

Gallagher LLP

November 3, 2025

VIA EMAIL & FEDERAL EXPRESS MAIL

Ms. Deanna Dunn
Health Facilities Coordination Officer
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215-2299

**Re: Ruxton SurgiCenter, LLC Responses to Completeness Questions
dated 10-10-2025 to Establish an Ambulatory Surgical Facility
Docket No.: 25-03-2474**

Dear Ms. Dunn:

On behalf Ruxton SurgiCenter, LLC (“RSC”), we are submitting an electronic version, and four (4) hard copies of its Responses to Completeness Questions dated October 10, 2025 and related exhibits. We will be providing a WORD version of the responses and an updated EXCEL file of the MHCC tables under separate email.

We hereby certify that a copy of this submission has also been forwarded to the appropriate local health planning agency as noted below.

If you have questions about the information provided above, please contact us at your convenience.

Sincerely,



Mallory Regenbogen



Alison Lutich

cc: via email

Douglas Jacobs, MD, Executive Director, MHCC

Wynee Hawk, Director, Center for Health Care Facilities Planning & Development, MHCC

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Ruxton SurgiCenter, LLC
Certificate of Need to Establish a New Ambulatory Surgical Facility
Matter No. 25-03-2474

Responses to Completeness Questions Dated October 10, 2025

PART I: PROJECT IDENTIFICATION AND GENERAL INFORMATION

Owner of the Real Property and Improvements

- 1. Is there an option to lease or any other document memorializing the intention of Ruxton SurgiCenter, LLC to lease the space from the University of Maryland Medical Systems Corporation (UMMS)? If so, provide said document including the terms of the agreement and division of financial responsibility for construction.**

[Applicant Response](#)

University of Maryland Medical System (“UMMS”) and Ruxton SurgiCenter, LLC have not entered an option to lease. Given that all prospective tenants in the UMMS Ambulatory Building have a relationship to UMMS, the University of Maryland School of Medicine, or UM SJMC, an option to lease is not necessary, as the parties are in ongoing discussion regarding the project. Ruxton SurgiCenter anticipates entering a lease with UMMS prior to the beginning the fit-out of its space.

The parties are still discussing key terms for the lease, including the Tenant Improvement (TI) allowance, so it is premature at this point in time to enter a lease. TI allowances are typically structured such that the landlord (UMMS) agrees to reimburse the tenant for the cost of improvements in the space, typically in the form of dollars per square foot of occupiable space (i.e., \$75 per SF) towards the fit-out of the tenant’s (Ruxton SurgiCenter’s) leased space, and the parties anticipate this same TI structure will be used for this lease.

Project Description

- 2. Will the owners of Ruxton SurgiCenter, LLC have any ownership interest in any of the other services or practices at the new building? If so, provide details (i.e., name of practice, percent ownership, services and specialties, and the number of operating rooms (ORs) and procedure rooms (PRs)).**

[Applicant Response](#)

Ruxton is owned by UM SJMC, Ruxton Pain Group, LLC, and Ruxton Orthopaedic Group, LLC. None of these owners of Ruxton will have an ownership interest in any of the other services or practices at the new building. All of the currently planned tenants are, however, affiliated with either UMMS, University of Maryland St. Joseph Medical Group, LLC (a subsidiary of UMSJ Health System LLC, which is the parent corporation of UM SJMC) or the University of Maryland School of Medicine.

Project Implementation Schedule

- 3. It appears that the fit-out will occur concurrently with the building construction. How will Ruxton collaborate with UMMS on this project? Who is responsible for what portion of the construction?**

Applicant Response

Construction on the Ambulatory Building is expected to begin in April of 2026. UMMS is responsible for the building construction, with each tenant retaining responsibility for fitting out their respective leased spaces. UMMS has retained a project management company to coordinate construction and is collaborating closely with the building's tenants regarding construction progress and the timeline for when tenants may begin the fit out of their respective spaces. Specifically, UMMS is responsible for completing the core and shell work on the building along with rough ins and finish work. The core and shell, rough ins, and finish work for Ruxton's space will be completed by UMMS prior to Ruxton beginning the fit out of its space. Core and shell, rough in, and finish work may continue elsewhere in the building while Ruxton completes the fit out of its space. Ruxton anticipates that the space will be ready to begin fit out renovations in the second quarter of 2027. Ruxton anticipates that it will complete the fit out in the first quarter of 2028.

- 4. Which time period is Ruxton using for the project implementation schedule: (b) for a project involving a building replacement or (c) a project limited to renovation of existing building space?**

Applicant Response

Ruxton is using the time frame set forth at COMAR 10.24.01.12C(1)(b), which provides 24 months following CON approval for obligation of at least 51% of the approved capital budget for a project involving an approved new non-hospital health care facility. Given that the project involves establishing a new ASF, which is a new non-hospital health care facility, this is the appropriate implementation schedule.

Project Drawings

- 5. Regarding Exhibit 2:**
 - a. Provide the square footage of each room. Label all corridors on the drawing, provide the dimension, and specify whether they are restricted or non-restricted and sterile or non-sterile. Include dimensions for the five (5) sterile ORs, the two (2) non-sterile PRs, and the shell space intended for either an OR or PR.**

Applicant Response

Please see updated project drawings attached as **Exhibit 17**. The sterile areas are identified by red diagonal hatch markings; all other areas of the drawing without this marking are non-sterile spaces.

- b. Clarify the number of prep/recovery bays. The proposed project description indicates there will be 23 prep/recovery bays (2 of which are private prep recovery rooms); however, the architectural drawing that was submitted indicates that there are 24 recovery bays.**

[Applicant Response](#)

The reference to 23 prep/recovery bays was an error. As shown in the updated project drawings, attached as **Exhibit 17**, there are a total of 24 patient care areas; three are private rooms and the remaining are three-walled cubicles.

- c. How many passenger and freight elevators will be accessible to the surgery center? Provide the dimensions.**

[Applicant Response](#)

There are a total of two public elevators and two service/patient transport elevators that are accessible to the surgery center and shared with the other building tenants.

Interior cab dimensions for the public elevator are: 5'-6" x 6'-6". Interior cab dimensions for the service elevator are 7'-11" x 5'-8".

PART II: PROJECT BUDGET

- 6. Will UMMS cover any improvements or fit out cost of the ASF? If so, please include these expenses in the Total Project Costs listed in Table E, Project Budget**

[Applicant Response](#)

The expenses in Table E reflect the total estimated cost of the fit-out of Ruxton SurgiCenter's leased space. Ruxton SurgiCenter anticipates that UMMS will provide a Tenant Improvement (TI) allowance in the lease once finalized. This landlord-provided funding will reduce the amount needed for Ruxton SurgiCenter's loan accordingly. The TI allowance has not yet been determined and so it is not reflected in Table E.

- 7. Regarding Table E:**

- a. Will Ruxton SurgiCenter contribute to costs related to permits, code compliance, and inspections for the ASF?**

[Applicant Response](#)

Yes, these costs are estimated to be \$98,862 and were grouped into the building line in Table E, which has been revised to break these out separately in row b4 – Permits (Building, Utilities, Etc.).

b. In reference to line (b)(1), what is included in the building costs?

