GALLAGHER
GALLAGHER EVELIUS & JONES
ATTORNEYS AT LAW

Ella R. Aiken
Direct Dial: 410.951.1420
eaiken@gejlaw.com

March 13, 2020

VIA EMAIL & U.S. MAIL

Ms. Ruby Potter
ruby.potter@maryland.gov
Health Facilities Coordination Officer
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

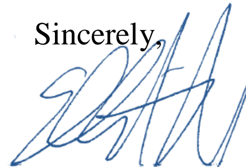
Re: Application for Certificate of Need
Construction of a Cancer Center at the
University of Maryland Medical Center (19-24-2438)

Dear Ms. Potter:

On behalf of applicant University of Maryland Medical Center, enclosed are four copies of its "Response to Additional Information Question Dated January 31, 2020" with respect to the CON Application for construction of a cancer center at the University of Maryland 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.

Sincerely,



Ella R. Aiken

ERA: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
Dr. Letitia Dzirasa, Baltimore City Health Commissioner
Sandra H. Benzer, Esq., Associate Counsel, UMMS
Mohan Suntha, M.D., MBA, President and CEO
Dana D. Farrakhan, FACHE, Sr. VP, Strategy, Community and Business Development
Joseph E. Hoffman III, Senior Vice President and Chief Financial Officer, UMMC
Georgia Harrington, Senior Vice President, Operations, UMMC
Craig Fleischmann, Senior Vice President, Finance, UMMC

#696909
006551-0238

GALLAGHER
GALLAGHER EVELIUS & JONES
ATTORNEYS AT LAW

Leonard Taylor, Jr., Senior Vice President for Asset Planning, UMMS
Janice Eisele, Senior Vice President, Development, UMMC
Stan Whitbey, Vice President, Cancer Services, UMMC
Brian Sturm, Senior Director, Financial and Capital Planning, UMMS
Marina Bogin, Senior Director, Finance Decision Support, UMMC
Nicholas Jaidar, Director of Oncology Operations, UMMC
Suzanne Cowperthwaite, Director of Oncology Nursing, UMMC
Scott Tinsley-Hall, Director, Strategic Planning, UMMC
Linda Whitmore, Director for Project Development, UMMC
Bret Elam, Project Manager, UMMS
Deb Sheehan, Executive Director, Cannon Design
Andrew L. Solberg, A.L.S. Healthcare Consultant Services
Thomas C. Dame, Esq.

UNIVERSITY OF MARYLAND MEDICAL CENTER
CONSTRUCTION OF ADDITION FOR CANCER CENTER
Matter No. 19-24-2438

Responses to Additional Information Questions Dated January 31, 2020

---

1. **There is a discrepancy in the number of licensed beds in the respective Table F's submitted with the CON application and with the June 3, 2019 response (Exhibit 28) to completeness questions. Please explain the decrease in the number of total acute care beds submitted with the June 3rd response to Table F.**

Applicant Response

University of Maryland Medical Center ("UMMC") incorrectly included 52 NICU bassinet beds in its count of licensed beds as reported in its original application for Certificate of Need ("CON") in this review, and reflected that error in Table F as well as its other statistical tables. UMMC corrected that error in its June 3, 2019 revised MHCC form tables (Exhibit 28).

2. **When compared with the same tables in the CON application, both Tables G and H in the June 3, 2019 submission (Exhibit 28) show a decrease in revenue and a decrease in expenses. Why is there a reduction in revenues and expenses?**

Applicant Response

UMMC decreased its projected Net Operating Revenue from its original Table G (Exhibit 1) to its revised Table G (Exhibit 28) by $100,067,000 due to a change in its regulated revenue assumptions. UMMC's original CON application assumed that UMMC would receive an annual innovation/intensity adjustment from the Health Services Cost and Review Commission ("HSCRC"). Due to the uncertainty of this rate adjustment, UMMC decided to remove its assumption of additional regulated revenue in its financial projections in connection with its submission of revised tables. The revised tables rely upon assumptions consistent with existing payment methodologies that the HSCRC applies to all hospitals, resulting in modest revenue for incremental volume shift (demographic and market shift adjustments), but also adjusting for population and demographic shifts. Because UMMC is not seeking a GBR modification associated with the proposed project, there is no significant change in the projected revenue tables year over year.

The decrease in Operating Expenses of 97,500,000 from UMMC's initial tables to its revised tables was the result of (1) UMMC's correction of its error in calculating average salary in the original Table L, as described in UMMC's June 3, 2019 Response to Completeness Questions dated April 18, 2019 (Question 28); and (2) UMMC's reduction of the expenses associated with the innovation/intensity funding from the HSCRC.

3. Despite the fact that UMMC projects very little growth in the MSGA volumes in Table F over the period FY 2017 through FY 2026 (the projected utilization for FY 2026 is actually lower than 2017 volume), please provide UMMC's plans and timeline for keeping the 52 beds currently used for oncology patients in service for other medical-surgical use.

