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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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**HEALTH SERVICES COST REVIEW COMMISSION**

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February 24, 2014

The Honorable Martin O'Malley  
Governor of Maryland  
100 State Circle  
Annapolis, Maryland 21401-1925

The Honorable Joshua M. Sharfstein, M.D.  
Secretary of Health and Mental Hygiene  
201 West Preston Street  
Baltimore, Maryland 21201

The Honorable Thomas V. Mike Miller, Jr.  
President of the Senate  
H-107 State House  
Annapolis, MD 21401-1991

The Honorable Michael E. Busch  
Speaker of the House  
H-101 State House  
Annapolis, MD 21401-1991

RE: Health - General Article Section 19-207(b)(6) Annual Report on Activities of the Health Services Cost Review Commission

Each year the Health Services Cost Review Commission (HSCRC) is required to submit an annual report of its activities in accordance with Section 19-207(b)(6) of the Health-General Article. Attached please find an overview, a review of activities by Commission divisions and functions, and copy of the most recently audited disclosure of hospital financial and statistical information.

The report represents activities during Fiscal Year 2013; however, some of the data throughout the report are for the most recent fiscal year available – FY 2012. The Maryland all-payer system, after more than 37 years of existence, continues to be a national model for equitable provider payments and has constrained cost growth.

I hope you find this report useful. If you have questions regarding this report, please feel free to contact me at your convenience.

Sincerely,

A handwritten signature in cursive script that reads 'Donna Kinzer'.

Donna Kinzer  
Executive Director



The MARYLAND  
HEALTH SERVICES COST REVIEW COMMISSION

**REPORT TO THE GOVERNOR**

**FISCAL YEAR 2013**

**MARTIN O'MALLEY**

**GOVERNOR**

**STATE OF MARYLAND  
HEALTH SERVICES COST REVIEW COMMISSION**

Commissioners as of June 30, 2013

	<u>Appointed</u>	<u>Term Expires</u>
John M. Colmers	July 11, 2011 (Replaced Chairman Frederick W. Puddester) <sup>i</sup>	June 30, 2013
George H. Bone, M.D.	July 1, 2010	June 30, 2014
Stephen F. Jencks, M.D.	August 6, 2012	June 30, 2016
Jack C. Keane	July 1, 2011	June 30, 2015
Bernadette C. Loftus, M.D.	July 11, 2011 (Replaced Commissioner Donald Young) <sup>ii</sup>	June 30, 2014
Thomas R. Mullen	July 11, 2011	June 30, 2015
Herbert S. Wong, Ph.D. Vice-Chairman <sup>iv</sup>	March 25, 2008 <sup>iii</sup> July 1, 2009	June 30, 2009 June 30, 2013

<sup>i</sup> Chairman John M. Colmers replaced Chairman Puddester, whose term expired on June 30, 2013.

<sup>ii</sup> Bernadette C. Loftus, M.D. replaced Commissioner Donald Young, M.D., whose term expired on June 30, 2010.

<sup>iii</sup> Effective March 25, 2008, Herbert S. Wong, Ph.D. replaced Commissioner William Munn.

<sup>iv</sup> Effective August 11, 2011, Herbert S. Wong, Ph.D. was appointed Vice Chairman

STATE OF MARYLAND  
HEALTH SERVICES COST REVIEW COMMISSION  
ANNUAL REPORT TO THE GOVERNOR

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This Governor's Report focuses on activities of the Health Services Cost Review Commission ("HSCRC," or "Commission") for the Fiscal Year (FY) 2013. Audited hospital data throughout the report, however, are for the most recent fiscal year available, which in most cases is FY 2012.

## **I. OVERVIEW**

Continuing to build on the significant change that began in FY 2000 with the redesign of the hospital rate setting system that had been in place for 37 years, the HSCRC further refined changes to the system in FY 2013. The redesigned system has demonstrated its effectiveness in achieving the founding principles of the Maryland system - they are the principles of access, cost containment, equity, public accountability, and solvency. However, for many reasons, the historical focus of reducing costs and promoting efficiency on a per case basis is changing. The new focus is on value.

Maryland's all payer system was established with specific goals in mind – to provide access to care by funding uncompensated care for hospitals, to provide sufficient revenue for efficient and effective hospitals, and to provide that funding with equity across payers. The lynchpin of this system has been the State's Medicare waiver, exempting Maryland from national Medicare payment methodologies and allowing the HSCRC to set rates for all payers – governmental, commercial, and self-pay.

Health care reform has altered the concept of efficiency in healthcare. There has been an increasing recognition that true efficiency is not achieved at the level of the hospital discharge but more at the level of providing population-based health. When the existing waiver was developed, the concern was the length of stay within a hospital discharge and the utilization of

resources within that stay. The focus of care has now shifted from a single discharge to an episode of care across multiple settings or even to the care of a population through prevention of illness and management of disease as the emphasis for efficient care delivery.

In that vein, the HSCRC has begun to adopt methodologies to encourage improved provision of services across settings by reducing preventable readmissions, and by providing capped revenue for hospital services to encourage the provision of care at lower levels of acuity. These initial steps were designed to reduce cost and improve patient care – to positively impact the health of Maryland citizens being served by the State’s hospitals. These are the HSCRC’s first steps in achieving health care reform’s three part aim in Maryland.

These steps, however, are out of sync with the existing waiver with its focus on the average Medicare payment per case in Maryland versus the nation. While measures to reduce short stays, to reduce readmissions, or to cap revenue for hospital-based services in rural facilities provide incentives to remove cases from inpatient care, the out-migrating cases tend to be the least expensive cases. These policies have increased the payment per case for the remaining cases, including Medicare cases. The consequence has been to erode Maryland’s waiver position.

Concurrent with these factors, the State has submitted an application to CMS for an alternative model design in Maryland. That application would commit the State, over the next five years, to limiting inpatient and outpatient hospital costs for all payers to a trend based on the State’s long-term Gross State Product (GSP). In order to organize around the goal of constraining per capita cost growth, Maryland will accelerate a broad range of delivery reform efforts.

The system is now at a crossroads with a system that is built to the existing waiver test and the potential to move to an alternative model design predicated on reducing per capita costs.

Below is the report of the activities and metrics related to the Commission for FY 2013 as the Commission begins to transition to a value-based system.

#### **A. Maryland Hospital Cost Performance**

The HSCRC's FY 2012 Disclosure Statement reported that the average amount paid for a hospital admission in Maryland rose from \$11,711 in FY 2011 to \$ 11,984 in FY 2012 – a 2.3 percent increase. The rate setting system has retained many unique benefits, such as keeping the mark-up, i.e., the difference between hospital costs and charges, in Maryland hospitals the lowest in the nation at 33 percent, compared to the average mark-up of 220 percent for hospitals nationally, according to the most recent data from the American Hospital Association (AHA). In Maryland, the payment systems builds the cost of uncompensated care into the rates, and all payers in Maryland pay the same rates for hospital care (For details, please see section entitled “Uncompensated Care” below). In the absence of rate setting, hospitals outside of Maryland must artificially mark up their charges by over 200 percent in an effort to compensate for shortfalls in uncompensated care, discounts to large managed care organizations (e.g., HMOs), and low reimbursement from Medicare and Medicaid. These marked-up charges make payment especially difficult for “self-pay” patients and other third-party payers not granted discounts and present a serious dilemma in healthcare today.

In FY 1976, the cost per adjusted admission to a Maryland hospital was 26 percent above the national average. In FY 2011, the year for which the most recent data are available from AHA, the average cost per adjusted admission in Maryland was slightly above the national average. From 1977 through 2011, Maryland hospitals experienced the lowest cumulative growth in cost per adjusted admission of any state in the nation.

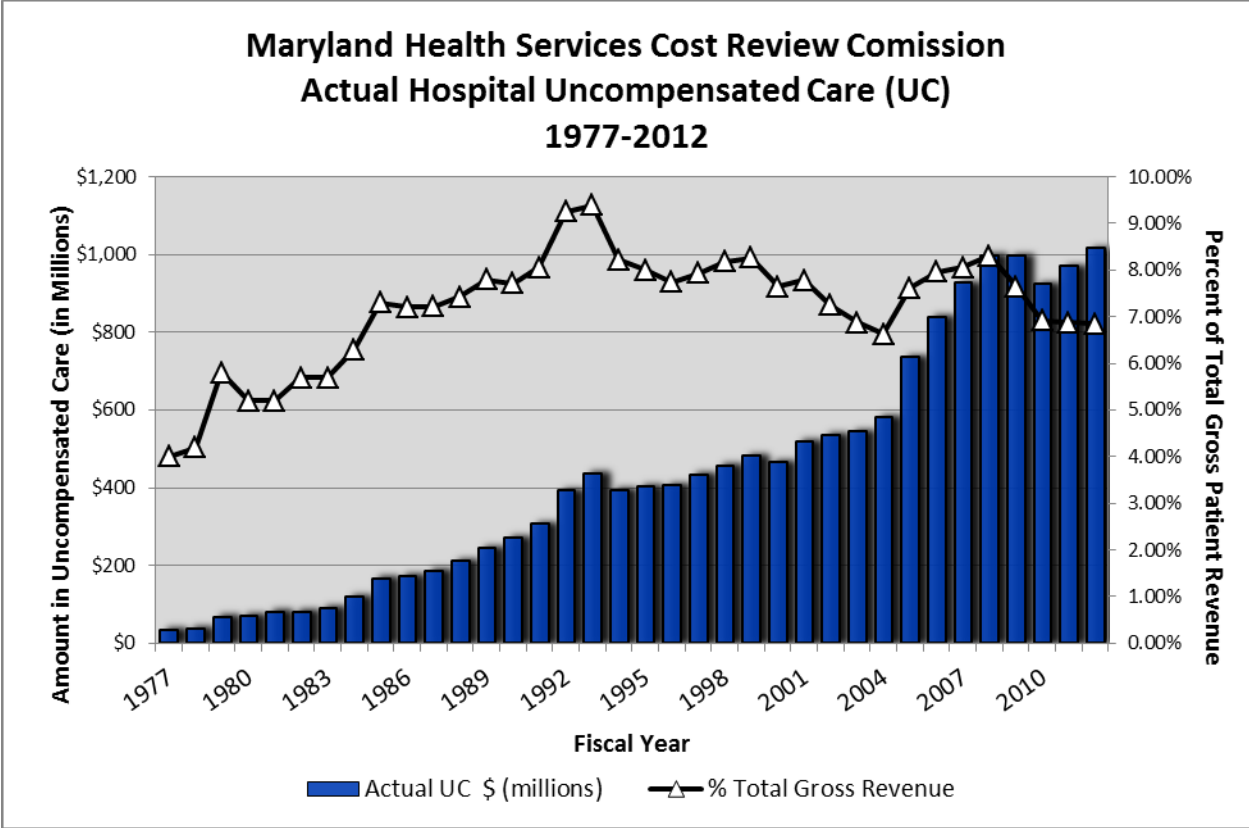


During FY 2011, analysis of hospital costs (i.e., what hospitals expend to provide their services) shows that the average cost per admission at Maryland hospitals increased by 3.8 percent during FY 2012.

## **B. Uncompensated Care**

The Commission's annual Disclosure Report showed that the uncompensated care financed through the rate setting system increased from \$971 million in FY 2011 to \$1 billion in FY2012 (see chart below).

Since its inception, the HSCRC has recognized reasonable levels of bad debt and charity care (uncompensated care) in hospital rates as a means to enhance access to services for those citizens who cannot pay for care. As hospital uncompensated care (UC) has increased in both relative and absolute terms, the HSCRC has been actively involved in efforts to modify and improve the UC funding mechanism. In FY 2009, the Commission moved to a more equitable method to finance UC in the rate setting system.



Prior to FY 2009, UC was funded through a “partial” pooling approach where a UC fund or pool was created from an assessment of 0.75% on each hospital. This fund was then reallocated to the subset of hospitals with the highest levels of UC in their rates. Those “high” UC hospitals then would finance their UC burdens in part through their rate structure (UC provisions in their rates up to some pre-determined threshold level) and in part from payments from the UC pool. The Commission moved to “full” or 100% pooling of all hospital UC in FY 2009. This funding mechanism incorporates the State-wide average level of hospital UC into the rate structures of all facilities. Hospitals with approved UC provisions that are less than the State-wide average level of UC will remit funds to the UC pool equal to the difference between their approved UC provision and the State-wide average UC. Conversely, hospitals with approved UC provisions in excess of the State-wide average level of UC would receive payment

from the UC fund equal to the difference between their approved provisions and the State-wide average UC.

In its uncompensated care policy, the Commission had treated bad debt (debt that are unpaid but were expected to be paid), and charity care (those debts for which the hospital never expected to collect) equally. In FY 2012, the Commission implemented a charity care adjustment to provide special recognition for charity care provided by Maryland hospitals and reported to the Commission each year. This policy grew out of provisions included in 2009 legislation (Chapters 310 and 311) which required the Commission to study and make recommendations on incentives for hospitals to provide free and reduced-cost care to patients without the means to pay their hospital bills.

In FY 2012, the charity care Adjustment was calculated as 20% of the difference between the “expected rate” of charity care and the actual charity care provided, both measured as the percent of Gross Patient Revenue.

### **C. Averted Bad Debt**

Chapter 7 of the 2007 Special Session enacted the “Working Families and Small Business Health Coverage Act,” which 1) expands access to health care for parents and caretaker relatives with household income up to 116 percent of the federal poverty level (FPL); 2) expands Primary Adult Care (PAC) program benefits over three years to childless adults with household income up to 116 percent FPL; and 3) establishes a Small Employer Health Insurance Premium Subsidy Program, funded with \$15 million in fiscal 2009.

Special funds, including savings from averted uncompensated care and matching federal funds, will cover a portion of the costs of the expansion. Chapters 244/245 from 2008 require

the Commission to implement a uniform assessment on hospital rates to reflect the aggregate reduction in hospital uncompensated care from the expansion of health care coverage under Chapter 7. The assessment is to be broad-based, prospective, and uniform and will reflect averted uncompensated care realized from the expansion of the Medicaid Program under Chapter 7. The legislation authorizes the Commission to implement the assessment provided that it does not exceed the actual averted uncompensated care. The amount of the averted bad debt assessment since FY 2009 is shown below:.

<b>Fiscal Year</b>	<b>Averted Bad Debt Amount</b>	<b>Notes</b>
<b>FY 2009</b>	\$34.3 million	
<b>FY 2010</b>	\$115.3 million	Includes \$25.2 million for Primary Adult Care Program enrollees
<b>FY 2011</b>	\$146.1 million	\$26.8 million for the PAC expansion
<b>FY 2012</b>	\$157.7 million	1.25% was set in statute and the \$157.7 million was reduced by \$10.9 million due to overpayment in FY 2010
<b>FY 2013</b>	\$154.8 million	\$154 million was reduced by \$18 million in overpayment from FY 2011

Chapter 397 from the 2011 Laws of Maryland changed the methodology for determining averted bad debt by locking the amount of revenue allocated for the Medicaid expansion at 1.25 percent of projected regulated net patient revenue for each hospital beginning in FY2012. This was based on the fact that averted bad debt for the expansion had reached a steady state.

#### **D. Financial Condition of Maryland Hospitals**

In addition to its other statutory obligations, the Commission concerns itself with the financial performance of Maryland hospitals.

Over the years, the Commission and the hospital industry have monitored performance relative to certain targets as a means of assessing the overall financial condition of the Maryland hospital industry. In utilizing these targets, however, the Commission and the industry note that no one target, financial or operating, should be viewed as dominant. All targets should be evaluated in conjunction with each other before conclusions can be drawn as to the financial condition of the industry.

In FY 2012, Maryland general acute hospitals' profits on regulated activities declined from 7.4 percent in FY 2011 to 6.3 percent in FY 2012. Profits on regulated and unregulated operations decreased from 3.5 percent in FY 2011 to 2.3 percent in FY 2012. Total excess profits (which include profits and losses from regulated and unregulated operating and non-operating activities) decreased significantly from 6.3 percent in FY 2011 to 1.7 percent in FY 2012.

#### **E. Medicare Waiver**

Federal statute grants Maryland a waiver authorizing the State to set hospital rates for all payers, including Medicare and Medicaid, with the provision that Maryland continues to meet certain federal criteria. The "waiver test" compares the national Medicare growth in the payment per admission to the growth in Maryland Medicare payment per discharge from January 1981 through the current period.

The most recent waiver test information indicates that payment per admission for Medicare patients nationally increased 377 percent from January 1, 1981, through September 30, 2012 compared to a 369 percent increase in Maryland over the same time period. The waiver cushion (the relative difference between the growth in Maryland and nationally) is approximately 1.66 percent. Commission staff monitors the waiver cushion on a quarterly basis and works closely with staff at CMS to ensure the accuracy of the comparison. If the cushion drops below 6 percent, it is Commission policy to take the appropriate steps necessary to assure continuation of Maryland's all-payer system. The Commission has adopted various measures to improve the projected waiver cushion trend, and is continuing deliberations with stakeholders and federal officials about alternatives to the existing test that appropriately reflect the realities of health care financing today such as CMS's Triple Aim, the provisions of the Affordable Care Act, and bundled payment strategies.

#### **F. FY 2013 Budget**

The HSCRC is supported by a non-lapsing Special Fund which is derived from user fees that are added to the rates of Maryland hospitals. Due to the technical nature of the work of the Commission, expenses are driven primarily by personnel costs and contracts. In FY 2013, the Commission employed 30 full-time staff.

In a November 2000 preliminary sunset evaluation of the HSCRC conducted under the Maryland Program Evaluation Act, the Department of Legislative Services (DLS) recommended that the Commission maintain a fund balance of 10% of its annual budget. The Commission has strived to reach this level, but the Commission's reliance on personnel and contracts has created challenges from year to year. State imposed hiring freezes and the targeted recruitment of

specialized personnel frequently result in longer than expected recruitment periods which, in turn, produce unanticipated surpluses at the end of the year.

The total user fee assessment in FY 2013 was \$5,351,676. Due to prudent spending and vacancies that occurred during the last quarter of the fiscal year, the fund balance at the end of fiscal year 2013 was \$1,089,980 (or 18.2% percent of expenditures). FY 2014 user fee assessments were reduced to bring the fund balance back to the targeted 10% level. User fees will continue to be adjusted throughout the year as necessary to achieve a reasonable reserve threshold.

#### **G. Quality Initiative**

The considerable attention paid to hospital quality measurement nationally in recent years has identified quality-related measures in use or on the horizon, which can serve as the basis for the development of financial incentives to dramatically improve the overall quality of Maryland hospital care. Pay for performance (P4P) and value-based purchasing (VBP) are interchangeable terms for a payment system that links providers' payment to their performance on selected quality of care measures and that uses financial incentives to encourage providers to meet defined quality, efficiency, or other targets (Agency of Healthcare Research and Quality 2008).

The overall mission of the HSCRC Quality Initiatives is to help create a health care environment where Maryland hospitals provide high quality patient care in an efficient manner.

The overarching goals of the HSCRC Quality Initiatives are to:

1. Work with Maryland hospitals to enhance the quality of patient care by providing financial support and rewards/incentives consistent with evidence-based health services research and improved patient outcomes;

2. Utilize a broad set of quality measures that appropriately reflect the delivery of quality health care services provided at Maryland hospitals;
3. Collect data that will support the generation of accurate and reliable quality measures;
4. Better understand the relationship between quality and cost; and
5. Become a model for enhancing health care quality in the hospital setting while remaining consistent with broader quality initiatives.

HSCRC's Quality Initiatives work includes designing, implementing and managing statewide, all-payer hospital reimbursement adjustments based upon hospital performance on a comprehensive set of quality metrics. To date, HSCRC has engaged in a three-pronged approach with focus on core Centers for Medicare and Services/Joint Commission process of care measures for the Quality Based Reimbursement (QBR) initiative, patient experience related Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) measures, hospital complication rates not present upon patient admission for the Maryland Hospital Acquired Conditions (MHAC) program, and readmissions. Updates for each initiative area are provided below.

Quality Based Reimbursement (QBR) Initiative - Implemented in July 2008, performance is measured and reported on a set of effectiveness/process of care measures for heart failure, heart attack, pneumonia and surgical care improvement; patient experience of care measures were added for measurement year CY 2010 with results applied to hospital rates beginning FY 2012. For the FY 13 rate year, QBR performance period was CY 2011. Performance on all measures improved for the entire program period from 2008 to 2011 and, most importantly, variation between hospitals decreased quite substantially in



almost all measures as well. The average percentage point per measure increase in performance in the state-wide average of all measures from 2010 to 2011 is 2.1%. For FY 2013, 0.5% of total inpatient revenue was scaled in hospital payment rate updates based on performance on this initiative, with lowest performing hospitals receiving a decrease of up to 0.5% in their rates.

Maryland Hospital Acquired Conditions (MHAC) Initiative - Implemented in July 2009, actual versus expected rates of performance are measured on a broad set of 52 risk/severity adjusted potentially preventable complications. The summary of the results of the MHAC program which controls for changes in patient mix over the years is provided below.

- Complication rates declined by 27.5% over the three years the program has been in existence; and
- Estimated total cost savings due to reductions in complication rates in the three years the program has been implemented were \$163.6 million when adjusted for changes in patient mix.

For FY 2013, 2% of total inpatient revenue was set as maximum reduction for the lowest performing hospital in MHAC scaling.

The Admission-Readmission Revenue (“ARR”) Hospital Payment Constraint Program:

The Admission-Readmission Revenue (“ARR”) episode payment structure, approved to move forward in January 2011, is designed to provide incentives for hospitals to improve overall care coordination and substantially reduce readmission rates. The ARR Program also encompasses policy framework for the evaluation and approval of an ARR pilot for

any hospital that agrees to adhere to a set of prescribed conditions and responsibilities.

Some key features include:

- 30-day all-cause readmission is used for determining Charge per Episode (CPE) payment rates; and
- HSCRC provided seed funding of up to 0.5% of a hospital’s total annual revenue for the first year to support the set up of care transitions infrastructure, e.g., readmission risk assessment screening for patients early in the admission, enhanced care coordination services to ensure follow up care of at risk patients after discharge, etc.
- Hospital participation in the program was voluntary beginning in July 2011- 31 of the State’s acute care hospitals participated in the program in FY2013;

Thus, the ARR initiative represents an important and urgently needed step in the Commission’s attempt to utilize its current regulatory authority to better rationalize Maryland’s hospital payment and delivery system.

HSCRC analysis of ARR readmissions trends from 2010 to 2012 reveal a decrease in the intra-hospital readmission percentage rates from year to year, as illustrated in the table below.

ARR-Readmission Trends			
Indicator	Fiscal Year		
	FY2010	FY2011	FY2012
Total Readmissions	74,474	70,766	65,999
Total Admissions	759,991	729,961	704,459
Admissions	9.80%	9.69%	9.37%

HSCRC Casemix Data-Same hospital or Linked System Readmissions. Counts include planned readmissions and oncology centers.

## **H. Patient Safety**

During the 2001 Legislative Session, the General Assembly passed the "Patients' Safety Act of 2001" charging the Maryland Health Care Commission, in consultation with the Department of Health and Mental Hygiene, with studying the feasibility of developing a system for reducing incidences of preventable adverse medical events in Maryland. In 2004, the MHCC selected the Maryland Hospital Association (MHA) and the Delmarva Foundation for Medical Care (Delmarva) to operate a Maryland Patient Safety Center in Maryland. The MPSC is now a 501(C)(3) not for profit organization.

Each year since its inception, the Commission, in recognition of the potential for improved quality and safety resulting in reduced costs related to adverse events, approved recommendations that, in effect, increase rates to payers to cover a portion of the reasonable budgeted costs of the Center. For FY 2013, the eight year of such funding, \$1.23 million has been included in the rates of certain hospitals for this purpose.

## **I. Community Benefit Report**

In July 2012, the Commission released the FY2012 Maryland Hospital Community Benefit Report. Each year, the Health Services Cost Review Commission collects community benefit information from individual, acute care hospitals, to compile into a publicly-available statewide report. Fiscal Year 2012 represents the ninth year of reporting on community benefits provided by Maryland hospitals.

In total, Maryland hospitals provided approximately \$1.3 billion dollars in community benefit activities. This total is comprised of over \$92.8 million in community health services, \$370 million in health professions education, \$316 million in mission driven health services,

\$6.7 million in research activities, over \$14.2 million in financial contributions, \$23.2 million in community building activities, \$8.6 million in community benefit operations, \$2 million in foundation funded initiatives, and just over \$487 million in charity care was provided to the patients of Maryland hospitals. Charity Care, Nurse Support Program I (NSP I) and Direct Medical Education (DME) costs are reported as community benefit costs but are included in hospital rates. When offsetting these amounts from the reported amount of community benefits:

- A total of \$651.7 million was provided in net community benefits for FY 2012; and
- The average percentage of operating expenses dedicated to community benefits is reduced from 10.1% (with charity care, DME and NSPI) to 4.82% (net of charity care).

The table below shows both the total and net amounts and percentages of expenditures that community benefits represented at hospitals in FYs 2010-2012:

<b>Community Benefits in FYs 2010-2012</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
<b>Total Community Benefit (CB) \$</b>	\$ 1,051,051,750	\$ 1,203,017,693	\$ 1,378,301,930
<b>Total CB as % of Expenditures</b>	8.31%	9.23%	10.06%
<b>Net CB \$ after offset of Charity Care, DME and NSP I</b>	\$ 613,562,442	\$ 580,415,478	\$ 651,686,816
<b>Net CB % of Expenditures</b>	4.85%	4.45%	4.82%

The national community benefit landscape continues to evolve, especially with the related provisions of the Affordable Care Act (ACA). Each year the HSCRC reviews and refines its reporting requirements and takes into account state and federal law and regulatory changes related to community benefits. To this end, an advisory group continues to meet to recommend

changes to the next year’s Community Benefits Reporting Guidelines and Standard Definitions as well as to the Community Benefits Narrative Reporting Instructions and related Evaluation. The HSCRC will continue this process of refining the reporting requirements and improving its evaluation method to provide appropriate feedback to the hospitals on their activities.

**II. REVIEW OF RATE REGULATION ACTIVITIES**

**A. Closed Docket Proceedings**

Disposition of those applications acted upon by the Commission in Fiscal Year 2013 is summarized below. Copies of the applications, staff recommendations, as well as the complete file in these proceedings may be obtained by contacting the Commission’s offices.

<b>CATEGORY OF RATE APPLICATION</b>	<b>NUMBER OF APPLICATIONS</b>	<b>DESCRIPTION OF TYPE OF APPLICATION</b>
<b>Full Rate Applications</b>	2	Approved: 2
<b>Partial Rate Applications</b>	8	
	6	seven requests for approval of a rate for a new service  Approved:6
	1	One request for a request for approval to replace a rebundled rate with a rate for a service provided by the hospital to both inpatients and outpatients.  Approved:1

	1	One requests for approval to combine two routine patient care rates.  Approved:1
<b>Applications for Alternative Method of Rate Determination*</b>	36	
	30	Thirty requests for approval to participate in global fixed price alternative payment arrangements**  Approved: 30
	6	Six requests for approval to participate in capitation alternative payments arrangements ***  Approved: 6

**\*Alternative Method of Rate Determination - COMAR 10.37.10.06**

Under its law, Health-General Article, §19-219, the Commission may promote and approve alternative payment methodologies that are consistent with the fundamental principles inherent in its legislative mandate. This regulation effectuates the statutory authority granted and sets forth the process, reporting requirements, and penalties associated with alternative rate setting.

\*\* Global Fixed Price Arrangement - is an arrangement that fixes a price to be charged to a payer for the combined physician and hospital services for patients who receive a specific service, e. g. transplants or cardiology services.

\*\*\* Capitation Arrangement - is an arrangement in which a fixed monthly payment is made by a payer to cover the costs of all or a specific segment of the health care services for a designated population.

**B. Annual Unit Rate and Charge per Case Target Updates**

During Fiscal Year 2013, thirty (30) of the forty-five (45) acute care hospitals and one chronic hospital participated in the Charge per Episode (“CPE”) rate setting methodology, and five (5) acute care hospitals participated in the Charge per Case Target (“CPC”) rate setting

methodology. Effective July 1, 2012, an update factor of .3% was applied, on average, to Charge Targets, 100% inpatient unit rates, and ancillary unit rates of each hospital.

Ten (10) acute care hospitals participated in the Total Patient Revenue System (“TPR”) rate setting methodology during FY 2013. The TPR is a revenue constraint system developed by the Maryland Health Services Cost Review Commission in lieu of the CPC or CPE rate setting methodology. A revenue constraint or cap is calculated for each hospital when it is approved for this methodology, and this revenue cap was increased by the same update factor, 1.56%, as the targets and unit rates of the CPC and CPE hospitals. The TPR methodology, consistent with all Commission rate setting methodologies, incentivizes hospitals to provide the highest quality of care possible to the community’s patient service area.

The TPR is available to sole community provider hospitals and hospitals operating in regions of the State characterized by an absence of densely overlapping services areas. The HSCRC staff reserves the right to exclude any hospital from eligibility for the TPR if it determines that that hospital’s service area characteristics are not conducive to successful implementation and operation of the TPR.

The basic concept embodied in the TPR is the assurance of a certain amount of revenue each year, independent of the number of patients treated and the amount of services provided to these patients as all cost are considered 100% fixed. This methodology provides each hospital with strong incentives to reduce length of stay, ancillary testing, and unnecessary admissions and readmissions, as well as improve efficiency in the provision of services while treating patients in a manner consistent with appropriate, high quality medical care.

### **C. Full Rate Reviews**

A full rate review is an extensive analysis of a hospital's costs as compared to the average cost structure of its peer group. A hospital may file an application for a full review, or the Commission may initiate the review. These are highly complex, technical reviews which incorporate multiple Commission policies, and must be completed in the specific time frame established by regulation. Typically, a hospital files a full rate application to increase its revenue structure. The hospital must submit a detailed description of its request with supporting calculations documenting its efficiency relative to its peer group. Additionally, for example, the hospital requesting the full rate review may attempt to demonstrate why the annual update factor is insufficient to meet its individual financial requirements. During fiscal year 2013, two hospitals filed a full rate review application, and the HSCRC staff did not initiate any full rate reviews.

### **D. Spend Down Hospitals**

All acute care hospitals are subject to the results of the annual Reasonableness of Charges "ROC" calculations through the scaling of the annual update factor. Additionally, a determination is made of each hospital's position relative to its peer group average. Any hospital with charges exceeding its peer group average by a pre-determined percentage is identified as a high cost hospital and must negotiate a Spend Down Agreement with the Commission. These hospital specific agreements detail the reductions the identified hospital must achieve over a specified time period, usually two years.

A provision of the staff's modified recommendation on "The Transition to APR-DRGs and Related Methodology Changes," unanimously adopted by the Commission at its June 1, 2005 public meeting, included a moratorium on the ROC calculation and any resultant spend



downs for the next two years, subsequently extended for another three years. During rate year 2010, a work group was established to review the ROC methodology. This group proposed revisions to some of the highly technical methodologies which measure ROC performance. Additionally, the group proposed issuing the ROC annually with no hospital being identified as high cost for 2010. This approach was continued in 2013; therefore, no hospitals were placed on a Spend Down in fiscal year 2013.

### **III. SYSTEM REFINEMENTS AND CHANGES IN METHODOLOGY**

The Research and Methodology Division of the HSCRC is responsible for research, policy development, and information systems activities of the Commission. The staff devotes considerable time to developing, analyzing, and implementing policy changes to the existing payment system; coordinating activities related to policy development; developing and analyzing alternative methods of rate determination; developing data reporting requirements to ensure that the information needed for policy development and research are available; and conducting research that has policy implications for the Commission and is of general interest to the health services research community. Recent changes, refinements, and reviews are described in the following sections.

#### **A. Outpatient Charge Per Visit Methodology**

Despite HSCRC staff best efforts to refine its Charge Per Visit (CPV) methodologies during FY 2011 and FY 2012, HSCRC staff determined in FY 2012 that the methodology was not constraining outpatient revenue and volume growth as the policy intended. Coupled with the difficulty experienced by hospitals in managing to the CPV targets, and based on HSCRC staff recommendations, the Commission retracted the CPV policy in March 2012. The Commission directed HSCRC staff to analyze outpatient revenue growth and develop a short-term revenue

constraint system for implementation in FY 2013 and also longer-term strategies for constraining outpatient revenue and volume growth.

In November 2012, the Commission approved the staff's recommendation to implement a non-symmetric variable cost factor for outpatient clinic services in the clinic rate center, in an effort to neutralize permanent system revenue increases associated with the growth in clinic services. Staff would apply a 50 percent variable adjustment to permanent revenue for increases in volumes. For volume decreases, staff would apply an 85 percent variable adjustment to permanent revenue. This adjustment was a first step in a broader discussion of volume growth as a consequence of fee-for-service incentives in the current hospital rate-setting system. Because of the expansion of clinic services due to the acquisition of physician practices by hospitals and the related issue of a site-of-service differential, clinic revenues provide a unique issue within the overall context of outpatient services. Therefore, the Commission addressed this issue independently, in advance of more general volume discussions related to a revised Medicare waiver and the population-based considerations likely to emerge from those discussions.

Also in FY 2013, the State of Maryland Budget directed the HSCRC to allow hospitals to tier Clinic and Emergency Department (ED) rates, to further mitigate the increased costs for outpatient services that affect the Medicaid budget. In a memo dated June 11, 2012, the HSCRC "urged hospitals that experience high Medicaid volumes in the Clinics and EDs" to tier these rate centers beginning July 1, 2012. Cost justification of a hospital's tiered structure is paramount to compliance with HSCRC regulation and statute. Therefore, to participate in the tiering, the HSCRC required the hospitals to submit documentation of cost justification along with the request to tier. Nine hospitals found cost justification and requested to tier Clinic rates. Two of the hospitals, Johns Hopkins Hospital and University of Maryland Medical System, also

requested to tier ED rates. Several other hospitals communicated with HSCRC that cost analysis did not justify tiering.

## **B. Uncompensated Care Policy and Charity Care**

The HSCRC's provision for uncompensated care in hospital rates is one of the unique features of rate regulation in Maryland. Uncompensated care (UCC) includes bad debt and charity care. By recognizing reasonable levels of bad debt and charity care in hospital rates, the system enhances access to hospital care for those patients who cannot pay for care. The UCC provision in rates is applied prospectively and is meant to be predictive of actual uncompensated care costs in a given year.

The HSCRC uses a blend of actual and regression-based methodology as a vehicle to predict uncompensated care costs in a given year. The uncompensated care methodology has undergone substantial changes over the years since it was initially established in 1983. The uncompensated care regression estimates the relationship between a set of explanatory variables and the rate of uncompensated care observed at each hospital as a percentage of gross patient revenue. The most recent version of the policy was adopted by the Commission on June 6, 2012.

Under the current policy, the statewide uncompensated care provision (6.86 percent for fiscal year 2013) is placed in each hospital's rates. Each hospital remits funds or withdraws funds from an uncompensated care pool administered by HSCRC based on application of the formula contained in the UCC policy of the HSCRC. Hospitals with a result above 6.86 percent withdraw money from the funds to cover additional uncompensated care, while hospitals with a result below 6.86 percent pay into the fund.

### **C. One Day Stays**

One Day Stay (ODS) are cases admitted to an acute inpatient unit and have either a zero or one-day length of stay. Overuse of inpatient services for cases that could be treated on an outpatient observation basis results in excess medical cost and potential additional clinical risks for patients (exposure to generally higher rates of complications for inpatient cases than for outpatient cases). ODS cases also can be surgical cases that are admitted, and the surgery is performed on an inpatient basis (instead of being performed on an ambulatory basis).

A 2010 HSCRC staff review found that Maryland hospitals, relative to national standards, have admitted a much higher percentage of ODS (both medical and surgical) cases as a proportion of total inpatient admission. Maryland admits 6 percent more one-day stays overall and 4 percent more Medicare one-day stay cases than hospitals in the rest of the US.

At its May 5, 2010 Public Meeting, the Commission approved a number of recommendations to incentivize hospitals to move ODS cases into outpatient observation. Most prominently, the Commission excluded ODS cases from hospitals' inpatient Charge per Case (CPC) targets treating the cases as a separate category for compliance and other rate regulatory purposes. However, when removing the ODS cases from the Charge per Case targets, the Commission did not remove rate capacity associated with these short stay cases, thereby leaving excess revenue in the rate setting system. Over FY 2012, as the ODS cases have moved from inpatient into outpatient care, HSCRC staff has identified the retained rate capacity as one driver of the rapidly increasing dollars for each discharge. In an effort to address the increase in outpatient charges due to ODS, the Commission approved reincorporating the ODS cases into the CPC/CPE methodology at the May 1, 2013 public meeting

#### **D. Hospital Reporting of Graduate Medical Education**

During FY 2013, the Commission changed a number of reporting and data collection requirements for hospitals reporting of graduate medical education. Since its inception, Maryland's all payer system has accounted for the social costs associated with the training of physicians by building costs for medical education into hospital rates. The Commission makes adjustments for medical education costs in its methodologies in order to assess the adequacy of hospital rates relative to peer institutions through the reasonableness of charges (ROC) and the inter-hospital cost comparison (ICC) methodologies. Many of the reporting changes aligned HSCRC's data collection processes with Medicare's collection of graduate medical education data. The new collection processes would also provide the Commission with a more complete understanding of GME and allow for GME data review/auditing.

#### **E. Nurse Support Programs (NSP I and NSP II)**

To facilitate and encourage the implementation of hospital-based initiatives designed to increase the number of nursing professionals providing patient care in the State, the HSCRC initiated the first five-year Nurse Support Program I (NSP I) cycle in 2001. In 2007, the HSCRC approved NSP I funding for another five year cycle. Hospitals are eligible to receive up to 0.1% of their gross patient revenue per year, to be provided through hospital rate adjustments for approved projects that address the individual needs of the hospitals as they relate to nurse recruitment and retention. During the June 6, 2012 meeting, the Commission unanimously approved staff's recommendation to renew the program for FY 2013-2018, with modifications. The staff recommendations included:

1. Supporting projects aimed at increasing the number of advanced degree nurses; collecting data that can demonstrate the link between nursing competency and patient outcomes; and supporting activities that advance the practice of nursing;
2. Improving the application process;
3. Revising the annual report to include 5-10 focused and well defined metrics;
4. Improving the oversight and monitoring of the NSPI program through routine site visits and budget audits.

Approximately \$80.6 million between FY2001 through FY2013 has been provided to 42 acute care and specialty hospitals in Maryland for NSP I projects.

The NSP I program exposed the inability of nursing programs to accept large numbers of new nursing students because of limited capacity due to nursing faculty shortages. In May 2005, the HSCRC created the Nurse Support Program II (NSP II) and approved funding of up to 0.1% of regulated patient revenue each year for 10 years for use in expanding the pool of nurses in the State by 1) increasing the capacity of Maryland nursing programs, 2) developing more nursing faculty, and 3) creating a pipeline for future nursing faculty. Under the NSP II Program, funding is available to support two types of initiatives: Competitive Institutional Grants and Statewide Initiatives. Institutions seeking Competitive Institutional Grants are encouraged to collaborate with the Statewide Initiatives which provide scholarships and living expenses grants to graduate nursing faculty and provide grants for new nursing faculty.

During the March 7, 2012 meeting, the Commission approved revisions to existing Statewide Initiatives and approved a new Statewide Initiative, the Nurse Educator Doctoral Grant for Practice and Research (NEDG). The NEDG program awarding guidelines were

approved by the Maryland Higher Education Commission on October 24, 2012. The first awards were made in April 2013.

