process works:**

When you become a patient, we

- give you information about our financial assistance policy
- assist with enrollment into publicly funded programs

We must screen patients for Medicaid before giving financial help. Emergent or medically necessary services provided to Maryland resident are eligible for this program.

❖ **How to apply?**

- Fill out a Financial Assistance Application Form (form is on GBMC website)
- Provide all required and requested information so that GBMC may evaluate your financial situation in accordance with its criteria (see policy)
- Turn in the Application Form

❖ **How we review your application:**

We will look at your ability to pay. We look at your income and family size.

- If your income is less than 300% of the federal poverty level, then you may be eligible for free care.
- If your income is between 301%-500% of the federal poverty level, you may be eligible for lower cost of care.
- 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.

GBMC will provide you with a probable eligibility determination within two business days of the request. If you are eligible for financial help, we will tell you how much of your bill is eligible. If you are not eligible for financial help, we will explain why and offer you a payment plan.

❖ **Other helpful information:**

Financial Assistance Policy and Application available by

- online at https://www.gbmc.org/financialsupport
- by mail by calling (443) 849-2450
- in person at any of our registration areas

EXHIBIT 19

TABLE G. REVENUES & EXPENSES, UNINFLATED - ENTIRE FACILITY--REVISED 10/4/19

UNINFLATED	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Add columns if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.						
Indicate CY or FY	**FY2017**	**FY2018**	**FY2019**	**FY2020**	**FY2021**	**FY2022**	**FY2023**	**FY2024**	**FY2025**	**FY2026**
1. REVENUE										
a. Inpatient Services	$ 259,647	$ 263,693	$ 269,616	$ 281,164	$ 281,164	$ 281,164	$ 281,164	$ 286,503	$ 288,885	$ 288,822
b. Outpatient Services	312,771	319,227	337,880	354,310	354,310	354,310	354,310	354,310	354,310	354,310
Gross Patient Service Revenues	***$ 572,418***	***$ 582,920***	***$ 607,496***	***$ 635,473***	***$ 635,473***	***$ 635,473***	***$ 635,473***	***$ 640,813***	***$ 643,194***	***$ 643,131***
c. Allowance For Bad Debt	15,679	10,546	12,293	11,731	11,731	11,731	11,731	11,731	11,731	11,731
d. Contractual Allowance	89,713	89,145	90,161	100,124	100,124	100,124	100,124	100,575	100,746	100,741
e. Charity Care	2,121	3,339	3,391	3,565	3,565	3,565	3,565	3,565	3,595	3,595
Net Patient Services Revenue	***$ 464,906***	***$ 479,890***	***$ 501,650***	***$ 520,053***	***$ 520,053***	***$ 520,053***	***$ 520,053***	***$ 524,942***	***$ 527,123***	***$ 527,065***
% of Gross Revenue	***81%***	***82%***	***83%***	***82%***	***82%***	***82%***	***82%***	***82%***	***82%***	***82%***
Net Part B Revenue	59,637	67,516	73,758	79,967	81,597	82,090	82,524	83,270	83,888	84,556
Non-Patient Care Revenue	26,575	26,074	27,314	28,246	26,372	26,501	28,633	28,767	28,904	29,043
NET OPERATING REVENUE	***$ 551,118***	***$ 573,480***	***$ 602,722***	***$ 628,266***	***$ 628,022***	***$ 628,645***	***$ 631,210***	***$ 636,979***	***$ 639,914***	***$ 640,665***
2. EXPENSES										
a. Salaries & Wages (incl benefits)	$ 314,292	327,525	344,201	363,940	366,102	368,356	370,704	373,153	375,706	378,369
b. Contractual Srvs	31,057	22,846	21,117	21,085	21,085	21,085	21,085	21,085	21,085	21,085
c. Interest on Current Debt	6,915	6,566	6,484	5,951	5,265	5,051	4,865	4,575	4,271	4,006
d. Interest on Project Debt				-	-	-	-	**2,834**	**2,778**	**2,720**
e. Current Depreciation & Amortization	35,402	40,795	41,618	41,194	43,475	41,889	40,655	**37,381**	**35,697**	**35,959**
f. Project Depreciation & Amortization	-	-	-	-	-	-	-	**2,242**	**4,485**	**4,485**
g. Supplies	86,885	92,789	100,296	103,875	104,125	104,375	104,625	104,875	105,125	105,375
h. Purchased Services	75,366	78,833	80,993	85,871	87,956	88,073	89,332	90,603	91,765	92,884
i. Project related Operating Costs	-	-	-	-	-	-	-	**632**	**632**	**632**
j. Other Expenses (Operational Improvements)	-	-	-	-	(7,470)	(5,652)	(3,637)	(2,026)	(1,319)	(2,616)
TOTAL OPERATING EXPENSES	***$ 549,917***	***$ 569,354***	***$ 594,709***	***$ 621,916***	***$ 620,538***	***$ 623,176***	***$ 627,628***	***$ 635,353***	***$ 640,226***	***$ 642,899***
3. INCOME										
a. Income From Operation	**$ 1,200**	**$ 4,126**	**$ 8,013**	**$ 6,350**	**$ 7,484**	**$ 5,468**	**$ 3,582**	**$ 1,625**	**$ (312)**	**$ (2,234)**
Operating Margin	***0.2%***	***0.7%***	***1.3%***	***1.0%***	***1.2%***	***0.9%***	***0.6%***	***0.3%***	***0.0%***	***-0.3%***
b. Non-Operating Inc - Investmnt Earnings 3% and Net Contributions	$ 25,797	26,505	35,522	8,701	8,518	8,766	7,821	8,049	8,283	8,524
NET INCOME (LOSS) EXCESS REV	***$ 26,997***	***$ 30,631***	***$ 43,535***	***$ 15,051***	***$ 16,002***	***$ 14,234***	***$ 11,403***	***$ 9,674***	***$ 7,971***	***$ 6,290***
4. PATIENT MIX										
a. Percent of Total Revenue										
1) Medicare	42.0%	43.0%	43.0%	43.0%	43.0%	43.0%	43.0%	43.0%	43.0%	43.0%
2) Medicaid	3.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%