Applicant Response

From a licensed bed perspective, UMMC will continue to use the portion of its licensed bed count associated with these 52 beds for oncology patients, moving and consolidating the beds to the new cancer center, together with another 10 licensed beds. From a physical bed perspective, UMMC does not have present plans to keep the 52 beds that are currently used for oncology patients and that will be vacated following completion of the proposed project in service for other medical-surgical use project completion. UMMC has not made plans or a timeline with respect to what use it will make of the 52 physical beds in the future. Given UMMC's high occupancy rates, it is likely that UMMC will find an appropriate use for the vacated beds. Due to the uncertainty of the timing involved in the CON process, UMMC will evaluate what use it will make of these physical beds at a future date. The statistical, financial, and manpower projections for the proposed project do not include any assumption that the vacated beds will be put into service for other service lines.

While UMMC does not have present plans with respect to the vacated physical beds, it has considered potential uses, as discussed more fully in UMMC's July 15, 2019 response to the June 25, 2019 Request for Additional Information, Response No. 1. Because UMMC's physical bed capacity will remain below its licensed bed capacity following completion of the proposed project, whatever use it makes of the vacated beds will not trigger a CON review unless UMMC proposes to establish a new service line or make a capital expenditure above the threshold requiring CON approval.

4. The project will add approximately 162.6 FTEs (approximately an increase of about 57% in employees who staff UMMC's Cancer programs currently). Given item #3 above, please explain why UMMC does not just transfer current FTEs along with the relocated oncology beds rather than add incremental staff.

Applicant Response

The FTEs currently supporting the 52 physical beds that will be vacated upon project completion will transfer to the Cancer Center. However, these FTEs will not be sufficient to support the Cancer Center in its entirety. The Cancer Center will include expanded clinical, lab, pharmacy, and outpatient capacity, all of which require additional FTEs. As a new building, the Cancer Center will also require additional facilities and support service FTEs associated with maintenance, cleaning, and administrative support.

UMMC previously provided information in the form of Table 25, showing 2020 Staffing for UMMC Cancer Center services and additional staffing proposed in the CON Application. UMMC has created a more detailed break-down of that additional staffing. Table 25 and the expanded explanation are attached as Exhibits 34 and 35. As an example, while Table 25 demonstrated that part of the FTE increase was due to the addition of 13 FTEs for Medical Lab Scientists, the expanded exhibit explains that these FTEs are broken down as follows:

Description of FTE Increase	FTEs	Additional Detail
Medical Lab Scientist I	1.00	Blood Bank, satellite location
Medical Lab Scientist II	2.00	Molecular Pathology for anticipated increase for molecular pathology testing
Medical Lab Scientist II	1.00	Micto, increase in cultures
Medical Lab Scientist II	4.00	Core Lab, infusion testing and weekend expansion
Medical Lab Scientist II	2.00	Blood Bank, satellite location
Medical Lab Scientist II	3.00	Flow Lab, increase in L&L specimens and associated panels

The increases referred to in the above example and in Exhibits 34 and 35 refer to increases in service and/or outpatient volume over what UMMC currently provides or experiences. For example, UMMC requires an addition of four Medical Lab Scientist II FTEs for core lab functions due to its anticipated expansion of infusion testing and weekend operating hours.

5. **Please provide a revised Table I adjusted to add three years of historical data for the Cancer program currently in service.**

Applicant Response

A revised Table I is included in Exhibit 36, Revised MHCC Form Tables, Tables F, I. UMMC is also providing an updated Table F because it discovered a typo in same day surgeries for FY 22, reported as 77,825 instead of 11,825. Total outpatient visits for FY 22 were also revised consistent with this change. No other columns or tables were affected. The updated cells are highlighted in the revised Table F.

6. **Please explain whether the response to Question #2 of the July 15, 2019 for the revised Tables 20 and 22, Oncology Outpatient visits and Infusion volume, is either accurate or duplicative. Please explain how these historical utilization volumes support the applicant's contention that outpatient Oncology volumes will increase by FY 2026, as indicated in Table I above.**

Applicant Response

Table 20 and 21 reflect historical visit counts.[1] The significant increase in 2018 in table 20 is a result of an internal methodology change in how UMMC counts outpatient cancer visits. Beginning in 2018 UMMC includes cancer center lab visits in the overall outpatient visit count. These cancer center lab visits are not reported in the oncology outpatient visit numbers for years 2009-2017 in Table 20. Under the previous methodology, 2018 visits would have been 56,609.

UMMC's current outpatient cancer center visits are not an appropriate predictive tool for the increase in outpatient center volume UMMC may expect following project completion because its outpatient cancer services are significantly limited by space constraints. The proposed project includes a significant increase in outpatient capacity. For example, UMMC will be able to offer

---

[1] For additional clarification, the Infusion Volume reported in Table 22 is included within Table 20 (Oncology Outpatient Visits).

oncology and blood and marrow transplant ("BMT") on an outpatient basis, a current trend in oncology services that UMMC is unable to provide. The Cancer Center includes the following outpatient spaces:

- 8 rooms for outpatient BMT (a new outpatient service)
- 10 additional rooms for outpatient Oncology clinic.
- 19 new spaces for outpatient infusions with expansion to weekends
- 2 additional apheresis rooms.

Not all of the expansion will result in new outpatient volume, but will ensure better patient accommodation. For example, due to UMMC's current space constraints, currently patient infusions sometimes occur in in hallways and other small spaces.