[Applicant Response](#)

The building costs include all labor and material for the skilled trades, insurances, bonding, and general requirements. General conditions such as construction project management, safety, and security. Construction Management fees and overhead are also included.

c. What is included in the \$907,362 in architect/engineering fees?

[Applicant Response](#)

The architect/engineering fees include all costs associated with the Architect of Record, their MEP (mechanical, electrical, and plumbing) team, the Project Planning Team, Civil Engineering and all associated reimbursables. Construction Administration performed by these team members is also included. This work captures all planning and design of the ASF space from facility conception through fit-out design based on detailed requirements.

d. Please provide documentation for the \$15.2 million mortgage loan. How were the loan terms, interest rate, and fees determined?

[Applicant Response](#)

There is no documentation for the \$15.2 Million loan for the project. Ruxton SurgiCenter does not anticipate obtaining a loan for the project until closer to when the fit-out is estimated to begin in second quarter of 2027. The estimated loan terms provided on pages 56-57 of the CON Application are based on comparable surgery center financing available in the market around the time of the CON application submission.

e. Clarify why Gross Interest during the construction period is reported as \$0 given the proposed mortgage financing?

[Applicant Response](#)

Please see revised Table E, which includes \$1,083,469 in row c(3) - Gross Interest during the construction period – which represents an estimated 10 months of interest during the construction period.

f. Provide support for \$151,632 in loan placement fees, given the absence of documentation from a financial institution?

[Applicant Response](#)

Loan placement fees were estimated based on recent market averages.

- g. Specify the “other” category under line item 2c2 for financing costs and cash requirements.**

[Applicant Response](#)

The \$100,000 under line item 2c2 for CON Application Assistance – Other is the estimated consultant fees for Berkeley Research Group to assist with preparation of the CON application.

- h. Will there be any major or minor equipment that will be leased?**

[Applicant Response](#)

Ruxton anticipates that all equipment will be capital purchases, which are reflected in row c(1) – Moveable Equipment in the budget. Ruxton SurgiCenter has no plans for additional leased equipment at this time.

PART III: APPLICANT HISTORY, STATEMENT OF RESPONSIBILITY

- 8. Provide complete information on the applicant’s involvement with other health facilities. MHCC records show that UM SJMC also owns Towson Surgical Center**

[Applicant Response](#)

The information provided in the CON Application regarding the Applicant’s involvement with other health facilities is complete. As noted in the footnote to Part III in the CON Application, this question asks about the applicant’s involvement with another “health care facility,” which is defined under MHCC’s regulations to include a hospital, an ambulatory surgical facility, and “other health institutions, services, or programs that may be specified as requiring a CON under State law.” COMAR 10.24.01.01B(27). Towson Surgical Center is not a health care facility since it is a two-OR ASC not requiring a CON, and therefore, would not be captured in the response to the applicant history section. Moreover, UM SJMC does not have an ownership interest in Towson Surgical Center. UM SJMC’s parent company, UMSJ Health System, LLC, owns a 28.6016% ownership interest in Towson Surgical Center. Baltimore ASC Ventures, LLC, which is 51% owned by UMSJ Health System, LLC, owns a 71.3984% ownership interest in Towson Surgical Center.

PART IV: CONSISTENCY WITH GENERAL REVIEW CRITERIA AT COMAR 10.24.01.08b(3)

Charity Care and Financial Assistance Policy

- 9. Provide the status on Ruxton's adoption of a more extensive Financial Assistance Policy, including the expected timeline for approval and implementation.**

Applicant Response

Ruxton SurgiCenter recently adopted the Financial Assistance Policy that was attached as **Exhibit 4** to the CON application. However, it is still working to implement all elements of the policy over the coming months and expects to have the policy fully implemented, aside from the Notice provisions in Section 2, by the end of first quarter of 2026. Ruxton intends to fully implement the Notice provisions, including annual newspaper advertisements, prior to first use of the ASF. As stated on page 24 of the CON Application, by CY 2026, Ruxton SurgiCenter intends to begin providing its committed level of charity care of equal to or greater than \$140,000 annually.

- 10. Provide the annual approval and denial rates for patients who applied for the financial assistance program in 2022, 2023, and 2024. Were all patients made aware of the financial assistance program?**

Applicant Response

Ruxton SurgiCenter has not historically tracked approval or denial rates for patients requesting financial assistance as there has been no formal financial assistance policy or process in place. However, all patients who were brought to the attention of the center as needing financial assistance have had their requests for discounted services granted. Not all patients were made aware of the financial assistance program in these prior years, because Ruxton SurgiCenter has not historically had a formal financial assistance program in place.

- 11. Under paragraph (c), provide the full details of the sliding fee schedule that will be used to determine discounted charges based on family income bands. Is the sliding scale publicly available or provided upon request?**

Applicant Response

Patients with family income above 100 percent of the Federal Poverty Guidelines but below 200 percent of the Federal Poverty Guidelines will be eligible for services at a discounted charge, based on sliding scale discounts for various family income bands. Ruxton SurgiCenter intends to use the sliding scale discount bands presented in Table 19 below. Sliding scale discounts will be provided upon request, as Ruxton SurgiCenter discusses available financial assistance with patients.

**Table 19
Financial Assistance, Sliding Scale Discounts**

Family Income as Percentage of Federal Poverty Guidelines	Reduction of Out-of-Pocket Expense
100 to 149%	75%
150 to 174%	50%
175 to 199%	25%

12. Affirm that, if the MHCC’s average charity care is greater than the amount/percentage to which Ruxton has committed, Ruxton will make a new commitment and achieve the level of charity care required.

Applicant Response

As stated on page 23 of the CON Application, the applicant has committed to provide a level of charitable surgical services that meets the average amount of charity care provided by ASFs in Maryland, which MHCC Staff confirmed was most recently reported in MHCC’s Freestanding Ambulatory Surgical Survey (CY 2023) to be equivalent to \$140,272, or approximately 1% of ASFs’ total revenue.

Ruxton SurgiCenter will commit to comply with this Standard as it is written, which requires the applicant to “commit to provide charitable surgical services to indigent patients that are equivalent to at least the average amount of charity care provided by ambulatory surgical facilities *in the most recent year reported.*” If MHCC staff provides Ruxton more recent data on provision of charity care by Maryland ASFs during the CON Application review period, then Ruxton SurgiCenter is willing to reevaluate its proposed commitment prior to issuance of the CON. However, it would not be a workable or reasonable restriction to expect a CON holder to change its charity care commitment level potentially every year after awaiting for MHCC to release its most recent reporting, and that is certainly not what the plain language of this Standard requires.

13. The Financial Assistance Policy (Exhibit 4) states that surgeons and anesthesia providers are notified when a patient is approved for financial assistance. Do surgeons have the option to decline participation in providing uncompensated or discounted care? If so, how will Ruxton SurgiCenter ensure that patients approved for charity care receive the necessary services?