TABLE G. REVENUES & EXPENSES, UNINFLATED - ENTIRE FACILITY--REVISED 10/4/19

UNINFLATED	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Add columns if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.						
Indicate CY or FY	**FY2017**	**FY2018**	**FY2019**	**FY2020**	**FY2021**	**FY2022**	**FY2023**	**FY2024**	**FY2025**	**FY2026**
3) Blue Cross	14.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
4) HMO	23.0%	21.0%	21.0%	21.0%	21.0%	21.0%	21.0%	21.0%	21.0%	21.0%
5) Other	17.0%	19.0%	19.0%	19.0%	19.0%	19.0%	19.0%	19.0%	19.0%	19.0%
6) Self-Pay	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
TOTAL	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***
b. Percent of Equivalent Inpatient Days										
Total MSGA										
1) Medicare	42.0%	43.0%	43.0%	43.0%	43.0%	43.0%	43.0%	43.0%	43.0%	43.0%
2) Medicaid	3.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%
3) Blue Cross	14.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
4) Commercial Insurance	23.0%	21.0%	21.0%	21.0%	21.0%	21.0%	21.0%	21.0%	21.0%	21.0%
5) Self-pay	17.0%	19.0%	19.0%	19.0%	19.0%	19.0%	19.0%	19.0%	19.0%	19.0%
6) Other	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
TOTAL	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***