UMMC's application includes additional discussion throughout of how this limited space has constrained outpatient volume, and also what new outpatient services it expects to be able to offer at the Cancer Center. A portion of these discussion points are aggregated below for convenience:

> The number of patients served and treatments provided in UMMC's Cancer Center has tripled in the last eleven years, while operating in roughly the same footprint. Staff/physician and patient/family areas are beyond capacity due to bottlenecks resulting from space constraints. This often creates inefficiencies and delay, including patients waiting for outpatient treatments to begin, and for inpatient rooms to open up to be able to admit patients. In addition, newer treatment options are often curtailed because UMMC lacks the space in which to implement them. This project will add the capacity UMMC needs for the Cancer Center's future, while also allowing UMMC to renovate and create a modern, well-designed entry. The project also includes shell space for future investments in patient care.

UMMC CON Appl., p. 5.

> The fifth floor will house outpatient services consisting of infusion treatment areas and oncology clinics.
>
> …
>
> [The sixth floor will house] outpatient transplant with four rooms and four patient stations, associated clinical and staff support

UMMC CON Appl., pp. 6-7.

> The proposed project is one involving limited objectives, and there is only one practical approach to achieving the objectives. UMMC's limited objective is to expand the capacity of a single service line, cancer center services. Currently, patients are denied admission and have delayed outpatient treatment due to current facilities being at maximum capacity.

UMMC CON Appl., p. 24.

> Over the past 11 years, volumes in the existing Greenebaum Cancer Center within UMMC have tripled. This has resulted in lengthy patient wait times for outpatient services, reduced access to medical oncology beds, increased inpatient length of stay, and less-than-desired patient satisfaction scores. Space is often a driver of efficiency. Newly designed and expanded space will allow UMMC to achieve the following operational efficiencies….

UMMC CON Appl., p. 27

> UMMC plans to develop an outpatient blood and marrow transplant service to allow a subset of the patient population to receive all or a majority of their care in an outpatient setting. This will allow these patients to avoid the risks inherent within inpatient hospitalization that may include, but is not limited to, exposure to hospital acquired infections, physical decompensation due to reduced mobility, risks of falls, sleep deprivation, etc. A new facility will make this transition feasible, and the current plans include program space for these services.

UMMC CON Appl., p. 29

> As part of this building project, UMMC will be developing an outpatient BMT program. UMMC estimates that 30% of its autologous transplant patients will be treated in the outpatient setting once established. In 2018, this would have resulted in 43 patients eligible for outpatient treatment. UMMC Assumed the same mix of patients in its projections, resulting in a projection of 57 patients in 2028.
>
> …

Table 1 (Excerpt)
Projected 5 and 10 Year UMMC Bed Need for BMT Patients

Blood and Marrow Transplant Projection	2018 (Base Year)	2023	2028
UMMC Outpatient BMT Shift		-49	-57

UMMC CON Appl., pp. 38-39.

7. **Under General Standards .04A(1) Information Regarding Charges, the applicant does not provide a response to subsection (b) Procedures for promptly responding to individual requests for current charges and subsection (c) Requirements for staff training to ensure that inquiries regarding charges for its services are appropriately handled. In addition, while the reimbursement schedule provided in Exhibit 4 indicates charges will be updated quarterly, the hospital's charges posted on the UMMC website show these have not been updated since January of 2019. Please provide the response to the two subsections for this standard and update the hospital website to reflect the current hospital charges.**

Applicant Response

UMMC's Information Regarding Charges Policy is attached as Exhibit 37. UMMC's website will be updated for hospital charges consistent with its policy in the near future. https://www.umms.org/ummc/patients-visitors/for-patients/hospital-charges

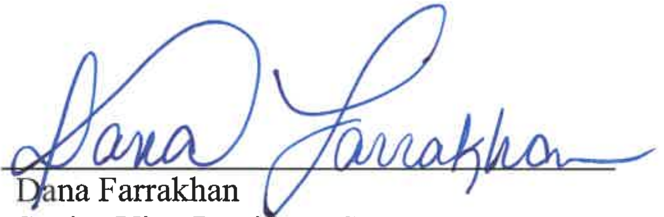
---

Table of Exhibits

No.	Description
34.	Excerpt from Sept. 13, 2019 Response to Additional Information Questions Dated Aug. 21, 2019 (Table 25)
35.	FTEs by Job Type with Notes
36.	Revised MHCC Form Tables, Tables F, I
37.	UMMC Information Regarding Charges Policy

#692405/6
006551-0238

I hereby declare and affirm under the penalties of perjury that the facts stated in this Response to Completeness Questions Dated January 31, 2020 and its attachments are true and correct to the best of my knowledge, information, and belief.