Applicant Response

No, surgeons and anesthesia providers are not permitted to decline providing uncompensated or discounted care if the patient is approved by Ruxton SurgiCenter for financial assistance.

Quality of Care

- 14. Under paragraph (d)(i), provide details on how Ruxton SurgiCenter exceeds the minimum requirements for licensure as an ASC-2. Provide the standard in relation to how the ASC exceeds this standard, and will this practice continue once it becomes an ASF?**

Applicant Response

To obtain licensure in Maryland, ASCs must submit a license application and undergo an on-site licensure survey once that application is approved. The initial licensure survey can involve Office of Health Care Quality (“OHCQ”) surveyors taking a tour of the facility, interviewing staff, reviewing documentation, and reviewing policies and procedures. If the OHCQ surveyor determines that all documentation, policies, and processes at the facility meet the state regulatory requirements for licensure, it grants the facility a license. Ruxton is licensed in good standing with the OHCQ, which demonstrates that it has met all qualifications for licensure in the state as determined by the official licensing body. Ruxton will continue to meet these standards once it becomes an ASF.

Ruxton is also accredited by the Joint Commission, which requires compliance with a number of standards that are evaluated every three years through extensive accreditation surveys. Ruxton has CMS deemed status through its Joint Commission accreditation, meaning that it is not subject to separate survey by the state agency to confirm compliance with CMS conditions of participation. Instead, Ruxton’s Joint Commission accreditation surveys evaluate its compliance with CMS conditions of participation. Ruxton submitted a copy of its Joint Commission accreditation with the CON application. To maintain accreditation, ASCs undergo an on-site survey by the Joint Commission every three years, during which time they must demonstrate compliance with all standards. Ruxton has routinely demonstrated that it meets all requirements for accreditation, as evidenced by its continued accreditation status. Ruxton’s next accreditation survey will occur no later than June 2026.

As discussed in the CON Application, Ruxton will pursue accreditation for the ASF once it is operational. It does not anticipate any issues achieving accreditation, given its historical track record as a licensed and accredited ASC.

- 15. Paragraph (e) is applicable to the applicant. Provide details regarding the quality of care for Ruxton’s current ASC.**

Applicant Response

Please see the response to Standard .05(A)(4)(iii) of the CON application, where Ruxton demonstrated that it is a provider of quality services.

Service Area

- 16. Identify the variables in Table 4 (p. 31) to which the four Notes (or footnotes) belong.**

Applicant Response

Below is a revised Table 4 with the four Notes ascribed to their respective variables.

Revised Table 4
Ruxton SurgiCenter’s Historical and Projected Service Area Population
2024-2030

Age Group	Service Area Population ⁽³⁾						% Change in Population 2025-2030
	2024		2025		2030E		
	Pop ⁽¹⁾	% of Total	Pop ⁽¹⁾	% of Total	Pop ^(1, 2, 4)	% of Total	
0-17	300,564	20.4%	299,326	20.4%	283,833	19.6%	-5.2%
18-44	524,964	35.6%	520,246	35.4%	499,815	34.6%	-3.9%
45-64	364,527	24.8%	361,526	24.6%	347,523	24.0%	-3.9%
65+	282,629	19.2%	286,513	19.5%	314,418	21.8%	9.7%
Total	1,472,684	100.0%	1,467,611	100.0%	1,445,589	100.0%	-1.5%

Notes:

[1] Population Data from Nielsen Claritas 2022 - 2025 Estimate, and 2030 Projection.

[2] NC uses 2025 as a base year for the 2030 projections.

[3] MHCC CON service area defined to narrow zip codes.

[4] For population in York County PA. Data from Census 5 yr projection ACS2020-2023 were used to calculate CAGR.

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

17. What did Ruxton do to manage cases at 109.5 percent capacity in 2024?

Applicant Response

In 2024 and 2025, Ruxton operated its two ORs from 7:30am to 5pm, 254 days per year, which calculates to full availability capacity of 289,540 minutes per year in its ORs. As described on page 33 of the CON Application and in Table 6, the 109.5% (or 268,166 minutes) in CY 2024 is Ruxton’s percentage capacity as measured by MHCC full capacity guidelines for two ORs (244,800 minutes per year), which is less than the actual available capacity of Ruxton SurgiCenter based on its operating schedule. In sum, it can accommodate the 268,166 minutes of OR time because it has a total of 289,540 minutes of available OR time based on its operating schedule.

Ruxton SurgiCenter also has numerous procedures in place to ensure efficient operation of the center:

- **Efficient Scheduling System:**
 Procedures are scheduled based on case length, surgeon availability, and room turnover times. The scheduling team prioritizes efficient sequencing of cases to minimize downtime between surgeries.

- **Preoperative Readiness:**
Patients are pre-admitted, pre-registered, and clinically cleared in advance of their procedures to ensure they arrive fully prepared for surgery. This reduces delays caused by incomplete documentation or pre-op requirements.
- **Standardized Room Turnover Protocols:**
The center has developed standardized cleaning and setup protocols to minimize turnover time between cases while maintaining safety and infection control standards.
- **Dedicated Support Teams:**
Designated turnover and float staff assist with room preparation, equipment setup, and patient transport to streamline transitions between cases.
- **Real-Time Communication Tools:**
The surgical team, pre-op, and recovery units communicate through real-time tracking to coordinate case progress and reduce bottlenecks.
- **Surgeon Block Time Optimization:**
Surgeon block times are regularly reviewed and adjusted based on utilization data to ensure that operating rooms are consistently used at or near capacity.
- **Continuous Performance Monitoring:**
The center tracks metrics such as room turnover time, first-case on-time starts, and case volume per day to identify opportunities for improvement and sustain high efficiency.

18. Table 7 indicates that Ruxton SurgiCenter is projected to operate at optimal capacity levels ranging from 137.9 percent to 138.1 percent during calendar years 2025 through 2027. Describe how Ruxton will schedule and meet this projected capacity for the current two ORs if the ASC operates between 7:30am to 5:00pm, averaging 254 days a year.

[Applicant Response](#)

As shown in Table 7 of the CON Application, in CY 2025 through 2027, projected OR minutes are no greater than 270,481 minutes. As discussed in response 17 above, this peak number of projected minutes is below the total available capacity at Ruxton SurgiCenter of 289,540 minutes. Given the projected OR minutes for CY 2025 through 2027 remain below total available capacity minutes, Ruxton SurgiCenter will be capable of meeting the projected demand.

19. Explain the calculations in Table 8. MHCC staff calculate different values for percent change for age groups 0-17 and 18-44.

[Applicant Response](#)

Please see a revised Table 8 below which highlights how the percent change from CY 2022 to CY 2024 is calculated.