TABLE H. REVENUES & EXPENSES, INFLATED - ENTIRE FACILITY--REVISED 10/4/19

INFLATED	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Add columns if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.						
Indicate CY or FY	**FY2017**	**FY2018**	**FY2019**	**FY2020**	**FY2021**	**FY2022**	**FY2023**	**FY2024**	**FY2025**	**FY2026**
1. REVENUE										
a. Inpatient Services	$ 259,647	$ 263,693	$ 269,616	$ 281,164	$ 288,614	$ 296,275	$ 304,151	$ 317,589	$ 328,299	$ 336,801
b. Outpatient Services	312,771	319,227	337,880	354,310	364,939	375,951	387,362	399,190	411,452	424,168
Gross Patient Service Revenues	***$ 572,418***	***$ 582,920***	***$ 607,496***	***$ 635,473***	***$ 653,553***	***$ 672,226***	***$ 691,513***	***$ 716,779***	***$ 739,751***	***$ 760,969***
c. Allowance For Bad Debt	15,679	10,546	12,293	11,731	12,032	12,342	12,661	12,990	13,328	13,676
d. Contractual Allowance	89,713	89,145	90,161	100,131	102,536	105,033	107,630	110,736	113,711	116,620
e. Charity Care	2,121	3,339	3,391	3,558	3,661	3,768	3,877	4,031	4,177	4,297
Net Patient Services Revenue	***$ 464,906***	***$ 479,890***	***$ 501,650***	***$ 520,053***	***$ 535,324***	***$ 551,082***	***$ 567,345***	***$ 589,022***	***$ 608,535***	***$ 626,375***
% of Gross Revenue	***81%***	***82%***	***83%***	***82%***	***82%***	***82%***	***82%***	***82%***	***82%***	***82%***
Part B an Non-Patient Care Revenue	86,212	93,590	101,072	108,213	109,780	112,290	116,799	119,678	122,497	125,432
NET OPERATING REVENUE	***$ 551,118***	***$ 573,480***	***$ 602,722***	***$ 628,266***	***$ 645,104***	***$ 663,372***	***$ 684,144***	***$ 708,700***	***$ 731,032***	***$ 751,807***
2. EXPENSES										
a. Salaries & Wages (incl benefits)	$ 314,292	327,525	344,201	363,940	374,485	385,374	396,623	408,250	420,272	$ 432,709
b. Contractual Srvs, incl in Salaries	31,057	22,846	21,117	21,085	21,506	21,936	22,375	22,823	23,279	23,745
c. Interest on Current Debt	6,915	6,566	6,484	5,951	5,265	5,051	4,865	**4,575**	**4,271**	**4,006**
d. Interest on Project Debt	-	-		-	-	-	-	**2,834**	**2,778**	**2,720**
e. Current Depreciation & Amortization	35,402	40,795	41,618	41,194	43,475	41,889	40,655	**37,381**	**35,697**	**35,959**
f. Project Depreciation & Amortization	-	-	-		-	-	-	**2,242**	**4,485**	4,485
g. Supplies	86,885	92,789	100,296	103,875	108,831	114,027	119,474	125,188	131,180	137,466
h. Purchased Services	75,366	78,833	80,993	85,870	89,334	90,796	93,526	96,245	98,881	101,500
i. Project related Operating Costs								632	647	662
j. Other Expenses (Operational Improvements)	-	-		-	(7,470)	(5,652)	(3,637)	(2,026)	(1,319)	(2,616)
TOTAL OPERATING EXPENSES	**$ 549,917**	**$ 569,354**	**$ 594,709**	**$ 621,915**	**$ 635,427**	**$ 653,421**	**$ 673,881**	**$ 698,143**	**$ 720,172**	**$ 740,635**
3. INCOME										
a. Income From Operation	**$ 1,200**	**$ 4,126**	**$ 8,013**	**$ 6,351**	**$ 9,677**	**$ 9,951**	**$ 10,263**	**$ 10,557**	**$ 10,860**	**$ 11,172**
Operating Margin	***0.2%***	***0.7%***	***1.3%***	***1.0%***	***1.5%***	***1.5%***	***1.5%***	***1.5%***	***1.5%***	***1.5%***
b. Non-Operating Inc - Investmnt Earnings 3% and Net Contributions	$ 25,798	26,505	35,522	8,701	8,818	9,075	8,890	9,149	9,416	9,691
NET INCOME (LOSS)	***$ 26,998***	***$ 30,631***	***$ 43,535***	***$ 15,052***	***$ 18,494***	***$ 19,026***	***$ 19,152***	***$ 19,706***	***$ 20,276***	***$ 20,864***