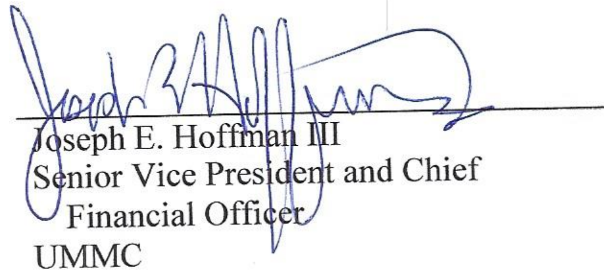
3/13/2020
Date

Dana Farrakhan
Senior Vice-President, Strategy,
Community & Business Development
UMMC

#651297
006551-0238

I hereby declare and affirm under the penalties of perjury that the facts stated in this Response to Additional Information Question Dated January 31, 2020 and its attachments are true and correct to the best of my knowledge, information, and belief.

3-13-20
Date



Joseph E. Hoffman III
Senior Vice President and Chief
Financial Officer
UMMC

#651302
006551-0238

I hereby declare and affirm under the penalties of perjury that the facts stated in this Response to Completeness Questions Dated January 31, 2020 and its attachments are true and correct to the best of my knowledge, information, and belief.

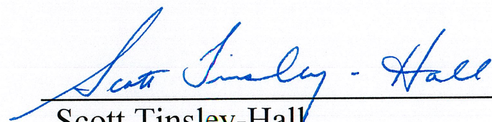
3/13/2020	
Date	Marina Bogin Senior Director, Finance Decision Support UMMC

#651309
006551-0238

I hereby declare and affirm under the penalties of perjury that the facts stated in this Response to Completeness Questions Dated January 31, 2020 and its attachments are true and correct to the best of my knowledge, information, and belief.

3/13/2020

Date



Scott Tinsley-Hall
Director, Strategic Planning
UMMC

EXHIBIT 34

UMMC first applied for funding through the CIP for the Cancer Center in FY 2019. The DBM included the Cancer Center project in the FY 2019 Capital Budget Volume, recommending a total state contribution of $125,000,000 over the course of the project. An excerpt of the FY 2019 Capital Budget Volume appears in Exhibit 18(b). *See* p. 136. The Governor included the Cancer Center project in the FY 2019 proposed capital budget, and the General Assembly approved $2,500,000 in funding for that year to begin the project. Exhibit 18(b), FY 2019 Budget as Enacted, p. 5. UMMC applied for additional funding in FY 2020. In its responses to the additional information questions dated June 25, 2019, UMMC attached the DBM's FY 2020 State Capital Budget Volume as Exhibit 31, in which the DBM again proposed a total State contribution of $125,000,000 to fund the development of the Cancer Center, with $5,000,000 allocated for FY 2020. Exhibit 31, p. 140. Relying on the Capital Budget Volume figures, the Governor proposed $5,000,000 in funding for the Cancer Center in FY 2020. Due to the progress of the project, UMMC ultimately received $3,000,000 in State funds for FY 2020 to continue developing the Cancer Center. Exhibit 32, FY 2020 Budget as Enacted, p. 6.

Based on UMMC's extensive history of applying for and receiving state grant funding for capital improvement projects and the State's demonstrated commitment thus far in funding the development of the Cancer Center, UMMC is confident that the State will provide additional funding in future years, with a total State contribution of $125,000,000.

2. **Exhibit 29 of your response to MHCC's first completeness letter showed the distribution of licensed acute care beds; please update that chart to show the distribution of the current licensure total of 806 beds. If necessary, please revise *Tables F,* Statistical Projections, Entire Facility and *Tables G and H,* Revenues & Expenses, Entire Facility to take into account the changes to the licensed acute care beds.**

Applicant Response

Please see the FY 2020 licensed bed allocation, attached as **Exhibit 33**. It is not necessary to revise Tables F, G, and H.

3. **Exhibit 29 indicates that UMMC had 67 licensed MSGA beds designated for oncology. This conflicts with references to 52 beds dedicated to oncology throughout the application. Please clarify.**

Applicant Response

The licensed capacity for oncology services exceeds the hospital's physical bed count. In FY 2019, UMMC Downtown Campus had 67 licensed beds for oncology services and a physical capacity of 52 beds. As shown in UMMC's FY 2020 licensed bed designation (Exhibit 33), 62 beds are licensed for oncology services with a physical capacity of 52 beds.

4. **The following questions reference the revised Table L (workforce) that UMMC submitted in response to question# 28 of MHCC's first completeness letter.**

   a. **Provide the total number of FTEs, average salary, and total cost for the current number of staff employed by the Greenebaum Comprehensive Cancer Center.**

Applicant Response

Table 25 below shows current cancer center services staffing as well as the additional staffing proposed in the CON application, both in the cancer center and in the ancillary support departments and facilities team.

