UNIVERSITY OF MARYLAND MIDTOWN SURGICENTER
Matter No. 20-24-2442

Responses to Additional Information Questions
Dated June 26, 2020

After filing the CON application, UM Midtown SurgiCenter realized it made an error in the Project Budget submitted as **Exhibit 1**, Table E, by transposing the amount for Fixed Equipment with the amount for Moveable Equipment. **Exhibit 23** contains a modified Project Budget that corrects this error.

Part I - Project Identification and General Information

1. **Exhibit 5 indicates the first floor will have about 19,000 gross square feet (GSF). The applicant states on p. 6 and in Exhibit 1, Table A that the proposed ASC will be 13,268 GSF. Besides the lobby, please provide a description of what else will be located on the first floor of the UM Midtown Ambulatory Care Building.**

Applicant Response

Besides the lobby and the proposed ASF, the first floor will also contain the Fire Command Center, a security office, a materials management receiving office, a vending area, IT closet, electrical closet, three staircases, elevator lobby and four elevator cars, two entrance vestibules, and two public toilets.

2. **Please list the top ten surgical procedures by surgical specialty that will be performed by general surgeons, otolaryngology, ophthalmology, and orthopedic surgeons with the opening of UM Midtown SurgiCenter by June 2022. In addition, please provide a list of the top procedures that will be performed in the two procedure rooms at UM Midtown SurgiCenter.**

Applicant Response

See **Exhibit 24** for the top ten surgical procedures by surgical specialty that are anticipated to be performed by the general surgeons, otolaryngology, ophthalmology, and orthopaedic surgeons at UM Midtown SurgiCenter. In addition, **Exhibit 24** includes the top ten GI and endoscopy procedures that are anticipated to be performed in the procedure room at UM Midtown SurgiCenter.

3. **Regarding Exhibit 7, please provide a description and list the zip codes and geographic location included in the projected primary and secondary service area for UM Midtown SurgiCenter.**

Applicant Response

The projected primary service area for UM Midtown SurgiCenter includes zip codes located in Baltimore City and Baltimore, Anne Arundel, Howard, Washington, Talbot, Harford, Carroll, and Frederick Counties. Please see **Exhibit 25** for a listing of the zip codes included in the primary and secondary service area for UM Midtown SurgiCenter.

4. **Regarding the construction of the UM Midtown Ambulatory Care Building, what is the timetable for completion of construction and the start of services in this building.**

Applicant Response

Substantial completion of the UM Midtown Ambulatory Care Building is scheduled for August 20, 2021. It is anticipated that clinical services will begin operations by September 30, 2021.

5. **Regarding the ASC's lease with Maryland General Hospital, Inc., please provide the terms for this lease such as length of agreement, interest rate, monthly payment, and any other details.**

Applicant Response

The lease terms with Maryland General Hospital, Inc. have not yet been finalized. Based on analysis from an independent contractor, the average rate per square foot ranges from $30-$42. Given this will be an internal lease, UM Midtown Health calculated the lease cost using the low end estimate of $30 and multiplied it by the 12,500 square foot usable space for a total of $375,000 and a monthly payment of $31,250.

Part II-Project Budget

6. **Please provide the assumption or basis for the $358,488 in Inflation Allowance.**

Applicant Response

To calculate inflation, UM Midtown SurgiCenter utilized the Building Cost Index in the IHS Markit Healthcare Cost Review that is posted on the MHCC website at: mhcc.maryland.gov/mhcc/pages/hcfs/hcfs_con/documents/con_cap_cost_index_20200127.pdf.

UM Midtown SurgiCenter calculated inflation from the date when the budget was developed (fourth quarter 2019) to the midpoint of construction (second quarter 2022).

Month/Year	CMS 2006-based PPS Hospital Capital IPI CAPB06 Line	%MOVAVG Line
4/2019	1.196	1.5
1/2020	1.202	1.5
2/2020	1.205	1.5
3/2020	1.208	1.5
4/2020	1.214	1.5
1/2021	1.22	1.5
2/2021	1.224	1.5
3/2021	1.227	1.5

Month/Year	CMS 2006-based PPS Hospital Capital IPI CAPB06 Line	%MOVAVG Line
4/2021	1.233	1.6
1/2022	1.239	1.6
2/2022	1.244	1.6

Accessed: 3/12/2020

Budget Date	4/2019				
Midpoint	2/2022				
Step 1	4/2020	%MOVAVG	1.5	1.015	*A*
Step 2	4/2021	%MOVAVG	1.6	1.016	*B*
Step 3	4/2021	CIS Proxy	1.233		*C*
	2/2022	CIS Proxy	1.244		*D*
	D/C			1.008921	*E*
	*A * B * E*			**1.04044**	4.044%

In Table E, the Total Current Capital Costs are $8,864,675. Inflation is $358,488.

$8,864,675
x 0.04044
$358,488

7. Regarding the Source of Funds, please respond to the following:

a. State the dollar amount that UMMS and the University of Maryland Faculty Physicians, Inc. will provide for the proposed UM Midtown SurgiCenter.

Applicant Response

University of Maryland Faculty Physicians, Inc. ("FPI") will provide funding equivalent to 5% of the project cost, which is estimated to be $9.3 million. FPI's estimated dollar value contribution will be about $465,000.

b. Regarding the audited financial statements in Exhibit 17 and Exhibit 18, cite the source for the amount of cash for the proposed project. Are these board-designated funds or funds that have been specifically set-aside for financing the construction of the proposed ASC.

Applicant Response

The funds for the proposed project would not be in the audited financial statements from prior years. The project will be funded with cash flow from operations in the year of construction which will be fiscal year 2022 (7/1/21 - 6/30/22).

Part IV - Consistency with General Review Criteria

Information Regarding Charges

8. **Please confirm that UM Midtown SurgiCenter will post on its website information concerning charges for the full range of surgical services provided in the proposed ASC.**

Applicant Response

UM Midtown SurgiCenter confirms that it will post information concerning charges for the full range of surgical services provided in the proposed ASF on the website for the facility.

Charity Care Policy

9. **Please respond to the following:**

   a. **Provide a legible copy of Exhibit 9, the charity care policy notice published in newspapers.**

Applicant Response

See **Exhibit 26** for a more legible copy of the type of charity care notice that will be published in newspapers for UM Midtown SurgiCenter.

   b. **Will the applicant post a notice of charity care in the registration area of UM Midtown SurgiCenter?**

Applicant Response

Yes, UM Midtown SurgiCenter will post a notice of charity care in the registration area of the facility.

   c. **Staff calculates the charity care percentage for FY 2023 through FY 2025 is around 0.51 %, which is lower than the charity care percentages reported in Table 2 on p. 23. Will UM Midtown provide the level of charity care reported in Table 2, or the lower amount calculated by Commission staff.**

Applicant Response

In Table 2 on page 23 of the CON application, the Applicant inadvertently included its projected total net operating revenue in place of projected total operating expenses. Below is a revised Table 2 that corrects this error. With this revision, the projected charity care percentages for fiscal years 2023 to 2025 are 0.54%, 0.55%, and 0.55%, respectively.

Table 2 (REVISED)
UM Midtown SurgiCenter
Projected Charity Care as Percentage of Total Operating Expenses

	FY 2023	FY 2024	FY 2025
Projected Charity Care	$49,369	$50,657	$51,979
Projected Total Operating Expenses	$9,100,571	$9,266,144	$9,436,858
Charity Care Percentage	0.54%	0.55%	0.55%

Source: MHCC Table 4 – Revenue and Expenses – Proposed Project.

Need-Minimum Utilization for Establishment of a New or Replacement Facility

10. Please provide an explanation for the 3.0% decrease in surgical cases performed at UMMC Downtown (Table 4) and the 2.3% decrease at UMMC Midtown (Table 5) between FY 2017 to FY 2018.

Applicant Response

UMMC Downtown

From FY 2017 to FY 2018, UMMC Downtown experienced a 3.0% decrease in surgical cases, resulting in 27 fewer surgical cases being performed that would have been appropriate for the ASF environment. This decline was due to ENT surgical case variability. Normal variability between the types of ENT cases performed created more of a focus on complex, inpatient cases in FY 2018. These cases increased 2.6% from FY 2017 to FY 2018, therefore contributing to a decrease in ambulatory surgical procedures. The variability shifted again in FY 2019, as ENT cases that would have been appropriate for the ASF environment increased by 8.6%.

UMMC Midtown

From FY 2017 to FY 2018, UMMC Midtown experienced a 2.3% decrease in surgical cases, resulting in 45 fewer surgical cases being performed that would have been appropriate for the ASF environment. However, the OR minutes increased during the same time period indicating an increase in the overall acuity level of the cases that were performed. In early calendar year 2018, the Perioperative Executive Team identified this decrease at UMMC Midtown and the corresponding difficulty with securing OR availability at UMMC Downtown Campus and initiated an intensive effort to move appropriate cases from UMMC Downtown to the Midtown Campus. The intensive integration effort of the surgical platform across the two campuses caused some operational adjustments at the UMMC Midtown Campus related to block time allocation for expanded case volumes for specialties. One such example was the transition of lower acuity ENT cases to the UMMC Midtown campus during this time period. ENT cases for this subset of ASF-appropriate cases grew from 53 in FY 2017 to 172 in FY 2018 at UMMC Midtown,

adjustments were needed to allocate new block time to this expanded specialty, and in return, it temporarily impacted the other existing specialties already operating at the UMMC Midtown campus. In addition, during this time UMMC Midtown had to increase support services and purchase additional surgical instruments to support these surgical cases, which contributed to the decrease in cases as the expansion of support services and instrument procurement process impacted the number of cases that could be performed.

11. Please provide details or information to support the applicant's contention that "the departed surgeons' case volumes will be replaced by existing or newly recruited surgeons, and that these case volumes will transition to the ASF." (p. 35). This information should be consistent with the information provided on Table 6 (p. 36).