EXHIBIT 20

Self-Pay Charges as a Percent of Total Charges
FY2018

	HOSP NAME	SELF-PAY CHARGES	TOTAL CHARGES	SP %	% RANK
3	Prince George's	18,494,144	292,335,445	6.33%	1
50	Greater Laurel	5,565,473	102,342,712	5.44%	2
60	Fort Washington	2,737,643	52,335,726	5.23%	3
15	Washington Adventist	12,838,955	279,086,873	4.60%	4
64	Holy Cross Germantown	4,232,746	95,902,457	4.41%	5
38	Lifebridge Northwest Hospital	10,520,580	266,399,747	3.95%	6
43	McCready	534,934	16,804,531	3.18%	7
53	Shady Grove Adventist	13,026,812	409,367,463	3.18%	8
48	Doctors Community Hospital	7,835,070	247,459,000	3.17%	9
4	Holy Cross Hospital	15,865,989	515,722,263	3.08%	10
11	St. Agnes Hospital	10,341,067	438,404,446	2.36%	11
20	Suburban Hospital	7,585,174	327,950,124	2.31%	12
49	MedStar Southern Maryland	5,824,499	263,931,048	2.21%	13
58	Atlantic General	2,411,999	109,989,280	2.19%	14
1	Meritus Health System	7,065,517	334,142,764	2.11%	15
27	Johns Hopkins Bayview	13,527,440	669,677,659	2.02%	16
30	Union of Cecil	3,227,477	166,130,717	1.94%	17
5	Frederick Memorial	6,643,739	355,889,159	1.87%	18
16	Garrett County	1,038,340	55,907,843	1.86%	19
32	MedStar Harbor Hospital	3,582,311	194,616,410	1.84%	20
52	MedStar Good Samaritan	4,703,375	275,052,728	1.71%	21
7	UM Saint Joseph	7,021,106	415,625,964	1.69%	22
18	Peninsula Regional	7,553,778	449,363,231	1.68%	23
33	UM Charles Regional Medical Center	2,603,217	155,718,936	1.67%	24
37	Calvert Memorial	2,262,337	147,056,207	1.54%	25
41	UM Baltimore Washington Medical Center	6,476,141	427,472,828	1.51%	26
17	MedStar Montgomery General	2,747,523	182,973,338	1.50%	27
46	Howard General Hospital	4,649,506	311,903,144	1.49%	28
22	MedStar Union Memorial	6,355,483	439,754,723	1.45%	29
26	MedStar Saint Mary's Hospital	2,838,817	196,940,776	1.44%	30
14	MedStar Franklin Square	7,582,402	533,604,811	1.42%	31
12	Lifebridge Sinai Hospital	10,920,339	779,488,259	1.40%	32
10	UM Shore Medical Center at Dorchester	682,745	50,885,189	1.34%	33
21	Anne Arundel Medical Center	7,205,963	631,578,153	1.14%	34
42	***Greater Baltimore Medical Center***	***4,878,060***	***463,878,498***	***1.05%***	***35***
25	Western MD Health System	3,307,397	332,302,188	1.00%	36
28	UM Shore Medical Center Chestertown	557,472	56,119,881	0.99%	37
36	UMM Center Midtown Campus	2,286,791	235,997,738	0.97%	38
6	Harford Memorial Hospital	1,018,995	105,634,065	0.96%	39
35	UM Shore Medical Center at Easton	1,933,473	209,628,349	0.92%	40
8	Mercy Medical Center	4,712,953	540,303,093	0.87%	41
31	Carroll County General	1,963,982	233,503,766	0.84%	42
2	University of Maryland	8,594,359	1,385,656,009	0.62%	43
9	Johns Hopkins	14,737,415	2,420,411,048	0.61%	44
47	Upper Chesapeake Medical Center	2,061,784	342,205,079	0.60%	45
13	Bon Secours	547,246	108,186,320	0.51%	46
51	UM Rehab & Orthopaedic Institute	381,416	125,329,153	0.30%	47
	Statewide Total	**273,483,983**	**16,750,969,143**	**1.63%**	