Table 25
FY 2020 Staffing for UMMC Cancer Center Services
and Additional Staffing Proposed in CON Application

		FY20		Additional FTEs	
CC	**CC Name**	**FTEs**	**Dollars**		
0466430	Infusion	24.00	1,788,160		
0466431	Clinic	54.86	3,319,851		
0466465	Apheresis	22.55	1,019,579		
0486498	Breast Eval	2.00	135,560		
OP GCC		**103.41**	**6,263,150**	**37.60**	**2,583,436**
0466439	BMT	41.45	2,787,211		
0476446	BMT Support	11.00	768,416		
BMT		**52.45**	**3,555,627**	**22.06**	**1,419,967**
0466461	Med Onc	73.07	4,747,517	20.83	1,379,142
0466463	GCC Amb. Care	11.44	945,513	10.50	418,319
0486450	Admin	2.58	235,223	-	-
0478498	Nursing Admin	11.00	1,018,374	-	-
0486467	Data Management	2.70	226,864	-	-
0486458	Physician Support	3.00	152,257	-	-
0486469	GCC Residents	19.70	1,235,915	-	-
0478703	GCC NPs	8.20	947,706	13.73	2,019,793
All GCC		**287.55**	**29,146,923**	**104.72**	**7,820,657**
Social Work				6.00	522,479
Nutritionists				3.60	234,684
Pharmacist				5.88	904,050
Pharmacy Supervisor				0.68	108,454
Medical Lab Scientist I				1.00	64,676
Medical Lab Scientist II				12.00	855,631
Clin. Lab Asst. I				1.00	42,265
Pathologists Asst.				1.00	98,400

	FY20	Additional FTEs	
Cyto/Hysto. Prep Tech		2.00	83,640
Histotechnologist		1.00	68,880
Transcriptionist		1.00	46,740
Facilities		15.50	568,127
Chaplains		2.50	161,691
Pharmacy Tech		4.75	221,913
All Other		**57.91**	**3,981,631**
		162.63	**11,802,288**

The following notes explain some of the expected need for additional FTEs:

- Medical Oncology Inpatient unit: 20.83 FTEs are associated with an increase from 36 to 44 beds. UMMC will shift volume from existing medicine beds and backfill these beds with medicine admissions.
- BMT Inpatient unit: 8.86 FTEs are needed due to an increase from 16 to 18 beds.
- BMT Outpatient: a new service will provide transplants in outpatient environment – 11.2 FTEs.
- Oncology Outpatient:
    - Clinic, Infusion, Apheresis – 20.87 FTEs
    - Evaluation and Treatment Center, emergency-type service that will address urgent issues in outpatient setting rather than treating patients in the ED or admitting them – 16.73 FTEs
- Other GCC Administrative and Support resources (Front Desk, Financial Counselors, Coordinators: 12.5 FTEs
- Nurse Practitioners: 13.73 FTEs
- Ancillary and Support staff for the building and expanded services: 57.91 FTEs.

b. Table L in the column asking for "projected changes as a result of the proposed project" indicates an addition of 162.6 FTEs. Given that the project is described as a consolidation of existing services, why is all of this additional staffing required?

Applicant Response

In the context of this project, efficiency gains and the need for new employees are not mutually exclusive because UMMC expects an expansion in the volume of outpatient services to meet current and future demand. Also, the new building will require more staffing as certain support services will no longer be shared with other lines of service.

EXHIBIT 35

UNIVERSITY of MARYLAND MEDICAL CENTER

Cancer Center Expansion
FTE Increase

	Current	FTEs	
Inpatient			
Medical Oncology (increase from 32 operational beds to 44)			
Direct Care RN	49.00	9.76	
Charge RN	9.76	3.13	
Patient Care Tech	18.58	4.64	
Unit Secretary	5.00	3.30	
BMT (increase from 16 to 18 beds)			
Direct Care RN	28.10	4.87	
Patient Care Tech	9.27	2.34	
Unit Secretary	2.81	1.65	
Outpatient			
BMT (New Service, 8 rooms)			
Direct Care RN		7.33	
Patient Care Tech		2.32	
Scheduler		1.55	
Clinic (increase from 35 to 45 rooms)			
Direct Care RN	22.97	5.00	
Patient Care Tech	26.28	5.00	
Infusions (increase from 29 to 48 rooms, expansion in hours of operations)			
Direct Care RN	26.60	7.41	
Patient Care Tech	1.00	0.79	
Evaluation and Treatment Center (increase from 4 to 6 rooms, expansion in hours of operations)			
Direct Care RN		9.76	
Patient Care Tech		4.65	
Clerical		2.32	
Apheresis (increase from 4 to 6 rooms)			
Direct Care RN	6.44	1.46	
Cell Components Spec.	3.00	0.97	
Lab Tech	1.00	0.24	
Nurse Practitioners		13.73	
Other Cancer Center Resources			
Referral Coordinator	-	2.00	
Front Desk	16.55	2.00	
Patient Service Coord.	-	1.50	
Telephone Triage Coord.	2.00	2.00	
Transplant Coordinator	6.00	2.00	
Transplant Assistant	1.00	1.00	
Data Manager	1.00	1.00	
Financial Coordinator	2.00	1.00	
Ancillary and Support Services			
Social Work		4.00	1 Inpatient, 3 Outpatient
Case Management		2.00	1 Inpatient, 1 Outpatient
Nutritionists		3.60	
Pharmacist		5.88	
Pharmacy Supervisor		0.68	
Medical Lab Scientist I		1.00	Blood Bank, satellite location