Applicant Response

In Tables 4 and 5 of the CON application, there are several physicians noted with asterisks, which indicate that these physicians have recently departed UMMC. The Applicant anticipates that the case volumes attributed to these physicians will not be affected by their departures, as surgical referrals are generally made to the UMMC Division as a whole, not to a particular surgeon, and therefore, are expected to be retained by the Division with the cases being performed by existing or newly recruited surgeons. Tables 4 and 5 contain only a subset of UMMC's total cases (outpatient surgical cases deemed appropriate for an ASF) and surgeons in these specialty groups. Multiple of these departing physicians are represented in both Tables 4 and 5 because they perform these types of cases at UMMC Downtown and Midtown Campuses. The recently departed physicians noted in Tables 4 and 5 are not meant to correlate with the departures identified in Table 6, which provides an overview of all physician departures and new hires in these four UMMC surgical groups from FY 2016 to FY 2019 as well as total surgical volumes. When preparing Table 6, the Applicant did not consider a physician "departed" if he or she performed any surgical cases in that fiscal year. Accordingly, many of the recently departed surgeons noted in Tables 4 and 5 were not included in Table 6 because they performed cases in FY 2019.

As noted in the CON application, some physician turnover is typical each year and despite this turnover, surgical volumes by specialty remain stable. The Applicant anticipates that the recently departed surgeons' case volumes will be replaced by existing or newly recruited surgeons and that these volumes will transition to the ASF. Below in Table 20, the Applicant has reproduced Table 6 from the CON application in support of this contention, but has broken out the inpatient and outpatient surgical cases by specialty to demonstrate that outpatient surgical volumes have largely remained stable or increased since FY 2016. The Applicant notes that the Total Surgical Volumes for ophthalmology (FY 2017) and orthopaedics (FY 2016, FY 2017, and FY 2018) presented in Table 6 of the CON application were incorrect due to a calculation error. Table 20 below presents the correct Total Surgical Volumes from FY 2016 to FY 2019. In FY 2020, these four surgical specialties hired and onboarded one new general surgeon, three ophthalmologists, four orthopaedic surgeons, and one otorhinolaryngologist.

Table 20
UMMC Downtown and Midtown
Physician Hires, Departures, and Case Volumes by Surgical Specialty
FY 2016 to FY 2019

	General Surgery				Ophthalmology			
	FY16	FY17	FY18	FY19	FY16	FY17	FY18	FY19
Physician Departures	3			1	1	1	3	3
Physician Hires			1	1	1	2	1	4
Inpatient Surgical Volume	751	800	725	841	23	20	33	28
Outpatient Surgical Volume	794	866	857	979	779	966	880	989
Total Surgical Volumes	1,545	1,666	1,582	1,820	802	986	913	1,017

	Orthopaedics				Otorhinolaryngology			
	FY16	FY17	FY18	FY19	FY16	FY17	FY18	FY19
Physician Departures	1	2	1	4	1			2
Physician Hires	2	2		4		2	1	
Inpatient Surgical Volume	3,966	3,836	3,464	3,297	402	485	510	511
Outpatient Surgical Volume	1,584	1,796	1,553	1,458	1,276	1,383	1,451	1,563
Total Surgical Volumes	5,550	5,632	5,017	4,755	1,678	1,868	1,961	2,074

As discussed in response to question 10 above, although there were minor decreases in surgical case volumes in FY 2018, these decreases are properly attributed to the intensive efforts that were underway to integrate surgical cases between the UMMC Downtown and Midtown Campuses rather than to physician departures.

Construction Costs

12. Since the applicant seeks to construct a new ambulatory surgery center in the newly constructed shell space located on the first floor of the UM Midtown Ambulatory Care Building, this standard is applicable and the applicant should submit an MVS analysis for UM Midtown SurgiCenter. This project is similar to projects submitted by Green Spring Station Surgery Center (DN# 15-03-2369), Children's Hospital Ambulatory Surgery Center (DN #18-16-2390), and Atlantic

General Surgical Center (DN #18-23-2431) where each proposed fitting-out shell space to establish and fit-out an ambulatory surgery center in a newly constructed medical office building. Staff suggests the applicant review these MVS analysis for the construction of a good quality Class A ambulatory surgery center in shell space located in a newly constructed medical office building.

Applicant Response

Respectfully, UM Midtown SurgiCenter disagrees that the Construction Costs standard applies to this review. The portion of the standard applicable to ASFs expressly states that it "does not apply to renovation or the fitting out of shell space." This language was added in the most recent version of the State Health Plan Chapter for Surgical Services, effective January 15, 2018. Prior to that revision, the standard required ASF applicants to prepare an MVS analysis for new construction or renovation projects. The current standard requires an analysis only for new construction, but not for renovation or fit out of shell space.

The Green Spring Station Surgery Center and the Children's National Prince George's County Ambulatory Surgery Facility CON applications were submitted prior to January 15, 2018, so were subject to the prior Construction Costs standard that required an MVS analysis be performed for a renovation or fit out project, unlike the current project. The Applicant does not know why Atlantic General complied with the outdated standard. Perhaps Atlantic General did not realize that the Construction Costs standard had been revised shortly before submission of its CON application and that an MVS was no longer required by the standard.

Impact

13. **The Commission's latest version of the Annual Report on Selected Maryland General and Special Hospital Services FY 2018 (located at https://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs hospital/documents/acute care/chef Annual Rpt Hosp Services FY2018.pdf) indicates UMMC Downtown has 22 mixed-use general-purpose and 13 mixed-use special purpose ORs. Please confirm which is correct - i.e., the numbers reported in the latest annual report or the information provided on p. 46 of your CON application that UMMC Downtown has 23 mixed-use general purpose and 12 special purpose ORs.**

Applicant Response

In FY 2016 and FY 2017, the UMMC Downtown Supplemental Survey of Surgery Capacity submitted to MHCC showed 22 general purpose and 13 special purpose operating rooms. These inventories were adjusted in the FY 2018 and FY 2019 submissions to reflect 23 general purpose and 12 special purpose operating rooms. It appears the MHCC's latest version of the Annual report on Selected Maryland General and Special Hospital Services issued in FY 2018 was not updated to reflect this change. The correct inventory should show 23 mixed-use general purpose and 12 special purpose ORs.

14. **Regarding your comments on p. 49, the applicant states an annual increase of about 0.61 % in Total Minutes from FY 2020 to FY 2025 at UMMC Downtown and UM Midtown. Please explain the assumptions used to project the utilization that takes into account the impact of COVID 19 on "elective" surgery.**

Applicant Response

The Applicant assumed conservative growth in case volumes at the ASF and at UMMC Midtown and Downtown Campuses of 0.61% annually based on the projected population growth for its service area population. The utilization projections presented in the CON application do not factor in any type of COVID-19 adjustment.

As described in response to question 23, based on recent discussions with UMMC's Surgical Chiefs, UMMC Downtown and Midtown Campuses do not expect a long-term impact on surgical volumes at their facilities due to the COVID-19 pandemic, and similarly, the Applicant does not expect an impact on the surgical volumes that are expected to shift to the ASF once it opens. Patients will continue to require access to necessary surgical services and UM Midtown SurgiCenter and UMMC intend to provide safe spaces in which to provide such services. As of June 2020, UMMC had a backlog of over 1,400 cases. Since resumption of elective surgeries beginning the week of June 29, 2020, every OR at the UMMC Downtown and Midtown Campuses is being utilized for a full block time schedule. While another wave of the virus may impact surgical volumes at the UMMC Downtown and Midtown Campuses over a short period of time this winter, it is expected that normalization will occur shortly thereafter.

15. **On p. 49, you indicate that "the impact of Pandemic on surgical demand is likely to continue for at least the next 18-24 months, but potentially longer depending on how long the Pandemic and restrictions on performance of elective cases last." How does a flat 0.61 % annual growth rate take into account "the impact of the Pandemic on the surgical demand" on your projected utilization in Table 13 (p. 49) and Table 16 (p. 51) for FY 2021 through FY 2025.**

Applicant Response

Please see the response to question 14 above.

16. **Regarding the information on p. 54, the applicant indicates it will relinquish the two additional shelled ORs and reduce the total licensed OR capacity at UMMC Midtown to eight ORs. Please provide further details on the future purpose or use for the shell space for these two additional ORs.**

Applicant Response

The shell space for the two additional licensed ORs is currently used as space for four Post Anesthesia Care Unit (PACU) beds. This space will be used for the same purpose in the future.

17. **Please address the following;**

    a. **Regarding Table 12 (p. 48), please list the top ten surgical procedures by specialty that UMMC Downtown will move to UMMC Midtown (173,590 minutes) and to UM Midtown SurgiCenter (465,210 minutes).**

Applicant Response

See **Exhibit 27** for the top ten surgical procedures by surgical specialty that are planned to move from UMMC Downtown to UMMC Midtown, and **Exhibit 28** for the top ten surgical procedures by surgical specialty that are planned to move from UMMC Downtown to UM Midtown SurgiCenter.

b. Regarding Table 16 (p.51), please list the top ten surgical procedures by specialty that UMMC Midtown will move to UM Midtown SurgiCenter (278,250 minutes).

Applicant Response

See **Exhibit 29** for the top ten surgical procedures by surgical specialty that are planned to move from UMMC Midtown to UM Midtown SurgiCenter.

c. Regarding Table 16 (p. 51), UMMC Midtown campus shows that the calculated need for FY 2025 at optimal capacity will be barely 7 .1 out of 8 ORs. As a result of your comments on p. 54 regarding "the impact of the Pandemic on the surgical demand," please document or provide the assumptions used to support the need to complete and place in service the eighth OR at the Midtown hospital.