Source: The St. Paul Group Non-Confidential FY2018 Abstract Data Tapes

#677913

EXHIBIT 21

RY2020 UCC Policy Results

FY19 Policy vs. FY20 Policy

HOSP ID	HOSPITAL NAME	REVENUE ($K) FY20 GBR	AUDITED FINANCIAL UCC % FY17	AUDITED FINANCIAL UCC % FY18	AUDITED FINANCIAL UCC % VAR.	PREDICTED UCC % FY17	PREDICTED UCC % FY18	PREDICTED UCC % VAR.	FINAL BLENDED UCC %[2] FY17	FINAL BLENDED UCC %[2] FY18	FINAL BLENDED UCC %[2] VAR.
210065	Holy Cross Germantown Hospital	$ 107,942	9.2%	9.1%	-0.1%	8.4%	8.8%	0.4%	9.0%	9.3%	0.3%
210060	Fort Washington Hospital[1]	52,404	8.6%	9.9%	1.3%	8.5%	8.5%	0.1%	8.7%	9.5%	0.8%
210055	Laurel Regional Medical Center	45,718	10.5%	9.5%	-0.9%	8.2%	7.7%	-0.5%	9.6%	8.9%	-0.7%
210003	Prince Georges Hospital Center	361,894	8.7%	9.1%	0.4%	7.8%	7.2%	-0.6%	8.4%	8.5%	0.0%
210016	Adventist - Washington Adventist Hospital[1]	303,844	6.5%	7.0%	0.6%	6.5%	6.5%	0.1%	6.6%	7.0%	0.4%
210004	Holy Cross Hospital	519,098	7.2%	7.3%	0.1%	6.8%	6.4%	-0.4%	7.2%	7.1%	-0.1%
210045	McCready Memorial Hospital	14,914	4.6%	5.8%	1.2%	6.3%	5.8%	-0.5%	5.5%	6.0%	0.4%
210051	Doctors' Community Hospital	257,990	4.7%	6.6%	1.9%	4.7%	5.4%	0.7%	4.8%	6.2%	1.4%
210011	Saint Agnes Hospital	431,213	4.0%	5.0%	1.0%	4.4%	5.1%	0.7%	4.3%	5.2%	0.9%
210057	Adventist - Shady Grove Medical Center[1]	462,206	3.4%	5.0%	1.6%	4.5%	4.9%	0.4%	4.1%	5.1%	1.1%
210061	Atlantic General Hospital	112,342	5.6%	5.0%	-0.7%	4.9%	4.8%	-0.1%	5.4%	5.0%	-0.3%
210005	Frederick Memorial Hospital	361,861	4.4%	4.3%	-0.1%	4.6%	4.8%	0.2%	4.6%	4.7%	0.1%
210017	Garrett County Memorial Hospital	63,741	7.8%	6.6%	-1.2%	5.4%	4.8%	-0.6%	6.7%	5.9%	-0.9%
210001	Meritus Medical Center	380,690	4.3%	4.3%	0.0%	4.7%	4.7%	0.0%	4.6%	4.7%	0.1%
210010	UM Shore Medical Center at Dorchester	48,492	5.1%	5.6%	0.5%	5.0%	4.7%	-0.3%	5.2%	5.3%	0.2%
210040	Northwest Hospital Center	272,659	4.8%	4.3%	-0.5%	4.5%	4.6%	0.1%	4.8%	4.6%	-0.1%
210035	UM Charles Regional Medical Center	160,640	5.3%	5.3%	0.1%	4.7%	4.4%	-0.2%	5.1%	5.1%	0.0%
210032	Union Hospital of Cecil County	168,187	4.1%	5.9%	1.8%	4.4%	4.3%	-0.1%	4.4%	5.3%	0.9%
210062	Medstar Southern Maryland Hospital Center	281,994	4.4%	5.1%	0.7%	4.3%	4.3%	0.0%	4.4%	4.8%	0.4%
210027	Western Maryland Regional Medical Center	338,537	4.8%	5.0%	0.1%	4.3%	4.3%	0.0%	4.7%	4.8%	0.1%
210019	Peninsula Regional Medical Center	460,485	4.2%	3.5%	-0.7%	4.5%	4.2%	-0.2%	4.4%	4.0%	-0.4%
210029	Johns Hopkins Bayview Medical Center	697,767	4.1%	5.1%	1.0%	4.7%	4.2%	-0.5%	4.5%	4.8%	0.3%
210006	UM Harford Memorial Hospital	110,047	6.8%	6.9%	0.1%	4.1%	4.2%	0.1%	5.5%	5.7%	0.2%
210034	Medstar Harbor Hospital	194,817	4.7%	4.3%	-0.5%	4.3%	4.1%	-0.2%	4.6%	4.3%	-0.3%
210056	Medstar Good Samaritan Hospital	266,955	4.0%	4.2%	0.2%	4.0%	4.0%	0.1%	4.1%	4.2%	0.2%
210028	Medstar Saint Mary's Hospital	194,730	3.9%	4.2%	0.2%	3.9%	4.0%	0.1%	4.0%	4.2%	0.2%
210048	Howard County General Hospital	313,106	2.9%	3.6%	0.7%	3.7%	3.9%	0.2%	3.4%	3.9%	0.5%
210013	Bon Secours Hospital	115,741	2.5%	2.1%	-0.3%	3.6%	3.9%	0.4%	3.1%	3.1%	0.0%
210043	UM Baltimore Washington Medical Center	453,382	6.4%	6.0%	-0.3%	3.9%	3.8%	-0.2%	5.3%	5.1%	-0.2%
210022	Suburban Hospital	338,156	3.0%	3.4%	0.4%	3.9%	3.7%	-0.2%	3.5%	3.7%	0.2%
210008	Mercy Medical Center	557,245	4.3%	4.4%	0.1%	3.5%	3.7%	0.1%	4.0%	4.2%	0.2%
210039	Calvert Memorial Hospital	153,204	4.1%	3.8%	-0.3%	3.6%	3.6%	0.1%	4.0%	3.9%	-0.1%
210063	UM St. Joseph Medical Center	390,728	4.1%	3.9%	-0.2%	3.7%	3.6%	-0.1%	4.0%	3.9%	-0.1%
210015	Medstar Franklin Square Medical Center	567,997	3.5%	4.0%	0.4%	3.7%	3.6%	-0.1%	3.7%	3.9%	0.2%
210012	Sinai Hospital of Baltimore	795,085	3.3%	3.5%	0.2%	3.5%	3.6%	0.1%	3.5%	3.7%	0.2%
210024	Medstar Union Memorial Hospital	429,944	3.1%	3.6%	0.5%	3.5%	3.6%	0.1%	3.4%	3.7%	0.3%
210030	UM Shore Medical Center at Chestertown	56,271	5.0%	5.3%	0.3%	3.5%	3.6%	0.0%	4.4%	4.6%	0.2%
210018	Medstar Montgomery Medical Center	184,811	3.0%	3.2%	0.1%	3.5%	3.4%	-0.1%	3.3%	3.4%	0.1%
210038	UM Medical Center Midtown Campus	230,190	7.3%	5.6%	-1.7%	3.9%	3.3%	-0.6%	5.7%	4.6%	-1.1%
210049	UM Upper Chesapeake Medical Center	326,583	3.8%	2.9%	-0.8%	3.1%	3.3%	0.2%	3.5%	3.2%	-0.3%
210023	Anne Arundel Medical Center	647,267	2.9%	2.8%	-0.2%	3.2%	3.3%	0.0%	3.2%	3.1%	0.0%
210033	Carroll Hospital Center	236,875	1.5%	1.6%	0.1%	3.3%	3.3%	0.0%	2.5%	2.5%	0.1%
210044	***Greater Baltimore Medical Center***	***478,853***	***3.3%***	***2.2%***	***-1.0%***	***3.3%***	***3.2%***	***-0.1%***	***3.4%***	***2.8%***	***-0.5%***
210037	UM Shore Medical Center at Easton	224,844	3.1%	3.6%	0.4%	3.3%	3.2%	-0.1%	3.3%	3.5%	0.2%
210009	Johns Hopkins Hospital	2,548,992	2.6%	2.5%	-0.2%	2.7%	3.0%	0.3%	2.7%	2.8%	0.1%
210002	UM Medical Center	1,590,749	4.1%	4.1%	0.0%	2.9%	2.7%	-0.2%	3.6%	3.5%	-0.1%
Total	Statewide	**$ 17,311,188**	**4.13%**	**4.23%**	**0.10%**	**3.95%**	**3.95%**	**0.00%**	**4.13%**	**4.23%**	**0.10%**