From 2006 to December 2014, the HSCRC awarded over \$59 million in funding for its 94 Competitive Institutional Grant projects. During the last 7 years of NSP II, the Commission has approved nearly \$55 million in funding for 67 Competitive Institutional Grant awards. The projects involve 104 hospital and higher education institution partners and consortium members. An additional \$21 million was awarded to support graduate education, doctoral completion and new nursing faculty fellowships for Statewide Initiatives in the last 6 years, for a total of over \$80 million in NSP II obligations.

## **F. Hospital Discharge Data**

### **1. Inpatient Discharge Data**

The HSCRC Inpatient Discharge Database is considered to be one of the most accurate, complete, and timely statewide hospital discharge data sets in the country. Regulations require Maryland hospitals to submit inpatient discharge data to the HSCRC within 50 days following the close of each quarter. The data include demographic, clinical, and charge information on all inpatients discharged from Maryland general acute hospitals. The database is used extensively for hospital rate setting purposes by other state agencies for health planning, program development, and evaluation functions, and is also used by individuals throughout the State and the country for various research projects. Acute hospitals report chronic care discharges under separate reporting structures. Likewise, psychiatric hospitals report discharges separate from the acute care facilities.

In FY 2013, HSCRC implemented several changes to the data requirements including:

- Added Enterprise Master Patient Identifier

A hospital system master patient identifier, also known as the enterprise identifier or EMPI, is a unique patient identification number that links a patient across system hospitals. Under the HSCRC's Admissions-Readmission Revenue (ARR) program, system hospitals may choose to "link" for purposes of defining 30-day readmission episodes. The EMPI is crucial for HSCRC staff use in defining episodes within these linked system hospitals.

- Updated Race Categories to be consistent with the US Office of Management and Budget race categories.

Old Race Categories			Revised Race Categories		
	Category	Code		Category	Code
(a)	White	1	(a)	White	1
(b)	African American	2	(b)	<b>Black or</b> African American	2
(c)	Asian or Pacific Islander	3	(c)	Asian	3
(d)	American Indian/Eskimo/Aleut	4	(d)	American Indian <b>or Alaskan Native</b>	4
(e)	Other	5	(e)	Other	5
(f)	Biracial	6	(f)	<b>Two or more races</b>	6
(g)	Unknown	9	(g)	<b>Native Hawaiian or Other Pacific Islander</b>	<b>7</b>
			(h)	Unknown	9

## 2. Outpatient Discharge Data

Since October 1987, the Commission has collected patient level ambulatory surgery data from hospitals. The ambulatory surgery database includes demographic, clinical, and charge information for all patients that receive hospital-based outpatient surgery services. The Ambulatory Care Data Reporting Regulations, effective April 1, 1997, allow the Commission to collect demographic, clinical, and charge information on hospital-based clinic and emergency department services. The Outpatient Database Reporting Regulations, effective June 4, 2007, allowed for the consolidating of the Commission's current ambulatory surgery and ambulatory care data set into one uniform outpatient hospital data set. Hospitals submit outpatient care data to the HSCRC within 50 days following the close of a quarter, on the same schedule as the inpatient discharge dataset.



In FY 2013, HSCRC implemented several changes to the data requirements including:

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(e)	Other	5	(e)	Other	5
(f)	Biracial	6	(f)	<b>Two or more races</b>	6
(g)	Unknown	9	(g)	<b>Native Hawaiian or Other Pacific Islander</b>	<b>7</b>
			(h)	Unknown	9

#### IV. AUDITING AND COMPLIANCE ACTIVITIES

##### A. Auditing Activities

A set of specific audit procedures prescribed by the Commission, known as the “Special Audit,” is performed annually at each hospital by an independent certified public accounting firm. The Special Audit tests the various data submitted by the hospitals to the Commission in their Annual Reports of Revenue, Expenses and Volumes, Annual Wage and Salary Survey, Statement of Changes in Building and Equipment Fund Balances, Monthly Reports of Achieved Volumes, and Quarterly Uniform Hospital Discharge Abstract Data Set. The Special Audit is

designed to assure the Commission that the data are being reported in a uniform and consistent format, and that the reports are accurate.

## **B. Monitoring Activities**

During Fiscal Year 2013, the Commission staff continued to use the Monthly Report of Rate Compliance (Schedule CS) as its primary tool for monitoring hospital charging compliance. An expanded Quarterly Financial Statement Summary (Schedule FS) and the hospitals' audited financial statements continue to be used to monitor hospital solvency. The Commission continued the policy of reviewing the performance of the Maryland hospital industry on an ongoing basis. The Commission also contracted with a consulting firm to review a portion of the charge masters of three hospitals.

In addition, significant transactions between hospitals and related entities continue to be reported to the Commission on an annual basis. Both the policy of reviewing the financial performance of the Maryland hospital industry and the reporting of transactions between hospitals and related entities were adopted in response to recommendations made by a joint Commission and Maryland Hospital Association committee established to study the financial condition of Maryland hospitals.

## **V. ACTIVITIES AFFECTING HEALTH SERVICES COST REVIEW COMMISSION'S REGULATIONS**

Over the past fiscal year, the Commission proposed and adopted amendments to a number of existing regulations.

### **COMAR 10.37.01**

This regulation concerns the Commission's *Uniform Accounting and Reporting System for Hospitals*. On February 6, 2013, the Commission adopted amendments to Regulations .03 and .06, which were proposed for adoption on December 14, 2012. The purpose of this action is to increase the civil penalties associated with the failure to timely file required reports with the Commission.

### **COMAR 10.37.10**

This regulation concerns the Commission's *Rate Application and Approval Procedures*. During the past fiscal year, the Commission proposed and adopted several amendments to this chapter. On July 11, 2012, the Commission adopted amendments to Regulation .26A, which were proposed for adoption on May 18, 2012. This regulation concerns the Commission's rules governing the "Hospital Information Sheet." The purpose of this action is to notify hospital inpatients of the potential for separate bills for hospital and physician services provided at the hospital.

On November 7, 2012, the Commission adopted amendments to Regulation .26, with non-substantive clarifying changes, which were proposed for adoption on September 7, 2012. This regulation concerns the Commission's rules governing "Patient Rights and Obligations; Hospital Credit and Collection, and Financial Assistance Policies." The purpose of this action is to expand the types of means-tested social services programs that may qualify an individual patient for free care, consistent with the Commission's regulatory requirements for presumptive care eligibility.

On February 6, 2013, the Commission adopted amendments to Regulation .06, which were proposed for adoption on December 14, 2012. The purpose of this action is to increase the monetary fines the Commission may impose for those hospitals that fail to comply with the Commission's alternative rate methodology reporting requirements.

### **COMAR 10.37.12**

This regulation concerns *Cross-Subsidization*. On February 6, 2013, the Commission adopted amendments to regulations .02 and .03, which were proposed for adoption on December 14, 2012. The purpose of this action is to increase the monetary penalties the Commission may impose for those hospitals that fail to comply with the Commission's fixed-priced reporting.

## **VI. LEGISLATION AFFECTING THE HEALTH SERVICES COST REVIEW COMMISSION'S ENABLING ACT**

A number of bills of interest to the Commission were introduced during the 2013 regular session of the General Assembly:

### **House Bill 228**

This bill, companion to SB 274, entitled *Maryland Health Progress Act of 2013*, would alter eligibility requirements for the Maryland Medical Assistance Program and the definition of "former foster care adolescent" to conform to federal eligibility requirements under the Affordable Care Act (ACA); authorize the Secretary of Health and Mental Hygiene to provide specified grants; add to the purposes for which a specified assessment MHIP assessment in hospital rates may be used; provide additional authority and policy for the operation of the Maryland Health Benefit Exchange, and make changes to insurance law pursuant to the ACA.

*(Approved by the Governor- Ch.159)*

### **House Bill 373**

This bill, companion to SB 151, entitled *Hospitals-Outpatient services-Off-Site-Rate Regulation*, would repeal the requirement that the Medicaid program pay certain hospital rates set by the HSCRC for outpatient digestive disease services transferred to an off-site facility prior to January 1, 1999. The bill also permits this hospital to notify the HSCRC by June 1, 2013 if it intends to eliminate rate regulation at its off-site digestive disease health center. (*Vetoed by the Governor-Duplicative*)

### **House Bill 1062**

This bill, companion to SB 195, entitled *Hospitals – Notice to Patients – Outpatient status and Billing Implications*, would require a hospital, under specified circumstances, to provide notice to a patient of the patient’s outpatient status, the billing implications of the outpatient status, and the impact of the outpatient status on the patient’s eligibility for Medicare rehabilitation services; and require the DHMH, in consultation with the hospital, to adopt by regulation standardized elements to be included in a written notice (*Approved by the Governor-Ch.203*)

### **House Bill 151**

This bill, companion to House Bill 373, entitled *Hospitals – Outpatient Services – Off-Site Facility-Rate Regulation*, is an emergency bill that would repeal the requirement that the Medicaid program pay certain hospital rates set by the HSCRC for outpatient digestive disease services transferred to an off-site facility prior to January 1, 1999. The bill also permits this

hospital to notify the HSCRC by June 1, 2013 if it intends to eliminate rate regulation at its off-site digestive disease health center. *(Approved by the Governor-Ch. 193)*

### **Senate Bill 195**

This bill, companion to HB 1062, entitled *Hospitals- Notice to Patients – Outpatient Status and Billing Implications*, would require a hospital, under specified circumstances, to provide notice to a patient of the patient’s outpatient status, the billing implications of the outpatient status, and the impact of the outpatient status on the patient’s eligibility for Medicare rehabilitation services; and require the DHMH, in consultation with the hospital, to adopt by regulation standardized elements to be included in a written notice. *(Approved by the Governor-Ch. 202)*

### **Senate Bill 274**

This bill, companion to House Bill 228, entitled *Maryland Health Progress Act of 2013*, would alter eligibility requirements for the Maryland Medical Assistance Program and the definition of “former foster care adolescent” to conform to federal eligibility requirements under the Affordable Care Act (ACA); authorize the Secretary of Health and Mental Hygiene to provide specified grants; add to the purposes for which a specified assessment MHIP assessment in hospital rates may be used; provide additional authority and policy for the operation of the Maryland Health Benefit Exchange, and make changes to insurance law pursuant to the ACA. *(Third Reading Passed)*

### **Senate Bill 1073**

This bill, entitled *Task Force to Evaluate the Quality of Patient Care Under a Capitated Payment System*, would establish a Task Force to study the impact of moving from a “per case” to a “per capita” payment model on the provision and quality of end-of-life care, health care services for the chronically ill, behavioral health services, and specialty care services, as well as the alignment of patient needs with the needs of hospitals. The bill would also require the HSCRC to provide staff for the task force; and require the task force to report its findings to the Governor and specified committees of the General Assembly by January 1, 2014. *(Failed)*

### **Senate Bill 1074**

This bill, entitled *Task Force to Evaluate the Impact of Maryland’s Proposal to Maintain the Medicare Waiver*, would establish a Task Force to Evaluate the Impact of Maryland’s Proposal to Maintain the Medicare Waiver to study the waiver application submitted by the Department of Health and Mental Hygiene (DHMH) to the Federal Centers for Medicare and Medicaid Services (CMS) in March 2013 and its potential impact. The bill would also require the HSCRC to provide staff for the task force; and require the task force to report its findings to the Governor and specified committees of the General Assembly by January 1, 2014. *(Failed)*

## **VII. STATUS OF LITIGATION INVOLVING THE HEALTH SERVICES COST REVIEW COMMISSION**

Over the past fiscal year, the Commission and hospitals were able to resolve all disagreements within the administrative process.

## **VIII. ACTIVITIES ASSOCIATED WITH IMPLEMENTATION OF HEALTH SERVICES COST REVIEW COMMISSION ALTERNATIVE METHODS OF RATE DETERMINATION**

During the past fiscal year, the Commission had the opportunity to consider proposals from hospitals seeking alternative methods of rate determination, pursuant to the provisions of Health-General Article, §19-219, Annotated Code of Maryland and COMAR 10.37.10.06. Under its law, the Commission may promote and approve experimental payment methodologies that are consistent with the fundamental principles inherent in the Commission's legislative mandate. The applications for alternative methods of rate determination fell into one of four general categories: 1) ambulatory surgery procedure-based pricing; 2) global pricing or case rate arrangements for selected inpatient procedures; 3) partial capitation or risk sharing arrangements; and 4) full capitation.



## FORMER COMMISSIONERS

<u>Former Commissioners</u>	<u>Appointed</u>	<u>Term Expired</u>
John A. Whitney, Esq.	July 19, 1971	June 30, 1972
Sidney A. Green	July 19, 1971	June 30, 1978 (Resigned)
George J. Weems M.D.	July 19, 1971	June 30, 1978 (Resigned)
Mancur Olson, Ph.D.	July 19, 1971	June 30, 1977
Bernard Kapiloff, M.D.	July 19, 1971	June 30, 1977
P. Mitchell Coale <sup>1</sup>	March 31, 1976	June 30, 1978 (Resigned)
W. Orville Wright	January 25, 1972	June 30, 1979
Alvin M. Powers	July 19, 1971	June 30, 1979
Natalie Bouquet	October 31, 1972	June 30, 1980
Gary W. Grove	June 29, 1979	June 30, 1983
John T. Parran <sup>2</sup>	July 8, 1977	June 30, 1982
Stephen W. McNierney <sup>3</sup>	February 8, 1983	June 30, 1986 (Resigned)
Carville M. Akehurst <sup>4</sup>	June 29, 1979	June 30, 1983
David P. Scheffenacker	September 6, 1977	June 30, 1985
Roland T. Smoot, M.D. <sup>5</sup>	July 12, 1978	June 30, 1986
Carl J. Schramm, Esq. <sup>6</sup>	July 8, 1977	June 30, 1985
Richard M. Woodfin <sup>7</sup>	August 28, 1983	June 30, 1986
Don S. Hillier <sup>8</sup>	February 24, 1982	June 30, 1987

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<sup>1</sup> Appointed to fill unexpired term of Sidney Green, resigned.

<sup>2</sup> Appointed to fill unexpired term of George J. Weems, M.D., resigned.

<sup>3</sup> Appointed to replace John T. Parran, who continued to serve beyond his appointment.

<sup>4</sup> Carville M. Akehurst was appointed by the Governor to Chair the Maryland Health Resources Planning Commission and by law had to leave the Health Services Cost Review Commission.

<sup>5</sup> Appointed to fill the unexpired term of P. Mitchell Coale.

<sup>6</sup> Carl J. Schramm, Esq. continued to serve as Acting Chairman beyond his appointment.

<sup>7</sup> Appointed to fill the unexpired term of Stephen W. McNierney.

<sup>8</sup> Appointed to fill the unexpired term of Gary W. Grove.

<u>Former Commissioners</u>	<u>Appointed</u>	<u>Term Expired</u>
Earl J. Smith <sup>9</sup>	August 29, 1983	June 30, 1987
Virginia Layfield	June 30, 1980	June 30, 1988
Walter Sondheim, Jr.	July 1, 1987	June 30, 1991 (Resigned)
Ernest Crofoot	September 6, 1985	June 30, 1989
Richard G. Frank, Ph.D.	October 6, 1989	June 30, 1995 (Resigned)
Barry Kuhne	July 1, 1987	June 30, 1994
William B. Russell, M.D.	July 3, 1986	June 30, 1994
James R. Wood	July 1, 1987	June 30, 1995
Susan R. Guarnieri, M.D.	March 16, 1988	June 30, 1996
Charles O. Fisher, Sr.	April 28, 1986	June 30, 1997
C. James Lowthers	July 16, 1990	June 30, 2001
Willarda V. Edwards, M.D.	July 1, 1994	June 30, 2002
Dean Farley, Ph.D. <sup>10</sup>	July 1, 1994	June 30, 2003
Philip B. Down	July 1, 1995	June 30, 2003
Don S. Hillier	July 1, 1996	June 30, 2004
Dale O. Troll	July 1, 1994	June 30, 2003
Larry L. Grosser	July 1, 2001	June 30, 2005
Samuel Lin, M.D., Ph.D.	July 1, 1997	June 30, 2005
Irvin W. Kues	July 1, 2005	June 30, 2007
William Munn	July 1, 2005	Dec. 31, 2007 (Resigned)
Michael J. Eusebio	July 1, 2003	June 30, 2007
Raymond J. Brusca	July 1, 2005	June 30, 2005
Donald A. Young, M.D. <sup>11</sup>	July 1, 2007	June 30, 2010
Trudy R. Hall, M.D., P.A.	July 1, 2002	June 30, 2010
Steven B. Larsen	August 1, 2009	May 10, 2010 (Resigned)
Frederick W. Puddester <sup>12</sup>	July 1, 2010	June 30, 2011 (Resigned)
C. James Lowthers	July 1, 2007	June 30, 2011
Kevin J. Sexton	July 1, 2003	June 30, 2011
Joseph R. Antos, Ph.D.	July 1, 2004	June 30, 2012

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<sup>9</sup> Appointed to fill the unexpired term of Carville M. Akehurst.

<sup>10</sup> Dean Farley, Ph.D., continued to serve as Vice Chairman beyond his appointment.

<sup>11</sup> Donald A. Young, M.D., appointed by the Governor to replace Chairman Irvin W. Kues.

<sup>12</sup> Frederick W. Puddester, appointed by the Governor to replace Chairman Donald A. Young, M.D.

STATE OF MARYLAND  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



John M. Colmers  
Chairman

Herbert S. Wong, Ph.D.  
Vice-Chairman

George H. Bone, M.D.

Stephen F. Jencks, M.D., M.P.H.

Jack C. Keane

Bernadette C. Loftus, M.D.

Thomas R. Mullen

Donna Kinzer  
Acting Executive Director

Stephen Ports  
Principal Deputy Director  
Policy and Operations

Gerard J. Schmith  
Deputy Director  
Hospital Rate Setting

Sule Calikoglu, Ph.D.  
Deputy Director  
Research and Methodology

**HEALTH SERVICES COST REVIEW COMMISSION**

4160 Patterson Avenue, Baltimore, Maryland 21215  
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Toll Free: 1-888-287-3229  
hsrc.maryland.gov

For further information call:  
Donna Kinzer

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\*

For release 10:00 a.m. EDT  
October 9, 2013

410-764-2605

\* \* \* \* \*

**DISCLOSURE OF**

**HOSPITAL FINANCIAL AND STATISTICAL DATA**

The average amount paid for a hospital stay in Maryland was less than the national level of increase in Fiscal Year (FY) 2012. According to figures released today by the Health Services Cost Review Commission (HSCRC), patients at Maryland’s hospitals paid, on average, \$11,984 for a hospital admission in FY 2012, up 2.3% from the \$11,711 paid in FY 2011. The average amount paid by a patient nationally for a hospital stay was estimated to have risen by 3.4%, based on data from the Colorado Data Bank, a survey tool utilized by the hospital industry nation-wide to assess overall hospital performance.

Also, the mark-up in Maryland hospitals, the difference between hospital costs and what hospitals ultimately charge patients, remained the lowest in the nation at 33 percent compared with the average mark-up of 220 percent for hospitals nationally, according to the most recent data from the American Hospital Association (AHA). In the absence of rate setting, non-Maryland hospitals must artificially mark-up their charges by over 200 percent in order to cover

shortfalls due to uncompensated care, discounts to large HMOs, and low payments from Medicare and Medicaid.

In Maryland, the payment system builds the cost of uncompensated care into the rates, and all payers pay the same rates for hospital care.

In addition, an analysis of hospital costs shows that the average cost per admission in Maryland hospitals increased by 3.8 percent during FY 2012. In FY 1976, the cost per adjusted admission to a Maryland hospital was 26 percent above the national average. In FY 2011, the year for which the most recent data are available from AHA, the average cost per adjusted admission in Maryland was slightly above the national average. From 1977 through 2011, Maryland experienced the second lowest cumulative growth in cost per adjusted admission of any state in the nation.

The HSCRC, established to regulate rates for all those who purchase hospital care, is this country's pioneer hospital rate review agency.

The HSCRC began regulating hospital rates in 1974 and has assisted Maryland hospitals for the majority of the intervening years in remaining well below the national rate of hospital cost increases.

Equivalent Inpatient Admissions (EIPAs) is a statistic that equals inpatient admissions plus a conversion of outpatient visits into equivalent admissions.

The new financial disclosure shows that for Maryland acute hospitals in FY 2012:

- 1) The average *charge* per admission for regulated activities increased 4.7 percent to \$14,518 in FY 2012 from \$13,870 in FY 2011.

- 2) The average *cost* per EIPA for regulated activities increased 3.8 percent to \$11,372 in FY 2012 from \$10,961 in FY 2011.
- 3) The average *payment* received by Maryland hospitals per EIPA for regulated activities increased by 2.3 percent to \$11,984 in FY 2012 from \$11,711 in FY 2011.
- 4) Profits on regulated activities decreased in FY 2012, from \$897 million (7.4 percent of regulated net operating revenue) in FY 2011 to \$781 million (or 6.3 percent of regulated net operating revenue).
- 5) Profits on operations (which include profits and losses from regulated and *unregulated* day-to-day activities) decreased from \$464 million (or 3.5 percent of total net operating revenue) in FY 2011 to \$315 million in FY 2012 (or 2.3 percent of total net operating revenue), attributable in part to increased losses sustained by hospitals for physician related-activity.
- 6) Total excess profits (which include profits and losses from regulated and unregulated operating and non-operating activities) decreased substantially from \$847 million in FY 2011 (or 6.2 percent of the total revenue) to \$230 million in FY 2012 (or 1.7 percent of the total revenue).
- 7) Total regulated net patient revenue rose slightly from approximately \$11.9 billion in FY 2011 to \$12.3 billion in FY 2012, an increase of 3 percent, due, in part, to a 3.6 percent decrease in admissions.

Outpatient gross revenue was \$5.6 billion. This represented an increase of 14 percent in FY 2012 compared with an increase of 11 percent in FY 2011. As a percentage of total revenue, outpatient revenue increased to 38 percent in FY 2012.

Regulated hospital admissions decreased from 662,386 in FY 2011 to 638,274 in FY 2012, or 3.6 percent. In addition, hospital outpatient visits increased from 4,915,645 in FY 2011 to 5,239,107 in FY 2012, or 6.6 percent.

A unique feature of the Maryland hospital rate system is its coverage of the reasonable cost of providing care to those who cannot pay -- i.e., uncompensated care. Maryland continues to be the only state in the nation that assures its citizens that they can receive care at any hospital regardless of their ability to pay. In Maryland alone, uncompensated care is financed by all payers, including Medicare and Medicaid. As a result, there are no charity hospitals in Maryland; patients who are unable to pay are not transferred into hospitals of last resort. In 2012, Maryland hospitals incurred \$1 billion of uncompensated care, approximately seven cents of uncompensated care cost for every dollar of gross patient revenue; approximately 82 percent of the statewide uncompensated care expenditure originated in the State's metropolitan areas.

The HSCRC was established by the General Assembly in 1971. It is an independent Commission functioning within the Department of Health and Mental Hygiene. It consists of seven members who are appointed by the Governor. The Commission's rate review authority includes assuring the public that: (a) a hospital's total costs are reasonable; (b) a hospital's aggregate rates are reasonably related to its aggregate costs; and (c) rates are set equitably among all purchasers of care without undue discrimination or preference.

**DISCLOSURE OF HOSPITAL FINANCIAL AND  
STATISTICAL INFORMATION  
FOR HOSPITALS WITH FISCAL YEARS ENDING  
June 30, 2012, August 31, 2012  
and December 31, 2012**

**By:**

**HEALTH SERVICES COST REVIEW COMMISSION**

**October 9, 2013**

## Introduction

Historically, the Commission has published an annual comparison of Maryland hospitals' regulated cost per adjusted admission with the national average cost per adjusted admission in the Executive Summary of its Disclosure of Financial and Statistical Data (Report). In the past, the Commission believed that cost per adjusted admission represented the best measure of hospital costs affected by rate regulation and within a hospital's control. Beginning with the 2003 report, the Commission shifted its primary attention from cost per adjusted admission to net revenue per adjusted admission. The Commission did so because net revenue per adjusted admission better indicates what Maryland citizens pay for hospital care.

For now the Commission will continue to use cost per adjusted admission as a secondary measure of hospital performance in the Report. Because of the importance of per capita costs in determining health care premiums and taxes, the Commission will explore estimates of this measure, which involve the use of migration, case mix, and population data.

In 2004, the Commission made several additional changes to the Report. The first major change was the expansion of the Report to include both regulated and unregulated operating data. Also, the chronology of the data presented in the Report was changed to include all annual data for the fiscal year ended in that calendar year, e.g., data from hospitals with fiscal years that end December 31, 2010 are included with data from hospitals with June 30 and August 31, 2010 fiscal year ends. The Commission implemented these changes so that Maryland hospitals' data would be consistent with the manner in which national hospital data are published by the American Hospital Association.



In 2009, the Commission standardized the reporting of non-operating revenue and expenses to conform to the generally accepted accounting principles utilized in the preparation of hospital audited financial statements. Non-operating revenue and expenses reported include but are not limited to: unrestricted contributions, interest and investment income, realized investment gains and losses, unrealized investment gains and losses, and realized swap agreements' gains and losses.

### Contents of Report

Under its mandate to cause the public disclosure of the financial operations of all hospitals, the Commission has prepared comparative statements from information made available by the respective hospitals.

Gross Patient Revenue, Net Patient Revenue, Other Operating Revenue, Net Operating Revenue, % Uncollectible Accounts, Total Operating Costs, Operating Profit / Loss, Non-Operating Income and Expense, and Excess Profit / Loss, as itemized in this Report, were derived from the Annual Report of Revenue, Expenses and Volumes (Annual Report) submitted to the Commission. The Annual Report is reconciled with audited financial statements of the respective institutions.

This year's Disclosure Statement also includes the following seven Exhibits:

Exhibit I - Change in Cost per EIPA (Regulated Operations)

Exhibit II - Change in Revenue per Admission (Regulated Operations)

Exhibit III - Change in Uncompensated Care (Regulated Operations)

Exhibit IV - Change in Net Patient Revenue per EIPA (Regulated Operations)

Exhibit V - Change in Net Operating Revenue (Regulated Operations)

Exhibit VI - Change in Total Operating Profit / Loss (Regulated and Unregulated Operations)

Exhibit VII – Change in Excess Profit/Loss (Operating and Non-operating Activities)

The following explanations are submitted in order to facilitate the reader's understanding of this report:

Gross Patient Revenue means all regulated and unregulated patient care revenue and should be accounted for at established rates, regardless of whether the hospital expects to collect the full amount. Such revenues should also be reported on an accrual basis in the period during which service is provided; other accounting methods, such as the discharge method, are not acceptable. For historical consistency, uncollectible accounts (bad debts) and charity care are included in gross patient revenue.

Net Patient Revenue means all regulated and unregulated patient care revenue realized by the hospital. Net patient revenue is arrived at by reducing gross patient revenue by contractual allowances, charity care, bad debts, and payer denials. Such revenues should be reported on an accrual basis in the period in which the service is provided.

Other Operating Revenue includes regulated and unregulated revenue associated with normal day-to-day operations from services other than health care provided to patients. These include sales and services to non-patients, revenue from miscellaneous sources, e.g., rental of hospital space, sale of cafeteria meals, gift shop sales, research, Part B physician services, etc. Such revenue is common in the regular operations of a hospital, but should be accounted for separately from regulated patient revenue.

Net Operating Revenue is the total of net patient revenue and other operating revenue.

Uncompensated Care is composed of charity and bad debts. This is the percentage difference between billings at established rates and the amount collected from charity patients and patients who pay less than their total bill, if at all. For historical consistency, uncollectible accounts are treated as a reduction in revenue.

Total Operating Expenses equal the costs of Commission regulated and unregulated inpatient and outpatient care, plus costs associated with Other Operating Revenue. Operating expenses are presented in the Report in accordance with generally accepted accounting principles with the exception of bad debts. For historical consistency, bad debts are treated as a reduction in gross patient revenue.

Equivalent Admission (EIPA) is a statistic formulated by the Commission which equals admissions plus a conversion of outpatient visits into equivalent admissions calculated as follows:

$$\text{EIPAs} = \text{Admissions} \quad \times \quad \frac{\text{Total Gross Patient Care Revenues}}{\text{Gross Inpatient Care Revenues}}$$

Average Cost per EIPA is operating costs divided by EIPAs.

Operating Profit / Loss is the profit or loss from ordinary, normal recurring regulated and unregulated operations of the entity during the period. Operating Profit / Loss also includes restricted donations for specific operating purposes if such funds were expended for the purpose intended by the donor during the fiscal year being reported upon (i.e., June 30, 2011 and December 31, 2011).

Non-Operating Profit / Loss includes investment income, extraordinary gains, and other non-operating gains and losses.

Excess Profit / Loss represents the bottom line figure from the Audited Financial Statement of the institution. It is the total of the Operating Profit / Loss and Non-Operating Profit / Loss. (Provisions for income tax are excluded from the calculation of profit or loss for proprietary hospitals.)

Financial information contained in the Report provides only an overview of the total financial status of the institutions. Additional information concerning the hospitals, in the form of Audited Financial Statements and reports filed pursuant to the regulations of the Health Services Cost Review Commission, is available at the Commission's offices for public inspection between the hours of 8:30 a.m. and 4:30 p.m. and in PDF under Financial Data Reports/Financial Disclosure on the HSCRC website at [HTTP://www.hscrc.state.md.us](http://www.hscrc.state.md.us).

#### Notes to the Financial and Statistical Data

1. Admissions include infants transferred to Neo-Natal Intensive Care units in the hospital in which they were born.
2. Revenues and expenses applicable to physician Part B professional services are only included in regulated hospital data in hospitals that had Commission approved physician rates on June 30, 1985 and that have not subsequently requested that those rates be abolished so that the physicians may bill fee-for-service.
3. The Specialty Hospitals in this Report are: Adventist Behavioral Health Care-Rockville, Adventist Rehabilitation Hospital of Maryland, Brook Lane Health Services, Adventist Behavioral Health-Eastern Shore, Levindale Hospital, Mt. Washington Pediatric Hospital, Sheppard Pratt Hospital, St. Luke Institute, and University Specialty Hospital.

4. Effective November 19, 2009, the Western Maryland Health System closed Braddock Hospital and Memorial Hospital of Cumberland and opened Western Maryland Regional Medical Center.
5. In accordance with Health-General Article, Section 19-3A-07, three free-standing medical facilities, Queen Anne's Freestanding Medical Center, Germantown Emergency Center, and Bowie Health Center fall under the rate-setting jurisdiction of the Health Services Cost Review Commission. The Commission set rates for all payers for emergency services provided at Queen Anne's Freestanding Medical Center effective October 1, 2010, and at Germantown Emergency Center and Bowie Health Center effective July 1, 2011.

**HEALTH SERVICES COST REVIEW COMMISSION  
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA  
FISCAL YEARS 2012-2010**

**All Acute Hospitals**

FISCAL YEAR ENDING	<u>Year 2012</u>	<u>Year 2011</u>	<u>Year 2010</u>
Gross Patient Revenue:			
Regulated Services	14,871,078,832	14,120,316,777	13,386,874,793
Unregulated Services	1,633,601,230	1,537,916,142	1,465,864,371
Total	16,504,680,062	15,658,232,919	14,852,739,164
Net Patient Revenue(NPR):			
Regulated Services	12,275,982,668	11,922,902,382	11,378,307,015
Unregulated Services	791,489,147	743,643,359	729,924,431
Total	13,067,471,815	12,666,545,741	12,108,231,446
Other Operating Revenue:			
Regulated Services	153,760,532	133,023,987	121,582,218
Unregulated Services	401,398,299	384,295,744	375,591,936
Total	555,158,830	517,319,731	497,174,154
Net Operating Revenue(NOR)	0		
Regulated Services	12,429,743,200	12,055,926,369	11,499,889,233
Unregulated Services	1,192,887,446	1,127,939,103	1,105,516,367
Total	13,622,630,646	13,183,865,472	12,605,405,600
Total Operating Expenses:	0		
Regulated Services	11,649,000,119	11,158,496,980	10,784,939,280
Total	13,308,115,226	12,719,503,353	12,277,293,119
Equivalent Inpatient ADMs (EIPA) :			
Regulated Services	1,024,332	1,018,057	1,036,000
Total	1,090,011	1,093,112	1,123,111
NPR per EIPA			
Regulated Services	11,984.38	11,711.43	10,982.92
Total	11,988.39	11,587.60	10,780.97
NOR per EIPA			
Regulated Services	12,134.49	11,842.09	11,100.28
Total	12,497.70	12,060.86	11,223.65
Operating Expenses per EIPA			
Regulated Services	11,372.29	10,960.58	10,410.17
Total	12,209.16	11,636.05	10,931.50
Net Operating Profit (Loss):			
Regulated Services	780,743,081	897,429,389	714,949,953
Unregulated Services	(466,227,662)	(433,067,249)	(386,837,472)
Total	314,515,420	464,362,140	328,112,481
Total Non-Operating Profit (Loss):	(84,897,304)	382,241,866	153,034,059
Non-Operating Revenue	81,100,427	396,002,108	173,932,166
Non-Operating Expense	165,997,731	13,760,242	20,898,107
Total Excess Profit	229,618,116	846,604,006	481,146,540
% Change in NPR per EIPA - Regulated	2.33	6.63	2.00
% Change in NOR per EIPA - Regulated	2.47	6.68	2.05
% Change in Operating Expense per EIPA - Regulated	3.76	5.29	1.63
% Change in Net Operating Profit - Regulated	(13.00)	25.52	6.91
% Net Operating Profit of Regulated NOR	6.28	7.44	6.22
% Change in Net Operating Profit- Total	(32.27)	41.53	2.76
% Net Total Operating Profit of Total NOR	2.31	3.52	2.60
% Change in Total Excess Profit	(72.88)	75.96	(27,109.79)
% Total Excess Profit of Total Revenue	1.68	6.23	3.77

HEALTH SERVICES COST REVIEW COMMISSION  
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA  
FISCAL YEAR 2010 TO 2012

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Anne Arundel Medical Center

FISCAL YEAR ENDING	June 2012	June 2011	June 2010
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Gross Patient Revenue:			
Regulated Services	523,717,000	461,358,800	415,890,500
Unregulated Services	11,747,200	10,369,513	32,748,267
TOTAL	535,464,200	471,728,313	448,638,767
Net Patient Revenue (NPR):			
Regulated Services	435,998,560	395,773,822	358,018,187
Unregulated Services	8,958,100	8,856,470	14,836,859
TOTAL	444,956,660	404,630,292	372,855,046
Other Operating Revenue:			
Regulated Services	8,841,100	3,407,524	2,812,000
Unregulated Services	16,847,655	16,450,675	15,834,823
TOTAL	25,688,755	19,858,199	18,646,823
Net Operating Revenue (NOR)			
Regulated Services	444,839,660	399,181,346	360,830,187
Unregulated Services	25,805,755	25,307,145	30,671,682
Total	470,645,415	424,488,491	391,501,869
Total Operating Expenses:			
Regulated Services	421,842,523	371,871,480	338,052,332
Total	461,597,285	404,474,303	374,073,300
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	46,016	41,134	38,222
Total	47,048	41,651	38,942
NPR per EIPA :			
Regulated Services	9,474.90	9,621.57	9,366.81
Total	9,457.44	9,714.83	9,574.70
NOR per EIPA :			
Regulated Services	9,667.03	9,704.41	9,440.38
Total	10,003.44	10,191.61	10,053.54
Operating Expenses per EIPA :			
Regulated Services	9,167.26	9,040.48	8,844.44
Total	9,811.13	9,711.08	9,605.98
Net Operating Profit (Loss):			
Regulated Services	22,997,137	27,309,866	22,777,855
Unregulated Services	-13,949,007	-7,295,678	-5,349,286
Total	9,048,130	20,014,188	17,428,569
Total Non-Operating Profit (Loss):	-41,045,021	41,077,000	17,237,000
Non-Operating Revenue	-41,045,021	41,077,000	17,237,000
Non-Operating Expenses	0	0	0
Total Excess Profit	-31,996,892	61,091,188	34,665,569
% Change in NPR per EIPA - Regulated	-1.52	2.72	1.08
% Change in NOR per EIPA - Regulated	-0.39	2.80	0.38
% Change in Oper. Expense per EIPA- Regulated	1.40	2.22	1.50
% Change in Net Operating Profit- Regulated	-15.79	19.90	-11.17
% Net Operating Profit of Regulated NOR	5.17	6.84	6.31
% Change in Net Operating Profit- Total	-54.79	14.84	2.92
% Net Total Operating Profit of Total NOR	1.92	4.71	4.45
% Change in Total Excess Profit	-152.38	76.23	260.20
% Total Excess Profit of Total Revenue	-7.45	13.12	8.48

HEALTH SERVICES COST REVIEW COMMISSION  
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA  
FISCAL YEAR 2010 TO 2012

Atlantic General Hospital

FISCAL YEAR ENDING	June 2012 -----	June 2011 -----	June 2010 -----
Gross Patient Revenue:			
Regulated Services	95,474,200	88,149,000	84,190,900
Unregulated Services	16,165,328	15,969,652	14,410,425
TOTAL	111,639,528	104,118,652	98,601,325
Net Patient Revenue (NPR):			
Regulated Services	77,261,700	73,273,700	70,677,900
Unregulated Services	9,419,228	9,080,852	8,931,325
TOTAL	86,680,928	82,354,552	79,609,225
Other Operating Revenue:			
Regulated Services	203,836	169,279	315,091
Unregulated Services	841,017	702,293	629,004
TOTAL	1,044,853	871,572	944,095
Net Operating Revenue (NOR)			
Regulated Services	77,465,536	73,442,979	70,992,991
Unregulated Services	10,260,245	9,783,145	9,560,329
Total	87,725,781	83,226,124	80,553,320
Total Operating Expenses:			
Regulated Services	69,630,609	65,558,492	63,446,909
Total	87,169,172	82,971,576	79,689,022
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	7,616	8,602	8,251
Total	8,906	10,161	9,664
NPR per EIPA :			
Regulated Services	10,144.01	8,517.96	8,565.63
Total	9,732.78	8,105.21	8,237.99
NOR per EIPA :			
Regulated Services	10,170.77	8,537.64	8,603.82
Total	9,850.10	8,190.99	8,335.69
Operating Expenses per EIPA :			
Regulated Services	9,142.09	7,621.08	7,689.29
Total	9,787.60	8,165.93	8,246.25
Net Operating Profit (Loss):			
Regulated Services	7,834,927	7,884,487	7,546,082
Unregulated Services	-7,278,318	-7,629,939	-6,681,784
Total	556,609	254,548	864,298
Total Non-Operating Profit (Loss):			
Non-Operating Revenue	899,431	1,532,896	1,262,244
Non-Operating Expenses	0	0	0
Total Excess Profit	1,456,040	1,787,444	2,126,542
% Change in NPR per EIPA - Regulated	19.09	-0.56	-1.15
% Change in NOR per EIPA - Regulated	19.13	-0.77	-0.78
% Change in Oper. Expense per EIPA- Regulated	19.96	-0.89	-1.12
% Change in Net Operating Profit- Regulated	-0.63	4.48	10.53
% Net Operating Profit of Regulated NOR	10.11	10.74	10.63
% Change in Net Operating Profit- Total	118.67	-70.55	255.25
% Net Total Operating Profit of Total NOR	0.63	0.31	1.07
% Change in Total Excess Profit	-18.54	-15.95	68.45
% Total Excess Profit of Total Revenue	1.64	2.11	2.60



HEALTH SERVICES COST REVIEW COMMISSION  
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA  
FISCAL YEAR 2010 TO 2012