Revised Table 8
Historical Use Rate of Ruxton SurgiCenter for the Projected Service Area,
per 1,000 Population
CY 2022 - 2024

Age Cohort	A	B	C	D
	Historical			%Change
	CY 2022	CY 2023	CY 2024	CY22-CY24
0-17	0.3	0.4	0.5	100.0%
% change		53.0%	30.7%	
		B/A-1	C/B-1	C/A-1
18-44	1.9	1.8	2.0	6.3%
% change		-3.1%	9.7%	
		B/A-1	C/B-1	C/A-1
45-64	6.5	6.9	7.3	12.0%
% change		6.3%	5.4%	
65+	11.1	11.9	12.7	14.4%
% change		7.7%	6.2%	
Total	4.44	4.73	5.1	14.1%
		7.7%	6.2%	

20. Table 10 does not include [REDACTED] and [REDACTED] who were identified as surgeons at the ASC in Ruxton's August 2025 request for determination. Clarify whether these two physicians will perform surgical services at the ASF upon project completion, and if so, re-submit Exhibit 15 with historical and projected utilization for these two surgeons.

Applicant Response

[REDACTED] will not be performing surgical services in the future at the ASF. [REDACTED] will be performing pain procedures at the new ASF, but not OR cases. The applicant completed an Addendum B as part of the Impact standard for [REDACTED] which was included in Exhibit 15 as a practitioner expected to perform cases at the ASF. The Impact standard addresses the impact from the project on surgical OR volumes at other health care facilities. Because [REDACTED] does not currently and will not be performing any OR cases in the ASF, his historical surgical volumes are not provided, rather just his summary of most frequently performed pain procedures. Table 20 below provides a breakdown of the projected pain procedures, as presented in Table 2, to be performed at Ruxton SurgiCenter in the procedure rooms.

Table 20
Ruxton SurgiCenter Projected Procedure Room Encounters
CY 2028 to CY 2032

Pain Management Physicians	CY 2028	CY 2029	CY 2030	CY 2031	CY 2032
BLOCK, B	1,318	1,437	1,481	1,525	1,570
██████████	1,539	1,678	1,728	1,780	1,833
OMOSULE, A	992	1,082	1,114	1,148	1,182
PANLILIO, L	1,324	1,443	1,486	1,531	1,576
	5,173	5,639	5,809	5,983	6,162

Support Services

21. Does Ruxton SurgiCenter have contractual agreements or referral partners for radiology services that do not require a C-arm machine? Will there be a C-arm machine in each OR?

Applicant Response

Ruxton SurgiCenter does not have any existing contracts or referral arrangements with any radiology service providers.

C-arm machines are designated solely for use in cases that are performed at the center. Ruxton SurgiCenter plans to have a C-arm machine dedicated to each procedure room and C-arm machines available for the OR rooms as applicable to cases.

Patient Safety

22. Identify the American National Standards Institute (ANSI) standards that were reviewed and addressed while designing the ASF.

Applicant Response

The proposed design complies with the applicable 2018 Facility Guidelines Institutes for Outpatient Facilities and ANSI standards. The Ruxton SurgiCenter project drawings will be reviewed by the Baltimore County Building Code reviewers, including the Fire Marshall.

During the design of the Ruxton ASF, the project team reviewed applicable American National Standards Institute (ANSI) standards as referenced within the 2021 International Building, Plumbing, Mechanical, and Fire Codes adopted by Baltimore County. The primary ANSI standards relevant to this project include ANSI/ICC A117.1 for accessibility of patient and staff areas, ANSI Z97.1 for safety glazing used in door vision panels, sidelights, and other locations subject to human impact, and ANSI-accredited standards for medical plumbing, HVAC, and

mechanical systems. In addition, the 2018 FGI Guidelines, NFPA 99, and ASHRAE 170 each reference or incorporate ANSI standards related to accessibility, ventilation performance, and equipment safety, such as ANSI/ICC A117.1 for accessibility, ANSI/ASHRAE 52.2 and ANSI/AMCA standards for air filtration and fan performance, and ANSI-accredited product safety standards within NFPA 99. These standards collectively guided the design of accessible patient pathways, impact-resistant glazing, and the selection and installation of medical gas, plumbing, and HVAC equipment to ensure safety, functionality, and compliance with applicable codes and guidelines.

Financial Feasibility

23. Under subparagraph (a)(i), how were the 1,350 outpatient joint cases from UM SJMC determined, and what additional/ types of surgical cases will UM SJMC perform once some of the SDS cases are transferred to Ruxton.

[Applicant Response](#)

The outpatient joint cases were selected due to having ASC appropriate acuity levels. These cases are performed and the patient is released on the same day of their surgery, and the cases are being performed by the same orthopedic surgeons that operate at Ruxton SurgiCenter today.

UM SJMC plans to backfill the outpatient joint cases with additional inpatient surgery cases that are required to be completed in the acute hospital setting. The service lines identified are cardiothoracic, spine, thoracic, and invasive cardiology. Continued growth in the Medicare patient population for UM SJMC and Ruxton SurgiCenter's service areas is driving growth in chronic conditions and the need for surgical cases in these specialties.

24. Regarding Table 10, what considerations were given to increase gross revenue per case and Net reimbursement per case over time?

[Applicant Response](#)

Gross revenue and net reimbursement per case were held constant at FY 2024 dollars. Reimbursement for the current cases at Ruxton SurgiCenter are assumed to have a consistent net reimbursement (\$1,849 per case). The 1,350 joint cases which are expected to shift from UM SJMC are assumed to have \$12,209 reimbursement per case based on current experience. Joint cases have significantly higher resource utilization including supply costs which results in a higher net reimbursement per case.

Table 10, outlines net reimbursement per case for both current cases plus expected growth and projected reimbursement for joint cases transferred from UM SJMC to arrive at projected reimbursement for the projection period in 2024 dollars.

25. Page 44 states that the ASF lease estimate is based on 22,145 usable SF plus an allocation of 4,282 SF for common areas, priced at \$50/SF. What is included in the 4,282 SF and why is its construction cost excluded from the Total Project Budget and Construction Cost tables?

Applicant Response

This represents the ASF’s proportion of the building’s common areas. The ASF and other tenants in the building are not responsible for the construction or outfitting of this space, but it is Building Owners and Managers Association (BOMA) standard practice to include common areas in rentable square footage calculations.

Impact

26. Provide the surgical volume, average time per case (minutes), and location of current practice for the three new physicians who will join Ruxton (see Table 12).

Applicant Response

Three new physicians, [REDACTED], will begin performing cases at the new ASF by CY 2028. These physicians are joining the new ASF upon graduating from their medical residencies. As such, historical volumes for CY 2023 and 2024 are not available. Projected surgical volumes for these physicians are based on a combination of the available cases being transferred from UM SJMC to the new ASF and existing demand that will no longer be filled with [REDACTED] surgical retirement as of CY 2026. Average case times for each of the three physicians will be the same case times outlined in Table 7 of the CON Application.

27. For those physicians who perform cases at the hospital and whose cases will be transferred to Ruxton: provide the total OR time for the physicians at the hospital in 2024 and the total time for those cases in 2024 (that in future would be transferred to Ruxton).

Applicant Response

Please see Table 22 below which provides the total OR time for the physicians performing cases at UM SJMC In CY 2024 and the OR minutes from these cases that, in the future, would be transferred to Ruxton SurgiCenter.