1 Latest audited financial data not available; currently using prior year's data

2 Final UCC % calculated as average of Audited Financial and Precited UCC percentages, then adjusted so that statewide average matches audited financial statewide average

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EXHIBIT 22

Area Deprivation Index
RY2020 HSCRC UCC Policy

Hosp ID	Hospital Name	Avg. ADI	Rank
210013	Bon Secours Hospital	67.9	1
210027	Western Maryland Regional Medical Center	58.8	2
210045	McCready Memorial Hospital	58.0	3
210038	UM Medical Center Midtown Campus	57.1	4
210034	Medstar Harbor Hospital	51.6	5
210024	Medstar Union Memorial Hospital	49.9	6
210019	Peninsula Regional Medical Center	48.8	7
210010	UM Shore Medical Center at Dorchester	48.1	8
210056	Medstar Good Samaritan Hospital	48.0	9
210017	Garrett County Memorial Hospital	47.5	10
210011	Saint Agnes Hospital	44.8	11
210002	UM Medical Center	44.8	12
210029	Johns Hopkins Bayview Medical Center	44.3	13
210008	Mercy Medical Center	44.1	14
210012	Sinai Hospital of Baltimore	43.8	15
210001	Meritus Medical Center	43.3	16
210015	Medstar Franklin Square Medical Center	39.6	17
210009	Johns Hopkins Hospital	37.3	18
210040	Northwest Hospital Center	35.7	19
210003	Prince Georges Hospital Center	33.3	20
210016	Adventist - Washington Adventist Hospital1	31.1	21
210037	UM Shore Medical Center at Easton	31.0	22
210032	Union Hospital of Cecil County	30.5	23
210006	UM Harford Memorial Hospital	30.0	24
210051	Doctors' Community Hospital	29.3	25
210030	UM Shore Medical Center at Chestertown	28.8	26
210061	Atlantic General Hospital	28.6	27
210063	UM St. Joseph Medical Center	27.4	28
210055	Laurel Regional Medical Center	27.1	29
210044	***Greater Baltimore Medical Center***	***27.0***	***30***
210004	Holy Cross Hospital	26.0	31
210043	UM Baltimore Washington Medical Center	24.9	32
210062	Medstar Southern Maryland Hospital Center	24.8	33
210005	Frederick Memorial Hospital	23.9	34
210060	Fort Washington Hospital1	23.3	35
210049	UM Upper Chesapeake Medical Center	22.9	36
210065	Holy Cross Germantown Hospital	22.6	37
210035	UM Charles Regional Medical Center	19.6	38
210033	Carroll Hospital Center	19.3	39
210028	Medstar Saint Mary's Hospital	18.9	40
210057	Adventist - Shady Grove Medical Center1	16.9	41
210048	Howard County General Hospital	16.2	42
210018	Medstar Montgomery Medical Center	14.8	43
210023	Anne Arundel Medical Center	14.5	44
210039	Calvert Memorial Hospital	14.3	45
210022	Suburban Hospital	10.8	46

Source: RY2020 HSCRC Uncompensated Care Policy

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EXHIBIT 23

Standard .04B(7) – Construction Cost of Hospital Space

(a) The cost per square foot of hospital construction projects shall be no greater than the cost of good quality Class A hospital construction given in the Marshall and Swift Valuation Quarterly, updated to the nearest quarter using the Marshall and Swift update multipliers, and adjusted as shown in the Marshall and Swift guide as necessary for terrain of the site, number of levels, geographic locality, and other listed factors.