Applicant Response

The integration of the UMMC Downtown and Midtown Campuses' surgical platform and movement of cases from UMMC Downtown to Midtown began several years ago and is ongoing. The COVID-19 pandemic has accelerated the process in certain ways. With more beds being utilized at the UMMC Downtown Campus to care for COVID-19 patients, there is a shortage of beds to care for complex surgical patients. UMMC is exploring ways to increase the clinical capabilities on the UMMC Midtown Campus to care for these more complex patients that cannot be cared for at UMMC Downtown. As one example, since the filing of the CON application, UMMC began evaluating transitioning breast surgery cases, which would relocate approximately 160 additional surgical cases per fiscal year to the UMMC Midtown Campus. This is just one example of the fluid process underway to more fully integrate the surgical platform of the UMMC Downtown and Midtown Campuses. UMMC Midtown has been scheduling seven ORs per day since elective cases resumed the week of June 29, and will be putting the eighth OR in operation shortly, as discussed below. In order to accommodate the current volumes and allow for continued integration of the surgical platform between the two campuses, all eight ORs will be needed.

As discussed on page 54 of the CON application, over the next year UMMC Midtown will be upgrading the current surgical booms in each of its operating rooms. In order to maintain current OR capacity and meet surgical demands it will need to put the 8th OR into operation, while sequentially taking one OR offline at a time to complete the renovations. It is expected that this renovation project will take one year to complete, and it fully expects to need all eight ORs during this time in order to adequately serve patients and complete the necessary renovations.

18. **Regarding Table 17 (p. 52-53), please provide more details on the type of tertiary surgical procedures that will be performed at UMMC Downtown, and how these surgical procedures "need extended OR times of eight or more hours per case, multi-specialty collaboration, and research trials." (p. 53).**

Applicant Response

There is a significant range in the types of tertiary surgical procedures performed at UMMC Downtown and their case lengths can vary considerably. Many types of surgical cancer cases require operating room time of more than eight hours. For example, ENT and oral maxillofacial head and neck cancer cases can last up to 20 hours. UMMC Downtown is currently working to transition certain types of shorter, less complex surgical procedures to UMMC Midtown in order to make room for longer, more extensive cases. As a few examples, UMMC Downtown is working to transition shorter, less-complex neurosurgery cases and arteriovenous (AV) fistula cases to UMMC Midtown to help accommodate more extensive oral maxillofacial cancer special reconstructive cases in ENT which require longer OR times. Table 21 below includes the FY 2019 ENT and oral maxillofacial surgical cases that took a minimum of 10 or more hours to complete and the average number of surgical procedures performed during those surgeries. The cases included in Table 21 lasted 10 or more hours based on "in room to out room" procedure time alone, excluding any pre or post-operative time and turnaround time.

Table 21
UMMC Downtown ENT and Oral Maxillofacial
10+ Hour Surgical Cases FY 2019

ENT and Oral Max FY 2019 10+ Hour Surgical Cases		
Primary Specialty	**No. of 10+ Hour Surgical Cases**	**Average No. of Procedures**
ENT	75	7
Oral Max	55	6

Need

19. **Please provide a short summary of the demographics for the population, i.e., size of population served, age, socioeconomic details, and any other characteristics, served by the surgical services programs provided at UMMC Downtown, UMMC Midtown, and UM Midtown SurgiCenter.**

Applicant Response

Given that the UM Midtown SurgiCenter will serve outpatient surgical cases shifting from the UMMC Downtown and Midtown Campus hospital ORs, UM Midtown SurgiCenter's projected service area was determined by identifying and ranking the Zip Codes of patient residence that comprise the top 85 percent of discharges from UMMC Downtown and Midtown Campuses outpatient surgical cases in FY 2019. Table 22 below provides demographic information for UM Midtown SurgiCenter's projected service area population.

Table 22
Demographic Information for
UM Midtown SurgiCenter Projected Service Area Population

Population Distribution by Age	2020 Estimate	% of Total
Age 15-17	213,481	4.6%
Age 18-20	226,729	4.9%
Age 21-14	279,567	6.0%
Age 25-34	755,643	16.3%
Age 35-44	736,156	15.9%
Age 45-54	744,095	16.1%
Age 55-64	761,039	16.4%
Age 65-74	544,022	11.8%
Age 75-84	257,662	5.6%
Age 85+	110,052	2.4%
TOTAL	4,628,446	100.0%

Sex	2020 Estimate
Male	48.4%
Female	51.6%
TOTAL	100.0%

Ethnicity	2020 Estimate
Hispanic	11.1%
Not Hispanic	88.9%
TOTAL	100.0%

Race	2020 Estimate
White	53.7%
Black/African American	30.6%
American Indian/Alaskan Native	0.4%
Asian	6.9%
Pacific Islander/Native Hawaiian	0.1%
Other	4.8%
Two+ Races	3.6%
	100%

Household Income	2020 Estimate
Households Below Poverty Line	6.4%

Source: Claritas Pop Facts Premier.

20. **Please provide quantitative data or evidence to support your statement on p. 8 that 23 mixed-use, general purpose ORs at UMMC Downtown "are overutilized" and "the lack of available OR time for inpatient surgical cases that compete with outpatient surgical cases for the same time in the same OR space." What are the days and hours when these 23 ORs are in service and how late are patients and staff in recovery post-surgery; any evidence such as trends in the historical volumes of inpatient and outpatient surgical volumes, and/or increase or decrease in average length of time for inpatient or outpatient surgical procedures performed; the frequency of OR scheduling conflicts for inpatient and/or outpatient surgical procedures; and implications related "to rolling over inpatient surgical cases to next day or resulting in increased lengths of stay."**

Applicant Response

Table 23 below provides the UMMC Downtown Staffed and On Call Operating Rooms schedule for its 23 mixed-use general purpose ORs. Staffed OR times indicate those times during

which ORs are scheduled with cases. In addition to the staffed OR times provided below, UMMC Downtown Campus staffs two trauma and two mixed-use general purpose ORs 24/7 and provides call for cardiac, vascular, neurosurgery, transplant, trauma and general surgery, which means that, if needed, the hospital would be able to accept four urgent/emergent cases 24/7 and could expand that by an additional six ORs if required. Accordingly, during the 9pm to 7am time frame, UMMC does not perform elective surgeries.

The State Health Plan Chapter for Surgical Services Capacity Standard for mixed-use general purpose operating rooms states that full capacity is 2,375 hours, which equates to being in use for approximately 9.1 hours per day for all weekdays during the year, and optimal capacity is 1,900 hours per year, which equates to being in use for approximately 7.3 hours per day for all weekdays during the year. See COMAR 10.24.11.07A(1)(a). In order to accommodate current volumes, all 23 mixed-use general purpose ORs at UMMC Downtown Campus are in use at least 10 hours per weekday, and 16 ORs are in use for at least 12 hours per weekday. Seven of the ORs are also used for on-call surgical services from 7pm to 7am every day of the week. Based on the MHCC's capacity standards, the 23 mixed-use general purpose ORs at UMMC Downtown are being used in excess of optimal and full capacity.

Table 23
UMMC Downtown Staffed and On Call Operating Rooms Schedule

UMMC Downtown Staffed Operating Rooms					
OR Status	**7am-3pm**	**7am-5pm**	**7am-7pm**	**7am-9pm**	**7am-11pm**
	(8 Hours)	**(10 Hours)**	**(12 Hours)**	**(14 Hours)**	**(16 Hours)**
Staffed	23	23	16	7	4
UMMC Downtown On-Call Operating Rooms					
On-Call	7pm-7am (Mon-Thurs)			7	
	Friday 7pm - Mon 7am (Weekend)			7	

Given the broad range of surgeries provided by UMMC Downtown, the amount of time patients spend in recovery post-surgery varies from approximately 45 minutes to two hours.

Table 24 below shows the historical trends for inpatient and outpatient surgical cases for the UMMC Downtown mixed-use general purpose ORs from FY 2017 to FY 2019. Although there were minor decreases in surgical case volumes during this time period, the decreases are properly attributed to the intentional and intensive efforts that were underway to integrate surgical cases between the UMMC Downtown and Midtown Campuses and shift case volumes to the UMMC Midtown Campus. Even taking into account these intentional efforts to shift cases to the UMMC Midtown campus, UMMC Downtown Campus ORs were still operating above full capacity (142,500 minutes per OR) during this time period as shown in Table 11 of the CON application.

Table 24
UMMC Downtown Mixed-Use General Purpose ORs
Historical Surgical Case Volumes and Case Lengths
FY 2017 to FY 2019

Surgical Case Type	FY 2017	FY 2018	FY 2019
Inpatient Cases	7,676	7,468	7,304
Avg Case Lengths in Minutes (In Room to Out Room time)	226	230	233
Outpatient Cases	4,262	4,044	4,060
Avg Case Lengths in Minutes (In Room to Out Room time)	139	141	139

Excludes:
Trauma ORs
Endo Suites
Pediatrics (>= Years of Age)
Pediatric Services
Adult Cardiac

Includes:
General ORs
North ORs
Adults (>17 Tears of Age)

The implications of rolling over inpatient surgical cases to the next day is that for each day a case is unable to reach an operating room for surgery, it extends the patient's length of stay one day. Based on internal rollover data collected over a four-month period ending in June 2019, UMMC Downtown experienced 48 total case rollovers and a total of 60 rollover days of delay for these cases to achieve access to its operating rooms. One of the reasons cases are rolled over is because there are no available ORs. Once a case is rolled over, it can be difficult to schedule due to the OR schedule being full, which results in delays.

