

July 15, 2019

VIA EMAIL & COURIER

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

Dear Ms. Potter:

On behalf of applicant University of Maryland Medical Center, enclosed are six copies of the "Response to Additional Information Questions Dated June 25, 2019" 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,



Thomas C. Dame



Ella R. Aiken

TCD/ERA:blr
Enclosures

#669174
006551-0238

Ms. Ruby Potter

July 15, 2019

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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
Megan M. Arthur, Esq., Senior Vice-President & General Counsel
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
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
Donald Steacy, Manager, Strategic Analytics & Program Development, UMMC
Deb Sheehan, Executive Director, Cannon Design
Andrew L. Solberg, A.L.S. Healthcare Consultant Services

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

Responses to Additional Information Questions Dated June 25, 2019

Part I – Project Identification and General Information

- 1. Please provide a response to Question #3c and address:**
 - a. The future plans for re-purposing the space currently occupied by the cancer center, and**

[Applicant Response](#)

While the exact use of 52 beds that will be vacated following relocation of the existing Bone and Marrow Transplant and Medical Oncology units to the new addition as a part of the proposed project has not been decided, most likely these beds will be utilized as general medicine beds at some point in the future. As shown in the chart provided in the first set of completeness questions (**Exhibit 17**), the occupancy rates for the Medicine units are quite high, with all but one of the five units operating at over 85% and three of the five well over 90%. These high occupancy rates hinder efficient patient flow throughout the hospital. In particular, the high occupancy rates severely hinder the emergency department in admitting patients and leads to inefficiencies in their processes leading to long wait times. Most of the University of Maryland Medical Center (“UMMC”) patient rooms are semi-privates, and as UMMC strives to move toward an all private room model, the vacated cancer beds will assist in this endeavor.

- b. Whether the costs and time frames for renovating the inpatient beds and the existing cancer center areas are included with this project?**

[Applicant Response](#)

There is no renovation that needs to be done to the vacated inpatient beds in the existing cancer center areas, as the beds are already set up for inpatient use. The cost of minor refreshing of the rooms is not included in the costs associated with this project.

- 2. Regarding your response to Question #4, please provide the following:**
 - a. The actual volumes for UMMC’s Oncology Outpatient Visits in Table 20 for years 2009 through 2018 (are these CY or FY) and UMMC’s Infusion Volumes for FY 2010 through FY 2019 in Table 21.

[Applicant Response](#)

These volumes for Tables 20 and 21 are provided for Fiscal Years. The tables are supplemented as follows:

Table 20 (Revised)