(b) Each Certificate of Need applicant proposing costs per square foot above the limitations set forth in the Marshall and Swift Guide must demonstrate that the higher costs are reasonable.

The following compares the project costs to the Marshall Valuation Service ("MVS") benchmark.

I. Marshall Valuation Service Valuation Benchmark

A. Hospital Building

Type		Hospital
Construction Quality/Class		Good/A
Stories		3
Perimeter		922
Average Floor to Floor Height		12.7
Square Feet		92,601
f.1	Average floor Area	30,867
A. Base Costs		
	Basic Structure	$374.00
	Elimination of HVAC cost for adjustment	0
	HVAC Add-on for Mild Climate	0
	HVAC Add-on for Extreme Climate	0
Total Base Cost		$374.00
Adjustment for Departmental Differential Cost Factors		0.97
Adjusted Total Base Cost		$362.57

B. Additions	
Elevator (If not in base)	$0.00
Other	$0.00
Subtotal	$0.00
Total	$362.57
C. Multipliers	
Perimeter Multiplier	0.923251052
Product	$334.74
Height Multiplier	1.016
Product	$340.10
Multi-story Multiplier	1.000
Product	$340.10
D. Sprinklers	
Sprinkler Amount	$3.06
Subtotal	$343.16
E. Update/Location Multipliers	
Update Multiplier	1.08
Product	$370.61
Location Multiplier	1
Product	$370.61
Calculated Square Foot Cost Benchmark	**$370.61**

The MVS estimate for this project is impacted by the Adjustment for Departmental Differential Cost Factor. In Section 87 on page 8 of the Valuation Service, MVS provides the cost differential by department compared to the average cost for an entire hospital. The calculation of the average factor is shown below.

Department/Function	BGSF	MVS Department Name	MVS Differential Cost Factor	Cost Factor X SF
ACUTE PATIENT CARE				
Level 3 - Circulation & Seating - Atrium	4,601	Public Space	0.8	3,681
Level 3 - Circulation & Seating - New Addition	12,967	Public Space	0.8	10,374
Level 3 - Support & Reception	3,078	Offices	0.96	2,955
Level 3 - Spiritual / Chapel	2,043	Public Space	0.8	1,634
Level 3 - Gift Shop	2,326	Public Space	0.8	1,861
Level 3 - Food Service	1,360	Dining Room	0.95	1,292
Level 3 - Medical Library	2,230	Offices	0.96	2,141
Level 3 - Pharmacy	2,110	Pharmacy	1.33	2,806
Level 3 - Wellness	3,465	Offices	0.96	3,326
Level 3 - Welcome Center	1,411	Offices	0.96	1354.56
Level 4 - Med/Surg	26,240	Inpatient Units	1.06	27,814
Level 4 - Public Circulation	2,265	Internal Circulation, Corridors	0.6	1,359
Level 5 - Med/Surg	26,240	Inpatient Units	1.06	27,814
Level 5 - Public Circulation	2,265	Internal Circulation, Corridors	0.6	1,359
Total	92,601		0.97	89,771

B. Mechanical Penthouse

Type	Mechanical Penthouse
Construction Quality/Class	Excellent/A-B
Stories	1
Perimeter	812
Average Floor to Floor Height	20.00
Square Feet	13,482
Average floor Area	13,482

A. Base Costs

Basic Structure	$	92.00
Elimination of HVAC cost for adjustment		0
HVAC Add-on for Mild Climate		0
HVAC Add-on for Extreme Climate		0
Total Base Cost		$92.00

B. Additions

Elevator (If not in base)	$28.48
Other	$0.00
Subtotal	$28.48

Total	$120.48

C. Multipliers

Perimeter Multiplier		1.00178824
Product	$	120.70
Height Multiplier		1.184
Product		$142.91
Multi-story Multiplier		1.005
Product		$143.62

D. Sprinklers

Sprinkler Amount	$0.00
Subtotal	$143.62

E. Update/Location Multipliers

Update Multiplier	1.08
Product	$155.11
Location Multiplier	1
Product	$155.11

Calculated Square Foot Cost Standard	**$155.11**

C. <u>Consolidated Benchmark</u>

		MVS Benchmark	**Sq. Ft.**		**Total Cost Based on MVS**
Standard					
"Tower" Component		$370.61	92,601	$	34,319,004.13
Mechanical Penthouse		$155.11	13,482	$	2,091,199.46
Consolidated	**$**	**343.22**	106,083	$	36,410,203.59

Cost of New Construction

A. Base Calculations	Actual	Per Sq. Foot
Building	$55,214,606	$520.48
Fixed Equipment		$0.00
Site Preparation	$8,393,957	$79.13
Architectual Fees	$5,294,254	$49.91
Permits	$393,594	$3.71
Capitalized Construction Interest	Calculated Below	Calculated Below
Subtotal	$69,296,412	$653.23

However, as related below, this project includes expenditures for items not included in the MVS average.