**Table 21
UM SJMC Case Transferring Physicians**

	CY 2024 UM SJMC OR Minutes	OR Minutes to be Transferred to RSC
CODD, T	22,382	1,599
DETERLINE, A	24,505	6,856
HOBART, S	16,993	3,272
MANSON, T	50,134	20,453
MULLIKEN, B	37,682	16,627
SCHRODER, D	49,888	21,183
SHIU, B	25,611	1,566
STEELE, J	32,443	16,892

WINAKUR, R	15,283	6,385
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Source: UM SJMC Internal Data

28. Regarding subsection (b), explain how the shift in cases from UM SJMC will not adversely affect the hospital’s revenue.

Applicant Response

By backfilling the volume with appropriate acute care cases, UM SJMC anticipates a neutral effect on the hospital’s revenue. UM SJMC has discussed its backfill plans with the Health Services Cost Review Commission (“HSCRC”) and HSCRC has communicated a willingness to provide the hospital time to grow its backfill volume before making any revenue adjustments.

10.24.01.08G(3)(c) – Alternatives to the Project

29. The project is described as “cost-effective”. Explain how and for whom it is cost-effective? What will be the cost difference for cases performed at the ASF versus at the hospital?

Applicant Response

The Project will be cost-effective for patients, payers, and the health care delivery system by enabling cases to be performed in the least costly setting appropriate for the patient’s needs. Ruxton estimates that the net revenue per joint case at the ASF will be \$2,855 lower per case than if the case were performed at UM SJMC. See Table 14 of the CON Application. The shift in SDS cases to this lower-cost setting will result in approximately \$3.9M in savings to the health care delivery system.

30. What will be the (patient) wait times after project implementation at UMSJ and Ruxton SurgiCenter?

Applicant Response

Wait times for the practitioners who perform cases at Ruxton vary by physician and currently range from two to eight weeks at Ruxton and two to 12 weeks at UM SJMC. Ruxton SurgiCenter anticipates that wait times for patients will decrease once the ASF is fully operational due to the additional operating room capacity that will be available. Current wait times are driven by a combination of limited operating room capacity and lack of availability in physician schedules. As a result, Ruxton expects that wait times are likely to average between two to three weeks once the ASF opens, but it is difficult to predict future wait times with certainty. No impact to patient wait times at UM SJMC is anticipated at this time, as UM SJMC will replace the cases that will shift to the ASF with other inpatient surgery cases as described in response to Question 23.

10.24.01.08G(3)(d) - Project Feasibility and Facility or Program Viability

- 31. Provide either audited financials for the past two years or documentation signed by an independent Certified Public Accountant detailing the financial information that verifies adequate funding is available**

Applicant Response

Ruxton SurgiCenter has requested a discussion with MHCC staff regarding this request.

- 32. Does Ruxton have a current loan? Provide details on Ruxton SurgiCenter's experience with securing debt financing or raising capital. Additionally, outline the contingency plan in place should the mortgage loan not be obtained.**

Applicant Response

Ruxton SurgiCenter has taken out numerous loans since 2012 for various equipment purchases. The remaining balance on these loans is approximately \$375K and the others have been paid in full.

If Ruxton SurgiCenter cannot secure a loan for this CON project, it plans to pursue alternative financing options or will reconsider the project.

- 33. Update Table 4 to reflect the additional three operating rather than the entire facility of five ORs.**

Applicant Response

Table 4's instructions request the financial projections for the "proposed project." The proposed project for Ruxton is the establishment of a new five-OR, two-procedure room ASF. This is not a project where Ruxton is adding an additional three ORs to its existing facility. The project depreciation and interest expenses reflected in Table 4 include the cost related to the build out of the new five-OR, two-procedure room ASF. As a result, the corresponding revenue and expenses also need to reflect the entire new facility and not just incremental revenue and expenses related to 3 of the ORs. For these reasons, the applicant considers the project to include all five ORs and two procedure rooms being proposed for the new ASF. Ruxton has not prepared separate financial projections for just a subset of the total ORs.

- 34. When will Ruxton obtain the \$15.2 million loan?**

Applicant Response

Ruxton anticipates that it will obtain the loan prior to the beginning of the fit-out, which is currently estimated to begin in the second quarter of 2027.

- 35. Regarding Table 3:**

- a. Line (1)(h), specify the "other" operating revenue that was generated in 2023 and 2024, but not any other year.**

[Applicant Response](#)

Other operating income in 2023 and 2024 related to interest income on cash balances. Interest rates were lower in 2022 and interest income was not realized. Due the variability in interest rates, the projections were conservative and did not include interest income in the projection period.

- b. Line (2)(c), explain why the interest rate for the current debt tripled in 2024 in relation to the previous two years.**

[Applicant Response](#)

Ruxton financed three new pieces of equipment in 2024, the first time it had done so since 2022, which resulted in higher interest expense in 2024.

- c. Line (2)(e-f), explain how project depreciation and current amortization were calculated.**

[Applicant Response](#)

Project depreciation is based on a depreciable life of 35 years for leasehold improvements of \$10.8M and seven years for major fixed and movable equipment of \$4.4M. Current amortization is based on current annual expense.

- d. Line (2)(j), specify “other” expenses.**

[Applicant Response](#)

Other expenses include rent, housekeeping, maintenance and repairs, and insurance.

36. Explain the deviations in payor source reported in Table 3 and Table 4.

[Applicant Response](#)

Updated Table 3 and 4 have been provided to reflect the payer mix by cases and by net revenue. Payer mix by net patient revenue considers variance in payment rates. Medicare and Medicaid net reimbursement per case is less than Commercial Payers and therefore Medicare and Medicaid payer mix based on net patient revenue is lower than the payer mix based on cases.

- 37. Regarding Table 4, explain how Ruxton’s patient demographics compare to the overall service area population for 2024 and 2025. Additionally, provide the percentage of orthopedic procedures performed by ASC within each age cohort.**

[Applicant Response](#)

Ruxton SurgiCenter collects demographic information on its patients relating to age, date of birth, and sex. Age of patient is the only consistent patient demographic collected to compare

to the service area. As shown in Table 22 below, when compared to the age cohort of the defined service area, Ruxton’s percent of cases by age cohort are heavily weighted to the 45-64 and 65+ age cohorts. The 45-64 and 65+ age cohorts comprise approximately 44% of individuals within Ruxton SurgiCenter’s service area. Comparatively, approximately 80% of Ruxton cases in 2024 and 2025 stem from the 45-64 and 65+ age cohorts.

Table 22
Ruxton’s Percentage of Cases vs. Service Area Population
by Age Cohort
CY 2024 to CY 2025

Age Group	Service Area Population ⁽³⁾				Ruxton % of Total Cases ⁽⁵⁾	
	2024		2025		2024	2025
	Pop ⁽¹⁾	% of Total	Pop ⁽¹⁾	% of Total	% of Total	% of Total
0-17	300,564	20.4%	299,326	20.4%	1.6%	2.2%
18-44	524,964	35.6%	520,246	35.4%	11.3%	10.7%
45-64	364,527	24.8%	361,526	24.6%	28.1%	30.6%
65+	282,629	19.2%	286,513	19.5%	59.0%	56.5%
Total	1,472,684	100.0%	1,467,611	100.0%	100.0%	100.0%

Notes:

[1] Population Data from Nielsen Claritas 2022 - 2025 Estimate, and 2030 Projection.