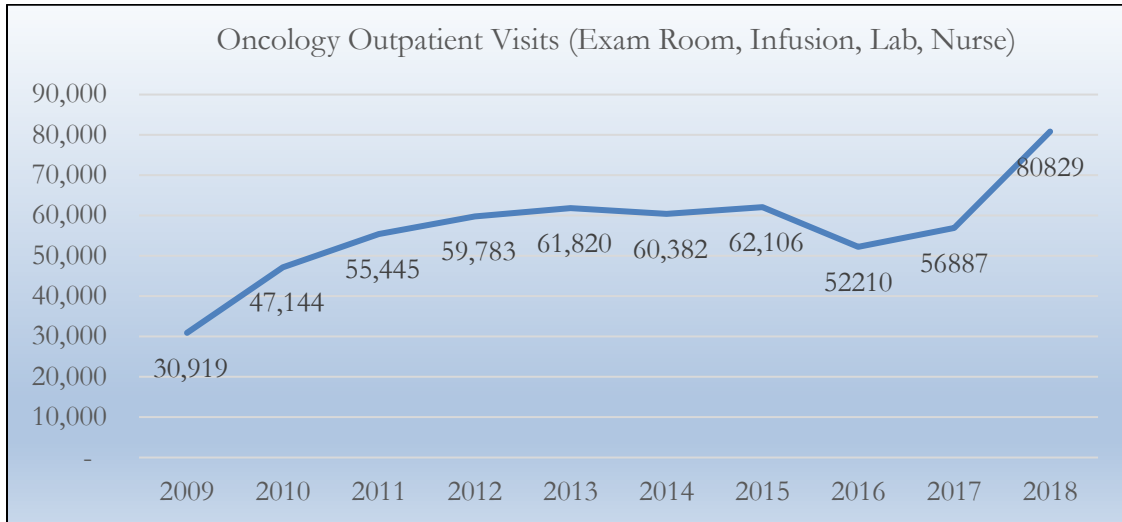
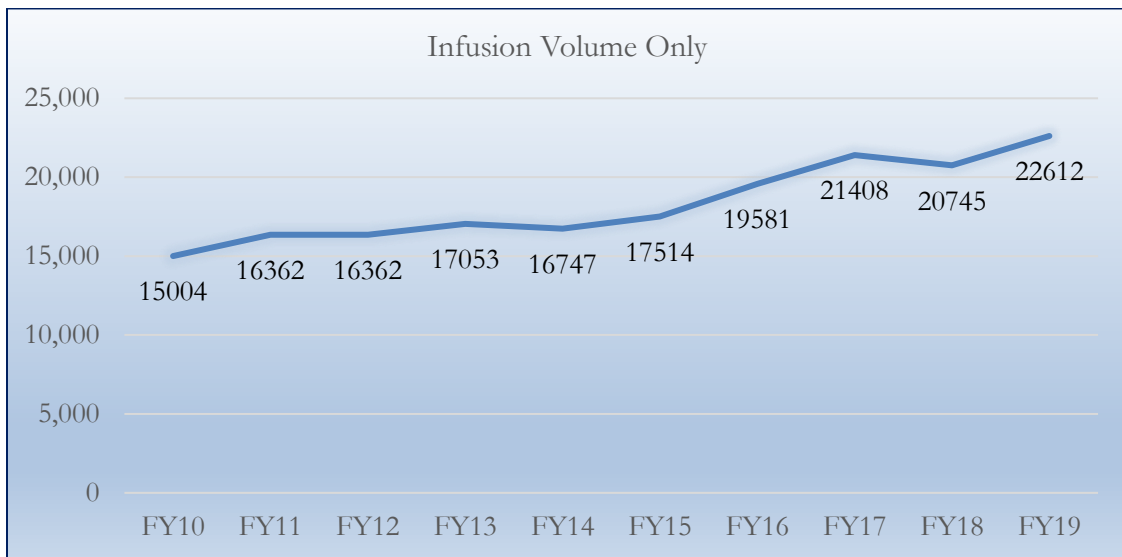


Table 22 (Revised)



- b. Address how the new cancer center addition will address the problems with space for UM GCCC's Pharmacy, as discussed on pp. 6-7.

The new cancer center will add additional space for an expanded pharmacy function. With this new space, UMMC will be able to configure additional chemotherapy mixing hoods (contained units that pharmacists mix agents in to create the prescribed dose of medication), staffed by additional pharmacists, who can thus mix chemotherapy more quickly. UMMC expects that this will dramatically reduce the wait times of patients and prevent the tying up of chemotherapy chairs as patients wait to start their infusions.

Applicant Response

- c. Discuss how the proposed addition will allow UM GCCC to increase the use of Integrative Medicine services to cancer patients.

Currently, UM GCCC partners with the Center for Integrative Medicine at the University of Maryland School of Medicine to offer Integrative Medicine Services (such as acupuncture, massage therapy, therapeutic dialogue) to patients at irregular intervals based in part on the availability of space at UM GCCC. When UM GCCC has offered time-slots for these services to cancer patients in the past, those slots have been filled to capacity. UM GCCC would offer these services to its patients more frequently and at greater capacity if more space at the Center were available. UMMC anticipates that the new addition will allow for greater capacity for these services via the Resource Center (Floor one) or through additional exam rooms than currently exist. While UMMC does not maintain data on the number of patients who have expressed interest in these services over and above the capacity of prior offerings, UM GCCC expects, based on its past experience, that more patients would use these services if offered more frequently and at greater capacity.

Applicant Response

Part II – Project Budget

3. **Regarding your response to Question #5b, Exhibit 18A describes the funding for the Comprehensive Cancer Center will finance the expansion of an expanded parking garage, outpatient areas, specialty outpatient centers, and the main hospital entrance of the Gudelsky building. This description does not identify funding for the construction of a nine-story addition which includes the inpatient oncology program on the sixth through eighth floors or the two floors for shell space. As previously requested, please provide evidence that the state has awarded \$125.0 million in grants to UMMC for the proposed Cancer Center addition.**