Baltimore Washington Medical Center

FISCAL YEAR ENDING	June 2012 -----	June 2011 -----	June 2010 -----
Gross Patient Revenue:			
Regulated Services	381,065,300	353,767,500	332,045,200
Unregulated Services	11,077,953	9,157,167	0
TOTAL	392,143,253	362,924,667	332,045,200
Net Patient Revenue (NPR):			
Regulated Services	312,825,359	295,750,514	281,900,262
Unregulated Services	11,077,953	9,157,167	0
TOTAL	323,903,313	304,907,681	281,900,262
Other Operating Revenue:			
Regulated Services	2,569,890	1,565,762	1,474,613
Unregulated Services	1,558,022	1,587,190	9,809,146
TOTAL	4,127,912	3,152,953	11,283,759
Net Operating Revenue (NOR)			
Regulated Services	315,395,249	297,316,277	283,374,875
Unregulated Services	12,635,976	10,744,357	9,809,146
Total	328,031,225	308,060,634	293,184,021
Total Operating Expenses:			
Regulated Services	301,328,290	281,461,913	275,681,538
Total	313,491,003	293,156,534	286,190,528
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	30,546	29,727	31,830
Total	31,434	30,496	31,830
NPR per EIPA :			
Regulated Services	10,241.12	9,949.04	8,856.55
Total	10,304.23	9,998.28	8,856.55
NOR per EIPA :			
Regulated Services	10,325.25	10,001.71	8,902.88
Total	10,435.55	10,101.67	9,211.06
Operating Expenses per EIPA :			
Regulated Services	9,864.73	9,468.37	8,661.18
Total	9,972.98	9,612.95	8,991.34
Net Operating Profit (Loss):			
Regulated Services	14,066,959	15,854,364	7,693,337
Unregulated Services	473,264	-950,265	-699,844
Total	14,540,222	14,904,099	6,993,493
Total Non-Operating Profit (Loss):	-3,288,000	4,246,000	1,598,400
Non-Operating Revenue	1,577,000	4,246,000	1,598,400
Non-Operating Expenses	4,865,000	0	0
Total Excess Profit	11,252,222	19,150,099	8,591,893
% Change in NPR per EIPA - Regulated	2.94	12.34	1.03
% Change in NOR per EIPA - Regulated	3.23	12.34	1.24
% Change in Oper. Expense per EIPA- Regulated	4.19	9.32	-1.58
% Change in Net Operating Profit- Regulated	-11.27	106.08	4,320.90
% Net Operating Profit of Regulated NOR	4.46	5.33	2.71
% Change in Net Operating Profit- Total	-2.44	113.11	477.10
% Net Total Operating Profit of Total NOR	4.43	4.84	2.39
% Change in Total Excess Profit	-41.24	122.89	212.02
% Total Excess Profit of Total Revenue	3.41	6.13	2.91

HEALTH SERVICES COST REVIEW COMMISSION  
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA  
FISCAL YEAR 2010 TO 2012

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Bon Secours Hospital

FISCAL YEAR ENDING	August 2012	August 2011	August 2010
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Gross Patient Revenue:			
Regulated Services	130,651,800	128,847,200	121,320,200
Unregulated Services	29,355,513	25,492,096	22,737,655
TOTAL	160,007,313	154,339,296	144,057,855
Net Patient Revenue (NPR):			
Regulated Services	105,446,308	106,009,629	97,905,389
Unregulated Services	15,297,999	14,585,230	12,960,820
TOTAL	120,744,306	120,594,859	110,866,209
Other Operating Revenue:			
Regulated Services	-311,199	470,471	4,780,567
Unregulated Services	3,352,382	3,771,169	5,635,538
TOTAL	3,041,184	4,241,640	10,416,105
Net Operating Revenue (NOR)			
Regulated Services	105,135,109	106,480,100	102,685,956
Unregulated Services	18,650,381	18,356,399	18,596,358
Total	123,785,490	124,836,499	121,282,314
Total Operating Expenses:			
Regulated Services	90,614,221	92,723,485	88,260,009
Total	122,564,724	125,678,956	119,964,912
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	10,238	10,810	10,732
Total	12,538	12,949	12,744
NPR per EIPA :			
Regulated Services	10,299.78	9,806.23	9,122.63
Total	9,630.28	9,312.88	8,699.79
NOR per EIPA :			
Regulated Services	10,269.38	9,849.75	9,568.07
Total	9,872.84	9,640.44	9,517.15
Operating Expenses per EIPA :			
Regulated Services	8,851.01	8,577.22	8,223.89
Total	9,775.47	9,705.50	9,413.78
Net Operating Profit (Loss):			
Regulated Services	14,520,888	13,756,615	14,425,947
Unregulated Services	-13,300,123	-14,599,072	-13,108,545
Total	1,220,765	-842,457	1,317,402
Total Non-Operating Profit (Loss):	383,037	1,072,053	548,184
Non-Operating Revenue	387,108	1,221,528	684,932
Non-Operating Expenses	4,072	149,475	136,748
Total Excess Profit	1,603,802	229,596	1,865,586
% Change in NPR per EIPA - Regulated	5.03	7.49	6.72
% Change in NOR per EIPA - Regulated	4.26	2.94	11.50
% Change in Oper. Expense per EIPA- Regulated	3.19	4.30	2.95
% Change in Net Operating Profit- Regulated	5.56	-4.64	122.68
% Net Operating Profit of Regulated NOR	13.81	12.92	14.05
% Change in Net Operating Profit- Total	244.91	-163.95	113.32
% Net Total Operating Profit of Total NOR	0.99	-0.67	1.09
% Change in Total Excess Profit	598.53	-87.69	116.56
% Total Excess Profit of Total Revenue	1.29	0.18	1.53

HEALTH SERVICES COST REVIEW COMMISSION  
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA  
FISCAL YEAR 2010 TO 2012

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Calvert Memorial Hospital

FISCAL YEAR ENDING	June 2012 -----	June 2011 -----	June 2010 -----
Gross Patient Revenue:			
Regulated Services	135,740,500	129,181,700	120,112,700
Unregulated Services	17,105,738	16,303,597	14,236,128
TOTAL	152,846,238	145,485,297	134,348,828
Net Patient Revenue (NPR):			
Regulated Services	112,025,692	107,446,910	102,380,283
Unregulated Services	13,276,082	12,099,706	8,307,640
TOTAL	125,301,775	119,546,616	110,687,922
Other Operating Revenue:			
Regulated Services	3,698,312	4,551,830	2,327,176
Unregulated Services	1,480,473	1,031,658	1,559,025
TOTAL	5,178,786	5,583,488	3,886,201
Net Operating Revenue (NOR)			
Regulated Services	115,724,005	111,998,740	104,707,459
Unregulated Services	14,756,556	13,131,364	9,866,664
Total	130,480,560	125,130,104	114,574,123
Total Operating Expenses:			
Regulated Services	105,451,118	101,658,343	97,660,195
Total	130,770,372	124,478,541	117,305,602
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	14,608	14,469	15,490
Total	16,464	16,231	17,305
NPR per EIPA :			
Regulated Services	7,668.87	7,426.11	6,609.59
Total	7,610.64	7,365.24	6,396.25
NOR per EIPA :			
Regulated Services	7,922.05	7,740.71	6,759.83
Total	7,925.19	7,709.24	6,620.82
Operating Expenses per EIPA :			
Regulated Services	7,218.80	7,026.04	6,304.87
Total	7,942.80	7,669.10	6,778.66
Net Operating Profit (Loss):			
Regulated Services	10,272,886	10,340,397	7,047,263
Unregulated Services	-10,562,698	-9,688,834	-9,778,742
Total	-289,812	651,563	-2,731,479
Total Non-Operating Profit (Loss):	3,063,317	606,246	465,701
Non-Operating Revenue	3,063,317	185,975	612,528
Non-Operating Expenses	0	-420,271	146,827
Total Excess Profit	2,773,506	1,257,809	-2,265,778
% Change in NPR per EIPA - Regulated	3.27	12.35	-0.17
% Change in NOR per EIPA - Regulated	2.34	14.51	0.80
% Change in Oper. Expense per EIPA- Regulated	2.74	11.44	2.37
% Change in Net Operating Profit- Regulated	-0.65	46.73	-12.68
% Net Operating Profit of Regulated NOR	8.88	9.23	6.73
% Change in Net Operating Profit- Total	-144.48	123.85	-283.68
% Net Total Operating Profit of Total NOR	-0.22	0.52	-2.38
% Change in Total Excess Profit	120.50	155.51	-203.27
% Total Excess Profit of Total Revenue	2.08	1.00	-1.97

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Carroll County General Hospital

FISCAL YEAR ENDING	June 2012 -----	June 2011 -----	June 2010 -----
Gross Patient Revenue:			
Regulated Services	243,424,400	214,427,800	202,238,000
Unregulated Services	74,684,611	99,094,532	50,764,598
TOTAL	318,109,011	313,522,332	253,002,598
Net Patient Revenue (NPR):			
Regulated Services	203,507,315	182,174,860	176,005,258
Unregulated Services	34,947,553	44,532,619	44,035,380
TOTAL	238,454,868	226,707,479	220,040,638
Other Operating Revenue:			
Regulated Services	959,950	1,112,911	1,313,148
Unregulated Services	874,246	16,994,099	15,632,319
TOTAL	1,834,196	18,107,010	16,945,467
Net Operating Revenue (NOR)			
Regulated Services	204,467,265	183,287,771	177,318,406
Unregulated Services	35,821,799	61,526,718	59,667,699
Total	240,289,064	244,814,489	236,986,105
Total Operating Expenses:			
Regulated Services	182,701,684	161,836,399	167,347,659
Total	223,442,869	235,383,186	238,281,978
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	21,220	20,643	22,366
Total	27,510	30,183	27,981
NPR per EIPA :			
Regulated Services	9,590.48	8,824.85	7,869.19
Total	8,667.88	7,510.99	7,864.03
NOR per EIPA :			
Regulated Services	9,635.72	8,878.76	7,927.90
Total	8,734.56	8,110.89	8,469.65
Operating Expenses per EIPA :			
Regulated Services	8,609.99	7,839.62	7,482.11
Total	8,122.19	7,798.43	8,515.96
Net Operating Profit (Loss):			
Regulated Services	21,765,581	21,451,372	9,970,747
Unregulated Services	-4,919,386	-12,020,069	-11,266,620
Total	16,846,195	9,431,303	-1,295,873
Total Non-Operating Profit (Loss):	-11,976,079	10,693,197	-2,445,034
Non-Operating Revenue	1,813,742	11,164,536	7,332,943
Non-Operating Expenses	13,789,821	471,339	9,777,977
Total Excess Profit	4,870,116	20,124,500	-3,740,907
% Change in NPR per EIPA - Regulated	8.68	12.14	-0.66
% Change in NOR per EIPA - Regulated	8.53	11.99	-0.60
% Change in Oper. Expense per EIPA- Regulated	9.83	4.78	0.81
% Change in Net Operating Profit- Regulated	1.46	115.14	-17.28
% Net Operating Profit of Regulated NOR	10.65	11.70	5.62
% Change in Net Operating Profit- Total	78.62	827.80	-131.38
% Net Total Operating Profit of Total NOR	7.01	3.85	-0.55
% Change in Total Excess Profit	-75.80	637.96	-46.09
% Total Excess Profit of Total Revenue	2.01	7.86	-1.53

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Chester River Hospital

FISCAL YEAR ENDING	June 2012 -----	June 2011 -----	June 2010 -----
Gross Patient Revenue:			
Regulated Services	65,051,700	62,310,300	59,939,400
Unregulated Services	3,579,369	2,877,368	2,871,574
TOTAL	68,631,069	65,187,668	62,810,974
Net Patient Revenue (NPR):			
Regulated Services	49,528,431	51,340,374	50,998,039
Unregulated Services	2,157,309	1,704,749	971,935
TOTAL	51,685,740	53,045,123	51,969,974
Other Operating Revenue:			
Regulated Services	204,497	208,861	273,456
Unregulated Services	251,867	289,153	294,571
TOTAL	456,364	498,014	568,026
Net Operating Revenue (NOR)			
Regulated Services	49,732,928	51,549,234	51,271,495
Unregulated Services	2,409,176	1,993,902	1,266,505
Total	52,142,104	53,543,137	52,538,000
Total Operating Expenses:			
Regulated Services	50,318,541	49,886,918	51,116,572
Total	54,293,956	53,012,104	54,212,000
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	5,527	5,495	6,386
Total	5,703	5,631	6,692
NPR per EIPA :			
Regulated Services	8,960.38	9,343.83	7,986.27
Total	9,063.17	9,420.48	7,766.41
NOR per EIPA :			
Regulated Services	8,997.38	9,381.84	8,029.10
Total	9,143.20	9,508.92	7,851.29
Operating Expenses per EIPA :			
Regulated Services	9,103.32	9,079.30	8,004.84
Total	9,520.53	9,414.61	8,101.46
Net Operating Profit (Loss):			
Regulated Services	-585,613	1,662,317	154,923
Unregulated Services	-1,566,239	-1,131,284	-1,828,923
Total	-2,151,852	531,033	-1,674,000
Total Non-Operating Profit (Loss):	204,000	1,561,894	646,000
Non-Operating Revenue	602,016	1,618,790	646,000
Non-Operating Expenses	398,016	56,896	0
Total Excess Profit	-1,947,852	2,092,927	-1,028,000
% Change in NPR per EIPA - Regulated	-4.10	17.00	5.24
% Change in NOR per EIPA - Regulated	-4.10	16.85	4.97
% Change in Oper. Expense per EIPA- Regulated	0.26	13.42	3.50
% Change in Net Operating Profit- Regulated	-135.23	973.00	127.54
% Net Operating Profit of Regulated NOR	-1.18	3.22	0.30
% Change in Net Operating Profit- Total	-505.22	131.72	-1,539.29
% Net Total Operating Profit of Total NOR	-4.13	0.99	-3.19
% Change in Total Excess Profit	-193.07	303.59	-1,521.71
% Total Excess Profit of Total Revenue	-3.69	3.79	-1.93

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Civista Medical Center

FISCAL YEAR ENDING	June 2012 -----	June 2011 -----	June 2010 -----
Gross Patient Revenue:			
Regulated Services	126,393,900	115,504,200	111,481,500
Unregulated Services	425,147	760,000	1,664,800
TOTAL	126,819,047	116,264,200	113,146,300
Net Patient Revenue (NPR):			
Regulated Services	103,830,122	95,590,668	94,973,916
Unregulated Services	215,805	284,800	863,000
TOTAL	104,045,927	95,875,468	95,836,916
Other Operating Revenue:			
Regulated Services	-282,149	147,457	48,768
Unregulated Services	474,202	487,058	472,398
TOTAL	192,054	634,515	521,166
Net Operating Revenue (NOR)			
Regulated Services	103,547,973	95,738,125	95,022,684
Unregulated Services	690,007	771,858	1,335,398
Total	104,237,981	96,509,983	96,358,082
Total Operating Expenses:			
Regulated Services	94,890,378	92,856,943	93,008,782
Total	96,010,018	93,575,970	94,675,625
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	12,406	12,619	12,436
Total	12,448	12,679	12,599
NPR per EIPA :			
Regulated Services	8,369.20	7,574.99	7,636.95
Total	8,358.48	7,561.51	7,607.00
NOR per EIPA :			
Regulated Services	8,346.45	7,586.68	7,640.88
Total	8,373.90	7,611.56	7,648.37
Operating Expenses per EIPA :			
Regulated Services	7,648.61	7,358.36	7,478.94
Total	7,712.92	7,380.16	7,514.83
Net Operating Profit (Loss):			
Regulated Services	8,657,595	2,881,182	2,013,901
Unregulated Services	-429,633	52,831	-331,444
Total	8,227,962	2,934,013	1,682,457
Total Non-Operating Profit (Loss):	-8,884,000	1,659,487	178,645
Non-Operating Revenue	-8,884,000	1,659,487	178,645
Non-Operating Expenses	0	0	0
Total Excess Profit	-656,038	4,593,499	1,861,102
% Change in NPR per EIPA - Regulated	10.48	-0.81	1.94
% Change in NOR per EIPA - Regulated	10.01	-0.71	1.49
% Change in Oper. Expense per EIPA- Regulated	3.94	-1.61	-0.77
% Change in Net Operating Profit- Regulated	200.49	43.06	2,178.65
% Net Operating Profit of Regulated NOR	8.36	3.01	2.12
% Change in Net Operating Profit- Total	180.43	74.39	166.64
% Net Total Operating Profit of Total NOR	7.89	3.04	1.75
% Change in Total Excess Profit	-114.28	146.82	225.13
% Total Excess Profit of Total Revenue	-0.69	4.68	1.93

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Doctors Community Hospital

FISCAL YEAR ENDING	June 2012 -----	June 2011 -----	June 2010 -----
Gross Patient Revenue:			
Regulated Services	214,285,300	213,054,400	196,074,400
Unregulated Services	14,287,965	11,917,625	8,367,242
TOTAL	228,573,265	224,972,025	204,441,642
Net Patient Revenue (NPR):			
Regulated Services	176,759,733	181,899,812	167,544,370
Unregulated Services	14,210,549	11,872,391	8,128,977
TOTAL	190,970,282	193,772,203	175,673,347
Other Operating Revenue:			
Regulated Services	118,417	352,448	150,612
Unregulated Services	6,543,172	5,283,785	8,124,007
TOTAL	6,661,589	5,636,233	8,274,619
Net Operating Revenue (NOR)			
Regulated Services	176,878,150	182,252,260	167,694,982
Unregulated Services	20,753,721	17,156,176	16,252,984
Total	197,631,871	199,408,436	183,947,966
Total Operating Expenses:			
Regulated Services	170,336,837	174,216,209	162,992,683
Total	197,169,715	195,357,324	180,489,970
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	18,526	20,349	19,629
Total	19,761	21,487	20,467
NPR per EIPA :			
Regulated Services	9,541.10	8,939.06	8,535.37
Total	9,663.80	9,018.06	8,583.21
NOR per EIPA :			
Regulated Services	9,547.50	8,956.38	8,543.04
Total	10,000.90	9,280.37	8,987.50
Operating Expenses per EIPA :			
Regulated Services	9,194.41	8,561.47	8,303.49
Total	9,977.52	9,091.83	8,818.55
Net Operating Profit (Loss):			
Regulated Services	6,541,312	8,036,051	4,702,299
Unregulated Services	-6,079,156	-3,984,940	-1,244,303
Total	462,156	4,051,112	3,457,996
Total Non-Operating Profit (Loss):	-156,352	13,148,798	-6,968,443
Non-Operating Revenue	440,832	31,861,714	-5,095,951
Non-Operating Expenses	597,184	18,712,916	1,872,492
Total Excess Profit	305,804	17,199,910	-3,510,447
% Change in NPR per EIPA - Regulated	6.73	4.73	7.45
% Change in NOR per EIPA - Regulated	6.60	4.84	6.61
% Change in Oper. Expense per EIPA- Regulated	7.39	3.11	6.56
% Change in Net Operating Profit- Regulated	-18.60	70.90	7.92
% Net Operating Profit of Regulated NOR	3.70	4.41	2.80
% Change in Net Operating Profit- Total	-88.59	17.15	-33.73
% Net Total Operating Profit of Total NOR	0.23	2.03	1.88
% Change in Total Excess Profit	-98.22	589.96	71.60
% Total Excess Profit of Total Revenue	0.15	7.44	-1.96

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Dorchester General Hospital

FISCAL YEAR ENDING	June 2012 -----	June 2011 -----	June 2010 -----
Gross Patient Revenue:			
Regulated Services	59,359,900	56,094,100	51,961,600
Unregulated Services	2,472,867	1,587,378	1,576,649
TOTAL	61,832,767	57,681,478	53,538,249
Net Patient Revenue (NPR):			
Regulated Services	47,614,371	47,446,616	44,769,075
Unregulated Services	734,338	613,466	605,883
TOTAL	48,348,709	48,060,082	45,374,958
Other Operating Revenue:			
Regulated Services	222,340	371,076	701,585
Unregulated Services	262,525	301,145	304,606
TOTAL	484,865	672,221	1,006,191
Net Operating Revenue (NOR)			
Regulated Services	47,836,711	47,817,692	45,470,660
Unregulated Services	996,863	914,611	910,489
Total	48,833,574	48,732,303	46,381,149
Total Operating Expenses:			
Regulated Services	40,439,854	41,944,947	42,143,033
Total	43,070,521	44,051,259	44,752,116
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	5,903	6,169	6,229
Total	6,149	6,344	6,418
NPR per EIPA :			
Regulated Services	8,066.34	7,691.07	7,187.21
Total	7,863.18	7,576.12	7,069.96
NOR per EIPA :			
Regulated Services	8,104.01	7,751.22	7,299.85
Total	7,942.03	7,682.09	7,226.74
Operating Expenses per EIPA :			
Regulated Services	6,850.91	6,799.25	6,765.63
Total	7,004.76	6,944.17	6,972.91
Net Operating Profit (Loss):			
Regulated Services	7,396,857	5,872,745	3,327,627
Unregulated Services	-1,633,805	-1,191,701	-1,698,594
Total	5,763,053	4,681,044	1,629,033
Total Non-Operating Profit (Loss):	-186,965	671,304	52,994
Non-Operating Revenue	-186,965	671,304	52,994
Non-Operating Expenses	0	0	0
Total Excess Profit	5,576,088	5,352,348	1,682,027
% Change in NPR per EIPA - Regulated	4.88	7.01	2.63
% Change in NOR per EIPA - Regulated	4.55	6.18	2.75
% Change in Oper. Expense per EIPA- Regulated	0.76	0.50	-0.41
% Change in Net Operating Profit- Regulated	25.95	76.48	68.51
% Net Operating Profit of Regulated NOR	15.46	12.28	7.32
% Change in Net Operating Profit- Total	23.11	187.35	80.66
% Net Total Operating Profit of Total NOR	11.80	9.61	3.51
% Change in Total Excess Profit	4.18	218.21	84.14
% Total Excess Profit of Total Revenue	11.46	10.83	3.62



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Fort Washington Medical Center

FISCAL YEAR ENDING	December 2012 -----	December 2011 -----	December 2010 -----
Gross Patient Revenue:			
Regulated Services	46,176,442	47,165,008	44,747,960
Unregulated Services	565,184	781,339	751,514
TOTAL	46,741,626	47,946,347	45,499,474
Net Patient Revenue (NPR):			
Regulated Services	37,540,675	38,192,640	36,812,178
Unregulated Services	565,184	781,339	751,514
TOTAL	38,105,859	38,973,979	37,563,692
Other Operating Revenue:			
Regulated Services	1,761,701	450,760	513,382
Unregulated Services	39,910	31,244	31,783
TOTAL	1,801,611	482,004	545,165
Net Operating Revenue (NOR)			
Regulated Services	39,302,376	38,643,400	37,325,560
Unregulated Services	605,094	812,583	783,297
Total	39,907,470	39,455,983	38,108,857
Total Operating Expenses:			
Regulated Services	37,600,240	37,259,013	36,523,900
Total	38,806,268	38,485,209	37,712,300
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	5,727	5,298	5,963
Total	5,737	5,338	6,023
NPR per EIPA :			
Regulated Services	6,555.57	7,209.27	6,173.78
Total	6,642.53	7,300.74	6,236.27
NOR per EIPA :			
Regulated Services	6,863.21	7,294.36	6,259.88
Total	6,956.58	7,391.03	6,326.78
Operating Expenses per EIPA :			
Regulated Services	6,565.97	7,033.04	6,125.43
Total	6,764.62	7,209.18	6,260.94
Net Operating Profit (Loss):			
Regulated Services	1,702,136	1,384,387	801,660
Unregulated Services	-600,935	-413,612	-405,102
Total	1,101,202	970,774	396,557
Total Non-Operating Profit (Loss):	808	4,260	5,495
Non-Operating Revenue	808	4,260	5,495
Non-Operating Expenses	0	0	0
Total Excess Profit	1,102,010	975,034	402,052
% Change in NPR per EIPA - Regulated	-9.07	16.77	1.54
% Change in NOR per EIPA - Regulated	-5.91	16.53	1.86
% Change in Oper. Expense per EIPA- Regulated	-6.64	14.82	4.43
% Change in Net Operating Profit- Regulated	22.95	72.69	-54.52
% Net Operating Profit of Regulated NOR	4.33	3.58	2.15
% Change in Net Operating Profit- Total	13.44	144.80	-70.82
% Net Total Operating Profit of Total NOR	2.76	2.46	1.04
% Change in Total Excess Profit	13.02	142.51	-70.54
% Total Excess Profit of Total Revenue	2.76	2.47	1.05

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Franklin Square Hospital Center

FISCAL YEAR ENDING	June 2012	June 2011	June 2010
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Gross Patient Revenue:			
Regulated Services	477,082,000	439,004,200	422,965,000
Unregulated Services	127,868,522	111,702,558	102,350,792
TOTAL	604,950,522	550,706,758	525,315,792
Net Patient Revenue (NPR):			
Regulated Services	391,379,153	376,513,275	363,651,606
Unregulated Services	50,326,959	43,181,867	39,566,212
TOTAL	441,706,112	419,695,142	403,217,818
Other Operating Revenue:			
Regulated Services	3,363,126	3,180,665	2,401,832
Unregulated Services	4,553,768	4,454,235	4,968,176
TOTAL	7,916,894	7,634,900	7,370,008
Net Operating Revenue (NOR)			
Regulated Services	394,742,279	379,693,940	366,053,438
Unregulated Services	54,880,727	47,636,102	44,534,388
Total	449,623,006	427,330,042	410,587,826
Total Operating Expenses:			
Regulated Services	363,245,385	340,668,797	321,032,279
Total	436,640,459	410,262,595	383,921,437
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	36,473	34,758	40,072
Total	32,085	31,080	44,476
NPR per EIPA :			
Regulated Services	10,730.66	10,832.30	9,074.89
Total	13,766.71	13,503.79	9,066.06
NOR per EIPA :			
Regulated Services	10,822.87	10,923.81	9,134.82
Total	14,013.46	13,749.45	9,231.77
Operating Expenses per EIPA :			
Regulated Services	9,959.30	9,801.06	8,011.33
Total	13,608.83	13,200.30	8,632.20
Net Operating Profit (Loss):			
Regulated Services	31,496,894	39,025,143	45,021,159
Unregulated Services	-18,514,347	-21,957,696	-18,354,770
Total	12,982,547	17,067,447	26,666,389
Total Non-Operating Profit (Loss):	304,953	376,560	393,168
Non-Operating Revenue	304,953	376,560	447,480
Non-Operating Expenses	0	0	54,312
Total Excess Profit	13,287,500	17,444,007	27,059,557
% Change in NPR per EIPA - Regulated	-0.94	19.37	0.51
% Change in NOR per EIPA - Regulated	-0.92	19.58	0.54
% Change in Oper. Expense per EIPA- Regulated	1.61	22.34	-2.11
% Change in Net Operating Profit- Regulated	-19.29	-13.32	26.71
% Net Operating Profit of Regulated NOR	7.98	10.28	12.30
% Change in Net Operating Profit- Total	-23.93	-36.00	50.41
% Net Total Operating Profit of Total NOR	2.89	3.99	6.49
% Change in Total Excess Profit	-23.83	-35.53	50.59
% Total Excess Profit of Total Revenue	2.95	4.08	6.58

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Frederick Memorial Hospital

FISCAL YEAR ENDING	June 2012 -----	June 2011 -----	June 2010 -----
Gross Patient Revenue:			
Regulated Services	334,410,300	323,934,900	282,475,300
Unregulated Services	93,637,680	96,349,770	90,235,157
TOTAL	428,047,980	420,284,670	372,710,457
Net Patient Revenue (NPR):			
Regulated Services	267,942,036	272,142,214	243,069,472
Unregulated Services	59,840,190	55,641,683	48,895,604
TOTAL	327,782,227	327,783,897	291,965,076
Other Operating Revenue:			
Regulated Services	4,765,628	7,620,747	5,462,472
Unregulated Services	4,623,611	4,872,253	5,589,579
TOTAL	9,389,239	12,493,000	11,052,051
Net Operating Revenue (NOR)			
Regulated Services	272,707,664	279,762,961	248,531,944
Unregulated Services	64,463,802	60,513,936	54,485,183
Total	337,171,466	340,276,897	303,017,127
Total Operating Expenses:			
Regulated Services	263,435,625	249,564,558	232,289,402
Total	336,582,000	325,809,052	298,461,962
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	31,289	31,149	29,886
Total	40,050	40,414	40,713
NPR per EIPA :			
Regulated Services	8,563.41	8,736.71	8,133.35
Total	8,184.25	8,110.61	7,171.36
NOR per EIPA :			
Regulated Services	8,715.72	8,981.36	8,316.13
Total	8,418.68	8,419.74	7,442.82
Operating Expenses per EIPA :			
Regulated Services	8,419.39	8,011.89	7,772.63
Total	8,403.96	8,061.75	7,330.94
Net Operating Profit (Loss):			
Regulated Services	9,272,039	30,198,403	16,242,542
Unregulated Services	-8,682,574	-15,730,558	-11,687,377
Total	589,466	14,467,845	4,555,165
Total Non-Operating Profit (Loss):	-3,588,239	11,282,000	3,699,000
Non-Operating Revenue	4,221,761	11,282,000	3,699,000
Non-Operating Expenses	7,810,000	0	0
Total Excess Profit	-2,998,773	25,749,845	8,254,165
% Change in NPR per EIPA - Regulated	-1.98	7.42	-1.47
% Change in NOR per EIPA - Regulated	-2.96	8.00	-1.72
% Change in Oper. Expense per EIPA- Regulated	5.09	3.08	-3.03
% Change in Net Operating Profit- Regulated	-69.30	85.92	31.69
% Net Operating Profit of Regulated NOR	3.40	10.79	6.54
% Change in Net Operating Profit- Total	-95.93	217.61	134.43
% Net Total Operating Profit of Total NOR	0.17	4.25	1.50
% Change in Total Excess Profit	-111.65	211.96	165.64
% Total Excess Profit of Total Revenue	-0.88	7.32	2.69

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Garrett County Memorial Hospital

FISCAL YEAR ENDING	June 2012 -----	June 2011 -----	June 2010 -----
Gross Patient Revenue:			
Regulated Services	42,709,900	40,536,700	39,731,000
Unregulated Services	7,931,586	7,680,248	8,363,635
TOTAL	50,641,486	48,216,948	48,094,635
Net Patient Revenue (NPR):			
Regulated Services	33,399,378	32,414,248	32,709,321
Unregulated Services	4,881,490	4,792,388	5,782,327
TOTAL	38,280,868	37,206,636	38,491,648
Other Operating Revenue:			
Regulated Services	334,136	116,971	211,887
Unregulated Services	302,418	622,209	381,134
TOTAL	636,554	739,180	593,021
Net Operating Revenue (NOR)			
Regulated Services	33,733,514	32,531,219	32,921,208
Unregulated Services	5,183,908	5,414,597	6,163,461
Total	38,917,422	37,945,816	39,084,669
Total Operating Expenses:			
Regulated Services	31,978,077	30,293,633	29,121,065
Total	37,720,740	36,053,685	34,610,116
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	4,440	4,705	4,882
Total	5,299	5,610	5,835
NPR per EIPA :			
Regulated Services	7,522.95	6,889.14	6,700.27
Total	7,223.86	6,632.23	6,597.16
NOR per EIPA :			
Regulated Services	7,598.21	6,914.00	6,743.67
Total	7,343.98	6,763.99	6,698.80
Operating Expenses per EIPA :			
Regulated Services	7,202.81	6,438.43	5,965.24
Total	7,118.16	6,426.71	5,931.89
Net Operating Profit (Loss):			
Regulated Services	1,755,437	2,237,587	3,800,143
Unregulated Services	-558,755	-345,456	674,411
Total	1,196,682	1,892,131	4,474,553
Total Non-Operating Profit (Loss):	425,243	923,010	498,404
Non-Operating Revenue	601,391	886,106	613,504
Non-Operating Expenses	176,148	-36,904	115,100
Total Excess Profit	1,621,925	2,815,141	4,972,957
% Change in NPR per EIPA - Regulated	9.20	2.82	5.80
% Change in NOR per EIPA - Regulated	9.90	2.53	6.11
% Change in Oper. Expense per EIPA- Regulated	11.87	7.93	-1.15
% Change in Net Operating Profit- Regulated	-21.55	-41.12	140.30
% Net Operating Profit of Regulated NOR	5.20	6.88	11.54
% Change in Net Operating Profit- Total	-36.75	-57.71	134.07
% Net Total Operating Profit of Total NOR	3.07	4.99	11.45
% Change in Total Excess Profit	-42.39	-43.39	202.72
% Total Excess Profit of Total Revenue	4.10	7.25	12.53

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Good Samaritan Hospital

FISCAL YEAR ENDING	June 2012 -----	June 2011 -----	June 2010 -----
Gross Patient Revenue:			
Regulated Services	311,855,400	304,134,300	294,819,900
Unregulated Services	127,393,726	129,542,085	123,302,881
TOTAL	439,249,126	433,676,385	418,122,781
Net Patient Revenue (NPR):			
Regulated Services	251,566,429	259,358,444	246,725,068
Unregulated Services	51,726,988	43,305,707	48,148,513
TOTAL	303,293,417	302,664,151	294,873,581
Other Operating Revenue:			
Regulated Services	3,037,752	2,523,080	2,699,822
Unregulated Services	1,023,745	1,375,499	1,017,267
TOTAL	4,061,497	3,898,579	3,717,089
Net Operating Revenue (NOR)			
Regulated Services	254,604,181	261,881,525	249,424,890
Unregulated Services	52,750,733	44,681,205	49,165,780
Total	307,354,914	306,562,730	298,590,670
Total Operating Expenses:			
Regulated Services	232,260,097	235,303,147	230,578,507
Total	299,758,071	300,253,364	294,051,048
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	22,529	22,357	24,188
Total	19,640	26,986	29,947
NPR per EIPA :			
Regulated Services	11,166.54	11,601.00	10,200.43
Total	15,442.69	11,215.41	9,846.47
NOR per EIPA :			
Regulated Services	11,301.38	11,713.86	10,312.05
Total	15,649.49	11,359.87	9,970.59
Operating Expenses per EIPA :			
Regulated Services	10,309.57	10,525.02	9,532.88
Total	15,262.69	11,126.08	9,819.00
Net Operating Profit (Loss):			
Regulated Services	22,344,084	26,578,377	18,846,383
Unregulated Services	-14,747,241	-20,269,011	-14,306,761
Total	7,596,843	6,309,366	4,539,622
Total Non-Operating Profit (Loss):			
Non-Operating Revenue	1,013,557	836,158	2,566,200
Non-Operating Expenses	5,322	0	0
Total Excess Profit	8,605,078	7,145,524	7,105,822
% Change in NPR per EIPA - Regulated	-3.75	13.73	-0.53
% Change in NOR per EIPA - Regulated	-3.52	13.59	-0.36
% Change in Oper. Expense per EIPA- Regulated	-2.05	10.41	0.20
% Change in Net Operating Profit- Regulated	-15.93	41.03	-5.74
% Net Operating Profit of Regulated NOR	8.78	10.15	7.56
% Change in Net Operating Profit- Total	20.41	38.98	-42.65
% Net Total Operating Profit of Total NOR	2.47	2.06	1.52
% Change in Total Excess Profit	20.43	0.56	-23.57
% Total Excess Profit of Total Revenue	2.79	2.32	2.36

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Greater Baltimore Medical Center

FISCAL YEAR ENDING	June 2012 -----	June 2011 -----	June 2010 -----
Gross Patient Revenue:			
Regulated Services	426,432,400	427,052,500	412,551,300
Unregulated Services	43,504,800	41,854,997	33,189,606
TOTAL	469,937,200	468,907,497	445,740,906
Net Patient Revenue (NPR):			
Regulated Services	357,119,673	366,631,415	359,160,116
Unregulated Services	21,597,046	21,670,921	17,622,366
TOTAL	378,716,719	388,302,336	376,782,482
Other Operating Revenue:			
Regulated Services	8,535,246	4,534,388	3,350,717
Unregulated Services	10,795,400	9,811,444	7,496,660
TOTAL	19,330,646	14,345,832	10,847,377
Net Operating Revenue (NOR)			
Regulated Services	365,654,919	371,165,803	362,510,833
Unregulated Services	32,392,446	31,482,365	25,119,026
Total	398,047,365	402,648,168	387,629,859
Total Operating Expenses:			
Regulated Services	339,031,966	336,781,695	334,819,819
Total	384,772,902	383,916,507	372,915,674
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	34,455	35,457	36,297
Total	34,705	36,232	36,439
NPR per EIPA :			
Regulated Services	10,364.73	10,340.03	9,895.04
Total	10,912.51	10,717.01	10,340.20
NOR per EIPA :			
Regulated Services	10,612.45	10,467.92	9,987.35
Total	11,469.51	11,112.95	10,637.88
Operating Expenses per EIPA :			
Regulated Services	9,839.77	9,498.19	9,224.45
Total	11,087.02	10,595.96	10,234.08
Net Operating Profit (Loss):			
Regulated Services	26,622,953	34,384,108	27,691,014
Unregulated Services	-13,348,490	-15,652,447	-12,976,829
Total	13,274,463	18,731,661	14,714,185
Total Non-Operating Profit (Loss):	5,101,873	6,204,084	9,037
Non-Operating Revenue	6,816,966	7,100,813	2,438,826
Non-Operating Expenses	1,715,093	896,729	2,429,789
Total Excess Profit	18,376,336	24,935,745	14,723,222
% Change in NPR per EIPA - Regulated	0.24	4.50	3.24
% Change in NOR per EIPA - Regulated	1.38	4.81	2.87
% Change in Oper. Expense per EIPA- Regulated	3.60	2.97	3.70
% Change in Net Operating Profit- Regulated	-22.57	24.17	-7.02
% Net Operating Profit of Regulated NOR	7.28	9.26	7.64
% Change in Net Operating Profit- Total	-29.13	27.30	-20.27
% Net Total Operating Profit of Total NOR	3.33	4.65	3.80
% Change in Total Excess Profit	-26.31	69.36	-11.44
% Total Excess Profit of Total Revenue	4.54	6.09	3.77

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Harbor Hospital Center

FISCAL YEAR ENDING	June 2012 -----	June 2011 -----	June 2010 -----
Gross Patient Revenue:			
Regulated Services	209,694,300	200,717,500	197,161,200
Unregulated Services	66,803,107	36,785,890	37,703,996
TOTAL	276,497,407	237,503,390	234,865,196
Net Patient Revenue (NPR):			
Regulated Services	166,004,244	165,509,687	164,310,074
Unregulated Services	21,464,485	15,245,494	15,375,573
TOTAL	187,468,729	180,755,181	179,685,647
Other Operating Revenue:			
Regulated Services	3,495,467	3,295,795	2,207,599
Unregulated Services	8,367,663	7,445,500	8,090,569
TOTAL	11,863,130	10,741,295	10,298,168
Net Operating Revenue (NOR)			
Regulated Services	169,499,711	168,805,482	166,517,673
Unregulated Services	29,832,148	22,690,994	23,466,142
Total	199,331,859	191,496,476	189,983,815
Total Operating Expenses:			
Regulated Services	166,965,434	156,221,586	156,405,328
Total	202,041,627	183,840,512	183,721,998
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	14,942	15,536	17,511
Total	16,948	16,210	18,358
NPR per EIPA :			
Regulated Services	11,109.59	10,653.05	9,383.37
Total	11,061.13	11,150.63	9,787.72
NOR per EIPA :			
Regulated Services	11,343.52	10,865.19	9,509.44
Total	11,761.09	11,813.26	10,348.68
Operating Expenses per EIPA :			
Regulated Services	11,173.92	10,055.22	8,931.94
Total	11,920.97	11,340.97	10,007.59
Net Operating Profit (Loss):			
Regulated Services	2,534,277	12,583,896	10,112,345
Unregulated Services	-5,244,045	-4,927,932	-3,850,528
Total	-2,709,768	7,655,964	6,261,817
Total Non-Operating Profit (Loss):	220,219	157,915	121,052
Non-Operating Revenue	220,219	157,915	121,052
Non-Operating Expenses	0	0	0
Total Excess Profit	-2,489,549	7,813,879	6,382,869
% Change in NPR per EIPA - Regulated	4.29	13.53	1.98
% Change in NOR per EIPA - Regulated	4.40	14.26	1.75
% Change in Oper. Expense per EIPA- Regulated	11.13	12.58	-0.21
% Change in Net Operating Profit- Regulated	-79.86	24.44	38.70
% Net Operating Profit of Regulated NOR	1.50	7.45	6.07
% Change in Net Operating Profit- Total	-135.39	22.26	7.68
% Net Total Operating Profit of Total NOR	-1.36	4.00	3.30
% Change in Total Excess Profit	-131.86	22.42	6.57
% Total Excess Profit of Total Revenue	-1.25	4.08	3.36