B. Extraordinary Cost Adjustments

	Project Costs		Associated Cap Interest
Site Demolition Costs	$150,000	Site	
Storm Drains	$720,000	Site	
Rough Grading	$2,902,632	Site	
Site Fire Protection Systems	$78,000	Site	
Rock Removal	$420,000	Site	
Sanitary Sewer Premium for Elevation and Charles St..	$828,000	Site	
Paving	$573,482	Site	
Exterior Signs	$120,000	Site	
Landscaping	$210,000	Site	
Walls	$168,000	Site	
Yard Lighting	$124,800	Site	
Constricted Site	$419,698	Site	
Sanitary Sewer Charles Street	$600,000	Site	
LEED Silver Green Building Premium	$335,758	Site	
MBE Participation Cost Premium	$335,758	Site	
Atrium Premium	$7,745,898	Building	$691,926
Canopy	$1,021,200	Building	$91,222
Premium for Concrete Frame Construction	$1,080,000	Building	$96,474
Terracotta Rain Screen	$465,791	Building	$41,608

	Project Costs		Associated Cap Interest
Above-average glass percentage for updated exterior design	$240,000	Building	$21,439
Laboratory Gas Quality Piping and Connection to Existing System	$245,454	Building	$21,926
DX Remote Condenser w/fan coil & piping	$183,664	Building	$16,406
Electrical, Patient Ground Modules	$127,722	Building	$11,409
Electrical, Isolation Power Panels	$52,276	Building	$4,670
Unconditioned Covered Utility Walkways on New Addition	$360,098	Building	$32,167
Required Atrium smoke evacuation system	$120,000	Building	$10,719
Pneumatic Tubes	$120,779	Building	$10,789
Concrete Mud Slab	$207,900	Building	$18,571
Misc. Roof Patching on Existing Building	$240,000	Building	$21,439
Constricted Site	$2,760,730	Building	$246,611
Connector Structures	$412,548	Building	$36,852
MPE Piping at Existing	$1,292,183	Building	$115,428
LEED Silver Green Building Premium	$2,208,584	Building	$197,288
MBE Participation Cost Premium	$2,208,584	Building	$197,288
Jurisdictional/Bldg Permit Review Fee	$320,594	Permits	
Storm Water Mgmt. Review Fee	$18,000	Permits	
Utility Connection Fees	$20,000	Permits	
Total Cost Adjustments	$29,438,134		$1,884,233

Associated Capitalized Interest and Loan Placement Fees should be excluded from the comparison for those items which are also excluded from the comparison. Since only Capitalized Interest and Loan Placement fees relating to the Building costs are included in the MVS analysis, we have only eliminated them for the Extraordinary Costs that are in the Building cost item. This was calculated as follows, using the MBE Participation Cost Premium as an example:

(Cost of the MBE Participation Cost Premium/Building Cost) x
(Building related Capitalized Interest and Loan Placement Fees).

Eliminating all of the extraordinary costs reduces the project costs that should be compared to the MVS benchmark.

C. Adjusted Project Cost	Adjusted Project Costs	Per Square Foot
Building	$34,121,195	$321.65
Fixed Equipment	$0	$0.00
Site Preparation	$407,829	$3.84
Architectural Fees	$5,294,254	$49.91
Permits	$35,000	$0.33
Subtotal	$39,858,278	$375.73
Capitalized Construction Interest	$3,047,979	$28.73
Total	$42,906,257	$404.46

Building associated Capitalized Interest and Loan Placement Fees were calculated as follows:

Hospital	New	Renovation	Total		
Building Cost	$55,214,606	$3,432,929			
Subtotal Cost (w/o Cap Interest)	$69,296,412	$3,752,929	$73,049,341		
Subtotal/Total	94.9%	5.1%	Cap Interest	Loan Placement Fees	Total
Total Project Cap Interest &Financing [(Subtotal Cost/Total Cost) X Total Cap Interest]	$6,190,112	$335,242	$5,825,354	$700,000	$6,525,354
Building/Subtotal	79.7%	91.5%			
Building Cap Interest & Loan Place.	$4,932,212	$ 306,657			
Associated with Extraordinary Costs	$1,884,233				
Applicable Cap Interest & Loan Place.	$3,047,979				

As noted below, the project's cost per square foot exceeds the MVS benchmark.

MVS Benchmark	$343.22
The Project	$404.46
Difference	$61.24