Applicant Response

The proposed project is one of several capital projects that UMMC is exploring and is included in UMMC's capital project planning. While the proposed project is a distinct project on its own, it is part of UMMC's Phase VI capital project planning, which is comprised of two projects: (1) a cancer center building addition; and (2) an ambulatory building that is in the early planning stages. Attached as **Exhibit 30** is an excerpt of the presentation UMMC made at the State Budget Hearing for Capital Projects last September, discussing Phase VI. Attached as **Exhibit 31** is an excerpt from the State FY 2020 Capital budget, describing both the Cancer Center and Ambulatory projects and the State's recognition of a commitment to "a total state share of \$125,000,000" to these projects. Exhibit 31, p. 140. UMMC intends to use that \$125,000,000 in State funding for the proposed cancer center addition. While the FY2020 budget confirms the State's overall commitment of \$125,000,000, the State budget projects funding only through FY2024. Additional funding is expected in future years based on the State's overall commitment. In addition, the amounts budgeted by the State and received by UMMC for any individual year may change year to year based on UMMC's discussions with the State and the progress of the project. UMMC does not have more specific language from the State regarding the funding commitment.

Charity Care Policy

4. Based on the information submitted in response to Question #7, UMMC's charity care policy is not in compliance with the "Determination of Probable Eligibility" standard under COMAR 10.24.10.04A(2).

The Charity Care Standard, Subsection (2)(a)(i) sets out the requirement regarding a determination of probable eligibility. It provides that:

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

The purpose of this part of the charity care standard is to give a potential patient seeking charity care an idea fairly quickly as to whether the patient will be able to obtain charity care or reduced fee services. This requirement means that a hospital should have both a policy and a simple and expeditious process that assures that a patient seeking charity care or reduced fees, will be informed of probable eligibility for charity care or reduced fee services or application for Medicaid within two business days of an initial request.

It is permissible for a hospital to have a two-step process. *Step One* may be based on an abridged set of information, but must result in the hospital communicating its determination of probable eligibility to the potential patient or patient's family within two business days of request. *Step Two*, the final determination of eligibility for charity care or reduced fees can be based on a completed application with required documentation.

Please revise UMMC's Charity Care Policy (Exhibit 21) to include the two-step process as mentioned above. UMMC's policies and procedures must make it clear what information is required in order to issue a determination of probable eligibility and it may be as simple as conducting an interview that discusses family size, insurance, and income. A final determination may require documentation.

An example of an acceptable policy and procedure for Determination of Probable Eligibility is the April 5, 2019 Responses to Additional Information Questions provided by University of Maryland Upper Chesapeake Health (Matter # 17-12-EX004) regarding the Conversion of University of Maryland Harford Memorial Hospital to a Freestanding Medical Facility, and the applicant's response to Question #3.

Applicant Response

UMMC's policy is compliant with COMAR § 10.24.10.04A(2)(a)(i). Specifically, UMMC's Financial Assistance Policy manual states that a patient must provide information about family size and income to receive a determination of probable eligibility:

Preliminary data will be entered into a third party data exchange system to determine probably [sic] eligibility. To facilitate this process each applicant must provide information about family size and income.

UMMC May 20, 2019 Response to Additional Information Questions 1-21 Dated April 18, 2019, Exhibit 21, p. 6, "Procedures," 2b.

The policy further provides that "Determination of Probable Eligibility will be provided within two business days following a patient's request for charity care services, application for medical assistance, or both." Id., "Procedures," 2c.

In order to receive a final determination, the patient must provide a completed application for financial assistance. Id., "Procedures," 2b. ("To help applicants complete the process, we will provide an application that will let them know what paperwork is required for a final determination of eligibility"). The application provides notice of the information required to receive a final determination. UMMC May 20, 2019 Response to Additional Information Questions 1-21 Dated April 18, 2019, Exhibit 20.

While UMMC believes the current policy is compliant, UMMC is reviewing the policy together with the University of Maryland Medical System Central Business Office, and may add additional, clarifying information to resolve any potential ambiguity regarding the probable eligibility determination process. UMMC will provide a revised policy when that process is complete.