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Harford Memorial Hospital

FISCAL YEAR ENDING	December 2012	December 2011	December 2010
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Gross Patient Revenue:			
Regulated Services	104,451,400	100,465,500	100,141,200
Unregulated Services	163,300	221,600	94,100
TOTAL	104,614,700	100,687,100	100,235,300
Net Patient Revenue (NPR):			
Regulated Services	82,984,005	80,367,789	81,680,300
Unregulated Services	104,000	151,800	37,700
TOTAL	83,088,005	80,519,589	81,718,000
Other Operating Revenue:			
Regulated Services	1,050,423	1,091,500	763,700
Unregulated Services	2,361,577	488,500	476,300
TOTAL	3,412,000	1,580,000	1,240,000
Net Operating Revenue (NOR)			
Regulated Services	84,034,428	81,459,289	82,444,000
Unregulated Services	2,465,577	640,300	514,000
Total	86,500,005	82,099,589	82,958,000
Total Operating Expenses:			
Regulated Services	80,495,251	77,961,016	76,898,545
Total	83,528,951	80,374,000	79,662,900
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	10,561	10,041	11,255
Total	10,577	10,063	11,265
NPR per EIPA :			
Regulated Services	7,857.65	8,003.72	7,257.39
Total	7,855.22	8,001.19	7,253.92
NOR per EIPA :			
Regulated Services	7,957.12	8,112.42	7,325.25
Total	8,177.79	8,158.20	7,364.00
Operating Expenses per EIPA :			
Regulated Services	7,622.00	7,764.04	6,832.53
Total	7,896.91	7,986.73	7,071.50
Net Operating Profit (Loss):			
Regulated Services	3,539,177	3,498,273	5,545,455
Unregulated Services	-568,123	-1,772,684	-2,250,355
Total	2,971,054	1,725,589	3,295,100
Total Non-Operating Profit (Loss):	5,297,000	-621,000	5,190,000
Non-Operating Revenue	5,297,000	0	5,190,000
Non-Operating Expenses	0	621,000	0
Total Excess Profit	8,268,054	1,104,589	8,485,100
% Change in NPR per EIPA - Regulated	-1.83	10.28	8.21
% Change in NOR per EIPA - Regulated	-1.91	10.75	8.24
% Change in Oper. Expense per EIPA- Regulated	-1.83	13.63	5.33
% Change in Net Operating Profit- Regulated	1.17	-36.92	69.13
% Net Operating Profit of Regulated NOR	4.21	4.29	6.73
% Change in Net Operating Profit- Total	72.18	-47.63	35.61
% Net Total Operating Profit of Total NOR	3.43	2.10	3.97
% Change in Total Excess Profit	648.52	-86.98	-12.44
% Total Excess Profit of Total Revenue	9.01	1.35	9.63



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Holy Cross Hospital

FISCAL YEAR ENDING	June 2012 -----	June 2011 -----	June 2010 -----
Gross Patient Revenue:			
Regulated Services	453,731,600	437,749,300	411,325,700
Unregulated Services	26,444,000	32,444,200	35,005,000
TOTAL	480,175,600	470,193,500	446,330,700
Net Patient Revenue (NPR):			
Regulated Services	362,831,800	361,064,200	341,997,483
Unregulated Services	12,252,600	19,951,900	21,223,300
TOTAL	375,084,400	381,016,100	363,220,783
Other Operating Revenue:			
Regulated Services	4,593,400	3,857,791	1,396,700
Unregulated Services	11,802,100	11,406,409	11,161,300
TOTAL	16,395,500	15,264,200	12,558,000
Net Operating Revenue (NOR)			
Regulated Services	367,425,200	364,921,991	343,394,183
Unregulated Services	24,054,700	31,358,309	32,384,600
Total	391,479,900	396,280,300	375,778,783
Total Operating Expenses:			
Regulated Services	325,133,202	326,261,891	311,789,082
Total	364,822,000	369,945,500	353,793,200
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	39,200	39,880	38,770
Total	41,485	42,836	42,070
NPR per EIPA :			
Regulated Services	9,255.90	9,053.69	8,821.08
Total	9,041.52	8,894.74	8,633.78
NOR per EIPA :			
Regulated Services	9,373.08	9,150.42	8,857.10
Total	9,436.73	9,251.08	8,932.28
Operating Expenses per EIPA :			
Regulated Services	8,294.20	8,181.02	8,041.92
Total	8,794.14	8,636.30	8,409.68
Net Operating Profit (Loss):			
Regulated Services	42,291,998	38,660,100	31,605,101
Unregulated Services	-15,634,098	-12,325,300	-9,619,518
Total	26,657,900	26,334,800	21,985,583
Total Non-Operating Profit (Loss):	-580,000	17,357,300	9,766,800
Non-Operating Revenue	-580,000	17,357,300	9,766,800
Non-Operating Expenses	0	0	0
Total Excess Profit	26,077,900	43,692,100	31,752,383
% Change in NPR per EIPA - Regulated	2.23	2.64	0.74
% Change in NOR per EIPA - Regulated	2.43	3.31	0.42
% Change in Oper. Expense per EIPA- Regulated	1.38	1.73	-1.25
% Change in Net Operating Profit- Regulated	9.39	22.32	22.96
% Net Operating Profit of Regulated NOR	11.51	10.59	9.20
% Change in Net Operating Profit- Total	1.23	19.78	15.71
% Net Total Operating Profit of Total NOR	6.81	6.65	5.85
% Change in Total Excess Profit	-40.31	37.60	19,526.40
% Total Excess Profit of Total Revenue	6.67	10.56	8.24

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Howard County General Hospital

FISCAL YEAR ENDING	June 2012 -----	June 2011 -----	June 2010 -----
Gross Patient Revenue:			
Regulated Services	275,201,900	255,470,400	244,838,400
Unregulated Services	0	0	20,581,565
TOTAL	275,201,900	255,470,400	265,419,965
Net Patient Revenue (NPR):			
Regulated Services	228,528,424	219,286,242	211,253,743
Unregulated Services	0	0	11,661,033
TOTAL	228,528,424	219,286,242	222,914,776
Other Operating Revenue:			
Regulated Services	75,986	54,362	43,685
Unregulated Services	1,921,290	2,237,797	2,736,258
TOTAL	1,997,276	2,292,159	2,779,943
Net Operating Revenue (NOR)			
Regulated Services	228,604,410	219,340,604	211,297,428
Unregulated Services	1,921,290	2,237,797	14,397,291
Total	230,525,700	221,578,401	225,694,719
Total Operating Expenses:			
Regulated Services	210,259,612	205,527,459	201,837,199
Total	220,890,194	216,227,019	223,727,115
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	25,220	24,924	23,760
Total	25,220	24,924	22,852
NPR per EIPA :			
Regulated Services	9,061.49	8,798.34	8,890.97
Total	9,061.49	8,798.34	9,754.61
NOR per EIPA :			
Regulated Services	9,064.51	8,800.52	8,892.80
Total	9,140.69	8,890.31	9,876.25
Operating Expenses per EIPA :			
Regulated Services	8,337.11	8,246.30	8,494.65
Total	8,758.63	8,675.60	9,790.15
Net Operating Profit (Loss):			
Regulated Services	18,344,798	13,813,145	9,460,229
Unregulated Services	-8,709,292	-8,461,763	-7,492,625
Total	9,635,506	5,351,382	1,967,604
Total Non-Operating Profit (Loss):	-10,905,869	3,847,185	-6,200,840
Non-Operating Revenue	2,601,476	669,164	809,508
Non-Operating Expenses	13,507,345	-3,178,021	7,010,348
Total Excess Profit	-1,270,363	9,198,567	-4,233,236
% Change in NPR per EIPA - Regulated	2.99	-1.04	-0.99
% Change in NOR per EIPA - Regulated	3.00	-1.04	-0.99
% Change in Oper. Expense per EIPA- Regulated	1.10	-2.92	2.23
% Change in Net Operating Profit- Regulated	32.81	46.01	-37.76
% Net Operating Profit of Regulated NOR	8.02	6.30	4.48
% Change in Net Operating Profit- Total	80.06	171.97	-76.76
% Net Total Operating Profit of Total NOR	4.18	2.42	0.87
% Change in Total Excess Profit	-113.81	317.29	-184.64
% Total Excess Profit of Total Revenue	-0.54	4.14	-1.87

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James Lawrence Kernan Hospital

FISCAL YEAR ENDING	June 2012 -----	June 2011 -----	June 2010 -----
Gross Patient Revenue:			
Regulated Services	117,995,400	103,574,600	101,537,800
Unregulated Services	1,667,820	1,928,233	0
TOTAL	119,663,220	105,502,833	101,537,800
Net Patient Revenue (NPR):			
Regulated Services	99,715,400	88,207,600	87,319,800
Unregulated Services	916,820	1,143,233	-1,353,000
TOTAL	100,632,220	89,350,833	85,966,800
Other Operating Revenue:			
Regulated Services	1,040,606	618,529	597,071
Unregulated Services	1,841,976	1,955,016	4,866,129
TOTAL	2,882,582	2,573,545	5,463,200
Net Operating Revenue (NOR)			
Regulated Services	100,756,006	88,826,129	87,916,871
Unregulated Services	2,758,796	3,098,248	3,513,129
Total	103,514,802	91,924,378	91,430,000
Total Operating Expenses:			
Regulated Services	95,494,655	87,246,523	87,012,906
Total	98,824,910	90,594,000	91,563,920
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	5,643	5,250	4,997
Total	5,722	5,348	4,997
NPR per EIPA :			
Regulated Services	17,671.73	16,799.86	17,473.40
Total	17,585.64	16,706.57	17,202.65
NOR per EIPA :			
Regulated Services	17,856.15	16,917.66	17,592.88
Total	18,089.38	17,187.77	18,295.88
Operating Expenses per EIPA :			
Regulated Services	16,923.72	16,616.81	17,411.99
Total	17,269.81	16,939.02	18,322.68
Net Operating Profit (Loss):			
Regulated Services	5,261,351	1,579,606	903,964
Unregulated Services	-571,459	-249,229	-1,037,884
Total	4,689,892	1,330,378	-133,920
Total Non-Operating Profit (Loss):	-317,000	1,932,000	1,309,000
Non-Operating Revenue	-317,000	1,932,000	1,309,000
Non-Operating Expenses	0	0	0
Total Excess Profit	4,372,892	3,262,378	1,175,080
% Change in NPR per EIPA - Regulated	5.19	-3.85	-4.65
% Change in NOR per EIPA - Regulated	5.55	-3.84	-4.91
% Change in Oper. Expense per EIPA- Regulated	1.85	-4.57	-3.33
% Change in Net Operating Profit- Regulated	233.08	74.74	-63.60
% Net Operating Profit of Regulated NOR	5.22	1.78	1.03
% Change in Net Operating Profit- Total	252.52	1,093.41	-106.06
% Net Total Operating Profit of Total NOR	4.53	1.45	-0.15
% Change in Total Excess Profit	34.04	177.63	48.81
% Total Excess Profit of Total Revenue	4.24	3.48	1.27

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Johns Hopkins Bayview Medical Center

FISCAL YEAR ENDING	June 2012 -----	June 2011 -----	June 2010 -----
Gross Patient Revenue:			
Regulated Services	584,860,100	530,152,100	518,108,900
Unregulated Services	9,292,400	9,081,800	9,797,300
TOTAL	594,152,500	539,233,900	527,906,200
Net Patient Revenue (NPR):			
Regulated Services	464,656,600	436,873,400	430,968,800
Unregulated Services	8,655,400	8,526,800	9,381,300
TOTAL	473,312,000	445,400,200	440,350,100
Other Operating Revenue:			
Regulated Services	10,640,600	7,822,600	7,030,600
Unregulated Services	40,589,600	41,217,000	37,923,500
TOTAL	51,230,200	49,039,600	44,954,100
Net Operating Revenue (NOR)			
Regulated Services	475,297,200	444,696,000	437,999,400
Unregulated Services	49,245,000	49,743,800	47,304,800
Total	524,542,200	494,439,800	485,304,200
Total Operating Expenses:			
Regulated Services	453,372,164	428,009,429	427,728,068
Total	515,400,000	489,673,000	484,383,800
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	35,261	34,562	33,626
Total	36,333	35,274	34,271
NPR per EIPA :			
Regulated Services	13,177.64	12,640.17	12,816.61
Total	13,026.94	12,626.75	12,849.16
NOR per EIPA :			
Regulated Services	13,479.41	12,866.50	13,025.69
Total	14,436.94	14,016.98	14,160.90
Operating Expenses per EIPA :			
Regulated Services	12,857.62	12,383.71	12,720.23
Total	14,185.32	13,881.85	14,134.04
Net Operating Profit (Loss):			
Regulated Services	21,925,036	16,686,571	10,271,332
Unregulated Services	-12,782,836	-11,919,771	-9,350,932
Total	9,142,200	4,766,800	920,400
Total Non-Operating Profit (Loss):	1,483,500	1,430,200	1,424,600
Non-Operating Revenue	1,483,500	1,430,200	1,424,600
Non-Operating Expenses	0	0	0
Total Excess Profit	10,625,700	6,197,000	2,345,000
% Change in NPR per EIPA - Regulated	4.25	-1.38	-1.57
% Change in NOR per EIPA - Regulated	4.76	-1.22	-2.07
% Change in Oper. Expense per EIPA- Regulated	3.83	-2.65	-1.27
% Change in Net Operating Profit- Regulated	31.39	62.46	-25.87
% Net Operating Profit of Regulated NOR	4.61	3.75	2.35
% Change in Net Operating Profit- Total	91.79	417.91	-41.39
% Net Total Operating Profit of Total NOR	1.74	0.96	0.19
% Change in Total Excess Profit	71.47	164.26	144.04
% Total Excess Profit of Total Revenue	2.02	1.25	0.48

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Johns Hopkins Hospital

FISCAL YEAR ENDING	June 2012 -----	June 2011 -----	June 2010 -----
Gross Patient Revenue:			
Regulated Services	1,851,351,500	1,772,066,300	1,709,103,100
Unregulated Services	7,839,714	7,944,657	5,651,044
TOTAL	1,859,191,214	1,780,010,957	1,714,754,144
Net Patient Revenue (NPR):			
Regulated Services	1,578,655,727	1,526,449,134	1,480,465,000
Unregulated Services	6,586,531	6,972,290	4,780,844
TOTAL	1,585,242,258	1,533,421,424	1,485,245,844
Other Operating Revenue:			
Regulated Services	14,097,472	13,482,919	12,978,862
Unregulated Services	124,914,611	121,610,341	112,518,817
TOTAL	139,012,083	135,093,260	125,497,679
Net Operating Revenue (NOR)			
Regulated Services	1,592,753,199	1,539,932,053	1,493,443,862
Unregulated Services	131,501,142	128,582,631	117,299,661
Total	1,724,254,341	1,668,514,684	1,610,743,523
Total Operating Expenses:			
Regulated Services	1,560,026,965	1,477,115,734	1,425,987,171
Total	1,690,861,340	1,610,358,429	1,551,076,600
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	72,575	70,010	70,234
Total	73,281	70,607	70,947
NPR per EIPA :			
Regulated Services	21,752.12	21,803.16	21,078.89
Total	21,632.26	21,717.55	20,934.49
NOR per EIPA :			
Regulated Services	21,946.37	21,995.74	21,263.68
Total	23,529.22	23,630.85	22,703.37
Operating Expenses per EIPA :			
Regulated Services	21,495.44	21,098.50	20,303.23
Total	23,073.54	22,807.20	21,862.37
Net Operating Profit (Loss):			
Regulated Services	32,726,234	62,816,319	67,456,691
Unregulated Services	666,767	-4,660,064	-7,789,768
Total	33,393,001	58,156,255	59,666,923
Total Non-Operating Profit (Loss):	32,718,682	23,520,276	20,587,163
Non-Operating Revenue	32,718,682	23,520,276	20,587,163
Non-Operating Expenses	0	0	0
Total Excess Profit	66,111,683	81,676,531	80,254,086
% Change in NPR per EIPA - Regulated	-0.23	3.44	4.20
% Change in NOR per EIPA - Regulated	-0.22	3.44	4.19
% Change in Oper. Expense per EIPA- Regulated	1.88	3.92	4.29
% Change in Net Operating Profit- Regulated	-47.90	-6.88	2.56
% Net Operating Profit of Regulated NOR	2.05	4.08	4.52
% Change in Net Operating Profit- Total	-42.58	-2.53	-3.97
% Net Total Operating Profit of Total NOR	1.94	3.49	3.70
% Change in Total Excess Profit	-19.06	1.77	1,057.39
% Total Excess Profit of Total Revenue	3.76	4.83	4.92

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Laurel Regional Hospital

FISCAL YEAR ENDING	June 2012 -----	June 2011 -----	June 2010 -----
Gross Patient Revenue:			
Regulated Services	118,724,400	103,068,600	102,846,900
Unregulated Services	3,961,730	4,033,188	4,249,425
TOTAL	122,686,130	107,101,788	107,096,325
Net Patient Revenue (NPR):			
Regulated Services	93,954,841	84,354,149	85,075,631
Unregulated Services	1,273,246	1,324,486	1,232,334
TOTAL	95,228,087	85,678,636	86,307,965
Other Operating Revenue:			
Regulated Services	-189,126	625,721	430,579
Unregulated Services	249,353	191,582	0
TOTAL	60,227	817,303	430,579
Net Operating Revenue (NOR)			
Regulated Services	93,765,714	84,979,870	85,506,210
Unregulated Services	1,522,599	1,516,069	1,232,334
Total	95,288,314	86,495,939	86,738,544
Total Operating Expenses:			
Regulated Services	96,874,582	87,305,281	85,563,681
Total	104,340,682	94,179,139	92,314,140
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	8,850	9,477	9,669
Total	9,145	9,847	9,459
NPR per EIPA :			
Regulated Services	10,616.51	8,901.30	8,798.81
Total	10,412.91	8,700.60	9,124.70
NOR per EIPA :			
Regulated Services	10,595.14	8,967.33	8,843.34
Total	10,419.49	8,783.60	9,170.22
Operating Expenses per EIPA :			
Regulated Services	10,946.43	9,212.72	8,849.29
Total	11,409.34	9,563.82	9,759.69
Net Operating Profit (Loss):			
Regulated Services	-3,108,868	-2,325,411	-57,471
Unregulated Services	-5,943,501	-5,357,789	-5,518,125
Total	-9,052,368	-7,683,200	-5,575,596
Total Non-Operating Profit (Loss):	9,150,000	8,601,136	6,056,896
Non-Operating Revenue	9,150,000	8,601,136	6,056,896
Non-Operating Expenses	0	0	0
Total Excess Profit	97,632	917,936	481,300
% Change in NPR per EIPA - Regulated	19.27	1.16	15.58
% Change in NOR per EIPA - Regulated	18.15	1.40	15.03
% Change in Oper. Expense per EIPA- Regulated	18.82	4.11	6.74
% Change in Net Operating Profit- Regulated	-33.69	-3,946.23	99.05
% Net Operating Profit of Regulated NOR	-3.32	-2.74	-0.07
% Change in Net Operating Profit- Total	-17.82	-37.80	52.57
% Net Total Operating Profit of Total NOR	-9.50	-8.88	-6.43
% Change in Total Excess Profit	-89.36	90.72	104.12
% Total Excess Profit of Total Revenue	0.09	0.97	0.52

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Maryland General Hospital

FISCAL YEAR ENDING	June 2012 -----	June 2011 -----	June 2010 -----
Gross Patient Revenue:			
Regulated Services	185,438,390	183,154,500	178,831,900
Unregulated Services	8,054,159	8,412,068	8,126,907
TOTAL	193,492,549	191,566,568	186,958,807
Net Patient Revenue (NPR):			
Regulated Services	154,041,944	155,116,834	153,660,657
Unregulated Services	8,008,771	8,339,749	8,003,532
TOTAL	162,050,715	163,456,583	161,664,189
Other Operating Revenue:			
Regulated Services	865,829	132,329	281,654
Unregulated Services	1,157,473	1,203,226	1,312,747
TOTAL	2,023,301	1,335,555	1,594,401
Net Operating Revenue (NOR)			
Regulated Services	154,907,773	155,249,163	153,942,311
Unregulated Services	9,166,243	9,542,975	9,316,279
Total	164,074,016	164,792,138	163,258,590
Total Operating Expenses:			
Regulated Services	144,339,647	136,759,389	136,446,598
Total	168,209,026	160,525,000	160,331,953
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	13,404	13,553	14,282
Total	13,986	14,175	14,931
NPR per EIPA :			
Regulated Services	11,492.34	11,445.47	10,758.77
Total	11,586.59	11,531.21	10,827.11
NOR per EIPA :			
Regulated Services	11,556.93	11,455.23	10,778.49
Total	11,731.26	11,625.43	10,933.89
Operating Expenses per EIPA :			
Regulated Services	10,768.50	10,090.94	9,553.50
Total	12,026.91	11,324.40	10,737.89
Net Operating Profit (Loss):			
Regulated Services	10,568,126	18,489,775	17,495,713
Unregulated Services	-14,703,136	-14,222,636	-14,569,076
Total	-4,135,010	4,267,138	2,926,637
Total Non-Operating Profit (Loss):	-678,000	-108,000	828,000
Non-Operating Revenue	100,000	-108,000	828,000
Non-Operating Expenses	778,000	0	0
Total Excess Profit	-4,813,010	4,159,138	3,754,637
% Change in NPR per EIPA - Regulated	0.41	6.38	1.89
% Change in NOR per EIPA - Regulated	0.89	6.28	1.32
% Change in Oper. Expense per EIPA- Regulated	6.71	5.63	-0.27
% Change in Net Operating Profit- Regulated	-42.84	5.68	11.21
% Net Operating Profit of Regulated NOR	6.82	11.91	11.37
% Change in Net Operating Profit- Total	-196.90	45.80	217.13
% Net Total Operating Profit of Total NOR	-2.52	2.59	1.79
% Change in Total Excess Profit	-215.72	10.77	366.03
% Total Excess Profit of Total Revenue	-2.93	2.53	2.29

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McCready Hospital

FISCAL YEAR ENDING	June 2012 -----	June 2011 -----	June 2010 -----
Gross Patient Revenue:			
Regulated Services	17,710,400	18,235,900	18,681,464
Unregulated Services	1,964,859	2,226,830	2,680,395
TOTAL	19,675,259	20,462,730	21,361,859
Net Patient Revenue (NPR):			
Regulated Services	14,280,227	13,751,431	14,374,135
Unregulated Services	1,051,180	1,109,237	1,717,361
TOTAL	15,331,407	14,860,668	16,091,496
Other Operating Revenue:			
Regulated Services	42,511	158,425	12,958
Unregulated Services	5,490	0	0
TOTAL	48,001	158,425	12,958
Net Operating Revenue (NOR)			
Regulated Services	14,322,738	13,909,856	14,387,093
Unregulated Services	1,056,670	1,109,237	1,717,361
Total	15,379,408	15,019,093	16,104,454
Total Operating Expenses:			
Regulated Services	13,816,498	12,842,513	11,413,281
Total	13,999,158	15,551,313	14,764,389
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	1,355	1,542	1,736
Total	1,504	1,733	2,009
NPR per EIPA :			
Regulated Services	10,541.96	8,919.72	8,278.00
Total	10,190.64	8,573.76	8,011.51
NOR per EIPA :			
Regulated Services	10,573.34	9,022.48	8,285.46
Total	10,222.55	8,665.17	8,017.96
Operating Expenses per EIPA :			
Regulated Services	10,199.63	8,330.16	6,572.86
Total	9,305.11	8,972.23	7,350.78
Net Operating Profit (Loss):			
Regulated Services	506,240	1,067,343	2,973,812
Unregulated Services	874,010	-1,599,563	-1,633,747
Total	1,380,250	-532,220	1,340,065
Total Non-Operating Profit (Loss):	1,880,685	116,254	176,915
Non-Operating Revenue	1,880,685	116,254	176,915
Non-Operating Expenses	0	0	0
Total Excess Profit	3,260,935	-415,966	1,516,980
% Change in NPR per EIPA - Regulated	18.19	7.75	9.03
% Change in NOR per EIPA - Regulated	17.19	8.90	9.02
% Change in Oper. Expense per EIPA- Regulated	22.44	26.74	19.69
% Change in Net Operating Profit- Regulated	-52.57	-64.11	-21.69
% Net Operating Profit of Regulated NOR	3.53	7.67	20.67
% Change in Net Operating Profit- Total	359.34	-139.72	-11.61
% Net Total Operating Profit of Total NOR	8.97	-3.54	8.32
% Change in Total Excess Profit	883.94	-127.42	-11.76
% Total Excess Profit of Total Revenue	18.89	-2.75	9.32



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Memorial Hospital at Easton

FISCAL YEAR ENDING	June 2012 -----	June 2011 -----	June 2010 -----
Gross Patient Revenue:			
Regulated Services	184,647,500	173,171,500	160,769,200
Unregulated Services	37,070,671	33,489,644	31,648,639
TOTAL	221,718,171	206,661,144	192,417,839
Net Patient Revenue (NPR):			
Regulated Services	152,889,603	145,233,736	137,414,364
Unregulated Services	13,326,855	13,110,959	12,376,870
TOTAL	166,216,458	158,344,695	149,791,234
Other Operating Revenue:			
Regulated Services	3,652,293	4,036,480	1,806,811
Unregulated Services	934,678	1,421,491	1,472,209
TOTAL	4,586,971	5,457,971	3,279,020
Net Operating Revenue (NOR)			
Regulated Services	156,541,896	149,270,216	139,221,175
Unregulated Services	14,261,533	14,532,450	13,849,079
Total	170,803,429	163,802,666	153,070,254
Total Operating Expenses:			
Regulated Services	141,357,659	140,221,608	133,188,248
Total	155,789,668	154,561,476	147,698,367
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	16,087	16,228	16,433
Total	19,316	19,366	19,668
NPR per EIPA :			
Regulated Services	9,504.11	8,949.77	8,362.00
Total	8,604.98	8,176.46	7,615.91
NOR per EIPA :			
Regulated Services	9,731.15	9,198.51	8,471.95
Total	8,842.45	8,458.30	7,782.63
Operating Expenses per EIPA :			
Regulated Services	8,787.25	8,640.91	8,104.83
Total	8,065.19	7,981.11	7,509.51
Net Operating Profit (Loss):			
Regulated Services	15,184,237	9,048,607	6,032,927
Unregulated Services	-170,476	192,582	-661,040
Total	15,013,761	9,241,189	5,371,887
Total Non-Operating Profit (Loss):	-1,952,423	9,777,820	4,540,080
Non-Operating Revenue	-1,952,423	9,777,820	4,540,080
Non-Operating Expenses	0	0	0
Total Excess Profit	13,061,338	19,019,010	9,911,967
% Change in NPR per EIPA - Regulated	6.19	7.03	-1.82
% Change in NOR per EIPA - Regulated	5.79	8.58	-1.78
% Change in Oper. Expense per EIPA- Regulated	1.69	6.61	-1.20
% Change in Net Operating Profit- Regulated	67.81	49.99	-12.68
% Net Operating Profit of Regulated NOR	9.70	6.06	4.33
% Change in Net Operating Profit- Total	62.47	72.03	-33.56
% Net Total Operating Profit of Total NOR	8.79	5.64	3.51
% Change in Total Excess Profit	-31.32	91.88	412.80
% Total Excess Profit of Total Revenue	7.74	10.96	6.29

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Mercy Medical Center

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Gross Patient Revenue:			
Regulated Services	459,265,700	420,066,700	388,727,200
Unregulated Services	683,968	4,647,983	4,801,123
TOTAL	459,949,668	424,714,683	393,528,323
Net Patient Revenue (NPR):			
Regulated Services	385,649,759	356,258,595	335,374,561
Unregulated Services	683,968	4,647,983	4,801,123
TOTAL	386,333,727	360,906,578	340,175,684
Other Operating Revenue:			
Regulated Services	8,682,300	6,126,028	3,857,230
Unregulated Services	13,322,987	12,019,196	11,283,344
TOTAL	22,005,287	18,145,224	15,140,574
Net Operating Revenue (NOR)			
Regulated Services	394,332,059	362,384,623	339,231,791
Unregulated Services	14,006,955	16,667,179	16,084,467
Total	408,339,014	379,051,802	355,316,258
Total Operating Expenses:			
Regulated Services	372,534,729	341,721,164	307,650,947
Total	399,668,121	366,190,164	330,084,298
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	32,987	33,407	33,527
Total	33,036	33,776	33,941
NPR per EIPA :			
Regulated Services	11,691.06	10,664.29	10,003.21
Total	11,694.38	10,685.19	10,022.63
NOR per EIPA :			
Regulated Services	11,954.26	10,847.66	10,118.26
Total	12,360.48	11,222.41	10,468.71
Operating Expenses per EIPA :			
Regulated Services	11,293.47	10,229.12	9,176.30
Total	12,098.01	10,841.62	9,725.30
Net Operating Profit (Loss):			
Regulated Services	21,797,330	20,663,459	31,580,844
Unregulated Services	-13,126,437	-7,801,821	-6,348,884
Total	8,670,893	12,861,638	25,231,960
Total Non-Operating Profit (Loss):	-22,986,000	22,557,807	6,014,865
Non-Operating Revenue	263,000	3,303,248	6,644,117
Non-Operating Expenses	23,249,000	-19,254,559	629,252
Total Excess Profit	-14,315,107	35,419,445	31,246,825
% Change in NPR per EIPA - Regulated	9.63	6.61	0.57
% Change in NOR per EIPA - Regulated	10.20	7.21	0.60
% Change in Oper. Expense per EIPA- Regulated	10.41	11.47	1.41
% Change in Net Operating Profit- Regulated	5.49	-34.57	-6.93
% Net Operating Profit of Regulated NOR	5.53	5.70	9.31
% Change in Net Operating Profit- Total	-32.58	-49.03	-19.45
% Net Total Operating Profit of Total NOR	2.12	3.39	7.10
% Change in Total Excess Profit	-140.42	13.35	1,133.78
% Total Excess Profit of Total Revenue	-3.50	9.26	8.63

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Meritus Medical Center

FISCAL YEAR ENDING	June 2012 -----	June 2011 -----	June 2010 -----
Gross Patient Revenue:			
Regulated Services	295,465,200	275,699,700	250,295,900
Unregulated Services	56,964,400	48,028,200	47,062,500
TOTAL	352,429,600	323,727,900	297,358,400
Net Patient Revenue (NPR):			
Regulated Services	244,455,300	232,040,400	209,148,200
Unregulated Services	31,708,200	28,878,200	28,307,500
TOTAL	276,163,500	260,918,600	237,455,700
Other Operating Revenue:			
Regulated Services	7,051,500	5,263,297	4,129,800
Unregulated Services	2,896,900	2,771,903	1,983,200
TOTAL	9,948,400	8,035,200	6,113,000
Net Operating Revenue (NOR)			
Regulated Services	251,506,800	237,303,697	213,278,000
Unregulated Services	34,605,100	31,650,103	30,290,700
Total	286,111,900	268,953,800	243,568,700
Total Operating Expenses:			
Regulated Services	247,646,762	228,333,405	211,006,835
Total	283,953,400	261,819,900	243,735,000
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	25,130	25,377	24,861
Total	29,975	29,796	29,535
NPR per EIPA :			
Regulated Services	9,727.62	9,143.74	8,412.85
Total	9,213.13	8,756.81	8,039.79
NOR per EIPA :			
Regulated Services	10,008.22	9,351.14	8,578.96
Total	9,545.02	9,026.48	8,246.77
Operating Expenses per EIPA :			
Regulated Services	9,854.62	8,997.66	8,487.61
Total	9,473.01	8,787.06	8,252.40
Net Operating Profit (Loss):			
Regulated Services	3,860,038	8,970,292	2,271,165
Unregulated Services	-1,701,538	-1,836,392	-2,437,465
Total	2,158,500	7,133,900	-166,300
Total Non-Operating Profit (Loss):	2,553,900	5,176,800	3,183,300
Non-Operating Revenue	2,553,900	5,254,300	3,353,900
Non-Operating Expenses	0	77,500	170,600
Total Excess Profit	4,712,400	12,310,700	3,017,000
% Change in NPR per EIPA - Regulated	6.39	8.69	2.67
% Change in NOR per EIPA - Regulated	7.03	9.00	3.70
% Change in Oper. Expense per EIPA- Regulated	9.52	6.01	4.96
% Change in Net Operating Profit- Regulated	-56.97	294.96	-51.00
% Net Operating Profit of Regulated NOR	1.53	3.78	1.06
% Change in Net Operating Profit- Total	-69.74	4,389.78	-104.41
% Net Total Operating Profit of Total NOR	0.75	2.65	-0.07
% Change in Total Excess Profit	-61.72	308.04	470.73
% Total Excess Profit of Total Revenue	1.63	4.49	1.22

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Montgomery General Hospital

FISCAL YEAR ENDING	June 2012 -----	June 2011 -----	June 2010 -----
Gross Patient Revenue:			
Regulated Services	165,915,000	156,795,100	149,773,600
Unregulated Services	7,665,307	7,676,300	6,599,491
TOTAL	173,580,307	164,471,400	156,373,091
Net Patient Revenue (NPR):			
Regulated Services	139,632,555	135,596,229	124,219,621
Unregulated Services	3,286,403	3,782,893	3,503,857
TOTAL	142,918,959	139,379,122	127,723,478
Other Operating Revenue:			
Regulated Services	2,680,765	1,303,300	1,517,012
Unregulated Services	894,651	764,900	624,241
TOTAL	3,575,416	2,068,200	2,141,253
Net Operating Revenue (NOR)			
Regulated Services	142,313,320	136,899,529	125,736,633
Unregulated Services	4,181,054	4,547,793	4,128,098
Total	146,494,375	141,447,322	129,864,731
Total Operating Expenses:			
Regulated Services	124,575,881	119,548,593	115,963,398
Total	137,669,098	133,009,716	125,528,572
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	15,804	15,450	14,228
Total	16,534	15,061	14,855
NPR per EIPA :			
Regulated Services	8,835.11	8,776.38	8,730.61
Total	8,643.71	9,254.38	8,598.02
NOR per EIPA :			
Regulated Services	9,004.73	8,860.73	8,837.23
Total	8,859.95	9,391.70	8,742.16
Operating Expenses per EIPA :			
Regulated Services	7,882.42	7,737.70	8,150.33
Total	8,326.20	8,831.47	8,450.26
Net Operating Profit (Loss):			
Regulated Services	17,737,440	17,350,936	9,773,235
Unregulated Services	-8,912,163	-8,913,309	-5,437,076
Total	8,825,276	8,437,627	4,336,159
Total Non-Operating Profit (Loss):	179,353	988,687	2,791,019
Non-Operating Revenue	179,353	988,687	2,791,019
Non-Operating Expenses	0	0	0
Total Excess Profit	9,004,630	9,426,314	7,127,178
% Change in NPR per EIPA - Regulated	0.67	0.52	4.44
% Change in NOR per EIPA - Regulated	1.63	0.27	4.72
% Change in Oper. Expense per EIPA- Regulated	1.87	-5.06	2.75
% Change in Net Operating Profit- Regulated	2.23	77.54	32.09
% Net Operating Profit of Regulated NOR	12.46	12.67	7.77
% Change in Net Operating Profit- Total	4.59	94.59	38.14
% Net Total Operating Profit of Total NOR	6.02	5.97	3.34
% Change in Total Excess Profit	-4.47	32.26	2,262.34
% Total Excess Profit of Total Revenue	6.14	6.62	5.37

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Northwest Hospital Center

FISCAL YEAR ENDING	June 2012 -----	June 2011 -----	June 2010 -----
Gross Patient Revenue:			
Regulated Services	238,730,100	227,677,300	214,481,500
Unregulated Services	31,341,808	27,427,434	23,294,426
TOTAL	270,071,908	255,104,734	237,775,926
Net Patient Revenue (NPR):			
Regulated Services	193,159,085	187,938,400	178,377,100
Unregulated Services	12,355,386	11,408,249	9,727,678
TOTAL	205,514,471	199,346,649	188,104,778
Other Operating Revenue:			
Regulated Services	3,904,164	1,139,100	1,023,180
Unregulated Services	4,202,790	1,395,685	1,225,936
TOTAL	8,106,954	2,534,785	2,249,116
Net Operating Revenue (NOR)			
Regulated Services	197,063,249	189,077,500	179,400,280
Unregulated Services	16,558,176	12,803,934	10,953,614
Total	213,621,425	201,881,434	190,353,894
Total Operating Expenses:			
Regulated Services	178,234,237	170,174,366	161,514,213
Total	203,241,310	190,792,966	180,774,513
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	22,557	21,539	21,733
Total	22,195	21,538	23,180
NPR per EIPA :			
Regulated Services	8,563.11	8,725.59	8,207.81
Total	9,259.41	9,255.67	8,114.99
NOR per EIPA :			
Regulated Services	8,736.19	8,778.47	8,254.90
Total	9,624.66	9,373.36	8,212.02
Operating Expenses per EIPA :			
Regulated Services	7,901.46	7,900.84	7,431.89
Total	9,156.99	8,858.52	7,798.76
Net Operating Profit (Loss):			
Regulated Services	18,829,012	18,903,134	17,886,067
Unregulated Services	-8,448,897	-7,814,666	-8,306,686
Total	10,380,115	11,088,468	9,579,381
Total Non-Operating Profit (Loss):	1,315,681	12,763,168	7,322,217
Non-Operating Revenue	1,315,681	12,763,168	7,322,217
Non-Operating Expenses	0	0	0
Total Excess Profit	11,695,796	23,851,636	16,901,598
% Change in NPR per EIPA - Regulated	-1.86	6.31	-3.38
% Change in NOR per EIPA - Regulated	-0.48	6.34	-3.49
% Change in Oper. Expense per EIPA- Regulated	0.01	6.31	-2.06
% Change in Net Operating Profit- Regulated	-0.39	5.69	-11.58
% Net Operating Profit of Regulated NOR	9.55	10.00	9.97
% Change in Net Operating Profit- Total	-6.39	15.75	-22.96
% Net Total Operating Profit of Total NOR	4.86	5.49	5.03
% Change in Total Excess Profit	-50.96	41.12	360.74
% Total Excess Profit of Total Revenue	5.44	11.11	8.55

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Peninsula Regional Medical Center