University of Maryland Medical Center

Cancer Center Expansion
FTE Increase

	Current	FTEs	
Medical Lab Scientist II		2.00	Molecular Pathology for anticipated increase for molecular pathology testing
Medical Lab Scientist II		1.00	Micto, increase in Cultures
Medical Lab Scientist II		4.00	Core Lab, infusion testing and weekend expansion
Medical Lab Scientist II		2.00	Blood Bank, satellite location
Medical Lab Scientist II		3.00	Flow Lab, increase in L&L specimens and associated panels
Clin. Lab Asst. I		1.00	Flow Lab, specimen accessioning
Pathologists Asst.		1.00	Surgical Pathology, increase in grossing tissue
Cyto/Hysto. Prep Tech		1.00	Surgical Pathology, increase in volume
Cyto/Hysto. Prep Tech		1.00	Histology, increase in CSF specimens
Histotechnologist		1.00	Histology, increase in specimen volume
Transcriptionist		1.00	assist with anticipated increase in professional interpretation, final reports, etc.
Security		3.00	Lobby and clinic area coverage
Meal Attendant		1.00	
Chaplains		2.50	
Pharmacy Tech		4.75	
Housekeeping		11.50	New building
Total		**162.63**	

EXHIBIT 36

TABLE F. STATISTICAL PROJECTIONS - ENTIRE FACILITY--Revised March 13, 2020

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

	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Include additional years, if needed in order to be consistent with Tables G and H.						
Indicate CY or FY	**FY17**	**FY18**	**FY19**	**FY20**	**FY21**	**FY22**	**FY23**	**FY24**	**FY25**	**FY26**
1. DISCHARGES										
a. General Medical/Surgical*	21,903	20,637	18,418	18,544	18,669	18,742	18,820	18,897	19,071	19,245
b. ICU/CCU	2,804	2,846	3,470	3,494	3,517	3,531	3,546	3,560	3,593	3,626
Total MSGA	***24,707***	***23,483***	***21,888***	***22,038***	***22,186***	***22,273***	***22,366***	***22,457***	***22,664***	***22,871***
c. Pediatric	1,585	1,768	2,188	2,203	2,218	2,227	2,236	2,245	2,266	2,286
d. Obstetric	1,997	2,110	2,601	2,619	2,636	2,646	2,658	2,668	2,693	2,717
e. Acute Psychiatric	1,129	1,173	1,410	1,420	1,430	1,435	1,441	1,447	1,460	1,474
Total Acute	***29,418***	***28,534***	***28,087***	***28,280***	***28,470***	***28,581***	***28,701***	***28,818***	***29,083***	***29,348***
f. Rehabilitation										
g. Comprehensive Care										
h. Other (Specify/add rows of needed)										
TOTAL DISCHARGES	***29,418***	***28,534***	***28,087***	***28,280***	***28,470***	***28,581***	***28,701***	***28,818***	***29,083***	***29,348***
2. PATIENT DAYS										
a. General Medical/Surgical*	123,646	130,909	122,044	122,882	123,709	124,205	124,712	125,219	126,371	127,524
b. ICU/CCU	71,255	75,441	70,332	70,815	71,291	71,577	71,870	72,162	72,825	73,490
Total MSGA	***194,902***	***206,349***	***192,376***	***193,697***	***195,000***	***195,782***	***196,582***	***197,380***	***199,196***	***201,014***
c. Pediatric	5,467	5,788	5,396	5,433	5,470	5,492	5,514	5,536	5,587	5,638
d. Obstetric	6,110	6,469	6,031	6,072	6,113	6,138	6,163	6,188	6,245	6,302
e. Acute Psychiatric	13,120	13,891	12,950	13,039	13,127	13,179	13,233	13,287	13,409	13,531
Total Acute	***219,599***	***232,497***	***216,753***	***218,241***	***219,710***	***220,591***	***221,492***	***222,391***	***224,438***	***226,485***
f. Rehabilitation										
g. Comprehensive Care										
h. Other (Specify/add rows of needed)										
TOTAL PATIENT DAYS	***219,599***	***232,497***	***216,753***	***218,241***	***219,710***	***220,591***	***221,492***	***222,391***	***224,438***	***226,485***

TABLE F. STATISTICAL PROJECTIONS - ENTIRE FACILITY--Revised March 13, 2020

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

	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Include additional years, if needed in order to be consistent with Tables G and H.						
Indicate CY or FY	**FY17**	**FY18**	**FY19**	**FY20**	**FY21**	**FY22**	**FY23**	**FY24**	**FY25**	**FY26**
3. AVERAGE LENGTH OF STAY (patient days divided by discharges)										
a. General Medical/Surgical*	5.6	6.3	6.6	6.6	6.6	6.6	6.6	6.6	6.6	6.6
b. ICU/CCU	25.4	26.5	20.3	20.3	20.3	20.3	20.3	20.3	20.3	20.3
Total MSGA	***7.9***	***8.8***	***8.8***	***8.8***	***8.8***	***8.8***	***8.8***	***8.8***	***8.8***	***8.8***
c. Pediatric	3.4	3.3	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5
d. Obstetric	3.1	3.1	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3
e. Acute Psychiatric	11.6	11.8	9.2	9.2	9.2	9.2	9.2	9.2	9.2	9.2
Total Acute	***7.5***	***8.1***	***7.7***	***7.7***	***7.7***	***7.7***	***7.7***	***7.7***	***7.7***	***7.7***
f. Rehabilitation										
g. Comprehensive Care										
h. Other (Specify/add rows of needed)										
TOTAL AVERAGE LENGTH OF STAY	7.5	8.1	7.7	7.7	7.7	7.7	7.7	7.7	7.7	7.7
4. NUMBER OF LICENSED BEDS										
a. General Medical/Surgical*	375	392	409	409	409	409	409	409	409	409
b. ICU/CCU	230	230	230	230	230	230	230	230	230	230
Total MSGA	**605**	**622**	**639**	**639**	**639**	**639**	**639**	**639**	**639**	**639**
c. Pediatric	59	59	59	59	59	59	59	59	59	59
d. Obstetric	30	30	35	35	35	35	35	35	35	35
e. Acute Psychiatric	56	56	56	56	56	56	56	56	56	56
Total Acute	***750***	***767***	***789***	***789***	***789***	***789***	***789***	***789***	***789***	***789***
f. Rehabilitation										
g. Comprehensive Care										
h. Other (Specify/add rows of needed)										
TOTAL LICENSED BEDS	***750***	***767***	***789***	***789***	***789***	***789***	***789***	***789***	***789***	***789***