[2] NC uses 2025 as a base year for the 2030 projections.

[3] MHCC CON service area defined to narrow zip codes.

[4] For population in York County PA. Data from Census 5 yr projection ACS 2020-2023 were used to calculate CAGR.

[5] Ruxton SurgiCenter

38. Regarding Table L, include a list of all essential staff required to ensure safe, efficient, and compliant operations at the ASF, including full-time equivalents (FTEs) for roles such as orthopedic surgeons, anesthesiologists, administrators, business office personnel, and quality and compliance staff, as well as contractual employees.

[Applicant Response](#)

Table L instructs the applicant to provide a listing of the facility’s existing staffing, including administration, direct care, and support staff. Table L is supposed to include employees and contracted staff of the facility and the related staffing expenses for these personnel, which are reflected in the Financial Statements (Tables 3 and 4) as expenses of Ruxton. Ruxton has included all such personnel in Table L. The orthopedic surgeons, pain management physicians, and anesthesiologists performing cases at Ruxton SurgiCenter are employees of University of Maryland St. Joseph Orthopaedics, LLC and University of Maryland St. Joseph Medical Group, LLC. Accordingly, their salaries, wages, and benefits are reflected in the Financial Statements as expenses of these respective organizations.

39. Explain the rationale behind projected staff FTE increases resulting from the proposed project through the final projection year. Were cost of living increases considered? Explain considerations regarding other expected changes in operations through the last year of projections, if any.

[Applicant Response](#)

The FTE increases presented in Table L are directly tied to the projected increase in cases, as a result of the project. There will be Cost of Living (COL) increases, but the table submitted does not include inflation, as Ruxton considers this to be an inflationary expense.

Further, the instructions for Table L call for the expenses to be uninflated to tie to the uninflated Tables 3 and 4.

40. Provide the Salaries, Wages, and Professional Fees for CY 2030 in Table L, reflecting cost for the second full year of ASF operations.

[Applicant Response](#)

Attached as **Exhibit 16** is a revised Table set with an updated Table L reflecting costs for the second full year of ASF operations, CY 2030. Table L that was submitted with **Exhibit 1** of the CON Application reflected costs for CY 2032.

10.24.01.08G(3)(e) – Compliance with Terms and Conditions of Previous Certificates of Need

41. Does UM SJMC own other facilities that have CONs?

[Applicant Response](#)

UM SJMC owns and operates University of Maryland St. Joseph Medical Center (the “Medical Center”), which operates pursuant to a CON. The Medical Center is compliance with all terms and conditions of each previous Certificate of Need granted to it. In the past 15 years, the Medical Center obtained one Certificate of Need to modernize and reconfigure its surgical, cardiac catheterization, and coronary care unit facilities.

10.24.01.08G(3)(f) - Project Impact

42. Provide examples of higher complexity cases that UM SJMC will perform to maintain its current surgical utilization.

[Applicant Response](#)

UM SJMC plans to backfill with additional inpatient surgery cases that are required to be completed in the acute hospital setting. The service lines identified are cardiothoracic, spine, thoracic, and invasive cardiology, all of which include complex cases.

43. Provide data on the wait times for procedures and cases at UM SJMC and Ruxton SurgiCenter, currently.

Applicant Response

As described in the CON Application, patient wait times at Ruxton SurgiCenter currently range from two to eight weeks, depending on the physician.

Wait times for the UM SJMC SDS joint cases that will be shifted to Ruxton SurgiCenter once it becomes an ASF currently average two to 12 weeks.

10.24.01.08G(3)(g) - Health Equity

44. Table 18 indicates that among individuals over age 65 in the Ruxton service area, 6.45% have commercial insurance, 54.86% have Medicare, 10.29% have Medicaid, and 28.4% are either uninsured or have other coverage. Does Ruxton have plans for their patient population to closely align with service area population? What is the ASC's current patient demographics, by age, race/ethnicity, insurance, and income?

Applicant Response

Ruxton participates with Medicare and Medicaid and will continue to do so once it becomes an ASF. As described in response to the Charity Care standard, it will provide financial assistance to eligible patients, which will enable it to serve uninsured individuals. Ruxton provides services to patients on a non-discriminatory basis. As a result, it does not control the patient mix that it serves. Ruxton does not collect data on patient race/ethnicity or income so it is unable to provide details on these categories. Ruxton intends to continue providing access to its high quality surgical services to members of its community regardless of demographics. For information regarding Ruxton's current patients by age, please see the response to Question 37. For information regarding Ruxton's current payer mix (insurance), please see updated Tables 3 and 4 attached hereto.

45. Identify one or two health disparities in orthopedic services and pain medicine/management and how Ruxton will address these at the new ASF?

Applicant Response

Scholarly journals have identified insurance status as a primary health disparity in orthopedic care. See, e.g., Faust AM, Dy CJ. Achieving Health Equity: Combatting the Disparities in American Access to Musculoskeletal Care : Disparities Exist in Every Aspect of Orthopaedic Care in the United States - Access to Outpatient Visits, Discretionary and Unplanned Surgical Care, and Postoperative Outcomes. What Can We Do? CURR. REV. MUSCULOSKELET MED. 2024 Nov;17(11):449-455. doi: 10.1007/s12178-024-09926-7. Epub 2024 Sep 2. PMID: 39222207; PMCID: PMC11464980. In particular, Medicaid beneficiaries have limited access to outpatient orthopedic care. The new ASF will address this health disparity by accepting and treating Medicaid patients in addition to uninsured individuals receiving care within the UM SJMC physician practices, providing access to a cost-effective outpatient surgery setting that may otherwise be difficult for such patients to access. The expanded capacity at the ASF will enable increased patient volumes, thereby increasing the availability of orthopedic surgical care for patients covered by Medicaid. Additionally, the ASF will be located in a convenient location

adjacent to the University of Maryland St. Joseph Medical Center and accessible via public transportation, which will further promote access to care for this patient population.

10.24.01.08G(3)(h) - Character and Competence

46. Describe Ruxton's community engagement efforts or provide other examples that reflect positively on Ruxton's character and competence?

Applicant Response

Ruxton and its surgeons are routinely recognized for their high-quality care and as experts in their fields. Most of the physicians practicing at Ruxton are recognized as TOP Doctors in their specialties each year. Towson Orthopaedic Associates, the practice with which the orthopedic surgeons are affiliated, was voted best in Orthopedics from the Best of Harford County in both 2023 and 2024 and in the Baltimore Sun's Readers Choice Awards. Ruxton SurgiCenter was also recently awarded Best Ambulatory Surgery Center for Orthopedics and Spine in Maryland by U.S. News & World Report. These recognitions demonstrate Ruxton's high degree of competence in providing surgical services to patients and illustrate its preeminence as a surgery center in the community.