FISCAL YEAR ENDING	June 2012 -----	June 2011 -----	June 2010 -----
Gross Patient Revenue:			
Regulated Services	414,765,500	406,379,600	394,310,100
Unregulated Services	62,011,400	50,655,400	32,271,900
TOTAL	476,776,900	457,035,000	426,582,000
Net Patient Revenue (NPR):			
Regulated Services	336,910,100	339,681,900	332,910,100
Unregulated Services	24,508,400	22,959,100	17,521,900
TOTAL	361,418,500	362,641,000	350,432,000
Other Operating Revenue:			
Regulated Services	1,238,700	1,131,600	908,800
Unregulated Services	1,151,100	1,252,900	1,172,500
TOTAL	2,389,800	2,384,500	2,081,300
Net Operating Revenue (NOR)			
Regulated Services	338,148,800	340,813,500	333,818,900
Unregulated Services	25,659,500	24,212,000	18,694,400
Total	363,808,300	365,025,500	352,513,300
Total Operating Expenses:			
Regulated Services	309,515,853	304,199,081	304,760,053
Total	357,522,300	347,492,600	345,483,300
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	31,130	31,681	31,730
Total	36,135	36,028	34,641
NPR per EIPA :			
Regulated Services	10,822.80	10,721.88	10,492.03
Total	10,001.81	10,065.65	10,116.20
NOR per EIPA :			
Regulated Services	10,862.59	10,757.59	10,520.67
Total	10,067.94	10,131.83	10,176.28
Operating Expenses per EIPA :			
Regulated Services	9,942.79	9,601.88	9,604.85
Total	9,893.98	9,645.18	9,973.34
Net Operating Profit (Loss):			
Regulated Services	28,632,947	36,614,419	29,058,847
Unregulated Services	-22,346,947	-19,081,519	-22,028,847
Total	6,286,000	17,532,900	7,030,000
Total Non-Operating Profit (Loss):	9,551,000	13,306,100	12,057,000
Non-Operating Revenue	9,603,000	15,292,000	12,057,000
Non-Operating Expenses	52,000	1,985,900	0
Total Excess Profit	15,837,000	30,839,000	19,087,000
% Change in NPR per EIPA - Regulated	0.94	2.19	-1.34
% Change in NOR per EIPA - Regulated	0.98	2.25	-1.33
% Change in Oper. Expense per EIPA- Regulated	3.55	-0.03	-1.17
% Change in Net Operating Profit- Regulated	-21.80	26.00	-1.36
% Net Operating Profit of Regulated NOR	8.47	10.74	8.70
% Change in Net Operating Profit- Total	-64.15	149.40	-41.59
% Net Total Operating Profit of Total NOR	1.73	4.80	1.99
% Change in Total Excess Profit	-48.65	61.57	426.78
% Total Excess Profit of Total Revenue	4.24	8.11	5.24

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Prince Georges' Hospital Center

FISCAL YEAR ENDING	June 2012 -----	June 2011 -----	June 2010 -----
Gross Patient Revenue:			
Regulated Services	255,903,800	263,104,300	251,597,300
Unregulated Services	16,268,731	33,038,345	37,676,835
TOTAL	272,172,531	296,142,645	289,274,135
Net Patient Revenue (NPR):			
Regulated Services	204,531,176	214,749,210	204,287,834
Unregulated Services	6,303,810	13,179,800	16,938,796
TOTAL	210,834,986	227,929,011	221,226,630
Other Operating Revenue:			
Regulated Services	1,273,509	1,308,349	1,779,830
Unregulated Services	997,687	1,604,648	2,048,133
TOTAL	2,271,197	2,912,997	3,827,963
Net Operating Revenue (NOR)			
Regulated Services	205,804,685	216,057,559	206,067,664
Unregulated Services	7,301,497	14,784,448	18,986,929
Total	213,106,183	230,842,008	225,054,593
Total Operating Expenses:			
Regulated Services	203,825,149	212,877,166	209,892,050
Total	227,988,386	242,965,897	245,390,149
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	15,237	16,957	17,809
Total	15,076	17,802	18,604
NPR per EIPA :			
Regulated Services	13,423.68	12,664.27	11,471.11
Total	13,984.69	12,803.91	11,891.59
NOR per EIPA :			
Regulated Services	13,507.26	12,741.43	11,571.06
Total	14,135.34	12,967.55	12,097.36
Operating Expenses per EIPA :			
Regulated Services	13,377.34	12,553.88	11,785.80
Total	15,122.48	13,648.61	13,190.46
Net Operating Profit (Loss):			
Regulated Services	1,979,536	3,180,393	-3,824,386
Unregulated Services	-16,861,740	-15,304,283	-16,511,170
Total	-14,882,204	-12,123,890	-20,335,556
Total Non-Operating Profit (Loss):	22,252,141	18,769,249	16,718,235
Non-Operating Revenue	22,252,141	22,714,349	16,718,235
Non-Operating Expenses	0	3,945,100	0
Total Excess Profit	7,369,937	6,645,359	-3,617,321
% Change in NPR per EIPA - Regulated	6.00	10.40	-0.77
% Change in NOR per EIPA - Regulated	6.01	10.11	-0.32
% Change in Oper. Expense per EIPA- Regulated	6.56	6.52	1.41
% Change in Net Operating Profit- Regulated	-37.76	183.16	-1,413.46
% Net Operating Profit of Regulated NOR	0.96	1.47	-1.86
% Change in Net Operating Profit- Total	-22.75	40.38	-33.65
% Net Total Operating Profit of Total NOR	-6.98	-5.25	-9.04
% Change in Total Excess Profit	10.90	283.71	-131.52
% Total Excess Profit of Total Revenue	3.13	2.62	-1.50

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Saint Agnes Hospital

FISCAL YEAR ENDING	June 2012 -----	June 2011 -----	June 2010 -----
Gross Patient Revenue:			
Regulated Services	401,564,200	376,582,900	357,504,800
Unregulated Services	158,452,693	139,902,712	125,464,523
TOTAL	560,016,893	516,485,612	482,969,323
Net Patient Revenue (NPR):			
Regulated Services	330,910,826	318,111,245	307,715,930
Unregulated Services	69,184,299	57,182,251	51,769,365
TOTAL	400,095,125	375,293,496	359,485,295
Other Operating Revenue:			
Regulated Services	4,476,674	2,843,020	1,952,195
Unregulated Services	5,432,666	4,257,915	3,810,672
TOTAL	9,909,340	7,100,935	5,762,867
Net Operating Revenue (NOR)			
Regulated Services	335,387,500	320,954,265	309,668,125
Unregulated Services	74,616,966	61,440,166	55,580,037
Total	410,004,465	382,394,431	365,248,162
Total Operating Expenses:			
Regulated Services	286,983,653	278,581,383	275,390,240
Total	388,515,810	363,256,557	349,799,377
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	29,848	28,884	30,735
Total	37,319	35,929	38,014
NPR per EIPA :			
Regulated Services	11,086.68	11,013.44	10,011.87
Total	10,721.05	10,445.46	9,456.66
NOR per EIPA :			
Regulated Services	11,236.66	11,111.87	10,075.39
Total	10,986.59	10,643.10	9,608.26
Operating Expenses per EIPA :			
Regulated Services	9,614.96	9,644.86	8,960.12
Total	10,410.77	10,110.44	9,201.86
Net Operating Profit (Loss):			
Regulated Services	48,403,847	42,372,882	34,277,885
Unregulated Services	-26,915,191	-23,235,008	-18,829,100
Total	21,488,655	19,137,874	15,448,785
Total Non-Operating Profit (Loss):	22,026,368	34,402,050	27,374,372
Non-Operating Revenue	478,886	34,402,050	24,968,464
Non-Operating Expenses	-21,547,482	0	-2,405,908
Total Excess Profit	43,515,023	53,539,924	42,823,157
% Change in NPR per EIPA - Regulated	0.67	10.00	-0.01
% Change in NOR per EIPA - Regulated	1.12	10.29	-0.54
% Change in Oper. Expense per EIPA- Regulated	-0.31	7.64	-0.27
% Change in Net Operating Profit- Regulated	14.23	23.62	-2.50
% Net Operating Profit of Regulated NOR	14.43	13.20	11.07
% Change in Net Operating Profit- Total	12.28	23.88	-12.64
% Net Total Operating Profit of Total NOR	5.24	5.00	4.23
% Change in Total Excess Profit	-18.72	25.03	320.28
% Total Excess Profit of Total Revenue	10.60	12.85	10.97



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Saint Josephs Medical Center

FISCAL YEAR ENDING	June 2012 -----	June 2011 -----	June 2010 -----
Gross Patient Revenue:			
Regulated Services	354,785,600	362,195,000	375,076,400
Unregulated Services	48,931,087	47,028,886	40,398,697
TOTAL	403,716,687	409,223,886	415,475,097
Net Patient Revenue (NPR):			
Regulated Services	286,710,810	293,912,806	307,247,166
Unregulated Services	23,504,013	23,093,568	19,135,082
TOTAL	310,214,823	317,006,374	326,382,248
Other Operating Revenue:			
Regulated Services	389,513	490,972	141,335
Unregulated Services	5,934,776	5,721,239	5,937,588
TOTAL	6,324,288	6,212,211	6,078,923
Net Operating Revenue (NOR)			
Regulated Services	287,100,323	294,403,778	307,388,501
Unregulated Services	29,438,788	28,814,807	25,072,670
Total	316,539,111	323,218,585	332,461,171
Total Operating Expenses:			
Regulated Services	286,684,281	293,587,390	299,994,287
Total	344,709,199	347,676,334	350,177,336
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	25,988	26,720	28,322
Total	29,571	30,190	31,372
NPR per EIPA :			
Regulated Services	11,032.61	10,999.57	10,848.17
Total	10,490.43	10,500.42	10,403.73
NOR per EIPA :			
Regulated Services	11,047.60	11,017.95	10,853.16
Total	10,704.30	10,706.19	10,597.50
Operating Expenses per EIPA :			
Regulated Services	11,031.59	10,987.39	10,592.09
Total	11,656.92	11,516.32	11,162.22
Net Operating Profit (Loss):			
Regulated Services	416,042	816,389	7,394,214
Unregulated Services	-28,586,130	-25,274,138	-25,110,379
Total	-28,170,088	-24,457,749	-17,716,165
Total Non-Operating Profit (Loss):	3,763,186	8,418,345	5,443,008
Non-Operating Revenue	3,763,182	8,418,345	5,443,008
Non-Operating Expenses	-4	0	0
Total Excess Profit	-24,406,902	-16,039,404	-12,273,157
% Change in NPR per EIPA - Regulated	0.30	1.40	1.40
% Change in NOR per EIPA - Regulated	0.27	1.52	1.13
% Change in Oper. Expense per EIPA- Regulated	0.40	3.73	4.42
% Change in Net Operating Profit- Regulated	-49.04	-88.96	-60.42
% Net Operating Profit of Regulated NOR	0.14	0.28	2.41
% Change in Net Operating Profit- Total	-15.18	-38.05	-267.15
% Net Total Operating Profit of Total NOR	-8.90	-7.57	-5.33
% Change in Total Excess Profit	-52.17	-30.69	14.04
% Total Excess Profit of Total Revenue	-7.62	-4.84	-3.63

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Saint Mary's Hospital

FISCAL YEAR ENDING	June 2012 -----	June 2011 -----	June 2010 -----
Gross Patient Revenue:			
Regulated Services	151,897,000	134,162,900	125,978,346
Unregulated Services	10,086,460	9,278,303	7,961,116
TOTAL	161,983,460	143,441,203	133,939,462
Net Patient Revenue (NPR):			
Regulated Services	115,905,184	110,583,185	102,454,852
Unregulated Services	9,418,294	5,806,361	6,614,620
TOTAL	125,323,478	116,389,545	109,069,471
Other Operating Revenue:			
Regulated Services	4,778,880	273,700	2,259,219
Unregulated Services	1,180,088	1,397,344	457,444
TOTAL	5,958,967	1,671,044	2,716,663
Net Operating Revenue (NOR)			
Regulated Services	120,684,064	110,856,885	104,714,071
Unregulated Services	10,598,382	7,203,705	7,072,064
Total	131,282,445	118,060,590	111,786,134
Total Operating Expenses:			
Regulated Services	106,515,296	96,751,142	93,942,446
Total	121,640,602	112,047,407	107,501,875
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	16,444	16,151	17,586
Total	17,327	15,119	18,361
NPR per EIPA :			
Regulated Services	7,048.41	6,846.82	5,826.00
Total	7,232.88	7,698.38	5,940.20
NOR per EIPA :			
Regulated Services	7,339.03	6,863.77	5,954.47
Total	7,576.79	7,808.91	6,088.16
Operating Expenses per EIPA :			
Regulated Services	6,477.40	5,990.40	5,341.95
Total	7,020.33	7,411.18	5,854.83
Net Operating Profit (Loss):			
Regulated Services	14,168,767	14,105,743	10,771,624
Unregulated Services	-4,526,924	-8,092,560	-6,487,365
Total	9,641,843	6,013,183	4,284,259
Total Non-Operating Profit (Loss):	-1,535	1,437,820	-1,876,534
Non-Operating Revenue	277,093	1,437,820	133,176
Non-Operating Expenses	278,628	0	2,009,710
Total Excess Profit	9,640,308	7,451,003	2,407,725
% Change in NPR per EIPA - Regulated	2.94	17.52	-3.10
% Change in NOR per EIPA - Regulated	6.92	15.27	-2.29
% Change in Oper. Expense per EIPA- Regulated	8.13	12.14	-3.88
% Change in Net Operating Profit- Regulated	0.45	30.95	14.13
% Net Operating Profit of Regulated NOR	11.74	12.72	10.29
% Change in Net Operating Profit- Total	60.35	40.36	137.87
% Net Total Operating Profit of Total NOR	7.34	5.09	3.83
% Change in Total Excess Profit	29.38	209.46	48.76
% Total Excess Profit of Total Revenue	7.33	6.24	2.15

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Shady Grove Adventist Hospital

FISCAL YEAR ENDING	December 2012 -----	December 2011 -----	December 2010 -----
Gross Patient Revenue:			
Regulated Services	348,706,200	358,655,535	335,364,985
Unregulated Services	30,434,434	21,556,507	34,336,169
TOTAL	379,140,634	380,212,042	369,701,154
Net Patient Revenue (NPR):			
Regulated Services	294,975,318	306,195,153	292,739,292
Unregulated Services	14,983,447	7,200,472	17,005,256
TOTAL	309,958,765	313,395,625	309,744,548
Other Operating Revenue:			
Regulated Services	2,524,169	2,944,664	3,405,948
Unregulated Services	6,341,040	4,388,402	4,829,756
TOTAL	8,865,209	7,333,066	8,235,704
Net Operating Revenue (NOR)			
Regulated Services	297,499,487	309,139,817	296,145,240
Unregulated Services	21,324,487	11,588,874	21,835,012
Total	318,823,974	320,728,691	317,980,252
Total Operating Expenses:			
Regulated Services	277,340,979	282,132,916	270,989,498
Total	310,920,356	296,255,894	295,731,330
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	33,685	31,475	32,832
Total	36,625	33,367	36,035
NPR per EIPA :			
Regulated Services	8,756.85	9,728.20	8,916.27
Total	8,463.02	9,392.47	8,595.55
NOR per EIPA :			
Regulated Services	8,831.79	9,821.76	9,020.01
Total	8,705.08	9,612.24	8,824.09
Operating Expenses per EIPA :			
Regulated Services	8,233.35	8,963.71	8,253.81
Total	8,489.28	8,878.79	8,206.68
Net Operating Profit (Loss):			
Regulated Services	20,158,508	27,006,901	25,155,742
Unregulated Services	-12,254,890	-2,534,103	-2,906,821
Total	7,903,618	24,472,797	22,248,922
Total Non-Operating Profit (Loss):	1,005,006	1,197,213	2,342,788
Non-Operating Revenue	1,802,328	1,197,213	2,342,788
Non-Operating Expenses	797,322	0	0
Total Excess Profit	8,908,624	25,670,010	24,591,710
% Change in NPR per EIPA - Regulated	-9.98	9.11	5.07
% Change in NOR per EIPA - Regulated	-10.08	8.89	5.31
% Change in Oper. Expense per EIPA- Regulated	-8.15	8.60	2.10
% Change in Net Operating Profit- Regulated	-25.36	7.36	56.51
% Net Operating Profit of Regulated NOR	6.78	8.74	8.49
% Change in Net Operating Profit- Total	-67.70	10.00	49.19
% Net Total Operating Profit of Total NOR	2.48	7.63	7.00
% Change in Total Excess Profit	-65.30	4.38	80.06
% Total Excess Profit of Total Revenue	2.78	7.97	7.68

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Sinai Hospital of Baltimore

FISCAL YEAR ENDING	June 2012 -----	June 2011 -----	June 2010 -----
Gross Patient Revenue:			
Regulated Services	676,602,700	636,490,900	619,723,100
Unregulated Services	153,761,069	146,550,900	158,468,000
TOTAL	830,363,769	783,041,800	778,191,100
Net Patient Revenue (NPR):			
Regulated Services	565,251,457	549,875,500	534,915,500
Unregulated Services	72,810,960	66,297,500	63,138,400
TOTAL	638,062,417	616,173,000	598,053,900
Other Operating Revenue:			
Regulated Services	6,501,576	11,172,500	8,486,500
Unregulated Services	38,199,150	27,165,276	26,835,600
TOTAL	44,700,726	38,337,776	35,322,100
Net Operating Revenue (NOR)			
Regulated Services	571,753,033	561,048,000	543,402,000
Unregulated Services	111,010,110	93,462,776	89,974,000
Total	682,763,143	654,510,776	633,376,000
Total Operating Expenses:			
Regulated Services	525,697,277	498,388,230	497,428,352
Total	668,599,780	630,868,676	623,937,000
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	42,045	39,610	39,398
Total	51,600	48,731	49,472
NPR per EIPA :			
Regulated Services	13,443.91	13,882.08	13,577.23
Total	12,365.52	12,644.46	12,088.65
NOR per EIPA :			
Regulated Services	13,598.54	14,164.14	13,792.63
Total	13,231.81	13,431.18	12,802.62
Operating Expenses per EIPA :			
Regulated Services	12,503.16	12,582.24	12,625.73
Total	12,957.33	12,946.02	12,611.83
Net Operating Profit (Loss):			
Regulated Services	46,055,756	62,659,770	45,973,648
Unregulated Services	-31,892,393	-39,017,670	-36,534,648
Total	14,163,363	23,642,100	9,439,000
Total Non-Operating Profit (Loss):	8,966,054	20,566,000	9,624,000
Non-Operating Revenue	8,966,054	20,566,000	8,204,000
Non-Operating Expenses	0	0	-1,420,000
Total Excess Profit	23,129,417	44,208,100	19,063,000
% Change in NPR per EIPA - Regulated	-3.16	2.25	0.62
% Change in NOR per EIPA - Regulated	-3.99	2.69	0.31
% Change in Oper. Expense per EIPA- Regulated	-0.63	-0.34	0.38
% Change in Net Operating Profit- Regulated	-26.50	36.29	-1.41
% Net Operating Profit of Regulated NOR	8.06	11.17	8.46
% Change in Net Operating Profit- Total	-40.09	150.47	-21.17
% Net Total Operating Profit of Total NOR	2.07	3.61	1.49
% Change in Total Excess Profit	-47.68	131.91	718.60
% Total Excess Profit of Total Revenue	3.34	6.55	2.97

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Southern Maryland Hospital Center

FISCAL YEAR ENDING	December 2012 -----	December 2011 -----	December 2010 -----
Gross Patient Revenue:			
Regulated Services	241,038,800	249,258,400	223,251,200
Unregulated Services	31,423,033	34,892,573	48,968,865
TOTAL	272,461,833	284,150,973	272,220,065
Net Patient Revenue (NPR):			
Regulated Services	199,310,186	208,612,308	186,636,112
Unregulated Services	13,200,279	13,438,473	19,793,385
TOTAL	212,510,465	222,050,781	206,429,497
Other Operating Revenue:			
Regulated Services	269,077	421,075	459,704
Unregulated Services	628,599	492,728	483,404
TOTAL	897,676	913,803	943,108
Net Operating Revenue (NOR)			
Regulated Services	199,579,263	209,033,383	187,095,816
Unregulated Services	13,828,878	13,931,201	20,276,789
Total	213,408,141	222,964,584	207,372,605
Total Operating Expenses:			
Regulated Services	193,980,843	198,573,862	178,386,000
Total	217,937,158	217,183,662	204,101,900
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	23,657	24,068	23,770
Total	26,575	27,310	28,739
NPR per EIPA :			
Regulated Services	8,424.99	8,667.45	7,851.91
Total	7,996.51	8,130.86	7,182.91
NOR per EIPA :			
Regulated Services	8,436.36	8,684.94	7,871.25
Total	8,030.29	8,164.32	7,215.72
Operating Expenses per EIPA :			
Regulated Services	8,199.71	8,250.37	7,504.82
Total	8,200.71	7,952.64	7,101.92
Net Operating Profit (Loss):			
Regulated Services	5,598,420	10,459,521	8,709,816
Unregulated Services	-10,127,437	-4,678,599	-5,439,111
Total	-4,529,017	5,780,922	3,270,705
Total Non-Operating Profit (Loss):	-154,429	27,600	121,913
Non-Operating Revenue	-154,429	27,600	121,913
Non-Operating Expenses	0	0	0
Total Excess Profit	-4,683,446	5,808,522	3,392,618
% Change in NPR per EIPA - Regulated	-2.80	10.39	-0.39
% Change in NOR per EIPA - Regulated	-2.86	10.34	-0.27
% Change in Oper. Expense per EIPA- Regulated	-0.61	9.93	-0.20
% Change in Net Operating Profit- Regulated	-46.48	20.09	-2.36
% Net Operating Profit of Regulated NOR	2.81	5.00	4.66
% Change in Net Operating Profit- Total	-178.34	76.75	22.55
% Net Total Operating Profit of Total NOR	-2.12	2.59	1.58
% Change in Total Excess Profit	-180.63	71.21	24.75
% Total Excess Profit of Total Revenue	-2.20	2.60	1.64

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Suburban Hospital

FISCAL YEAR ENDING	June 2012 -----	June 2011 -----	June 2010 -----
Gross Patient Revenue:			
Regulated Services	272,892,400	253,166,900	234,114,100
Unregulated Services	10,349,192	17,329,554	21,518,772
TOTAL	283,241,592	270,496,454	255,632,872
Net Patient Revenue (NPR):			
Regulated Services	229,323,220	217,988,385	201,587,614
Unregulated Services	7,363,073	14,264,942	16,006,327
TOTAL	236,686,293	232,253,327	217,593,940
Other Operating Revenue:			
Regulated Services	4,740,818	4,587,637	6,466,197
Unregulated Services	11,768,869	9,160,414	7,087,503
TOTAL	16,509,687	13,748,051	13,553,700
Net Operating Revenue (NOR)			
Regulated Services	234,064,038	222,576,022	208,053,811
Unregulated Services	19,131,942	23,425,356	23,093,830
Total	253,195,980	246,001,378	231,147,640
Total Operating Expenses:			
Regulated Services	216,882,253	208,508,731	198,393,041
Total	239,149,257	230,275,371	222,027,498
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	20,973	20,516	19,302
Total	21,768	21,921	21,076
NPR per EIPA :			
Regulated Services	10,934.19	10,625.20	10,443.99
Total	10,872.92	10,595.24	10,324.29
NOR per EIPA :			
Regulated Services	11,160.23	10,848.81	10,778.99
Total	11,631.34	11,222.42	10,967.38
Operating Expenses per EIPA :			
Regulated Services	10,341.00	10,163.14	10,278.48
Total	10,986.06	10,505.01	10,534.65
Net Operating Profit (Loss):			
Regulated Services	17,181,785	14,067,291	9,660,770
Unregulated Services	-3,135,062	1,658,716	-540,627
Total	14,046,723	15,726,007	9,120,142
Total Non-Operating Profit (Loss):	-2,603,825	5,903,537	-211,160
Non-Operating Revenue	-2,603,825	5,903,537	-211,200
Non-Operating Expenses	0	0	-40
Total Excess Profit	11,442,898	21,629,544	8,908,982
% Change in NPR per EIPA - Regulated	2.91	1.74	4.49
% Change in NOR per EIPA - Regulated	2.87	0.65	5.17
% Change in Oper. Expense per EIPA- Regulated	1.75	-1.12	4.83
% Change in Net Operating Profit- Regulated	22.14	45.61	9.31
% Net Operating Profit of Regulated NOR	7.34	6.32	4.64
% Change in Net Operating Profit- Total	-10.68	72.43	17.35
% Net Total Operating Profit of Total NOR	5.55	6.39	3.95
% Change in Total Excess Profit	-47.10	142.78	110.08
% Total Excess Profit of Total Revenue	4.57	8.59	3.86

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Union Hospital of Cecil County

FISCAL YEAR ENDING	June 2012 -----	June 2011 -----	June 2010 -----
Gross Patient Revenue:			
Regulated Services	148,428,400	137,717,900	126,899,200
Unregulated Services	36,898,300	33,392,400	28,374,200
TOTAL	185,326,700	171,110,300	155,273,400
Net Patient Revenue (NPR):			
Regulated Services	121,323,300	113,936,800	104,653,300
Unregulated Services	15,504,200	13,922,700	11,797,800
TOTAL	136,827,500	127,859,500	116,451,100
Other Operating Revenue:			
Regulated Services	618,900	829,400	1,432,600
Unregulated Services	1,916,900	1,882,900	1,890,700
TOTAL	2,535,800	2,712,300	3,323,300
Net Operating Revenue (NOR)			
Regulated Services	121,942,200	114,766,200	106,085,900
Unregulated Services	17,421,100	15,805,600	13,688,500
Total	139,363,300	130,571,800	119,774,400
Total Operating Expenses:			
Regulated Services	106,988,700	102,914,000	102,497,000
Total	134,374,600	126,141,700	121,769,100
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	13,309	13,899	15,251
Total	16,616	17,267	18,659
NPR per EIPA :			
Regulated Services	9,115.61	8,197.34	6,862.04
Total	8,234.81	7,404.65	6,241.05
NOR per EIPA :			
Regulated Services	9,162.11	8,257.01	6,955.97
Total	8,387.42	7,561.73	6,419.16
Operating Expenses per EIPA :			
Regulated Services	8,038.58	7,404.29	6,720.65
Total	8,087.18	7,305.17	6,526.07
Net Operating Profit (Loss):			
Regulated Services	14,953,500	11,852,200	3,588,900
Unregulated Services	-9,964,800	-7,422,100	-5,583,600
Total	4,988,700	4,430,100	-1,994,700
Total Non-Operating Profit (Loss):	-732,300	6,581,100	5,193,800
Non-Operating Revenue	-344,500	6,766,700	5,509,700
Non-Operating Expenses	387,800	185,600	315,900
Total Excess Profit	4,256,400	11,011,200	3,199,100
% Change in NPR per EIPA - Regulated	11.20	19.46	2.72
% Change in NOR per EIPA - Regulated	10.96	18.70	2.95
% Change in Oper. Expense per EIPA- Regulated	8.57	10.17	6.35
% Change in Net Operating Profit- Regulated	26.17	230.25	-47.95
% Net Operating Profit of Regulated NOR	12.26	10.33	3.38
% Change in Net Operating Profit- Total	12.61	322.09	-181.47
% Net Total Operating Profit of Total NOR	3.58	3.39	-1.67
% Change in Total Excess Profit	-61.34	244.20	157.98
% Total Excess Profit of Total Revenue	3.06	8.02	2.55

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Union Memorial Hospital

FISCAL YEAR ENDING	June 2012 -----	June 2011 -----	June 2010 -----
Gross Patient Revenue:			
Regulated Services	422,530,700	400,597,100	399,909,200
Unregulated Services	142,322,669	131,627,547	116,827,466
TOTAL	564,853,369	532,224,647	516,736,666
Net Patient Revenue (NPR):			
Regulated Services	339,127,630	337,555,155	336,918,166
Unregulated Services	48,461,245	47,056,844	42,816,999
TOTAL	387,588,875	384,611,999	379,735,165
Other Operating Revenue:			
Regulated Services	4,132,978	3,836,700	3,827,360
Unregulated Services	8,577,492	8,589,352	8,689,334
TOTAL	12,710,470	12,426,052	12,516,694
Net Operating Revenue (NOR)			
Regulated Services	343,260,608	341,391,855	340,745,526
Unregulated Services	57,038,737	55,646,196	51,506,333
Total	400,299,345	397,038,051	392,251,859
Total Operating Expenses:			
Regulated Services	311,843,852	302,554,958	311,343,631
Total	397,245,796	384,090,530	384,174,898
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	23,916	23,625	26,044
Total	27,496	26,942	29,813
NPR per EIPA :			
Regulated Services	14,179.75	14,287.85	12,936.47
Total	14,096.28	14,275.36	12,737.19
NOR per EIPA :			
Regulated Services	14,352.56	14,450.25	13,083.43
Total	14,558.55	14,736.57	13,157.03
Operating Expenses per EIPA :			
Regulated Services	13,038.95	12,806.38	11,954.50
Total	14,447.49	14,256.01	12,886.11
Net Operating Profit (Loss):			
Regulated Services	31,416,756	38,836,897	29,401,895
Unregulated Services	-28,363,207	-25,889,376	-21,324,934
Total	3,053,549	12,947,521	8,076,961
Total Non-Operating Profit (Loss):	1,030,745	8,426,792	6,635,897
Non-Operating Revenue	1,030,745	8,426,792	6,635,897
Non-Operating Expenses	0	0	0
Total Excess Profit	4,084,294	21,374,313	14,712,858
% Change in NPR per EIPA - Regulated	-0.76	10.45	-0.57
% Change in NOR per EIPA - Regulated	-0.68	10.45	-0.55
% Change in Oper. Expense per EIPA- Regulated	1.82	7.13	-0.47
% Change in Net Operating Profit- Regulated	-19.11	32.09	-5.41
% Net Operating Profit of Regulated NOR	9.15	11.38	8.63
% Change in Net Operating Profit- Total	-76.42	60.30	-21.77
% Net Total Operating Profit of Total NOR	0.76	3.26	2.06
% Change in Total Excess Profit	-80.89	45.28	115.70
% Total Excess Profit of Total Revenue	1.02	5.27	3.69



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University MIEMSS

FISCAL YEAR ENDING	June 2012 -----	June 2011 -----	June 2010 -----
Gross Patient Revenue:			
Regulated Services	181,819,200	180,648,800	164,471,100
Unregulated Services	3,046,000	3,453,000	1,852,000
TOTAL	184,865,200	184,101,800	166,323,100
Net Patient Revenue (NPR):			
Regulated Services	154,091,408	153,261,047	139,630,090
Unregulated Services	3,046,000	3,453,000	1,852,000
TOTAL	157,137,408	156,714,047	141,482,090
Other Operating Revenue:			
Regulated Services	3,263,000	3,201,000	3,174,900
Unregulated Services	0	0	0
TOTAL	3,263,000	3,201,000	3,174,900
Net Operating Revenue (NOR)			
Regulated Services	157,354,408	156,462,047	142,804,990
Unregulated Services	3,046,000	3,453,000	1,852,000
Total	160,400,408	159,915,047	144,656,990
Total Operating Expenses:			
Regulated Services	133,571,300	138,690,000	138,860,132
Total	140,164,000	144,828,400	144,925,632
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	8,862	8,516	8,185
Total	9,011	8,679	8,277
NPR per EIPA :			
Regulated Services	17,386.90	17,996.07	17,059.64
Total	17,438.45	18,056.39	17,093.43
NOR per EIPA :			
Regulated Services	17,755.08	18,371.94	17,447.54
Total	17,800.57	18,425.21	17,477.02
Operating Expenses per EIPA :			
Regulated Services	15,071.52	16,285.13	16,965.57
Total	15,554.82	16,686.94	17,509.47
Net Operating Profit (Loss):			
Regulated Services	23,783,108	17,772,047	3,944,858
Unregulated Services	-3,546,700	-2,685,400	-4,213,500
Total	20,236,408	15,086,647	-268,642
Total Non-Operating Profit (Loss):	1,500,000	1,966,000	1,966,000
Non-Operating Revenue	1,500,000	1,966,000	1,966,000
Non-Operating Expenses	0	0	0
Total Excess Profit	21,736,408	17,052,647	1,697,358
% Change in NPR per EIPA - Regulated	-3.39	5.49	3.67
% Change in NOR per EIPA - Regulated	-3.36	5.30	3.62
% Change in Oper. Expense per EIPA- Regulated	-7.45	-4.01	-8.13
% Change in Net Operating Profit- Regulated	33.82	350.51	131.78
% Net Operating Profit of Regulated NOR	15.11	11.36	2.76
% Change in Net Operating Profit- Total	34.13	5,715.90	98.37
% Net Total Operating Profit of Total NOR	12.62	9.43	-0.19
% Change in Total Excess Profit	27.47	904.66	109.13
% Total Excess Profit of Total Revenue	13.43	10.53	1.16

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University UMCC

FISCAL YEAR ENDING	June 2012 -----	June 2011 -----	June 2010 -----
Gross Patient Revenue:			
Regulated Services	59,320,800	50,120,400	55,208,300
Unregulated Services	0	0	9,771,000
TOTAL	59,320,800	50,120,400	64,979,300
Net Patient Revenue (NPR):			
Regulated Services	51,737,776	44,600,287	41,627,000
Unregulated Services	0	0	9,771,000
TOTAL	51,737,776	44,600,287	51,398,000
Other Operating Revenue:			
Regulated Services	94,000	105,000	179,000
Unregulated Services	0	0	0
TOTAL	94,000	105,000	179,000
Net Operating Revenue (NOR)			
Regulated Services	51,831,776	44,705,287	41,806,000
Unregulated Services	0	0	9,771,000
Total	51,831,776	44,705,287	51,577,000
Total Operating Expenses:			
Regulated Services	57,727,800	55,014,937	60,541,351
Total	58,704,000	56,140,037	64,165,651
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	3,415	3,236	2,369
Total	3,415	3,236	2,788
NPR per EIPA :			
Regulated Services	15,151.87	13,782.68	17,571.68
Total	15,151.87	13,782.68	18,433.75
NOR per EIPA :			
Regulated Services	15,179.39	13,815.13	17,647.24
Total	15,179.39	13,815.13	18,497.95
Operating Expenses per EIPA :			
Regulated Services	16,906.10	17,001.09	25,555.84
Total	17,191.99	17,348.78	23,012.83
Net Operating Profit (Loss):			
Regulated Services	-5,896,024	-10,309,650	-18,735,351
Unregulated Services	-976,200	-1,125,100	6,146,700
Total	-6,872,224	-11,434,750	-12,588,651
Total Non-Operating Profit (Loss):	349,202	138,758	806,000
Non-Operating Revenue	335,000	806,000	806,000
Non-Operating Expenses	-14,202	667,242	0
Total Excess Profit	-6,523,022	-11,295,992	-11,782,651
% Change in NPR per EIPA - Regulated	9.93	-21.56	9.97
% Change in NOR per EIPA - Regulated	9.88	-21.72	10.17
% Change in Oper. Expense per EIPA- Regulated	-0.56	-33.47	-0.06
% Change in Net Operating Profit- Regulated	42.81	44.97	24.06
% Net Operating Profit of Regulated NOR	-11.38	-23.06	-44.81
% Change in Net Operating Profit- Total	39.90	9.17	48.53
% Net Total Operating Profit of Total NOR	-13.26	-25.58	-24.41
% Change in Total Excess Profit	42.25	4.13	53.51
% Total Excess Profit of Total Revenue	-12.50	-24.82	-22.49

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University of Maryland Medical Center

FISCAL YEAR ENDING	June 2012 -----	June 2011 -----	June 2010 -----
Gross Patient Revenue:			
Regulated Services	1,179,258,000	1,113,137,000	1,013,735,200
Unregulated Services	11,002,797	10,663,168	12,184,643
TOTAL	1,190,260,797	1,123,800,168	1,025,919,843
Net Patient Revenue (NPR):			
Regulated Services	1,016,430,615	961,486,655	873,940,200
Unregulated Services	10,714,232	10,011,558	12,184,643
TOTAL	1,027,144,847	971,498,213	886,124,843
Other Operating Revenue:			
Regulated Services	13,102,329	13,823,963	15,132,348
Unregulated Services	38,305,671	36,846,037	31,308,809
TOTAL	51,408,000	50,670,000	46,441,157
Net Operating Revenue (NOR)			
Regulated Services	1,029,532,944	975,310,618	889,072,548
Unregulated Services	49,019,904	46,857,596	43,493,452
Total	1,078,552,847	1,022,168,213	932,566,000
Total Operating Expenses:			
Regulated Services	938,351,058	883,383,327	798,890,900
Total	1,019,533,500	946,953,900	860,378,007
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	37,591	39,823	37,747
Total	37,942	40,204	38,201
NPR per EIPA :			
Regulated Services	27,039.07	24,144.00	23,152.48
Total	27,071.50	24,163.92	23,196.47
NOR per EIPA :			
Regulated Services	27,387.61	24,491.13	23,553.37
Total	28,426.41	25,424.23	24,412.18
Operating Expenses per EIPA :			
Regulated Services	24,962.00	22,182.73	21,164.27
Total	26,870.90	23,553.43	22,522.48
Net Operating Profit (Loss):			
Regulated Services	91,181,886	91,927,290	90,181,648
Unregulated Services	-32,162,539	-16,712,977	-17,993,655
Total	59,019,347	75,214,313	72,187,993
Total Non-Operating Profit (Loss):	-114,569,797	61,751,700	-23,281,000
Non-Operating Revenue	0	58,857,000	-23,281,000
Non-Operating Expenses	114,569,797	-2,894,700	0
Total Excess Profit	-55,550,450	136,966,013	48,906,993
% Change in NPR per EIPA - Regulated	11.99	4.28	-0.26
% Change in NOR per EIPA - Regulated	11.83	3.98	-0.86
% Change in Oper. Expense per EIPA- Regulated	12.53	4.81	-1.75
% Change in Net Operating Profit- Regulated	-0.81	1.94	15.24
% Net Operating Profit of Regulated NOR	8.86	9.43	10.14
% Change in Net Operating Profit- Total	-21.53	4.19	13.57
% Net Total Operating Profit of Total NOR	5.47	7.36	7.74
% Change in Total Excess Profit	-140.56	180.05	502.05
% Total Excess Profit of Total Revenue	-5.15	12.67	5.38

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Upper Chesapeake Medical Center

FISCAL YEAR ENDING	December 2012 -----	December 2011 -----	December 2010 -----
Gross Patient Revenue:			
Regulated Services	283,588,000	259,833,100	226,352,700
Unregulated Services	310,400	273,900	182,400
TOTAL	283,898,400	260,107,000	226,535,100
Net Patient Revenue (NPR):			
Regulated Services	237,245,612	215,725,606	188,744,950
Unregulated Services	205,200	182,900	133,100
TOTAL	237,450,812	215,908,506	188,878,050
Other Operating Revenue:			
Regulated Services	1,355,018	1,336,000	922,400
Unregulated Services	6,192,982	2,403,000	2,356,600
TOTAL	7,548,000	3,739,000	3,279,000
Net Operating Revenue (NOR)			
Regulated Services	238,600,630	217,061,606	189,667,350
Unregulated Services	6,398,182	2,585,900	2,489,700
Total	244,998,812	219,647,506	192,157,050
Total Operating Expenses:			
Regulated Services	217,111,969	190,492,953	174,081,113
Total	225,852,000	198,755,260	181,321,000
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	25,594	23,305	23,493
Total	25,622	23,330	24,537
NPR per EIPA :			
Regulated Services	9,269.51	9,256.60	8,034.16
Total	9,267.39	9,254.69	7,697.80
NOR per EIPA :			
Regulated Services	9,322.46	9,313.93	8,073.43
Total	9,561.98	9,414.96	7,831.44
Operating Expenses per EIPA :			
Regulated Services	8,482.86	8,173.89	7,409.98
Total	8,814.70	8,519.44	7,389.81
Net Operating Profit (Loss):			
Regulated Services	21,488,661	26,568,653	15,586,237
Unregulated Services	-2,341,849	-5,676,407	-4,750,187
Total	19,146,812	20,892,246	10,836,050
Total Non-Operating Profit (Loss):	-3,602,000	-11,775,000	25,000
Non-Operating Revenue	471,000	0	80,000
Non-Operating Expenses	4,073,000	11,775,000	55,000
Total Excess Profit	15,544,812	9,117,246	10,861,050
% Change in NPR per EIPA - Regulated	0.14	15.22	4.05
% Change in NOR per EIPA - Regulated	0.09	15.37	4.07
% Change in Oper. Expense per EIPA- Regulated	3.78	10.31	4.83
% Change in Net Operating Profit- Regulated	-19.12	70.46	-6.67
% Net Operating Profit of Regulated NOR	9.01	12.24	8.22
% Change in Net Operating Profit- Total	-8.35	92.80	-17.43
% Net Total Operating Profit of Total NOR	7.82	9.51	5.64
% Change in Total Excess Profit	70.50	-16.06	-70.33
% Total Excess Profit of Total Revenue	6.33	4.15	5.65

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Washington Adventist Hospital

FISCAL YEAR ENDING	December 2012 -----	December 2011 -----	December 2010 -----
Gross Patient Revenue:			
Regulated Services	260,716,100	270,695,934	265,356,838
Unregulated Services	685,558	574,096	707,851
TOTAL	261,401,658	271,270,030	266,064,689
Net Patient Revenue (NPR):			
Regulated Services	203,900,463	219,464,572	225,153,003
Unregulated Services	682,387	569,563	704,397
TOTAL	204,582,850	220,034,135	225,857,400
Other Operating Revenue:			
Regulated Services	2,588,088	2,648,701	2,644,614
Unregulated Services	3,107,623	2,316,834	2,195,607
TOTAL	5,695,711	4,965,535	4,840,221
Net Operating Revenue (NOR)			
Regulated Services	206,488,551	222,113,273	227,797,617
Unregulated Services	3,790,010	2,886,397	2,900,004
Total	210,278,561	224,999,670	230,697,621
Total Operating Expenses:			
Regulated Services	203,178,114	218,674,356	222,235,425
Total	216,661,910	222,513,029	226,640,112
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	19,124	19,309	20,602
Total	19,175	19,321	20,628
NPR per EIPA :			
Regulated Services	10,661.77	11,365.70	10,928.84
Total	10,669.39	11,388.47	10,949.24
NOR per EIPA :			
Regulated Services	10,797.10	11,502.87	11,057.21
Total	10,966.44	11,645.48	11,183.88
Operating Expenses per EIPA :			
Regulated Services	10,624.00	11,324.77	10,787.22
Total	11,299.34	11,516.78	10,987.18
Net Operating Profit (Loss):			
Regulated Services	3,310,437	3,438,917	5,562,192
Unregulated Services	-9,693,786	-952,276	-1,504,684
Total	-6,383,349	2,486,641	4,057,509
Total Non-Operating Profit (Loss):	-1,012,274	-427,994	485,679
Non-Operating Revenue	-506,403	-427,994	485,679
Non-Operating Expenses	505,871	0	0
Total Excess Profit	-7,395,623	2,058,647	4,543,188
% Change in NPR per EIPA - Regulated	-6.19	4.00	7.67
% Change in NOR per EIPA - Regulated	-6.14	4.03	7.76
% Change in Oper. Expense per EIPA- Regulated	-6.19	4.98	4.86
% Change in Net Operating Profit- Regulated	-3.74	-38.17	1,044.08
% Net Operating Profit of Regulated NOR	1.60	1.55	2.44
% Change in Net Operating Profit- Total	-356.71	-38.72	355.39
% Net Total Operating Profit of Total NOR	-3.04	1.11	1.76
% Change in Total Excess Profit	-459.25	-54.69	373.70
% Total Excess Profit of Total Revenue	-3.53	0.92	1.97

HEALTH SERVICES COST REVIEW COMMISSION  
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Western Maryland Regional M. C.