Adverse Impact

- 5. Regarding your response to Question #12, MHCC understands that UMMC has withdrawn its full rate application submitted to HSCRC. Taking this into account, as previously requested in the first completeness questions, please discuss whether UMMC can sustain financial viability for the proposed Cancer Center addition without receiving rate relief from HSCRC?**

[Applicant Response](#)


As outlined in Table G, Revenue & Expenses for UMMC (uninflated), the operating margin between FY 2020 and FY 2023 averaged 2.5% prior to the opening of the new Cancer Center. During this first three years of operating the new Cancer Center, UMMC's operating margin decreases from 2.5% to 1.1% putting financial strain on UMMC's operating income. UMMC recognizes that the HSCRC has considered other hospitals' requests for a rate adjustment associated with large capital projects. UMMC plans to discuss a capital adjustment with the HSCRC staff, and will inform the Commission of any decisions or final outcomes related to such discussions reached while review of this application is pending.

Table of Exhibits

No.	Description
30.	UMMC presentation at State Budget Hearing for Capital Projects (September 2018) <i>(excerpt)</i>
31.	State FY 2020 Capital budget <i>(excerpt)</i>

I hereby declare and affirm under the penalties of perjury that the facts stated in this Response to Additional Information Questions Dated June 25, 2019 and its attachments are true and correct to the best of my knowledge, information, and belief.

7/9/19
Date


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

I hereby declare and affirm under the penalties of perjury that the facts stated in this Response to Additional Information Questions Dated June 25, 2019 and its attachments are true and correct to the best of my knowledge, information, and belief.

7-10-19

Date

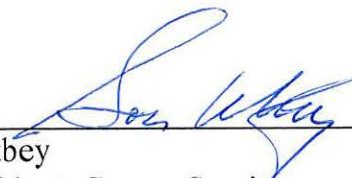


Joseph E. Hoffman III
Senior Vice President and Chief
Financial Officer
UMMC

I hereby declare and affirm under the penalties of perjury that the facts stated in this Response to Additional Information Questions Dated June 25, 2019 and its attachments are true and correct to the best of my knowledge, information, and belief.

7/9/19

Date

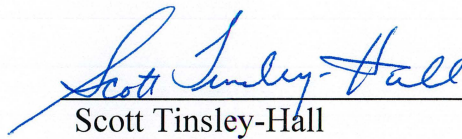


Stan Whitbey
Vice President, Cancer Services
UMMC

I hereby declare and affirm under the penalties of perjury that the facts stated in this Response to Additional Information Questions Dated June 25, 2019 and its attachments are true and correct to the best of my knowledge, information, and belief.

7/9/19

Date



Scott Tinsley-Hall
Director, Strategic Planning
UMMC

I hereby declare and affirm under the penalties of perjury that the facts stated in this Response to Additional Information Questions Dated June 25, 2019 and its attachments are true and correct to the best of my knowledge, information, and belief.