INDEX OF EXHIBITS

Exhibit	Description
16	Revised MHCC Tables
17	Updated Project Drawings

INDEX OF TABLES

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Table 20	Ruxton SurgiCenter Projected Procedure Room Encounters CY 2028 to CY 2032... 12
Table 22	UM SJMC Case Transferring Physicians 14
Table 23	Ruxton’s Percentage of Cases vs. Service Area Population by Age Cohort CY 2024 to CY 2025 18

I hereby declare and affirm under the penalties of perjury that the facts stated in the Responses to Completeness Questions dated October 10, 2025, and the attachments are true and correct to the best of my knowledge, information, and belief.

10/29/2025

Date

DocuSigned by:

Robin L. Luxon

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Robin Luxon, RN, BSN, MBA,
FACHE
Senior Vice President, Clinical
Integration
University of Maryland St. Joseph
Medical Center

I hereby declare and affirm under the penalties of perjury that the facts stated in the Responses to Completeness Questions dated October 10, 2025, and the attachments are true and correct to the best of my knowledge, information, and belief.

10/29/2025

Date

Signed by:

Laura Doody

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Laura Doody, MBA
Senior Vice President, Hospital
Finance
University of Maryland St. Joseph
Medical Center

I hereby declare and affirm under the penalties of perjury that the facts stated in the Responses to Completeness Questions dated October 10, 2025, and the attachments are true and correct to the best of my knowledge, information, and belief.

10/30/2025

Date

DocuSigned by:

Jennifer Ash

B4EFCED5013746D...

Jennifer Ash, BA, BSN, RN
Surgical Administrator and Director of
Nursing Services
Ruxton SurgiCenter

I hereby declare and affirm under the penalties of perjury that the facts stated in the Responses to Completeness Questions dated October 10, 2025, and the attachments are true and correct to the best of my knowledge, information, and belief.

10/31/2025

Date

Signed by:

Joshua Baumgardner

20AAFA67ED9E409...

Joshua L. Baumgardner, AIA, NCARB
Project Manager
Wilmot Sanz

EXHIBIT 16

TABLE C. CONSTRUCTION CHARACTERISTICS

INSTRUCTION: If project includes non-hospital space structures (e.g., parking garages, 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	<input type="checkbox"/>	<input type="checkbox"/>
Class B	<input type="checkbox"/>	<input type="checkbox"/>
Class C	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Class D	<input type="checkbox"/>	<input type="checkbox"/>
Type of Construction/Renovation*		
Low	<input type="checkbox"/>	<input type="checkbox"/>
Average	<input type="checkbox"/>	<input type="checkbox"/>
Good	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Excellent	<input type="checkbox"/>	<input type="checkbox"/>
Number of Stories		1

*As defined by Marshall Valuation Service

PROJECT SPACE	List Number of Feet, if applicable	
Total Square Footage	Total Square Feet	
Basement		N/A
First Floor		N/A
Second Floor		N/A
Third Floor		N/A
Fourth Floor		22,145
Average Square Feet		
Perimeter in Linear Feet	Linear Feet	
Basement		N/A
First Floor		N/A
Second Floor		N/A
Third Floor		N/A
Fourth Floor		805'
Total Linear Feet		
Average Linear Feet		
Wall Height (floor to eaves)	Feet	
Basement		N/A
First Floor		N/A
Second Floor		N/A
Third Floor		N/A
Fourth Floor		15'
Average Wall Height		
OTHER COMPONENTS		
Elevators	List Number	
Passenger		N/A
Freight		N/A
Sprinklers	Square Feet Covered	
Wet System		22,145
Dry System		
Other	Describe Type	
Type of HVAC System for proposed project	Overhead Fully-Ducted VAV System with Reheat (Central A	
Type of Exterior Walls for proposed project	Load-bearing tilt-up concrete panels	

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.

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.d as a use of funds and on line B.8 as a source of funds

	<i>Hospital Building</i>	<i>Other Structure</i>	<i>Total</i>
A. USE OF FUNDS			
1. CAPITAL COSTS			
a. 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
b. Renovations			
(1) Building	\$7,267,398		\$7,267,398
(2) Fixed Equipment (not included in construction)	\$0		\$0
(3) Architect/Engineering Fees	\$907,362		\$907,362
(4) Permits (Building, Utilities, Etc.)	\$98,862		\$98,862
SUBTOTAL	\$8,273,622	\$0	\$8,273,622
c. Other Capital Costs			
(1) Movable Equipment	\$4,395,467		\$4,395,467
(2) Contingency Allowance	\$1,365,074		\$1,365,074
(3) Gross interest during construction period	\$1,083,469		\$1,083,469
(4) Other (Specify/add rows if needed)			\$0
4a. Low Voltage/IT	\$871,821		
4b. Furniture	\$257,241		
SUBTOTAL	\$7,973,072	\$0	\$7,973,072
TOTAL CURRENT CAPITAL COSTS	\$16,246,693	\$0	\$16,246,693
d. Land Purchase	\$0		
e. Inflation Allowance	\$0		\$0
TOTAL CAPITAL COSTS	\$16,246,693	\$0	\$16,246,693
2. Financing Cost and Other Cash Requirements			
a. Loan Placement Fees	\$151,632		\$151,632
b. Bond Discount			\$0
c. CON Application Assistance			
c1. Legal Fees	\$100,000		\$100,000
c2. Other (Specify/add rows if needed)	\$100,000		
d. Non-CON Consulting Fees			
d1. Legal Fees			\$0
d2. Other (Specify/add rows if needed)			\$0
e. Debt Service Reserve Fund			\$0
f. Other (Specify/add rows if needed)			\$0
SUBTOTAL	\$351,632	\$0	\$351,632
3. Working Capital Startup Costs			\$0
TOTAL USES OF FUNDS	\$16,598,326	\$0	\$16,598,326
B. Sources of Funds			
1. Cash	\$1,435,101		\$1,435,101
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	\$15,163,225		\$15,163,225
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	\$16,598,326	\$0	\$16,598,326
	<i>Hospital Building</i>	<i>Other Structure</i>	<i>Total</i>
Annual Lease Costs (if applicable)			
1. Land			\$0
2. Building	\$1,321,350		\$1,321,350
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. WORKFORCE INFORMATION 2030

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 F and G.