FISCAL YEAR ENDING	June 2012 -----	June 2011 -----	June 2010 -----
Gross Patient Revenue:			
Regulated Services	308,555,800	304,982,500	278,853,100
Unregulated Services	57,610,800	51,910,900	44,033,100
TOTAL	366,166,600	356,893,400	322,886,200
Net Patient Revenue (NPR):			
Regulated Services	239,944,900	247,155,600	234,206,000
Unregulated Services	43,571,300	38,269,700	31,556,000
TOTAL	283,516,200	285,425,300	265,762,000
Other Operating Revenue:			
Regulated Services	2,672,900	2,277,300	1,494,700
Unregulated Services	2,376,100	2,623,100	3,033,700
TOTAL	5,049,000	4,900,400	4,528,400
Net Operating Revenue (NOR)			
Regulated Services	242,617,800	249,432,900	235,700,700
Unregulated Services	45,947,400	40,892,800	34,589,700
Total	288,565,200	290,325,700	270,290,400
Total Operating Expenses:			
Regulated Services	240,958,708	234,036,619	232,833,577
Total	298,432,900	287,495,800	275,300,600
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	24,458	25,965	26,550
Total	28,015	29,329	29,499
NPR per EIPA :			
Regulated Services	9,810.36	9,518.94	8,821.26
Total	10,120.15	9,731.76	9,009.28
NOR per EIPA :			
Regulated Services	9,919.64	9,606.65	8,877.56
Total	10,300.38	9,898.84	9,162.79
Operating Expenses per EIPA :			
Regulated Services	9,851.81	9,013.68	8,769.57
Total	10,652.61	9,802.36	9,332.64
Net Operating Profit (Loss):			
Regulated Services	1,659,092	15,396,281	2,867,123
Unregulated Services	-11,526,792	-12,566,381	-7,877,323
Total	-9,867,700	2,829,900	-5,010,200
Total Non-Operating Profit (Loss):	8,144,000	8,160,100	6,751,000
Non-Operating Revenue	8,144,000	8,160,100	6,751,000
Non-Operating Expenses	0	0	0
Total Excess Profit	-1,723,700	10,990,000	1,740,800
% Change in NPR per EIPA - Regulated	3.06	7.91	.
% Change in NOR per EIPA - Regulated	3.26	8.21	.
% Change in Oper. Expense per EIPA- Regulated	9.30	2.78	.
% Change in Net Operating Profit- Regulated	-89.22	436.99	.
% Net Operating Profit of Regulated NOR	0.68	6.17	1.22
% Change in Net Operating Profit- Total	-448.69	156.48	.
% Net Total Operating Profit of Total NOR	-3.42	0.97	-1.85
% Change in Total Excess Profit	-115.68	531.32	.
% Total Excess Profit of Total Revenue	-0.58	3.68	0.63

HEALTH SERVICES COST REVIEW COMMISSION  
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Bowie Emergency Center

FISCAL YEAR ENDING	June 2012		
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Gross Patient Revenue:			
Regulated Services	11,999,900	0	0
Unregulated Services	18,286,174	0	0
TOTAL	30,286,074	0	0
Net Patient Revenue (NPR):			
Regulated Services	8,676,283	0	0
Unregulated Services	7,121,389	0	0
TOTAL	15,797,672	0	0
Other Operating Revenue:			
Regulated Services	13,057	0	0
Unregulated Services	0	0	0
TOTAL	13,057	0	0
Net Operating Revenue (NOR)			
Regulated Services	8,689,340	0	0
Unregulated Services	7,121,389	0	0
Total	15,810,729	0	0
Total Operating Expenses:			
Regulated Services	9,256,547	0	0
Total	16,353,968	0	0
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	.	0	0
Total	.	0	0
NPR per EIPA :			
Regulated Services	.	0.00	0.00
Total	.	0.00	0.00
NOR per EIPA :			
Regulated Services	.	0.00	0.00
Total	.	0.00	0.00
Operating Expenses per EIPA :			
Regulated Services	.	0.00	0.00
Total	.	0.00	0.00
Net Operating Profit (Loss):			
Regulated Services	-567,207	0	0
Unregulated Services	23,968	0	0
Total	-543,239	0	0
Total Non-Operating Profit (Loss):	0	0	0
Non-Operating Revenue	0	0	0
Non-Operating Expenses	0	0	0
Total Excess Profit	-543,239	0	0
% Change in NPR per EIPA - Regulated	.	.	.
% Change in NOR per EIPA - Regulated	.	.	.
% Change in Oper. Expense per EIPA- Regulated	.	.	.
% Change in Net Operating Profit- Regulated	.	.	.
% Net Operating Profit of Regulated NOR	-6.53	0.00	0.00
% Change in Net Operating Profit- Total	.	.	.
% Net Total Operating Profit of Total NOR	-3.44	0.00	0.00
% Change in Total Excess Profit	.	.	.
% Total Excess Profit of Total Revenue	-3.44	0.00	0.00

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Germantown Emergency Center

FISCAL YEAR ENDING	June 2012	June 2011	-----
Gross Patient Revenue:			
Regulated Services	14,429,600	6,672,043	0
Unregulated Services	0	7,518,602	0
TOTAL	14,429,600	14,190,645	0
Net Patient Revenue (NPR):			
Regulated Services	10,350,133	5,041,441	0
Unregulated Services	0	5,285,409	0
TOTAL	10,350,133	10,326,850	0
Other Operating Revenue:			
Regulated Services	20,575	139,408	0
Unregulated Services	0	399,559	0
TOTAL	20,575	538,967	0
Net Operating Revenue (NOR)			
Regulated Services	10,370,708	5,180,849	0
Unregulated Services	0	5,684,968	0
Total	10,370,708	10,865,817	0
Total Operating Expenses:			
Regulated Services	10,402,573	5,408,998	0
Total	10,758,951	11,209,023	0
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	.	.	0
Total	.	.	0
NPR per EIPA :			
Regulated Services	.	.	0.00
Total	.	.	0.00
NOR per EIPA :			
Regulated Services	.	.	0.00
Total	.	.	0.00
Operating Expenses per EIPA :			
Regulated Services	.	.	0.00
Total	.	.	0.00
Net Operating Profit (Loss):			
Regulated Services	-31,865	-228,149	0
Unregulated Services	-356,378	-115,057	0
Total	-388,243	-343,206	0
Total Non-Operating Profit (Loss):	-338,377	-266,355	0
Non-Operating Revenue	-338,377	-266,355	0
Non-Operating Expenses	0	0	0
Total Excess Profit	-726,620	-609,561	0
% Change in NPR per EIPA - Regulated	.	.	.
% Change in NOR per EIPA - Regulated	.	.	.
% Change in Oper. Expense per EIPA- Regulated	.	.	.
% Change in Net Operating Profit- Regulated	86.03	.	.
% Net Operating Profit of Regulated NOR	-0.31	-4.40	0.00
% Change in Net Operating Profit- Total	-13.12	.	.
% Net Total Operating Profit of Total NOR	-3.74	-3.16	0.00
% Change in Total Excess Profit	-19.20	.	.
% Total Excess Profit of Total Revenue	-7.24	-5.75	0.00



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Queen Annes Emergency Center

FISCAL YEAR ENDING	June 2012	June 2011	-----
Gross Patient Revenue:			
Regulated Services	5,262,800	3,118,500	0
Unregulated Services	0	0	0
TOTAL	5,262,800	3,118,500	0
Net Patient Revenue (NPR):			
Regulated Services	4,141,820	2,863,559	0
Unregulated Services	0	0	0
TOTAL	4,141,820	2,863,559	0
Other Operating Revenue:			
Regulated Services	-1	0	0
Unregulated Services	1	0	0
TOTAL	0	0	0
Net Operating Revenue (NOR)			
Regulated Services	4,141,819	2,863,559	0
Unregulated Services	1	0	0
Total	4,141,820	2,863,559	0
Total Operating Expenses:			
Regulated Services	5,951,191	5,051,791	0
Total	5,951,191	5,051,791	0
Equivalent Inpatient ADMs (EIPA):			
Regulated Services	.	.	0
Total	.	.	0
NPR per EIPA :			
Regulated Services	.	.	0.00
Total	.	.	0.00
NOR per EIPA :			
Regulated Services	.	.	0.00
Total	.	.	0.00
Operating Expenses per EIPA :			
Regulated Services	.	.	0.00
Total	.	.	0.00
Net Operating Profit (Loss):			
Regulated Services	-1,809,372	-2,188,232	0
Unregulated Services	1	0	0
Total	-1,809,371	-2,188,232	0
Total Non-Operating Profit (Loss):	-116,436	0	0
Non-Operating Revenue	-116,436	0	0
Non-Operating Expenses	0	0	0
Total Excess Profit	-1,925,807	-2,188,232	0
% Change in NPR per EIPA - Regulated	.	.	.
% Change in NOR per EIPA - Regulated	.	.	.
% Change in Oper. Expense per EIPA- Regulated	.	.	.
% Change in Net Operating Profit- Regulated	17.31	.	.
% Net Operating Profit of Regulated NOR	-43.69	-76.42	0.00
% Change in Net Operating Profit- Total	17.31	.	.
% Net Total Operating Profit of Total NOR	-43.69	-76.42	0.00
% Change in Total Excess Profit	11.99	.	.
% Total Excess Profit of Total Revenue	-47.84	-76.42	0.00

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**ALL SPECIALTY HOSPITALS**

FISCAL YEAR ENDING	YEAR 2012	YEAR 2011	YEAR 2010
Gross Patient Revenue	393,606,336	361,591,178	390,881,594
Net Patient Revenue (NPR)	318,734,693	312,426,693	307,941,409
Other Operating Revenue	3,403,284	2,783,217	1,745,054
Net Operating Revenue (NOR)	322,137,977	315,209,910	309,686,463
Operating Expenses	327,855,359	309,571,662	305,951,473
Inpatient Admissions (IPAs)	18,982	17,040	17,203
Equivalent Inpatient Admissions (EIPAs)	20,867	18,741	18,627
NPR per EIPA	15,274.58	16,670.76	16,532.19
Operating Expenses per EIPA	15,711.67	16,518.42	16,425.35
Net Operating Profit (Loss)	(5,717,381)	5,638,447	3,734,990
Total Non-Operating Profit (Loss)	(6,174,191)	6,684,143	2,064,311
Total Excess Profits (Loss)	(11,891,572)	12,322,590	5,799,301
% Change in NPR per EIPA	(8.38)	0.84	(1.30)
% Change in Cost per EIPA	(4.88)	0.57	(1.60)

**Adventist Behavioral Health-Rockville**

FISCAL YEAR ENDING	YEAR 2012	YEAR 2011	YEAR 2010
Gross Patient Revenue	31,489,200	2,694,020	26,626,700
Net Patient Revenue (NPR)	26,042,739	20,674,928	18,801,800
Other Operating Revenue	165,419	441,800	216,300
Net Operating Revenue (NOR)	26,208,158	21,116,728	19,018,100
Operating Expenses	23,105,596	21,607,012	21,168,800
Inpatient Admissions (IPAs)	2,738	2,515	2,825
Equivalent Inpatient Admissions (EIPAs)	3,028	2,833	3,021
NPR per EIPA	8,600.64	7,297.89	6,223.70
Operating Expenses per EIPA	7,630.65	7,626.90	7,007.22
Net Operating Profit (Loss)	3,102,562	(490,284)	(2,150,700)
Total Non-Operating Profit (Loss)	(2,598,512)	(3,285,688)	(2,292,000)
Total Excess Profits (Loss)	504,050	(3,775,972)	(4,442,700)
% Change in NPR per EIPA	17.85	17.26	(8.73)
% Change in Cost per EIPA	0.05	8.84	3.37

**HEALTH SERVICES COST REVIEW COMMISSION  
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA  
FISCAL YEAR 2012-2010**

Adventist Rehab Hospital of MD.

FISCAL YEAR ENDING	YEAR 2012	YEAR 2011	YEAR 2010
Gross Patient Revenue	51,233,400	46,328,071	43,607,400
Net Patient Revenue (NPR)	28,199,348	27,408,865	24,850,800
Other Operating Revenue	186,348	251,896	130,100
Net Operating Revenue (NOR)	28,385,696	27,660,761	24,980,900
Operating Expenses	29,121,717	27,960,206	26,033,300
Inpatient Admissions (IPAs)	1,581	1,597	1,631
Equivalent Inpatient Admissions (EIPAs)	1,581	1,619	1,631
NPR per EIPA	17,836.40	16,929.50	15,236.54
Operating Expenses per EIPA	18,419.81	17,270.05	15,961.56
Net Operating Profit (Loss)	(736,021)	(299,445)	(1,052,400)
Total Non-Operating Profit (Loss)	3,854,931	2,834,829	3,267,800
Total Excess Profits (Loss)	3,118,910	2,535,384	2,215,400
% Change in NPR per EIPA	5.36	11.11	26.88
% Change in Cost per EIPA	6.66	8.20	3.32

Brook Lane Health Services

FISCAL YEAR ENDING	YEAR 2012	YEAR 2011	YEAR 2010
Gross Patient Revenue	14,051,500	12,241,600	11,633,300
Net Patient Revenue (NPR)	11,264,200	9,771,500	9,286,000
Other Operating Revenue	161,300	143,300	142,100
Net Operating Revenue (NOR)	11,425,500	9,914,800	9,428,100
Operating Expenses	12,618,800	11,091,700	10,708,100
Inpatient Admissions (IPAs)	1,973	1,694	1,664
Equivalent Inpatient Admissions (EIPAs)	2,100	1,805	1,772
NPR per EIPA	5,363.90	5,413.57	5,239.94
Operating Expenses per EIPA	6,008.95	6,144.99	6,042.41
Net Operating Profit (Loss)	(1,193,300)	(1,176,900)	(1,280,000)
Total Non-Operating Profit (Loss)	2,674,000	2,591,000	1,913,000
Total Excess Profits (Loss)	1,480,700	1,414,100	633,000
% Change in NPR per EIPA	(0.92)	3.31	(3.20)
% Change in Cost per EIPA	(2.21)	1.70	(8.51)

**HEALTH SERVICES COST REVIEW COMMISSION  
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA  
FISCAL YEAR 2012-2010**

Adventist Behavioral Health - Eastern Shore

FISCAL YEAR ENDING	YEAR 2012	YEAR 2011	YEAR 2010
Gross Patient Revenue	2,457,650	2,498,500	2,608,700
Net Patient Revenue (NPR)	2,101,900	2,241,665	2,316,166
Other Operating Revenue	0	0	0
Net Operating Revenue (NOR)	2,101,900	2,241,665	2,316,166
Operating Expenses	1,000,156	905,530	808,787
Inpatient Admissions (IPAs)	304	342	300
Equivalent Inpatient Admissions (EIPAs)	304	342	300
NPR per EIPA	6,914.14	6,554.58	7,720.55
Operating Expenses per EIPA	3,289.99	2,647.75	2,695.96
Net Operating Profit (Loss)	1,101,744	1,336,135	1,507,379
Total Non-Operating Profit (Loss)	0	0	0
Total Excess Profits (Loss)	1,101,744	1,336,135	1,507,379
% Change in NPR per EIPA	5.49	(15.10)	(5.89)
% Change in Cost per EIPA	24.26	(1.79)	(21.91)

Levindale Hospital

FISCAL YEAR ENDING	YEAR 2012	YEAR 2011	YEAR 2010
Gross Patient Revenue	52,498,900	57,501,400	64,879,000
Net Patient Revenue (NPR)	49,039,494	47,973,225	55,675,331
Other Operating Revenue	1,990,000	1,415,500	861,100
Net Operating Revenue (NOR)	51,029,494	49,388,725	56,536,431
Operating Expenses	43,340,924	47,759,942	52,289,889
Inpatient Admissions (IPAs)	1,578	893	688
Equivalent Inpatient Admissions (EIPAs)	1,686	949	721
NPR per EIPA	29,086.30	50,551.34	77,261.13
Operating Expenses per EIPA	25,706.36	50,326.60	72,563.12
Net Operating Profit (Loss)	7,688,570	1,628,783	4,246,542
Total Non-Operating Profit (Loss)	(7,177,520)	(320,823)	(3,669,778)
Total Excess Profits (Loss)	511,050	1,307,960	576,764
% Change in NPR per EIPA	(42.46)	(34.57)	0.36
% Change in Cost per EIPA	(48.92)	(30.64)	9.09

\* NOTE: FY 2005 Regulated Service Only

**HEALTH SERVICES COST REVIEW COMMISSION  
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA  
FISCAL YEAR 2012-2010**

Mt. Washington Pediatric Hospital  
FISCAL YEAR ENDING

	YEAR 2012	YEAR 2011	YEAR 2010
Gross Patient Revenue	49,446,660	49,553,000	50,283,400
Net Patient Revenue (NPR)	45,713,951	47,647,556	45,298,185
Other Operating Revenue	444,185	291,981	76,487
Net Operating Revenue (NOR)	46,158,136	47,939,537	45,374,671
Operating Expenses	40,690,987	40,908,322	40,274,313
Inpatient Admissions (IPAs)	691	727	737
Equivalent Inpatient Admissions (EIPAs)	897	912	863
NPR per EIPA	50,963.16	52,245.13	52,489.21
Operating Expenses per EIPA	45,363.42	44,855.62	46,667.80
Net Operating Profit (Loss)	5,467,150	7,031,414	5,100,358
Total Non-Operating Profit (Loss)	(3,419,721)	2,662,067	(537,249)
Total Excess Profits (Loss)	2,047,429	9,693,481	4,563,109
% Change in NPR per EIPA	(2.45)	(0.47)	6.80
% Change in Cost per EIPA	1.13	(3.88)	6.84

Sheppard Pratt Hospital

FISCAL YEAR ENDING	YEAR 2012	YEAR 2011	YEAR 2010
Gross Patient Revenue	140,136,100	126,921,400	126,018,300
Net Patient Revenue (NPR)	111,243,237	103,073,206	97,548,922
Other Operating Revenue	206,952	195,481	89,612
Net Operating Revenue (NOR)	111,450,189	103,268,687	97,638,534
Operating Expenses	108,750,802	101,940,810	96,959,410
Inpatient Admissions (IPAs)	9,389	8,294	8,397
Equivalent Inpatient Admissions (EIPAs)	10,392	9,151	9,267
NPR per EIPA	10,704.70	11,263.60	10,526.01
Operating Expenses per EIPA	10,464.86	11,139.85	10,462.40
Net Operating Profit (Loss)	2,699,387	1,327,877	679,124
Total Non-Operating Profit (Loss)	(41,437)	4,432,073	4,403,502
Total Excess Profits (Loss)	2,657,950	5,759,950	5,082,626
% Change in NPR per EIPA	(4.96)	7.01	0.06
% Change in Cost per EIPA	(6.06)	6.48	(1.81)

**HEALTH SERVICES COST REVIEW COMMISSION  
DISCLOSURE OF HOSPITAL FINANCIAL AND STATISTICAL DATA  
FISCAL YEAR 2012-2010**

St. Luke Institute

FISCAL YEAR ENDING	YEAR 2012	YEAR 2011	YEAR 2010
Gross Patient Revenue	6,213,526	6,066,087	5,707,394
Net Patient Revenue (NPR)	6,171,824	5,486,648	5,345,816
Other Operating Revenue	249,127	57,729	110,458
Net Operating Revenue (NOR)	6,420,951	5,544,377	5,456,274
Operating Expenses	7,420,561	7,075,807	7,177,979
Inpatient Admissions (IPAs)	83	68	70
Equivalent Inpatient Admissions (EIPAs)	92	72	74
NPR per EIPA	67,085.04	76,203.44	72,240.76
Operating Expenses per EIPA	80,658.27	98,275.10	96,999.72
Net Operating Profit (Loss)	(999,610)	(1,531,430)	(1,721,705)
Total Non-Operating Profit (Loss)	2,997,905	(1,197,018)	(1,197,018)
Total Excess Profits (Loss)	1,998,295	(2,728,448)	(2,918,723)
% Change in NPR per EIPA	(11.97)	5.49	20.73
% Change in Cost per EIPA	(17.93)	1.31	43.39

University Specialty Hospital

FISCAL YEAR ENDING	YEAR 2012	YEAR 2011	YEAR 2010
Gross Patient Revenue	46,079,400	57,787,100	59,517,400
Net Patient Revenue (NPR)	38,958,000	48,149,100	48,818,390
Other Operating Revenue	(47)	(14,470)	118,898
Net Operating Revenue (NOR)	38,957,953	48,134,630	48,937,287
Operating Expenses	61,805,816	50,322,333	50,530,895
Inpatient Admissions (IPAs)	645	910	891
Equivalent Inpatient Admissions (EIPAs)	787	1,058	978
NPR per EIPA	49,501.91	45,509.55	49,937.17
Operating Expenses per EIPA	78,533.44	47,563.64	51,688.92
Net Operating Profit (Loss)	(22,847,863)	(2,187,703)	(1,593,607)
Total Non-Operating Profit (Loss)	(2,463,837)	(1,032,297)	176,054
Total Excess Profits (Loss)	(25,311,700)	(3,220,000)	(1,417,554)
% Change in NPR per EIPA	8.77	(8.87)	(2.55)
% Change in Cost per EIPA	65.11	(7.98)	(6.23)

**CHANGE IN COST PER EQUIVALANT ADMISSION(EIPA): EXHIBIT I-a**  
**REGULATED OPERATIONS**  
*Listed by Alphabetical Order*

Hospital	2011				2012				% (\$) Change
	Admis- sions	EIPAs	Operating Expenses	Expense per EIPA	Admis- sions	EIPAs	Operating Expenses	Expense per EIPA	
All Acute Hospitals	662,386	1,018,057	11,158,496,980	10,960.58	638,274	1,024,332	11,649,000,119	11,372.29	3.8%
Anne Arundel Medical Center	25,266	41,134	371,871,480	9,040.48	28,014	46,016	421,842,523	9,167.26	1.4%
Atlantic General Hospital	4,011	8,602	65,558,492	7,621.08	3,054	7,616	69,630,609	9,142.09	20.0%
Baltimore Washington Medical Center	18,608	29,727	281,461,913	9,468.37	18,543	30,546	301,328,290	9,864.73	4.2%
Bon Secours Hospital	7,203	10,810	92,723,485	8,577.22	6,579	10,238	90,614,221	8,851.01	3.2%
Calvert Memorial Hospital	7,555	14,469	101,658,343	7,026.04	7,405	14,608	105,451,118	7,218.80	2.7%
Carroll County General Hospital	14,339	20,643	161,836,399	7,839.62	12,276	21,220	182,701,684	8,609.99	9.8%
Chester River Hospital	2,787	5,495	49,886,918	9,079.30	2,666	5,527	50,318,541	9,103.32	0.3%
Civista Medical Center	7,835	12,619	92,856,943	7,358.36	7,083	12,406	94,890,378	7,648.61	3.9%
Doctors Community Hospital	13,147	20,349	174,216,209	8,561.47	12,052	18,526	170,336,837	9,194.41	7.4%
Dorchester General Hospital	3,454	6,169	41,944,947	6,799.25	2,844	5,903	40,439,854	6,850.91	0.8%
Fort Washington Medical Center	2,393	5,298	37,259,013	7,033.04	2,185	5,727	37,600,240	6,565.97	( 6.6%)
Franklin Square Hospital Center	21,950	34,758	340,668,797	9,801.06	22,145	36,473	363,245,385	9,959.30	1.6%
Frederick Memorial Hospital	19,738	31,149	249,564,558	8,011.89	19,107	31,289	263,435,625	8,419.39	5.1%
Garrett County Memorial Hospital	2,449	4,705	30,293,633	6,438.43	2,177	4,440	31,978,077	7,202.81	11.9%
Good Samaritan Hospital	15,310	22,357	235,303,147	10,525.02	14,948	22,529	232,260,097	10,309.57	( 2.0%)
Greater Baltimore Medical Center	19,629	35,457	336,781,695	9,498.19	18,386	34,455	339,031,966	9,839.77	3.6%
Harbor Hospital Center	10,677	15,536	156,221,586	10,055.22	10,096	14,942	166,965,434	11,173.92	11.1%
Harford Memorial Hospital	5,566	10,041	77,961,016	7,764.04	5,132	10,561	80,495,251	7,622.00	( 1.8%)
Holy Cross Hospital	29,042	39,880	326,261,891	8,181.02	27,918	39,200	325,133,202	8,294.20	1.4%
Howard County General Hospital	16,083	24,924	205,527,459	8,246.30	15,680	25,220	210,259,612	8,337.11	1.1%
James Lawrence Kernan Hospital	3,286	5,250	87,246,523	16,616.81	3,465	5,643	95,494,655	16,923.72	1.8%
Johns Hopkins Bayview Medical Center	22,234	34,562	428,009,429	12,383.71	21,903	35,261	453,372,164	12,857.62	3.8%
Johns Hopkins Hospital	46,459	70,010	1,477,115,734	21,098.50	47,047	72,575	1,560,026,965	21,495.44	1.9%
Laurel Regional Hospital	5,663	9,477	87,305,281	9,212.72	5,630	8,850	96,874,582	10,946.43	18.8%
Maryland General Hospital	9,700	13,553	136,759,389	10,090.94	8,870	13,404	144,339,647	10,768.50	6.7%
McCready Hospital	540	1,542	12,842,513	8,330.16	399	1,355	13,816,498	10,199.63	22.4%
Memorial Hospital at Easton	9,436	16,228	140,221,608	8,640.91	8,313	16,087	141,357,659	8,787.25	1.7%
Mercy Medical Center	17,637	33,407	341,721,164	10,229.12	16,740	32,987	372,534,729	11,293.47	10.4%
Meritus Medical Center	16,219	25,377	228,333,405	8,997.66	15,558	25,130	247,646,762	9,854.62	9.5%

**CHANGE IN COST PER EQUIVALANT ADMISSION(EIPA): EXHIBIT I-a**  
**REGULATED OPERATIONS**  
*Listed by Alphabetical Order*

Hospital	2011				2012				% (\$) Change
	Admis- sions	EIPAs	Operating Expenses	Expense per EIPA	Admis- sions	EIPAs	Operating Expenses	Expense per EIPA	
Montgomery General Hospital	9,936	15,450	119,548,593	7,737.70	9,247	15,804	124,575,881	7,882.42	1.9%
Northwest Hospital Center	13,385	21,539	170,174,366	7,900.84	13,666	22,557	178,234,237	7,901.46	0.0%
Peninsula Regional Medical Center	21,217	31,681	304,199,081	9,601.88	19,139	31,130	309,515,853	9,942.79	3.6%
Prince Georges' Hospital Center	13,040	16,957	212,877,166	12,553.88	11,365	15,237	203,825,149	13,377.34	6.6%
Saint Agnes Hospital	19,599	28,884	278,581,383	9,644.86	19,122	29,848	286,983,653	9,614.96	( 0.3%)
Saint Josephs Medical Center	16,822	26,720	293,587,390	10,987.39	16,217	25,988	286,684,281	11,031.59	0.4%
Saint Mary's Hospital	7,857	16,151	96,751,142	5,990.40	7,581	16,444	106,515,296	6,477.40	8.1%
Shady Grove Adventist Hospital	21,096	31,475	282,132,916	8,963.71	21,112	33,685	277,340,979	8,233.35	( 8.1%)
Sinai Hospital of Baltimore	26,157	39,610	498,388,230	12,582.24	27,229	42,045	525,697,277	12,503.16	( 0.6%)
Southern Maryland Hospital Center	17,010	24,068	198,573,862	8,250.37	15,272	23,657	193,980,843	8,199.71	( 0.6%)
Suburban Hospital	14,217	20,516	208,508,731	10,163.14	14,172	20,973	216,882,253	10,341.00	1.8%
Union Hospital of Cecil County	7,032	13,899	102,914,000	7,404.29	6,347	13,309	106,988,700	8,038.58	8.6%
Union Memorial Hospital	14,980	23,625	302,554,958	12,806.38	14,914	23,916	311,843,852	13,038.95	1.8%
University MIEMSS	7,902	8,516	138,690,000	16,285.13	8,106	8,862	133,571,300	15,071.52	( 7.5%)
University UMCC	1,397	3,236	55,014,937	17,001.09	1,534	3,415	57,727,800	16,906.10	( 0.6%)
University of Maryland Medical Center	29,188	39,823	883,383,327	22,182.73	27,143	37,591	938,351,058	24,962.00	12.5%
Upper Chesapeake Medical Center	13,486	23,305	190,492,953	8,173.89	12,968	25,594	217,111,969	8,482.86	3.8%
Washington Adventist Hospital	14,328	19,309	218,674,356	11,324.77	13,111	19,124	203,178,114	10,624.00	( 6.2%)
Western Maryland Regional M. C.	15,521	25,965	234,036,619	9,013.68	13,814	24,458	240,958,708	9,851.81	9.3%



**CHANGE IN COST PER EQUIVALANT ADMISSION(EIPA): EXHIBIT I-b**  
**REGULATED OPERATIONS**  
*Listed by Percentage Change of Cost per EIPA*

Hospital	2011				2012				% (\$) Change
	Admis- sions	EIPAs	Operating Expenses	Expense per EIPA	Admis- sions	EIPAs	Operating Expenses	Expense per EIPA	
McCready Hospital	540	1,542	12,842,513	8,330.16	399	1,355	13,816,498	10,199.63	22.4%
Atlantic General Hospital	4,011	8,602	65,558,492	7,621.08	3,054	7,616	69,630,609	9,142.09	20.0%
Laurel Regional Hospital	5,663	9,477	87,305,281	9,212.72	5,630	8,850	96,874,582	10,946.43	18.8%
University of Maryland Medical Center	29,188	39,823	883,383,327	22,182.73	27,143	37,591	938,351,058	24,962.00	12.5%
Garrett County Memorial Hospital	2,449	4,705	30,293,633	6,438.43	2,177	4,440	31,978,077	7,202.81	11.9%
Harbor Hospital Center	10,677	15,536	156,221,586	10,055.22	10,096	14,942	166,965,434	11,173.92	11.1%
Mercy Medical Center	17,637	33,407	341,721,164	10,229.12	16,740	32,987	372,534,729	11,293.47	10.4%
Carroll County General Hospital	14,339	20,643	161,836,399	7,839.62	12,276	21,220	182,701,684	8,609.99	9.8%
Meritus Medical Center	16,219	25,377	228,333,405	8,997.66	15,558	25,130	247,646,762	9,854.62	9.5%
Western Maryland Regional M. C.	15,521	25,965	234,036,619	9,013.68	13,814	24,458	240,958,708	9,851.81	9.3%
Union Hospital of Cecil County	7,032	13,899	102,914,000	7,404.29	6,347	13,309	106,988,700	8,038.58	8.6%
Saint Mary's Hospital	7,857	16,151	96,751,142	5,990.40	7,581	16,444	106,515,296	6,477.40	8.1%
Doctors Community Hospital	13,147	20,349	174,216,209	8,561.47	12,052	18,526	170,336,837	9,194.41	7.4%
Maryland General Hospital	9,700	13,553	136,759,389	10,090.94	8,870	13,404	144,339,647	10,768.50	6.7%
Prince Georges' Hospital Center	13,040	16,957	212,877,166	12,553.88	11,365	15,237	203,825,149	13,377.34	6.6%
Frederick Memorial Hospital	19,738	31,149	249,564,558	8,011.89	19,107	31,289	263,435,625	8,419.39	5.1%
Baltimore Washington Medical Center	18,608	29,727	281,461,913	9,468.37	18,543	30,546	301,328,290	9,864.73	4.2%
Civista Medical Center	7,835	12,619	92,856,943	7,358.36	7,083	12,406	94,890,378	7,648.61	3.9%
Johns Hopkins Bayview Medical Center	22,234	34,562	428,009,429	12,383.71	21,903	35,261	453,372,164	12,857.62	3.8%
Upper Chesapeake Medical Center	13,486	23,305	190,492,953	8,173.89	12,968	25,594	217,111,969	8,482.86	3.8%
All Acute Hospitals	662,386	1,018,057	11,158,496,980	10,960.58	638,274	1,024,332	11,649,000,119	11,372.29	3.8%
Greater Baltimore Medical Center	19,629	35,457	336,781,695	9,498.19	18,386	34,455	339,031,966	9,839.77	3.6%
Peninsula Regional Medical Center	21,217	31,681	304,199,081	9,601.88	19,139	31,130	309,515,853	9,942.79	3.6%
Bon Secours Hospital	7,203	10,810	92,723,485	8,577.22	6,579	10,238	90,614,221	8,851.01	3.2%
Calvert Memorial Hospital	7,555	14,469	101,658,343	7,026.04	7,405	14,608	105,451,118	7,218.80	2.7%
Johns Hopkins Hospital	46,459	70,010	1,477,115,734	21,098.50	47,047	72,575	1,560,026,965	21,495.44	1.9%
Montgomery General Hospital	9,936	15,450	119,548,593	7,737.70	9,247	15,804	124,575,881	7,882.42	1.9%
James Lawrence Kernan Hospital	3,286	5,250	87,246,523	16,616.81	3,465	5,643	95,494,655	16,923.72	1.8%
Union Memorial Hospital	14,980	23,625	302,554,958	12,806.38	14,914	23,916	311,843,852	13,038.95	1.8%
Suburban Hospital	14,217	20,516	208,508,731	10,163.14	14,172	20,973	216,882,253	10,341.00	1.8%

**CHANGE IN COST PER EQUIVALANT ADMISSION(EIPA): EXHIBIT I-b**  
**REGULATED OPERATIONS**  
*Listed by Percentage Change of Cost per EIPA*

Hospital	2011				2012				% (\$) Change
	Admis- sions	EIPAs	Operating Expenses	Expense per EIPA	Admis- sions	EIPAs	Operating Expenses	Expense per EIPA	
Memorial Hospital at Easton	9,436	16,228	140,221,608	8,640.91	8,313	16,087	141,357,659	8,787.25	1.7%
Franklin Square Hospital Center	21,950	34,758	340,668,797	9,801.06	22,145	36,473	363,245,385	9,959.30	1.6%
Anne Arundel Medical Center	25,266	41,134	371,871,480	9,040.48	28,014	46,016	421,842,523	9,167.26	1.4%
Holy Cross Hospital	29,042	39,880	326,261,891	8,181.02	27,918	39,200	325,133,202	8,294.20	1.4%
Howard County General Hospital	16,083	24,924	205,527,459	8,246.30	15,680	25,220	210,259,612	8,337.11	1.1%
Dorchester General Hospital	3,454	6,169	41,944,947	6,799.25	2,844	5,903	40,439,854	6,850.91	0.8%
Saint Josephs Medical Center	16,822	26,720	293,587,390	10,987.39	16,217	25,988	286,684,281	11,031.59	0.4%
Chester River Hospital	2,787	5,495	49,886,918	9,079.30	2,666	5,527	50,318,541	9,103.32	0.3%
Northwest Hospital Center	13,385	21,539	170,174,366	7,900.84	13,666	22,557	178,234,237	7,901.46	0.0%
Saint Agnes Hospital	19,599	28,884	278,581,383	9,644.86	19,122	29,848	286,983,653	9,614.96	( 0.3%)
University UMCC	1,397	3,236	55,014,937	17,001.09	1,534	3,415	57,727,800	16,906.10	( 0.6%)
Southern Maryland Hospital Center	17,010	24,068	198,573,862	8,250.37	15,272	23,657	193,980,843	8,199.71	( 0.6%)
Sinai Hospital of Baltimore	26,157	39,610	498,388,230	12,582.24	27,229	42,045	525,697,277	12,503.16	( 0.6%)
Harford Memorial Hospital	5,566	10,041	77,961,016	7,764.04	5,132	10,561	80,495,251	7,622.00	( 1.8%)
Good Samaritan Hospital	15,310	22,357	235,303,147	10,525.02	14,948	22,529	232,260,097	10,309.57	( 2.0%)
Washington Adventist Hospital	14,328	19,309	218,674,356	11,324.77	13,111	19,124	203,178,114	10,624.00	( 6.2%)
Fort Washington Medical Center	2,393	5,298	37,259,013	7,033.04	2,185	5,727	37,600,240	6,565.97	( 6.6%)
University MIEMSS	7,902	8,516	138,690,000	16,285.13	8,106	8,862	133,571,300	15,071.52	( 7.5%)
Shady Grove Adventist Hospital	21,096	31,475	282,132,916	8,963.71	21,112	33,685	277,340,979	8,233.35	( 8.1%)

**CHANGE IN REVENUE PER ADMISSION: EXHIBIT II-a**  
**REGULATED OPERATIONS**  
*Listed by Alphabetical Order*

Hospital	2011			2012			Volume % Change	Revenue % Change
	Admissions	Inpatient Revenue \$	Revenue Per Admission	Admissions	Inpatient Revenue \$	Revenue Per Admission		
Anne Arundel Medical Center	25,266	283,383,200	11,215.99	28,014	318,831,500	11,381.15	10.9%	1.5%
Atlantic General Hospital	4,011	41,101,500	10,247.20	3,054	38,282,500	12,535.20	( 23.9%)	22.3%
Baltimore Washington Medical Center	18,608	221,448,700	11,900.73	18,543	231,326,200	12,475.12	( 0.3%)	4.8%
Bon Secours Hospital	7,203	85,851,000	11,918.78	6,579	83,959,900	12,761.80	( 8.7%)	7.1%
Calvert Memorial Hospital	7,555	67,453,300	8,928.30	7,405	68,809,500	9,292.30	( 2.0%)	4.1%
Carroll County General Hospital	14,339	148,942,600	10,387.24	12,276	140,825,500	11,471.61	( 14.4%)	10.4%
Chester River Hospital	2,787	31,605,500	11,340.33	2,666	31,375,500	11,768.75	( 4.3%)	3.8%
Civista Medical Center	7,835	71,713,900	9,153.02	7,083	72,161,200	10,187.94	( 9.6%)	11.3%
Doctors Community Hospital	13,147	137,650,200	10,470.08	12,052	139,401,300	11,566.65	( 8.3%)	10.5%
Dorchester General Hospital	3,454	31,406,600	9,092.82	2,844	28,599,700	10,056.15	( 17.7%)	10.6%
Fort Washington Medical Center	2,393	21,304,639	8,902.90	2,185	17,618,969	8,063.60	( 8.7%)	( 9.4%)
Franklin Square Hospital Center	21,950	277,232,200	12,630.17	22,145	289,666,000	13,080.42	0.9%	3.6%
Frederick Memorial Hospital	19,738	205,264,000	10,399.43	19,107	204,210,600	10,687.74	( 3.2%)	2.8%
Garrett County Memorial Hospital	2,449	21,099,200	8,615.43	2,177	20,942,900	9,620.07	( 11.1%)	11.7%
Good Samaritan Hospital	15,310	208,274,300	13,603.81	14,948	206,919,900	13,842.65	( 2.4%)	1.8%
Greater Baltimore Medical Center	19,629	236,413,200	12,044.08	18,386	227,552,600	12,376.41	( 6.3%)	2.8%
Harbor Hospital Center	10,677	137,938,400	12,919.21	10,096	141,682,100	14,033.49	( 5.4%)	8.6%
Harford Memorial Hospital	5,566	55,689,100	10,005.23	5,132	50,757,400	9,890.37	( 7.8%)	( 1.1%)
Holy Cross Hospital	29,042	318,781,400	10,976.56	27,918	323,144,400	11,574.77	( 3.9%)	5.4%
Howard County General Hospital	16,083	164,853,100	10,250.15	15,680	171,102,800	10,912.17	( 2.5%)	6.5%
James Lawrence Kernan Hospital	3,286	64,821,700	19,726.63	3,465	72,457,800	20,911.34	5.4%	6.0%
Johns Hopkins Bayview Medical Center	22,234	341,047,900	15,339.03	21,903	363,296,500	16,586.61	( 1.5%)	8.1%
Johns Hopkins Hospital	46,459	1,175,944,600	25,311.45	47,047	1,200,148,600	25,509.57	1.3%	0.8%
Laurel Regional Hospital	5,663	61,591,400	10,876.11	5,630	75,528,500	13,415.36	( 0.6%)	23.3%
Maryland General Hospital	9,700	131,088,300	13,514.26	8,870	122,713,590	13,834.68	( 8.6%)	2.4%
McCready Hospital	540	6,387,400	11,828.52	399	5,216,600	13,074.19	( 26.1%)	10.5%
Memorial Hospital at Easton	9,436	100,695,200	10,671.39	8,313	95,419,000	11,478.29	( 11.9%)	7.6%
Mercy Medical Center	17,637	221,773,400	12,574.33	16,740	233,066,700	13,922.74	( 5.1%)	10.7%
Meritus Medical Center	16,219	176,205,900	10,864.17	15,558	182,922,500	11,757.46	( 4.1%)	8.2%
Montgomery General Hospital	9,936	100,835,100	10,148.46	9,247	97,076,000	10,498.11	( 6.9%)	3.4%

**CHANGE IN REVENUE PER ADMISSION: EXHIBIT II-a**  
**REGULATED OPERATIONS**  
*Listed by Alphabetical Order*

Hospital	2011			2012			Volume % Change	Revenue % Change
	Admissions	Inpatient Revenue \$	Revenue Per Admission	Admissions	Inpatient Revenue \$	Revenue Per Admission		
Northwest Hospital Center	13,385	141,487,200	10,570.58	13,666	144,632,200	10,583.36	2.1%	0.1%
Peninsula Regional Medical Center	21,217	272,153,700	12,827.15	19,139	255,004,200	13,323.80	( 9.8%)	3.9%
Prince Georges' Hospital Center	13,040	202,327,200	15,515.89	11,365	190,879,000	16,795.34	( 12.8%)	8.2%
Saint Agnes Hospital	19,599	255,527,900	13,037.80	19,122	257,263,800	13,453.81	( 2.4%)	3.2%
Saint Josephs Medical Center	16,822	228,022,300	13,555.01	16,217	221,396,500	13,652.12	( 3.6%)	0.7%
Saint Mary's Hospital	7,857	65,266,300	8,306.77	7,581	70,026,800	9,237.15	( 3.5%)	11.2%
Shady Grove Adventist Hospital	21,096	240,387,482	11,394.93	21,112	218,550,300	10,351.95	0.1%	( 9.2%)
Sinai Hospital of Baltimore	26,157	420,310,600	16,068.76	27,229	438,176,800	16,092.28	4.1%	0.1%
Southern Maryland Hospital Center	17,010	176,159,200	10,356.21	15,272	155,604,700	10,188.89	( 10.2%)	( 1.6%)
Suburban Hospital	14,217	175,435,900	12,339.87	14,172	184,400,100	13,011.58	( 0.3%)	5.4%
Union Hospital of Cecil County	7,032	69,675,200	9,908.30	6,347	70,782,700	11,152.15	( 9.7%)	12.6%
Union Memorial Hospital	14,980	254,004,700	16,956.26	14,914	263,486,200	17,667.04	( 0.4%)	4.2%
University MIEMSS	7,902	167,617,000	21,211.97	8,106	166,299,200	20,515.57	2.6%	( 3.3%)
University UMCC	1,397	21,637,500	15,488.55	1,534	26,649,600	17,372.62	9.8%	12.2%
University of Maryland Medical Center	29,188	815,866,000	27,952.10	27,143	851,492,100	31,370.60	( 7.0%)	12.2%
Upper Chesapeake Medical Center	13,486	150,358,300	11,149.21	12,968	143,687,700	11,080.17	( 3.8%)	( 0.6%)
Washington Adventist Hospital	14,328	200,862,570	14,018.88	13,111	178,737,100	13,632.61	( 8.5%)	( 2.8%)
Western Maryland Regional M. C.	15,521	182,311,000	11,746.09	13,814	174,271,500	12,615.57	( 11.0%)	7.4%
	662,386	9,187,206,991	13,869.87	638,274	9,266,356,759	14,517.84	( 3.6%)	4.7%

**CHANGE IN REVENUE PER ADMISSION: EXHIBIT II-b**  
**REGULATED OPERATIONS**  
*Listed by Percentage Change of Revenue per Admission*

Hospital	2011			2012			Volume % Change	Revenue % Change
	Admissions	Inpatient Revenue \$	Revenue Per Admission	Admissions	Inpatient Revenue \$	Revenue Per Admission		
Laurel Regional Hospital	5,663	61,591,400	10,876.11	5,630	75,528,500	13,415.36	( 0.58%)	23.35%
Atlantic General Hospital	4,011	41,101,500	10,247.20	3,054	38,282,500	12,535.20	( 23.86%)	22.33%
Union Hospital of Cecil County	7,032	69,675,200	9,908.30	6,347	70,782,700	11,152.15	( 9.74%)	12.55%
University of Maryland Medical Center	29,188	815,866,000	27,952.10	27,143	851,492,100	31,370.60	( 7.01%)	12.23%
University UMCC	1,397	21,637,500	15,488.55	1,534	26,649,600	17,372.62	9.81%	12.16%
Garrett County Memorial Hospital	2,449	21,099,200	8,615.43	2,177	20,942,900	9,620.07	( 11.11%)	11.66%
Civista Medical Center	7,835	71,713,900	9,153.02	7,083	72,161,200	10,187.94	( 9.60%)	11.31%
Saint Mary's Hospital	7,857	65,266,300	8,306.77	7,581	70,026,800	9,237.15	( 3.51%)	11.20%
Mercy Medical Center	17,637	221,773,400	12,574.33	16,740	233,066,700	13,922.74	( 5.09%)	10.72%
Dorchester General Hospital	3,454	31,406,600	9,092.82	2,844	28,599,700	10,056.15	( 17.66%)	10.59%
McCready Hospital	540	6,387,400	11,828.52	399	5,216,600	13,074.19	( 26.11%)	10.53%
Doctors Community Hospital	13,147	137,650,200	10,470.08	12,052	139,401,300	11,566.65	( 8.33%)	10.47%
Carroll County General Hospital	14,339	148,942,600	10,387.24	12,276	140,825,500	11,471.61	( 14.39%)	10.44%
Harbor Hospital Center	10,677	137,938,400	12,919.21	10,096	141,682,100	14,033.49	( 5.44%)	8.62%
Prince Georges' Hospital Center	13,040	202,327,200	15,515.89	11,365	190,879,000	16,795.34	( 12.85%)	8.25%
Meritus Medical Center	16,219	176,205,900	10,864.17	15,558	182,922,500	11,757.46	( 4.08%)	8.22%
Johns Hopkins Bayview Medical Center	22,234	341,047,900	15,339.03	21,903	363,296,500	16,586.61	( 1.49%)	8.13%
Memorial Hospital at Easton	9,436	100,695,200	10,671.39	8,313	95,419,000	11,478.29	( 11.90%)	7.56%
Western Maryland Regional M. C.	15,521	182,311,000	11,746.09	13,814	174,271,500	12,615.57	( 11.00%)	7.40%
Bon Secours Hospital	7,203	85,851,000	11,918.78	6,579	83,959,900	12,761.80	( 8.66%)	7.07%
Howard County General Hospital	16,083	164,853,100	10,250.15	15,680	171,102,800	10,912.17	( 2.51%)	6.46%
James Lawrence Kernan Hospital	3,286	64,821,700	19,726.63	3,465	72,457,800	20,911.34	5.45%	6.01%
Holy Cross Hospital	29,042	318,781,400	10,976.56	27,918	323,144,400	11,574.77	( 3.87%)	5.45%
Suburban Hospital	14,217	175,435,900	12,339.87	14,172	184,400,100	13,011.58	( 0.32%)	5.44%
Baltimore Washington Medical Center	18,608	221,448,700	11,900.73	18,543	231,326,200	12,475.12	( 0.35%)	4.83%
Union Memorial Hospital	14,980	254,004,700	16,956.26	14,914	263,486,200	17,667.04	( 0.44%)	4.19%
Calvert Memorial Hospital	7,555	67,453,300	8,928.30	7,405	68,809,500	9,292.30	( 1.99%)	4.08%
Peninsula Regional Medical Center	21,217	272,153,700	12,827.15	19,139	255,004,200	13,323.80	( 9.79%)	3.87%
Chester River Hospital	2,787	31,605,500	11,340.33	2,666	31,375,500	11,768.75	( 4.34%)	3.78%
Franklin Square Hospital Center	21,950	277,232,200	12,630.17	22,145	289,666,000	13,080.42	0.89%	3.56%

**CHANGE IN REVENUE PER ADMISSION: EXHIBIT II-b**  
**REGULATED OPERATIONS**  
*Listed by Percentage Change of Revenue per Admission*

Hospital	2011			2012			Volume % Change	Revenue % Change
	Admissions	Inpatient Revenue \$	Revenue Per Admission	Admissions	Inpatient Revenue \$	Revenue Per Admission		
Montgomery General Hospital	9,936	100,835,100	10,148.46	9,247	97,076,000	10,498.11	( 6.93%)	3.45%
Saint Agnes Hospital	19,599	255,527,900	13,037.80	19,122	257,263,800	13,453.81	( 2.43%)	3.19%
Frederick Memorial Hospital	19,738	205,264,000	10,399.43	19,107	204,210,600	10,687.74	( 3.20%)	2.77%
Greater Baltimore Medical Center	19,629	236,413,200	12,044.08	18,386	227,552,600	12,376.41	( 6.33%)	2.76%
Maryland General Hospital	9,700	131,088,300	13,514.26	8,870	122,713,590	13,834.68	( 8.56%)	2.37%
Good Samaritan Hospital	15,310	208,274,300	13,603.81	14,948	206,919,900	13,842.65	( 2.36%)	1.76%
Anne Arundel Medical Center	25,266	283,383,200	11,215.99	28,014	318,831,500	11,381.15	10.88%	1.47%
Johns Hopkins Hospital	46,459	1,175,944,600	25,311.45	47,047	1,200,148,600	25,509.57	1.27%	0.78%
Saint Josephs Medical Center	16,822	228,022,300	13,555.01	16,217	221,396,500	13,652.12	( 3.60%)	0.72%
Sinai Hospital of Baltimore	26,157	420,310,600	16,068.76	27,229	438,176,800	16,092.28	4.10%	0.15%
Northwest Hospital Center	13,385	141,487,200	10,570.58	13,666	144,632,200	10,583.36	2.10%	0.12%
Upper Chesapeake Medical Center	13,486	150,358,300	11,149.21	12,968	143,687,700	11,080.17	( 3.84%)	( 0.62%)
Harford Memorial Hospital	5,566	55,689,100	10,005.23	5,132	50,757,400	9,890.37	( 7.80%)	( 1.15%)
Southern Maryland Hospital Center	17,010	176,159,200	10,356.21	15,272	155,604,700	10,188.89	( 10.22%)	( 1.62%)
Washington Adventist Hospital	14,328	200,862,570	14,018.88	13,111	178,737,100	13,632.61	( 8.49%)	( 2.76%)
University MIEMSS	7,902	167,617,000	21,211.97	8,106	166,299,200	20,515.57	2.58%	( 3.28%)
Shady Grove Adventist Hospital	21,096	240,387,482	11,394.93	21,112	218,550,300	10,351.95	0.08%	( 9.15%)
Fort Washington Medical Center	2,393	21,304,639	8,902.90	2,185	17,618,969	8,063.60	( 8.69%)	( 9.43%)
	662,386	9,187,206,991	13,869.87	638,274	9,266,356,759	14,517.84	( 3.64%)	4.67%

**CHANGE IN UNCOMPENSATED CARE (UCC) : EXHIBIT III-a**  
**REGULATED OPERATIONS**  
*Listed in Alphabetical Order by Region*

Hospital Area	Hospital	2011			2012			% Change UCC Amount
		Gross Patient Revenue	Charity & Bad Debts	% UCC	Gross Patient Revenue	Charity & Bad Debts	% UCC	
M E T R O	Anne Arundel Medical Center	461,358,800	20,849,176	4.52	523,717,000	24,192,210	4.62	16.0
	Baltimore Washington Medical Center	353,767,500	31,392,741	8.87	381,065,300	32,917,052	8.64	4.9
	Bon Secours Hospital	128,847,200	19,786,192	15.36	130,651,800	21,658,510	16.58	9.5
	Doctors Community Hospital	213,054,400	16,551,270	7.77	214,285,300	16,991,839	7.93	2.7
	Fort Washington Medical Center	47,165,008	6,265,306	13.28	46,176,442	5,723,254	12.39	-8.7
	Franklin Square Hospital Center	439,004,200	27,407,203	6.24	477,082,000	34,274,457	7.18	25.1
	Good Samaritan Hospital	304,134,300	17,243,726	5.67	311,855,400	18,459,092	5.92	7.0
	Greater Baltimore Medical Center	427,052,500	13,164,700	3.08	426,432,400	13,087,000	3.07	-0.6
	Harbor Hospital Center	200,717,500	16,894,461	8.42	209,694,300	16,757,741	7.99	-0.8
	Holy Cross Hospital	437,749,300	36,570,000	8.35	453,731,600	43,354,000	9.55	18.6
	Howard County General Hospital	255,470,400	14,923,776	5.84	275,201,900	17,377,268	6.31	16.4
	James Lawrence Kernan Hospital	103,574,600	7,306,000	7.05	117,995,400	7,457,000	6.32	2.1
	Johns Hopkins Bayview Medical Center	530,152,100	36,033,600	6.80	584,860,100	52,983,100	9.06	47.0
	Johns Hopkins Hospital	1,772,066,300	67,989,700	3.84	1,851,351,500	67,614,205	3.65	-0.6
	Laurel Regional Hospital	103,068,600	12,886,938	12.50	118,724,400	16,591,426	13.97	28.7
	Maryland General Hospital	183,154,500	21,680,061	11.84	185,438,390	22,355,847	12.06	3.1
	Mercy Medical Center	420,066,700	32,227,827	7.67	459,265,700	32,628,441	7.10	1.2
	Montgomery General Hospital	156,795,100	9,166,406	5.85	165,915,000	10,756,470	6.48	17.3
	Northwest Hospital Center	227,677,300	16,944,200	7.44	238,730,100	16,213,700	6.79	-4.3
	Prince Georges' Hospital Center	263,104,300	37,622,680	14.30	255,903,800	38,850,699	15.18	3.3
	Saint Agnes Hospital	376,582,900	25,974,975	6.90	401,564,200	26,742,414	6.66	3.0
	Saint Josephs Medical Center	362,195,000	16,376,133	4.52	354,785,600	15,291,350	4.31	-6.6
	Shady Grove Adventist Hospital	358,655,535	20,446,028	5.70	348,706,200	23,215,600	6.66	13.5
	Sinai Hospital of Baltimore	636,490,900	30,647,100	4.82	676,602,700	34,877,593	5.15	13.8
	Southern Maryland Hospital Center	249,258,400	18,327,926	7.35	241,038,800	13,728,275	5.70	-25.1
	Suburban Hospital	253,166,900	12,447,406	4.92	272,892,400	12,262,211	4.49	-1.5
	Union Memorial Hospital	400,597,100	25,082,501	6.26	422,530,700	30,030,199	7.11	19.7
	University MIEMSS	180,648,800	40,569,853	22.46	181,819,200	36,519,592	20.09	-10.0
	University UMCC	50,120,400	5,077,113	10.13	59,320,800	5,141,924	8.67	1.3
	University of Maryland Medical Center	1,113,137,000	87,042,155	7.82	1,179,258,000	73,456,059	6.23	-15.6

**CHANGE IN UNCOMPENSATED CARE (UCC) : EXHIBIT III-a**  
**REGULATED OPERATIONS**  
*Listed in Alphabetical Order by Region*

		2011			2012			
Hospital Area	Hospital	Gross Patient Revenue	Charity & Bad Debts	% UCC	Gross Patient Revenue	Charity & Bad Debts	% UCC	% Change UCC Amount
	Upper Chesapeake Medical Center	259,833,100	17,871,076	6.88	283,588,000	16,858,788	5.94	-5.7
	Washington Adventist Hospital	270,695,934	30,716,246	11.35	260,716,100	34,587,715	13.27	12.6
<i>M E T R O</i>		<i>11,539,362,577</i>	<i>793,484,476</i>	<i>6.88</i>	<i>12,110,900,532</i>	<i>832,955,030</i>	<i>6.88</i>	<i>5.0</i>



**CHANGE IN UNCOMPENSATED CARE (UCC) : EXHIBIT III-a**  
**REGULATED OPERATIONS**  
*Listed in Alphabetical Order by Region*

Hospital Area	Hospital	2011			2012			% Change UCC Amount
		Gross Patient Revenue	Charity & Bad Debts	% UCC	Gross Patient Revenue	Charity & Bad Debts	% UCC	
R U R A L	Atlantic General Hospital	88,149,000	5,959,000	6.76	95,474,200	6,005,000	6.29	0.8
	Calvert Memorial Hospital	129,181,700	7,436,588	5.76	135,740,500	7,735,564	5.70	4.0
	Carroll County General Hospital	214,427,800	11,264,251	5.25	243,424,400	11,599,908	4.77	3.0
	Chester River Hospital	62,310,300	6,058,366	9.72	65,051,700	6,210,017	9.55	2.5
	Civista Medical Center	115,504,200	8,897,300	7.70	126,393,900	9,003,599	7.12	1.2
	Dorchester General Hospital	56,094,100	3,916,137	6.98	59,359,900	3,293,845	5.55	-15.9
	Frederick Memorial Hospital	323,934,900	20,807,079	6.42	334,410,300	20,735,614	6.20	-0.3
	Garrett County Memorial Hospital	40,536,700	3,808,831	9.40	42,709,900	4,840,088	11.33	27.1
	Harford Memorial Hospital	100,465,500	12,466,311	12.41	104,451,400	12,160,695	11.64	-2.5
	McCready Hospital	18,235,900	2,584,031	14.17	17,710,400	1,554,753	8.78	-39.8
	Memorial Hospital at Easton	173,171,500	9,630,098	5.56	184,647,500	9,595,084	5.20	-0.4
	Meritus Medical Center	275,699,700	21,290,800	7.72	295,465,200	22,476,900	7.61	5.6
	Peninsula Regional Medical Center	406,379,600	26,798,600	6.59	414,765,500	28,362,900	6.84	5.8
	Saint Mary's Hospital	134,162,900	7,221,433	5.38	151,897,000	9,564,088	6.30	32.4
	Union Hospital of Cecil County	137,717,900	11,884,000	8.63	148,428,400	11,688,200	7.87	-1.6
	Western Maryland Regional M. C.	304,982,500	17,069,100	5.60	308,555,800	19,084,400	6.19	11.8
R U R A L		2,580,954,200	177,091,925	6.86	2,728,486,000	183,910,655	6.74	3.9
T O T A L		14,120,316,777	970,576,401	6.87	14,839,386,532	1,016,865,685	6.85	4.8

**CHANGE IN UNCOMPENSATED CARE (UCC) : EXHIBIT III-b**  
**REGULATED OPERATIONS**  
*Listed by Percentage of Uncompensated Care by Region*

Hospital Area	Hospital	2011			2012			% Change UCC Amount
		Gross Revenues	Charity & Bad Debts	UCC %	Gross Revenues	Charity & Bad Debts	UCC %	
M E T R O	University MIEMSS	180,648,800	40,569,853	22.46	181,819,200	36,519,592	20.09	-10.0
	Bon Secours Hospital	128,847,200	19,786,192	15.36	130,651,800	21,658,510	16.58	9.5
	Prince Georges' Hospital Center	263,104,300	37,622,680	14.30	255,903,800	38,850,699	15.18	3.3
	Laurel Regional Hospital	103,068,600	12,886,938	12.50	118,724,400	16,591,426	13.97	28.7
	Washington Adventist Hospital	270,695,934	30,716,246	11.35	260,716,100	34,587,715	13.27	12.6
	Fort Washington Medical Center	47,165,008	6,265,306	13.28	46,176,442	5,723,254	12.39	-8.7
	Maryland General Hospital	183,154,500	21,680,061	11.84	185,438,390	22,355,847	12.06	3.1
	Holy Cross Hospital	437,749,300	36,570,000	8.35	453,731,600	43,354,000	9.55	18.6
	Johns Hopkins Bayview Medical Center	530,152,100	36,033,600	6.80	584,860,100	52,983,100	9.06	47.0
	University UMCC	50,120,400	5,077,113	10.13	59,320,800	5,141,924	8.67	1.3
	Baltimore Washington Medical Center	353,767,500	31,392,741	8.87	381,065,300	32,917,052	8.64	4.9
	Harbor Hospital Center	200,717,500	16,894,461	8.42	209,694,300	16,757,741	7.99	-0.8
	Doctors Community Hospital	213,054,400	16,551,270	7.77	214,285,300	16,991,839	7.93	2.7
	Franklin Square Hospital Center	439,004,200	27,407,203	6.24	477,082,000	34,274,457	7.18	25.1
	Union Memorial Hospital	400,597,100	25,082,501	6.26	422,530,700	30,030,199	7.11	19.7
	Mercy Medical Center	420,066,700	32,227,827	7.67	459,265,700	32,628,441	7.10	1.2
	Northwest Hospital Center	227,677,300	16,944,200	7.44	238,730,100	16,213,700	6.79	-4.3
	Saint Agnes Hospital	376,582,900	25,974,975	6.90	401,564,200	26,742,414	6.66	3.0
	Shady Grove Adventist Hospital	358,655,535	20,446,028	5.70	348,706,200	23,215,600	6.66	13.5
	Montgomery General Hospital	156,795,100	9,166,406	5.85	165,915,000	10,756,470	6.48	17.3
	James Lawrence Kernan Hospital	103,574,600	7,306,000	7.05	117,995,400	7,457,000	6.32	2.1
	Howard County General Hospital	255,470,400	14,923,776	5.84	275,201,900	17,377,268	6.31	16.4
	University of Maryland Medical Center	1,113,137,000	87,042,155	7.82	1,179,258,000	73,456,059	6.23	-15.6
	Upper Chesapeake Medical Center	259,833,100	17,871,076	6.88	283,588,000	16,858,788	5.94	-5.7
	Good Samaritan Hospital	304,134,300	17,243,726	5.67	311,855,400	18,459,092	5.92	7.0
	Southern Maryland Hospital Center	249,258,400	18,327,926	7.35	241,038,800	13,728,275	5.70	-25.1
	Sinai Hospital of Baltimore	636,490,900	30,647,100	4.82	676,602,700	34,877,593	5.15	13.8
	Anne Arundel Medical Center	461,358,800	20,849,176	4.52	523,717,000	24,192,210	4.62	16.0
	Suburban Hospital	253,166,900	12,447,406	4.92	272,892,400	12,262,211	4.49	-1.5
	Saint Josephs Medical Center	362,195,000	16,376,133	4.52	354,785,600	15,291,350	4.31	-6.6

**CHANGE IN UNCOMPENSATED CARE (UCC) : EXHIBIT III-b**  
**REGULATED OPERATIONS**  
*Listed by Percentage of Uncompensated Care by Region*

		2011			2012			
Hospital Area	Hospital	Gross Revenues	Charity & Bad Debts	UCC %	Gross Revenues	Charity & Bad Debts	UCC %	% Change UCC Amount
	Johns Hopkins Hospital	1,772,066,300	67,989,700	3.84	1,851,351,500	67,614,205	3.65	-0.6
	Greater Baltimore Medical Center	427,052,500	13,164,700	3.08	426,432,400	13,087,000	3.07	-0.6
<i>M E T R O</i>		<i>11,539,362,577</i>	<i>793,484,476</i>	<i>6.88</i>	<i>12,110,900,532</i>	<i>832,955,030</i>	<i>6.88</i>	<i>5.0</i>

**CHANGE IN UNCOMPENSATED CARE (UCC) : EXHIBIT III-b**  
**REGULATED OPERATIONS**  
*Listed by Percentage of Uncompensated Care by Region*

Hospital Area	Hospital	2011			2012			% Change UCC Amount
		Gross Revenues	Charity & Bad Debts	UCC %	Gross Revenues	Charity & Bad Debts	UCC %	
R U R A L	Harford Memorial Hospital	100,465,500	12,466,311	12.41	104,451,400	12,160,695	11.64	-2.5
	Garrett County Memorial Hospital	40,536,700	3,808,831	9.40	42,709,900	4,840,088	11.33	27.1
	Chester River Hospital	62,310,300	6,058,366	9.72	65,051,700	6,210,017	9.55	2.5
	McCready Hospital	18,235,900	2,584,031	14.17	17,710,400	1,554,753	8.78	-39.8
	Union Hospital of Cecil County	137,717,900	11,884,000	8.63	148,428,400	11,688,200	7.87	-1.6
	Meritus Medical Center	275,699,700	21,290,800	7.72	295,465,200	22,476,900	7.61	5.6
	Civista Medical Center	115,504,200	8,897,300	7.70	126,393,900	9,003,599	7.12	1.2
	Peninsula Regional Medical Center	406,379,600	26,798,600	6.59	414,765,500	28,362,900	6.84	5.8
	Saint Mary's Hospital	134,162,900	7,221,433	5.38	151,897,000	9,564,088	6.30	32.4
	Atlantic General Hospital	88,149,000	5,959,000	6.76	95,474,200	6,005,000	6.29	0.8
	Frederick Memorial Hospital	323,934,900	20,807,079	6.42	334,410,300	20,735,614	6.20	-0.3
	Western Maryland Regional M. C.	304,982,500	17,069,100	5.60	308,555,800	19,084,400	6.19	11.8
	Calvert Memorial Hospital	129,181,700	7,436,588	5.76	135,740,500	7,735,564	5.70	4.0
	Dorchester General Hospital	56,094,100	3,916,137	6.98	59,359,900	3,293,845	5.55	-15.9
	Memorial Hospital at Easton	173,171,500	9,630,098	5.56	184,647,500	9,595,084	5.20	-0.4
	Carroll County General Hospital	214,427,800	11,264,251	5.25	243,424,400	11,599,908	4.77	3.0
R U R A L		2,580,954,200	177,091,925	6.86	2,728,486,000	183,910,655	6.74	3.9
T O T A L		14,120,316,777	970,576,401	6.87	14,839,386,532	1,016,865,685	6.85	4.8

**CHANGE IN NET PATIENT REVENUE(NPR) PER EIPA: EXHIBIT IV-a**  
**REGULATED OPERATIONS**  
*Listed by Alphabetical Order*

Hospital	2011			2012			% Change NPR Per EIPA
	Net Patient Revenue	EIPAs	NPR Per EIPA	Net Patient Revenue	EIPAs	NPR Per EIPA	
All Acute Hospitals	11,922,902,382	1,018,057	11,711.43	12,275,982,668	1,024,332	11,984.38	2.3
Anne Arundel Medical Center	395,773,822	41,134	9,621.57	435,998,560	46,016	9,474.90	-1.5
Atlantic General Hospital	73,273,700	8,602	8,517.96	77,261,700	7,616	10,144.01	19.1
Baltimore Washington Medical Center	295,750,514	29,727	9,949.04	312,825,359	30,546	10,241.12	2.9
Bon Secours Hospital	106,009,629	10,810	9,806.23	105,446,308	10,238	10,299.78	5.0
Calvert Memorial Hospital	107,446,910	14,469	7,426.11	112,025,692	14,608	7,668.87	3.3
Carroll County General Hospital	182,174,860	20,643	8,824.85	203,507,315	21,220	9,590.48	8.7
Chester River Hospital	51,340,374	5,495	9,343.83	49,528,431	5,527	8,960.38	-4.1
Civista Medical Center	95,590,668	12,619	7,574.99	103,830,122	12,406	8,369.20	10.5
Doctors Community Hospital	181,899,812	20,349	8,939.06	176,759,733	18,526	9,541.10	6.7
Dorchester General Hospital	47,446,616	6,169	7,691.07	47,614,371	5,903	8,066.34	4.9
Fort Washington Medical Center	38,192,640	5,298	7,209.27	37,540,675	5,727	6,555.57	-9.1
Franklin Square Hospital Center	376,513,275	34,758	10,832.30	391,379,153	36,473	10,730.66	-0.9
Frederick Memorial Hospital	272,142,214	31,149	8,736.71	267,942,036	31,289	8,563.41	-2.0
Garrett County Memorial Hospital	32,414,248	4,705	6,889.14	33,399,378	4,440	7,522.95	9.2
Good Samaritan Hospital	259,358,444	22,357	11,601.00	251,566,429	22,529	11,166.54	-3.7
Greater Baltimore Medical Center	366,631,415	35,457	10,340.03	357,119,673	34,455	10,364.73	0.2
Harbor Hospital Center	165,509,687	15,536	10,653.05	166,004,244	14,942	11,109.59	4.3
Harford Memorial Hospital	80,367,789	10,041	8,003.72	82,984,005	10,561	7,857.65	-1.8
Holy Cross Hospital	361,064,200	39,880	9,053.69	362,831,800	39,200	9,255.90	2.2
Howard County General Hospital	219,286,242	24,924	8,798.34	228,528,424	25,220	9,061.49	3.0
James Lawrence Kernan Hospital	88,207,600	5,250	16,799.86	99,715,400	5,643	17,671.73	5.2
Johns Hopkins Bayview Medical Center	436,873,400	34,562	12,640.17	464,656,600	35,261	13,177.64	4.3
Johns Hopkins Hospital	1,526,449,134	70,010	21,803.16	1,578,655,727	72,575	21,752.12	-0.2
Laurel Regional Hospital	84,354,149	9,477	8,901.30	93,954,841	8,850	10,616.51	19.3
Maryland General Hospital	155,116,834	13,553	11,445.47	154,041,944	13,404	11,492.34	0.4
McCready Hospital	13,751,431	1,542	8,919.72	14,280,227	1,355	10,541.96	18.2
Memorial Hospital at Easton	145,233,736	16,228	8,949.77	152,889,603	16,087	9,504.11	6.2
Mercy Medical Center	356,258,595	33,407	10,664.29	385,649,759	32,987	11,691.06	9.6

**CHANGE IN NET PATIENT REVENUE(NPR) PER EIPA: EXHIBIT IV-a**  
**REGULATED OPERATIONS**  
*Listed by Alphabetical Order*

Hospital	2011			2012			% Change NPR Per EIPA
	Net Patient Revenue	EIPAs	NPR Per EIPA	Net Patient Revenue	EIPAs	NPR Per EIPA	
Meritus Medical Center	232,040,400	25,377	9,143.74	244,455,300	25,130	9,727.62	6.4
Montgomery General Hospital	135,596,229	15,450	8,776.38	139,632,555	15,804	8,835.11	0.7
Northwest Hospital Center	187,938,400	21,539	8,725.59	193,159,085	22,557	8,563.11	-1.9
Peninsula Regional Medical Center	339,681,900	31,681	10,721.88	336,910,100	31,130	10,822.80	0.9
Prince Georges' Hospital Center	214,749,210	16,957	12,664.27	204,531,176	15,237	13,423.68	6.0
Saint Agnes Hospital	318,111,245	28,884	11,013.44	330,910,826	29,848	11,086.68	0.7
Saint Josephs Medical Center	293,912,806	26,720	10,999.57	286,710,810	25,988	11,032.61	0.3
Saint Mary's Hospital	110,583,185	16,151	6,846.82	115,905,184	16,444	7,048.41	2.9
Shady Grove Adventist Hospital	306,195,153	31,475	9,728.20	294,975,318	33,685	8,756.85	-10.0
Sinai Hospital of Baltimore	549,875,500	39,610	13,882.08	565,251,457	42,045	13,443.91	-3.2
Southern Maryland Hospital Center	208,612,308	24,068	8,667.45	199,310,186	23,657	8,424.99	-2.8
Suburban Hospital	217,988,385	20,516	10,625.20	229,323,220	20,973	10,934.19	2.9
Union Hospital of Cecil County	113,936,800	13,899	8,197.34	121,323,300	13,309	9,115.61	11.2
Union Memorial Hospital	337,555,155	23,625	14,287.85	339,127,630	23,916	14,179.75	-0.8
University MIEMSS	153,261,047	8,516	17,996.07	154,091,408	8,862	17,386.90	-3.4
University UMCC	44,600,287	3,236	13,782.68	51,737,776	3,415	15,151.87	9.9
University of Maryland Medical Center	961,486,655	39,823	24,144.00	1,016,430,615	37,591	27,039.07	12.0
Upper Chesapeake Medical Center	215,725,606	23,305	9,256.60	237,245,612	25,594	9,269.51	0.1
Washington Adventist Hospital	219,464,572	19,309	11,365.70	203,900,463	19,124	10,661.77	-6.2
Western Maryland Regional M. C.	247,155,600	25,965	9,518.94	239,944,900	24,458	9,810.36	3.1

**CHANGE IN NET PATIENT REVENUE(NPR) PER EIPA: EXHIBIT IV-b**  
**Listed by Net Patient Revenues per EIPA**

Hospital	2011			2012			% Change NPR Per EIPA
	Net Patient Revenue	EIPAs	NPR Per EIPA	Net Patient Revenue	EIPAs	NPR Per EIPA	
University of Maryland Medical Center	961,486,655	39,823	24,144.00	1,016,430,615	37,591	27,039.07	11.99
Johns Hopkins Hospital	1,526,449,134	70,010	21,803.16	1,578,655,727	72,575	21,752.12	-0.23
James Lawrence Kernan Hospital	88,207,600	5,250	16,799.86	99,715,400	5,643	17,671.73	5.19
University MIEMSS	153,261,047	8,516	17,996.07	154,091,408	8,862	17,386.90	-3.39
University UMCC	44,600,287	3,236	13,782.68	51,737,776	3,415	15,151.87	9.93
Union Memorial Hospital	337,555,155	23,625	14,287.85	339,127,630	23,916	14,179.75	-0.76
Sinai Hospital of Baltimore	549,875,500	39,610	13,882.08	565,251,457	42,045	13,443.91	-3.16
Prince Georges' Hospital Center	214,749,210	16,957	12,664.27	204,531,176	15,237	13,423.68	6.00
Johns Hopkins Bayview Medical Center	436,873,400	34,562	12,640.17	464,656,600	35,261	13,177.64	4.25
All Acute Hospitals	11,922,902,382	1,018,057	11,711.43	12,275,982,668	1,024,332	11,984.38	2.33
Mercy Medical Center	356,258,595	33,407	10,664.29	385,649,759	32,987	11,691.06	9.63
Maryland General Hospital	155,116,834	13,553	11,445.47	154,041,944	13,404	11,492.34	0.41
Good Samaritan Hospital	259,358,444	22,357	11,601.00	251,566,429	22,529	11,166.54	-3.75
Harbor Hospital Center	165,509,687	15,536	10,653.05	166,004,244	14,942	11,109.59	4.29
Saint Agnes Hospital	318,111,245	28,884	11,013.44	330,910,826	29,848	11,086.68	0.67
Saint Josephs Medical Center	293,912,806	26,720	10,999.57	286,710,810	25,988	11,032.61	0.30
Suburban Hospital	217,988,385	20,516	10,625.20	229,323,220	20,973	10,934.19	2.91
Peninsula Regional Medical Center	339,681,900	31,681	10,721.88	336,910,100	31,130	10,822.80	0.94
Franklin Square Hospital Center	376,513,275	34,758	10,832.30	391,379,153	36,473	10,730.66	-0.94
Washington Adventist Hospital	219,464,572	19,309	11,365.70	203,900,463	19,124	10,661.77	-6.19
Laurel Regional Hospital	84,354,149	9,477	8,901.30	93,954,841	8,850	10,616.51	19.27
McCready Hospital	13,751,431	1,542	8,919.72	14,280,227	1,355	10,541.96	18.19
Greater Baltimore Medical Center	366,631,415	35,457	10,340.03	357,119,673	34,455	10,364.73	0.24
Bon Secours Hospital	106,009,629	10,810	9,806.23	105,446,308	10,238	10,299.78	5.03
Baltimore Washington Medical Center	295,750,514	29,727	9,949.04	312,825,359	30,546	10,241.12	2.94
Atlantic General Hospital	73,273,700	8,602	8,517.96	77,261,700	7,616	10,144.01	19.09
Western Maryland Regional M. C.	247,155,600	25,965	9,518.94	239,944,900	24,458	9,810.36	3.06
Meritus Medical Center	232,040,400	25,377	9,143.74	244,455,300	25,130	9,727.62	6.39
Carroll County General Hospital	182,174,860	20,643	8,824.85	203,507,315	21,220	9,590.48	8.68
Doctors Community Hospital	181,899,812	20,349	8,939.06	176,759,733	18,526	9,541.10	6.73