Availability of More Cost Effective Alternatives

21. As stated on p. 59, please respond to the following:

a. Provide details on the type of service the University of Maryland ExpressCare provides;

Applicant Response

Maryland ExpressCare is comprised of critical care personnel, specialty care paramedics, transport nurses, and communication staff. A primary mission of ExpressCare is to provide safe and effective transport for patients requiring a higher or more sophisticated level of in-hospital care. ExpressCare crews are capable of the following specialty transports:

- Extracorporeal membrane oxygenation (ECMO)
- Neonatal interfacility
- Critical care / blood product administration / advanced modes of ventilation
- Intra-aortic balloon pumps / Ebola

Within the Maryland Access Center, the communication hub for the ExpressCare service, coordinators facilitate consultations between the referring facility physician and the proper service physician at the accepting facility. They work with patient placement center to determine an available bed and arrange for transport through ExpressCare's interfacility transport vendors, American Medical Response (AMR) and Petroleum Helicopters International (PHI), or its own dedicated ExpressCare ambulances.

b. How frequently does the lack of OR availability at UMMC Downtown result in regularly turning away or delaying patient transfers from other physicians or facilities?

Applicant Response

Based on the information available from ExpressCare, the rationale for the Lost Surgical Admissions displayed in Table 17 in the CON application were not always known for each given lost admission. Many of the lost surgical admissions appear to be due to lack of available OR capacity, lack of appropriate inpatient beds for patients requiring a surgery, or unavailability of surgical staff. UMMC's surgical integration plan to migrate certain outpatient cases to UMMC Midtown, as described in the impact section of the CON application, will help alleviate the lack of available bed capacity and lack of available OR capacity at UMMC Downtown and therefore, improve retention of lost admissions. Based on ExpressCare's Lost Surgical Admission report from FY 2019, there were approximately 268 lost surgical admissions in FY 2019 or an average of 0.73 lost surgical admits per day.

Although the ExpressCare Lost Admissions report is the best available data source to capture the number of patients at other hospitals who were unable to be accommodated due to OR capacity and related issues at UMMC Downtown, the Applicant believes that the stated frequency of 0.73 lost surgical admits per day likely understates the actual number of patients at other hospitals who would have come to UMMC Downtown Campus for surgical services if sufficient capacity existed. When a hospital calls ExpressCare for a transport and learns that UMMC Downtown does not have sufficient OR or inpatient bed capacity, the facility generally assumes no capacity exists for the remainder of the day and will not attempt to transport any other patients to UMMC Downtown. In this circumstance, the ExpressCare Lost Admissions report will capture a single lost admission from that facility, when in actuality there may have been multiple patients who would have been transported to UMMC Downtown that day for surgical services if the hospital had capacity.

c. What is the implication of these delays for the patient and surgeon?

Applicant Response

The implication is that the patient is diverted to another institution, either in Maryland or out of state, and results in a lost admission and surgical case for that physician.

d. What is the distance or drive time of transferring patients from point of origin (i.e., either the physicians or facilities) to UMMC Downtown campus for surgical services?

Applicant Response

Table 25 below corresponds to the data provided in Table 17 of the CON application on UMMC Downtown Lost Surgical Admissions from Maryland ExpressCare in FY 2019. Table 25 provides by surgical service line the total miles, total minutes, total number of service requests, average miles, and average minutes related to the 268 lost surgical admissions captured in Table 17.

In FY 2019, neurosurgery was the surgical service line with the greatest number of lost admissions of 126 requests for services that could not be fulfilled at the time of request. If UMMC Downtown had accepted these surgical cases, these patients would have traveled an average of 26.2 miles and 33.5 minutes to reach UMMC Downtown for a total of 3,307 miles and 4,219 minutes for all 126 requests.

UMMC Downtown frequently receives requests from out of state facilities for delivery of surgical care due to the select and specialized capabilities of its surgical programs. UMMC Downtown is a regional resource for tertiary and quaternary surgical care and facilities in neighboring states such as Virginia, West Virginia, and Pennsylvania request transports for delivery of specialized surgical care for patients.

Table 25
Distance and Drive Time for
UMMC Downtown Lost Surgical Admissions from Maryland ExpressCare FY 2019

Surgical Service Line	Total Miles from Origin Facility	Total Minutes from Origin Facility	Lost Surgical Cases	Avg Miles per Case	Avg Minutes per Case
ACES	693	821	18	38.5	45.6
Oral Maxillofacial	731	885	18	40.6	49.2
Cardiac Surgery	614	740	19	32.3	38.9
Otolaryngology	342	435	17	20.1	25.6
Neurosurgery	3,307	4,219	126	26.2	33.5
Transplant	1,063	1,140	14	75.9	81.4
Orthopaedics	661	790	16	41.3	49.4
Plastics	201	252	9	22.3	28
Thoracic	586	640	9	65.1	71.1
Urology	276	322	6	45.9	53.7
Vascular	614	707	16	38.4	44.2
Grand Total	**9,087**	**10,951**	**268**	**33.9**	**40.9**

Sources: University of Maryland ExpressCare – Lost Admission Summary Report FY 2019; Total Miles and Minutes were calculated using Google Maps from Origin Facility.

Viability of the Proposal

22. The payer mix stated in your CON application on p. 8 of 32.1 % Medicare, 24.9% Medicaid, 38.5% commercial plans, and 4.5% other payers does not agree with the payer mix reported in MHCC Table 4, p. 68. Please provide the basis for the payer mix on p. 8 and clarify the discrepancy on p. 8 with the payer mix reported on your Revenue and Expense Statement for the Proposed Project.

Applicant Response

The patient population used to calculate the payer mix on page 8 was based on only the projected surgical volumes for operating room cases that are projected to move to UM Midtown SurgiCenter, while the payer mix calculation in MHCC Table 4 on page 68 was based on operating room and procedure room cases.

23. As previously discussed under State Health Plan Standard .05B(9), Impact, the applicant states the COVID 19 Pandemic will have an impact on "elective" surgical procedures. Please discuss how the applicant takes into account the impact of the pandemic on the financial viability of the proposed ASC? What assumptions does UMMS make that the pandemic will not have a long-term impact on the financial viability for the proposed ASC?

Applicant Response

Since submission of the CON application, UMMC has met with each Surgical Chief to discuss the COVID-19 pandemic's impact on surgical demand. It was the overwhelming consensus that the impact will be minimized with the development of a vaccine or therapeutics, anticipated in the spring of 2021. As of June 2020, UMMC has a surgical backlog of nearly 1,400 cases. The best current estimate is that the long-term effect of the pandemic will be minimal and surgical demand for the types of cases that will move to UM Midtown SurgiCenter will remain unchanged. Accordingly, it is anticipated that the pandemic will not have a long-term impact on the financial viability of the proposed ASF.

24. Regarding Table L, please clarify whether the total cost of hiring 38.5 FTEs is $2.9 million, as indicated under "Projected Changes as a result of the Proposed Project" (column 7), or $2.3 million as indicated under "Projected Entire Facility through the Last Year of Projection" (column 12).

Applicant Response

The total cost of hiring 38.5 FTEs for the facility is approximately $2.9 million, as shown in the "Projected Changes as a result of the Proposed Project" column. Attached as **Exhibit 23** is a revised Table L, which includes a revision to the "Projected Entire Facility through the Last Year of Projection" column to include the cost of fringe benefits.

25. Please clarify whether the 38.5 FTEs will be new hires, and/or from surgical staff located at either UMMC Downtown and/or UM Midtown Campuses. Will this project provide any efficiencies in staffing or costs for personnel?

Applicant Response

The 38.5 FTEs will be new hires. The projected staffing for the facility is an efficient model, developed in conjunction with a consultant with experience in running ASFs, that will create streamlined workflows.

Table of Exhibits

Table of Tables

I hereby declare and affirm under the penalties of perjury that the facts stated in UM Midtown SurgiCenter's Response to the MHCC Additional Information Questions of June 26, 2020 and its attachments are true and correct to the best of my knowledge, information, and belief.

07.22.20

Date

Alison Brown, MPH
President, University of Maryland
Medical Center Midtown Campus

I hereby declare and affirm under the penalties of perjury that the facts stated in UM Midtown SurgiCenter's Response to the MHCC Additional Information Questions of June 26, 2020 and its attachments are true and correct to the best of my knowledge, information, and belief.

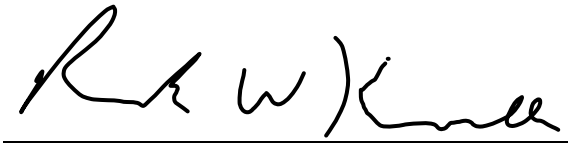
7/23/2020
Date

Michael Glancey

Michael Glancey
Strategic Planning Project Manager
University of Maryland Medical Center

I hereby declare and affirm under the penalties of perjury that the facts stated in UM Midtown SurgiCenter's Response to the MHCC Additional Information Questions of June 26, 2020 and its attachments are true and correct to the best of my knowledge, information, and belief.

07/27/2020
Date



Patrick Kenville
DS Project Coordinator
University of Maryland Medical Center

I hereby declare and affirm under the penalties of perjury that the facts stated in UM Midtown SurgiCenter's Response to the MHCC Additional Information Questions of June 26, 2020 and its attachments are true and correct to the best of my knowledge, information, and belief.

7/22/2020
Date

James McGowan, DHA
Vice President of
Perioperative/Procedural Services
University of Maryland Medical Center

#703340

I hereby declare and affirm under the penalties of perjury that the facts stated in UM Midtown SurgiCenter's Response to the MHCC Additional Information Questions of June 26, 2020 and its attachments are true and correct to the best of my knowledge, information, and belief.

7/23/20
Date

Michael Plank
Senior Project Manager, Construction
and Facilities Planning
University of Maryland Medical System

I hereby declare and affirm under the penalties of perjury that the facts stated in UM Midtown SurgiCenter's Response to the MHCC Additional Information Questions of June 26, 2020 and its attachments are true and correct to the best of my knowledge, information, and belief.

7/21/2020
Date

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

I hereby declare and affirm under the penalties of perjury that the facts stated in UM Midtown SurgiCenter's Response to the MHCC Additional Information Questions of June 26, 2020 and its attachments are true and correct to the best of my knowledge, information, and belief.

07/22/20
Date

Scott Tinsley-Hall
Director, Strategy and System Market Intelligence
University of Maryland Medical Center

EXHIBIT 23

Name of Applicant: UM Midtown SurgiCenter

Date of Submission: June 5, 2020

Applicants should follow additional instructions included at the top of each of the following worksheets. Please ensure all green fields (see above) are filled.

Table Number	Table Title	Instructions
Table A	**Physical Bed Capacity Before and After Project**	All applicants whose project impacts any nursing unit, regardless of project type or scope, must complete Table A.
Table B	**Departmental Gross Square Feet**	All applicants, regardless of project type or scope, must complete Table B for all departments and functional areas affected by the proposed project.
Table C	**Construction Characteristics**	All applicants proposing new construction or renovation must complete Table C.
Table D	**Site and Offsite Costs Included and Excluded in Marshall Valuation Costs**	All applicants proposing new construction or renovation must complete Table D.
Table E	**Project Budget**	All applicants, regardless of project type or scope, must complete Table E.
Table F	**Statistical Projections - Entire Facility**	Existing facility applicants must complete Table F. All applicants who complete this table must also complete Tables G and H.
Table G	**Revenues & Expenses, Uninflated - Entire Facility**	Existing facility applicants must complete Table G. The projected revenues and expenses in Table G should be consistent with the volume projections in Table F.
Table H	**Revenues & Expenses, Inflated - Entire Facility**	Existing facility applicants must complete Table H. The projected revenues and expenses in H should be consistent with the projections in Tables F and G.
Table I	**Statistical Projections - New Facility or Service**	Applicants who propose to establish a new facility, existing facility applicants who propose a new service, and applicants who are directed by MHCC staff must complete Table I. All applicants who complete this table must also complete Tables J and K.
Table J	**Revenues & Expenses, Uninflated - New Facility or Service**	Applicants who propose to establish a new facility and existing facility applicants who propose a new service and any other applicant who completes a Table I must complete Table J. The projected revenues and expenses in Table J should be consistent with the volume projections in Table I.
Table K	**Revenues & Expenses, Inflated - New Facility or Service**	Applicants who propose to establish a new facility and existing facility applicants who propose a new service and any other applicant that completes a Table I must complete Table K. The projected revenues and expenses in Table K should be consistent with the projections in Tables I and J.
Table L	**Work Force Information**	All applicants, regardless of project type or scope, must complete Table L.

TABLE B. DEPARTMENTAL GROSS SQUARE FEET AFFECTED BY PROPOSED PROJECT

INSTRUCTION: Add or delete rows if necessary. See additional instruction in the column to the right of the table.

DEPARTMENT/FUNCTIONAL AREA	DEPARTMENTAL GROSS SQUARE FEET				
	Current	To be Added Thru New Construction	To Be Renovated	To Remain As Is	Total After Project Completion
Ambulatory Surgery Center build out of vacant shell space			13,268		13,268
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
Total			13,268		13,268

TABLE C. CONSTRUCTION CHARACTERISTICS

INSTRUCTION: If project includes non-hospital space structures (e.g., parking garges, medical office buildings, or energy plants), complete an additional Table C for each structure.

	NEW CONSTRUCTION	RENOVATION
BASE BUILDING CHARACTERISTICS	**Check if applicable**	
Class of Construction (for renovations the class of the building being renovated)*		
Class A	☐	☑
Class B	☐	☐
Class C	☐	☐
Class D	☐	☐
Type of Construction/Renovation*		
Low	☐	☐
Average	☐	☐
Good	☐	☑
Excellent	☐	☐
Number of Stories		

*As defined by Marshall Valuation Service

PROJECT SPACE	**List Number of Feet, if applicable**	
Total Square Footage	**Total Square Feet**	
Basement		
First Floor		13,268
Second Floor		
Third Floor		
Fourth Floor		
Average Square Feet		**13,268**
Perimeter in Linear Feet	**Linear Feet**	
Basement		
First Floor		671'-2"
Second Floor		
Third Floor		
Fourth Floor		
Total Linear Feet		**671'-2"**
Average Linear Feet		**671'-2"**
Wall Height (floor to eaves)	**Feet**	
Basement		
First Floor		22'-2"
Second Floor		
Third Floor		
Fourth Floor		
Average Wall Height		**22'-2"**
OTHER COMPONENTS		
Elevators	**List Number**	
Passenger		NA
Freight		NA
Sprinklers	**Square Feet Covered**	
Wet System		13,268
Dry System		NA
Other	**Describe Type**	
Type of HVAC System for proposed project	Outdoor air-cooled chiller water system serving a	
Type of Exterior Walls for proposed project	pre-cast concrete	

TABLE E. PROJECT BUDGET

INSTRUCTION: Estimates for Capital Costs (1.a-e), Financing Costs and Other Cash Requirements (2.a-g), and Working Capital Startup Costs (3) must reflect current costs as of the date of application and include all costs for construction and renovation. Explain the basis for construction cost estimates, renovation cost estimates, contingencies, interest during construction period, and inflation in an attachment to the application. See additional instruction in the column to the right of the table.

NOTE: Inflation should only be included in the Inflation allowance line A.1.e. The value of donated land for the project should be included on Line A.1.a as a use of funds and on line B.8 as a source of funds

	ASF Building	Other Structure	Total
A. USE OF FUNDS			
1. CAPITAL COSTS			
a. Land Purchase			**$0**
b. New Construction			
(1) Building			$0
(2) Fixed Equipment			$0
(3) Site and Infrastructure			$0
(4) Architect/Engineering Fees			$0
(5) Permits (Building, Utilities, Etc.)			$0
SUBTOTAL	**$0**	**$0**	**$0**
c. Renovations			
(1) Building	$3,562,000		$3,562,000
(2) Fixed Equipment (not included in construction)	$750,000		$750,000
(3) Architect/Engineering Fees	$377,675		$377,675
(4) Permits (Building, Utilities, Etc.)	$25,000		$25,000
SUBTOTAL	**$4,714,675**	**$0**	**$4,714,675**
d. Other Capital Costs			
(1) Movable Equipment	$3,750,000		$3,750,000
(2) Contingency Allowance	$150,000		$150,000
(3) Gross interest during construction period			$0
(4) IT (cabling, telecom, PC's, etc.)	$250,000		$250,000
SUBTOTAL	***$4,150,000***		**$4,150,000**
TOTAL CURRENT CAPITAL COSTS	**$8,864,675**	**$0**	**$8,864,675**
e. Inflation Allowance	$358,488		$358,488
TOTAL CAPITAL COSTS	**$9,223,163**	**$0**	**$9,223,163**
2. Financing Cost and Other Cash Requirements			
a. Loan Placement Fees			$0
b. Bond Discount			$0
c. Legal Fees	**$75,000**		$75,000
d. Non-Legal Consultant Fees	**$27,944**		$27,944
e. Liquidation of Existing Debt			$0
f. Debt Service Reserve Fund			$0
g. Other *(Specify/add rows if needed)*			$0
SUBTOTAL	***$102,944***		**$102,944**
3. Working Capital Startup Costs			$0
TOTAL USES OF FUNDS	***$9,326,107***	***$0***	***$9,326,107***
B. Sources of Funds			
1. Cash	**$9,326,107**		$9,326,107
2. Philanthropy (to date and expected)			$0
3. Authorized Bonds			$0
4. Interest Income from bond proceeds listed in #3			$0
5. Mortgage			$0
6. Working Capital Loans			$0
7. Grants or Appropriations			
a. Federal			$0
b. State			$0
c. Local			$0
8. Other *(Specify/add rows if needed)*			$0
TOTAL SOURCES OF FUNDS	***$9,326,107***		**$9,326,107**
Annual Lease Costs (if applicable)			
1. Land			$0
2. Building	**$375,000**		$375,000
3. Major Movable Equipment			$0
4. Minor Movable Equipment			$0
5. Other *(Specify/add rows if needed)*			$0

Describe the terms of the lease(s) below, including information on the fair market value of the item(s), and the number of years, annual cost, and the interest rate for the lease.

TABLE L. WORK fORCE INFORMATION

INSTRUCTION: List the facility's existing staffing and changes required by this project. Include all major job categories under each heading provided in the table. The number of Full Time Equivalents (FTEs) should be calculated on the basis of 2,080 paid hours per year equals one FTE. In an attachment to the application, explain any factor used in converting paid hours to worked hours. Please ensure that the projections in this table are consistent with expenses provided in uninflated projections in Tables G and J. See additional instruction in the column to the right of the table.

	CURRENT ENTIRE FACILITY			PROJECTED CHANGES AS A RESULT OF THE PROPOSED PROJECT THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS)			OTHER EXPECTED CHANGES IN OPERATIONS THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS)			PROJECTED ENTIRE FACILITY THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS) *	
Job Category	**Current Year FTEs**		**Current Year Total Cost**	**FTEs**	**Average Salary per FTE**	**Total Cost** *(should be consistent with projections in Table J)*	**FTEs**	**Average Salary per FTE**	**Total Cost**	**FTEs**	**Total Cost** *(should be consistent with projections in Table G)*
1. Regular Employees											
Administration *(List general categories, add rows if needed)*											
Director			$0	1.00	$149,500	$149,500			$0	1.0	$149,500
Manager			$0	1.00	$87,600	$87,600			$0	1.0	$87,600
Administrator			$0	0.81	$36,050	$29,201			$0	0.8	$29,201
Scheduler			$0	3.24	$41,200	$133,488			$0	3.2	$133,488
Billing Coder			$0	2.16	$56,700	$122,472			$0	2.2	$122,472
Total Administration			$0	8.21		$522,261			$0	8.2	$522,261
Direct Care Staff *(List general categories, add rows if needed)*											
Registered Nurse			$0	13.77	$77,250	$1,063,733			$0	13.8	$1,063,733
Patient Care Techs			$0	4.32	$36,050	$155,736			$0	4.3	$155,736
OR Techs			$0	4.59	$51,500	$236,385			$0	4.6	$236,385
Endo Techs			$0	3.24	$43,250	$140,130			$0	3.2	$140,130
Total Direct Care			$0	25.92		$1,595,984			$0	25.9	$1,595,984
Support Staff *(List general categories, add rows if needed)*											
CSR Tech			$0	3.24	$47,500	$153,900			$0	3.2	$153,900
Inventory Tech			$0	1.08	$44,300	$47,844			$0	1.1	$47,844
			$0			$0			$0	0.0	$0
			$0			$0			$0	0.0	$0
Total Support			$0	4.32		$201,744			$0	4.3	$201,744
REGULAR EMPLOYEES TOTAL			$0	***38.45***		***2,319,988.0***			$0	38.5	$2,319,988
2. Contractual Employees											
Administration *(List general categories, add rows if needed)*											
			$0			$0			$0	0.0	$0
			$0			$0			$0	0.0	$0
			$0			$0			$0	0.0	$0
			$0			$0			$0	0.0	$0
Total Administration			$0			$0			$0	0.0	$0
Direct Care Staff *(List general categories, add rows if needed)*											
			$0			$0			$0	0.0	$0
			$0			$0			$0	0.0	$0
			$0			$0			$0	0.0	$0
			$0			$0			$0	0.0	$0
Total Direct Care Staff			$0			$0			$0	0.0	$0
Support Staff *(List general categories, add rows if needed)*											
			$0			$0			$0	0.0	$0
			$0			$0			$0	0.0	$0
			$0			$0			$0	0.0	$0
			$0			$0			$0	0.0	$0
Total Support Staff			$0			$0			$0	0.0	$0
CONTRACTUAL EMPLOYEES TOTAL			$0			$0			$0	0.0	$0
Benefits *(State method of calculating benefits below)* **:**											
15% Employee Benefits, 10% Payroll Taxes											
TOTAL COST	***0.0***		***$0***	***38.5***		***$2,899,985***	***0.0***		***$0***		***$2,899,985***

* The projected FTEs and cost for the entire facility should equal the current number of FTEs and cost plus changes in FTEs and cost related to the proposed project plus other expected changes in staffing.

EXHIBIT 24

ENT: Top Surgical Procedures to be Performed (Primary Procedures)		
CPT Code	**CPT Description**	**FY2017-FY2019 Totals**
31536	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY; WITH OPERATING MICROSCOPE	232
42826	TONSILLECTOMY, PRIMARY OR SECONDARY; AGE 12 OR OVER	137
69631	TYMPANOPLASTY W/O MASTOIDECTOMY (INC CANALPLASTY, ATTICOTOMY AND/OR MIDDLE EAR SURGERY), INITIAL OR REVISION; WITHOUT OSSICULAR CHAIN RECONSTRUCTION	133
31541	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH EXCISION OF TUMOR AND/OR STRIPPING OF VOCAL CORDS OR EPIGLOTTIS; WITH OPERATING MICROSCOPE	126
31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	100
69436	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), GENERAL ANESTHESIA	81
69930	COCHLEAR DEVICE IMPLANTATION, WITH OR WITHOUT MASTOIDECTOMY	66
31535	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY;	63
31237	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH BIOPSY, POLYPECTOMY OR DEBRIDEMENT (SEPARATE PROCEDURE)	58
69660	STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINUITY, WITH OR WITHOUT USE OF FOREIGN MATERIAL;	57

General Surgery: Top Surgical Procedures to be Performed (Primary Procedures)		
CPT Code	**CPT Description**	**FY2017-FY2019 Totals**
60500	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S);	407
49505	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE	257
47562	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY	224
49652	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed), reducible	172
49650	LAPAROSCOPY, SURGICAL; REPAIR INITIAL INGUINAL HERNIA	155
43235	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; DIAGNOSTIC, W W/O COLLECTIONOF SPECIMEN(S) BY BRUSHING/WASHING (SEP PROCEDURE)	150
43239	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH BIOPSY, SINGLE OR MULTIPLE	149
49585	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE	137
49560	REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; REDUCIBLE	119
60210	PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHMUSECTOMY	103

Ophthalmology: Top Surgical Procedures to be Performed (Primary Procedure)		
CPT Code	**CPT Description**	**FY2017-FY2019 Totals**
66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (ONE STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATIONAND ASPIRATION OR PHACOEMULSIFICATION)	1,226
66982	XCAPSULAR CTRCT REM W INS, IOL PRSTH,MAN/MECH TECHN,CMPLX,REQ S/TECHNS NO GENLY USED ROUTINE CTRCT SX(EG,IRIS XPANS N,SUT SUPP,IOL,/1 PST CAPSULORRHEXIS)/PERF PTS THE AMBLYOGENIC DEVEL STAGE	276
66710	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION	95
66180	AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR (EG, MOLTENO, SCHOCKET, DENVER-KRUPIN)	87
67311	STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE; ONE HORIZONTAL MUSCLE	64
65756	Keratoplasty Procedures on the Cornea	44
67904	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION OR ADVANCEMENT, EXTERNAL APPROACH	40
68720	DACRYOCYSTORHINOSTOMY (FISTULIZATION OF LACRIMAL SAC TO NASAL CAVITY)	38
66250	REVISION OR REPAIR OF OPERATIVE WOUND OF ANTERIOR SEGMENT, ANY TYPE, EARLY OR LATE, MAJOR OR MINOR PROCEDURE	32
66170	FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO IN ABSENCE OF PREVIOUS SURGERY	31

Orthpaedics: Top Surgical Procedures to be Performed (Primary Procedures)		
CPT Code	**CPT Description**	**FY2017-FY2019 Totals**
20680	REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, ROD OR PLATE)	533
28285	CORRECTION, HAMMERTOE (EG, INTERPHALANGEAL FUSION, PARTIAL OR TOTAL PHALANGECTOMY)	112
20694	REMOVAL, UNDER ANESTHESIA, OF EXTERNAL FIXATION SYSTEM	109
29881	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL OR LATERAL, INCLUDING ANY MENISCAL SHAVING)	76
27570	MANIPULATION OF KNEE JOINT UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRACTION OR OTHER FIXATION DEVICES)	68
28296	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; WITH METATARSAL OSTEOTOMY (EG, MITCHELL, CHEVRON, OR CONCENTRIC TYPE PROCEDURES)	63
29876	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, MAJOR, TWO OR MORE COMPARTMENTS (EG, MEDIAL OR LATERAL)	63
29888	ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR RECONSTRUCTION	62
27870	ARTHRODESIS, ANKLE, OPEN	33
29827	ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF REPAIR	33

GI and Endo: Top Procedure to be Performed (Primary Procedure)		
CPT Code	**CPT Description**	**FY2019 Totals**
45378	Diagnostic colonoscopy	657
43239	Egd biopsy single/multiple	655
45380	Colonoscopy and biopsy	639
45385	Colonoscopy w/lesion removal	402
43235	Egd diagnostic brush wash	349
43237	Endoscopic us exam esoph	287
43238	Egd us fine needle bx/aspir	155
43274	Ercp duct stent placement	140
43264	Ercp remove duct calculi	135
43270	Egd lesion ablation	135

EXHIBIT 25

SERVICE AREA ZIP CODES

Primary Service Area	
FY 2019 Zip Codes	**Discharges Per Zip Code**
21217	198
21229	144
21216	118
21215	113
21223	97
21201	86
21230	77
21207	75
21218	72
21061	61
21228	60
21202	57
21122	55
21206	52
21222	52
21213	51
21244	49
21225	49
21224	47
21117	46
21133	36
21042	35
21212	34
21740	33
21601	31
21227	31
21234	31
21208	30
21220	30
21144	29
21237	28
21239	28
21044	27
21221	26
21014	26
21136	26
21784	25
21060	25
21401	24

21045	23
21236	22
21214	22
21043	22
21701	20
21403	20
21158	20
21113	19
Total	2,282

Secondary Service Area	
FY 2019 Zip Codes	Discharges Per Zip Code
20723	19
21702	18
21205	18
21921	18
21613	18
21075	18
21231	16
21211	16
20794	16
21076	16
21001	16
21009	16
21046	16
21804	15
21209	15
21157	15
21093	14
21146	14
21226	13
21037	13
21015	13
21030	13
21078	13
20743	12
20657	12
20774	12
20715	12
21040	12
20724	11
20707	11
21801	10
21713	10
21108	10
21012	10
21210	9
21620	9
21795	9
21502	9
21901	9
21286	9
20772	9

21120	9
21047	9
21050	9
21629	8
21703	8
21771	8
21655	8
21742	8
21102	8
20878	8
20910	8
21114	8
21643	7
21904	7
21661	7
21617	7
21783	7
21788	7
20706	7
20874	7
20784	7
21090	7
21111	7
20740	7
20904	7
20653	7
21074	7
20705	7
21903	6
21638	6
21666	6
21625	6
21769	6
20770	6
21032	6
20906	6
20619	6
21163	6
20659	6
20678	6
20716	6
21409	5
33901	5
21660	5
21632	5

21663	5
20877	5
20854	5
20602	5
21084	5
21054	5
20720	5
20746	5
21128	5
21911	4
21776	4
21774	4
21673	4
21651	4
21842	4
21793	4
21619	4
21811	4
21631	4
20721	4
20646	4
20747	4
21131	4
Total	954

EXHIBIT 26

THE UNIVERSITY OF MARYLAND MEDICAL CENTER MIDTOWN CAMPUS CHARITY CARE POLICY

The University of Maryland Medical Center maintains accessibility to all services regardless of an individual's ability to pay. The hospital policy on charity care is that the hospital will provide necessary emergency medical care to all persons regardless of their ability to pay and will consider for charity care those patients who cannot pay the total cost of hospitalization due to lack of insurance coverage and/ or inability to pay. For more information on our financial assistance policy for patients who qualify for help for their hospital bills, please call 1-800-492-5538. If you require translation services to understand this policy, please call the University of Maryland Patient Advocacy Office at 410-328-8777.

2/5/20 6586982

THE UNIVERSITY OF MARYLAND REHABILITATION AND ORTHOPAEDIC INSTITUTE CHARITY CARE POLICY

The University of Maryland Medical Center maintains accessibility to all services regardless of an individual's ability to pay. The hospital policy on charity care is that the hospital will provide necessary emergency medical care to all persons regardless of their ability to pay and will consider for charity care those patients who cannot pay the total cost of hospitalization due to lack of insurance coverage and/ or inability to pay. For more information on our financial assistance policy for patients who qualify for help for their hospital bills, please call 1-800-492-5538. If you require translation services to understand this policy, please call the University of Maryland Patient Advocacy Office at 410-328-8777.

2/5/20 6587157

Public Notice

"ORDER OF PUBLICATION ON NOTICE OF HEARING IN THE MATTER OF THEODORE CLAIBOURNE III, father, OF T.K. DOB 11/04/2009. Be advised that a matter is pending in the Circuit Court of Preston County, West Virginia, as case number 20-JA-2, involving your parental rights, if any, to a female child whose date of birth is November 4, 2009. You must appear at a hearing scheduled for March 27, 2020 at 1:00 p.m. at the Preston County Circuit Court, at 101 W Main St, Kingwood, WV 26537 and/or defend any such rights within 15 days by serving a response upon the Preston County Circuit Clerk or the Preston County Assistant Prosecuting Attorney, Anne Marie Armstrong, whose address is 106 West Main Street, Suite 201, Kingwood, West Virginia, 26537. If you fail to do so, judgment by default will be taken against you, your parental rights may be forever terminated, and you may thereafter be barred from asserting any future claims for parental rights."

1/29/20, 2/5/20 6585318

THE UNIVERSITY OF MARYLAND MEDICAL CENTER CHARITY CARE POLICY

The University of Maryland Medical Center maintains accessibility to all services regardless of an individual's ability to pay. The hospital policy on charity care is that the hospital will provide necessary emergency medical care to all persons regardless of their ability to pay and will consider for charity care those patients who cannot pay the total cost of hospitalization due to lack of insurance coverage and/ or inability to pay. For more information on our financial assistance policy for patients who qualify for help for their hospital bills, please call 1-800-492-5538. If you require translation services to understand this policy, please call the University of Maryland Patient Advocacy Office at 410-328-8777.

2/5/20 6587144

EXHIBIT 27

General Surgery: Top 10 Surgical Procedures from Downtown Campus to Midtown Campus	
Surgical Procedures	**FY2019 Total**
GASTRIC BYPASS LAPAROSCOPY	77
GASTRECTOMY LAPAROSCOPY	69
THYROIDECTOMY	11
FUNDOPLICATION LAPAROSCOPIC	10
ADRENALECTOMY LAPAROSCOPIC	8
LOBECTOMY THYROID	5
RESECTION COLON LAPAROSCOPIC	5
REPAIR HERNIA VENTRAL	5
CLOSURE ILEOSTOMY	5
GASTRECTOMY LAPAROSCOPIC PARTIAL / TOTAL	5

Neurosurgery: Top 10 Surgical Procedures from Downtown Campus to Midtown Campus	
Surgical Procedures	**FY2019 Total**
GAMMA KNIFE FRAME PLACEMENT	56
DISCECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S), INCLUDING OSTEOPHYTECTOMY; CERVICAL	33
INSERTION/REPLACEMENT CRANIAL NEUROSTIMULATOR PULSE GENERATOR/RECEIVER W/CONNECT 2+ ARRAYS	15
ARTHROPLASTY INSERTION INTERVERTEBRAL ARTIFICIAL DISC CERVICAL SPINE	13
CRANIOTOMY ANEURYSM REPAIR	13
LAMINECTOMY LUMBAR	11
CRANIOTOMY TUMOR RESECTION IMAGE-GUIDED	11
INSERTION BACLOFEN PUMP	6
CRANIOPLASTY	6
INSERTION/REPLACEMENT CRANIAL NEUROSTIMULATOR PULSE GENERATOR/RECEIVER W/ CONNECTION 1 ARRAY	5

GYN: Top 10 Surgical Procedures from Downtown Campus to Midtown Campus	
Surgical Procedures	**FY2019 Total**
HYSTEROSCOPY OPERATIVE	35
SALPINGO OOPHORECTOMY LAPAROSCOPIC	14
LIGATION TUBAL LAPAROSCOPIC	12
HYSTEROSCOPY WITH DILATATION AND CURETTAGE	10
LOOP ELECTRODE EXCISION PROCEDURE	8
D&C FOR INCOMPLETE / MISSED / INDUCED ABORTION	7
SALPINGECTOMY LAPAROSCOPIC	7
VULVECTOMY	7
OOPHORECTOMY LAPAROSCOPIC	5
HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF IMPACTED FOREIGN BODY	4

Oral Max: Top 10 Surgical Procedures from Downtown Campus to Midtown Campus	
Surgical Procedures	**FY2019 Total**
ARTHROSCOPY TEMPORAL MANDIBULAR JOINT	46
SURGICAL REMOVAL OF ERUPTED TOOTH W/ELEVATION MUCOPERIOSTEAL FLAP & REMOVAL OF BONE/TOOTH	23
GLOSSECTOMY PARTIAL	15
EXCISION MASS MANDIBLE	10
ARTHROPLASTY TEMPORAL MANDIBULAR JOINT	7
OSTEOTOMY LEFORT I	7
ADJACENT TISSUE TRANSFER	4
REMOVAL HARDWARE FACE	3
BIOPSY BONE	3
EXCISION SUBMANDIBULAR GLAND	3

Urology: Top 10 Surgical Procedures from Downtown Campus to Midtown Campus	
Surgical Procedures	**FY2019 Total**
INSERTION OF MULTI-COMPONENT, INFLATABLE PENILE PROSTHESIS, INCLUDING PLACEMENT OF PUMP, CYLINDERS, AND RESERVOIR	128
REMOVAL AND REPLACEMENT OF ALL COMPONENT(S) OF A MULTI-COMPONENT, INFLATABLE PENILE PROSTHESIS AT THE SAME OPERATIVE SESSION	43
Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent	37
CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING URETERAL STENT (EG, GIBBONS OR DOUBLE-J TYPE)	34
CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND/OR RESECTION OF; SMALL BLADDER TUMOR(S) (0.5 TO 2.0 CM)	20
CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE;	19
TRANSURETHRAL ELECTROSURGICAL RESECTION PROSTATE, INC CONTROL OF POSTOPERATIVE BLEEDING, COMPLETE (VASECTOMY, MEATOTOMY, CYSTOURETHROSCOPY, URETHRALCALIBRATION AND/OR DILATION, INTERNAL URETHROTOMY)	13
CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND/OR RESECTION OF; MEDIUM BLADDER TUMOR(S) (2.0 TO 5.0 CM)	13
CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) OR TREATMENT OF MINOR (LESS THAN 0.5 CM) LESION(S) WITH OR WITHOUTBIOPSY	12
CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCULUS, OR URETERAL STENT FROM URETHRA OR BLADDER (SEPARATE PROCEDURE); SIMPLE	12

Organ Transplant: Top 10 Surgical Procedures from Downtown Campus to Midtown Campus	
Surgical Procedures	**FY2019 Total**
TRANSPLANT LAPAROSCOPY KIDNEY	29
INSERTION DIALYSIS CATHETER PERITONEAL	13
REVISION ARTERIAL VENOUS FISTULA	11
CREATION FISTULA ARTERIAL VENOUS WITH GRAFT	9
CREATION FISTULA ARTERIAL VENOUS	8
REMOVAL DIALYSIS CATHETER	6
CHOLECYSTECTOMY LAPAROSCOPIC	5
EXPLORATION WOUND	4
REPAIR HERNIA UMBILICAL	3
LIGATION ARTERIAL VENOUS FISTULA	3

Vascular: Top 10 Surgical Procedures from Downtown Campus to Midtown Campus	
Surgical Procedures	**FY2019 Total**
ENDARTERECTOMY CAROTID ARTERY WITH PATCH GRAFT	9
ENDARTERECTOMY CAROTID ARTERY	9
INSERTION STIMULATOR VAGUS NERVE	6
CREATION FISTULA ARTERIAL VENOUS	5
VENOGRAM	4
ABLATION SAPHENOUS VEIN W/ RFA	3
RESECTION FIRST RIB	3
CAROTID STENT	2
CREATION OF ARTERIOVENOUS (AV) FISTULA	2
FISTULOGRAM	2

Otolarynogology: Top 10 Surgical Procedures from Downtown Campus to Midtown Campus	
Surgical Procedures	**FY2019 Total**
LOBECTOMY THYROID	7
CRANIOTOMY REPAIR OF DURAL LEAK	4
LYMPHADENECTOMY	3
THYROIDECTOMY	3
UNLISTED PROCEDURE, SALIVARY GLANDS OR DUCTS	3
ADJACENT TISSUE TRANSFER	2
RADICAL NECK DISSECTION	2
DIRECT LARYNGOSCOPY BIOPSY	2
EXCISION, TUMOR, SOFT TISSUE OF FACE OR SCALP	1
ESOPHAGOSCOPY	1

Pulmonary: Top 10 Surgical Procedures from Downtown Campus to Midtown Campus	
Surgical Procedures	**FY2019 Total**
BRONCHOSCOPY ENDOSCOPIC WITH ULTRASOUND	4
TOTAL LUNG LAVAGE	2
BRONCHOSCOPY RIGID	2
BRONCHOSCOPY	2
BRONCHOSCOPY FLEXIBLE	2
BRONCHOSCOPY RIGID OR FLEXIBLE WITH BRONCHIAL THERMOPLASTY	1

Gastroenterlogy: Top 10 Surgical Procedures from Downtown Campus to Midtown Campus	
Surgical Procedures	**FY2019 Total**
ENTEROSCOPY UPPER SMALL BOWEL W/WO BALLOON	1
ENTEROSCOPY	1

Trauma Plastic Surgery: Top 10 Surgical Procedures from Downtown Campus to Midtown Campus	
Surgical Procedures	FY2019 Total
REMOVAL HARDWARE FACE	3
REMOVAL ARCH BARS	3
ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA	1
CLOSURE SURGICAL WOUND ABDOMEN	1
INCISION AND DRAINAGE LOWER EXTREMITY	1
RECONSTRUCTION CANTHUS	1
BLEPHAROPLASTY	1
CLOSURE WOUND ONCOPLASTIC	1
RHIZOTOMY RADIOFREQUENCY TRIGEMINAL	1
EXCISION LESION NECK	1

Plastic Surgery: Top 10 Surgical Procedures from Downtown Campus to Midtown Campus	
Surgical Procedures	**FY2019 Total**
MAMMOPLASTY REDUCTION	41
REDUCTION BREAST	9
ABDOMINOPLASTY	7
AUGMENTATION BREAST	7
PANNICULECTOMY	6
BLEPHAROPLASTY	4
LIPOSUCTION ABDOMEN	3
INSERTION OF FAT GRAFT	3
EXCISION SKIN LESION	3
EXCISION LESION SCALP	3

Orthopaedics: Top 10 Surgical Procedures from Downtown Campus to Midtown Campus	
Surgical Procedures	**FY2019 Total**
FUSION SPINE ANTERIOR CERVICAL AND DISCECTOMY	93
LAMINECTOMY LUMBAR	39
DECOMPRESSION SPINE	31
MICRODISCECTOMY LUMBAR	25
LAMINECTOMY LUMBAR WITH FUSION	15
DECOMPRESSION SPINE WITH INSTRUMENTATION	14
FUSION SPINE CERVICAL POSTERIOR	10
ARTHROPLASTY HIP	9
FUSION SPINE ANTERIOR LUMBAR	8
CORPECTOMY CERVICAL	8

EXHIBIT 28

ENT: Top 10 Surgical Procedures from Downtown Campus to MTC SurgiCenter		
CPT Code	**Surgical Procedure**	**FY2019 Totals**
31536	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY; WITH OPERATING MICROSCOPE	54
69631	TYMPANOPLASTY W/O MASTOIDECTOMY (INC CANALPLASTY, ATTICOTOMY AND/OR MIDDLE EAR SURGERY), INITIAL OR REVISION; WITHOUT OSSICULAR CHAIN RECONSTRUCTION	45
31541	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH EXCISION OF TUMOR AND/OR STRIPPING OF VOCAL CORDS OR EPIGLOTTIS; WITH OPERATING MICROSCOPE	34
69930	COCHLEAR DEVICE IMPLANTATION, WITH OR WITHOUT MASTOIDECTOMY	17
31535	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY;	16
31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	16
69660	STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINUITY, WITH OR WITHOUT USE OF FOREIGN MATERIAL;	14
69633	TYMPANOPLASTY W/O MASTOIDECTOMY (INC CANALPLASTY, ATTICOTOMY AND/OR MIDDLE EAR SURGERY), INITIAL OR REVISION; WITH OSSICULAR CHAIN RECON AND SYNTHETIC PROSTHESIS (PORP/TORP)	13
69436	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), GENERAL ANESTHESIA	12
38510	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, DEEP CERVICAL NODE(S)	11

General Surgery: Top 10 Surgical Procedures from Downtown Campus to MTC SurgiCenter		
CPT Code	**Surgical Procedure**	**FY2019 Totals**
60500	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S);	125
60210	PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHMUSECTOMY	33
47562	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY	26
49652	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed) reducible	16
49560	REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; REDUCIBLE	15
49505	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE	13
60220	TOTAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHMUSECTOMY	13
60240	THYROIDECTOMY, TOTAL OR COMPLETE	12
49320	LAPAROSCOPY, ABDOMEN, PERITONEUM, AND OMENTUM, DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)	10
49565	REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA; REDUCIBLE	8

Ophthalmology: Top 10 Surgical Procedures from Downtown Campus to MTC SurgiCenter		
CPT Code	**Surgical Procedure**	**FY2019 Totals**
65285	REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, WITH REPOSITION OR RESECTION OF UVEAL TISSUE	1
65820	GONIOTOMY	1

Orthpaedics Top 10 Surgical Procedures from Downtown Campus to MTC SurgiCenter		
CPT Code	**Surgical Procedure**	**FY2019 Totals**
20680	REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, ROD OR PLATE)	4
27570	MANIPULATION OF KNEE JOINT UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRACTION OR OTHER FIXATION DEVICES)	2
29827	ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF REPAIR	2
27745	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE, TIBIA	1
26952	AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALANX, SINGLE, INCLUDING NEURECTOMIES; WITH LOCAL ADVANCEMENT FLAPS (V-Y, HOOD)	1
27442	ARTHROPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S), KNEE	1
29884	ARTHROSCOPY, KNEE, SURGICAL; WITH LYSIS OF ADHESIONS, WITH OR WITHOUT MANIPULATION (SEPARATE PROCEDURE)	1
27814	OPEN TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	1
27695	REPAIR, PRIMARY, DISRUPTED LIGAMENT, ANKLE; COLLATERAL	1
28820	AMPUTATION, TOE; METATARSOPHALANGEAL JOINT	1

EXHIBIT 29

ENT: Top 10 Surgical Procedures from Midtown Campus to MTC SurgiCenter		
CPT Code	**Surgical Procedure**	**FY2019 Totals**
42826	TONSILLECTOMY, PRIMARY OR SECONDARY; AGE 12 OR OVER	25
31536	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY; WITH OPERATING MICROSCOPE	19
30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	13
15630	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT EYELIDS, NOSE, EARS, OR LIPS	12
42821	TONSILLECTOMY AND ADENOIDECTOMY; AGE 12 OR OVER	7
31541	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH EXCISION OF TUMOR AND/OR STRIPPING OF VOCAL CORDS OR EPIGLOTTIS; WITH OPERATING MICROSCOPE	7
15260	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NOSE, EARS, EYELIDS, AND/OR LIPS; 20 SQ CM OR LESS	6
31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	6
15100	SPLIT GRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ONE PERCENT OF BODY AREA OF INFANTS AND CHILDREN (EXCEPT 15050)	5
30802	CAUTERY AND/OR ABLATION, MUCOSA OF TURBINATES, UNILATERAL OR BILATERAL, ANY METHOD; INTRAMURAL	5

General Surgery: Top 10 Surgical Procedures from Midtown Campus to MTC SurgiCenter		
CPT Code	**Surgical Procedure**	**FY2019 Totals**
49505	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE	59
43235	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; DIAGNOSTIC, W W/O COLLECTIONOF SPECIMEN(S) BY BRUSHING/WASHING (SEP PROCEDURE)	50
49585	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE	36
47562	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY	35
46922	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; SURGICAL EXCISION	30
49650	LAPAROSCOPY, SURGICAL; REPAIR INITIAL INGUINAL HERNIA	29
49560	REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; REDUCIBLE	28
43239	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH BIOPSY, SINGLE OR MULTIPLE	28
45378	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WITH OR WITHOUTCOLON DECOMPRESSION (SEPARATE PROCEDURE)	27
46607	Anoscopy	26

Ophthalmology: Top 10 Surgical Procedures from Midtown Campus to MTC SurgiCenter		
CPT Code	**Surgical Procedure**	**FY2019 Totals**
66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (ONE STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATIONAND ASPIRATION OR PHACOEMULSIFICATION)	313
66982	XCAPSULAR CTRCT REM W INS, IOL PRSTH,MAN/MECH TECHN,CMPLX,REQ S/TECHNS NO GENLY USED ROUTINE CTRCT SX(EG,IRIS XPANS N,SUT SUPP,IOL,/1 PST CAPSULORRHEXIS)/PERF PTS THE AMBLYOGENIC DEVEL STAGE	92
66710	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION	41
66180	AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR (EG, MOLTENO, SCHOCKET, DENVER-KRUPIN)	27
67311	STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE; ONE HORIZONTAL MUSCLE	26
68720	DACRYOCYSTORHINOSTOMY (FISTULIZATION OF LACRIMAL SAC TO NASAL CAVITY)	14
67904	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION OR ADVANCEMENT, EXTERNAL APPROACH	13
66250	REVISION OR REPAIR OF OPERATIVE WOUND OF ANTERIOR SEGMENT, ANY TYPE, EARLY OR LATE, MAJOR OR MINOR PROCEDURE	12
66986	EXCHANGE OF INTRAOCULAR LENS	10
66185	REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR	9

Orthopaedics: Top 10 Surgical Procedures from Midtown Campus to MTC SurgiCenter		
CPT Code	**Surgical Procedure**	**FY2019 Totals**
20680	REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, ROD OR PLATE)	109
28285	CORRECTION, HAMMERTOE (EG, INTERPHALANGEAL FUSION, PARTIAL OR TOTAL PHALANGECTOMY)	25
28296	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; WITH METATARSAL OSTEOTOMY (EG, MITCHELL, CHEVRON, OR CONCENTRIC TYPE PROCEDURES)	23
20694	REMOVAL, UNDER ANESTHESIA, OF EXTERNAL FIXATION SYSTEM	22
27870	ARTHRODESIS, ANKLE, OPEN	21
29881	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL OR LATERAL, INCLUDING ANY MENISCAL SHAVING)	20
29888	ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR RECONSTRUCTION	14
28725	ARTHRODESIS; SUBTALAR	13
27828	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/PORTION OF DISTAL TIBIA (EG, PILON OR TIBIAL PLAFOND), WITH INTERNAL OR EXTERNALFIXATION; OF BOTH TIBIA AND FIBULA	12
27792	OPEN TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS), WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	11