7/9/19

Date



Nicholas Jaidar
Director of Oncology Operations
UMMC

EXHIBIT 30



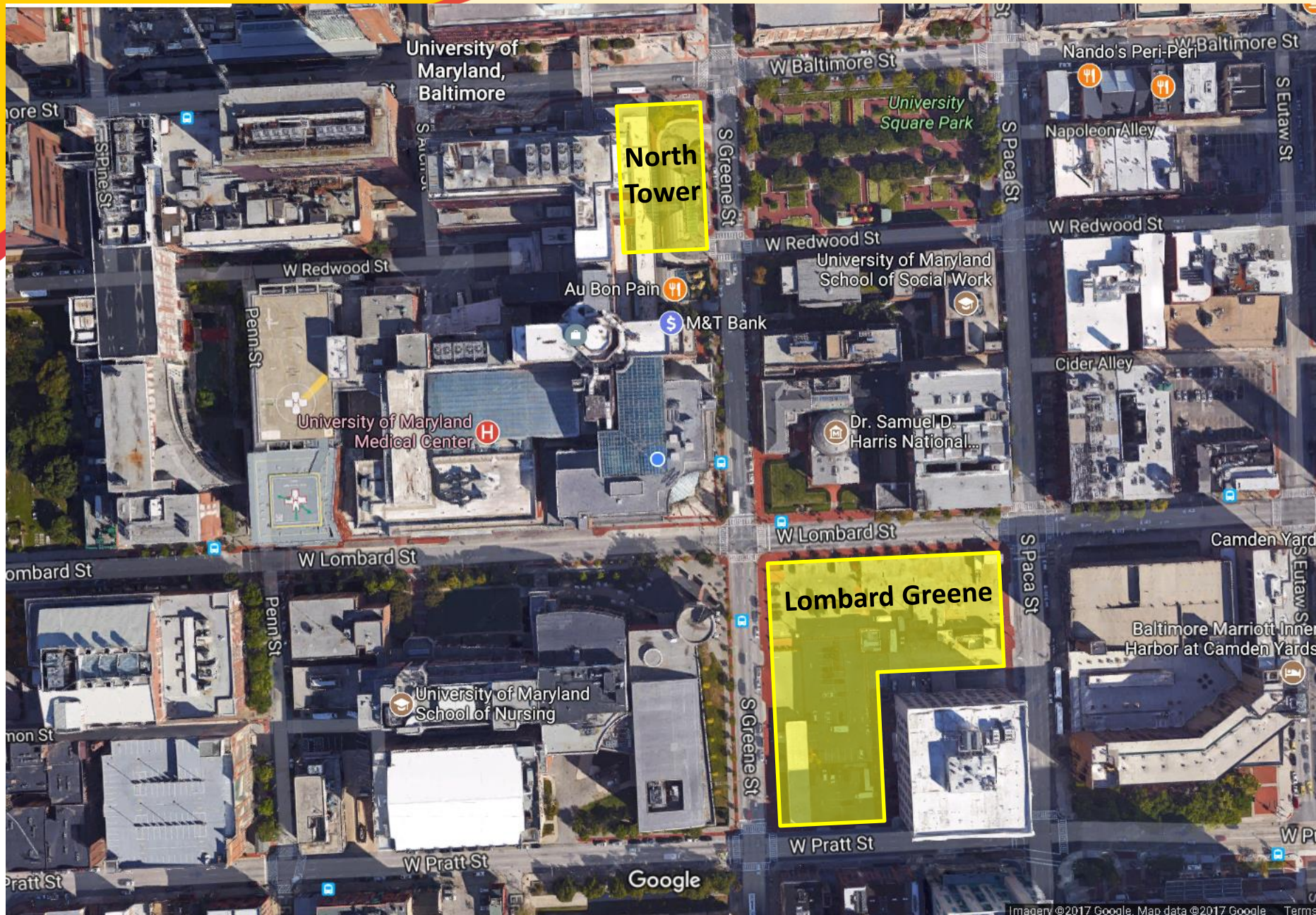
UNIVERSITY *of* MARYLAND
MEDICAL SYSTEM

*State Budget Hearing for Capital Project Requests
September 17th, 2018*

University of Maryland Medical Center
Downtown Campus:
Phase VI Capital Facility Program

Capital Facility Program: Phase VI Description

- The Phase VI Project will be used for the construction of facilities to support the expanding clinical programs of the NCI designated Marlene and Stewart Greenebaum Comprehensive Cancer Center and other high acuity ambulatory and inpatient programs



University of Maryland, Baltimore

North Tower

Nando's Peri-Peri

Napoleon Alley

University Square Park

W Redwood St

University of Maryland School of Social Work

Au Bon Pain

M&T Bank

University of Maryland Medical Center

Dr. Samuel D. Harris National...

Cider Alley

W Lombard St

Lombard Greene

Camden Yard

Baltimore Marriott Inner Harbor at Camden Yards

University of Maryland School of Nursing

Google

W Pratt St

Imagery ©2017 Google, Map data ©2017 Google Terms



Two Sites of Interest



View at Greene & Baltimore Streets



ACC Entry Corner



Phase VI Project Sources & Uses of Funds

(Values in thousands)

<u>Sources of Funds</u>	Prior Years	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025	TOTAL
Cash from Operations / Debt	(\$663)	\$275	\$0	\$16,800	\$18,000	\$32,563	\$8,025	\$75,000
State GO Bonds	2,500	5,000	20,000	35,000	35,000	35,000	42,500	175,000
Philanthropy	0	0	0	5,000	10,000	10,000	0	25,000
TOTAL	\$1,837	\$5,275	\$20,000	\$56,800	\$63,000	\$77,563	\$50,525	\$275,000
<u>Uses of Funds</u>								
Planning / Design / Professional Fees	1,337	5,000	14,000	3,100	2,500	1,063	1,000	28,000
Construction & Major Infrastructure	0	0	5,000	50,200	50,000	60,000	42,800	208,000
Equipment	0	0	0	1,000	5,500	12,500	6,000	25,000
Other	500	275	1,000	2,500	5,000	4,000	725	14,000
TOTAL	\$1,837	\$5,275	\$20,000	\$56,800	\$63,000	\$77,563	\$50,525	\$275,000

EXHIBIT 31

DEPARTMENT OF BUDGET AND MANAGEMENT

David R. Brinkley
Secretary of Budget and Management

Marc L. Nicole
Deputy Secretary

OFFICE OF CAPITAL BUDGETING

Teresa A. Garraty
Executive Director of Capital Budgeting

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Supervising Budget Examiner

Budget Analysts

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Phil Fleischer
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Fiona Burns Shirk
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January 2019

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UNIVERSITY OF MARYLAND MEDICAL SYSTEM

SUMMARY

University of Maryland Medical System Corporation (UMMS) is a private, not-for-profit corporation formed in 1984 to provide healthcare services to Maryland residents. Together with its subsidiaries, UMMS owns and operates a multi-hospital regional healthcare delivery system that provides a wide range of healthcare services, including primary, secondary, tertiary, and quaternary care, as well as rehabilitation, chronic care, sub-acute care and skilled nursing care. The flagship hospital of UMMS is the University of Maryland Medical Center (UMMC), a 767-bed academic medical center located in downtown Baltimore City.

The UMMC facilities consist of University Hospital, The University of Maryland Marlene and Stewart Greenebaum Comprehensive Cancer Center, and the R Adams Cowley Shock Trauma Center. UMMC has collectively served as the teaching hospital for the University of Maryland School of Medicine of the University of Maryland, Baltimore, a constituent institution of the University System of Maryland. From 1823 to 1984, UMMS' downtown facilities were State-owned, operated and financed as part of the University of Maryland, now a part of the University System. Many of the UMMC facilities were constructed over 50 years ago and have become obsolete. Over the past two decades, UMMS has been implementing a phased facility master plan to renovate and build modern diagnostic and treatment facilities to house inpatient, outpatient, and ancillary care services.

UMMS' 12 other acute care hospitals operate in 13 of Maryland's 23 counties, covering 68 percent of the State's population. The other facilities include: UM Rehabilitation and Orthopedic Institute, UM Midtown Campus, UM Baltimore Washington Medical Center, UM Shore Medical Center at Easton, UM Shore Medical Center at Dorchester, UM Shore Medical Center at Chestertown, UM Charles Regional Medical Center, UM Saint Joseph Medical Center, UM Upper Chesapeake Medical Center, UM Harford Memorial Hospital, UM Capital Region Medical Center, and UM Laurel Regional Hospital.

CHANGES TO FY 2019 - FY 2023 CAPITAL IMPROVEMENT PROGRAM

Changes to FY 2020

None

Changes to FY 2021 - FY 2023

None

UNIVERSITY OF MARYLAND MEDICAL SYSTEM

FY 2020 - FY 2024 Capital Improvement Program

Grants and Loans

UNIVERSITY OF MARYLAND MEDICAL SYSTEM

Budget Code: RQ00

Capital Region Medical Center (Prince George's) FY 2020 Total **\$56,200**

Construct a new 205-bed hospital to serve as a regional medical center for Prince George's County and the National Capital Region. This project was formerly titled Prince George's Regional Medical Center in previous capital budgets. The University of Maryland Medical System acquired ownership of this project in 2017. The Capital Area Region Medical Center will include acute care, teaching, and research facilities and will be connected to a health system that will promote improved access to primary care and be a community partner in helping to improve the health status of Prince George's County residents. The existing hospital is inefficient and obsolete, causing a preponderance of Prince George's County residents to seek hospital care in neighboring jurisdictions. The sources of Non-Budgeted Funds include Prince George's County bonds and UMMS funding. The FY 2020 budget includes the State share of funds to continue construction and equipping of the project.

<u>Source</u>	<u>Prior Auth.</u>	<u>FY 2020</u>	<u>FY 2021</u>	<u>FY 2022</u>	<u>FY 2023</u>	<u>FY 2024</u>	<u>TOTAL</u>
GO Bonds	122,800	56,200	-	-	-	-	179,000
General Funds	29,000	-	-	-	-	-	29,000
Non-Budgeted Funds	30,368	106,592	140,222	24,357	-	-	301,539
TOTAL	182,168	162,792	140,222	24,357	-	-	509,539

Use

Acquisition	14,474	-	-	-	-	-	14,474
Planning	18,115	-	-	-	-	-	18,115
Construction	149,580	149,792	33,107	21,972	-	-	354,451
Equipment	-	13,000	107,115	2,385	-	-	122,500

Comprehensive Cancer Treatment and Organ Transplant Center FY 2020 Total **\$5,000** (Baltimore City)

Construct new facilities and renovate existing space to support the increasing number of clinical programs at the Marlene and Stewart Greenebaum Comprehensive Cancer Center and other high acuity ambulatory and inpatient programs. The new building includes an expanded ten floors; parking garage; and specialty outpatient centers for heart and vascular medicine, organ transplant, neurology, and neurosurgery. This project will also expand and renovate the North Hospital at 22 Greene Street as well as provide necessary support space for clinical, training, and staff needs. The estimated cost of this project is \$275,000,000 with a total state share of \$125,000,000. The remaining \$150,000,00 will be funded by the University of Maryland Medical System and philanthropy funds. The FY 2020 budget includes the State share of funds to continue design of the project.

<u>Source</u>	<u>Prior Auth.</u>	<u>FY 2020</u>	<u>FY 2021</u>	<u>FY 2022</u>	<u>FY 2023</u>	<u>FY 2024</u>	<u>TOTAL</u>
GO Bonds	2,500	5,000	20,000	25,000	25,000	25,000	102,500
Non-Budgeted Funds	-	-	-	31,800	38,000	53,500	123,300
TOTAL	2,500	5,000	20,000	56,800	63,000	78,500	225,800

Use

Planning	2,000	5,000	14,000	-	-	-	21,000
Construction	500	-	6,000	55,800	57,500	66,000	185,800
Equipment	-	-	-	1,000	5,500	12,500	19,000

UNIVERSITY OF MARYLAND MEDICAL SYSTEM

R Adams Cowley Shock Trauma Center Renovation - Phase III (Baltimore City)

FY 2020 Total \$4,000

Renovate the R. Adams Cowley Shock Trauma Center at the University of Maryland Medical Center (UMMC) to include replacing the current trauma resuscitation unit (TRU) with a trauma and critical care resuscitation center, relocating the Acute Care Transfusion Service, constructing an observation unit, expanding the outpatient pavilion, and modernizing the hyperbaric chamber. The TRU is in need of a large-scale renovation in order to meet the continuing needs of patients. Currently, the limited capacity of TRU bays has caused patients to be double-bunked. This project allows both the Critical Care Resuscitation Unit and the Acute Care Transfusion Service to streamline blood supply, equipment, and staff resources. The State's commitment totals \$20 million and the remaining \$20 million will be funded from the University of Maryland Medical Center funds. The FY 2020 budget includes funds to continue design and begin construction and equipment purchases.

<u>Source</u>	<u>Prior Auth.</u>	<u>FY 2020</u>	<u>FY 2021</u>	<u>FY 2022</u>	<u>FY 2023</u>	<u>FY 2024</u>	<u>TOTAL</u>
GO Bonds	-	4,000	4,000	4,000	4,000	4,000	20,000
Non-Budgeted Funds	-	1,400	6,100	10,400	2,100	-	20,000
TOTAL	-	5,400	10,100	14,400	6,100	4,000	40,000

<u>Use</u>	<u>Prior Auth.</u>	<u>FY 2020</u>	<u>FY 2021</u>	<u>FY 2022</u>	<u>FY 2023</u>	<u>FY 2024</u>	<u>TOTAL</u>
Planning	-	3,550	2,000	500	-	-	6,050
Construction	-	850	6,100	11,900	5,100	3,150	27,100
Equipment	-	1,000	2,000	2,000	1,000	850	6,850

Subtotals for Grants and Loans

<u>Source</u>	<u>FY 2020</u>	<u>FY 2021</u>	<u>FY 2022</u>	<u>FY 2023</u>	<u>FY 2024</u>	<u>TOTAL</u>
GO Bonds	65,200	24,000	29,000	29,000	29,000	176,200
TOTAL	65,200	24,000	29,000	29,000	29,000	176,200

Total Program - University of Maryland Medical System

<u>Source</u>	<u>FY 2020</u>	<u>FY 2021</u>	<u>FY 2022</u>	<u>FY 2023</u>	<u>FY 2024</u>	<u>TOTAL</u>
GO Bonds	65,200	24,000	29,000	29,000	29,000	176,200
TOTAL	65,200	24,000	29,000	29,000	29,000	176,200