TABLE F. STATISTICAL PROJECTIONS - ENTIRE FACILITY--Revised March 13, 2020

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

	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Include additional years, if needed in order to be consistent with Tables G and H.						
Indicate CY or FY	**FY17**	**FY18**	**FY19**	**FY20**	**FY21**	**FY22**	**FY23**	**FY24**	**FY25**	**FY26**
5. OCCUPANCY PERCENTAGE ****IMPORTANT NOTE:*** *Leap year formulas should be changed by applicant to reflect 366 days per year.*										
a. General Medical/Surgical*	90.3%	91.5%	81.8%	82.3%	82.9%	83.2%	83.5%	83.9%	84.7%	85.4%
b. ICU/CCU	84.9%	89.9%	83.8%	84.4%	84.9%	85.3%	85.6%	86.0%	86.7%	87.5%
Total MSGA	***88.3%***	***90.9%***	***82.5%***	***83.0%***	***83.6%***	***83.9%***	***84.3%***	***84.6%***	***85.4%***	***86.2%***
c. Pediatric	25.4%	26.9%	25.1%	25.2%	25.4%	25.5%	25.6%	25.7%	25.9%	26.2%
d. Obstetric	55.8%	59.1%	47.2%	47.5%	47.9%	48.0%	48.2%	48.4%	48.9%	49.3%
e. Acute Psychiatric	64.2%	68.0%	63.4%	63.8%	64.2%	64.5%	64.7%	65.0%	65.6%	66.2%
Total Acute	***80.2%***	***83.0%***	***75.3%***	***75.8%***	***76.3%***	***76.6%***	***76.9%***	***77.2%***	***77.9%***	***78.6%***
f. Rehabilitation										
g. Comprehensive Care										
h. Other (Specify/add rows of needed)										
TOTAL OCCUPANCY %	***80.2%***	***83.0%***	***75.3%***	***75.8%***	***76.3%***	***76.6%***	***76.9%***	***77.2%***	***77.9%***	***78.6%***
6. OUTPATIENT VISITS										
a. Emergency Department	57,568	56,184	68,811	69,093	69,367	69,641	69,915	70,211	70,864	71,521
b. Same-day Surgery	15,974	18,024	11,638	11,686	11,732	11,778	11,825	11,875	11,985	12,096
c. Laboratory										
d. Imaging										
e. Other (Specify/add rows of needed)	249,372	245,321	243,056	244,052	245,021	245,988	246,955	248,000	250,306	252,629
TOTAL OUTPATIENT VISITS	***322,914***	***319,529***	***323,505***	***324,831***	***326,120***	***327,407***	***328,695***	***330,086***	***333,155***	***336,246***
7. OBSERVATIONS**										
a. Number of Patients										
b. Hours										

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

** Services included in the reporting of the “Observation Center”, direct expenses incurred in providing bedside care to observation patients; furnished by the hospital on the hospital’s premises, including use of a bed and periodic monitoring by the hospital’s nursing or other staff, in order to determine the need for a possible admission to the hospitals as an inpatient. Such services must be ordered and documented in writing, given by a medical practitioner; may or may not be provided in a distinct area of the hospital.

TABLE I. STATISTICAL PROJECTIONS - NEW FACILITY OR SERVICE--Revised March 13, 2020

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

Indicate CY or FY	**FY19**	**FY20**	**FY21**	**FY22**	**FY23**	**FY24**	**FY25**	**FY26**	
1. DISCHARGES									
a. General Medical/Surgical*	1,347	1,435	1,527	1,548	1,573	1,595	1,617	1,639	
b. ICU/CCU									
Total MSGA	**1,347**	**1,435**	**1,527**	**1,548**	**1,573**	**1,595**	**1,617**	**1,639**	**0**
c. Pediatric									
d. Obstetric									
e. Acute Psychiatric									
Total Acute	***1,347***	***1,435***	***1,527***	***1,548***	***1,573***	***1,595***	***1,617***	***1,639***	***0***
f. Rehabilitation									
g. Comprehensive Care									
h. Other (Specify/add rows of needed)									
TOTAL DISCHARGES	***1,347***	***1,435***	***1,527***	***1,548***	***1,573***	***1,595***	***1,617***	***1,639***	***0***
2. PATIENT DAYS									
a. General Medical/Surgical*	16,267	16,997	17,720	17,837	18,115	18,371	18,627	18,861	
b. ICU/CCU									
Total MSGA	**16267**	**16997**	**17720**	**17837**	**18115**	**18371**	**18627**	**18861**	**0**
c. Pediatric									
d. Obstetric									
e. Acute Psychiatric									
Total Acute	***16267***	***16997***	***17720***	***17837***	***18115***	***18371***	***18627***	***18861***	***0***
f. Rehabilitation									
g. Comprehensive Care									
h. Other (Specify/add rows of needed)									
TOTAL PATIENT DAYS	***16,267***	***16,997***	***17,720***	***17,837***	***18,115***	***18,371***	***18,627***	***18,861***	***0***
3. AVERAGE LENGTH OF STAY									
a. General Medical/Surgical*	12.1	11.8	11.6	11.5	11.5	11.5	11.5	11.5	#DIV/0!
b. ICU/CCU	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total MSGA	12.1	11.8	11.6	11.5	11.5	11.5	11.5	11.5	#DIV/0!
c. Pediatric	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
d. Obstetric	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
e. Acute Psychiatric	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Acute	12.1	11.8	11.6	11.5	11.5	11.5	11.5	11.5	#DIV/0!
f. Rehabilitation	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
g. Comprehensive Care	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
h. Other (Specify/add rows of needed)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
TOTAL AVERAGE LENGTH OF STAY	12.1	11.8	11.6	11.5	11.5	11.5	11.5	11.5	#DIV/0!
4. NUMBER OF LICENSED BEDS									
a. General Medical/Surgical*	62	62	62	62	62	62	62	62	

TABLE I. STATISTICAL PROJECTIONS - NEW FACILITY OR SERVICE--Revised March 13, 2020

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

Indicate CY or FY	**FY19**	**FY20**	**FY21**	**FY22**	**FY23**	**FY24**	**FY25**	**FY26**	
b. ICU/CCU									
Total MSGA	*62*	*62*	62	62	62	62	62	62	0
c. Pediatric									
d. Obstetric									
e. Acute Psychiatric									
Total Acute	*62*	*62*	*62*	*62*	*62*	*62*	*62*	*62*	*0*
f. Rehabilitation									
g. Comprehensive Care									
h. Other (Specify/add rows of needed)									
TOTAL LICENSED BEDS									
5. OCCUPANCY PERCENTAGE *IMPORTANT NOTE:* *Leap year formulas should be changed by applicant to reflect 366 days per year.*									
a. General Medical/Surgical*	71.9%	75.1%	78.3%	78.8%	80.0%	81.2%	82.3%	83.3%	#DIV/0!
b. ICU/CCU	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total MSGA	*71.9%*	*75.1%*	78.3%	78.8%	80.0%	81.2%	82.3%	83.3%	#DIV/0!
c. Pediatric	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
d. Obstetric	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
e. Acute Psychiatric	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Acute	*71.9%*	*75.1%*	78.3%	78.8%	80.0%	81.2%	82.3%	83.3%	#DIV/0!
f. Rehabilitation	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
g. Comprehensive Care	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
h. Other (Specify/add rows of needed)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
TOTAL OCCUPANCY %	*#DIV/0!*	*#DIV/0!*	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
6. OUTPATIENT VISITS									
a. Emergency Department									
b. Same-day Surgery									
c. Laboratory									
d. Imaging									
e. Other- Clinic Visits, Infusions, Cases	63,463	66,320	69,166	72,013	74,865	79,765	82,613	85,460	
TOTAL OUTPATIENT VISITS	*63,463*	*66,320*	*69,166*	*72,013*	*74,865*	*79,765*	*82,613*	*85,460*	*0*
7. OBSERVATIONS**									
a. Number of Patients									
b. Hours									

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

** Services included in the reporting of the “Observation Center”, direct expenses incurred in providing bedside care to observation patients; furnished by the hospital on the hospital’s premises, including use of a bed and periodic monitoring by the hospital’s nursing or other staff, in order to determine the need for a possible admission to the hospitals as an inpatient. Such services must be ordered and documented in writing, given by a medical practitioner; may or may not be provided in a distinct area of the hospital.

EXHIBIT 37

Information Regarding Charges Policy

To provide information regarding charges, UMMC will provide the following:

(a) A Representative List of Services and Charges will be made readily available to the public in written form available at the respective hospital's business offices and on UMMCs internet web site

(b) The list will include 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. In addition the list will contain 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 will be updated, with respect to DRGs, CPT codes, and charges, at least quarterly.

(c) Response to individuals requesting current charges for specific services/procedures will be accommodated within 2 days and staff training will occur to ensure that inquiries regarding charges for its services will be appropriately handled.

(d) The request should be directed to the Reimbursement department.

(e) The team member granting the request should note the average inpatient charge per case figure is an estimate based on historical data and that the actual charge per case can vary significantly depending on the outcome of the patient's stay.