***CHANGE IN NET PATIENT REVENUE(NPR) PER EIPA: EXHIBIT IV-b***  
***Listed by Net Patient Revenues per EIPA***

Hospital	2011			2012			% Change NPR Per EIPA
	Net Patient Revenue	EIPAs	NPR Per EIPA	Net Patient Revenue	EIPAs	NPR Per EIPA	
Memorial Hospital at Easton	145,233,736	16,228	8,949.77	152,889,603	16,087	9,504.11	6.19
Anne Arundel Medical Center	395,773,822	41,134	9,621.57	435,998,560	46,016	9,474.90	-1.52
Upper Chesapeake Medical Center	215,725,606	23,305	9,256.60	237,245,612	25,594	9,269.51	0.14
Holy Cross Hospital	361,064,200	39,880	9,053.69	362,831,800	39,200	9,255.90	2.23
Union Hospital of Cecil County	113,936,800	13,899	8,197.34	121,323,300	13,309	9,115.61	11.20
Howard County General Hospital	219,286,242	24,924	8,798.34	228,528,424	25,220	9,061.49	2.99
Chester River Hospital	51,340,374	5,495	9,343.83	49,528,431	5,527	8,960.38	-4.10
Montgomery General Hospital	135,596,229	15,450	8,776.38	139,632,555	15,804	8,835.11	0.67
Shady Grove Adventist Hospital	306,195,153	31,475	9,728.20	294,975,318	33,685	8,756.85	-9.98
Frederick Memorial Hospital	272,142,214	31,149	8,736.71	267,942,036	31,289	8,563.41	-1.98
Northwest Hospital Center	187,938,400	21,539	8,725.59	193,159,085	22,557	8,563.11	-1.86
Southern Maryland Hospital Center	208,612,308	24,068	8,667.45	199,310,186	23,657	8,424.99	-2.80
Civista Medical Center	95,590,668	12,619	7,574.99	103,830,122	12,406	8,369.20	10.48
Dorchester General Hospital	47,446,616	6,169	7,691.07	47,614,371	5,903	8,066.34	4.88
Harford Memorial Hospital	80,367,789	10,041	8,003.72	82,984,005	10,561	7,857.65	-1.83
Calvert Memorial Hospital	107,446,910	14,469	7,426.11	112,025,692	14,608	7,668.87	3.27
Garrett County Memorial Hospital	32,414,248	4,705	6,889.14	33,399,378	4,440	7,522.95	9.20
Saint Mary's Hospital	110,583,185	16,151	6,846.82	115,905,184	16,444	7,048.41	2.94
Fort Washington Medical Center	38,192,640	5,298	7,209.27	37,540,675	5,727	6,555.57	-9.07



**CHANGE IN NET OPERATING REVENUE(NOR) PER EIPA: EXHIBIT V-a**  
**REGULATED OPERATIONS**  
*Listed by Alphabetical Order*

Hospital	2011			2012			% Change NOR Per EIPA
	Net Operating Revenue	EIPAs	NOR Per EIPA	Net Operating Revenue	EIPAs	NOR Per EIPA	
All Acute Hospitals	12,055,926,370	1,018,057	11,842.09	12,429,743,200	1,024,332	12,134.49	2.47
Anne Arundel Medical Center	399,181,346	41,134	9,704.41	444,839,660	46,016	9,667.03	-0.39
Atlantic General Hospital	73,442,979	8,602	8,537.64	77,465,536	7,616	10,170.77	19.13
Baltimore Washington Medical Center	297,316,277	29,727	10,001.71	315,395,249	30,546	10,325.25	3.23
Bon Secours Hospital	106,480,100	10,810	9,849.75	105,135,109	10,238	10,269.38	4.26
Calvert Memorial Hospital	111,998,740	14,469	7,740.71	115,724,005	14,608	7,922.05	2.34
Carroll County General Hospital	183,287,771	20,643	8,878.76	204,467,265	21,220	9,635.72	8.53
Chester River Hospital	51,549,234	5,495	9,381.84	49,732,928	5,527	8,997.38	-4.10
Civista Medical Center	95,738,125	12,619	7,586.68	103,547,973	12,406	8,346.45	10.01
Doctors Community Hospital	182,252,260	20,349	8,956.38	176,878,150	18,526	9,547.50	6.60
Dorchester General Hospital	47,817,692	6,169	7,751.22	47,836,711	5,903	8,104.01	4.55
Fort Washington Medical Center	38,643,400	5,298	7,294.36	39,302,376	5,727	6,863.21	-5.91
Franklin Square Hospital Center	379,693,940	34,758	10,923.81	394,742,279	36,473	10,822.87	-0.92
Frederick Memorial Hospital	279,762,961	31,149	8,981.36	272,707,664	31,289	8,715.72	-2.96
Garrett County Memorial Hospital	32,531,219	4,705	6,914.00	33,733,514	4,440	7,598.21	9.90
Good Samaritan Hospital	261,881,525	22,357	11,713.86	254,604,181	22,529	11,301.38	-3.52
Greater Baltimore Medical Center	371,165,803	35,457	10,467.92	365,654,919	34,455	10,612.45	1.38
Harbor Hospital Center	168,805,482	15,536	10,865.19	169,499,711	14,942	11,343.52	4.40
Harford Memorial Hospital	81,459,289	10,041	8,112.42	84,034,428	10,561	7,957.12	-1.91
Holy Cross Hospital	364,921,991	39,880	9,150.42	367,425,200	39,200	9,373.08	2.43
Howard County General Hospital	219,340,604	24,924	8,800.52	228,604,410	25,220	9,064.51	3.00
James Lawrence Kernan Hospital	88,826,129	5,250	16,917.66	100,756,006	5,643	17,856.15	5.55
Johns Hopkins Bayview Medical Center	444,696,000	34,562	12,866.50	475,297,200	35,261	13,479.41	4.76
Johns Hopkins Hospital	1,539,932,053	70,010	21,995.74	1,592,753,199	72,575	21,946.37	-0.22
Laurel Regional Hospital	84,979,870	9,477	8,967.33	93,765,714	8,850	10,595.14	18.15
Maryland General Hospital	155,249,163	13,553	11,455.23	154,907,773	13,404	11,556.93	0.89
McCready Hospital	13,909,856	1,542	9,022.48	14,322,738	1,355	10,573.34	17.19
Memorial Hospital at Easton	149,270,216	16,228	9,198.51	156,541,896	16,087	9,731.15	5.79
Mercy Medical Center	362,384,623	33,407	10,847.66	394,332,059	32,987	11,954.26	10.20

**CHANGE IN NET OPERATING REVENUE(NOR) PER EIPA: EXHIBIT V-a**  
**REGULATED OPERATIONS**  
*Listed by Alphabetical Order*

Hospital	2011			2012			% Change NOR Per EIPA
	Net Operating Revenue	EIPAs	NOR Per EIPA	Net Operating Revenue	EIPAs	NOR Per EIPA	
Meritus Medical Center	237,303,697	25,377	9,351.14	251,506,800	25,130	10,008.22	7.03
Montgomery General Hospital	136,899,529	15,450	8,860.73	142,313,320	15,804	9,004.73	1.63
Northwest Hospital Center	189,077,500	21,539	8,778.47	197,063,249	22,557	8,736.19	-0.48
Peninsula Regional Medical Center	340,813,500	31,681	10,757.59	338,148,800	31,130	10,862.59	0.98
Prince Georges' Hospital Center	216,057,559	16,957	12,741.43	205,804,685	15,237	13,507.26	6.01
Saint Agnes Hospital	320,954,265	28,884	11,111.87	335,387,500	29,848	11,236.66	1.12
Saint Josephs Medical Center	294,403,778	26,720	11,017.95	287,100,323	25,988	11,047.60	0.27
Saint Mary's Hospital	110,856,885	16,151	6,863.77	120,684,064	16,444	7,339.03	6.92
Shady Grove Adventist Hospital	309,139,817	31,475	9,821.76	297,499,487	33,685	8,831.79	-10.08
Sinai Hospital of Baltimore	561,048,000	39,610	14,164.14	571,753,033	42,045	13,598.54	-3.99
Southern Maryland Hospital Center	209,033,383	24,068	8,684.94	199,579,263	23,657	8,436.36	-2.86
Suburban Hospital	222,576,022	20,516	10,848.81	234,064,038	20,973	11,160.23	2.87
Union Hospital of Cecil County	114,766,200	13,899	8,257.01	121,942,200	13,309	9,162.11	10.96
Union Memorial Hospital	341,391,855	23,625	14,450.25	343,260,608	23,916	14,352.56	-0.68
University MIEMSS	156,462,047	8,516	18,371.94	157,354,408	8,862	17,755.08	-3.36
University UMCC	44,705,287	3,236	13,815.13	51,831,776	3,415	15,179.39	9.88
University of Maryland Medical Center	975,310,618	39,823	24,491.13	1,029,532,944	37,591	27,387.61	11.83
Upper Chesapeake Medical Center	217,061,606	23,305	9,313.93	238,600,630	25,594	9,322.46	0.09
Washington Adventist Hospital	222,113,273	19,309	11,502.87	206,488,551	19,124	10,797.10	-6.14
Western Maryland Regional M. C.	249,432,900	25,965	9,606.65	242,617,800	24,458	9,919.64	3.26

**CHANGE IN NET OPERATING REVENUE(NOR) PER EIPA: EXHIBIT V-b**  
**Listed by Net Operating Revenues per EIPA**

Hospital	2011			2012			% Change NOR Per EIPA
	Net Operating Revenue	EIPAs	NOR Per EIPA	Net Operating Revenue	EIPAs	NOR Per EIPA	
University of Maryland Medical Center	975,310,618	39,823	24,491.13	1,029,532,944	37,591	27,387.61	11.8
Johns Hopkins Hospital	1,539,932,053	70,010	21,995.74	1,592,753,199	72,575	21,946.37	-0.2
James Lawrence Kernan Hospital	88,826,129	5,250	16,917.66	100,756,006	5,643	17,856.15	5.5
University MIEMSS	156,462,047	8,516	18,371.94	157,354,408	8,862	17,755.08	-3.4
University UMCC	44,705,287	3,236	13,815.13	51,831,776	3,415	15,179.39	9.9
Union Memorial Hospital	341,391,855	23,625	14,450.25	343,260,608	23,916	14,352.56	-0.7
Sinai Hospital of Baltimore	561,048,000	39,610	14,164.14	571,753,033	42,045	13,598.54	-4.0
Prince Georges' Hospital Center	216,057,559	16,957	12,741.43	205,804,685	15,237	13,507.26	6.0
Johns Hopkins Bayview Medical Center	444,696,000	34,562	12,866.50	475,297,200	35,261	13,479.41	4.8
All Acute Hospitals	12,055,926,370	1,018,057	11,842.09	12,429,743,200	1,024,332	12,134.49	2.5
Mercy Medical Center	362,384,623	33,407	10,847.66	394,332,059	32,987	11,954.26	10.2
Maryland General Hospital	155,249,163	13,553	11,455.23	154,907,773	13,404	11,556.93	0.9
Harbor Hospital Center	168,805,482	15,536	10,865.19	169,499,711	14,942	11,343.52	4.4
Good Samaritan Hospital	261,881,525	22,357	11,713.86	254,604,181	22,529	11,301.38	-3.5
Saint Agnes Hospital	320,954,265	28,884	11,111.87	335,387,500	29,848	11,236.66	1.1
Suburban Hospital	222,576,022	20,516	10,848.81	234,064,038	20,973	11,160.23	2.9
Saint Josephs Medical Center	294,403,778	26,720	11,017.95	287,100,323	25,988	11,047.60	0.3
Peninsula Regional Medical Center	340,813,500	31,681	10,757.59	338,148,800	31,130	10,862.59	1.0
Franklin Square Hospital Center	379,693,940	34,758	10,923.81	394,742,279	36,473	10,822.87	-0.9
Washington Adventist Hospital	222,113,273	19,309	11,502.87	206,488,551	19,124	10,797.10	-6.1
Greater Baltimore Medical Center	371,165,803	35,457	10,467.92	365,654,919	34,455	10,612.45	1.4
Laurel Regional Hospital	84,979,870	9,477	8,967.33	93,765,714	8,850	10,595.14	18.2
McCready Hospital	13,909,856	1,542	9,022.48	14,322,738	1,355	10,573.34	17.2
Baltimore Washington Medical Center	297,316,277	29,727	10,001.71	315,395,249	30,546	10,325.25	3.2
Bon Secours Hospital	106,480,100	10,810	9,849.75	105,135,109	10,238	10,269.38	4.3
Atlantic General Hospital	73,442,979	8,602	8,537.64	77,465,536	7,616	10,170.77	19.1
Meritus Medical Center	237,303,697	25,377	9,351.14	251,506,800	25,130	10,008.22	7.0
Western Maryland Regional M. C.	249,432,900	25,965	9,606.65	242,617,800	24,458	9,919.64	3.3
Memorial Hospital at Easton	149,270,216	16,228	9,198.51	156,541,896	16,087	9,731.15	5.8
Anne Arundel Medical Center	399,181,346	41,134	9,704.41	444,839,660	46,016	9,667.03	-0.4

**CHANGE IN NET OPERATING REVENUE(NOR) PER EIPA: EXHIBIT V-b**  
**Listed by Net Operating Revenues per EIPA**

Hospital	2011			2012			% Change NOR Per EIPA
	Net Operating Revenue	EIPAs	NOR Per EIPA	Net Operating Revenue	EIPAs	NOR Per EIPA	
Carroll County General Hospital	183,287,771	20,643	8,878.76	204,467,265	21,220	9,635.72	8.5
Doctors Community Hospital	182,252,260	20,349	8,956.38	176,878,150	18,526	9,547.50	6.6
Holy Cross Hospital	364,921,991	39,880	9,150.42	367,425,200	39,200	9,373.08	2.4
Upper Chesapeake Medical Center	217,061,606	23,305	9,313.93	238,600,630	25,594	9,322.46	0.1
Union Hospital of Cecil County	114,766,200	13,899	8,257.01	121,942,200	13,309	9,162.11	11.0
Howard County General Hospital	219,340,604	24,924	8,800.52	228,604,410	25,220	9,064.51	3.0
Montgomery General Hospital	136,899,529	15,450	8,860.73	142,313,320	15,804	9,004.73	1.6
Chester River Hospital	51,549,234	5,495	9,381.84	49,732,928	5,527	8,997.38	-4.1
Shady Grove Adventist Hospital	309,139,817	31,475	9,821.76	297,499,487	33,685	8,831.79	-10.1
Northwest Hospital Center	189,077,500	21,539	8,778.47	197,063,249	22,557	8,736.19	-0.5
Frederick Memorial Hospital	279,762,961	31,149	8,981.36	272,707,664	31,289	8,715.72	-3.0
Southern Maryland Hospital Center	209,033,383	24,068	8,684.94	199,579,263	23,657	8,436.36	-2.9
Civista Medical Center	95,738,125	12,619	7,586.68	103,547,973	12,406	8,346.45	10.0
Dorchester General Hospital	47,817,692	6,169	7,751.22	47,836,711	5,903	8,104.01	4.6
Harford Memorial Hospital	81,459,289	10,041	8,112.42	84,034,428	10,561	7,957.12	-1.9
Calvert Memorial Hospital	111,998,740	14,469	7,740.71	115,724,005	14,608	7,922.05	2.3
Garrett County Memorial Hospital	32,531,219	4,705	6,914.00	33,733,514	4,440	7,598.21	9.9
Saint Mary's Hospital	110,856,885	16,151	6,863.77	120,684,064	16,444	7,339.03	6.9
Fort Washington Medical Center	38,643,400	5,298	7,294.36	39,302,376	5,727	6,863.21	-5.9

**CHANGE IN TOTAL OPERATING PROFIT/LOSS : EXHIBIT VI-a**  
**REGULATED & UNREGULATED OPERATIONS**  
*Listed by Alphabetical Order*

Hospital	2011			2012			% Change Reg. Operating	% Change Total Operating
	Regulated Operating	Unregulated Operating	Total Operating	Regulated Operating	Unregulated Operating	Total Operating		
All Acute Hospitals	897,429,390	-433,067,249	464,362,141	780,743,081	-466,227,662	314,515,420	-13.00	-32.27
Anne Arundel Medical Center	27,309,866	-7,295,678	20,014,188	22,997,137	-13,949,007	9,048,130	-15.79	-54.79
Atlantic General Hospital	7,884,487	-7,629,939	254,548	7,834,927	-7,278,318	556,609	-0.63	118.67
Baltimore Washington Medical Center	15,854,364	-950,265	14,904,099	14,066,959	473,264	14,540,222	-11.27	-2.44
Bon Secours Hospital	13,756,615	-14,599,072	-842,457	14,520,888	-13,300,123	1,220,765	5.56	244.91
Calvert Memorial Hospital	10,340,397	-9,688,834	651,563	10,272,886	-10,562,698	-289,812	-0.65	-144.48
Carroll County General Hospital	21,451,372	-12,020,069	9,431,303	21,765,581	-4,919,386	16,846,195	1.46	78.62
Chester River Hospital	1,662,317	-1,131,284	531,033	-585,613	-1,566,239	-2,151,852	-135.23	-505.22
Civista Medical Center	2,881,182	52,831	2,934,013	8,657,595	-429,633	8,227,962	200.49	180.43
Doctors Community Hospital	8,036,051	-3,984,940	4,051,112	6,541,312	-6,079,156	462,156	-18.60	-88.59
Dorchester General Hospital	5,872,745	-1,191,701	4,681,044	7,396,857	-1,633,805	5,763,053	25.95	23.11
Fort Washington Medical Center	1,384,387	-413,612	970,774	1,702,136	-600,935	1,101,202	22.95	13.44
Franklin Square Hospital Center	39,025,143	-21,957,696	17,067,447	31,496,894	-18,514,347	12,982,547	-19.29	-23.93
Frederick Memorial Hospital	30,198,403	-15,730,558	14,467,845	9,272,039	-8,682,574	589,466	-69.30	-95.93
Garrett County Memorial Hospital	2,237,587	-345,456	1,892,131	1,755,437	-558,755	1,196,682	-21.55	-36.75
Good Samaritan Hospital	26,578,377	-20,269,011	6,309,366	22,344,084	-14,747,241	7,596,843	-15.93	20.41
Greater Baltimore Medical Center	34,384,108	-15,652,447	18,731,661	26,622,953	-13,348,490	13,274,463	-22.57	-29.13
Harbor Hospital Center	12,583,896	-4,927,932	7,655,964	2,534,277	-5,244,045	-2,709,768	-79.86	-135.39
Harford Memorial Hospital	3,498,273	-1,772,684	1,725,589	3,539,177	-568,123	2,971,054	1.17	72.18
Holy Cross Hospital	38,660,100	-12,325,300	26,334,800	42,291,998	-15,634,098	26,657,900	9.39	1.23
Howard County General Hospital	13,813,145	-8,461,763	5,351,382	18,344,798	-8,709,292	9,635,506	32.81	80.06
James Lawrence Kernan Hospital	1,579,606	-249,229	1,330,378	5,261,351	-571,459	4,689,892	233.08	252.52
Johns Hopkins Bayview Medical Center	16,686,571	-11,919,771	4,766,800	21,925,036	-12,782,836	9,142,200	31.39	91.79
Johns Hopkins Hospital	62,816,319	-4,660,064	58,156,255	32,726,234	666,767	33,393,001	-47.90	-42.58
Laurel Regional Hospital	-2,325,411	-5,357,789	-7,683,200	-3,108,868	-5,943,501	-9,052,368	-33.69	-17.82
Maryland General Hospital	18,489,775	-14,222,636	4,267,138	10,568,126	-14,703,136	-4,135,010	-42.84	-196.90
McCready Hospital	1,067,343	-1,599,563	-532,220	506,240	874,010	1,380,250	-52.57	359.34
Memorial Hospital at Easton	9,048,607	192,582	9,241,189	15,184,237	-170,476	15,013,761	67.81	62.47
Mercy Medical Center	20,663,459	-7,801,821	12,861,638	21,797,330	-13,126,437	8,670,893	5.49	-32.58

**CHANGE IN TOTAL OPERATING PROFIT/LOSS : EXHIBIT VI-a**  
**REGULATED & UNREGULATED OPERATIONS**  
*Listed by Alphabetical Order*

Hospital	2011			2012			% Change Reg. Operating	% Change Total Operating
	Regulated Operating	Unregulated Operating	Total Operating	Regulated Operating	Unregulated Operating	Total Operating		
Meritus Medical Center	8,970,292	-1,836,392	7,133,900	3,860,038	-1,701,538	2,158,500	-56.97	-69.74
Montgomery General Hospital	17,350,936	-8,913,309	8,437,627	17,737,440	-8,912,163	8,825,276	2.23	4.59
Northwest Hospital Center	18,903,134	-7,814,666	11,088,468	18,829,012	-8,448,897	10,380,115	-0.39	-6.39
Peninsula Regional Medical Center	36,614,419	-19,081,519	17,532,900	28,632,947	-22,346,947	6,286,000	-21.80	-64.15
Prince Georges' Hospital Center	3,180,393	-15,304,283	-12,123,890	1,979,536	-16,861,740	-14,882,204	-37.76	-22.75
Saint Agnes Hospital	42,372,882	-23,235,008	19,137,874	48,403,847	-26,915,191	21,488,655	14.23	12.28
Saint Josephs Medical Center	816,389	-25,274,138	-24,457,749	416,042	-28,586,130	-28,170,088	-49.04	-15.18
Saint Mary's Hospital	14,105,743	-8,092,560	6,013,183	14,168,767	-4,526,924	9,641,843	0.45	60.35
Shady Grove Adventist Hospital	27,006,901	-2,534,103	24,472,797	20,158,508	-12,254,890	7,903,618	-25.36	-67.70
Sinai Hospital of Baltimore	62,659,770	-39,017,670	23,642,100	46,055,756	-31,892,393	14,163,363	-26.50	-40.09
Southern Maryland Hospital Center	10,459,521	-4,678,599	5,780,922	5,598,420	-10,127,437	-4,529,017	-46.48	-178.34
Suburban Hospital	14,067,291	1,658,716	15,726,007	17,181,785	-3,135,062	14,046,723	22.14	-10.68
Union Hospital of Cecil County	11,852,200	-7,422,100	4,430,100	14,953,500	-9,964,800	4,988,700	26.17	12.61
Union Memorial Hospital	38,836,897	-25,889,376	12,947,521	31,416,756	-28,363,207	3,053,549	-19.11	-76.42
University MIEMSS	17,772,047	-2,685,400	15,086,647	23,783,108	-3,546,700	20,236,408	33.82	34.13
University UMCC	-10,309,650	-1,125,100	-11,434,750	-5,896,024	-976,200	-6,872,224	42.81	39.90
University of Maryland Medical Center	91,927,290	-16,712,977	75,214,313	91,181,886	-32,162,539	59,019,347	-0.81	-21.53
Upper Chesapeake Medical Center	26,568,653	-5,676,407	20,892,246	21,488,661	-2,341,849	19,146,812	-19.12	-8.35
Washington Adventist Hospital	3,438,917	-952,276	2,486,641	3,310,437	-9,693,786	-6,383,349	-3.74	-356.71
Western Maryland Regional M. C.	15,396,281	-12,566,381	2,829,900	1,659,092	-11,526,792	-9,867,700	-89.22	-448.69

**CHANGE IN TOTAL OPERATING PROFIT/LOSS : EXHIBIT VI-b**  
**REGULATED & UNREGULATED OPERATIONS**  
*Listed by Total Operating Profit/Loss*

Hospital	2011			2012			% Change Reg. Operating	% Change Total Operating
	Regulated Operating	Unregulated Operating	Total Operating	Regulated Operating	Unregulated Operating	Total Operating		
All Acute Hospitals	897,429,390	-433,067,249	464,362,141	780,743,081	-466,227,662	314,515,420	-13.00	-32.27
University of Maryland Medical Center	91,927,290	-16,712,977	75,214,313	91,181,886	-32,162,539	59,019,347	-0.81	-21.53
Johns Hopkins Hospital	62,816,319	-4,660,064	58,156,255	32,726,234	666,767	33,393,001	-47.90	-42.58
Holy Cross Hospital	38,660,100	-12,325,300	26,334,800	42,291,998	-15,634,098	26,657,900	9.39	1.23
Saint Agnes Hospital	42,372,882	-23,235,008	19,137,874	48,403,847	-26,915,191	21,488,655	14.23	12.28
University MIEMSS	17,772,047	-2,685,400	15,086,647	23,783,108	-3,546,700	20,236,408	33.82	34.13
Upper Chesapeake Medical Center	26,568,653	-5,676,407	20,892,246	21,488,661	-2,341,849	19,146,812	-19.12	-8.35
Carroll County General Hospital	21,451,372	-12,020,069	9,431,303	21,765,581	-4,919,386	16,846,195	1.46	78.62
Memorial Hospital at Easton	9,048,607	192,582	9,241,189	15,184,237	-170,476	15,013,761	67.81	62.47
Baltimore Washington Medical Center	15,854,364	-950,265	14,904,099	14,066,959	473,264	14,540,222	-11.27	-2.44
Sinai Hospital of Baltimore	62,659,770	-39,017,670	23,642,100	46,055,756	-31,892,393	14,163,363	-26.50	-40.09
Suburban Hospital	14,067,291	1,658,716	15,726,007	17,181,785	-3,135,062	14,046,723	22.14	-10.68
Greater Baltimore Medical Center	34,384,108	-15,652,447	18,731,661	26,622,953	-13,348,490	13,274,463	-22.57	-29.13
Franklin Square Hospital Center	39,025,143	-21,957,696	17,067,447	31,496,894	-18,514,347	12,982,547	-19.29	-23.93
Northwest Hospital Center	18,903,134	-7,814,666	11,088,468	18,829,012	-8,448,897	10,380,115	-0.39	-6.39
Saint Mary's Hospital	14,105,743	-8,092,560	6,013,183	14,168,767	-4,526,924	9,641,843	0.45	60.35
Howard County General Hospital	13,813,145	-8,461,763	5,351,382	18,344,798	-8,709,292	9,635,506	32.81	80.06
Johns Hopkins Bayview Medical Center	16,686,571	-11,919,771	4,766,800	21,925,036	-12,782,836	9,142,200	31.39	91.79
Anne Arundel Medical Center	27,309,866	-7,295,678	20,014,188	22,997,137	-13,949,007	9,048,130	-15.79	-54.79
Montgomery General Hospital	17,350,936	-8,913,309	8,437,627	17,737,440	-8,912,163	8,825,276	2.23	4.59
Mercy Medical Center	20,663,459	-7,801,821	12,861,638	21,797,330	-13,126,437	8,670,893	5.49	-32.58
Civista Medical Center	2,881,182	52,831	2,934,013	8,657,595	-429,633	8,227,962	200.49	180.43
Shady Grove Adventist Hospital	27,006,901	-2,534,103	24,472,797	20,158,508	-12,254,890	7,903,618	-25.36	-67.70
Good Samaritan Hospital	26,578,377	-20,269,011	6,309,366	22,344,084	-14,747,241	7,596,843	-15.93	20.41
Peninsula Regional Medical Center	36,614,419	-19,081,519	17,532,900	28,632,947	-22,346,947	6,286,000	-21.80	-64.15
Dorchester General Hospital	5,872,745	-1,191,701	4,681,044	7,396,857	-1,633,805	5,763,053	25.95	23.11
Union Hospital of Cecil County	11,852,200	-7,422,100	4,430,100	14,953,500	-9,964,800	4,988,700	26.17	12.61
James Lawrence Kernan Hospital	1,579,606	-249,229	1,330,378	5,261,351	-571,459	4,689,892	233.08	252.52
Union Memorial Hospital	38,836,897	-25,889,376	12,947,521	31,416,756	-28,363,207	3,053,549	-19.11	-76.42

**CHANGE IN TOTAL OPERATING PROFIT/LOSS : EXHIBIT VI-b**  
**REGULATED & UNREGULATED OPERATIONS**  
*Listed by Total Operating Profit/Loss*

Hospital	2011			2012			% Change Reg. Operating	% Change Total Operating
	Regulated Operating	Unregulated Operating	Total Operating	Regulated Operating	Unregulated Operating	Total Operating		
Harford Memorial Hospital	3,498,273	-1,772,684	1,725,589	3,539,177	-568,123	2,971,054	1.17	72.18
Meritus Medical Center	8,970,292	-1,836,392	7,133,900	3,860,038	-1,701,538	2,158,500	-56.97	-69.74
McCready Hospital	1,067,343	-1,599,563	-532,220	506,240	874,010	1,380,250	-52.57	359.34
Bon Secours Hospital	13,756,615	-14,599,072	-842,457	14,520,888	-13,300,123	1,220,765	5.56	244.91
Garrett County Memorial Hospital	2,237,587	-345,456	1,892,131	1,755,437	-558,755	1,196,682	-21.55	-36.75
Fort Washington Medical Center	1,384,387	-413,612	970,774	1,702,136	-600,935	1,101,202	22.95	13.44
Frederick Memorial Hospital	30,198,403	-15,730,558	14,467,845	9,272,039	-8,682,574	589,466	-69.30	-95.93
Atlantic General Hospital	7,884,487	-7,629,939	254,548	7,834,927	-7,278,318	556,609	-0.63	118.67
Doctors Community Hospital	8,036,051	-3,984,940	4,051,112	6,541,312	-6,079,156	462,156	-18.60	-88.59
Calvert Memorial Hospital	10,340,397	-9,688,834	651,563	10,272,886	-10,562,698	-289,812	-0.65	-144.48
Chester River Hospital	1,662,317	-1,131,284	531,033	-585,613	-1,566,239	-2,151,852	-135.23	-505.22
Harbor Hospital Center	12,583,896	-4,927,932	7,655,964	2,534,277	-5,244,045	-2,709,768	-79.86	-135.39
Maryland General Hospital	18,489,775	-14,222,636	4,267,138	10,568,126	-14,703,136	-4,135,010	-42.84	-196.90
Southern Maryland Hospital Center	10,459,521	-4,678,599	5,780,922	5,598,420	-10,127,437	-4,529,017	-46.48	-178.34
Washington Adventist Hospital	3,438,917	-952,276	2,486,641	3,310,437	-9,693,786	-6,383,349	-3.74	-356.71
University UMCC	-10,309,650	-1,125,100	-11,434,750	-5,896,024	-976,200	-6,872,224	42.81	39.90
Laurel Regional Hospital	-2,325,411	-5,357,789	-7,683,200	-3,108,868	-5,943,501	-9,052,368	-33.69	-17.82
Western Maryland Regional M. C.	15,396,281	-12,566,381	2,829,900	1,659,092	-11,526,792	-9,867,700	-89.22	-448.69
Prince Georges' Hospital Center	3,180,393	-15,304,283	-12,123,890	1,979,536	-16,861,740	-14,882,204	-37.76	-22.75
Saint Josephs Medical Center	816,389	-25,274,138	-24,457,749	416,042	-28,586,130	-28,170,088	-49.04	-15.18



**TOTAL EXCESS PROFIT/LOSS : EXHIBIT VII-a**  
**Listed by Alphabetical Order**

	2011	2012	
Hospital	Excess Profit Loss	Excess Profit Loss	% Change in Excess
All Acute Hospitals	846,604,006	229,618,116	-72.88
Anne Arundel Medical Center	61,091,188	-31,996,892	-152.38
Atlantic General Hospital	1,787,444	1,456,040	-18.54
Baltimore Washington Medical Center	19,150,099	11,252,222	-41.24
Bon Secours Hospital	229,596	1,603,802	598.53
Calvert Memorial Hospital	1,257,809	2,773,506	120.50
Carroll County General Hospital	20,124,500	4,870,116	-75.80
Chester River Hospital	2,092,927	-1,947,852	-193.07
Civista Medical Center	4,593,499	-656,038	-114.28
Doctors Community Hospital	17,199,910	305,804	-98.22
Dorchester General Hospital	5,352,348	5,576,088	4.18
Fort Washington Medical Center	975,034	1,102,010	13.02
Franklin Square Hospital Center	17,444,007	13,287,500	-23.83
Frederick Memorial Hospital	25,749,845	-2,998,773	-111.65
Garrett County Memorial Hospital	2,815,141	1,621,925	-42.39
Good Samaritan Hospital	7,145,524	8,605,078	20.43
Greater Baltimore Medical Center	24,935,745	18,376,336	-26.31
Harbor Hospital Center	7,813,879	-2,489,549	-131.86
Harford Memorial Hospital	1,104,589	8,268,054	648.52
Holy Cross Hospital	43,692,100	26,077,900	-40.31
Howard County General Hospital	9,198,567	-1,270,363	-113.81
James Lawrence Kernan Hospital	3,262,378	4,372,892	34.04
Johns Hopkins Bayview Medical Center	6,197,000	10,625,700	71.47
Johns Hopkins Hospital	81,676,531	66,111,683	-19.06
Laurel Regional Hospital	917,936	97,632	-89.36
Maryland General Hospital	4,159,138	-4,813,010	-215.72
McCready Hospital	-415,966	3,260,935	883.94
Memorial Hospital at Easton	19,019,010	13,061,338	-31.32
Mercy Medical Center	35,419,445	-14,315,107	-140.42
Meritus Medical Center	12,310,700	4,712,400	-61.72

**TOTAL EXCESS PROFIT/LOSS : EXHIBIT VII-a**  
**Listed by Alphabetical Order**

	2011	2012	
Hospital	Excess Profit Loss	Excess Profit Loss	% Change in Excess
Montgomery General Hospital	9,426,314	9,004,630	-4.47
Northwest Hospital Center	23,851,636	11,695,796	-50.96
Peninsula Regional Medical Center	30,839,000	15,837,000	-48.65
Prince Georges' Hospital Center	6,645,359	7,369,937	10.90
Saint Agnes Hospital	53,539,924	43,515,023	-18.72
Saint Josephs Medical Center	-16,039,404	-24,406,902	-52.17
Saint Mary's Hospital	7,451,003	9,640,308	29.38
Shady Grove Adventist Hospital	25,670,010	8,908,624	-65.30
Sinai Hospital of Baltimore	44,208,100	23,129,417	-47.68
Southern Maryland Hospital Center	5,808,522	-4,683,446	-180.63
Suburban Hospital	21,629,544	11,442,898	-47.10
Union Hospital of Cecil County	11,011,200	4,256,400	-61.34
Union Memorial Hospital	21,374,313	4,084,294	-80.89
University MIEMSS	17,052,647	21,736,408	27.47
University UMCC	-11,295,992	-6,523,022	42.25
University of Maryland Medical Center	136,966,013	-55,550,450	-140.56
Upper Chesapeake Medical Center	9,117,246	15,544,812	70.50
Washington Adventist Hospital	2,058,647	-7,395,623	-459.25
Western Maryland Regional M. C.	10,990,000	-1,723,700	-115.68

**TOTAL EXCESS PROFIT/LOSS : EXHIBIT VII-b**  
**Listed by Excess Profit/Loss**

	2011	2012	
Hospital	Excess Profit Loss	Excess Profit Loss	% Change in Excess
All Acute Hospitals	846,604,006	229,618,116	-72.88
Johns Hopkins Hospital	81,676,531	66,111,683	-19.06
Saint Agnes Hospital	53,539,924	43,515,023	-18.72
Holy Cross Hospital	43,692,100	26,077,900	-40.31
Sinai Hospital of Baltimore	44,208,100	23,129,417	-47.68
University MIEMSS	17,052,647	21,736,408	27.47
Greater Baltimore Medical Center	24,935,745	18,376,336	-26.31
Peninsula Regional Medical Center	30,839,000	15,837,000	-48.65
Upper Chesapeake Medical Center	9,117,246	15,544,812	70.50
Franklin Square Hospital Center	17,444,007	13,287,500	-23.83
Memorial Hospital at Easton	19,019,010	13,061,338	-31.32
Northwest Hospital Center	23,851,636	11,695,796	-50.96
Suburban Hospital	21,629,544	11,442,898	-47.10
Baltimore Washington Medical Center	19,150,099	11,252,222	-41.24
Johns Hopkins Bayview Medical Center	6,197,000	10,625,700	71.47
Saint Mary's Hospital	7,451,003	9,640,308	29.38
Montgomery General Hospital	9,426,314	9,004,630	-4.47
Shady Grove Adventist Hospital	25,670,010	8,908,624	-65.30
Good Samaritan Hospital	7,145,524	8,605,078	20.43
Harford Memorial Hospital	1,104,589	8,268,054	648.52
Prince Georges' Hospital Center	6,645,359	7,369,937	10.90
Dorchester General Hospital	5,352,348	5,576,088	4.18
Carroll County General Hospital	20,124,500	4,870,116	-75.80
Meritus Medical Center	12,310,700	4,712,400	-61.72
James Lawrence Kernan Hospital	3,262,378	4,372,892	34.04
Union Hospital of Cecil County	11,011,200	4,256,400	-61.34
Union Memorial Hospital	21,374,313	4,084,294	-80.89
McCready Hospital	-415,966	3,260,935	883.94
Calvert Memorial Hospital	1,257,809	2,773,506	120.50
Garrett County Memorial Hospital	2,815,141	1,621,925	-42.39

***TOTAL EXCESS PROFIT/LOSS : EXHIBIT VII-b***  
***Listed by Excess Profit/Loss***

	2011	2012	
Hospital	Excess Profit Loss	Excess Profit Loss	% Change in Excess
Bon Secours Hospital	229,596	1,603,802	598.53
Atlantic General Hospital	1,787,444	1,456,040	-18.54
Fort Washington Medical Center	975,034	1,102,010	13.02
Doctors Community Hospital	17,199,910	305,804	-98.22
Laurel Regional Hospital	917,936	97,632	-89.36
Civista Medical Center	4,593,499	-656,038	-114.28
Howard County General Hospital	9,198,567	-1,270,363	-113.81
Western Maryland Regional M. C.	10,990,000	-1,723,700	-115.68
Chester River Hospital	2,092,927	-1,947,852	-193.07
Harbor Hospital Center	7,813,879	-2,489,549	-131.86
Frederick Memorial Hospital	25,749,845	-2,998,773	-111.65
Southern Maryland Hospital Center	5,808,522	-4,683,446	-180.63
Maryland General Hospital	4,159,138	-4,813,010	-215.72
University UMCC	-11,295,992	-6,523,022	42.25
Washington Adventist Hospital	2,058,647	-7,395,623	-459.25
Mercy Medical Center	35,419,445	-14,315,107	-140.42
Saint Josephs Medical Center	-16,039,404	-24,406,902	-52.17
Anne Arundel Medical Center	61,091,188	-31,996,892	-152.38
University of Maryland Medical Center	136,966,013	-55,550,450	-140.56