Job Category	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) *		
	Current Year FTEs	Average Salary per FTE	Current Year Total Cost	FTEs	Average Salary per FTE	Total Cost (should be consistent with projections in Table G, if submitted).	FTEs	Average Salary per FTE	Total Cost	FTEs	Average Salary per FTE	Total Cost (should be consistent with projections in Table G)
1. Regular Employees												
<i>Administration (List general categories, add rows if needed)</i>												
Administration	2.0	\$153,500	\$307,000	0.0	\$0	\$0			\$0	2.0	\$153,500	\$307,000
				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	2.0		\$307,000	0.0		\$0			\$0	2.0		\$307,000
<i>Direct Care Staff (List general categories, add rows if needed)</i>												
RN	15.1	\$95,000	\$1,434,944	5.2	\$0	\$493,926			\$0	20.3	\$95,000	\$1,928,870
Certified First Assistant	1.0	\$110,000	\$110,000	0.3	\$0	\$37,863			\$0	1.3	\$110,000	\$147,863
Surgical Tech	8.0	\$88,000	\$704,000	2.8	\$0	\$242,326			\$0	10.8	\$88,000	\$946,326
Medical Assistant	1.0	\$58,000	\$58,000	0.3	\$0	\$19,964			\$0	1.3	\$58,000	\$77,964
Imaging Tech	0.5	\$75,000	\$37,500	0.2	\$0	\$12,908			\$0	0.7	\$75,000	\$50,408
Total Direct Care	25.6		\$2,344,444	8.8		\$313,062			\$0	34.4		\$3,151,432
<i>Support Staff (List general categories, add rows if needed)</i>												
Registration	2.0	\$50,000	\$100,000	1.0	\$0	\$50,000			\$0	3.0	\$50,000	\$150,000
Billing and Coding	1.0	\$115,000	\$115,000	0.5	\$0	\$57,500			\$0	1.5	\$115,000	\$172,500
			\$0		\$0	\$0			\$0	0.0	\$0	\$0
			\$0		\$0	\$0			\$0	0.0	\$0	\$0
Total Support	3.0		\$215,000	1.5		\$107,500			\$0	4.5		\$322,500
REGULAR EMPLOYEES TOTAL	30.6		\$2,866,444	10.3		\$420,562			\$0	40.9		\$3,780,932
2. Contractual Employees												

TABLE L. WORKFORCE INFORMATION 2030

Administration <i>(List general categories, add rows if needed)</i>												
			\$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 <i>(List general categories, add rows if needed)</i>												
			\$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 <i>(List general categories, add rows if needed)</i>												
			\$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 <i>(State method of calculating benefits below) :</i>												
11% of Salary Costs			342,219			109,179						451,398
TOTAL COST	30.6		\$3,208,663	10.3		\$529,741	0.0		\$0	40.9		\$4,232,330

Updated Table 4

CY or FY (Circle)	Projected Years (Ending with first full year at full utilization)				
	2028	2029	2030	2031	2032
1. Revenues					
a. Inpatient Services	-	-	-	-	-
b. Outpatient Services	61,922,200	87,109,993	88,417,127	89,758,277	91,138,300
c. Gross Patient Services Revenue	61,922,200	87,109,993	88,417,127	89,758,277	91,138,300
d. Allowance for Bad Debt	(619,222)	(871,100)	(884,171)	(897,583)	(911,383)
e. Contractual Allowance	(37,737,867)	(53,088,316)	(53,884,936)	(54,702,286)	(55,543,327)
f. Charity Care	(140,000)	(140,000)	(140,000)	(140,000)	(140,000)
g. Net Patient Care Service Revenues	23,425,111	33,010,577	33,508,020	34,018,408	34,543,590
h. Other Operating Revenues (Specify)	-	-	-	-	-
i. Net Operating Revenue	23,425,111	33,010,577	33,508,020	34,018,408	34,543,590
2. Expenses					
a. Salaries, Wages, and Professional Fees, (including fringe benefits)	3,642,243	4,118,535	4,232,330	4,349,086	4,469,226
b. Contractual Services	1,295,415	1,692,859	1,717,947	1,743,687	1,770,173
c. Interest on Current Debt	-	-	-	-	-
d. Interest on Project Debt	1,175,766	1,090,120	997,364	896,910	788,119
e. Current Depreciation	-	-	-	-	-
f. Project Depreciation	935,574	935,574	935,574	935,574	935,574
g. Current Amortization	-	-	-	-	-
h. Project Amortization	-	-	-	-	-
i. Supplies	7,086,454	10,605,495	10,733,719	10,865,281	11,000,656
j. Other Expenses (Specify)	2,006,762	2,035,745	2,046,469	2,057,473	2,068,795
k. Total Operating Expenses	16,142,215	20,478,328	20,663,404	20,848,011	21,032,543
3. Income					
a. Income from Operation	7,282,896	12,532,249	12,844,616	13,170,397	13,511,047
b. Non-Operating Income					
c. Subtotal	7,282,896	12,532,249	12,844,616	13,170,397	13,511,047
d. Income Taxes					
e. Net Income (Loss)	7,282,896	12,532,249	12,844,616	13,170,397	13,511,047

Updated Table 4 (con't)

4. Patient Mix:					
A. Percent of Total Revenue					
1. Medicare	42%	43%	43%	43%	43%
2. Medicaid	2%	2%	2%	2%	2%
3. Blue Cross	28%	28%	28%	28%	28%
4. Commercial Insurance	25%	25%	25%	25%	25%
5. Self-Pay	1%	1%	1%	1%	1%
6. Other (Workers Com, EHP and Tricare)	3%	2%	2%	2%	2%
7. TOTAL	100%	100%	100%	100%	100%
B. Percent of Patient Days/Visits/Procedures (as applicable)					
1. Medicare	49%	49%	49%	49%	49%
2. Medicaid	2%	2%	2%	2%	2%
3. Blue Cross	27%	27%	27%	27%	27%
4. Commercial Insurance	18%	18%	18%	18%	18%
5. Self-Pay	0%	0%	0%	0%	0%
6. Other (Workers Com, EHP and Tricare)	3%	2%	2%	2%	2%
7. TOTAL	100%	100%	100%	100%	100%

EXHIBIT 17

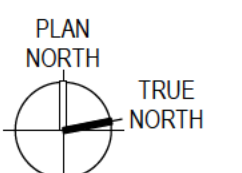
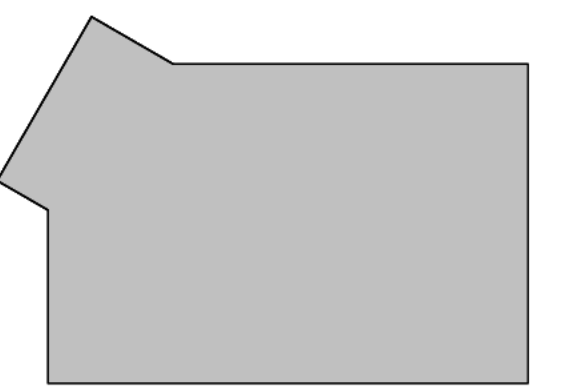
ASSOCIATE ARCHITECT - CORE & SHELL
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MEP ENGINEER

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KEY PLAN

REVISIONS	DATE	NO.
SCHEMATIC DESIGN	09-19-2025	



UMSJMC OSLER AMOB

Order Dr.
Towson, MD 21204

RUXTON ASC FLOOR PLAN - LEVEL 04 - CON DOCUMENTATION

Project Number: 2407.3
Scale: 1/8" = 1'-0"
Date: 09/19/2025
Drawing: of
Print Date/Stamp: 10/22/2025 2:13:01 PM
Sheet No.: