

### Tax Exempt Entity Declaration and Signature for Electronic Filing

For calendar year 2022, or tax year beginning 07/01, 2022, and ending 06/30, 20 23

# 2022

Department of the Treasury  
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP  
Go to [www.irs.gov/Form8453TE](http://www.irs.gov/Form8453TE) for the latest information.

Name of filer

UPPER CHESAPEAKE MEDICAL CENTER, INC.

EIN or SSN

52-1253920

#### Part I Type of Return and Return Information

Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	333,461,471
2a	Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a	Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a	Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

#### Part II Declaration of Officer or Person Subject to Tax

- 11a  I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- b  If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that  I am an officer of the above named entity or  I am the person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_,

and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Marcus S. Burdick | 5/7/24 SVP, FINANCE  
 Here Signature of officer or person subject to tax Date Title, if applicable

#### Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code				EIN
					Phone no.

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	JUSTIN LOWE	<u>Justin Lowe</u>	5/5/24		P01866796
	Firm's name	ERNST & YOUNG U.S. LLP		Firm's EIN	34-6565596
	Firm's address	1101 NEW YORK AVE NW, WASHINGTON, DC 20005		Phone no.	(202) 327-6000

PUBLIC DISCLOSURE COPY

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2022**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

**A** For the **2022** calendar year, or tax year beginning 07/01, 2022, and ending 06/30, 20 23

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization UPPER CHESAPEAKE MEDICAL CENTER, INC.  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
500 UPPER CHESAPEAKE DRIVE  
 City or town, state or province, country, and ZIP or foreign postal code  
BEL AIR, MD 21014

**D** Employer identification number 52-1253920

**E** Telephone number (443) 643-1000

**F** Name and address of principal officer: ELIZABETH WISE  
SAME AS C ABOVE

**G** Gross receipts \$ 563,052,533

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions.  
**H(c)** Group exemption number \_\_\_\_\_

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: WWW.UMMS.ORG/UCH

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: 1997

**M** State of legal domicile: MD

Part I Summary			
Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O.</u>	
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> 22
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> 17
	<b>5</b>	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b> 2,843
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b> 369
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> 0
<b>b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b> 0	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year 2,326,327 Current Year 2,119,014
	<b>9</b>	Program service revenue (Part VIII, line 2g)	334,278,288 331,022,413
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	26,356,327 1,326,449
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	(387,961) (1,006,405)
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	362,572,981 333,461,471
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0 119,250
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0 0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	136,123,236 134,993,517
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0 0
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25)	0
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	168,921,572 172,468,683
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	305,044,808 307,581,450
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	57,528,173 25,880,021	
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year 944,449,183 End of Year 779,793,531
	<b>21</b>	Total liabilities (Part X, line 26)	511,986,569 483,114,797
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	432,462,614 296,678,734

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer: MARCO PRIOLO, SVP, FINANCE Date: \_\_\_\_\_  
 Type or print name and title: \_\_\_\_\_

**Paid Preparer Use Only**  
 Print/Type preparer's name: JUSTIN LOWE Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Check  if self-employed PTIN: P01866796  
 Firm's name: ERNST & YOUNG U.S. LLP Firm's EIN: 34-6565596  
 Firm's address: 1101 NEW YORK AVE NW, WASHINGTON, DC 20005 Phone no.: (202) 327-6000

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

**1** Briefly describe the organization's mission:  
SEE SCHEDULE O.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: \_\_\_\_\_) (Expenses \$ 231,334,875 including grants of \$ 119,250) (Revenue \$ 331,496,707)  
PROVIDING HEALTHCARE SERVICES TO PATIENTS REGARDLESS OF THEIR ABILITY TO PAY FOR SUCH SERVICES.

FOR MORE THAN 90 YEARS, UPPER CHESAPEAKE HEALTH HAS BEEN PROVIDING COMPREHENSIVE, HIGH QUALITY HEALTHCARE. ITS TWO HOSPITALS, HARFORD MEMORIAL HOSPITAL AND UPPER CHESAPEAKE MEDICAL CENTER OFFER SOME OF THE AREA'S MOST ADVANCED INPATIENT AND OUTPATIENT SERVICES SO THAT PATIENTS CAN ENJOY THE SUPERIOR WELLNESS RESOURCES A HEALTHY LIFESTYLE NEEDS, WITHOUT LEAVING THEIR NEIGHBORHOOD. UPPER CHESAPEAKE HEALTH IS A COMMUNITY-BASED, NON-PROFIT HEALTH SYSTEM LOCATED IN HARFORD COUNTY, MARYLAND. OUR VISION IS BASED ON CREATING THE HEALTHIEST COMMUNITY IN MARYLAND. BUILDING ON THAT VISION, WE HAVE A STRONG COMMITMENT TO SERVICE  
(CONTINUED ON SCHEDULE O)

**4b** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4c** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4d** Other program services (Describe on Schedule O.)  
(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4e** Total program service expenses 231,334,875

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Part IV Checklist of Required Schedules** *(continued)*

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .		✓
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	✓	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .		✓
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		✓
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		✓
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .		✓
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .		✓
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		✓
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	✓	
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		✓
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .		✓
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		✓
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		✓
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		✓
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .		✓
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	✓	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	✓	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	✓	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		✓
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		✓
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O . . . . .	✓	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . . . . .		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . . . . .		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .		

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> <i>(continued)</i>		Yes	No		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	2,843		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		✓	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			✓
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>			✓
<b>b</b>	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>			✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>			✓
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			✓
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>			✓
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			✓
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	<b>17</b>			

**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 22		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent . . . . .		
	<b>1b</b> 17		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		<input checked="" type="checkbox"/>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders? . . . . .	<input checked="" type="checkbox"/>	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . .		<input checked="" type="checkbox"/>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990. . . . .		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<input checked="" type="checkbox"/>	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done . . . . .	<input checked="" type="checkbox"/>	
<b>12c</b>		<input checked="" type="checkbox"/>	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	<input checked="" type="checkbox"/>	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	<input checked="" type="checkbox"/>	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official . . . . .		<input checked="" type="checkbox"/>
<b>b</b>	Other officers or key employees of the organization . . . . .		<input checked="" type="checkbox"/>
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. . . . .		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **MD**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.  
**JENINE WARNKE, 900 ELKRIDGE LANDING ROAD - 3 EAST, LINTHICUM, MD 21090, (443) 462-5811**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MOHAN SUNTHA, MD PRESIDENT AND CEO, UMMS	1.0 60.0	✓					0	4,360,614	41,855	
(2) LYLE E SHELDON FORMER PRESIDENT/CEO, UCHS	0.0 0.0					✓	0	1,136,709	11,592	
(3) LISA C ROWEN, RN DIRECTOR	1.0 44.0	✓					0	934,887	34,278	
(4) ELIZABETH WISE PRESIDENT/CEO, UCHS	1.0 48.0	✓		✓			0	661,428	88,802	
(5) ALICIA L CUNNINGHAM DIRECTOR	1.0 42.0	✓					0	594,388	43,733	
(6) MUHAMMAD K JOKHADAR, MD PHYSICIAN	40.0 0.0					✓	479,755	0	13,403	
(7) MARCO PRIOLO VP FINANCE/CFO	1.0 47.0			✓			0	369,452	69,017	
(8) ZHANNA N KOLOSEY NURSE	40.0 0.0					✓	347,079	0	7,033	
(9) ROY H PHILLIPS, MD PHYSICIAN	40.0 0.0					✓	309,859	0	19,605	
(10) OLUFUNMILAYO ONOBRAKPEYA, MD PHYSICIAN	40.0 0.0					✓	259,538	0	26,056	
(11) REZA OSTADALI NURSE	40.0 0.0					✓	274,708	0	10,115	
(12) JOSEPH E HOFFMAN, III FORMER CFO	0.0 41.0					✓	0	203,875	9,137	
(13) BRYAN E KELLY CHAIRMAN	1.0 6.0	✓		✓			0	0	0	
(14) DENNIS KURGANSKY, MD SECRETARY	1.0 6.0	✓		✓			0	0	0	



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) JAMES M HARKINS VICE CHAIRMAN	1.0 8.5	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	0 0
(16) MICHAEL F ALLEN TREASURER	1.0 5.0	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	0 0
(17) ADELE A WILZACK, RN DIRECTOR	1.0 7.0	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	0 0
(18) ALBERT J.A. YOUNG, ESQ DIRECTOR	1.0 5.0	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	0 0
(19) CHARLES E ALEXANDER DIRECTOR	1.0 4.0	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	0 0
(20) JAMES C RICHARDSON DIRECTOR	1.0 4.0	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	0 0
(21) LISA THOMAS, MD DIRECTOR	1.0 4.0	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	0 0
(22) MELINDA L CRAIG DIRECTOR	1.0 6.0	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	0 0
(23) R. BRYAN KILBY DIRECTOR	1.0 5.0	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	0 0
(24) RICHARD P STREETT, JR, VMD DIRECTOR	1.0 6.0	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	0 0
(25) (SEE STATEMENT)										
<b>1b Subtotal</b>								1,670,939	8,261,353	374,626
<b>c Total from continuation sheets to Part VII, Section A</b>								0	0	0
<b>d Total (add lines 1b and 1c)</b>								1,670,939	8,261,353	374,626

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 333

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	<input checked="" type="checkbox"/>
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	<input checked="" type="checkbox"/>
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	<input checked="" type="checkbox"/>

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
CROSS COUNTRY STAFFING, PO BOX 404674, ATLANTA, GA 30384-4674	TEMP LABOR	3,222,778
AYA HEALTHCARE, INC., PO BOX 123519, DALLAS, TX 75312-3519	TEMP LABOR	1,175,792
AVANT HEALTHCARE PROFESSIONALS, PO BOX 744554, ATLANTA, GA 30374-4554	TEMP LABOR	1,084,472
OBHG MARYLAND, PC, 777 LOWNDES HILL RD, GREENVILLE, SC 29607	PHYSICIAN SERVICES	996,120
MAXIM GROUP, 12558 COLLECTIONS CENTER DR., CHICAGO, IL 60693	TEMP LABOR	784,994

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 34

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b>	Membership dues . . . . .	<b>1b</b>					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>					
	<b>d</b>	Related organizations . . . . .	<b>1d</b>	775,557				
	<b>e</b>	Government grants (contributions)	<b>1e</b>	1,343,457				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>					
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		2,119,014				
	<b>Program Service Revenue</b>	<b>2a</b>	<u>NET PATIENT SERVICE REVENUE</u>	Business Code	621110	331,022,413	331,022,413	0
<b>b</b>		-----						
<b>c</b>		-----						
<b>d</b>		-----						
<b>e</b>		-----						
<b>f</b>		All other program service revenue . .			0	0	0	
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .			331,022,413			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		3,731,352	0	0	3,731,352	
	<b>4</b>	Income from investment of tax-exempt bond proceeds						
	<b>5</b>	Royalties . . . . .						
	<b>6a</b>	Gross rents . . . . .	(i) Real	1,843,878				
			(ii) Personal					
			<b>6b</b>	Less: rental expenses	3,429,249			
			<b>6c</b>	Rental income or (loss)	(1,585,371)	0		
	<b>d</b>	Net rental income or (loss) . . . . .		(1,585,371)	0	0	(1,585,371)	
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	223,756,910				
			(ii) Other					
			<b>7b</b>	Less: cost or other basis and sales expenses . . . . .	226,161,813			
			<b>7c</b>	Gain or (loss) . . . . .	(2,404,903)	0		
	<b>d</b>	Net gain or (loss) . . . . .		(2,404,903)	0	0	(2,404,903)	
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>					
	<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>					
<b>c</b>	Net income or (loss) from fundraising events . . . . .							
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>						
<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>						
<b>c</b>	Net income or (loss) from gaming activities . . . . .							
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>						
		<b>10b</b>	Less: cost of goods sold . . . . .					
		<b>c</b>	Net income or (loss) from sales of inventory . . . . .					
<b>Miscellaneous Revenue</b>	<b>11a</b>	<u>MISCELLANEOUS</u>	Business Code	900099	474,294	474,294	0	
	<b>b</b>	<u>PARKING GARAGE</u>		812930	104,672	0	104,672	
	<b>c</b>	-----						
	<b>d</b>	All other revenue . . . . .			0	0	0	
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .			578,966			
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .			333,461,471	331,496,707	0	(154,250)	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	119,250	119,250		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members . . . . .	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	114,339,415	83,266,284	31,073,131	0
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,585,285	3,339,178	1,246,107	0
<b>9</b> Other employee benefits . . . . .	7,920,557	5,768,049	2,152,508	0
<b>10</b> Payroll taxes . . . . .	8,148,260	5,933,871	2,214,389	0
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .				
<b>d</b> Lobbying . . . . .	11,636	0	11,636	0
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .	397,088	0	397,088	0
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	58,453,038	33,012,595	25,440,443	0
<b>12</b> Advertising and promotion . . . . .	17,670	12,868	4,802	0
<b>13</b> Office expenses . . . . .	1,075,403	783,149	292,254	0
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	7,607,399	5,539,996	2,067,403	0
<b>17</b> Travel . . . . .	79,208	57,682	21,526	0
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings . . . . .	56,923	41,453	15,470	0
<b>20</b> Interest . . . . .	6,432,275	4,684,226	1,748,049	0
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	16,983,079	12,367,720	4,615,359	0
<b>23</b> Insurance . . . . .	5,857,408	5,761,943	95,465	0
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> <u>MEDICAL SUPPLIES</u> . . . . .	46,206,580	46,206,580	0	0
<b>b</b> <u>BAD DEBT</u> . . . . .	11,441,015	11,441,015	0	0
<b>c</b> <u>CORPORATE FEES</u> . . . . .	9,265,159	6,747,239	2,517,920	0
<b>d</b> <u>REPAIRS/MAINTENANCE</u> . . . . .	2,784,194	2,027,555	756,639	0
<b>e</b> All other expenses . . . . .	5,800,608	4,224,222	1,576,386	0
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	307,581,450	231,334,875	76,246,575	0
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	0	<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	161,521,939	<b>2</b>	45,052,907
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	37,734,575	<b>4</b>	37,703,787
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	74,784,547	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	6,430,568	<b>8</b>	6,398,037
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,530,296	<b>9</b>	136,428
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 427,038,087		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 121,954,530	181,679,352	<b>10c</b> 305,083,557
	<b>11</b> Investments—publicly traded securities . . . . .	114,047,094	<b>11</b>	110,742,324
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	78,636,000	<b>12</b>	79,683,000
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	55,686,000	<b>14</b>	55,686,000
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	232,398,812	<b>15</b>	139,307,491
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	944,449,183	<b>16</b>	779,793,531	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	41,834,443	<b>17</b>	35,009,289
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .	470,152,126	<b>25</b>	448,105,508
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	511,986,569	<b>26</b>	483,114,797
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	397,449,030	<b>27</b>	265,568,678
	<b>28</b> Net assets with donor restrictions . . . . .	35,013,584	<b>28</b>	31,110,056
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	432,462,614	<b>32</b>	296,678,734
<b>33</b> Total liabilities and net assets/fund balances . . . . .	944,449,183	<b>33</b>	779,793,531	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	333,461,471
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	307,581,450
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	25,880,021
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	432,462,614
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	15,035,735
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	(176,699,636)
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	296,678,734

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
<b>b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	✓	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	✓	
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	✓	

**Part VII**

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) RYAN D JOHN ----- DIRECTOR	1.0 ----- 4.0	✓						0	0	0
(26) SANJEEV KUMAR, MD ----- DIRECTOR	1.0 ----- 4.0	✓						0	0	0
(27) SHARON M LIPFORD ----- DIRECTOR	1.0 ----- 4.0	✓						0	0	0
(28) THERESA B FELDER ----- DIRECTOR	1.0 ----- 4.0	✓						0	0	0
(29) TOBIAS MUSSER ----- DIRECTOR	1.0 ----- 4.0	✓						0	0	0
(30) V DIXON KING, MD ----- DIRECTOR	1.0 ----- 4.0	✓						0	0	0

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization <b>UPPER CHESAPEAKE MEDICAL CENTER, INC.</b>	Employer identification number <b>52-1253920</b>
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vii)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test—2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 33 1/3% support test—2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2022</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2021</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests—2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support tests—2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
3b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described on line 11a above?		
<b>c</b>	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b>	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b>	Activities Test. <b>Answer lines 2a and 2b below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b>	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b>	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

**1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	
<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C—Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D—Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required—provide details in <b>Part VI</b> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017 . . . . .			
<b>b</b> From 2018 . . . . .			
<b>c</b> From 2019 . . . . .			
<b>d</b> From 2020 . . . . .			
<b>e</b> From 2021 . . . . .			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018 . . . . .			
<b>b</b> Excess from 2019 . . . . .			
<b>c</b> Excess from 2020 . . . . .			
<b>d</b> Excess from 2021 . . . . .			
<b>e</b> Excess from 2022 . . . . .			



Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization UPPER CHESAPEAKE MEDICAL CENTER, INC.

Employer identification number 52-1253920

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ [x] 501(c)( 3 ) (enter number) organization
[ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation
[ ] 527 political organization
Form 990-PF [ ] 501(c)(3) exempt private foundation
[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- [x] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- [ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test...
[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization <b>UPPER CHESAPEAKE MEDICAL CENTER, INC.</b>	Employer identification number <b>52-1253920</b>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ ----- <b>775,557</b>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ ----- <b>1,343,457</b>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>UPPER CHESAPEAKE MEDICAL CENTER, INC.</b>	Employer identification number <b>52-1253920</b>
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**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$-----	-----

Name of organization <b>UPPER CHESAPEAKE MEDICAL CENTER, INC.</b>	Employer identification number <b>52-1253920</b>
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**Part III** *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

**SCHEDULE C  
(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
**Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.**  
**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>UPPER CHESAPEAKE MEDICAL CENTER, INC.</b>	Employer identification number <b>52-1253920</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions . . . . . \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities. See instructions . . . . . \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . .  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> <b>(The term "expenditures" means amounts paid or incurred.)</b>		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b>	Other exempt purpose expenditures . . . . .														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)**

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
<b>2a</b>	Lobbying nontaxable amount				
<b>b</b>	Lobbying ceiling amount (150% of line 2a, column (e))				
<b>c</b>	Total lobbying expenditures				
<b>d</b>	Grassroots nontaxable amount				
<b>e</b>	Grassroots ceiling amount (150% of line 2d, column (e))				
<b>f</b>	Grassroots lobbying expenditures				

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		✓	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		✓	
<b>c</b> Media advertisements?		✓	
<b>d</b> Mailings to members, legislators, or the public?		✓	
<b>e</b> Publications, or published or broadcast statements?		✓	
<b>f</b> Grants to other organizations for lobbying purposes?		✓	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		✓	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
<b>i</b> Other activities?	✓		11,636
<b>j</b> Total. Add lines 1c through 1i			11,636
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures. See instructions	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SEE NEXT PAGE

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Part IV

**Supplemental Information.** Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference - Identifier	Explanation
SCHEDULE C, PART II-B, LINE 1 - DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	THE ORGANIZATION PAYS MEMBERSHIP DUES TO THE MARYLAND HOSPITAL ASSOCIATION (MHA) AND THE AMERICAN HOSPITAL ASSOCIATION (AHA). EACH ORGANIZATION ENGAGES IN MANY SUPPORT ACTIVITIES INCLUDING LOBBYING AND ADVOCATING FOR THEIR MEMBER HOSPITALS. THE MHA AND AHA REPORTED THAT 2.36% AND 27.29% OF MEMBER DUES WERE USED FOR LOBBYING PURPOSES AND AS SUCH, THE ORGANIZATION HAS REPORTED THIS AMOUNT ON SCHEDULE C, PART II-B AS OTHER LOBBYING ACTIVITIES.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization: UPPER CHESAPEAKE MEDICAL CENTER, INC. Employer identification number: 52-1253920

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple rows for questions 1-9 regarding conservation easements, including a table for 'Held at the End of the Tax Year'.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with rows 1a-2 for questions regarding art and historical treasures collections and their reporting requirements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

**3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange program
- e**  Other .....

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  **Yes**  **No**

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  **Yes**  **No**

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment \_\_\_\_\_%
- b** Permanent endowment \_\_\_\_\_%
- c** Term endowment \_\_\_\_\_%

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		10,700,000		10,700,000
<b>b</b> Buildings		183,551,162	46,333,124	137,218,038
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		92,887,799	74,215,661	18,672,138
<b>e</b> Other		139,899,126	1,405,745	138,493,381
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				305,083,557



**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely held equity interests . . . . .		
(3) Other		
(A) HEDGE FUNDS	79,683,000	END OF YEAR MARKET VALUE
(B) . . . . .		
(C) . . . . .		
(D) . . . . .		
(E) . . . . .		
(F) . . . . .		
(G) . . . . .		
(H) . . . . .		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . . . . .	79,683,000	

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) . . . . .		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) ECONOMIC INT - UC FOUNDATION	31,109,306
(2) NET UMMS BOND FUNDING	101,740,134
(3) FINANCING LEASE	5,702,385
(4) OTHER ASSETS	755,666
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . .	139,307,491

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) NOTES PAYABLE TO UMMS	416,235,294
(3) ADVANCES FROM THIRD PARTY PAYORS	8,918,924
(4) OTHER CURRENT LIABILITIES	176,647
(5) DUE TO AFFILIATES	14,319,473
(6) FINANCING LEASE	6,128,780
(7) CREDIT BALANCES	2,326,390
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . .	448,105,508

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

[SEE STATEMENT](#)

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**Part XIII**

**Supplemental Information.** Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference - Identifier	Explanation
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	FIN 48 (ASC 740) FOOTNOTE THE ORGANIZATION IS A SUBSIDIARY OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION (THE CORPORATION). THE CORPORATION ADOPTED THE PROVISIONS OF ASC 740, ACCOUNTING FOR UNCERTAINTY IN THE INCOME TAXES (FIN 48) ON JULY 1, 2007. THE FOOTNOTE RELATED TO ASC 740 IN THE CORPORATION'S AUDITED FINANCIAL STATEMENTS IS AS FOLLOWS: THE CORPORATION FOLLOWS A THRESHOLD OF MORE-LIKELY-THAN-NOT FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. MANAGEMENT DOES NOT BELIEVE THAT THERE ARE ANY UNRECOGNIZED TAX LIABILITIES OR BENEFITS THAT SHOULD BE RECOGNIZED.

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

<b>Name of the organization</b> UPPER CHESAPEAKE MEDICAL CENTER, INC.	<b>Employer identification number</b> 52 1253920
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**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	✓	
<b>1b</b> If "Yes," was it a written policy? . . . . .	✓	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year: <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	✓	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . . <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	✓	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .	✓	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	✓	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	✓	
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .		✓
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	✓	
<b>b</b> If "Yes," did the organization make it available to the public? . . . . .	✓	

**7 Financial Assistance and Certain Other Community Benefits at Cost**

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .			3,489,431	0	3,489,431	1.18
<b>b</b> Medicaid (from Worksheet 3, column a)					0	0.00
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .					0	0.00
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs	0	0	3,489,431	0	3,489,431	1.18
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			1,939,525	57,591	1,881,934	0.64
<b>f</b> Health professions education (from Worksheet 5) . . . . .			584,299	0	584,299	0.20
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .			10,265,646	0	10,265,646	3.47
<b>h</b> Research (from Worksheet 7) . . . . .			993,829	0	993,829	0.34
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			78,500	0	78,500	0.03
<b>j Total.</b> Other Benefits . . . . .	0	0	13,861,799	57,591	13,804,208	4.66
<b>k Total.</b> Add lines 7d and 7j . . . . .	0	0	17,351,230	57,591	17,293,639	5.84

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50192T

Schedule H (Form 990) 2022

**Part II Community Building Activities.** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing					0	0.00
2 Economic development			7,258	0	7,258	0.00
3 Community support			44,812	0	44,812	0.02
4 Environmental improvements					0	0.00
5 Leadership development and training for community members			535	0	535	0.00
6 Coalition building			93,557	0	93,557	0.03
7 Community health improvement advocacy			436	0	436	0.00
8 Workforce development					0	0.00
9 Other					0	0.00
10 <b>Total</b>	0	0	146,598	0	146,598	0.05

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	✓
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount . . . . .	2	9,375,912
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit . . . . .	3	0
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

**Section B. Medicare**

5	Enter total revenue received from Medicare (including DSH and IME) . . . . .	5	115,939,326
6	Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	104,253,070
7	Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	7	11,686,256
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

9a	Did the organization have a written debt collection policy during the tax year? . . . . .	9a	✓
9b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	✓

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

**Part V Facility Information**

**Section A. Hospital Facilities**

(list in order of size, from largest to smallest—see instructions)  
 How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility):

1 UPPER CHESAPEAKE MEDICAL CENTER, INC.  
 500 UPPER CHESAPEAKE DRIVE, BEL AIR, MD 21014  
 WWW.UMMS.ORG/UCH STATE LICENSE NO. : 12-006

2

3

4

5

6

7

8

9

10

Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
✓	✓					✓			1

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group: 1

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .		✓
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .		✓
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply):	✓	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA: <u>20 21</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	✓	
<b>6a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	✓	
<b>b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	✓	
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply):	✓	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>(SEE STATEMENT)</u>		
<b>b</b>	<input checked="" type="checkbox"/> Other website (list url): <u>WWW.HARFORDCOUNTYHEALTH.COM</u>		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	✓	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 21</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	✓	
<b>a</b>	If "Yes," (list url): <u>HTTPS://WWW.UMMS.ORG/UCH/COMMUNITY</u>		
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .		✓
<b>b</b>	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** *(continued)*

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group: 1

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	✓	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>2 0 0</u> % and FPG family income limit for eligibility for discounted care of <u>3 0 0</u> %		
<b>b</b>	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance status		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	✓	
<b>15</b>	Explained the method for applying for financial assistance? . . . . .	✓	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? . . . . .	✓	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		



**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital facility or letter of facility reporting group: 1

	Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	✓	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .		✓
If "Yes," check all actions in which the hospital facility or a third party engaged:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
<b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
<b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
<b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .	✓	
If "No," indicate why:		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** *(continued)*

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Name of hospital facility or letter of facility reporting group: 1

		Yes	No
<b>22</b>	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:		
<b>a</b>	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
<b>b</b>	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>c</b>	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>d</b>	<input checked="" type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b>	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Section C.	<b>23</b>	✓
<b>24</b>	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Section C.	<b>24</b>	✓

Part V, Section C

**Supplemental Information.** Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 3E - THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY	THE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFIED THROUGH THE CHNA.

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED</p>	<p>FACILITY NAME: UPPER CHESAPEAKE MEDICAL CENTER, INC.</p> <p>DESCRIPTION: IN ORDER TO GAIN A BETTER UNDERSTANDING OF THE HARFORD COUNTY COMMUNITY, QUALITATIVE DATA WAS COLLECTED BY STAKEHOLDERS FROM THE LOCAL HEALTH IMPROVEMENT COALITION (LHIC) THROUGH A SURVEY. THERE WAS ALSO A SERIES OF TARGETED FOCUS GROUPS WITH THE STAKEHOLDERS AND COMMUNITY MEMBERS. FOLLOWING THE OCTOBER 2020 VIRTUAL LOCAL HEALTH IMPROVEMENT COALITION (LHIC) ANNUAL MEETING, 46 STAKEHOLDERS REPRESENTING DIVERSE COMMUNITY INTERESTS FILLED OUT A BRIEF SURVEY ON HEALTH AND SOCIAL DETERMINANTS. THESE STAKEHOLDERS PROVIDED PARTICULAR INSIGHT INTO THE CHALLENGES FACING THE MEDICALLY UNDER-SERVED, LOW INCOME, MARGINALIZED, AND MINORITY POPULATIONS. LHIC STAKEHOLDER ORGANIZATIONS</p> <p>LOCAL HEALTH DEPARTMENT: HARFORD COUNTY HEALTH DEPARTMENT</p> <p>LOCAL HEALTH IMPROVEMENT COALITION: BEHAVIORAL HEALTH CHRONIC DISEASE PREVENTION &amp; WELLNESS FAMILY HEALTH &amp; RESILIENCE</p> <p>LOCAL GOVERNMENT: BEL AIR POLICE DEPARTMENT HARFORD COUNTY COUNCIL HARFORD COUNTY EMERGENCY SERVICE HARFORD COUNTY GOVERNMENT HARFORD COUNTY GOVERNMENT PLANNING &amp; ZONING HARFORD COUNTY SHERIFF'S OFFICE HARFORD COUNTY OFFICE ON AGING HARFORD COUNTY PARKS &amp; REC HARFORD COUNTY PUBLIC LIBRARIES TOWN OF BEL AIR</p> <p>SCHOOL - K-12: HARFORD COUNTY PUBLIC SCHOOLS</p> <p>SCHOOL - COLLEGES, UNIVERSITIES: HARFORD COMMUNITY COLLEGE AND TOWSON UNIVERSITY</p> <p>BEHAVIORAL HEALTH ORGANIZATIONS: ADDICTIONS CONNECTION RESOURCE ADDICTION RECOVERY SYSTEMS ASHLEY ADDICTION TREATMENT BHA MARYLAND COMMITMENT TO VETERANS BRANTWOOD FAMILY SERVICES CHAR HOPE FOUNDATION CORE SERVICES AGENCY DEPARTMENT OF JUVENILE SERVICES DISTRICT COURT OF MARYLAND FOR HARFORD COUNTY EMPOWERING MINDS RESOURCE CENTER HANNAH'S HOPE HARBOR OF GRACE RECOVERY HARFORD COUNTY DETENTION CENTER HARFORD COUNTY VOLUNTEER FIRE MARYLAND CIRCUIT COURT MARYLAND COALITION OF FAMILIES MEDMARK TREATMENT CENTERS NEW DAY WELLNESS AND RECOVERY CENTER NORKRIS SERVICES NORTHERN CHESAPEAKE COUNSELING, LLC OFFICE OF DRUG CONTROL POLICY OIC COUNSELING SERVICES, INC. OPIOID OPERATIONAL COMMAND CENTER PYRAMID HEALTHCARE RIVERSIDE TREATMENT SPRINGBOARD COMMUNITY SERVICES THE BERGAND GROUP THE HOMECOMING PROJECT UPPER BAY COUNSELING VOICES OF HOPE</p> <p>SOCIAL SERVICE ORGANIZATIONS: HARFORD COUNTY DEPARTMENT OF SOCIAL SERVICES DEPARTMENT OF COMMUNITY SERVICES</p> <p>COMMUNITY/NEIGHBORHOOD ORGANIZATIONS: BREATHE 379 EPICENTER GIRLS ON THE RUN HOROWITZ CENTER FOR HEALTH LITERACY KLEIN'S SHOPRITE LASOS (LINKING ALL SO OTHERS SUCCEED) MASON-DIXON COMMUNITY SERVICES NATIONAL COALITION OF 100 BLACK WOMEN LEUKEMIA &amp; LYMPHOMA SOCIETY</p>

Return Reference - Identifier	Explanation
	<p>UNITED WAY OF CENTRAL MARYLAND Y OF CENTRAL MARYLAND</p> <p>OTHER: CAREFIRST HABITAT FOR HUMANITY INNER COUNTY OUTREACH JOYCE STEINBERG - PHARMACIST MEGHAN CROSBY BUDINGER, LCPC, LLC, MOSAIC GROUP SEEDCO THE JUDY CENTER UNITED HEALTHCARE</p> <p>IN ADDITION, SIX FOCUS GROUPS WERE CONVENED TO GATHER INPUT FROM TARGETED GROUPS. THESE FOCUS GROUPS INCLUDED MEMBERS OF THE SUSQUEHANNA MINISTERIUM, PARTICIPANTS FROM THE EPICENTER (A COMMUNITY CENTER IN A PREDOMINANTLY LOW-INCOME MINORITY COMMUNITY), A DIABETES PREVENTION CLASS, MEGAN'S PLACE, KEY INFORMANTS FROM THE LOCAL HEALTH IMPROVEMENT COALITION (LHIC), AND KEY INFORMANTS FROM A LIMITED ENGLISH PROFICIENCY WORKGROUP.</p> <p>AN ONLINE COMMUNITY SURVEY OF HARFORD COUNTY RESIDENTS WAS CONDUCTED BETWEEN SEPTEMBER 2020 AND MARCH 2021. THE SURVEY WAS DESIGNED TO ASSESS HEALTH STATUS, HEALTH RISKS AND BEHAVIORS, PREVENTATIVE HEALTH PRACTICES, HEALTH EQUITY, AND HEALTH CARE ACCESS PRIMARILY RELATED TO CHRONIC DISEASE AND INJURY. A TOTAL OF 1,361 RESIDENT SURVEYS WERE COMPLETED. RESPONDENTS HAD DIVERSE, GEOGRAPHICAL, GENDER, RACE, AND ETHNIC BACKGROUNDS, HOWEVER, THE SURVEY COULD NOT BE WEIGHTED TO OFFER A STATISTICALLY REPRESENTATIVE SAMPLE OF THE COMMUNITY.</p> <p>FOLLOWING THE COMPLETION OF THE CHNA RESEARCH, THE HEALTH ISSUES WERE PRIORITIZED AND IMPLEMENTATION PLANS WERE DRAFTED WITH THE HELP OF 44 INTERNAL AND EXTERNAL PARTNERS INCLUDING HEALTH CARE PROVIDERS, PUBLIC HEALTH EXPERTS, HEALTH AND HUMAN SERVICE AGENCIES, AND OTHER COMMUNITY REPRESENTATIVES DURING A PRIORITY SETTING MEETING HELD ON APRIL 20, 2021.</p> <p>PRIORITIZATION SESSION PARTICIPANTS</p> <p>UNIVERSITY OF MARYLAND UPPER CHESAPEAKE HEALTH NATE ALBRIGHT, UMOUCH CLINICAL SERVICE LINE PATSY ASTARITA, UMOUCH KAUFMAN CANCER CENTER VICKIE BANDS, UMOUCH COMMUNITY OUTREACH AND HEALTH IMPROVEMENT HEATHER BEAUCHAMP, UMOUCH EMERGENCY &amp; CRITICAL CARE LESLIE CLARK, UMOUCH COMPREHENSIVE CARE CENTER KAREN GOODISON, UMOUCH CLINICAL OPERATIONS KAREN HENSLEY, UMOUCH WOMEN &amp; CHILDREN GARY HICKS, UMOUCH EDUCATION BARI KLEIN, HEALTHY HARFORD/HEALTHY CECIL MARK LEWIS, UMOUCH HEART &amp; VASCULAR INSTITUTE DEBBIE OSTROWSKI, UMOUCH DIABETES &amp; ENDOCRINE CHRISTINA PEDINI, UMOUCH REHAB SERVICES JENNIFER REDDING, UMOUCH BEHAVIORAL HEALTH CORRIE REED, UMOUCH BREAST &amp; CERVICAL PROGRAM ALLEN SIEGEL, UMOUCH CHAPLAIN JULIE SIEJACK, UMOUCH COMMUNITY OUTREACH LISA STARKEY, UMOUCH POPULATION HEALTH KIMBERLY THEIS, UMOUCH COMMUNITY BENEFIT JENNIFER THOMAS, UMOUCH NURSERY &amp; PEDIATRICS BARBARA TRUITT, UMOUCH STROKE CENTER COLIN WARD, UMOUCH COO</p> <p>HARFORD COUNTY HEALTH DEPARTMENT MARCY AUSTIN, HCHD DEPUTY HEALTH OFFICER DAVID BISHAI, HCHD HEALTH OFFICER CHRISTINA CLAYPOOL, HCHD HEALTH POLICY SHELBY GRAVES, HCHD FAMILY HEALTH RONYA GRAVES, HCHD HEALTH POLICY ANDREA PAPPAS, HCHD BEHAVIORAL HEALTH</p> <p>COMMUNITY PARTNERS CINDY ABBOTT, MASON-DIXON SYLVIA BRYANT, DEPARTMENT OF COMMUNITY SERVICES MARGARET DEEM, HARFORD COUNTY GOVERNMENT JEFFREY GAHLER, HARFORD COUNTY SHERIFF'S OFFICE MARY HASTLER, HARFORD COUNTY PUBLIC LIBRARIES EDDIE HOPKINS, HARFORD COUNTY EMERGENCY SERVICES MARY NASUTA, HARFORD COUNTY PUBLIC SCHOOLS MICHAEL NOLAN, BREATH 379 AMY NOVAK, UNITED WAY OF CENTRAL MARYLAND KIM PARKS-BOURNE, HARFORD COUNTY DEPARTMENT OF SOCIAL SERVICES REVEREND PROUD, SUSQUEHANNA MINISTERIUM JERRY REYERSON, DEPARTMENT OF SOCIAL SERVICES AMBER SHRODES, HARFORD COUNTY DEPARTMENT OF SOCIAL SERVICES MARY STAPLETON, HARFORD COUNTY PUBLIC SCHOOLS MELYNDA VELEZ, LINKING ALL SO OTHERS SUCCEED (LASOS) PAT VINCENTI, HARFORD COUNTY COUNCIL KAREN WINKOWSKI, HARFORD COUNTY OFFICE ON AGING</p>

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	FACILITY NAME: UPPER CHESAPEAKE MEDICAL CENTER, INC.  DESCRIPTION: UCMC'S CHNA WAS CONDUCTED IN CONJUNCTION WITH ITS RELATED AFFILIATE HOSPITAL, HARFORD MEMORIAL HOSPITAL.
SCHEDULE H, PART V, SECTION B, LINE 6B - CHNA CONDUCTED WITH ONE OR MORE ORGANIZATIONS OTHER THAN HOSPITAL FACILITIES	FACILITY NAME: UPPER CHESAPEAKE MEDICAL CENTER, INC.  DESCRIPTION: THE HOSPITAL'S CHNA WAS CONDUCTED WITH ORGANIZATIONS OTHER THAN HOSPITAL FACILITIES AS FOLLOWS: HEALTHY HARFORD (A 501(C)(3) ORGANIZATION) AND HARFORD COUNTY HEALTH DEPARTMENT.
SCHEDULE H, PART V, SECTION B, LINE 7 - HOSPITAL FACILITY'S WEBSITE (LIST URL)	<a href="https://www.umms.org/uch/community/assessment-and-implementation-plan">HTTPS://WWW.UMMS.ORG/UCH/COMMUNITY/ASSESSMENT-AND-IMPLEMENTATION-PLAN</a>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: UPPER CHESAPEAKE MEDICAL CENTER, INC.</p> <p>DESCRIPTION: UNIVERSITY OF MARYLAND UPPER CHESAPEAKE HEALTH (UMUCH) HAS PRIORITIZED THE FOLLOWING HEALTH CONCERNS IN ORDER OF IMPORTANCE: BEHAVIORAL HEALTH, CHRONIC DISEASE PREVENTION AND WELLNESS, AND FAMILY STABILITY AND WELLNESS.</p> <p>KEY FINDINGS REGARDING THE PRIORITIZATION OF BEHAVIORAL HEALTH, PREVENTION AND WELLNESS, AND FAMILY STABILITY AND WELLNESS</p> <p>COMMUNITY FEEDBACK: THE COMMUNITY SURVEY CONSISTED OF 47 QUESTIONS ABOUT ACCESS TO HEALTH CARE, HEALTH STATUS AND BEHAVIORS, AND HEALTH-RELATED COMMUNITY STRENGTHS AND OPPORTUNITIES. THE TOP THREE KEY HEALTH ISSUES OF CONCERN TO THE COMMUNITY WERE DRUG AND ALCOHOL USE, OVERWEIGHT/OBESITY, AND MENTAL HEALTH/SUICIDE. THE MOST COMMONLY REPORTED CHRONIC CONDITION IN THE SURVEY WAS HIGH BLOOD PRESSURE, AFFECTING 58.3% OF RESPONDENTS. THERE WERE ALSO 22.3% OF RESPONDENTS THAT REPORTED HAVING ANXIETY DISORDER AND 19.5% OF RESPONDENTS THAT REPORTED HAVING DEPRESSIVE DISORDER IN THE COMMUNITY SURVEY. WHILE THE FOCUS GROUP RESPONSES VARIED BETWEEN GROUPS, THERE WERE COMMON THEMES. MANY PARTICIPANTS IDENTIFIED A LACK OF TRANSPORTATION, MENTAL HEALTH RESOURCES, ACCESS/EDUCATION REGARDING HEALTHY FOODS, ELDER CARE, AND GENERAL ISSUES WITH ACCESS TO CARE AND LACK OF AWARENESS OF RESOURCES AS BARRIERS TO A HEALTHIER COMMUNITY. A KEY TAKEAWAY WAS THAT RESOURCES EXIST IN THE COUNTY, BUT THEY ARE OFTEN SCARCE, AND MANY DO NOT KNOW WHAT OR WHERE THEY ARE, AS WELL AS HOW TO ACCESS THEM. A KEY THEME WAS PARTICIPANTS FELT THAT THERE WAS A NEED TO CREATE A SENSE OF COMMUNITY AND FAMILY STABILITY.</p> <p>SECONDARY DATA: BEHAVIORAL HEALTH (MENTAL HEALTH/SUBSTANCE USE): THE STATE'S BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) REPORTED THAT 18.8% OF ADULTS IN HARFORD COUNTY WERE DIAGNOSED WITH DEPRESSIVE DISORDER IN 2019. FROM 2017-2020, THE HOSPITALIZATION RATE FOR DEPRESSION WAS 90 PER 1,000 RESIDENTS. IN ADDITION, THE 2019 SUICIDE RATE OF 11.4 PER 100,000 IN HARFORD COUNTY WAS HIGHER THAN THE STATE AVERAGE OF 10.1 PER 100,000. STUDIES HAVE SHOWN THAT ADVERSE CHILDHOOD EXPERIENCES (ACES) CAN BE A KEY HEALTH INDICATOR ASSOCIATED WITH A SIGNIFICANT INCREASE IN RISK FOR MENTAL ILLNESS AND CHRONIC DISEASE IN ADULTHOOD. ACES ARE DESCRIBED AS TRAUMATIC EVENTS EXPERIENCED DURING CHILDHOOD SUCH AS LIVING WITH A PARENT/CAREGIVER WITH MENTAL ILLNESS, PHYSICAL, SEXUAL, AND/OR EMOTIONAL ABUSE, AND AN INCARCERATED HOUSEHOLD MEMBER. THE GREATER THE NUMBER OF ACES ON A SCALE OF 0 TO 10, THE HIGHER THE RISK, WITH 4 ACES OR MORE BEING THE TURNING POINT FOR SIGNIFICANT RISK. THE BRFSS REPORTED THAT 13.4% OF HARFORD COUNTY ADULTS EXPERIENCE 4 OR MORE ACES.</p> <p>FROM 2013 TO 2017, THERE WAS A STEADY INCREASE IN TOTAL DRUG AND ALCOHOL-RELATED INTOXICATION DEATHS IN BOTH HARFORD COUNTY AND MARYLAND. THIS TREND WAS REVERSED IN 2018, AND SINCE THEN THERE HAS BEEN A 17% DECREASE IN TOTAL DRUG AND ALCOHOL-INTOXICATION RELATED DEATHS IN HARFORD COUNTY. WHILE THERE HAS BEEN AN OVERALL DECLINE, THE OVERDOSE PROBLEM REMAINS A CONCERN FOR THE COUNTY WITH RATES OVER TWICE AS HIGH AS THEY WERE A DECADE AGO.</p> <p>IN 2020, 84 LIVES WERE LOST DUE TO DRUGS OR ALCOHOL, AND AS A COMMUNITY WE ARE WORKING TO REDUCE THAT NUMBER AS LOW AS POSSIBLE. DURING THE PANDEMIC SHUTDOWNS, ACCESS TO MENTAL HEALTH WAS EXPANDED THROUGH THE USE OF TELEHEALTH. SUCCESS WITH THIS SERVICE MODALITY HAS FOSTERED BOTH REGULATORY AND LEGISLATIVE CHANGES THAT WILL HOPEFULLY INTEGRATE TELEHEALTH OPTIONS INTO STANDARD CARE. HARFORD COUNTY HAS A MENTAL HEALTH HPSA (HEALTH PROVIDER SHORTAGE AREA) DESIGNATION WITH A POPULATION TO PROVIDER RATIO OF 500:1. WITH ONLY 508 TOTAL MENTAL HEALTH PROVIDERS IN THE COUNTY, CREATIVELY PROVIDING INCREASED MENTAL HEALTH SERVICES IS A PRIORITY.</p> <p>IN RESPONSE TO BEHAVIORAL HEALTH, THE FOLLOWING ACTIONS TOOK PLACE: -BEHAVIORAL HEALTH EDUCATION SESSIONS AND PODCASTS ON TOPICS RELATED TO BEHAVIORAL HEALTH/SUBSTANCE USE AND THE IMPACT TRAUMA HAS ON INDIVIDUALS AND FAMILIES. -DEPRESSION SCREENINGS TO IDENTIFY PEOPLE WHO HAVE DEPRESSION SO THAT THEY CAN GET THE HELP THEY NEED. -PARTNERED WITH THE AMERICAN FOUNDATION FOR SUICIDE PREVENTION TO BRING AWARENESS OF THE KLEIN FAMILY CRISIS CENTER IN HARFORD COUNTY DURING SEPTEMBER SUICIDE PREVENTION MONTH. -PARTNERED WITH THE OFFICE OF MENTAL HEALTH TO CO-HOST MENTAL HEALTH FAMILY WELLNESS EVENT. -PARTICIPATED IN BOARDS, COMMITTEES AND STAKEHOLDER MEETINGS TO ADDRESS MENTAL HEALTH &amp; SUBSTANCE ABUSE DISORDER ISSUES:</p> <p>* MENTAL HEALTH ADDICTION ADVISORY COUNCIL/ LOCAL HEALTH COALITION - BEHAVIORAL HEALTH WORKGROUP/HARFORD COUNTY OPIOID INTERVENTION TEAM MEETING -TO ADVISE THE COUNTY HEALTH OFFICER, COUNTY EXECUTIVE, COUNTY COUNCIL, AND THE SECRETARY OF HEALTH AND MENTAL HYGIENE ON THE PROGRESS OF THE COUNTY MENTAL HEALTH PROGRAM AND ON ANY ACTION NEEDED TO IMPROVE PROGRAM; AND -TO BE A COUNTY ADVOCATE FOR A COMPREHENSIVE APPROACH TO THE PREVENTION AND TREATMENT OF MENTAL ILLNESS AND ADDICTIONS; AND -TO DETERMINE THE NEEDS OF THE MENTAL HEALTH AND ADDICTIONS PROGRAMS IN THE COUNTY; AND -TO PERIODICALLY REVIEW THE AVAILABILITY AND QUALITY OF MENTAL HEALTH AND ADDICTIONS FACILITIES AND SERVICES IN THE COUNTY; AND -TO PROVIDE REPRESENTATIVES FOR SITE VISIT TEAMS THAT EVALUATE MENTAL HEALTH AND ADDICTIONS FACILITIES AND PROGRAMS IN THE COUNTY.</p> <p>*LAW ENFORCEMENT ASSISTED DIVERSION OPERATIONAL WORKGROUP -TO RECOGNIZE AND TREAT SUBSTANCE USE AND OTHER BEHAVIORAL HEALTH CONDITIONS AS PUBLIC HEALTH ISSUES AND TO ADDRESS SOCIAL SERVICE NEEDS THAT MAY GIVE RISE TO CRIMINAL OFFENSES; AND</p>

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	<p>-TO REDUCE THE COST TO THE CRIMINAL JUSTICE SYSTEM BY PROVIDING SUPPORT SERVICES INSTEAD OF PROSECUTION AND INCARCERATION WHEN GUIDELINES ARE MET; AND            -TO REDUCE THE HARM OF DRUG USE TO THE INDIVIDUAL AND THE COMMUNITY, WITH A PARTICULAR EMPHASIS PLACED ON PRIORITIZING THE INDIVIDUAL'S WELL-BEING; AND            -TO REDUCE CRIME AND RECIDIVISM (RE-ARRESTS); AND            -TO IMPROVE COMMUNITY-POLICE RELATIONS; AND            -TO REDUCE OVERDOSE DEATHS IN THE TOWN OF BEL AIR.</p> <p>*OVERDOSE FATALITY REVIEW BOARD            -TO CLINICALLY REVIEW ALL OPIATE OVERDOSE DEATHS AND DETERMINE LIKELY GAPS IN CARE OR SOLUTIONS TO CARE NEEDS.</p> <p>*RECOVERY PLANNING COMMITTEE            -TO PARTICIPATE A COMMUNITY STAKEHOLDERS WORKGROUP (I.E., HEALTH DEPARTMENT, OFFICE OF DRUG CONTROL POLICY, DEPARTMENT OF SOCIAL SERVICES, ADDICTION CONNECTIONS RESOURCES, VOICES OF HOPE ETC.) TO PLAN EVENTS AND WAYS TO RECOGNIZE AND RAISE AWARENESS ABOUT RECOVERY.</p> <p>*ADULT PUBLIC GUARDIANSHIP REVIEW BOARD            -TO REVIEW GUARDIANSHIP OF A PUBLIC AGENCY.</p> <p>*ALL COUNTY PROVIDERS WORKGROUP            -TO SHARE INFORMATION REGARDING NEW LAWS/LEGISLATIONS, PROGRAMS, EVENTS, SERVICES, ETC; AND            -TO DISCUSS PROBLEMS AND CONCERNS IN THE MENTAL HEALTH PROVIDER COMMUNITY AS WELL AS TO FIND OUT UPDATES ABOUT OTHER SERVICES AND SUPPORTS OFFERED FOR MENTAL HEALTH PATIENTS, AS WELL DHMH AND OTHER STATE WIDE INITIATIVES ARE SHARES BY CORE SERVICES.</p> <p>*HARFORD COUNTY TRAUMA INSTITUTE INFORMED CARE STEERING COMMITTEE            -TO ENHANCE AWARENESS RE: IMPACT OF TRAUMA ON AN ENHANCED AWARENESS RE: IMPACT OF TRAUMA ON AN INDIVIDUAL'S PHYSICAL AND MENTAL HEALTH; AND            -TO IMPROVE AND INCREASE LINKAGES TO BEHAVIORAL HEALTH SERVICES; AND            -TO INCREASE USE OF MOBILE CRISIS SERVICES AND KFHCC VS. LAW ENFORCEMENT FOR BEHAVIORAL HEALTH CRISIS WITH THE GOAL OF DECREASING HOSPITALIZATIONS AND EMERGENCY PETITIONS AND APPROPRIATE LINKAGE TO CARE/COMMUNITY RESOURCES.</p> <p>*MENTAL HEALTH BOARD OF DIRECTORS            -TO WORK COLLABORATIVELY TO PLAN, DEVELOP, ENHANCE, AND MONITOR BEHAVIORAL HEALTH SERVICES PROVIDED TO INDIVIDUALS AND FAMILIES THROUGHOUT HARFORD COUNTY.</p> <p>*MULTI-DISCIPLINARY COUNTY WORKGROUP            - TO FACILITATE CONNECTIONS ON MENTAL HEALTH TREATMENT WITH LOCAL GOVERNMENT AGENCIES SUCH AS CORE SERVICES, OFFICE ON AGING, APS, LEGAL AID, AND THE HEALTH DEPARTMENT; AND            -TO EDUCATE INDIVIDUALS ON WHAT MENTAL HEALTH TREATMENT CAN AND CANNOT DO AND ATTEMPT TO LINK AGENCIES WITH HOW TO CONNECT TO SERVICES IN THE COUNTY REGARDING MENTAL HEALTH TREATMENT.</p> <p>*CHILD FATALITY REVIEW BOARD            -TO IMPROVE UNDERSTANDING OF HOW AND WHY CHILDREN DIE; TO DEMONSTRATE THE NEED FOR AND TO INFLUENCE POLICIES AND PROGRAMS TO IMPROVE CHILD HEALTH, SAFETY AND PROTECTION; AND TO PREVENT FUTURE DEATHS. THIS IS ACCOMPLISHED THROUGH MULTI-DISCIPLINARY, MULTI-AGENCY REVIEW OF INDIVIDUAL CASES OF CHILD DEATHS. THE CASE REVIEW TEAM MAKES RECOMMENDATIONS FOR IMPROVEMENTS TO SYSTEMS AND FOR PUBLIC AND PROFESSIONAL EDUCATION, AND ADVOCATES FOR THEIR IMPLEMENTATION.</p>



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<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: UPPER CHESAPEAKE MEDICAL CENTER, INC.</p> <p>DESCRIPTION: *HARFORD COUNTY POLICE COMMISSION -TO PARTNER WITH COMMUNITY STAKEHOLDERS TO DISCUSS IMMEDIATE CONCERNS AND LONG TERM GOALS RELATING TO LAW ENFORCEMENT IN HARFORD COUNTY.</p> <p>*HARFORD COUNTY SEXUAL ASSAULT TEAM -TO WORK WITH POLICE DETECTIVES FROM HAVRE DE GRACE, ABERDEEN, HCSO, A REP FROM SARC, AND THE SAFE NURSES FOR THE HOSPITAL ALL ATTEND TO REVIEW SEXUAL ASSAULT CASES IN HARFORD COUNTY. SEXUAL ASSAULT FORENSIC EXAMINATION (SAFE) PROGRAM AT UM HMH. THE ONLY ONE OF ITS KIND IN HARFORD COUNTY, THE SAFE PROGRAM IS A FREE, CONFIDENTIAL SERVICE AVAILABLE 24/7 TO CARE FOR MALE AND FEMALE VICTIMS OF SEXUAL ASSAULT FROM AGES 13 AND OLDER. THIS PROGRAM COLLABORATES WITH THE HARFORD COUNTY SHERIFF'S OFFICE AND LOCAL COMMUNITY PARTNERS TO ENSURE VICTIMS ARE TREATED COMPASSIONATELY AND RESPECTFULLY.</p> <p>*HARFORD COUNTY SHERIFF'S OFFICE CRISIS NEGOTIATION TEAM -TO WORK WITH THE HARFORD COUNTY SHERIFF'S OFFICE TO PROVIDE CRISIS MANAGEMENT ASSISTANCE AS PART OF THEIR CRISIS INTERVENTION AND CRISIS NEGOTIATION TEAMS; AND -TO DE-ESCALATE MENTAL HEALTH CRISIS SITUATIONS.</p> <p>CHRONIC DISEASE PREVENTION AND WELLNESS: UNHEALTHY BEHAVIORS SUCH AS TOBACCO/NICOTINE USE, DRINKING, PHYSICAL INACTIVITY, AND POOR NUTRITION CAN LEAD TO NEGATIVE HEALTH OUTCOMES AND CHRONIC DISEASE. IN HARFORD COUNTY, TOBACCO USE HAS NOTABLY BEEN HIGHER THAN THE STATE AVERAGE FOR A NUMBER OF YEARS. WITH THE ADVENT OF E-CIGARETTES, DATA HAS SHOWN THAT USE OF E-CIGARETTE VAPING DEVICES IN MIDDLE AND HIGH SCHOOL SKYROCKETED BETWEEN 2016 TO 2018, WITH 19.6% AND 43% OF STUDENTS, RESPECTIVELY, TRYING AN ELECTRONIC VAPOR PRODUCT AT LEAST ONCE. ADULT SMOKING CONTINUES TO BE HIGHER IN HARFORD COUNTY (20.6%) COMPARED TO THE STATE (13.1%). HEAVY DRINKING IS ALSO HIGHER IN HARFORD COUNTY AT 9.5% COMPARED TO 5.4% IN THE STATE (ADULT MEN HAVING 14 DRINKS PER WEEK AND ADULT WOMEN HAVING 7 DRINKS A WEEK). THE BRFSS SURVEY REPORTED 59.4% OF ADULTS IN THE COUNTY GOT THE RECOMMENDED 150 OR MORE MINUTES OF PHYSICAL ACTIVITY PER WEEK WHICH WAS HIGHER THAN THE STATE AVERAGE OF 51.8%. FURTHERMORE, 90% OF HARFORD COUNTY RESIDENTS HAD ACCESS TO EXERCISE OPPORTUNITIES. DESPITE THE COUNTY'S ADVANTAGES IN EXERCISE, IT IS SIGNIFICANT THAT 72.7% OF ADULTS WERE OVERWEIGHT OR OBESE. THIS PERCENTAGE IS SIGNIFICANTLY HIGHER IN NON-HISPANIC BLACK ADULTS IN HARFORD COUNTY (83.9%) COMPARED TO WHITE ADULTS (66.9%). THE WHITE TOP 3 CAUSES OF DEATH IN HARFORD COUNTY FOR 2019 WERE HEART DISEASE, CANCER, AND CEREBROVASCULAR DISEASE (STROKE). IF TOP CAUSES OF DEATH REMAIN THE SAME FOR 2020, COVID-19 WOULD BE THE THIRD LEADING CAUSE OF DEATH IN HARFORD COUNTY. ACCESS TO CARE CONTINUES TO HAVE AN IMPACT ON HEALTH OUTCOMES AS WELL. AN ESTIMATED 4.9% OF RESIDENTS DO NOT HAVE A VEHICLE IN HARFORD COUNTY WITH HIGHER RATES IN EDGEWOOD (9%), ABERDEEN (8.8%) AND HAVRE DE GRACE (7.5%). THE GAPS IN TRANSPORTATION CONTRIBUTE TO THE LACK OF ACCESS TO SERVICES THAT COULD LEAD TO BETTER HEALTH OUTCOMES AND OVERALL WELLNESS.</p> <p>IN RESPONSE TO PREVENTION AND WELLNESS, THE FOLLOWING ACTIONS TOOK PLACE:</p> <p>CANCER: *CANCER PREVENTION AND SCREENING EDUCATION SESSIONS TO PARTICIPANTS AT HEALTH FAIRS, ORGANIZATIONS, FAITH BASED COMMUNITIES AND/OR LOCAL EVENTS, AS WELL AS VIA PODCASTS. *HOSTED A CANCER SURVIVOR DAY CELEBRATION TO CELEBRATE THE SURVIVAL, THE POWER OF HOPE AND SUPPORT, AND THE SHARING OF PASSIONS THAT HELP PEOPLE THROUGH THIS DIFFICULT DISEASE. *HPV EDUCATION SESSIONS TO INCREASE AWARENESS ON HPV INFECTIONS AND THE ACCEPTANCE OF HPV VACCINATIONS. *MEN'S HEALTH EDUCATION SESSION REGARDING HEALTH ISSUES MEN FACE, SUCH AS PROSTATE CANCER. *BREAST AND CERVICAL CANCER SCREENINGS TO UNINSURED AND UNDER INSURED WOMEN OF HARFORD COUNTY WITH A PRIMARY FOCUS TO INCREASE THE NUMBER OF MINORITY WOMEN. *SKIN CANCER SCREENINGS TO CHECK THE SKIN FOR MOLES, BIRTHMARKS, OR OTHER PIGMENTED AREAS THAT LOOK ABNORMAL AND PROVIDE REFERRALS FOR FOLLOW-UP. *CANCER LIFENET PROGRAM, A FREE SUPPORT SYSTEM FOR ANYONE IN HARFORD AND CECIL COUNTIES WITH CANCER, NO MATTER WHERE THEY SEEK TREATMENT, INDIVIDUALS RECEIVED NAVIGATION AND SUPPORT SERVICES TO HELP COPE WITH THE PHYSICAL, FINANCIAL, PSYCHOLOGICAL AND EMOTIONAL ASPECTS OF HAVING CANCER. NURSE NAVIGATORS, SOCIAL WORKERS AND OTHER SPECIALISTS WORK ALONGSIDE PEOPLE DIAGNOSED WITH CANCER TO CREATE A SAFE AND NURTURING ENVIRONMENT AND HELP THEM COPE WITH EACH STAGE OF THEIR CANCER JOURNEY. SPECIALLY TRAINED AND WITH YEARS OF EXPERIENCE, THIS INCREDIBLE GROUP OF PROFESSIONALS REALLY IS A LIFELINE TO MANY, CARING NOT ONLY FOR PATIENTS, BUT FOR THEIR FAMILIES AS WELL. *ACUPUNCTURE CLINICS TO PROVIDE EVIDENCE-BASED ACUPUNCTURE CARE TO INDIVIDUALS TO ENHANCE THEIR IMMUNE SYSTEM TO RESTORE THE BODY'S NATURAL FUNCTIONING. *CANCER SELF-MANAGEMENT CLASSES, SUCH AS MEDITATION, MINDFULNESS-BASED STRESS REDUCTION, YOGA, AND MASTER GARDENING FOR RELAXATION AND WELLNESS, AND MASSAGE THERAPY TO PARTICIPANTS UNDERGOING CURRENT CANCER TREATMENT. *CANCER THRIVING &amp; SURVIVING CLASSES, A SIX-WEEK EVIDENCE BASED CHRONIC DISEASE MANAGEMENT PROGRAM FOR CANCER SURVIVORS AND THEIR CAREGIVERS. *MONTHLY CANCER SUPPORT GROUPS TO PROVIDE EXPERT SPEAKERS, EDUCATION AND SUPPORT. SUPPORT GROUPS PROVIDED WERE AS FOLLOWS: * BLOOD CANCER SUPPORT GROUP * BREAST CANCER SUPPORT GROUP * CLIMB-CHILDREN'S SUPPORT GROUP * HEAD &amp; NECK CANCER SUPPORT GROUP * PROSTATE CANCER SUPPORT GROUP * HEALING THROUGH SUPPORT</p> <p>DIABETES: *DIABETES EDUCATION SESSIONS FOR PARTICIPANTS THROUGH THE PROVISION OF EDUCATION AND CLASSES, INDIVIDUAL PATIENT INFORMATION SESSIONS, AND HEALTH FAIRS, AS WELL AS ONE PODCAST, TO INCREASE KNOWLEDGE AND SURVIVAL SKILLS.</p>

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	<p>*MONTHLY DIABETES SUPPORT GROUPS AT LOCAL SENIOR CENTERS TO REDUCE THE BURDEN OF DIABETES AND IMPROVE QUALITY OF LIFE FOR ALL PEOPLE WHO HAVE, OR ARE AT RISK FOR DIABETES, AND TO PROVIDE A STRUCTURED, SUPPORTIVE ENVIRONMENT FOR INDIVIDUALS LIVING WITH DIABETES.</p> <p>*AWARDED A MINORITY OUTREACH TECHNICAL ASSISTANCE (MOTA) GRANT FROM THE OFFICE OF MINORITY HEALTH AND HEALTH DISPARITIES (MHHD), WHICH CENTERED AROUND THE YEARLONG CENTERS FOR DISEASE CONTROL DIABETES PREVENTION PROGRAM. THE GOALS OF FY22 WERE TO BUILD INFRASTRUCTURE WITHIN HARFORD COUNTY TO PROVIDE CULTURALLY AND LINGUISTICALLY APPROPRIATE DIABETES PREVENTION EDUCATION TO MINORITY POPULATIONS WITH THE INTENT OF INCREASING KNOWLEDGE AND ENGAGEMENT IN HEALTHY LIFESTYLES:</p> <p>*CDC EVIDENCED BASED DIABETES PREVENTION PROGRAM CLASSES TO IMPROVE ABILITY FOR PATIENTS TO BETTER MANAGE THEIR DISEASE PROCESS AND REDUCE THEIR HBA1C; TO INCREASE INDIVIDUAL KNOWLEDGE OF THEIR DIABETES DISEASE PROCESS; AND TO REDUCE AVOIDABLE ED VISITS AND INPATIENT ADMISSIONS.</p> <p>*WATER WEDNESDAY PROGRAM TO FAITH BASED COMMUNITIES AND PUBLIC HOUSING COMPLEXES TO ENCOURAGE PEOPLE TO DRINK MORE WATER AND LESS SUGAR SWEETENED BEVERAGES. IT ALSO EDUCATED PEOPLE ABOUT THE IMPORTANCE AND HEALTH BENEFITS OF IMPROVED HYDRATION INCLUDING MENTAL CLARITY, INCREASED ENERGY, AND DECREASED APPETITE.</p> <p>*EVIDENCED BASED LIVING WELL WITH DIABETES CLASSES TO PROVIDE SUPPORT FOR ADULTS WITH TYPE 2 DIABETES OR PRE-DIABETES TO LEARN SKILLS AND INCREASE THEIR CONFIDENCE IN MANAGING THEIR DIABETES</p> <p>*DIABETES RISK ASSESSMENTS AND HBA1C SCREENINGS TO IDENTIFY INDIVIDUALS AT RISK FOR PREDIABETES AND DIABETES.</p>

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<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: UPPER CHESAPEAKE MEDICAL CENTER, INC.</p> <p>DESCRIPTION: HEART DISEASE AND STROKE: *BLOOD PRESSURE FOLLOW-UP PROGRAM TO PROVIDE FOLLOW-UP CONTACT VIA PHONE CALL OR LETTER, TO ALL BLOOD PRESSURE SCREENING PARTICIPANTS WHO HAVE BEEN IDENTIFIED AS STAGE 2 &gt; 140 OR &gt; 90 AND ABOVE. *CHF (CHRONIC HEART FAILURE) SHOPRITE TOURS TO ENHANCE EDUCATION ON DIETARY NEEDS AND CHALLENGES TO PATIENTS WITH CHF IN OUR COMMUNITY. *HEART DISEASE EDUCATION TO TEACH INDIVIDUALS THE RISK OF HEART DISEASE AND THE CONDITIONS THAT LEAD TO IT. *MONTHLY CARDIAC REHAB SUPPORT GROUP FOR THOSE INDIVIDUALS WHO HAVE HAD CARDIAC OR PULMONARY EVENTS AND WHO MAY OR MAY NOT HAVE PARTAKEN IN OUR REHAB PROGRAMS. *MONTHLY BLOOD PRESSURE SCREENINGS AT SENIOR CENTERS, AS WELL AS OTHER LOCATIONS THROUGHOUT HARFORD COUNTY, TO PROVIDE EDUCATION AND REFERRALS AS APPROPRIATE. *CHOLESTEROL SCREENINGS THROUGHOUT HARFORD COUNTY AT VARIOUS LOCATIONS. TO PROVIDE PARTICIPANTS WITH TOTAL CHOLESTEROL, HDL AND A RATIO. TO PROVIDE ONE-ON-ONE COUNSELING AND EDUCATIONAL MATERIAL. *STROKE RISK ASSESSMENTS TO INCREASE EDUCATION AND AWARENESS SIGNS AND SYMPTOMS OF STROKE. *PARTNERED WITH THE GREATER BALTIMORE AMERICAN HEART ASSOCIATION (AHA) TO COORDINATE AND PLAN THE HEART AND STROKE WALK TO RAISE FUNDS FOR RESEARCH AND EDUCATION REGARDING REDUCING HEART DISEASE RISK AND MORTALITY. *PARTICIPATED IN THE MARYLAND STROKE CONSORTIUM, A STATEWIDE STROKE CONSORTIUM. TO POSITIVELY IMPACT THE QUALITY OF CARE FOR PATIENTS WITH STROKE VIA THE NURSING-FOCUSED MEASURES OF DYSPHAGIA SCREENING AND PATIENT EDUCATION. *MONTHLY STEMI PROCESS ACTION TEAM MEETINGS TO DISCUSS TOPICS RELATED TO IMPROVEMENT OF THE PROCEDURES AND CARE FOR THE STEMI PATIENT. INCLUDES DISCUSSION OF PRE-HOSPITAL ISSUES AND INVOLVES REPRESENTATIVES FROM CECIL, HARFORD, AND BALTIMORE COUNTIES EMS, AS WELL AS REPRESENTATIVES FROM HART TO HEART, AND THE UNIVERSITY OF MARYLAND EXPRESS CARE AMBULANCE SERVICES.</p> <p>INFECTIOUS DISEASE: *COVID 19 MASK DISTRIBUTION TO ALL TITLE 1 SCHOOLS IN HARFORD COUNTY TO SLOW THE SPREAD OF COVID-19. *GLO GERM PROGRAM TO DEMONSTRATE HANDWASHING, SURFACE CLEANING, HYGIENE AND CONTAINMENT TECHNIQUES THROUGHOUT VARIOUS LOCATIONS IN HARFORD COUNTY.. *MONTHLY COVID SUPPORT GROUP TO PROVIDE SUPPORT TO THOSE INDIVIDUALS WHO HAVE HAD COVID. *COVID-19 SPECIMEN COLLECTION TO PROVIDE THE COMMUNITY WITH ACCESS TO COVID TESTING TO REDUCE THE SPREAD OF COVID-19.</p> <p>INJURY AND PREVENTION/FALLS: *EVIDENCED BASED STEPPING ON PROGRAM TO EDUCATE AND ENGAGE OLDER ADULTS TO EMPOWER THEM TO TAKE STEPS TO REDUCE THEIR NUTRITION RISK AND TO INCREASE THEIR STRENGTH. *EVIDENCED BASED TAI JI QUAN: MOVING FOR BETTER BALANCE TO ENGAGE OLDER ADULTS IN A FALLS PREVENTION PROGRAM WITH TAI CHI MOVEMENTS TO IMPROVE STABILITY, COORDINATION, AND RANGE OF MOTION. *FALLS RISK ASSESSMENTS TO DETERMINE IF AN INDIVIDUAL HAS A LOW, MODERATE, OR HIGH RISK OF FALLING. *FIT TESTING TO NURSING STUDENTS TO ENSURE THEY HAVE RECEIVED THE EXPECTED LEVEL OF PROTECTION NEEDED WHEN DOING CLINICAL ROTATIONS, WHICH ARE REQUIRED FOR GRADUATION, IN A HOSPITAL SETTING. *CAR FIT PROGRAM TO PROVIDE EDUCATION TO OLDER DRIVERS BY PROMOTING CONTINUED SAFE DRIVING AND MOBILITY BY FOCUSING ATTENTION ON SAFETY, COMFORT AND FIT. *STOP THE BLEED TRAINING TO TRAINING INDIVIDUALS IN THE COMMUNITY ON HOW TO STOP TRAUMATIC BLEEDING IN AN EMERGENCY BY TEACHING A.) HOW TO USE YOUR HANDS TO APPLY PRESSURE TO A WOUND; B.) HOW TO PACK A WOUND TO CONTROL BLEEDING; AND C.) HOW TO CORRECTLY APPLY A TOURNIQUET. *CAR SEAT SAFETY EDUCATION TO PROVIDE EDUCATION ON THE IMPORTANCE OF CHILD PASSENGER SAFETY, AND TO ENSURE THAT CHILDREN OF HARFORD COUNTY ARE PROPERLY SECURED IN CAR SEATS AND SEAT BELTS WHILE TRAVELING IN MOTOR VEHICLES.</p> <p>NUTRITION AND HEALTHY EATING *STEPPING UP YOUR NUTRITION TO EDUCATE AND ENGAGE OLDER ADULTS TO EMPOWER THEM TO TAKE STEPS TO REDUCE THEIR NUTRITION RISK AND TO INCREASE THEIR STRENGTH.</p> <p>OVERWEIGHT AND OBESITY *PHYSICIAN INFORMATION SESSIONS - AN ONLINE INFORMATION SESSION WHERE INDIVIDUALS CAN LEARN ABOUT THE DIFFERENT SURGICAL PROCEDURES, INSURANCE COVERAGE, DIET CHANGES AND MUCH MORE. A SURGEON AND DIETITIAN IS ON HAND TO ANSWER ANY QUESTIONS. *FAT CHANCE! A CLOSE LOOK AT FAST FOOD PROGRAM TO PROVIDE EDUCATION ON THE DANGERS OF HIGH-FAT FOOD AT POPULAR FAST FOOD PLACES BY PROVIDING A GRAPHIC REPRESENTATION OF THE SATURATED AND UNSATURATED FAT CONTENT OF COMMON FAST FOODS. *HOW SWEET IT IS - AN INTERACTIVE AND VISUAL DISPLAY OF DRINKS INCLUDING WATER, SODAS, SPORT DRINKS, JUICE BOXES, AND POPULAR COFFEE DRINKS. THE PROGRAM EDUCATES AND INCREASES THE PARTICIPANTS' AWARENESS ON THE SUGAR CONTENT OF POPULAR DRINKS. *HYDRATION PROGRAM ON THE IMPORTANCE OF DRINKING WATER. *MY PLATE PROGRAM TO VISUALLY HELP INDIVIDUALS CONSUME A NUTRIENT-RICH, CALORIE APPROPRIATE, BALANCED DIET THAT INCLUDES A VARIETY OF FOODS IN MODERATION, AND THAT WILL BETTER MANAGE THEIR HEALTH AND WEIGHT. *MONTHLY WEIGHT LOSS SUPPORT GROUP TO ENCOURAGE PEOPLE TO EAT HEALTHY AND GET PHYSICAL ACTIVITY. *BODY FAT COMPOSITION SCREENINGS</p> <p>PHYSICAL ACTIVITY *ACTIVITY WHEEL - THE GOAL OF THE GAME IS FOR PARTICIPANTS TO LEARN BASIC CONCEPTS ABOUT FITNESS AND THE HUMAN BODY. THE QUESTIONS ARE BROKEN INTO TWO DIFFERENT AGE GROUPS- GRADES 1-5 AND GRADE 6 THROUGH ADULTS. PARTICIPANTS SPIN THE WHEEL AND ANSWER THE QUESTIONS. IF THE PERSON ANSWERS THE QUESTION INCORRECTLY, HE OR SHE WOULD THEN</p>

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	<p>COMPLETE THE EXERCISE AS DIRECTED.            *WALK WITH A DOC PROGRAM FOR PEOPLE OF ALL AGES AND ALL ABILITIES TO SPEND TIME WALKING WITH A HEALTH CARE PROVIDER TO DISCUSS CURRENT HEALTH TOPICS.</p> <p>TOBACCO USE            *SMOKING EDUCATION - PROVIDE EDUCATION ON SMOKING, TOBACCO USE, AND VAPING AT HEALTH EVENTS, BUSINESS, SCHOOLS AND THE FAITH-BASED COMMUNITY THROUGHOUT THE COUNTY.            *VAPING EDUCATION - PROVIDE EDUCATION ON SMOKING, TOBACCO USE, AND VAPING AT HEALTH EVENTS, BUSINESSES, SCHOOLS AND THE FAITH-BASED COMMUNITY THROUGHOUT THE COUNTY.            *SMOKING CESSATION CLASSES - SIX-WEEK EDUCATIONAL CLASS SERIES LEAD BY A CERTIFIED TOBACCO CESSATION EXPERT.</p> <p>RESPIRATORY DISEASES:            *PULMONARY SUPPORT GROUP FOR PARTICIPANTS TO LEARN WAYS TO HELP PROBLEM SOLVE, COPE AND UNDERSTAND MORE ABOUT THEIR DISEASE.</p> <p>VACCINATIONS:            *COVID-19 VACCINATIONS AT VARIOUS LOCATIONS THROUGHOUT HARFORD COUNTY.            *FLU VACCINATIONS AT VARIOUS LOCATIONS THROUGHOUT HARFORD COUNTY WITH A FOCUS ON THE SENIOR POPULATION.</p> <p>FAMILY STABILITY AND WELLNESS: A MOTHER'S WELL-BEING BEFORE, DURING AND AFTER PREGNANCY CAN AFFECT A CHILD'S HEALTH FROM INFANCY TO ADULTHOOD. IN 2019, 80.4% RECEIVED FIRST TRIMESTER CARE AND 4.8% RECEIVED LATE OR NO CARE. LOW BIRTH WEIGHT CAN LEAD TO POOR HEALTH OUTCOMES AND COMPLICATIONS. IN 2019, THERE WERE 8% OF CHILDREN BORN IN HARFORD COUNTY WITH A LOW BIRTH WEIGHT. THE PERCENT WAS HIGHER IN BLACK OR AFRICAN AMERICAN (14.7%) AND HISPANIC OR LATINO (10%) MOTHERS. IN 2018, THE INFANT MORTALITY RATE FOR BLACK OR AFRICAN AMERICANS WAS 10.8 PER 1,000 LIVE BIRTHS COMPARED TO 4.2 PER 1,000 LIVE BIRTHS FOR WHITE MOTHERS. IN ADDITION, THE RATE FOR SUBSTANCE EXPOSED NEWBORNS (SEN) HAS SIGNIFICANTLY INCREASED BETWEEN 2009 AND 2018. THE RATE IN HARFORD COUNTY HAS BEEN HIGHER THAN THE STATE FOR AT LEAST 9 YEARS. IN 2018, THERE WERE 38.1 SEN PER 1,000 NEWBORN DISCHARGES IN HARFORD COUNTY COMPARED TO 31.4 SEN IN MARYLAND.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: UPPER CHESAPEAKE MEDICAL CENTER, INC.</p> <p>DESCRIPTION: IN RESPONSE TO FAMILY HEALTH AND RESILIENCY, THE FOLLOWING ACTIONS TOOK PLACE:</p> <ul style="list-style-type: none"> <li>*CHILDBIRTH CLASSES PROVIDED EDUCATION BY PROVIDING ACCESS TO ACCURATE AND UP TO DATE INFORMATION ABOUT CHILDBIRTH TO ENABLE INDIVIDUALS TO MAKE INFORMED DECISIONS ABOUT THEIR CARE TO ANYONE REGARDLESS OF WHERE THEY DELIVER.</li> <li>*INFANT SAFETY CLASSES TO PROVIDE EDUCATION TO NEW AND EXPECTANT PARENTS ON BABY SAFETY, INJURY PREVENTION AND IMMEDIATE CARE OF COMMON INJURIES FOR INFANTS FROM BIRTH THROUGH 12 MONTHS OF AGE.</li> <li>*NEWBORN CLASSES TO PROVIDE EDUCATION ON BASIC INFANT CARE, INCLUDING FEEDING (BREAST OR BOTTLE), UMBILICAL CORD CARE, CIRCUMCISION, BATHING, POSITIONING BABY FOR SLEEPING AS WELL AS HOLDING AND MORE.</li> <li>*BREASTFEEDING SUPPORT GROUP TO PROVIDE WOMEN AND THEIR FAMILIES WITH TIMELY AND ACCURATE INFORMATION, AS WELL AS PRACTICAL AND EMOTIONAL SUPPORT TO PROMOTE OPTIMAL BREASTFEEDING.</li> <li>*BREASTFEEDING WARMLINE TO PROVIDE IMPORTANT CURRENT INFORMATION RELATED TO BREASTFEEDING AND A WAY FOR A MOTHER TO LEAVE A MESSAGE FOR A LACTATION CONSULTANT TO RETURN HER CALL. CALLS ARE RETURNED DAILY FROM 8:30AM TO 3:30PM. UNLIKE A HOT LINE WHERE A CALL IS ANSWER IMMEDIATELY A WARM LINE CALL WILL BE RETURNED WITHIN 24HOURS.</li> <li>*PARTICIPATED IN BOARDS, COMMITTEES AND STAKEHOLDER MEETINGS TO ADDRESS FAMILY STABILITY ISSUES:</li> <li>*BEL AIR ROTARY - THE MAIN OBJECTIVE OF ROTARY IS SERVICE - IN THE COMMUNITY, IN THE WORKPLACE, AND THROUGHOUT THE WORLD. ROTARIANS DEVELOP COMMUNITY SERVICE PROJECTS THAT ADDRESS MANY OF TODAY'S MOST CRITICAL ISSUES, SUCH AS CHILDREN AT RISK, POVERTY AND HUNGER, THE ENVIRONMENT, ILLITERACY, AND VIOLENCE. THEY ALSO SUPPORT PROGRAMS FOR YOUTH, EDUCATIONAL OPPORTUNITIES AND INTERNATIONAL EXCHANGES FOR STUDENTS, TEACHERS, AND OTHER PROFESSIONALS, AND VOCATIONAL AND CAREER DEVELOPMENT. THE ROTARY MOTTO IS SERVICE ABOVE SELF.</li> <li>*BOYS AND GIRLS CLUB OF HARFORD COUNTY - TO INSPIRE AND ENABLE ALL YOUNG PEOPLE, ESPECIALLY THOSE WHO NEED US MOST, TO REACH THEIR FULL POTENTIAL AS PRODUCTIVE, CARING, RESPONSIBLE CITIZENS</li> <li>*CHERISH THE CHILD PLANNING COMMITTEE - TO BRING TOGETHER PROFESSIONALS FROM THE FIELDS OF CHILD WELFARE, MENTAL HEALTH, EDUCATION AND MANY OTHER DISCIPLINES FOR A DAY OF LEARNING AND NETWORKING. THE SYMPOSIUM HAS GROWN INCREDIBLY SINCE ITS FIRST YEAR AND NOW HOSTS OVER 600 INDIVIDUALS FROM ALL OVER HARFORD COUNTY AND SURROUNDING JURISDICTIONS. THE DAY FEATURES A KEYNOTE SPEAKER, BREAKOUT SESSIONS AND AN ENDING PLENARY SPEAKER. WITH THE HARFORD COUNTY DEPARTMENT OF SOCIAL SERVICES AS THE LEAD AGENCY, THE COMMITTEE IS COMPRISED OF PROFESSIONALS AND COMMUNITY MEMBERS FROM THROUGHOUT HARFORD COUNTY WHO SHARE THE MISSION OF EDUCATING THE COMMUNITY ON THE IMPORTANCE OF CHILD PROTECTION AND TREATMENT.</li> <li>*COMMUNITY LEADERSHIP BOARD Y OF CENTRAL MARYLAND - TO FOCUS ON PROMOTING AND SUPPORTING THE Y'S MISSION AND PROGRAMS IN THEIR LOCAL COMMUNITY; RAISING FUNDS TO SUPPORT THE Y'S COMMUNITY OUTREACH ACTIVITIES, SCHOLARSHIP PROGRAMS AND CAPITAL REQUIREMENTS; AND BUILDING STRONG LOCAL BOARDS THAT HAVE THE CAPACITY AND COMMITMENT TO SUPPORT THE WORK OF THE Y IN THEIR COMMUNITY. COMMUNITY LEADERSHIP BOARD MEMBERS ARE DEDICATED VOLUNTEERS WHO SHARE THE VALUES OF THE Y AND ARE COMMITTED TO WORKING TO IMPROVE THE QUALITY OF LIFE FOR THE COMMUNITY THROUGH THE Y'S MISSION.</li> <li>*THE FOUNDATION BOARD, THE ARC NORTHERN CHESAPEAKE REGION - TO HELP PEOPLE WITH DIFFERING ABILITIES BUILD BETTER LIVES ONE PERSON AT A TIME. THE ARC NCR SUPPORTS INDIVIDUALS WITH INTELLECTUAL AND/OR DEVELOPMENTAL DISABILITIES FROM BIRTH THROUGH THE END OF LIFE, OR OVER "THE ARC OF THEIR LIFETIME."</li> <li>*SUSQUEHANNA RIVER RUN - TO PARTNER WITH THE ALBERT CESKY SCHOLARSHIP FUND, INC. AS THE TITLE SPONSOR OF THE HALF MARATHON AT THE INAUGURAL SUSQUEHANNA RIVER RUNNING FESTIVAL, IN HAVRE DE GRACE AND PERRYVILLE. THE RUNNING FESTIVAL RAISES FUNDS FOR THE AL CESKY SCHOLARSHIP FUND, WHICH PROVIDES SCHOLARSHIPS TO GRADUATING HIGH SCHOOL STUDENT ATHLETES WHO EXCEL IN BOTH ATHLETICS AND ACADEMICS. THE 5K RACE TAKES PLACE WITHIN THE HISTORIC CITY OF HAVRE DE GRACE. THE HALF MARATHON COVERS A SCENIC ROUTE THROUGH THE CITY OF HAVRE DE GRACE, OVER THE HATEM BRIDGE, THROUGH TOWN OF PERRYVILLE, AROUND PERRY POINT AND BACK TO HAVRE DE GRACE. THE HALF MARATHON RELAY FEATURES A TWO-PERSON TEAM, WITH THE FIRST RELAY LEG 6.1 MILES AND THE SECOND 7 MILES.</li> <li>*TURKEY TROT PLANNING COMMITTEE - TO PROVIDE SUPPORT FOR THIS MAJOR COMMUNITY FUNDRAISING EVENT FUNDED BY OPEN DOORS FINANCIAL AID TO HELP FAMILIES THROUGHOUT CENTRAL MARYLAND AFFORD Y PROGRAMS WHICH KEEP THEM AND THEIR CHILDREN ACTIVE, LEARNING AND PARTICIPATING IN ALL THE Y HAS TO OFFER.</li> <li>*COMMUNITY OUTREACH NAVIGATOR COLLABORATION - TO PARTNER WITH COMMUNITY STAKEHOLDERS TO DISCUSS IMMEDIATE CONCERNS AND LONG TERM GOALS RELATING TO MINORITY AND FAITH BASED POPULATIONS IN HARFORD COUNTY.</li> <li>*DARLINGTON APPLE FESTIVAL BOARD - TO RAISE FUNDS THAT FLOWS RIGHT BACK OUT INTO THE COMMUNITY. THE SCHOOL PTA COUNTS ON THIS MONEY TO SUPPLEMENT SERVICES TO CHILDREN. LOCAL CHURCHES COUNT ON THE REVENUE TO SUPPORT A WIDE VARIETY OF OUTREACH AND SERVICE THAT WOULD OTHERWISE NOT BE AFFORDABLE. LOCAL ORGANIZATIONS, SUCH AS THE LION'S CLUB, REPORT THAT THEY WOULD NOT BE ABLE TO SUPPORT THE COMMUNITY AS MUCH AS THEY DO WITHOUT THE APPLE FESTIVAL INCOME.</li> <li>*HEAL THE SICK PROGRAM - TO EQUIP FAITH COMMUNITY MEMBERS AND LEADERS TO SUPPORT CONGREGATIONS' DEVELOPMENT OF HEALTH MINISTRIES AND LINK SUCH MINISTRIES WITH HOSPITALS, COMMUNITY ORGANIZATIONS, PUBLIC HEALTH INSTITUTIONS, AND HEALTH CARE PROVIDERS.</li> <li>*LOCAL MANAGEMENT BOARD - A PROGRAM WITHIN HARFORD COUNTY GOVERNMENT'S DEPARTMENT OF COMMUNITY SERVICES. LOCAL MANAGEMENT BOARDS (LMBS) EXIST IN EACH COUNTY IN THE STATE, WORKING UNDER THE PURVIEW OF THE STATE OF MARYLAND CHILDREN'S CABINET AND GOVERNOR'S OFFICE FOR CHILDREN (GOC) TO IMPROVE THE WELL-BEING OF CHILDREN AND FAMILIES.</li> <li>*GERIATRIC ASSISTANCE AND INFORMATION NETWORK (GAIN) - COMMITTEE AND BOARD MEMBER MEETINGS - TO IMPROVE CARE FOR THE ELDERLY MEMBERS OF HARFORD COUNTY.</li> <li>*FOOD INSECURITY COMMITMENT - UM UPPER CHESAPEAKE HEALTH (UMUCH) HAS A LONG HISTORY OF WORKING ALONGSIDE COMMUNITY ORGANIZATIONS TO ADDRESS FOOD INSECURITY ISSUES. PRIOR TO COVID-19, MORE THAN 23,000 HARFORD COUNTY RESIDENTS - NEARLY ONE IN 10, WERE FOOD INSECURE,</li> </ul>

Return Reference - Identifier	Explanation
	<p>AND MORE THAN 8,500 RESIDENTS, WHICH AT 4% IS HIGHER THAN THE STATE AVERAGE, HAVE LIMITED ACCESS TO HEALTHY FOOD. DURING COVID-19, FOOD INSECURITY ISSUES INCREASED BY 40% ACROSS HARFORD COUNTY. AS PART OF ITS RESPONSE TO THE PANDEMIC, UMUCH ALONGSIDE, HEALTHY HARFORD, CONVENED A HARFORD COUNTY FOOD ACCESS WORKGROUP WITH MORE THAN 25 COMMUNITY ORGANIZATIONS. IN FY22, UMMS DONATED \$1.2 MILLION STATEWIDE TO HELP ALLEVIATE CRITICAL FOOD INSECURITY. OF THOSE FUNDS, \$64,262 WAS ALLOTTED TO HARFORD COUNTY VIA THE MARYLAND FOOD BANK (MFB). THE MFB IS A PRIMARY PROVIDER OF FOOD PANTRY STAPLES FOR OUR COMMUNITY, BUT THROUGH THIS GRANT, ADDITIONAL FOOD PANTRIES WERE CREATED AND ADDITIONAL ACCESS POINTS IN HIGH NEED COMMUNITIES WERE ESTABLISHED. THIS CONSISTED OF FIVE ADDITIONAL FOOD DISTRIBUTION SITES IN THE COMMUNITIES OF EDGEWOOD AND ABERDEEN. UM UPPER CHESAPEAKE HEALTH AND HEALTHY HARFORD SUPPORTED THESE FOOD DISTRIBUTION SITES THROUGH COMMUNITY PROMOTION, SPREADING THE WORD OF THEIR AVAILABILITY, AS WELL AS PROVIDING ONSITE SERVICES SUCH AS BLOOD PRESSURE CHECKS, INFORMATION ON COMMUNITY HEALTH RESOURCES, AND NAVIGATION TO LINK RESIDENTS TO SERVICES. IN ADDITION TO SUPPORTING FOOD ACCESS THROUGH THE MFB, FUNDS WERE ALSO USED TO PURCHASE 80 MEDICALLY TAILORED MEALS THROUGH MOVEABLE FEAST, INC. AND WELL AS ADDITIONAL PREPARED MEALS VIA MEALS ON WHEELS.</p> <p>*UNITED WAY PARTNERSHIP BOARD - IS COMPOSED OF LOCAL VOLUNTEERS WHO ADVISE AND INFORM UWCM ON ISSUES SPECIFIC TO HARFORD COUNTY. BY PAIRING THIS LOCAL EXPERTISE WITH COUNTY DATA, WE CAN BETTER UNDERSTAND THE NEEDS OF OUR COMMUNITY AND WHAT LOCAL GOVERNMENT AND PRIVATE RESOURCES ARE ALREADY BEING APPLIED. THIS ALLOWS OUR COMMUNITY PARTNERSHIP BOARD OF HARFORD COUNTY TO HELP "FILL IN THE GAPS" AND ENSURE EVERY DONOR DOLLAR DOES THE MOST GOOD.</p> <p>*LOCAL HEALTH IMPROVEMENT COALITION FAMILY HEALTH &amp; RESILIENCE WORKGROUP - TO FOCUS ON CONNECTING PREGNANT AND POSTPARTUM WOMEN EXPERIENCING SUBSTANCE USE DISORDERS (SUD) TO ESSENTIAL SERVICES, TREATMENT, AND RESILIENCY RESOURCES.</p> <p>FOR THE FULL IMPLEMENTATION STRATEGY, PLEASE VISIT  <a href="https://www.umms.org/uch/community/assessment-and-implementation-plan">HTTPS://WWW.UMMS.ORG/UCH/COMMUNITY/ASSESSMENT-AND-IMPLEMENTATION-PLAN</a></p>
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: UPPER CHESAPEAKE MEDICAL CENTER, INC.</p> <p>DESCRIPTION: ORAL HEALTH IN HARFORD COUNTY IS ADDRESSED BY THE HARFORD COUNTY HEALTH DEPARTMENT THROUGH A DENTAL CARE CLINIC. THE DENTAL CLINIC PROVIDES SERVICES TO INCLUDE ORAL HEALTH OF CHILDREN AGES 1 -20 ENROLLED IN THE MARYLAND CHILDREN'S HEALTH PROGRAM (MCHP), AND PREGNANT WOMEN ON THE MEDICAL ASSISTANCE PROGRAM WHO MAY NOT HAVE PREVIOUSLY HAD ACCESS TO DENTAL CARE. THE CLINIC IS ALSO COMMITTED TO TREATING SAME-DAY DENTAL EMERGENCIES INVOLVING INFECTION AND TRAUMA.</p> <p>IN ADDITION, AN FQHC, BEACON HEALTH CENTER, PROVIDES DENTAL SERVICES TO INCLUDE PEDIATRIC AND ADULT PREVENTATIVE AND RESTORATIVE CARE, REPLACEMENT CARE WITH DENTURES, PARTIALS, AND BRIDGES, EMERGENCY CARE SUCH AS EXTRACTIONS AND ROOT CANALS, AND COSMETIC CARE.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 13B - ELIGIBILITY FOR FREE OR DISCOUNTED CARE</p>	<p>FACILITY NAME: UPPER CHESAPEAKE MEDICAL CENTER, INC.</p> <p>DESCRIPTION: THE FINANCIAL ASSISTANCE POLICY EXPLAINS SEVERAL ELIGIBILITY CRITERIA, INCLUDING PARTICIPATION IN MEDICAID/MEDICARE PROGRAMS AS WELL AS ELIGIBILITY UNDER VARIOUS STATE REGULATIONS. IN ADDITION TO FPG, THE INCOME LEVELS DEFINED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE (MD DHMH) ARE USED TO DETERMINE ELIGIBILITY FOR FINANCIAL ASSISTANCE. THE MD DHMH INCOME LEVELS ARE MORE GENEROUS THAN THE FPG INCOME LEVELS.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE</p>	<p><a href="https://www.umms.org/uch/patients-visitors/for-patients/financial-assistance-and-billing">HTTPS://WWW.UMMS.ORG/UCH/PATIENTS-VISITORS/FOR-PATIENTS/FINANCIAL-ASSISTANCE-AND-BILLING</a></p>
<p>SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE</p>	<p><a href="https://www.umms.org/uch/patients-visitors/for-patients/financial-assistance-and-billing">HTTPS://WWW.UMMS.ORG/UCH/PATIENTS-VISITORS/FOR-PATIENTS/FINANCIAL-ASSISTANCE-AND-BILLING</a></p>
<p>SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE</p>	<p><a href="https://www.umms.org/uch/patients-visitors/for-patients/financial-assistance-and-billing">HTTPS://WWW.UMMS.ORG/UCH/PATIENTS-VISITORS/FOR-PATIENTS/FINANCIAL-ASSISTANCE-AND-BILLING</a></p>

**Part V Facility Information** *(continued)*

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 0

Name and address	Type of facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 2, 3, 4, 8 and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Return Reference - Identifier	Explanation
SCHEDULE H, PART I, LINE 3C - CRITERIA FOR FREE OR DISCOUNTED CARE	<p>UCMC IS COMMITTED TO PROVIDING FINANCIAL ASSISTANCE TO PERSONS WHO HAVE HEALTH CARE NEEDS AND ARE UNINSURED, UNDERINSURED, INELIGIBLE FOR A GOVERNMENT PROGRAM, OR OTHERWISE UNABLE TO PAY, FOR MEDICALLY NECESSARY CARE BASED ON THEIR INDIVIDUAL FINANCIAL SITUATION. IN ADDITION TO FPG, THE INCOME LEVELS DEFINED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE (MD DHMH) ARE USED TO DETERMINE ELIGIBILITY FOR FINANCIAL ASSISTANCE. THE MD DHMH INCOME LEVELS ARE MORE GENEROUS THAN THE FPG INCOME LEVELS.</p> <p>THE FAP ALSO USES A FINANCIAL HARDSHIP THRESHOLD WHEN DETERMINING ELIGIBILITY. A PATIENT WITH MEDICAL DEBT EXCEEDING 25% OF FAMILY ANNUAL HOUSEHOLD INCOME MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE.</p>
SCHEDULE H, PART I, LINE 6B - COMMUNITY BENEFIT REPORT	<p>THE ORGANIZATION ANNUALLY FILES A COMMUNITY BENEFIT REPORT AS REQUIRED BY THE MARYLAND HSCRC. THE REPORT CAN BE FOUND AT: <a href="https://hscrc.state.md.us/pages/init_cb.aspx">HTTPS://HSCRC.STATE.MD.US/PAGES/INIT_CB.ASPX</a>.</p>
SCHEDULE H, PART I, LINE 7 - EXPLANATION OF COSTING METHODOLOGY USED FOR CALCULATING LINE 7 TABLE	<p>MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE. COMMUNITY BENEFIT EXPENSES ARE EQUAL TO MEDICAID REVENUES IN MARYLAND, AS SUCH, THE NET EFFECT IS ZERO. ADDITIONALLY, NET REVENUES FOR MEDICAID SHOULD REFLECT THE FULL IMPACT ON THE HOSPITAL OF ITS SHARE OF THE MEDICAID ASSESSMENT.</p>
SCHEDULE H, PART I, LINE 7, COL (F) - BAD DEBT EXPENSE EXCLUDED FROM FINANCIAL ASSISTANCE CALCULATION	<p>11,441,015</p>
SCHEDULE H, PART II - DESCRIBE HOW COMMUNITY BUILDING ACTIVITIES PROMOTE THE HEALTH OF THE COMMUNITY	<p>THROUGH A VARIETY OF COMMUNITY BUILDING ACTIVITIES, U MUCH PROMOTES HEALTH AND WELLNESS IN THE COMMUNITIES IT SERVES. THESE ACTIVITIES INCLUDE COMMUNITY SUPPORT, COALITION BUILDING AND COMMUNITY HEALTH IMPROVEMENT ADVOCACY. U MUCH PROVIDES LEADERSHIP TO MANY COMMUNITY COALITIONS AND COLLABORATIVE PARTNERSHIPS TO IMPROVE COMMUNITY HEALTH, WHICH INCLUDE, BUT ARE NOT LIMITED TO:</p> <p>HEALTHY HARFORD - THE HEALTHY COMMUNITIES INITIATIVE OF HARFORD COUNTY, DEDICATED TO THE HEALTH AND WELLNESS OF THE NORTHERN CHESAPEAKE COMMUNITY. FOUNDED IN 1993 AS A NON-PROFIT 501C3 BY LEADERS FROM UNIVERSITY OF MARYLAND UPPER CHESAPEAKE HEALTH, THE HARFORD COUNTY HEALTH DEPARTMENT, AND HARFORD COUNTY GOVERNMENT, HEALTHY HARFORD IS A COALITION OF LOCAL GOVERNMENT AGENCIES, BUSINESSES, NON-PROFITS, AND CITIZENS DEDICATED TO IMPROVING THE HEALTH OF HARFORD COUNTY RESIDENTS THROUGH EDUCATION, POLICY CHANGES, IMPROVEMENTS IN THE BUILT ENVIRONMENT, INCREASED ACCESS TO CARE, AND IMPROVED CARE COORDINATION FOR PEOPLE WITH CHRONIC ILLNESS. HEALTHY HARFORD'S MISSION IS TO INSPIRE AND EMPOWER HEALTHY PEOPLE, HEALTHY FAMILIES, AND HEALTHY COMMUNITIES IN MIND, BODY, AND SPIRIT, WITH A FOCUS OF IMPROVING HEALTH AND WELLNESS IN THE HARFORD COUNTY REGION BY PROMOTING HEALTHY LIFESTYLES, BUILDING COMMUNITY PARTNERSHIPS, AND PROVING CARE COORDINATION.</p> <p>THE HARFORD COUNTY LOCAL HEALTH IMPROVEMENT COALITION (LHIC) - JOINTLY LED BY THE HARFORD COUNTY HEALTH DEPARTMENT AND U MUCH. THIS COALITION BRINGS TOGETHER REPRESENTATIVES FROM THE COMMUNITY EVERY OCTOBER TO EXAMINE THE HEALTH OF OUR COMMUNITY AND DETERMINE A PLAN FOR MOVING FORWARD. PRIMARY HEALTH IMPROVEMENT PRIORITIES FOR THIS COALITION INCLUDE BEHAVIORAL HEALTH, CHRONIC DISEASE PREVENTION &amp; WELLNESS AND FAMILY HEALTH &amp; RESILIENCY. THE CHARGE FOR EACH PRIORITY IS THEN LEAD BY A COMMUNITY WORKGROUP. EACH WORKGROUP HAS STRATEGIC INITIATIVES, ACTION PLANS, AND MEASURABLE GOALS. THEY MEET EITHER MONTHLY OR QUARTERLY AND REPORT OUT AT THE ANNUAL LHIC MEETING.</p> <p>OTHER COMMUNITY COALITIONS THAT U MUCH PLAYS AN ACTIVE ROLE IN INCLUDE: HARFORD COUNTY CANCER COALITION, SUICIDE PREVENTION WORKGROUP, OVERDOSE FATALITY REVIEW TEAM, CITIZEN REVIEW BOARD FOR CHILDREN, AND HARFORD COUNTY CHILD FATALITY REVIEW BOARD. ALL OF THESE COMMITTEES AND COALITION ARE COLLABORATIVE EFFORTS TO ADDRESS HEALTH ISSUES AND ADVOCATE FOR POLICIES AND PROGRAMS THAT IMPROVE HEALTH IN THE COMMUNITIES WE SERVE.</p>



Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT</p>	<p>THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) STARTED SETTING HOSPITAL RATES IN 1974. AT THAT TIME, THE HSCRC APPROVED RATES APPLIED ONLY TO COMMERCIAL INSURERS. IN 1977, THE HSCRC NEGOTIATED A WAIVER FROM MEDICARE HOSPITAL PAYMENT RULES FOR MARYLAND HOSPITALS TO BRING THE FEDERAL MEDICARE PAYMENTS UNDER HSCRC CONTROL.</p> <p>IN 2014, MARYLAND'S WAIVER WITH MEDICARE WAS RENEGOTIATED AND UPDATED TO REFLECT THE CURRENT HEALTHCARE ENVIRONMENT. UNDER THIS NEW WAIVER, SEVERAL CRITERIA WERE ESTABLISHED TO MONITOR THE SUCCESS OF THE SYSTEM IN CONTROLLING HEALTHCARE COSTS AND THE CONTINUANCE OF THE WAIVER ITSELF:</p> <ol style="list-style-type: none"> <li>1. REVENUE GROWTH PER CAPITA</li> <li>2. MEDICARE HOSPITAL REVENUE PER BENEFICIARY</li> <li>3. MEDICARE ALL PROVIDER REVENUE GROWTH PER BENEFICIARY</li> <li>4. MEDICARE READMISSION RATES</li> <li>5. HOSPITAL ACQUIRED CONDITION RATE</li> </ol>
<p>SCHEDULE H, PART III, LINE 3 - FAP ELIGIBLE PATIENT BAD DEBT CALCULATION METHODOLOGY</p>	<p>BECAUSE OF THE UNIQUE PAYMENT SYSTEM DESCRIBED ON LINE 2 (ABOVE), THE HOSPITAL IS UNABLE TO ESTIMATE HOW MUCH OF THE AMOUNT REPORTED IN LINE 2 IS ATTRIBUTED TO PATIENTS WHO WOULD APPLY UNDER THE FAP.</p>
<p>SCHEDULE H, PART III, LINE 4 - FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT</p>	<p>THE CORPORATION RECORDS REVENUES AND ACCOUNTS RECEIVABLE FROM PATIENTS AND THIRD-PARTY PAYORS AT THEIR ESTIMATED NET REALIZABLE VALUE. REVENUE IS REDUCED FOR ANTICIPATED DISCOUNTS UNDER CONTRACTUAL ARRANGEMENTS AND FOR CHARITY CARE. AN ESTIMATED PROVISION FOR BAD DEBTS IS RECORDED IN THE PERIOD THE RELATED SERVICES ARE PROVIDED BASED UPON ANTICIPATED UNCOMPENSATED CARE, AND IS ADJUSTED AS ADDITIONAL INFORMATION BECOMES AVAILABLE.</p> <p>THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING HISTORICAL BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTHCARE COVERAGE, AND OTHER COLLECTION INDICATORS. PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY. THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE MODIFICATIONS TO THE PROVISION FOR BAD DEBTS AND TO ESTABLISH AN ALLOWANCE FOR UNCOLLECTIBLE RECEIVABLES. AFTER COLLECTION OF AMOUNTS DUE FROM INSURERS, THE CORPORATION FOLLOWS INTERNAL GUIDELINES FOR PLACING CERTAIN PAST DUE BALANCES WITH COLLECTION AGENCIES.</p> <p>FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE CORPORATION ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR BAD DEBTS, ALLOWANCE FOR CONTRACTUAL ADJUSTMENTS, PROVISION FOR BAD DEBTS, AND CONTRACTUAL ADJUSTMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYOR HAS NOT YET PAID OR FOR PAYORS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE REALIZATION OF AMOUNTS DUE UNLIKELY. FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS OR WITH BALANCES REMAINING AFTER THE THIRD-PARTY COVERAGE HAD ALREADY PAID, THE CORPORATION RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS HISTORICAL COLLECTIONS, WHICH INDICATES THAT MANY PATIENTS ULTIMATELY DO NOT PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE. THE DIFFERENCE BETWEEN THE DISCOUNTED RATES AND THE AMOUNTS COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS.</p>
<p>SCHEDULE H, PART III, LINE 8 - DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY BENEFIT AND COSTING METHOD USED</p>	<p>THE ORGANIZATION FILES ANNUALLY A COMMUNITY BENEFIT REPORT WITH THE STATE OF MARYLAND'S HEALTH SERVICES COST REVIEW COMMISSION (HSCRC). THE HSCRC, WHICH OPERATES UNDER A MEDICARE WAIVER, DOES NOT CONSIDER MEDICARE SHORTFALL AS COMMUNITY BENEFIT. THE COSTING METHODOLOGY USED BY THE ORGANIZATION IS A COST-TO-CHARGE RATIO.</p>
<p>SCHEDULE H, PART III, LINE 9B - DID COLLECTION POLICY CONTAIN PROVISIONS ON COLLECTION PRACTICES FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR ASSISTANCE</p>	<p>THE ORGANIZATION EXPECTS PAYMENT AT THE TIME THE SERVICE IS PROVIDED. OUR POLICY IS TO COMPLY WITH ALL STATE AND FEDERAL LAW AND THIRD PARTY REGULATIONS AND TO PERFORM ALL CREDIT AND COLLECTION FUNCTIONS IN A DIGNIFIED AND RESPECTFUL MANNER. EMERGENCY SERVICES WILL BE PROVIDED TO ALL PATIENTS REGARDLESS OF ABILITY TO PAY. FINANCIAL ASSISTANCE IS AVAILABLE FOR PATIENTS BASED ON FINANCIAL NEED AS DEFINED IN THE FINANCIAL ASSISTANCE POLICY. THE ORGANIZATION DOES NOT DISCRIMINATE ON THE BASIS OF AGE, RACE, CREED, SEX OR ABILITY TO PAY.</p> <p>PATIENTS WHO ARE UNABLE TO PAY MAY REQUEST A FINANCIAL ASSISTANCE APPLICATION AT ANY TIME PRIOR TO SERVICE OR DURING THE BILLING AND COLLECTION PROCESS, EVEN IN EXCESS OF 240 DAYS FOLLOWING THE FIRST POST-DISCHARGE BILLING STATEMENT. THE ORGANIZATION MAY REQUEST THE PATIENT TO APPLY FOR MEDICAL ASSISTANCE PRIOR TO APPLYING FOR FINANCIAL ASSISTANCE. THE ACCOUNT WILL NOT BE FORWARDED FOR COLLECTION DURING THE MEDICAL ASSISTANCE APPLICATION PROCESS OR THE FINANCIAL ASSISTANCE APPLICATION PROCESS. NO EXTRAORDINARY COLLECTION ACTIONS (ECAS) WILL OCCUR EARLIER THAN 120 DAYS FROM SUBMISSION OF FIRST BILL TO THE PATIENT AND WILL BE PRECEDED BY NOTICE 30 DAYS PRIOR TO COMMENCEMENT OF THE ACTION. AVAILABILITY OF FINANCIAL ASSISTANCE WILL BE COMMUNICATED TO THE PATIENT AND A PRESUMPTIVE ELIGIBILITY REVIEW WILL OCCUR PRIOR TO ANY ACTION BEING TAKEN. IF A PATIENT IS DETERMINED TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE AFTER AN ECA IS INITIATED, THE ORGANIZATION WILL TAKE REASONABLE MEASURES TO REVERSE THE ECAS AGAINST THE PATIENT ACCOUNT.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT</p>	<p>UMUCH ASSESSED THE HEALTH STATUS OF HARFORD COUNTY RESIDENTS, AS INDIVIDUALS AND AS POPULATION GROUPS, AND PROVIDED POPULATION COMPARISONS TO RESIDENTS OF MARYLAND AND TO THE NATION AS A WHOLE. WE EXAMINED TRENDS IN HEALTH INDICATORS OF COUNTY RESIDENTS OVER TIME, HIGHLIGHTING RACIAL AND GEOGRAPHIC DISPARITIES, AND IDENTIFIED AREAS OF POVERTY AND AT-RISK POPULATIONS WHICH PROVIDED A BASIS FOR OUR PUBLIC HEALTH PLANNING. DATA IN OUR ASSESSMENT CAME FROM A VARIETY OF NATIONAL AND STATE SOURCES, INCLUDING, BUT NOT LIMITED TO, THE UNITED STATES CENSUS BUREAU, MARYLAND STATE HEALTH IMPROVEMENT PLAN, MARYLAND VITAL STATISTICS, THE MARYLAND BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY, THE INJURIES IN MARYLAND REPORT, AND NATIONAL COUNTY HEALTH RANKINGS.</p> <p>THE CHNA INCLUDES EACH OF HARFORD COUNTY'S 21 ZIP CODES. IN KEEPING WITH THE UMUCH MISSION OF MAINTAINING AND IMPROVING THE HEALTH OF THE PEOPLE IN ITS COMMUNITIES AND PROVIDING HIGH QUALITY CARE TO ALL, THE COMMUNITY BENEFIT SERVICE AREA (CBSA) WAS IDENTIFIED AS ALL OF HARFORD COUNTY. THE ZIP CODES WHERE THE MOST VULNERABLE POPULATIONS RESIDE (21009, 21040, 21001, &amp; 21078) WERE INCLUDED IN THE ASSESSMENT AND REPRESENT THE MOST CONCENTRATED AREAS OF POVERTY WITHIN THE COUNTY. IT IS IMPORTANT TO NOTE THAT POCKETS OF CONCENTRATED AREAS OF POVERTY ALSO EXIST WITHIN RURAL NORTHERN ZIP CODES IN HARFORD COUNTY. IDENTIFYING ALL OF HARFORD COUNTY AS THE CBSA PROVIDES THE OPPORTUNITY TO BETTER ADDRESS THE NEEDS OF THE VULNERABLE RESIDENTS OF HARFORD COUNTY.</p>
<p>SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION</p>	<p>INFORMATION REGARDING THE FINANCIAL ASSISTANCE PROGRAM/POLICY AND THE NUMBER FOR OUR PATIENTS TO CONTACT SOMEONE WITH QUESTIONS OR CONCERNS ARE AS FOLLOWS:</p> <ul style="list-style-type: none"> <li>-POSTED IN REGISTRATION AREAS (INPATIENT, EMERGENCY DEPARTMENT, KAUFMAN CANCER CENTER, FAMILY BIRTH PLACE, OUTPATIENT TESTING), WAITING AREAS AND BY CASHIER'S OFFICES</li> <li>-OFFERED TO ALL SELF PAY PATIENTS AT THE TIME OF REGISTRATION</li> <li>-PRINTED ON THE BACK OF ALL PATIENT FINANCIAL STATEMENTS</li> <li>-POSTED ON THE UMUCH WEBSITE</li> <li>-OFFERED BY BILLING DEPARTMENT WHEN PATIENTS CALL INQUIRING ABOUT THEIR HOSPITAL BILL</li> </ul> <p>A FINANCIAL COUNSELOR IS AVAILABLE ONSITE TO ASSIST PATIENTS WITH APPLYING FOR FINANCIAL ASSISTANCE.</p> <p>A REPRESENTATIVE FROM HOSPITAL SUPPORT SERVICES CONTACTS ALL SELF-PAY ED PATIENTS AND SELF PAY INPATIENTS TO ASSIST THE PATIENT WITH APPLYING FOR MEDICAL ASSISTANCE.</p> <p>OUR FINANCIAL ASSISTANCE POLICY IS AVAILABLE IN ENGLISH AND SPANISH.</p> <p>THE FINANCIAL ASSISTANCE POLICY FOR UMUCH IS REGULARLY REVIEWED AND TO MAKE SURE IT IS AVAILABLE TO OUR PATIENTS IN A VARIETY OF FORMATS AND THAT IT IS AVAILABLE IN CULTURALLY/LINGUISTICALLY SENSITIVE MANNER AND AT A READING COMPREHENSIVE LEVEL APPROPRIATE TO THE POPULATION OF OUR COMMUNITY BENEFIT SERVICE AREA.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION</p>	<p>THE FOLLOWING IS A SUMMARY DESCRIPTION OF THE COMMUNITY THAT UMUCH SERVES AS DESCRIBED IN OUR COMMUNITY HEALTH NEEDS ASSESSMENT AND COMMUNITY BENEFIT IMPLEMENTATION PLAN. A MORE DETAILED DESCRIPTION, INCLUDING MAPS AND DATA TABLES, CAN BE FOUND IN OUR COMMUNITY HEALTH NEEDS ASSESSMENT AVAILABLE AT: <a href="https://www.umms.org/UCH/COMMUNITY/ASSESSMENT-AND-IMPLEMENTATION-PLAN">HTTPS://WWW.UMMS.ORG/UCH/COMMUNITY/ASSESSMENT-AND-IMPLEMENTATION-PLAN</a></p> <p><b>POPULATION</b></p> <p>DEMOGRAPHIC CHARACTERISTICS SUCH AS AGE, GENDER, RACE, AND ETHNICITY HAVE AN IMPACT ON PEOPLE'S HEALTH. UNDERSTANDING THESE CHARACTERISTICS ACROSS HARFORD COUNTY IS HELPFUL IN DETERMINING THE RESOURCES NEEDED FOR OPTIMUM HEALTH AND WELL-BEING OF THE POPULATION.</p> <p>IN 2019, THE TOTAL POPULATION OF HARFORD COUNTY WAS ESTIMATED TO BE 252,222, WHICH WAS A 3.0% INCREASE FROM 2010 (244,826). THE COUNTY IS LOCATED IN THE NORTHEASTERN PART OF THE MARYLAND, WITH THE TOWNS AND CITIES OF VARYING SIZES, WEALTH, AND DIVERSITY. THE TOWN OF BEL AIR IS THE HARFORD COUNTY SEAT, WHICH HAS A POPULATION OF 10,071, OR ABOUT 4% OF THE COUNTY'S POPULATION. THE CITIES OF ABERDEEN AND HAVRE DE GRACE EACH MAKE UP APPROXIMATELY 10% AND 7%, RESPECTIVELY. THE REMAINING POPULATION IN THE COUNTY IS MOSTLY DISTRIBUTED ALONG THE ROUTE 40 CORRIDOR AND IN RURAL AND SUBURBAN PARTS OF THE COUNTY. THE TABLE BELOW ILLUSTRATES THE CHANGE IN POPULATION SIZE FOR MARYLAND, HARFORD COUNTY, AND SELECTED ZIP CODES (U.S. CENSUS BUREAU, 2015-2019).</p> <p>THE SUSQUEHANNA RIVER AND CHESAPEAKE BAY FORM THE NORTHEAST AND EASTERN BORDERS OF THE COUNTY MAKING GLOBAL CLIMATE CHANGE AND RIVER BORNE POLLUTION IMPORTANT ISSUES FOR HEALTH OVER THE LONG TERM.</p> <p><b>AGE DISTRIBUTION</b></p> <p>DATA ON THE AGE DISTRIBUTION OF A COUNTY IS IMPORTANT IN ORDER TO MONITOR AGING. THE POPULATION DISTRIBUTION CAN ALSO HELP DETERMINE WHAT TYPES OF SERVICES ARE NEEDED AS WELL AS INFRASTRUCTURE AND HOUSING NEEDS.</p> <p>THE AGE CATEGORY WITH THE LARGEST PERCENTAGE OF THE POPULATION WAS ADULTS AGES 55-59. THE MEDIAN AGE FOR THE COUNTY IN 2019 WAS 40.9. HARFORD COUNTY HAS 49% MALES AND 51% FEMALES (U.S. CENSUS BUREAU, 2015-2019).</p> <p><b>RACIAL AND ETHNIC DIVERSITY</b></p> <p>DATA ON RACIAL AND ETHNIC DIVERSITY OF A POPULATION ALLOWS LEADERS TO UNDERSTAND THE HEALTH DISPARITIES AND RACIAL GAPS. IT ALSO ALLOWS FOR ORGANIZATIONS TO TARGET CULTURALLY COMPETENT HEALTH CARE SERVICES. FOR EXAMPLE, IN HARFORD COUNTY, 7.4% OF RESIDENTS (AGE 5 AND UP) SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. THEREFORE, IT IS IMPORTANT FOR ADDRESSING HEALTH LITERACY IN THE COMMUNITY (U.S. CENSUS BUREAU, 2015-2019).</p> <p>THERE IS SUBSTANTIAL VARIATION IN THE LEVELS OF RACIAL AND ETHNIC DIVERSITY ACROSS HARFORD COUNTY. WHILE 78.6% OF HARFORD COUNTY IS WHITE, ALMOST HALF OF THE RESIDENTS IN THE EDGEWOOD ZIP CODE ARE BLACK OR AFRICAN AMERICAN. THE SHARE OF THE BLACK OR AFRICAN AMERICAN POPULATION IN EDGEWOOD WAS PROJECTED TO INCREASE FROM 2010-2020. THE RACIAL COMPOSITION OF EDGEWOOD AND ABERDEEN HAVE BEEN SIMILAR TO THE STATE OF MARYLAND WHILE HAVRE DE GRACE HAS BEEN SIMILAR TO HARFORD COUNTY AS A WHOLE (U.S. CENSUS BUREAU, 2015-2019).</p> <p><b>INCOME AND PHYSICAL ENVIRONMENT</b></p> <p>WHEN COMPARED TO THE UNITED STATES, MARYLAND IS A WEALTHY STATE, WITH A MEDIAN HOUSEHOLD INCOME OF \$84,805 COMPARED TO THE UNITED STATES AT \$62,843. HARFORD COUNTY HAS A HIGHER MEDIAN HOUSEHOLD INCOME THAN THE STATE AT \$89,147. THERE HAS ALSO BEEN A 7% AND 6.4% INCREASE IN THE MEDIAN HOUSEHOLD INCOME SINCE 2017 FOR MARYLAND AND HARFORD COUNTY, RESPECTIVELY. THERE ARE SIGNIFICANT DIFFERENCES IN INCOME ACROSS THE MUNICIPALITIES IN HARFORD COUNTY WITH BEL AIR (21014) AT \$91,262, HAVRE DE GRACE AT \$79,489, AND ABERDEEN AT \$68,942 (U.S. CENSUS BUREAU, 2015-2019).</p> <p>THE PERCENT OF HARFORD COUNTY FAMILIES THAT ARE BELOW THE POVERTY LEVEL IS 4.7% WHICH IS BELOW THE STATE FIGURE OF 6.1%. HOWEVER, THERE IS A RANGE OF POVERTY LEVELS THROUGHOUT THE COUNTY. ABERDEEN AND EDGEWOOD'S PROPORTION LIVING BELOW POVERTY HAVE BEEN ESTIMATED AT 10.6% AND 9.4% RESPECTIVELY SPANNING THE NATIONAL AVERAGE OF 9.5%. THERE ARE ALSO RACIAL DISPARITIES OF POVERTY IN THE COUNTY. THERE ARE 3.4% OF WHITE FAMILIES WHO ARE BELOW THE POVERTY LEVEL WHILE 11.3% BLACK OR AFRICAN AMERICAN AND 6.9% HISPANIC OR LATINO FAMILIES BELOW THE POVERTY LEVEL (U.S. CENSUS BUREAU, 2015-2019).</p> <p>THE DISPARITY IN HOUSEHOLD INCOMES IN HARFORD COUNTY AND THE CITIES OF ABERDEEN AND EDGEWOOD IS CONSISTENT WITH THE PERCENTAGE OF FAMILIES WHOSE INCOME IS BELOW THE POVERTY LEVEL. BOTH IN MARYLAND AND IN HARFORD COUNTY, POVERTY RATES ARE HIGHEST IN FAMILIES HEADED BY FEMALES. DATA SHOWS THAT THERE ARE 17.3% OF FAMILIES BELOW THE POVERTY LEVEL IN FEMALE HEADED HOUSEHOLDS IN MARYLAND AND 18.5% IN HARFORD COUNTY, RESPECTIVELY (U.S. CENSUS BUREAU, 2015- 2019). THE POVERTY RATES IN HARFORD COUNTY ARE ALSO REFLECTED BY THE PERCENTAGE OF FAMILIES RECEIVING SNAP (SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM) BENEFITS WITH EDGEWOOD HAVING THE HIGHEST PERCENTAGE OF FAMILIES AND BEL AIR HAVING THE LOWEST. THE ESTIMATED NUMBER OF HOUSEHOLDS THAT RECEIVED SNAP BENEFITS IN HARFORD COUNTY IN THE PAST 12 MONTHS WAS 7,305, WHICH IS AN ESTIMATED 7.8% OF HOUSEHOLDS IN HARFORD COUNTY (U.S. CENSUS BUREAU, 2015-2019).</p> <p><b>EDUCATION AND EMPLOYMENT</b></p> <p>HARFORD COUNTY PUBLIC SCHOOL DISTRICT HAS 54 SCHOOLS. THE SCHOOL DISTRICT'S MISSION IS THAT EACH STUDENT WILL ATTAIN ACADEMIC AND PERSONAL SUCCESS IN A SAFE AND CARING ENVIRONMENT THAT HONORS THE DIVERSITY OF OUR STUDENTS AND STAFF. WITHIN THE 54 SCHOOLS, THERE ARE 9 TITLE I SCHOOLS WHICH AIM TO ENSURE ACADEMIC ACHIEVEMENT FOR AT-RISK STUDENTS ATTENDING</p>

Return Reference - Identifier	Explanation
	<p>SCHOOLS IN HIGH POVERTY AREAS. THE SCHOOLS ARE LOCATED IN THE SOUTHERN PORTION OF THE COUNTY: THREE IN ABERDEEN, TWO IN EDGEWOOD AND JOPPA, AND ONE IN HAVRE DE GRACE AND ABINGDON (HARFORD COUNTY PUBLIC SCHOOLS, 2021). HARFORD COUNTY PUBLIC SCHOOLS HAD A TOTAL OF 38,429 STUDENTS ENROLLED IN THE 2019-20 SCHOOL YEAR WITH A 94.3% ATTENDANCE RATE. THE HIGH SCHOOL GRADUATION RATE FOR HARFORD COUNTY WAS 90.15%, WHICH WAS HIGHER THAN THE STATE OF MARYLAND'S RATE AT 86.75% (MARYLAND STATE DEPARTMENT OF EDUCATION, 2019).</p> <p>THE MARYLAND STATE DEPARTMENT OF EDUCATION ADMINISTERS ASSESSMENTS EACH YEAR OF EACH SCHOOL DISTRICT IN MARYLAND. BASED ON THE TEST SCORES, EACH SCHOOL DISTRICT IS RANKED BY SCHOOLDIGGER. DUE TO THE PANDEMIC, SCHOOL ASSESSMENTS WERE NOT TAKEN FOR THE 2019-2020 YEAR. FOR THE 2018-2019 SCHOOL YEAR, HARFORD COUNTY WAS RANKED 10TH OUT OF 24 PUBLIC SCHOOL SYSTEMS IN MARYLAND (SCHOOLDIGGER, 2019). THIS IS A SLIGHT IMPROVEMENT FROM THE PREVIOUS YEAR WHERE HARFORD COUNTY WAS RANKED 11TH. IT WAS ESTIMATED THAT 92.7% OF PEOPLE 25 YEARS AND OVER IN HARFORD COUNTY HAD A HIGH SCHOOL DIPLOMA OR HIGHER AND 36.7% HAD A BACHELOR'S DEGREE OR HIGHER IN 2019. ADDITIONALLY, 67.9% OF THE HARFORD COUNTY POPULATION 16 AND OVER WERE EMPLOYED WHILE 32.1% WERE NOT IN THE LABOR FORCE. IN ADDITION, 74.3% OF HARFORD COUNTY EMPLOYEES WERE PRIVATE WAGE AND SALARY WORKERS, 21.2% WERE GOVERNMENT WORKERS, AND 4.5% WERE SELF-EMPLOYED (U.S. CENSUS BUREAU, 2015- 2019).</p> <p>HOUSING AND TRANSPORTATION</p> <p>WHILE THE MEDIAN VALUE OF HOMES IN 2019 FOR HARFORD COUNTY (\$293,400) IS ONLY SLIGHTLY LESS THAN MARYLAND'S (\$314,800), THE DIFFERENCE WHEN CONSIDERING HOUSING PRICES BY ZIP CODE IS DRAMATIC. THE MEDIAN HOME VALUE FOR HARFORD COUNTY HAS INCREASED BY 4.1% SINCE 2017. PRICES RANGE FROM BELOW THE STATE VALUE IN THE EDGEWOOD AREA, WHERE THE MEDIAN HOME VALUE IS \$173,900, TO WELL ABOVE THE STATE IN THE MONKTON AREA, WHERE THE MEDIAN HOME COSTS \$518,800. THE MAP ABOVE SHOWS MEDIAN HOME VALUES BY ZIP CODE (U.S. CENSUS BUREAU, 2015- 2019).</p> <p>RENTAL COSTS MUST ALSO BE TAKEN INTO ACCOUNT WHEN ASSESSING THE HOUSING LANDSCAPE OF A COMMUNITY. THE TABLE ABOVE SHOWS MONTHLY MORTGAGE AND RENTAL COSTS FOR MARYLAND, HARFORD COUNTY, AND SELECTED ZIP CODES FROM THE U.S. CENSUS BUREAU. IT IS ESTIMATED THAT 22% OF HOUSEHOLDS RENT RATHER THAN OWN THEIR HOUSE. LIMITED ACCESS TO PUBLIC TRANSPORTATION IS ESPECIALLY TROUBLESOME FOR RURAL AND LOW INCOME AREAS OF HARFORD COUNTY. LACK OF TRANSPORTATION IMPACTS ACCESSING HEALTHCARE SERVICES. AMONG WORKERS 16 AND OVER, 4.9% THAT DO NOT HAVE A VEHICLE AVAILABLE. RATES ARE HIGHER ALONG THE ROUTE 40 CORRIDOR WITH EDGEWOOD AT 9%, ABERDEEN AT 8.8%, AND HAVRE DE GRACE AT 7.5% (U.S. CENSUS BUREAU, 2015-2019).</p> <p>THERE ARE APPROXIMATELY 56.2% HARFORD COUNTY RESIDENTS THAT ALSO WORK IN THE COUNTY. IN ADDITION, THERE ARE 40.6% AND 3.2% OF HARFORD COUNTY RESIDENTS WHO WORK OUTSIDE THE COUNTY AND STATE, RESPECTIVELY. THE AVERAGE COMMUTE TIME TO WORK IS ABOUT 32 MINUTES. THERE ARE JUST 1.3% OF RESIDENTS THAT USE PUBLIC TRANSPORTATION ACCORDING TO THE 2015-2019 5 YEAR ESTIMATES (U.S. CENSUS BUREAU, 2015-2019). THE HARFORD TRANSIT LINK IS THE BUS SYSTEM FOR HARFORD COUNTY THAT OFFERS 7 BUS ROUTES AS SEEN BELOW (HARFORD COUNTY GOVERNMENT, N.D.). WHILE THIS AIDS IN ACCESS TO CARE, THERE ARE STILL GAPS IN TRANSPORTATION THROUGHOUT MANY AREAS OF THE COUNTY.</p>
<p>SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION CONT</p>	<p>ACCESS TO ORAL HEALTH</p> <p>ORAL HEALTH IS A KEY COMPONENT OF OVERALL HEALTH AND WELLBEING AND CAN AFFECT THE WAY WE SPEAK, EAT, SMILE, AND SHOW EMOTIONS. POOR ORAL HEALTH CAN LEAD TO DISEASES RANGING FROM CAVITIES TO ORAL CANCER. THERE ARE AN ESTIMATED 167 DENTISTS IN HARFORD COUNTY AND THE RATIO OF THE POPULATION TO DENTISTS IS 1,530:1 (COUNTY HEALTH RANKINGS AND ROADMAPS, 2021). WHILE THIS RATIO HAS BEEN IMPROVING OVER THE YEARS, IT IS STILL WORSE THAN THE STATE RATIO OF 1,260:1. SHORTAGES STILL REMAIN IN THE COUNTY. ACCORDING TO THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) THERE ARE ORAL HEALTH SHORTAGES IN NORTHERN HARFORD COUNTY WITH A SHORTAGE SCORE OF 10 OUT OF A MAXIMUM 26 AND IN SOUTHERN HARFORD COUNTY WITH A SHORTAGE SCORE OF 14 OUT OF A MAXIMUM OF 26 SPECIFICALLY FOR THE MEDICAID ELIGIBLE POPULATION (HEALTH RESOURCES AND SERVICES ADMINISTRATION, N.D).</p>

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<p>SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION CONT</p>	<p><b>CRIME</b></p> <p>IN 2017, HARFORD COUNTY HAD AN ANNUAL OVERALL CRIME RATE OF 1345.6 PER 100,000 PEOPLE AND HAS BEEN ON THE DECLINE. THE MOST RECENT AVAILABLE CRIME DATA FOR THE STATE IS FROM 2016, WHICH REPORTED AN ANNUAL OVERALL CRIME RATE OF 2801.3 PER 100,000. THE CRIME RATE IN MARYLAND HAS BEEN CONSISTENTLY HIGHER THAN HARFORD COUNTY FOR YEARS (GOVERNOR'S OFFICE OF CRIME PREVENTION, YOUTH, AND VICTIM SERVICES, 2017)</p> <p>THE VIOLENT CRIME RATE IN ABERDEEN WAS 470.7 PER 100,000 WHICH IS SIGNIFICANTLY HIGHER THAN BEL AIR, HAVRE DE GRACE, OR THE COUNTY AVERAGE. ON THE OTHER HAND, BEL AIR HAD THE HIGHEST RATE OF PROPERTY CRIME WITH THE RATE OF 2621.4 PER 100,000, WHICH WAS SIGNIFICANTLY HIGHER THAN THE COUNTY AS A WHOLE OR ABERDEEN AND HAVRE DE GRACE (GOVERNOR'S OFFICE OF CRIME PREVENTION, YOUTH, AND VICTIM SERVICES, 2017).</p> <p><b>ACCESS TO HEALTHY FOODS AND RECREATIONAL OPPORTUNITIES</b></p> <p>THE 2021 COUNTY HEALTH RANKINGS ESTIMATE THAT DURING THE LAST FEW YEARS, 4% OF HARFORD COUNTY RESIDENTS HAD LIMITED ACCESS TO HEALTHY FOODS. THIS PERCENTAGE IS BASED ON 2015 AND 2018 WEIGHTED DATA OF THOSE THAT DO NOT LIVE CLOSE TO A GROCERY STORE AND ARE LOW INCOME. IN ADDITION, 9% OF HARFORD COUNTY RESIDENTS ARE CONSIDERED FOOD INSECURE. THIS IS MEASURED BY THE PERCENTAGE OF THE POPULATION WHO DID NOT HAVE ACCESS TO A RELIABLE SOURCE OF FOOD DURING THE PAST YEAR (BASED ON 2015 AND 2018 WEIGHTED DATA). THE COUNTY HEALTH RANKINGS CREATED A FOOD ENVIRONMENT INDEX IN ORDER TO SCORE A GIVEN AREA ON A SCALE FROM 0-10 (0 BEING THE WORST AND 10 BEING THE BEST). THE SCORE IS BASED ON LIMITED ACCESS TO FOODS AND FOOD INSECURITY. HARFORD COUNTY WAS GIVEN A SCORE OF 8.7 OUT OF 10 WHICH WAS THE SAME SCORE AS MARYLAND AS A WHOLE (COUNTY HEALTH RANKINGS AND ROADMAPS, 2021).</p> <p>IT SHOULD ALSO BE NOTED THAT THE US CENSUS ESTIMATES THAT 7.8% OF HOUSEHOLDS IN HARFORD COUNTY USE SNAP BENEFITS (U.S. CENSUS BUREAU, 2015-2019). IN SUMMARY, WHILE MOST HARFORD COUNTY RESIDENTS HAVE ACCESS TO HEALTHY FOODS AND A RELIABLE SOURCE OF FOOD, THERE ARE STILL GAPS IN THE COUNTY. LACKING RELIABLE ACCESS TO FOOD HAS BEEN FOUND TO BE RELATED TO POOR HEALTH OUTCOMES SUCH AS OBESITY AND PREMATURE MORTALITY.</p> <p>IT IS ESTIMATED THAT ACCESS TO EXERCISE OPPORTUNITIES IN HARFORD COUNTY IS 90% WHILE THE STATE OF MARYLAND IS AT 93%. THIS IS MEASURED BY THE PERCENTAGE OF INDIVIDUALS IN A COUNTY WHO LIVE REASONABLY CLOSE TO A PARK OR RECREATIONAL FACILITY (COUNTY HEALTH RANKINGS AND ROADMAPS, 2021). THE HARFORD COUNTY PUBLIC RECREATION SYSTEM IS A COMBINATION OF SITES OWNED BY MUNICIPAL, COUNTY, STATE, AND FEDERAL GOVERNMENT, AND THE HARFORD COUNTY BOARD OF EDUCATION. THERE ARE NUMEROUS OPPORTUNITIES FOR HARFORD COUNTY RESIDENTS TO STAY ACTIVE THROUGH PARKS, TRAILS, AND RECREATION CENTERS. BELOW IS A SNAPSHOT OF THE AREAS AND FACILITIES IN THE PUBLIC SYSTEM. NOTE THAT THIS IS LIMITED TO PUBLIC FACILITIES AND THERE ARE ADDITIONAL RECREATION OPPORTUNITIES THROUGH APARTMENT COMPLEXES' PLAYGROUNDS OR PRIVATE GYMS.</p> <p><b>TOBACCO USE</b></p> <p>IN MIDDLE AND HIGH SCHOOL STUDENTS, THERE WAS A STEEP INCREASE IN ELECTRONIC VAPOR PRODUCT USE FROM 2016 TO 2018. THE YOUTH RISK BEHAVIOR SURVEY (YRBS) SHOWED IN 2018, 29.3% OF HIGH SCHOOL STUDENTS HAD USED AN ELECTRONIC VAPOR PRODUCT IN THE PAST 30 DAYS. THIS IS MORE THAN DOUBLE THE RATE FROM 2016 (14.3%). THE ELECTRONIC VAPOR PRODUCT USE IN HARFORD COUNTY WAS ALSO ABOUT 6% WORSE THAN THE STATE (23.0%). MIDDLE SCHOOL STUDENTS IN HARFORD COUNTY SAW A SIMILAR SPIKE IN ELECTRONIC VAPOR USE, BUT STILL A LOWER RATE THAN HIGH SCHOOL STUDENTS. IN 2018, 7% OF STUDENTS USED AN ELECTRONIC VAPOR PRODUCT IN THE PAST 30 DAYS COMPARED TO 5.9% IN THE STATE. THERE WERE ALSO 43% AND 19.6% OF HARFORD COUNTY HIGH SCHOOL AND MIDDLE SCHOOL STUDENTS, RESPECTIVELY, THAT HAD EVER TRIED AN ELECTRONIC VAPOR PRODUCT IN 2018 (MARYLAND DEPARTMENT OF HEALTH YOUTH RISK BEHAVIOR SURVEY, 2019)</p> <p>IN ADULTS, SMOKING RATES IN HARFORD HAVE CONSISTENTLY BEEN HIGHER THAN THE STATE SINCE 2014. IN 2019, THE NUMBER OF CURRENT SMOKERS IN HARFORD COUNTY WAS 20.6% COMPARED TO 13.1% FOR THE STATE (MARYLAND DEPARTMENT OF HEALTH BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM, 2011-2019).</p> <p><b>ALCOHOL USE</b></p> <p>IN 2018 IT WAS REPORTED THAT 8.4% OF MIDDLE SCHOOL STUDENTS AND 31% OF HIGH SCHOOL STUDENTS CURRENTLY DRANK ALCOHOL (MARYLAND DEPARTMENT OF HEALTH YOUTH RISK BEHAVIOR SURVEY, 2019). FOR HARFORD COUNTY ADULTS, IN 2019, 9.5% REPORTED BEING HEAVY DRINKERS (ADULT MEN HAVING 14 DRINKS PER WEEK AND ADULT WOMEN HAVING 7 DRINKS A WEEK). THIS PERCENTAGE IS HIGHER THAN THE STATE WHERE IT WAS REPORTED THAT 5.4% OF ADULTS ENGAGE IN HEAVY DRINKING (MARYLAND DEPARTMENT OF HEALTH BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM, 2011-2019).</p> <p><b>HEALTHY EATING, ACTIVE LIVING, AND OBESITY</b></p> <p>DIET AND EXERCISE HABITS HAVE A TREMENDOUS IMPACT ON HEALTH AND WELLBEING. DATA FROM THE 2019 BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) INDICATE THAT ONLY 66.6% OF HARFORD COUNTY ADULTS CONSUME ONE OR MORE SERVINGS OF FRUITS PER DAY AND ONLY 83.1% CONSUME ONE OR MORE SERVINGS OF VEGETABLES DAILY. THE PERCENTAGE OF FRUIT CONSUMPTION MIRRORED THE STATE WHILE THE VEGETABLE CONSUMPTION WAS ABOUT 5% HIGHER IN HARFORD THAN THE STATE (MARYLAND DEPARTMENT OF HEALTH BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM, 2011-2019).</p> <p>IT IS RECOMMENDED THAT ADULTS ENGAGE IN 150 MINUTES OF MODERATE-INTENSITY PHYSICAL ACTIVITY PER WEEK (OR EQUIVALENT OF VIGOROUS PHYSICAL ACTIVITY). THE 2019 BRFSS DATA FOUND THAT 59.4% OF HARFORD COUNTY RESIDENTS MET THE RECOMMENDED PHYSICAL ACTIVITY REQUIREMENTS COMPARED TO 51.8% OF THE STATE (MARYLAND DEPARTMENT OF HEALTH BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM, 2011-2019).</p> <p>BODY MASS INDEX (BMI) CAN BE USED AS A TOOL TO ASSESS HEALTH RISK, ALTHOUGH IT DOES NOT MEASURE BODY FAT. HARFORD COUNTY'S WEIGHT BREAKDOWN BELOW SHOWS THAT ABOUT 72.7% OF</p>

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	<p>ADULTS IN 2019 WERE OVERWEIGHT OR OBESE AND ONLY 27.3% WERE AT A HEALTHY WEIGHT (MARYLAND DEPARTMENT OF HEALTH BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM, 2011-2019).</p> <p>THERE HAS ALSO BEEN ABOUT A 10% INCREASE IN HARFORD COUNTY RESIDENTS THAT ARE A OVERWEIGHT OR OBESE FROM 2016 TO 2019. OBESITY AND OVERWEIGHT RATES CAN VARY BY RACE AS WELL. IN THE 2019 BRFSS SURVEY, IT WAS REPORTED THAT 83.9% OF NON-HISPANIC BLACK ADULTS IN HARFORD COUNTY WERE OBESE OR OVERWEIGHT, COMPARED TO 66.9% WHITES (MARYLAND DEPARTMENT OF HEALTH BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM, 2011-2019). THESE RACIAL DISPARITIES HAVE BEEN CONSISTENT FOR AT LEAST THE LAST FEW YEARS. BEING OVERWEIGHT OR OBESE CAN PUT PEOPLE AT RISK FOR OTHER CHRONIC CONDITIONS SUCH AS HEART DISEASE AND TYPE 2 DIABETES.</p>

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<p>SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION CONT</p>	<p><b>HEALTH OUTCOMES</b></p> <p>THE HEALTH OUTCOMES SECTION REPORTS PERCEIVED HEALTH STATUS, INCIDENCE AND PREVALENCE OF HEALTH CONDITIONS IN HARFORD COUNTY, HOSPITALIZATIONS, AND MORTALITY FROM CERTAIN HEALTH CONDITIONS. THIS INCLUDES CHRONIC AND COMMUNICABLE DISEASE, INJURY, MENTAL HEALTH, AND MATERNAL AND CHILD HEALTH. THE PREVIOUS HEALTH FACTORS SECTION THAT DISCUSSED HEALTHY AND UNHEALTHY BEHAVIORS GO HAND IN HAND WITH HEALTH OUTCOMES.</p> <p><b>PERCEIVED HEALTH STATUS</b></p> <p>IN THE BRFSS SURVEY, RESPONDENTS WERE ASKED TO RANK THEIR OVERALL HEALTH FROM POOR TO EXCELLENT. THERE WAS SOME VARIATION OF RESPONSES THROUGHOUT THE PAST 3 YEARS, BUT AN AVERAGE FROM 2017-2019 SHOWED 18.1% OF RESIDENTS REPORTED THEIR HEALTH WAS EXCELLENT, 38.3% REPORTED VERY GOOD, 29.9% REPORTED GOOD, 9.7% REPORTED FAIR, AND 3.7% REPORTED POOR.</p> <p><b>LEADING CAUSES OF DEATH AND HOSPITALIZATION</b></p> <p>IN THE 2021 COUNTY HEALTH RANKINGS, HARFORD COUNTY WAS RANKED 10TH OUT OF 24 JURISDICTIONS FOR HEALTH OUTCOMES. YEARS OF POTENTIAL LIFE LOST (YPLL) IS USED TO MEASURE PREMATURE MORTALITY (BEFORE AGE 75) RATHER THAN OVERALL MORTALITY IN ORDER TO FOCUS ON DEATHS THAT COULD HAVE BEEN PREVENTED. BASED ON 2017-2019 DATA, THE YPLL RATE WAS 6,900 PER 100,000 FOR ALL DEATHS IN HARFORD COUNTY AND 7,200 PER 100,000 IN MARYLAND. THIS RATE WAS ALSO SIGNIFICANTLY HIGHER FOR AFRICAN AMERICANS IN HARFORD WITH THE YPLL BEING 8,400 PER 100,000 DEATHS (COUNTY HEALTH RANKINGS AND ROADMAPS, 2021)</p> <p>ACCORDING TO THE MARYLAND VITAL STATISTICS ADMINISTRATION, THERE WERE 2,209 TOTAL DEATHS IN HARFORD COUNTY IN 2019 AND THE TOP 3 CAUSES OF DEATH WERE HEART DISEASE, CANCER, AND CEREBROVASCULAR DISEASE (STROKE) IN BOTH HARFORD COUNTY AND MARYLAND. CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) FALLS CLOSELY BEHIND STROKE AS THE 4TH LEADING CAUSE OF DEATH IN HARFORD COUNTY. IF THE TOP CAUSES OF DEATH REMAIN CONSISTENT FOR THE 2020 MARYLAND VITAL STATISTICS ANNUAL REPORT, COVID-19 WOULD LIKELY BE THE 3RD LEADING CAUSE OF DEATH IN HARFORD COUNTY AS THERE WERE 167 COVID-19 DEATHS IN 2020. THE AGE-ADJUSTED MORTALITY RATE FROM 2017-2019 FOR ALL CAUSES WAS 738.8 PER 100,000 DEATHS IN HARFORD COUNTY AND 713 PER 100,000 DEATHS IN MARYLAND. THE TRENDS OF MORTALITY RATES FOR SPECIFIC DISEASES ARE OUTLINED BELOW (MARYLAND DEPARTMENT OF HEALTH VITAL STATISTICS REPORT, 2019).</p> <p><b>EMERGENCY DEPARTMENT VISITS</b></p> <p>THE ED VISIT RATE FOR HARFORD FROM 2017-2019 WAS 919 PER 1,000 COMPARED TO THE STATE RATE OF 1,107 PER 1,000. THE HIGHEST RATES OF ED VISITS IN THE COUNTY WERE FOR RESIDENTS OF ABERDEEN (1607.6 PER 1,000) FOLLOWED BY EDGEWOOD (1459.62 PER 1,000) AND HAVRE DE GRACE (1378.80 PER 1,000) (CHESAPEAKE REGIONAL INFORMATION SYSTEM FOR OUR PATIENTS, 2020).</p> <p>THE CRISP REPORTING SYSTEM (CRS) REPORTED THAT THE TOP THREE CONDITIONS ASSOCIATED WITH AN ED VISIT WERE HYPERTENSION, SUBSTANCE USE DISORDER, AND MENTAL HEALTH CONDITIONS IN HARFORD COUNTY (CHESAPEAKE REGIONAL INFORMATION SYSTEM FOR OUR PATIENTS, 2020). THE STATE AS A WHOLE ALSO HAD THE SAME TOP 3 CONDITIONS, HOWEVER, THE STATE HAD A HIGHER PERCENTAGE OF ANY MENTAL HEALTH CONDITION VISITS COMPARED TO SUBSTANCE USE DISORDER. THIS MAY SUGGEST THAT THESE CONDITIONS WERE NOT BEING TREATED AS SUCCESSFULLY IN AN OUTPATIENT SETTING.</p> <p><b>CHRONIC AND COMMUNICABLE DISEASES</b></p> <p>WHILE THERE HAS BEEN A SLIGHT DECREASE IN MORTALITY RATES FOR HEART DISEASE IN HARFORD COUNTY, IT REMAINS THE LEADING MORTALITY RATE IN THE COUNTY. FOR 2017-2019 THE RATE WAS 163 PER 100,000 IN HARFORD AND 162 PER 100,000 IN MARYLAND (MARYLAND DEPARTMENT OF HEALTH VITAL STATISTICS REPORT, 2019).</p> <p>CANCER MORTALITY RATES ARE WORSE IN HARFORD COUNTY THAN FOR THE STATE OF MARYLAND. HOWEVER, THE CANCER MORTALITY RATES HAVE DECREASED OVER THE YEARS FOR BOTH HARFORD COUNTY AND MARYLAND (MARYLAND DEPARTMENT OF HEALTH VITAL STATISTICS REPORT, 2019). CANCERS OF THE LUNG, TRACHEA, AND BRONCHUS HAVE THE HIGHEST MORTALITY OF ALL CANCERS IN HARFORD COUNTY (45 PER 100,000) AND MARYLAND (38.8 PER 100,000). WHEN BREAKING DOWN THE INCIDENCE BY CANCER TYPE, BREAST AND PROSTATE CANCER HAD THE TOP 2 INCIDENCE RATES IN BOTH HARFORD AND THE STATE OF MARYLAND (U.S. CANCER STATISTICS WORKING GROUP, 2020).</p> <p>WHEN BROKEN DOWN BY RACE BY TYPE OF CANCER IN HARFORD COUNTY, THE INCIDENCE RATE FOR PROSTATE CANCER IN AFRICAN AMERICANS (239.9 PER 100,000) WAS ABOUT 2 TIMES THE INCIDENCE IN WHITES (119.6 PER 100,000) (U.S CANCER STATISTICS WORKING GROUP, 2020).</p> <p>CEREBROVASCULAR DISEASE (STROKE) CONTINUES TO BE ONE OF THE TOP CAUSES OF MORTALITY IN HARFORD COUNTY. IN 2017-2019 THE MORTALITY RATE WAS 38 PER 100,000 DEATHS AND HAS SLOWLY BEEN INCREASING OVER THE YEARS (MARYLAND DEPARTMENT OF HEALTH VITAL STATISTICS REPORT, 2019).</p> <p>THE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) REPORTED THE PERCENTAGE OF ADULTS THAT WERE EVER TOLD THEY HAVE A CERTAIN CHRONIC CONDITION, OUTLINED IN THE CHART BELOW. IT IS ESTIMATED THAT ABOUT A THIRD OF ADULTS HAVE BEEN DIAGNOSED WITH HYPERTENSION (HIGH BLOOD PRESSURE), WHICH INCREASES THE RISK FOR HEART DISEASE AND STROKE (CDC). HYPERTENSION ALSO USUALLY PRESENTS NO SYMPTOMS, MAKING IT MORE CRITICAL TO MONITOR AND TAKE STEPS TO LOWER THE RISK. WHILE THE DIABETES OVERALL ESTIMATED DIAGNOSES IS 9.3% OF HARFORD ADULTS, THIS RATE IS SIGNIFICANTLY HIGHER IN AFRICAN AMERICANS (19%) VERSUS WHITE (8.3) RESIDENTS (MARYLAND DEPARTMENT OF HEALTH BEHAVIORAL RISK SURVEILLANCE SYSTEM, 2011-2019).</p> <p>A NOTIFIABLE DISEASE IS ANY CONDITION THAT, WHEN IDENTIFIED IN A PATIENT, IS REQUIRED TO BE REPORTED TO THE GOVERNMENT SO THAT ITS INCIDENCE CAN BE MONITORED FOR POTENTIAL OUTBREAKS AND CLUSTERING. THE NOTIFIABLE DISEASES ARE THEN REPORTED TO THE CENTERS FOR</p>

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	<p>DISEASE CONTROL (CDC). HARFORD COUNTY'S LYME DISEASE RATE WAS MORE THAN DOUBLE THE STATE RATE (54.8 PER 100,000 COMPARED TO 23.5 PER 100,000) (MARYLAND DEPARTMENT OF HEALTH CASES OF SELECTED NOTIFIABLE CONDITIONS, 2019).</p> <p>MATERNAL AND CHILD HEALTH</p> <p>MATERNAL CHARACTERISTICS AND BIRTH OUTCOMES IN HARFORD COUNTY VARY BY RACE, INDICATING HEALTH DISPARITIES EXIST FOR MOTHERS AND BABIES FOR RACIAL AND ETHNIC MINORITIES. A MOTHER'S WELLBEING BEFORE, DURING, AND AFTER PREGNANCY CAN AFFECT THE HEALTH OF A CHILD FROM INFANCY TO ADULTHOOD. INFANT'S WITH LOW BIRTH WEIGHT, ARE MORE LIKELY TO DIE BEFORE THEIR FIRST BIRTHDAY OR HAVE CHRONIC CONDITIONS WHEN THEY GET OLDER SUCH AS DIABETES, HEART DISEASE, OR HIGH BLOOD PRESSURE. IN 2019, THERE WERE 2,686 LIVE BIRTHS IN HARFORD COUNTY. AMONG ALL OF THE LIVE BIRTHS IN HARFORD COUNTY, 80.4% RECEIVED FIRST TRIMESTER CARE AND 4.8% RECEIVED LATE OR NO CARE DURING PREGNANCY (MARYLAND DEPARTMENT OF HEALTH VITAL STATISTICS REPORT, 2019)</p> <p>LIVE BIRTHS TO UNMARRIED MOTHERS WERE 34% OF ALL LIVE BIRTHS AND LIVE BIRTHS TO MOTHERS UNDER 20 YEARS OLD WAS JUST 2.3% OF ALL LIVE BIRTHS. THE RATES FOR LIVE BIRTHS WERE ESPECIALLY HIGHER IN NON-HISPANIC AFRICAN AMERICAN UNMARRIED MOTHERS (61.2%) AND HISPANIC UNMARRIED MOTHERS (48.4%). THE PERCENT OF MOTHERS IN HARFORD COUNTY WITH A LOW BIRTH WEIGHT CHILD IN 2019 WAS 8%. THIS PERCENTAGE WAS HIGHER IN AFRICAN AMERICAN (14.7%) AND HISPANIC (10%) MOTHERS THAN FOR WHITE MOTHERS (6%) (MARYLAND DEPARTMENT OF HEALTH VITAL STATISTICS REPORT, 2019). LOW BIRTH WEIGHT BABIES CAN LEAD TO POOR OUTCOMES AND HEALTH COMPLICATIONS.</p> <p>IN 2019, THE INFANT MORTALITY RATE IN HARFORD COUNTY WAS 5.6 PER 1,000 LIVE BIRTHS WHICH IS SLIGHTLY BELOW THE STATE AT 5.9 PER 1,000 LIVE BIRTHS. WHILE THIS IS A DROP FROM 2018 (6.5 PER 1,000), THE INFANT MORTALITY RATE IS STILL HIGHER THAN IT HAD BEEN IN PRIOR YEARS, WHILE THE INFANT MORTALITY RATE FOR THE STATE CONTINUES TO DECLINE (MARYLAND DEPARTMENT OF HEALTH VITAL STATISTICS REPORT, 2019). RACIAL DISPARITIES IN INFANT MORTALITY AND LOW BIRTH WEIGHT BIRTHS HAVE PERSISTED IN HARFORD COUNTY FOR THE PAST DECADE. IN FACT, THE RATE OF INFANT MORTALITY FOR BLACK BABIES HAS BEEN MORE THAN 3-4 TIMES HIGHER THAN THAT OF WHITE BABIES IN HARFORD COUNTY FOR MANY YEARS. IN 2018, THE INFANT MORTALITY RATE WAS 10.8 PER 1,000 LIVE BIRTHS FOR NON-HISPANIC BLACKS AND 4.2 PER 1,000 LIVE BIRTHS FOR NON-HISPANIC WHITES. RACISM, INTERGENERATIONAL STRESS, AND STRUCTURAL INEQUALITY CONTINUE TO FUEL MATERNAL AND CHILD HEALTH DISPARITIES IN HARFORD COUNTY.</p> <p>IN ADDITION, THE RATE FOR SUBSTANCE EXPOSED NEWBORNS (SEN) HAS SIGNIFICANTLY INCREASED FROM 2009 TO 2018 AND THE RATE IN HARFORD HAS BEEN HIGHER THAN THE STATE FOR AT LEAST 9 YEARS. IN 2018, THERE WERE 38.1 SEN PER 1,000 NEWBORN DISCHARGES IN HARFORD COUNTY COMPARED TO 31.4 SEN IN MARYLAND (HEALTH SERVICES COST REVIEW COMMISSION, 2018). WHILE RACIAL DATA ON SEN BIRTHS IN HARFORD COUNTY IS LIMITED, THE MOST RECENT DATA INDICATES THAT THE MAJORITY OF SEN BIRTHS ARE TO WHITE WOMEN IN THE COUNTY. WE RECOGNIZE THAT, IN ORDER FOR FAMILIES TO ACHIEVE AND MAINTAIN HEALTH AND RESILIENCY, THEY MUST BE GIVEN A SAFE SPACE TO ACCESS ESSENTIAL RESOURCES AND SUPPORT.</p>



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<p>SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION CONT</p>	<p>INJURY</p> <p>ACCORDING TO COUNTY HEALTH RANKINGS DATA FOR 2021, THE OVERALL DEATH RATE FROM INJURIES (PLANNED AND UNPLANNED) IN HARFORD COUNTY AND MARYLAND WAS 82 PER 100,000 (COUNTY HEALTH RANKINGS AND ROADMAPS, 2021). INJURIES ACCOUNTED FOR 109 DEATHS IN 2019 FOR HARFORD COUNTY AND WERE THE 5TH LEADING CAUSE OF MORTALITY. THE SUICIDE RATE FOR HARFORD IN 2017-2019 WAS 11.4 PER 100,000 IN HARFORD WHICH WAS SLIGHTLY ABOVE THE STATE AT 10.1 PER 100,000 (MARYLAND DEPARTMENT OF HEALTH VITAL STATISTICS REPORT, 2019).</p> <p>FALLS IN OLDER ADULTS CAN LEAD TO SERIOUS INJURY, DISABILITY, AND PREVENT A SENIOR FROM BEING INDEPENDENT. THE 2018 BEHAVIORAL RISK SURVEILLANCE SYSTEM (BRFSS) ESTIMATES THAT 22.4% OF RESIDENTS IN HARFORD COUNTY AGES 45+ HAD FALLEN IN THE LAST YEAR. IN ADDITION, 7.2% OF THOSE THAT FELL WERE INJURED BY THE FALL (MARYLAND DEPARTMENT OF HEALTH BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM, 2011-2019).</p> <p>BEHAVIORAL HEALTH</p> <p>THE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) SURVEY ESTIMATED THAT IN 2019, 18.8% OF ADULTS IN HARFORD COUNTY WERE DIAGNOSED WITH DEPRESSIVE DISORDER (INCLUDING DEPRESSION, MAJOR DEPRESSION, DYSTHYMIA, OR MINOR DEPRESSION) (MARYLAND DEPARTMENT OF HEALTH BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM, 2011-2019). MENTAL HEALTH CAN HAVE A HUGE IMPACT ON CHILDREN AS WELL. THE GRAPH BELOW REPORTS THE HARFORD COUNTY STUDENTS THAT HAVE FELT SAD OR HOPELESS FROM THE YOUTH RISK BEHAVIOR SURVEY (YRBS). AT LEAST 30% OF STUDENTS 10TH THRU 12TH GRADE FELT SAD OR HOPELESS IN 2018.</p> <p>WHILE PERCENTAGES DROPPED SLIGHTLY IN MIDDLE SCHOOL STUDENTS FROM 2016 TO 2018, A SIGNIFICANT PORTION OF STUDENTS ARE STILL AFFECTED BY MENTAL ILLNESS. THE SURVEY ALSO REPORTED THAT IN 2018, 18% OF HIGH SCHOOL STUDENTS SAID THEY HAD SERIOUSLY CONSIDERED SUICIDE IN THE LAST YEAR (MARYLAND DEPARTMENT OF HEALTH YOUTH RISK BEHAVIOR SURVEY, 2019).</p> <p>THE BRFSS ALSO LOOKS AT ADVERSE CHILDHOOD EXPERIENCES (ACES). THE CDC DESCRIBES ACES AS POTENTIALLY TRAUMATIC EVENTS THAT HAPPEN DURING A PERSON'S CHILDHOOD SUCH AS HOUSEHOLD MENTAL ILLNESS, PHYSICAL, SEXUAL, AND/OR EMOTIONAL ABUSE, AND AN INCARCERATED HOUSEHOLD MEMBER. THE MORE ACES A PERSON HAS EXPERIENCED, THE MORE LIKELY THEY WILL EXPERIENCE CHRONIC HEALTH CONDITIONS, MENTAL OR BEHAVIORAL HEALTH CHALLENGES, OR EARLY DEATH. IN FACT, AT LEAST 5 OF THE TOP LEADING CAUSES OF DEATH HAVE BEEN LINKED TO ACES (CENTERS FOR DISEASE CONTROL AND PREVENTION PREVENTING ACES, 2021). ALSO, EXPERIENCING 4 OR MORE ACES IS ASSOCIATED WITH A SIGNIFICANT INCREASE IN RISK FOR CHRONIC ILLNESS AND/OR SUICIDE. IN 2018, THE BRFSS ESTIMATED THAT 13.4% OF ADULTS EXPERIENCE 4 OR MORE ACES (MARYLAND DEPARTMENT OF HEALTH BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM, 2011-2019).</p> <p>THE CRISP REPORTING SYSTEM (CRS) REPORTS HIGHER RATES OF HOSPITALIZATIONS IN HARFORD COUNTY (90 PER 1,000 FOR 2017-2020) FOR DEPRESSION THAN THE STATE (69 PER 1,000 FOR 2017-2020). THE TABLES BELOW OUTLINE THE HOSPITALIZATIONS AND ED VISITS FOR MENTAL HEALTH INDICATORS BY SELECT ZIP CODES. RATES OF DEPRESSION, SCHIZOPHRENIA, AND BIPOLAR DISORDER WERE HIGHER IN THE EDGEWOOD, ABERDEEN, AND HAVRE DE GRACE ZIP CODES THAN THE STATE AVERAGE FOR BOTH TOTAL HOSPITALIZATIONS AND ED VISITS. ALZHEIMER'S HOSPITALIZATIONS WERE PARTICULARLY HIGHER IN HAVRE DE GRACE (47.8 PER 1,000) AND DARLINGTON (48.7 PER 1,000) AND THERE WERE 17.7 PER 1,000 ED VISITS FOR ALZHEIMER'S AS WELL (CHESAPEAKE REGIONAL INFORMATION SYSTEM FOR OUR PATIENTS, 2020). THIS COULD BE DUE TO DARLINGTON AND HAVRE DE GRACE HAVING AN OLDER POPULATION.</p> <p>FROM 2013 TO 2017 THERE WAS A STEADY INCREASE IN TOTAL DRUG AND ALCOHOL-RELATED INTOXICATION DEATHS IN HARFORD COUNTY AND MARYLAND. FROM 2018 TO 2020, THERE WAS ABOUT A 17% DECREASE IN TOTAL DRUG AND ALCOHOL-INTOXICATION RELATED DEATHS IN HARFORD COUNTY (MARYLAND DEPARTMENT OF HEALTH UNINTENTIONAL DRUG AND ALCOHOL-RELATED INTOXICATION DEATHS, 2019). THERE WAS ALSO A 50% DECREASE IN HEROIN DEATHS FROM 2019 TO 2020. OPIOID AND FENTANYL-RELATED DEATHS HAVE REMAINED THE HIGHEST CAUSE OF INTOXICATION DEATH OVER THE PAST FEW YEARS.</p> <p>ACCESS TO HEALTH CARE</p> <p>ACCESS TO HEALTH CARE HAS A SIGNIFICANT INFLUENCE ON A PERSON'S OVERALL HEALTH AND WELLBEING. HEALTH INSURANCE IS A MAJOR CONTRIBUTOR TO ACCESS TO CARE AS WELL AS PHYSICIAN SHORTAGES AND LACK OF TRANSPORTATION.</p> <p>INSURANCE COVERAGE</p> <p>HEALTH INSURANCE ALLOWS MORE PEOPLE TO RECEIVE QUALITY HEALTH CARE AND IMPROVE OVERALL HEALTH AND WELLNESS. PEOPLE WITHOUT HEALTH INSURANCE MAY BE MORE LIKELY TO DELAY OR SKIP RECEIVING HEALTH CARE OR GETTING PREVENTIVE SCREENINGS DUE TO THE COST. THE 2019 BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) ESTIMATED THAT 9.6% OF HARFORD COUNTY RESIDENTS WERE UNABLE TO SEE A DOCTOR DUE TO COST IN THE PAST 12 MONTHS. IN HARFORD COUNTY, 3.4% OF RESIDENTS ARE UNINSURED COMPARED TO 6.1% OF RESIDENTS IN MARYLAND (U.S. CENSUS BUREAU, 2015-2019)</p> <p>WHILE THE UNINSURED RATE FOR THE COUNTY IS RELATIVELY LOW, DISPARITIES IN COVERAGE EXIST. 14.2% OF HISPANIC/LATINO RESIDENTS ARE UNINSURED COMPARED TO 2.6% WHITE RESIDENTS (U.S. CENSUS BUREAU, 2015-2019).</p> <p>WHILE A SMALL ZIP-CODE, PERRYMAN HAS 44.2% OF ITS RESIDENTS UNINSURED. HIGHER RATES OF THOSE UNINSURED WERE IN DARLINGTON (6%), EDGEWOOD (5.2%) AND ABERDEEN (5.1%) WITH THE LOWEST UNINSURED RATE IN MONKTON (0.9%) (U.S. CENSUS BUREAU, 2015-2019).</p> <p>ACCESS TO PRIMARY CARE AND PREVENTIVE SERVICE</p> <p>REGULAR EXAMS AND SCREENING TESTS PLAY A KEY ROLE IN DETECTING DISEASE EARLY WHICH CAN LEAD TO PROPER INTERVENTION. VACCINATIONS SUCH AS THE FLU OR CORONAVIRUS VACCINE ALSO</p>

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	<p>USED TO STOP THE SPREAD OF DISEASE. SCREENING EXAMS AND VACCINATIONS ARE TYPICALLY AT NO COST TO THOSE WITH INSURANCE. HOWEVER, VARIOUS INITIATIVES IN THE COUNTY HAVE LED TO OPPORTUNITIES FOR THESE SCREENINGS TO BE GIVEN AT LITTLE TO NO COST FOR THOSE WITHOUT INSURANCE.</p> <p>THE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) SURVEY ESTIMATES THAT 87.6% OF HARFORD COUNTY RESIDENTS HAVE ONE OR MORE PERSONAL DOCTORS, AND THIS NUMBER HAS RANGED FROM 80.8-90.4% OVER THE PAST 5 YEARS (MARYLAND DEPARTMENT OF HEALTH BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM, 2011-2019). THE 2021 COUNTY HEALTH RANKINGS ESTIMATE THAT THERE ARE 140 PRIMARY CARE PHYSICIANS BASED ON 2018 DATA (COUNTY HEALTH RANKINGS, AND ROADMAPS, 2021).</p> <p>THE RATIO OF THE POPULATION TO PRIMARY CARE PHYSICIANS IN HARFORD COUNTY IS 1,810:1. THIS RATE HAS BEEN GETTING WORSE OVER THE YEARS AND IS WORSE THAN THE STATE RATIO AT 1,130:1 (COUNTY HEALTH RANKINGS AND ROADMAPS, 2021).</p> <p>THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) DESIGNATES AND SCORES AREAS IN THE COUNTRY THAT ARE EXPERIENCING A SHORTAGE OF HEALTHCARE FACILITIES. FOR PRIMARY CARE, THE HRSA GAVE THE EDGEWOOD AREA A HEALTH PROFESSIONAL SHORTAGE AREA SCORE OF 10 OUT OF A MAXIMUM OF 26 (HEALTH RESOURCES AND SERVICES ADMINISTRATION, N.D.)</p> <p>ACCESS TO BEHAVIORAL HEALTH</p> <p>MENTAL HEALTH IS JUST AS IMPORTANT AS PHYSICAL HEALTH FOR OVERALL HEALTH AND WELL-BEING. MENTAL ILLNESS CAN ALSO LEAD TO PHYSICAL ILLNESS SUCH AS HEART DISEASE AND TYPE 2 DIABETES. ALTHOUGH THE PANDEMIC HAS MADE MENTAL HEALTH SERVICES EASIER TO ACCESS THROUGH TELEHEALTH, THE RATIO OF THE HARFORD COUNTY POPULATION TO MENTAL HEALTH PROVIDERS WAS 500:1 AND THERE WERE 508 TOTAL MENTAL HEALTH PROVIDERS IN HARFORD COUNTY FOR 2020 (COUNTY HEALTH RANKINGS AND ROADMAPS, 2021). THIS RATIO IS WORSE THAN THE STATE AT 360:1.</p> <p>WHEN LOOKING AT SHORTAGE AREAS IN THE COUNTY FOR MENTAL HEALTH, THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) DESIGNATES HARFORD COUNTY AS A WHOLE AS A MENTAL HEALTH SHORTAGE AREA WITH A SCORE OF 5 OUT OF A MAXIMUM OF 26 (HEALTH RESOURCES AND SERVICES ADMINISTRATION, N.D). THERE ARE OPIOID TREATMENT PROGRAMS (OTPS) THAT ARE HOSPITAL AND COMMUNITY BASED THAT PROVIDE MEDICATION ASSISTED TREATMENT (MAT), COUNSELING AND BEHAVIORAL THERAPY TO PEOPLE EXPERIENCING OPIOID USE DISORDERS. HARFORD COUNTY HAS 9 OTP SERVICE PROVIDERS, WHICH IS THE 3RD HIGHEST IN THE STATE. THE COUNTY SERVED 43.2 PER 1,000 MEDICAID ELIGIBLE AT THESE OTPS, COMPARED TO 24.2 PER 1,000 IN THE STATE IN 2019 (MARYLAND DEPARTMENT OF HEALTH BEHAVIORAL HEALTH ADMINISTRATION, 2020).</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH</p>	<p>UMUCH AIMS TO STRENGTHEN OUR COMMUNITY THROUGH PROMOTING HEALTH AND WELLNESS WITH OUR OUTREACH PROGRAM. COMMUNITY OUTREACH IS DEDICATED TO PROMOTING HEALTH AND WELLNESS OUTSIDE OF THE HOSPITAL AND TO INCREASING THE QUALITY OF LIFE IN HARFORD COUNTY. FOCUSING ON PREVENTION AND IMPROVING HEALTH OUTCOMES, WE PROVIDE AN EXPANSIVE VARIETY OF HEALTH EDUCATION, SCREENINGS, LIFESTYLE MANAGEMENT CLASSES AND INFORMATION ON REFERRALS AND LOCAL RESOURCES. WE PROMOTE OUR PROGRAMS THROUGH VARIOUS SOCIAL MEDIA OUTLETS, INCLUDING FACEBOOK, INSTAGRAM AND TWITTER. IN ADDITION, WE DISTRIBUTE A QUARTERLY PUBLICATION, "MARYLAND HEALTH MATTERS", HAVE AN UP-TO-DATE CALENDAR OF EVENTS ON OUR WEBSITE, TARGETED DIRECT MAILING AND EMAILS AND DISTRIBUTE FLYERS THROUGHOUT HARFORD COUNTY FOCUSING ON AREAS OF INTEREST SUCH AS, SENIOR CENTERS, LIBRARIES, CHURCHES, GROCERY STORES TO NAME A FEW.</p> <p>IN 2023, COMMUNITY OUTREACH HAD OVER 13,343 COMMUNITY-WIDE CONTACTS THROUGH OUR SCREENINGS AND EDUCATIONAL PROGRAMS, FLU VACCINATION CLINICS, AND SUPPORT GROUPS.</p> <p>SENIOR CENTER/SENIOR HOUSING/ASSISTED LIVING PROGRAMS</p> <p>HARFORD COUNTY IS A DIVERSE COMMUNITY WITH APPROXIMATELY 25% OF THE POPULATION BEING 55 YEARS OLD OR OLDER. WITH SENIOR CITIZENS MAKING UP A QUARTER OF THE COMMUNITY AND BEING THE POPULATION THAT UTILIZES A LARGE PROPORTION OF HEALTH CARE SERVICES, OUR COMMUNITY PROGRAMS ARE CENTERED AROUND THEIR SPECIFIC NEEDS, HELPING TO ENSURE SUCCESSFUL AND HEALTHY SENIOR LIVING. COMMUNITY OUTREACH PROVIDED 2,668 SCREENINGS, EDUCATION SESSIONS, SUPPORT GROUPS AND VACCINATIONS TO HARFORD COUNTY SENIORS AT FIVE SENIOR ACTIVITY CENTER LOCATIONS TO INCLUDE EDGEWOOD, FALLSTON, HAVRE DE GRACE, HIGHLAND AND BEL AIR. IN ADDITION, TO ALL SENIOR HOUSING CENTERS INCLUDING ABERDEEN COURT, ABINGDON GARDENS, FAIRBROOKE, ST. JOHNS COMMONS, ST. JOHNS TOWERS, ABERDEEN AND PERRYMAN AS WELL AS PARKVIEW AT BOX HILL, PARKVIEW AT BEL AIR AND AVONDALE ASSISTED LIVING FACILITIES.</p> <p>THROUGHOUT THE YEAR, MANY DIFFERENT HEALTH SCREENINGS WERE HELD DURING CERTAIN MONTHS AT EACH SENIOR LOCATION, WHICH RESULTED IN:</p> <p>O1,177 BLOOD PRESSURE SCREENINGS  O105 CHOLESTEROL SCREENINGS  O69 HEMOGLOBIN A1C SCREENINGS  O12 SLEEP DISORDER SCREENINGS  O60 VISION SCREENING PARTICIPANTS  O200 FLU VACCINATIONS  O150 DIABETES RISK ASSESSMENTS  O21 STROKE RISK ASSESSMENTS  O111 COLORECTAL CANCER EDUCATION PARTICIPANTS  O48 LUNG CANCER EDUCATION PARTICIPANTS  O111 SKIN CANCER EDUCATION PARTICIPANTS  O46 HAND HYGIENE EDUCATION PARTICIPANTS  O65 HEART HEALTH EDUCATION PARTICIPANTS  O220 HEALTHY AGING EDUCATION PARTICIPANTS  O117 HYDRATION EDUCATION PARTICIPANTS  O25 MEN'S HEALTH EDUCATION PARTICIPANTS  O131 DIABETES WELLNESS GROUPS PARTICIPANTS</p> <p>CHILDREN'S PROGRAMS</p> <p>ONE OF THE MOST IMPORTANT JOBS PARENTS HAVE IS KEEPING THEIR CHILD SAFE WHILE RIDING IN A CAR. TRAGICALLY, THOUSANDS OF YOUNG CHILDREN ARE KILLED OR INJURED EVERY YEAR IN CAR ACCIDENTS. PROPER USE OF CAR SAFETY SEATS CAN HELP KEEP CHILDREN SAFE - BUT WITH SO MANY DIFFERENT CAR SEAT OPTIONS ON THE MARKET, PARENTS CAN QUICKLY BECOME OVERWHELMED. NOT ONLY DOES THE COMMUNITY OUTREACH TEAM AT UMUCH PROVIDE EDUCATION ON CHOOSING THE CORRECT SEAT, THEY TEACH PARENTS AND CAREGIVERS HOW TO PROPERLY INSTALL THE SEAT AS WELL. UMUCH HAS FIVE TEAM MEMBERS WHO ARE NATIONALLY CERTIFIED CAR SAFETY TECHNICIANS AND ONE WHO HAVE BEEN SPECIALLY TRAINED TO FIT CHILDREN WITH DISABILITIES TO THE PROPER SAFETY SEAT. IN FY23, CAR SEAT EDUCATION SESSIONS WERE PROVIDED AT 12 LOCATIONS WITH A TOTAL OF 291 PARTICIPANTS.</p> <p>AT BI-MONTHLY CAR SAFETY SEAT CHECKS, TECHNICIANS REVIEW INSTALLATION OF INFANT, CHILD AND BOOSTER SEATS. PROPER SEAT FITTING AND USE IS CRUCIAL, AND SAFETY CHECKS ARE THE BEST WAY TO ENSURE SEATS ARE BEING USED CORRECTLY. OUR TECHNICIANS ALSO SUPPORT MARYLAND'S KIDS IN SAFETY SEATS (KISS) PROGRAM AT THEIR INSTALLATION CHECKS OFFERED THROUGHOUT HARFORD COUNTY. IN FY23, UMUCH TECHNICIANS HAVE PARTICIPATED IN 35 CAR SEAT SAFETY CHECKS WITH A TOTAL OF 244 CAR SEATS BEING CHECKED FOR ACCURATE INSTALLATION. OF THESE 244 CAR SEATS, APPROXIMATELY 69% WERE INCORRECTLY INSTALLED. THE UMUCH PROGRAM CONTINUES TO GROW AND HAS BECOME ONE OF OUR BUSIEST AND MOST SOUGHT AFTER COMMUNITY OFFERINGS.</p> <p>IN ADDITION TO CAR SEAT SAFETY, OUR COMMUNITY OUTREACH TEAM ALSO MANAGES HARFORD COUNTY'S CAR SEAT ASSISTANCE PROGRAM THAT HELPS LOW-INCOME FAMILIES PURCHASE CAR SAFETY SEATS. BASED ON INCOME, FAMILIES WITH DEMONSTRATED NEED ARE ABLE TO RECEIVE A NEW CAR SAFETY SEAT FOR LITTLE TO NO MONEY. THE PROGRAM REQUIRES EACH FAMILY TO HAVE 60 MINUTES OF CAR SAFETY SEAT EDUCATION, WHICH COVERS PROPER SEAT INSTALLATION AND MARYLAND CAR SEAT LAWS.</p> <p>CHRONIC DISEASE AND WELLNESS EVIDENCE BASED PROGRAMS</p> <p>WITH THE EVER-GROWING NUMBER OF PEOPLE WHO SUFFER FROM CHRONIC DISEASES, THE SEARCH FOR MORE EFFECTIVE STRATEGIES TO BOTH PREVENT AND MANAGE THESE CONDITIONS IS ESSENTIAL. THE USE OF EVIDENCE-BASED CHRONIC DISEASE SELF-MANAGEMENT PROGRAMS (CDSMP) IS HELPING PEOPLE WITH CHRONIC CONDITIONS AND THEIR CAREGIVERS GAIN BETTER CONTROL OVER AND IMPROVE THEIR HEALTH. THESE PROGRAMS FOCUS ON OVERALL HEALTH, QUALITY OF LIFE AND WELL-BEING AND ARE DESIGNED FOR BOTH THE ILL AND HEALTHY, EMPOWERING THEM TO MANAGE THE MANY FACTORS THAT AFFECT THEIR HEALTH. FACILITATORS INTRODUCE TOOLS NEEDED FOR DAILY LIFE WHEN AN INDIVIDUAL IS BATTLING A CHRONIC CONDITION OR ILLNESS. PARTICIPANTS PRACTICE USING SELF-MANAGEMENT SKILLS, FOCUS ON GOAL SETTING AND SHARE EXPERIENCES WHICH CAN HELP PROMOTE MUTUAL SUPPORT. HIGHLY INTERACTIVE, THESE PROGRAMS SERVE AS AN ADJUNCT TO THE CARE</p>

Return Reference - Identifier	Explanation
	<p>PROVIDED BY PRIMARY CARE DOCTORS AND SPECIALISTS.</p> <p>AT UMUCH, A VARIETY OF SELF-MANAGEMENT PROGRAMS ARE OFFERED BY THE EXPERTS IN OUR COMMUNITY OUTREACH DEPARTMENT:</p> <p>*DIABETES PREVENTION PROGRAM -A LIFESTYLE CHANGE YEARLONG PROGRAM FACILITATED BY TRAINED LIFESTYLE COACHES TO HELP INDIVIDUALS LOSE WEIGHT, EAT HEALTHIER, INCREASE PHYSICAL ACTIVITY AND MANAGE STRESS. THE PROGRAM CONSISTS OF WEEKLY AND MONTHLY SESSIONS. THE GOAL OF THE PROGRAM IS TO HAVE PARTICIPANTS LOSE 5 TO 7% OF THEIR BODY WEIGHT AND INCREASE THEIR ACTIVITY TO 150 MINUTES PER WEEK. FOUR CLASSES TOOK PLACE WITH A TOTAL OF 38 PARTICIPANTS.</p> <p>*LIVING WELL WITH DIABETES SELF-MANAGEMENT - DESIGNED FOR PEOPLE WITH TYPE 1, TYPE 2, OR PRE-DIABETES. IT IS A FREE SIX-WEEK PROGRAM THAT TEACHES INDIVIDUALS HOW TO MANAGE THEIR DIABETES, WAYS TO MAINTAIN OR INCREASE THEIR ACTIVITY LEVEL AND HOW THE FOOD THEY EAT CAN AFFECT THEIR BLOOD SUGAR. THREE SESSIONS WERE PROVIDED TOOK PLACE WITH A TOTAL OF 22 PARTICIPANTS.</p> <p>FLU CLINIC PROGRAM</p> <p>UMUCH'S LONGSTANDING FLU CLINIC PROGRAM WAS OFFERED THROUGHOUT THE COUNTY FREE OF CHARGE OR FOR A NOMINAL FEE. IN FY23, COMMUNITY OUTREACH ADMINISTERED 500 VACCINES AT 36 DIFFERENT LOCATIONS.</p> <p>COMMUNITY OUTREACH CALL CENTER</p> <p>THE HEALTHLINK CALL CENTER IS RESPONSIBLE FOR SUCCESSFULLY MANAGING LARGE AMOUNTS OF INBOUND AND OUTBOUND CALLS FOCUSING ON PHYSICIAN REFERRALS AND REGISTRATION FOR COMMUNITY OUTREACH EVENTS AND PROGRAMS. IN FY23, OUR CALL CENTER HANDLED APPROXIMATELY 2,106 CALLS.</p> <p>HEALTHY HARFORD</p> <p>HEALTHY HARFORD/HEALTHY CECIL IS THE HEALTHY COMMUNITIES' INITIATIVE OF HARFORD AND CECIL COUNTIES, DEDICATED TO THE HEALTH AND WELLNESS OF THE NORTHERN CHESAPEAKE COMMUNITY - IN MIND BODY AND SPIRIT. IT WAS FORMED BY LEADERS FROM UMUCH, THE HARFORD COUNTY HEALTH DEPARTMENT, AND HARFORD COUNTY GOVERNMENT - HEALTHY HARFORD/HEALTHY CECIL IS A COALITION OF LOCAL GOVERNMENT AGENCIES, BUSINESSES, NONPROFITS, AND CITIZENS DEDICATED TO IMPROVING THE HEALTH OF HARFORD AND CECIL COUNTY RESIDENTS THROUGH EDUCATION, POLICY CHANGES, IMPROVEMENTS IN THE BUILT ENVIRONMENT, INCREASED ACCESS TO CARE, AND IMPROVED CARE COORDINATION FOR PEOPLE WITH CHRONIC ILLNESS. HEALTHY HARFORD/HEALTHY CECIL IS FINANCIALLY SUPPORTED BY UMUCH.</p>
<p>SCHEDULE H, PART VI, LINE 6 - DESCRIPTION OF AFFILIATED GROUP</p>	<p>THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION (UMMS) IS A PRIVATE, NOT-FOR-PROFIT CORPORATION PROVIDING COMPREHENSIVE HEALTHCARE SERVICES THROUGH AN INTEGRATED REGIONAL NETWORK OF HOSPITALS AND RELATED CLINICAL ENTERPRISES. UMMS WAS CREATED IN 1984 WHEN ITS FOUNDING HOSPITAL WAS PRIVATIZED BY THE STATE OF MARYLAND. OVER ITS 30-YEAR HISTORY, UMMS EVOLVED INTO A MULTI-HOSPITAL SYSTEM WITH ACADEMIC, COMMUNITY AND SPECIALTY SERVICE MISSIONS REACHING PRIMARILY ACROSS MARYLAND.</p> <p>AS PART OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS), UMUCH UNDERSTANDS THAT HEALTH CARE GOES BEYOND THE WALLS OF THE HOSPITAL AND INTO THE COMMUNITY IT SERVES. UMMS HOSPITALS ARE COMMITTED TO STRENGTHENING THEIR NEIGHBORING COMMUNITIES. IN DOING SO, UMUCH ASSESSES THE COMMUNITY'S HEALTH NEEDS, IDENTIFIES KEY PRIORITIES, AND RESPONDS WITH SERVICES, PROGRAMS AND INITIATIVES WHICH MAKE A POSITIVE, SUSTAINED IMPACT ON THE HEALTH OF THE COMMUNITY. WITH REPRESENTATION FROM ALL UMMS HOSPITALS, THE MEDICAL SYSTEM'S COMMUNITY HEALTH IMPROVEMENT COUNCIL COORDINATES THE EFFECTIVE AND EFFICIENT UTILIZATION AND DEPLOYMENT OF RESOURCES FOR COMMUNITY-BASED ACTIVITIES AND EVALUATES HOW SERVICES AND ACTIVITIES MEET TARGETED COMMUNITY NEEDS WITHIN DEFINED GEOGRAPHIC AREAS. UMUCH IS COMMITTED TO HEALTH EDUCATION, ADVOCACY, COMMUNITY PARTNERSHIPS, AND ENGAGING PROGRAMS WHICH FOCUS ON HEALTH AND WELLNESS WITH THE GOAL OF ELIMINATING HEALTH CARE DISPARITIES IN THE HARFORD COUNTY.</p>
<p>SCHEDULE H, PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT</p>	<p>MD</p>

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

UPPER CHESAPEAKE MEDICAL CENTER, INC.

Employer identification number

52-1253920

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) HARFORD COMMUNITY COLLEGE 401 THOMAS RUN RD, BEL AIR, MD 21015-1696	52-0912842	GOVERNMENTAL	100,000				NURSING PROGRAM SUPPORT
(2) ALBERT CESKY SCHOLARSHIP FUND PO BOX 571, BEL AIR, MD 21014	52-1413396	501(C)(3)	17,500				(SEE STATEMENT)
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 2

3 Enter total number of other organizations listed in the line 1 table 0

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50055P

Schedule I (Form 990) 2022

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					
<b>6</b>					
<b>7</b>					

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

(SEE STATEMENT)

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Part IV

**Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	EMPLOYEES OF THE ORGANIZATION WORK DIRECTLY WITH THE GRANTEE ON EDUCATIONAL PROGRAMS.
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ALBERT CESKY SCHOLARSHIP FUND: SUSQUEHANNA RIVER RUN-PROMOTION OF COMMUNITY HEALTH

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

UPPER CHESAPEAKE MEDICAL CENTER, INC.

Employer identification number

52-1253920

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel                      <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Travel for companions                                      <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Tax indemnification and gross-up payments              <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Discretionary spending account                              <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)                 </p>		
<p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .</p>	<b>1b</b>	
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? . . . . .</p>	<b>2</b>	
<p><b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input type="checkbox"/> Compensation committee                                      <input type="checkbox"/> Written employment contract  <input type="checkbox"/> Independent compensation consultant                      <input type="checkbox"/> Compensation survey or study  <input type="checkbox"/> Form 990 of other organizations                              <input type="checkbox"/> Approval by the board or compensation committee                 </p>		
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>		
<p><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p>	<b>4a</b>	✓
<p><b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? . . . . .</p>	<b>4b</b>	✓
<p><b>c</b> Participate in or receive payment from an equity-based compensation arrangement? . . . . .</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4c</b>	✓
<p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b></p>		
<p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>		
<p><b>a</b> The organization? . . . . .</p>	<b>5a</b>	✓
<p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	<b>5b</b>	✓
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>		
<p><b>a</b> The organization? . . . . .</p>	<b>6a</b>	✓
<p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	<b>6b</b>	✓
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III . . . . .</p>	<b>7</b>	✓
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .</p>	<b>8</b>	✓
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>	<b>9</b>	



**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1	MOHAN SUNTHA, MD	(i)	0	0	0	0	0	0	
	PRESIDENT AND CEO, UMMS	(ii)	2,371,864	946,575	1,042,175	12,200	29,655	4,402,469	550,000
2	LYLE E SHELDON	(i)	0	0	0	0	0	0	
	FORMER PRESIDENT/CEO, UCHS	(ii)	285,500	81,034	770,175	11,220	372	1,148,301	0
3	LISA C ROWEN, RN	(i)	0	0	0	0	0	0	
	DIRECTOR	(ii)	639,065	165,803	130,019	12,200	22,078	969,165	0
4	ELIZABETH WISE	(i)	0	0	0	0	0	0	
	PRESIDENT/CEO, UCHS	(ii)	481,099	125,265	55,064	75,657	13,145	750,230	0
5	ALICIA L CUNNINGHAM	(i)	0	0	0	0	0	0	
	DIRECTOR	(ii)	426,781	78,787	88,820	12,200	31,533	638,121	0
6	MUHAMMAD K JOKHADAR, MD	(i)	448,359	17,325	14,071	2,815	10,588	493,158	0
	PHYSICIAN	(ii)	0	0	0	0	0	0	0
7	MARCO PRIOLO	(i)	0	0	0	0	0	0	
	VP FINANCE/CFO	(ii)	285,443	63,060	20,949	45,319	23,698	438,469	0
8	ZHANNA N KOLOSEY	(i)	239,543	107,536	0	7,033	0	354,112	0
	NURSE	(ii)	0	0	0	0	0	0	0
9	ROY H PHILLIPS, MD	(i)	249,651	56,020	4,188	11,093	8,512	329,464	0
	PHYSICIAN	(ii)	0	0	0	0	0	0	0
10	OLUFUNMILAYO ONOBRAKPEYA, MD	(i)	227,361	31,226	951	10,638	15,418	285,594	0
	PHYSICIAN	(ii)	0	0	0	0	0	0	0
11	REZA OSTADALI	(i)	196,732	77,368	608	10,091	24	284,823	0
	NURSE	(ii)	0	0	0	0	0	0	0
12	JOSEPH E HOFFMAN, III	(i)	0	0	0	0	0	0	
	FORMER CFO	(ii)	176,863	0	27,012	7,285	1,852	213,012	0
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

Part III

**Supplemental Information.** Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference - Identifier	Explanation
<p>SCHEDULE J, PART I, LINE 3 - ARRANGEMENT USED TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION</p>	<p>THIS ORGANIZATION DOES NOT HAVE A PAID CHIEF EXECUTIVE OFFICER. ALL COMPENSATION TO THE CHIEF EXECUTIVE OFFICER REPORTED ON PART VII OF THE FORM 990 WAS PAID BY A RELATED ORGANIZATION, UNIVERSITY OF MARYLAND UPPER CHESAPEAKE HEALTH SYSTEM, INC.</p> <p>UNIVERSITY OF MARYLAND UPPER CHESAPEAKE HEALTH SYSTEM, INC. UNDERTAKES A THOROUGH PROCESS TO ENSURE THAT THE EXECUTIVE COMPENSATION IT PAYS TO ITS TOP MANAGEMENT OFFICIALS IS REASONABLE GIVEN THE MARKET IN WHICH THE ORGANIZATION OPERATES. UNIVERSITY OF MARYLAND UPPER CHESAPEAKE HEALTH SYSTEM, INC. CHECKS THE FOLLOWING BOXES FOR SCHEDULE J, PART I, QUESTION 3 ON ITS FORM 990:</p> <p>COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION, CONSULTANT COMPENSATION SURVEY OR STUDY APPROVAL BY THE BOARD OF COMPENSATION COMMITTEE.</p>
<p>SCHEDULE J, PART I, LINE 4A - SEVERANCE OR CHANGE-OF-CONTROL PAYMENT</p>	<p>DURING THE FISCAL YEAR-ENDED JUNE 30, 2023, CERTAIN OFFICERS AND KEY EMPLOYEES HAVE RECEIVED SEVERANCE PAYMENTS. THESE AMOUNTS ARE REPORTED AS TAXABLE COMPENSATION AND REPORTED ON SCHEDULE J, PART II, LINE B(III), OTHER REPORTABLE COMPENSATION. THE INDIVIDUALS AND AMOUNTS ARE LISTED BELOW:                      LYLE SHELDON, \$ 679,140</p>
<p>SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN</p>	<p>DURING THE FISCAL YEAR- ENDED JUNE 30, 2023, CERTAIN OFFICERS AND KEY EMPLOYEES PARTICIPATED IN THE UMMS SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. THE INDIVIDUALS LISTED BELOW HAVE NOT VESTED IN THE PLAN THEREFORE THE ACCRUED CONTRIBUTION TO THE PLAN FOR THE FISCAL YEAR IS REPORTED ON SCHEDULE J, PART II, COLUMN C, RETIREMENT AND OTHER DEFERRED COMPENSATION:                      ELIZABETH WISE                      MARCO PRIOLO</p> <p>DURING THE FISCAL YEAR-ENDED JUNE 30, 2023, CERTAIN OFFICERS AND KEY EMPLOYEES PARTICIPATED IN THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS) SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. THE INDIVIDUALS LISTED BELOW HAVE VESTED IN THE PLAN IN A PRIOR YEAR, THEREFORE THE CONTRIBUTIONS TO THE PLAN FOR THE FISCAL YEAR ARE REPORTED AS TAXABLE COMPENSATION AND REPORTED ON SCHEDULE J, PART II, LINE B (III), OTHER REPORTABLE</p> <p>MOHAN SUNTHA, MD, \$1,015,893                      LYLE SHELDON, \$83,081                      JOSEPH HOFFMAN, III, \$21,857                      ALICIA CUNNINGHAM, \$60,925                      LISA ROWAN, \$94,436</p>
<p>SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS</p>	<p>BONUSES PAID ARE BASED ON A NUMBER OF VARIABLES INCLUDING BUT NOT LIMITED TO INDIVIDUAL GOAL ACHIEVEMENTS AS WELL AS ORGANIZATION OPERATION ACHIEVEMENTS. THE FINAL DETERMINATION OF THE BONUS AMOUNT IS DETERMINED AND APPROVED BY THE BOARD AS PART OF THE OVERALL COMPENSATION REVIEW OF THE OFFICERS AND KEY EMPLOYEES.</p>

**SCHEDULE L  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open To Public Inspection**

Name of the organization

UPPER CHESAPEAKE MEDICAL CENTER, INC.

Employer identification number

52-1253920

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
<b>Total</b>						\$ _____						

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat. No. 50056A

Schedule L (Form 990) 2022

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) (SEE STATEMENT)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information.**

Provide additional information for responses to questions on Schedule L (see instructions).

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**Part IV****Business Transactions Involving Interested Persons** (continued)

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MATTHEW THOMAS, MD	MATTHEW THOMAS, MD IS A FAMILY MEMBER OF LISA THOMAS, MD, A DIRECTOR OF THE FILING ORGANIZATION	\$568,651	MATTHEW THOMAS, MD WAS PAID REASONABLE COMPENSATION AS AN EMPLOYEE OF THE FILING ORGANIZATION		✓

**SCHEDULE O  
(Form 990)**

Department of Treasury Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

- ▶ Attach to Form 990 or 990-EZ.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public Inspection

Name of the Organization  
**UPPER CHESAPEAKE MEDICAL CENTER, INC.**

Employer Identification Number  
**52-1253920**

Return Reference - Identifier	Explanation
FORM 990, PART I, LINE 1 - ORGANIZATION MISSION	DEDICATION TO MAINTAINING AND IMPROVING THE HEALTH OF THE PEOPLE IN ITS COMMUNITIES THROUGH AN INTEGRATED HEALTH DELIVERY SYSTEM THAT PROVIDES HIGH QUALITY CARE TO ALL.
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	UPPER CHESAPEAKE MEDICAL CENTER IS DEDICATED TO MAINTAINING AND IMPROVING THE HEALTH OF THE PEOPLE IN ITS COMMUNITIES THROUGH AN INTEGRATED HEALTH DELIVERY SYSTEM THAT PROVIDES HIGH QUALITY CARE TO ALL. UCMC IS COMMITTED TO SERVICE EXCELLENCE AS IT OFFERS A BROAD RANGE OF HEALTH CARE SERVICES, TECHNOLOGY AND FACILITIES. UCMC WORKS COLLABORATIVELY WITH ITS COMMUNITIES AND OTHER HEALTH ORAGNIZATIONS TO SERVE AS A RESOURCE FOR HEALTH PROMOTION AND EDUCATION.
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	<p>EXCELLENCE. SO MUCH SO THAT IT HAS BECOME PART OF THE FABRIC OF THE HEALTHCARE EXPERIENCE AT UPPER CHESAPEAKE HEALTH. UPPER CHESAPEAKE HEALTH HAS OVER 2,500 PHYSICIANS AND HEALTHCARE PROFESSIONALS WHO ARE DELIVERING CARE FOR THE MIND, BODY, AND SPIRIT IN SETTINGS FROM OFFICES, TO OUTPATIENT CENTERS, TO HOSPITALS, TO SHOPPING CENTERS, TO BUSINESSES, AND TO HOMES.</p> <p>UPPER CHESAPEAKE MEDICAL CENTER IS A MEMBER OF THE UNIVERSITY OF MARYLAND UPPER CHESAPEAKE HEALTH SYSTEM. UPPER CHESAPEAKE MEDICAL CENTER (THE MEDICAL CENTER) IS AN ACUTE CARE, NON-PROFIT FACILITY OFFERING A FULL COMPLEMENT OF MEDICAL, DIAGNOSTIC AND EMERGENCY CARE SERVICES. THE MEDICAL CENTER IS FULLY ACCREDITED BY THE JOINT COMMISSION ON THE ACCREDITATION OF HEALTHCARE ORGANIZATIONS (JCAHO). THIS PREMIER HEALTH CARE FACILITY INCORPORATES SEVERAL TRENDS THAT REFLECT HOW HEALTH CARE IS CHANGING, INCLUDING REORIENTATION TOWARDS OUTPATIENT CARE, MORE ACUTELY ILL PATIENTS IN THE HOSPITAL AND FLEXIBILITY FOR GROWTH AND CHANGE TO MEET OUR COMMUNITY'S FUTURE HEALTH CARE NEEDS. LOCATED ON THE MEDICAL CAMPUS IS THE UPPER CHESAPEAKE MEDICAL CENTER WITH 194 ACUTE CARE BEDS. ADJACENT TO THE MEDICAL CENTER IS THE AMBULATORY CARE CENTER OF HARFORD COUNTY, CONTAINING PHYSICIAN OFFICES, OUTPATIENT IMAGING AND LABORATORY PROCEDURES, OUTPATIENT PRE-ASSESSMENT TESTING AND ASSESSMENT, UPPER CHESAPEAKE CARDIOVASCULAR INSTITUTE, AND THE ADMINISTRATIVE OFFICES OF THE UNIVERSITY OF MARYLAND UPPER CHESAPEAKE HEALTH SYSTEM. ALSO LOCATED NEXT TO THE MEDICAL CENTER, IS A PRE-EXISTING MEDICAL OFFICE BUILDING WITH PHYSICIAN OFFICES AND OTHER HEALTHCARE RELATED SERVICES, A PARKING GARAGE AND A SECOND MEDICAL OFFICE BUILDING WHICH INCLUDES OUTPATIENT SERVICES AND PHYSICIAN OFFICES.</p> <p>HARFORD MEMORIAL HOSPITAL AND UPPER CHESAPEAKE MEDICAL CENTER MAINTAIN CHARITY CARE PROGRAMS AND, IN ADDITION, CONDUCT MANY COMMUNITY OUTREACH AND COMMUNITY BUILDING ACTIVITIES INCLUDING:</p> <ul style="list-style-type: none"> <li>- COMMUNITY HEALTH EDUCATION PROGRAMS WHICH INCLUDE NEWBORN BABY CARE, SITTER SAFETY PROGRAM, INFANT CPR, INFANT SAFETY, STOP SMOKING CLASS, KIDS SAFETY CLASS, AND PRENATAL BREAST FEEDING CLASS</li> <li>- SUPPORT GROUPS INCLUDING BREAST FEEDING SUPPORT, BREAST CANCER AWARENESS GROUPS, PERINATAL BEREAVEMENT, ASTHMA SUPPORT GROUP, WIDOW AND WIDOWERS SUPPORT GROUP, GRIEF SUPPORT GROUP, PROSTATE CANCER SUPPORT GROUP, AMPUTEE NETWORK, BRAIN INJURY SUPPORT GROUP, STROKE CLUB, LUPUS SUPPORT GROUP, AND OTHERS</li> <li>- HEALTH SCREENINGS INCLUDING SCREENINGS FOR OSTEOPOROSIS, CARDIAC PROBLEMS, BLOOD PRESSURE, AND OTHER ISSUES</li> <li>- FREE AND MOBILE CLINIC</li> </ul>
FORM 990, PART IV, LINE 24A - TAX EXEMPT BONDS	PURSUANT TO A MASTER LOAN AGREEMENT DATED DECEMBER 1, 2017 (THE "MASTER LOAN AGREEMENT"), AS AMENDED, UMMS AND SEVERAL OF ITS SUBSIDIARIES HAVE ISSUED DEBT THROUGH THE MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (THE "AUTHORITY"). AS SECURITY FOR THE PERFORMANCE OF THE BOND OBLIGATION UNDER THE MASTER LOAN AGREEMENT, THE AUTHORITY MAINTAINS A SECURITY INTEREST IN THE REVENUE OF THE OBLIGORS. THE MASTER LOAN AGREEMENT CONTAINS CERTAIN RESTRICTIVE COVENANTS. THESE COVENANTS REQUIRE THAT RATES AND CHARGES BE SET AT CERTAIN LEVELS, LIMIT INCURRENCE OF ADDITIONAL DEBT, REQUIRE COMPLIANCE WITH CERTAIN OPERATING RATIOS AND RESTRICT THE DISPOSITION OF ASSETS. THE OBLIGATED GROUP UNDER THE MASTER LOAN AGREEMENT INCLUDES UMMS, UMROI, MGH, UM BALTIMORE WASHINGTON, SHORE HEALTH (UM MEMORIAL AND UM DORCHESTER), UM CHESTER RIVER, UM CHARLES REGIONAL, UM ST. JOSEPH, UM UPPER CHESAPEAKE, UM HARFORD MEMORIAL, UM LAUREL, UM CAPITAL REGION, BOWIE HEALTH CENTER (BOWIE), AND THE UM MEDICINE FOUNDATION. EACH MEMBER OF THE OBLIGATED GROUP IS JOINTLY AND SEVERALLY LIABLE FOR THE REPAYMENT OF THE OBLIGATIONS UNDER THE MASTER LOAN AGREEMENT OF THE CORPORATION'S \$1,869,549,000 OF OUTSTANDING AUTHORITY BONDS ON JUNE 30, 2023. ALL OF THE BONDS WERE ISSUED IN THE NAME OF UMMS AND ARE REPORTED ON SCHEDULE K OF ITS FORM 990.
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	UNIVERSITY OF MARYLAND UPPER CHESAPEAKE HEALTH SYSTEM, INC. (UMUCHS) IS THE SOLE MEMBER OF UPPER CHESAPEAKE MEDICAL CENTER.

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	UMUCHS MAY ELECT ONE OR MORE BOARD MEMBERS OF THE GOVERNING BODY.
FORM 990, PART VI, LINE 7B - DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	<p>THE FOLLOWING DECISIONS OF THE GOVERNING BODY ARE AMONG THOSE SUBJECT TO THE APPROVAL OF THE MEMBER: AMENDMENT OF CHARTER DOCUMENTS; DISSOLUTION OF THE ORGANIZATION; STRATEGIC PLANS; PARTICIPATION IN JOINT VENTURES; AND LEASES OR INTERCOMPANY TRANSFERS OF ASSETS, SUBJECT TO CERTAIN DOLLAR THRESHOLDS.</p> <p>IN ADDITION, THE FOLLOWING DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO THE APPROVAL OF THE MEMBER AND UMMS: ANNUAL OPERATING AND CAPITAL BUDGETS; ACQUISITION OR DISPOSITION OF AN ENTITY OR SUBSTANTIALLY ALL ASSETS; MERGER OR CONSOLIDATION OF ENTITY; MORTGAGE, PLEDGE OR DISPOSITION OF PROPERTY; INCURRENCE OF DEBT OR REAL PROPERTY, SUBJECT TO CERTAIN DOLLAR THRESHOLDS.</p>
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	<p>THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM ("UMMS") PREPARES THE IRS FORM 990 FOR UMMS AND ITS AFFILIATES. INFORMATION NEEDED TO COMPLETE THE RETURN IS GATHERED BY ACCOUNTING PERSONNEL IN THE FINANCE SHARED SERVICES DEPARTMENT UNDER THE SUPERVISION OF THE UMMS TAX DIRECTOR. DRAFT RETURNS ARE PREPARED USING IRS-APPROVED TAX SOFTWARE.</p> <p>ONCE A DRAFT RETURN IS PREPARED, IT UNDERGOES MULTIPLE LEVELS OF REVIEW BOTH INTERNALLY BY UMMS TAX &amp; FINANCE PERSONNEL, AND EXTERNALLY BY ERNST &amp; YOUNG LLP. FOLLOWING ANY NECESSARY CHANGES TO THE RETURN, A FINAL DRAFT IS REVIEWED BY EACH AFFILIATE'S VICE PRESIDENT OF FINANCE AND/OR CFO.</p> <p>PRIOR TO FILING THE IRS FORM 990, THE ORGANIZATION'S BOARD CHAIRMAN, TREASURER, GOVERNANCE COMMITTEE, FINANCE COMMITTEE OR OTHER MEMBER(S) OF THE BOARD WITH SIMILAR AUTHORITY WILL REVIEW THE IRS FORM 990. ALL BOARD MEMBERS ARE PROVIDED WITH A COPY OF THE FINAL IRS FORM 990 BEFORE FILING.</p>
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	<p>THE FILING ORGANIZATION FOLLOWS THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS) CONFLICTS OF INTEREST POLICY, WHICH REQUIRES THAT ALL COVERED PERSONS DISCLOSE CONFLICTS OF INTEREST OR POTENTIAL CONFLICTS OF INTEREST BETWEEN THEIR PERSONAL INTERESTS AND THE INTERESTS OF THE ORGANIZATION, OR ANY ENTITY CONTROLLED BY OR OWNED IN SUBSTANTIAL PART BY THE ORGANIZATION. COVERED PERSONS MEANS ANY MEMBER OF THE ORGANIZATION'S BOARD OF DIRECTORS, A MEMBER OF A COMMITTEE OF THE BOARD, AN OFFICER, OR AN EMPLOYEE OF ORGANIZATION (INCLUDING SUBSIDIARIES) AT THE VP LEVEL OR ABOVE.</p> <p>THE ORGANIZATION (OR ITS SOLE MEMBER) IS RESPONSIBLE FOR ADMINISTERING AND ENFORCING THE CONFLICTS OF INTEREST POLICY (POLICY). THE GOVERNANCE COMMITTEE (OR OTHER BOARD COMMITTEE HAVING SIMILAR AUTHORITY) REVIEWS ANY AND ALL CONFLICTS, SHALL REPORT ANNUALLY TO THE FULL BOARD ON THE ADMINISTRATION, INFRACTIONS, AND ENFORCEMENT OF THE POLICY AND SHALL REPORT AT THE EARLIEST OPPORTUNITY ALL MATTERS OF CONCERN TO THE FULL BOARD IN EXECUTIVE SESSION WHILE INTERESTED PARTIES ARE RECUSED.</p> <p>THE ORGANIZATION OR ITS SOLE MEMBER'S COMPLIANCE OFFICER IS THE RESPONSIBLE ADMINISTRATIVE AUTHORITY TO ASSIST THE BOARD IN ADMINISTERING AND ENFORCING THE CONFLICTS OF INTEREST POLICY AND BRINGING CONCERNS TO THE OVERSIGHT COMMITTEE. A QUESTIONNAIRE WHICH DISCLOSES POTENTIAL CONFLICTS OF INTEREST IS DISTRIBUTED ANNUALLY TO COVERED PERSONS. THE CHIEF COMPLIANCE OFFICER OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION (UMMS) DISTRIBUTES AND COLLECTS THE RESPONSES FOR UMMS AND OTHER AFFILIATES, AND MAY BE CALLED FOR CONSULT WHEN POTENTIAL CONFLICTS ARE DISCLOSED.</p> <p>IF THE OVERSIGHT COMMITTEE DETERMINES THAT A CONFLICT OF INTEREST EXISTS, THE COMMITTEE SHALL NOTIFY THE COVERED PERSON AND THE ORGANIZATION'S BOARD CHAIR, AND FURTHER WILL NOTIFY THE FULL BOARD AT ITS NEXT MEETING. FURTHERMORE, IN THE EVENT THE COMMITTEE DETERMINES THAT AN ACTUAL OR PERCEIVED CONFLICT OF INTEREST EXISTS, THE COMMITTEE SHALL DECIDE HOW TO ADDRESS THE CONFLICT OF INTEREST. IF THE COMMITTEE DETERMINES THAT A CONFLICT OF INTEREST EXISTS BUT THAT THE ORGANIZATION MAY ENTER INTO THE SUBJECT TRANSACTION OR ARRANGEMENT, THE INTERESTED COVERED PERSON SHALL BE RECUSED FROM ALL DELIBERATIONS AND DECISIONS CONCERNING SAID TRANSACTION OR ARRANGEMENT, ANY ARRANGEMENTS WITH THAT ENTITY, AND COMPENSATION OR BENEFITS FOR OFFICERS, DIRECTORS, AND TRUSTEES. FURTHERMORE, THE CHAIR OF THE BOARD AND THE CHAIRS OF THE OVERSIGHT COMMITTEE AND THE AUDIT AND COMPLIANCE COMMITTEE SHALL NOT HAVE ANY BUSINESS TRANSACTIONS WITH UMMS, NOR SHALL THEIR FAMILY MEMBERS.</p> <p>IF THE OVERSIGHT COMMITTEE DETERMINES THAT A COVERED PERSON HAS USED THEIR POSITION TO ACCRUE EXCESS BENEFITS OR TO KNOWINGLY ASSIST OTHERS IN ACCRUING EXCESS BENEFITS IN ANY WAY AT THE EXPENSE OF THE ORGANIZATION, THE COMMITTEE SHALL RECOMMEND TO THE EXECUTIVE COMMITTEE APPROPRIATE CORRECTIVE ACTION TO BE TAKEN.</p>

Return Reference - Identifier	Explanation																														
FORM 990, PART VI, LINE 15 - PROCESS FOR DETERMINING COMPENSATION	<p>THE ORGANIZATION DID NOT COMPENSATE ITS EXECUTIVES, BUT RATHER, THE EXECUTIVES RECEIVED COMPENSATION FROM A RELATED ORGANIZATION. ACCORDINGLY, THE ORGANIZATION'S PARENT COMPANY DETERMINES THE EXECUTIVE COMPENSATION PAID TO ITS EXECUTIVES IN THE FOLLOWING MANNER PRESCRIBED IN THE IRS REGULATIONS:</p> <p>EXECUTIVE COMPENSATION PACKAGES ARE DETERMINED BY A COMMITTEE OF THE BOARD THAT IS COMPOSED ENTIRELY OF BOARD MEMBERS WHO HAVE NO CONFLICT OF INTEREST. THE COMMITTEE ACQUIRES CREDIBLE COMPARABILITY MARKET DATA CONCERNING THE COMPENSATION PACKAGES OF SIMILARLY SITUATED EXECUTIVES. THE COMMITTEE CAREFULLY REVIEWS THAT DATA, THE EXECUTIVE'S PERFORMANCE AND THE PROPOSED COMPENSATION PACKAGES DURING THE DECISION MAKING PROCESS. THE COMMITTEE MEMORIALIZES ITS DELIVERATIONS IN DETAILED MINUTES REVIEWED AND ADOPTED AT THE NEXT-FOLLOWING MEETING.</p> <p>THE COMMITTEE SEEKS AN OPINION OF COUNSEL THAT IT HAS MET THE REQUIREMENTS OF THE IRS INTERMEDIATE SANCTIONS REGULATIONS. THE PROCESS IS USED TO DETERMINE THE COMPENSATION PACKAGES FOR ALL MANAGEMENT EMPLOYEES FROM THE VICE PRESIDENT LEVEL AND UP.</p>																														
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE ORGANIZATION'S GOVERNING DOCUMENTS ARE MADE PUBLICLY AVAILABLE THROUGH THE STATE OF MARYLAND VIA THE SECRETARY OF STATE'S OFFICE. THE CONFLICT OF INTEREST POLICY IS GENERALLY AVAILABLE ON THE ORGANIZATION'S OR AFFILIATE'S WEBSITE. FINANCIAL STATEMENTS ARE MADE PUBLICLY AVAILABLE ON A QUARTERLY BASIS THROUGH FILINGS ON THE ELECTRONIC MUNICIPAL MARKET ACCESS ("EMMA") SYSTEM.																														
FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES	<table border="1"> <thead> <tr> <th data-bbox="467 730 751 800">(a) Description</th> <th data-bbox="760 730 946 800">(b) Total Expenses</th> <th data-bbox="954 730 1133 800">(c) Program Service Expenses</th> <th data-bbox="1141 730 1320 800">(d) Management and General Expenses</th> <th data-bbox="1328 730 1513 800">(e) Fundraising Expenses</th> </tr> </thead> <tbody> <tr> <td data-bbox="467 810 751 831">CONTRACT SERVICES</td> <td data-bbox="760 810 946 831">4,835,041</td> <td data-bbox="954 810 1133 831">3,521,060</td> <td data-bbox="1141 810 1320 831">1,313,981</td> <td data-bbox="1328 810 1513 831">0</td> </tr> <tr> <td data-bbox="467 842 751 884">CORPORATE SHARED SERVICES</td> <td data-bbox="760 842 946 884">24,126,462</td> <td data-bbox="954 842 1133 884">0</td> <td data-bbox="1141 842 1320 884">24,126,462</td> <td data-bbox="1328 842 1513 884">0</td> </tr> <tr> <td data-bbox="467 894 751 915">AGENCY LABOR</td> <td data-bbox="760 894 946 915">11,418,337</td> <td data-bbox="954 894 1133 915">11,418,337</td> <td data-bbox="1141 894 1320 915">0</td> <td data-bbox="1328 894 1513 915">0</td> </tr> <tr> <td data-bbox="467 926 751 947">PHYSICIAN</td> <td data-bbox="760 926 946 947">18,073,198</td> <td data-bbox="954 926 1133 947">18,073,198</td> <td data-bbox="1141 926 1320 947">0</td> <td data-bbox="1328 926 1513 947">0</td> </tr> <tr> <td data-bbox="467 957 751 978"><b>Total</b></td> <td data-bbox="760 957 946 978"><b>58,453,038</b></td> <td data-bbox="954 957 1133 978"><b>33,012,595</b></td> <td data-bbox="1141 957 1320 978"><b>25,440,443</b></td> <td data-bbox="1328 957 1513 978"><b>0</b></td> </tr> </tbody> </table>	(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses	CONTRACT SERVICES	4,835,041	3,521,060	1,313,981	0	CORPORATE SHARED SERVICES	24,126,462	0	24,126,462	0	AGENCY LABOR	11,418,337	11,418,337	0	0	PHYSICIAN	18,073,198	18,073,198	0	0	<b>Total</b>	<b>58,453,038</b>	<b>33,012,595</b>	<b>25,440,443</b>	<b>0</b>
(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses																											
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PHYSICIAN	18,073,198	18,073,198	0	0																											
<b>Total</b>	<b>58,453,038</b>	<b>33,012,595</b>	<b>25,440,443</b>	<b>0</b>																											
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1"> <thead> <tr> <th data-bbox="467 1014 1304 1035">(a) Description</th> <th data-bbox="1312 1014 1513 1035">(b) Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="467 1045 1304 1066">EQUITY TRANSFER - UMMS ENTERPRISE</td> <td data-bbox="1312 1045 1513 1066">- 641,375</td> </tr> <tr> <td data-bbox="467 1077 1304 1098">CHANGE IN ECONOMIC INTEREST IN FOUNDATION</td> <td data-bbox="1312 1077 1513 1098">- 3,903,528</td> </tr> <tr> <td data-bbox="467 1108 1304 1129">TRANSFERS TO RELATED ORGS</td> <td data-bbox="1312 1108 1513 1129">- 172,154,731</td> </tr> <tr> <td data-bbox="467 1140 1304 1161">ROUNDING</td> <td data-bbox="1312 1140 1513 1161">- 2</td> </tr> </tbody> </table>	(a) Description	(b) Amount	EQUITY TRANSFER - UMMS ENTERPRISE	- 641,375	CHANGE IN ECONOMIC INTEREST IN FOUNDATION	- 3,903,528	TRANSFERS TO RELATED ORGS	- 172,154,731	ROUNDING	- 2																				
(a) Description	(b) Amount																														
EQUITY TRANSFER - UMMS ENTERPRISE	- 641,375																														
CHANGE IN ECONOMIC INTEREST IN FOUNDATION	- 3,903,528																														
TRANSFERS TO RELATED ORGS	- 172,154,731																														
ROUNDING	- 2																														



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

UPPER CHESAPEAKE MEDICAL CENTER, INC.

**Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Employer identification number

52-1253920

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) BALTIMORE WASHINGTON EMERGENCY PHYS INC (52-1756326) 301 HOSPITAL DRIVE, GLEN BURNIE, MD 21061	HEALTHCARE	MD	501(C)(3)	12 TYPE I	BWHS		✓
(2) BALTIMORE WASHINGTON HEALTHCARE SERVICES (52-1830243) 301 HOSPITAL DRIVE, GLEN BURNIE, MD 21061	HEALTHCARE	MD	501(C)(3)	12 TYPE I	UMBWMS		✓
(3) BALTIMORE WASHINGTON MEDICAL CENTER INC (52-0689917) 301 HOSPITAL DRIVE, GLEN BURNIE, MD 21061	HEALTHCARE	MD	501(C)(3)	3	UMBWMS		✓
(4) UM BALTIMORE WASHINGTON MEDICAL SYSTEM (52-1830242) 301 HOSPITAL DRIVE, GLEN BURNIE, MD 21061	HEALTHCARE	MD	501(C)(3)	12 TYPE I	UMMSC		✓
(5) NORTH ARUNDEL DEVELOPMENT CORPORATION (52-1318404) 301 HOSPITAL DRIVE, GLEN BURNIE, MD 21061	REAL ESTATE	MD	501(C)(2)		NCC		✓
(6) NORTH COUNTY CORPORATION (52-1591355) 301 HOSPITAL DRIVE, GLEN BURNIE, MD 21061	REAL ESTATE	MD	501(C)(2)		UMBWMS		✓
(7) (SEE STATEMENT)							

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) (SEE STATEMENT)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) (SEE STATEMENT)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		✓
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		✓
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	✓	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		✓
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	✓	
<b>f</b> Dividends from related organization(s) . . . . .		✓
<b>g</b> Sale of assets to related organization(s) . . . . .		✓
<b>h</b> Purchase of assets from related organization(s) . . . . .		✓
<b>i</b> Exchange of assets with related organization(s) . . . . .		✓
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		✓
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		✓
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		✓
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	✓	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	✓	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .		✓
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		✓
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	✓	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	✓	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	✓	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
UPPER CHESAPEAKE MEDICAL CENTER LAND CONDO	N	215,661	CASH OR FMV
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
(6) .....													
(7) .....													
(8) .....													
(9) .....													
(10) .....													
(11) .....													
(12) .....													
(13) .....													
(14) .....													
(15) .....													
(16) .....													

**Part II**

**Identification of Related Tax-Exempt Organizations** (continued)

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(7) CHESTER RIVER HEALTH FOUNDATION INC (52-1338861) 100 BROWN STREET, CHESTERTOWN, MD 21620	FUNDRAISING	MD	501(C)(3)	8	UMSRH		✓
(8) UNIV OF MD SHORE REGIONAL HEALTH, INC (52-2046500) 100 BROWN STREET, CHESTERTOWN, MD 21620	HEALTHCARE	MD	501(C)(3)	12 TYPE I	UMMSC		✓
(9) CHESTER RIVER HOSPITAL CENTER (52-0679694) 100 BROWN STREET, CHESTERTOWN, MD 21620	HEALTHCARE	MD	501(C)(3)	3	UMSRH		✓
(10) CHESTER RIVER MANOR INC (52-6070333) 200 MORGNEC ROAD, CHESTERTOWN, MD 21620	HEALTHCARE	MD	501(C)(3)	10	UMSRH		✓
(11) MARYLAND GENERAL CLINICAL PRACTICE GROUP (52-1566211) 827 LINDEN AVENUE, BALTIMORE, MD 21201	HEALTHCARE	MD	501(C)(3)	12 TYPE II	UMMTH		✓
(12) UNIVERSITY OF MARYLAND MIDTOWN HEALTH, INC (52-1175337) 827 LINDEN AVENUE, BALTIMORE, MD 21201	HEALTHCARE	MD	501(C)(3)	12 TYPE II	UMMSC		✓
(13) MARYLAND GENERAL HOSPITAL INC (52-0591667) 827 LINDEN AVENUE, BALTIMORE, MD 21201	HEALTHCARE	MD	501(C)(3)	3	UMMTH		✓
(14) CARE HEALTH SERVICES INC (52-1510269) 219 SOUTH WASHINGTON STREET, EASTON, MD 21601	HEALTHCARE	MD	501(C)(3)	10	SHS		✓
(15) MEMORIAL HOSPITAL FOUNDATION INC (52-1282080) 219 SOUTH WASHINGTON STREET, EASTON, MD 21601	FUNDRAISING	MD	501(C)(3)	12 TYPE I	SHS		✓
(16) UNIVERSITY OF MARYLAND COMMUNITY MEDICAL (52-1874111) 22 SOUTH GREENE STREET, BALTIMORE, MD 21201	HEALTHCARE	MD	501(C)(3)	3	UMSRH		✓
(17) SHORE HEALTH SYSTEM INC (52-0160538) 219 SOUTH WASHINGTON STREET, EASTON, MD 21601	HEALTHCARE	MD	501(C)(3)	3	UMSRH		✓
(18) JAMES LAWRENCE KERNAN HOSPITAL INC (52-0591639) 2200 KERNAN DRIVE, BALTIMORE, MD 21207	HEALTHCARE	MD	501(C)(3)	3	UMMSC		✓
(19) UMMS FOUNDATION, INC (52-2238893) 22 SOUTH GREENE STREET, BALTIMORE, MD 21201	FUNDRAISING	MD	501(C)(3)	12 TYPE I	UMMSC		✓
(20) UNIVERSITY OF MARYLAND CHARLES REGIONAL (52-2155576) PO BOX 1070, LA PLATA, MD 20646	HEALTHCARE	MD	501(C)(3)	12 TYPE III-FI	UMMSC		✓
(21) UNIVERSITY OF MD MEDICAL SYSTEM CORP (52-1362793) 22 SOUTH GREENE STREET, BALTIMORE, MD 21201	HEALTHCARE	MD	501(C)(3)	3	N/A		✓
(22) CIVISTA MEDICAL CENTER, INC (52-0445374) PO BOX 1070, LA PLATA, MD 20646	HEALTHCARE	MD	501(C)(3)	3	UMCRH		✓
(23) CHARLES REGIONAL MEDICAL CENTER FOUNDATION (52-1414564) PO BOX 1070, LA PLATA, MD 20646	FUNDRAISING	MD	501(C)(3)	12 TYPE I	UMCRH		✓
(24) UNIV OF MD ST. JOSEPH FOUNDATION, INC (52-1681044) 7601 OSLER DRIVE, TOWSON, MD 21204	FUNDRAISING	MD	501(C)(3)	12 TYPE I	UMSJHS		✓
(25) HARFORD MEMORIAL HOSPITAL, INC (52-0591484) 520 UPPER CHESAPEAKE DR, BEL AIR, MD 21014	HEALTHCARE	MD	501(C)(3)	3	UMUCHS		✓
(26) UM UPPER CHESAPEAKE HEALTH SYSTEM, INC (52-1398513) 520 UPPER CHESAPEAKE DR, BEL AIR, MD 21014	HEALTHCARE	MD	501(C)(3)	12 TYPE III-O	UMMSC		✓
(27) UPPER CHESAPEAKE HEALTH FOUNDATION, INC (52-1398507) 520 UPPER CHESAPEAKE DR, BEL AIR, MD 21014	FUNDRAISING	MD	501(C)(3)	12 TYPE I	UMUCHS		✓
(28) UPPER CHESAPEAKE MEDICAL SERVICES, INC (52-1501734) 520 UPPER CHESAPEAKE DR, BEL AIR, MD 21014	HEALTHCARE	MD	501(C)(3)	10	UMUCHS		✓
(29) UPPER CHESAPEAKE PROPERTIES, INC (52-1907237) 520 UPPER CHESAPEAKE DR, BEL AIR, MD 21014	REAL ESTATE	MD	501(C)(2)		UMUCHS		✓

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(30) UPPER CHES RESIDENTIAL HOSPICE HOUSE, INC (26-0737028) 520 UPPER CHESAPEAKE DR, BEL AIR, MD 21014	HOSPICE	MD	501(C)(3)	10	UMUCHS		✓
(31) HARFORD CRISIS CENTER, INC. (52-1229742) 520 UPPER CHESAPEAKE DR, BEL AIR, MD 21014	HOME CARE	MD	501(C)(3)	12 TYPE II	UMUCHS		✓
(32) UMSJ HEALTH SYSTEM, LLC (46-2097818) 7601 OSLER DRIVE, TOWSON, MD 21204	HEALTHCARE	MD	501(C)(3)	3	UMMSC		✓
(33) UM CAPITAL REGION HEALTH, INC (82-3596114) 250 W PRATT ST, STE 2400, BALTIMORE, MD 21201	HEALTHCARE	MD	501(C)(3)	12 TYPE III-FI	UMMSC		✓
(34) UCH LEGACY FUNDING CORPORATION (52-0882914) 520 UPPER CHESAPEAKE DR, BEL AIR, MD 21014	FUNDRAISING	MD	501(C)(3)	12 TYPE II	UMUCHS		✓
(35) DIMENSIONS HEALTH CORPORATION (52-1289729) 901 HARRY S. TRUMAN DRIVE N, UPPER MARLBORO, MD 20774	HEALTHCARE	MD	501(C)(3)	3	UMMSC		✓
(36) DIMENSIONS HEALTHCARE ASSOCIATES (52-1902711) 901 HARRY S. TRUMAN DRIVE N, UPPER MARLBORO, MD 20774	HEALTHCARE	MD	501(C)(3)	12 TYPE I	UMCAPRH		✓

**Part III**

**Identification of Related Organizations Taxable as a Partnership** (continued)

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income related, unrelated, excluded from tax under sections 512-514	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ARUNDEL PHYSICIANS ASSOCIATES (52-2000762) 301 HOSPITAL DRIVE, GLEN BURNIE, MD 21061	HEALTHCARE	MD	APA, INC	N/A	N/A	N/A		✓			✓	
(2) BALTIMORE WASHINGTON IMAGING (20-0806027) 301 HOSPITAL DRIVE, GLEN BURNIE, MD 21061	HEALTHCARE	MD	UMBWMS	N/A	N/A	N/A		✓			✓	
(3) UNIVERSITYCARE LLC (52-1914892) 22 SOUTH GREENE STREET, BALTIMORE, MD 21201	HEALTHCARE	MD	UMMSC	N/A	N/A	N/A		✓			✓	
(4) O'DEA MEDICAL ARTS LIMITED PAR (52-1682964) 7601 OSLER DRIVE, TOWSON, MD 21204	RENTAL	MD	SJMC PROP.	N/A	N/A	N/A		✓			✓	
(5) ADVANCED IMAGING AT ST JOSEPH (52-1958002) 7601 OSLER DRIVE, TOWSON, MD 21204	HEALTHCARE	MD	UMSJMC	N/A	N/A	N/A		✓			✓	
(6) UNIVERSITY OF MARYLAND CHARLES (30-0956382) PO BOX 1070, LAPLATA, MD 20646	HEALTHCARE	MD	UMCRCP	N/A	N/A	N/A		✓			✓	
(7) BALTIMORE ASC VENTURES, LLC (82-4133899) 7620 YORK ROAD, TOWSON, MD 21204	HEALTHCARE	DE	UMSJMC	N/A	N/A	N/A		✓			✓	
(8) UCHS/UMMS REAL ESTATE TRUST (27-6803540) 520 UPPER CHESAPEAKE DRIVE, BEL AIR, MD 21014	HOLDING CO	MD	UMMSC	N/A	N/A	N/A		✓			✓	
(9) UM CHESAPEAKE SURGERY CENTER, LLC (87-3038857) 515 SOUTH TOLLGATE ROAD, BEL AIR, MD 21014	HEALTHCARE	MD	UCHV	N/A	N/A	N/A		✓			✓	

**Part IV**

**Identification of Related Organizations Taxable as a Corporation or Trust (continued)**

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) ARUNDEL PHYSICIANS ASSOCIATES, INC (52-1992649) 301 HOSPITAL DRIVE, GLEN BURNIE, MD 21061	HEALTHCARE	MD	N/A	C CORPORATION	N/A	N/A	N/A		✓
(2) BALTIMORE WASHINGTON HEALTH ENTERPRISES (52-1936656) 301 HOSPITAL DRIVE, GLEN BURNIE, MD 21061	HEALTHCARE	MD	N/A	C CORPORATION	N/A	N/A	N/A		✓
(3) BW PROFESSIONAL SERVICES, INC (52-1655640) 301 HOSPITAL DRIVE, GLEN BURNIE, MD 21061	HEALTHCARE	MD	N/A	C CORPORATION	N/A	N/A	N/A		✓
(4) NA EXECUTIVE BUILDING CONDO ASSN, INC 301 HOSPITAL DRIVE, GLEN BURNIE, MD 21061	REAL ESTATE	MD	N/A	C CORPORATION	N/A	N/A	N/A		✓
(5) UM CHARLES REGIONAL CARE PARTNERS (52-2176314) PO BOX 1070, LA PLATA, MD 20646	HEALTHCARE	MD	N/A	C CORPORATION	N/A	N/A	N/A		✓
(6) UNIVERSITY MIDTOWN PROF CENTER (52-1891126) 827 LINDEN AVENUE, BALTIMORE, MD 21201	REAL ESTATE	MD	N/A	C CORPORATION	N/A	N/A	N/A		✓
(7) UNIVERSITY OF MARYLAND HEALTH ADVANTAGE (46-1411902) 22 SOUTH GREENE STREET, BALTIMORE, MD 21201	INSURANCE	MD	N/A	C CORPORATION	N/A	N/A	N/A		✓
(8) UNIVERSITY OF MARYLAND HEALTH PARTNERS (45-2815803) 22 SOUTH GREENE STREET, BALTIMORE, MD 21201	INSURANCE	MD	N/A	C CORPORATION	N/A	N/A	N/A		✓
(9) UNIVERSITY OF MARYLAND MEDICAL SYSTEM HE (45-2815722) 22 SOUTH GREENE STREET, BALTIMORE, MD 21201	INSURANCE	MD	N/A	C CORPORATION	N/A	N/A	N/A		✓
(10) UPPER CHESAPEAKE HEALTH VENTURES, INC (52-2031264) 520 UPPER CHESAPEAKE DR, BEL AIR, MD 21014	HEALTHCARE	MD	N/A	C CORPORATION	N/A	N/A	N/A		✓
(11) UPPER CHESAPEAKE MEDICAL CENTER LAND CON (77-0674478) 520 UPPER CHESAPEAKE DR, BEL AIR, MD 21014	REAL ESTATE	MD	YES	C CORPORATION	N/A	21,552	100.00	✓	
(12) UPPER CHESAPEAKE MEDICAL OFFICE BUILDING (52-1946829) 520 UPPER CHESAPEAKE DR, BEL AIR, MD 21014	REAL ESTATE	MD	N/A	C CORPORATION	N/A	N/A	N/A		✓
(13) SHORE ORTHOPEDICS, INC (37-1817262) 219 S WASHINGTON STREET, EASTON, MD 21601	HEALTHCARE	MD	N/A	C CORPORATION	N/A	N/A	N/A		✓
(14) MADISON MANOR, INC (52-1269059) 5801 42ND AVE, HYATTSVILLE, MD 20781	HEALTHCARE	MD	N/A	C CORPORATION	N/A	N/A	N/A		✓
(15) AFFILIATED ENTERPRISES, INC (52-1542144) 3001 HOSPITAL DRIVE, CHEVERLY, MD 20785	HEALTHCARE	MD	N/A	C CORPORATION	N/A	N/A	N/A		✓
(16) DIMENSIONS ASSURANCE LTD (98-0348082) PO BOX 1363, GENESIS BLDG, GRAND CAYMAN, CJ	INSURANCE	CAYMAN ISLANDS	N/A	C CORPORATION	N/A	N/A	N/A		✓
(17) RIVERSIDE HEALTH OF DELAWARE, INC (46-3205820) 1966 GREENSPRING DRIVE, STE 600, TIMONIUM, MD 21093	HEALTHCARE	DE	N/A	C CORPORATION	N/A	N/A	N/A		✓
(18) RIVERSIDE HEALTH OF DC, INC (46-1411713) 1966 GREENSPRING DRIVE, STE 600, TIMONIUM, MD 21093	HEALTHCARE	DC	N/A	C CORPORATION	N/A	N/A	N/A		✓



CONSOLIDATED FINANCIAL STATEMENTS  
AND SUPPLEMENTARY INFORMATION

University of Maryland Medical System Corporation and Subsidiaries  
Years Ended June 30, 2023 and 2022  
With Report of Independent Auditors

Ernst & Young LLP



University of Maryland Medical System Corporation and Subsidiaries

Consolidated Financial Statements  
and Supplementary Information

Years Ended June 30, 2023 and 2022

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## Report of Independent Auditors

The Board of Directors  
University of Maryland Medical System Corporation

### Opinion

We have audited the consolidated financial statements of University of Maryland Medical System Corporation and Subsidiaries (the Corporation), which comprise the consolidated balance sheets as of June 30, 2023 and 2022, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes (collectively referred to as the “financial statements”).

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Corporation at June 30, 2023 and 2022, and the results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor’s Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Corporation and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Corporation’s ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

## **Auditor’s Responsibilities for the Audit of the Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free of material misstatement, whether due to fraud or error, and to issue an auditor’s report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Corporation’s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Corporation’s ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.



## Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying supplementary consolidating and combining/combined information is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

*Ernst + Young LLP*

October 24, 2023

University of Maryland Medical System Corporation and Subsidiaries

Consolidated Balance Sheets  
(In Thousands)

	June 30	
	2023	2022
<b>Assets</b>		
Current assets:		
Cash and cash equivalents	\$ 274,721	\$ 244,529
Assets limited as to use, current portion	67,049	68,258
Accounts receivable:		
Patient accounts receivable, net	634,459	571,609
Other	92,543	292,147
Inventories	100,781	97,453
Prepaid expenses and other current assets	35,542	38,709
Total current assets	<u>1,205,095</u>	<u>1,312,705</u>
Investments	1,490,962	1,431,494
Assets limited as to use, less current portion	750,672	935,258
Property and equipment, net	2,876,463	2,828,105
Investments in joint ventures	134,642	98,016
Other assets	559,429	493,912
Total assets	<u>\$ 7,017,263</u>	<u>\$ 7,099,490</u>
<b>Liabilities and net assets</b>		
Current liabilities:		
Trade accounts payable	\$ 294,022	\$ 412,458
Accrued payroll and benefits	314,725	341,609
Advances from third-party payors	186,984	266,121
Lines of credit	80,000	81,000
Other current liabilities	160,256	135,616
Current portion of long-term debt	32,115	38,399
Total current liabilities	<u>1,068,102</u>	<u>1,275,203</u>
Long-term debt, less current portion	1,864,194	1,900,234
Other long-term liabilities	547,832	541,269
Interest rate swap liabilities	70,350	106,721
Total liabilities	<u>3,550,478</u>	<u>3,823,427</u>
Net assets:		
Without donor restrictions	3,226,247	3,041,971
With donor restrictions	240,538	234,092
Total net assets	<u>3,466,785</u>	<u>3,276,063</u>
Total liabilities and net assets	<u>\$ 7,017,263</u>	<u>\$ 7,099,490</u>

See accompanying notes to consolidated financial statements.

University of Maryland Medical System Corporation and Subsidiaries

Consolidated Statements of Operations and Changes in Net Assets  
(In Thousands)

	<b>Year Ended June 30</b>	
	<b>2023</b>	<b>2022</b>
Operating revenue, gains, and other support:		
Net patient service revenue	<b>\$ 4,682,343</b>	\$ 4,523,407
State and county support	<b>13,700</b>	13,600
CARES Act – provider relief funds	<b>978</b>	22,683
Other revenue	<b>371,579</b>	333,367
Total operating revenue, gains, and other support	<b>5,068,600</b>	4,893,057
Operating expenses:		
Salaries, wages, and benefits	<b>2,693,388</b>	2,608,080
Expendable supplies	<b>924,459</b>	864,693
Purchased services	<b>768,454</b>	784,386
Contracted services	<b>328,588</b>	328,391
Depreciation and amortization	<b>277,955</b>	267,187
Interest expense	<b>57,942</b>	40,145
Total operating expenses	<b>5,050,786</b>	4,892,882
Operating income	<b>17,814</b>	175
Nonoperating income and expenses, net:		
Unrestricted contributions	<b>7,434</b>	3,508
Equity (loss) in net income of joint ventures	<b>5,209</b>	(904)
Investment income, net	<b>13,378</b>	155,850
Change in fair value of investments	<b>108,297</b>	(304,297)
Change in fair value of undesignated interest rate swaps	<b>35,020</b>	96,888
Other nonoperating losses, net	<b>(25,859)</b>	(33,212)
Excess (deficit) of revenues over expenses	<b>\$ 161,293</b>	\$ (81,992)

*Continued on page 6*

University of Maryland Medical System Corporation and Subsidiaries

Consolidated Statements of Operations and Changes in Net Assets (continued)  
(In Thousands)

	Without Donor Restrictions	With Donor Restrictions	Total
Balance at June 30, 2021	\$ 3,036,143	\$ 302,740	\$ 3,338,883
Deficit of revenues over expenses	(81,992)	–	(81,992)
Investment losses, net	–	(9,443)	(9,443)
State support for capital	500	910	1,410
Contributions, net	14,044	15,909	29,953
Net assets released from restrictions used for operations and nonoperating activities	–	(5,925)	(5,925)
Net assets released from restrictions used for purchase of property and equipment	66,729	(66,729)	–
Change in economic and beneficial interests in the net assets of related organizations	1,244	(3,602)	(2,358)
Change in funded status of defined benefit pension plans	2,180	–	2,180
Other	3,123	232	3,355
Increase (decrease) in net assets	5,828	(68,648)	(62,820)
Balance at June 30, 2022	3,041,971	234,092	3,276,063
Excess of revenues over expenses	<b>161,293</b>	–	<b>161,293</b>
Investment gains, net	–	<b>4,565</b>	<b>4,565</b>
State support for capital	<b>17,094</b>	–	<b>17,094</b>
Contributions, net	<b>2,027</b>	<b>19,558</b>	<b>21,585</b>
Net assets released from restrictions used for operations and nonoperating activities	–	<b>(9,473)</b>	<b>(9,473)</b>
Net assets released from restrictions used for purchase of property and equipment	<b>3,948</b>	<b>(3,948)</b>	–
Change in economic and beneficial interests in the net assets of related organizations	<b>1,058</b>	<b>(7,672)</b>	<b>(6,614)</b>
Change in funded status of defined benefit pension plans	<b>11,300</b>	–	<b>11,300</b>
Other	<b>(12,444)</b>	<b>3,416</b>	<b>(9,028)</b>
Increase in net assets	<b>184,276</b>	<b>6,446</b>	<b>190,722</b>
Balance at June 30, 2023	<b>\$ 3,226,247</b>	<b>\$ 240,538</b>	<b>\$ 3,466,785</b>

See accompanying notes to consolidated financial statements.



University of Maryland Medical System Corporation and Subsidiaries

Consolidated Statements of Cash Flows  
(In Thousands)

	<b>Year Ended June 30</b>	
	<b>2023</b>	<b>2022</b>
<b>Operating activities</b>		
Increase (decrease) in net assets	\$ 190,722	\$ (62,820)
Adjustments to reconcile increase (decrease) in net assets to net cash provided by (used in) operating activities:		
Depreciation and amortization	277,955	267,187
Amortization of bond premium and deferred financing costs	(2,366)	(2,456)
Net realized (gains) losses and change in fair value of investments	(121,675)	148,447
Equity in net (income) loss of joint ventures	(5,209)	904
Change in economic and beneficial interests in net assets of related organizations	6,163	3,602
Change in fair value of interest rate swaps	(35,020)	(96,888)
Change in funded status of defined benefit pension plans	(11,300)	(2,180)
Restricted contributions, grants and other support, net	(24,123)	(7,376)
Gain on sale of home health agency	(3,500)	-
Change in operating assets and liabilities:		
Patient accounts receivable	(62,850)	(41,784)
Other receivables, prepaid expenses, other current assets, and other assets	133,453	(78,994)
Inventories	(3,328)	7,623
Trade accounts payable, accrued payroll and benefits, other current liabilities, and other long-term liabilities	(104,168)	(59,775)
Advances from third-party payors	(79,137)	(447,812)
Net cash provided by (used in) operating activities	<u>155,617</u>	<u>(372,322)</u>
<b>Investing activities</b>		
Purchases and sales of investments and assets limited as to use, net	237,903	(119,745)
Purchases of alternative investments	(169,987)	(198,475)
Sales of alternative investments	139,103	342,050
Purchases of property and equipment	(326,313)	(363,384)
Sale of home health agency, net cash proceeds	4,753	-
Sale of UM Health Plan, LLC net cash proceeds	-	4,587
(Contributions to) Distributions from joint ventures, net	(29,808)	2,951
Net cash used in investing activities	<u>(144,349)</u>	<u>(332,016)</u>

Continued on page 8

University of Maryland Medical System Corporation and Subsidiaries

Consolidated Statements of Cash Flows (continued)  
(In Thousands)

	<b>Year Ended June 30</b>	
	<b>2023</b>	<b>2022</b>
<b>Financing activities</b>		
Proceeds from long-term debt	\$ —	\$ 268,355
Payment of debt issuance costs	—	(1,333)
Repayment of long-term debt and finance leases	(39,958)	(297,561)
Repayments of lines of credit, net	(1,000)	(32,000)
Restricted contributions, grants, and other support	24,123	7,376
UM Health Plan, LLC earnout proceeds	939	8,500
Net cash used in financing activities	<u>(15,896)</u>	<u>(46,663)</u>
Net decrease in cash, cash equivalents, and restricted cash	(4,628)	(751,001)
Cash, cash equivalents, and restricted cash, beginning of year	374,423	1,125,424
Cash, cash equivalents, and restricted cash, end of year	<u>\$ 369,795</u>	<u>\$ 374,423</u>
Cash and cash equivalents	\$ 274,721	\$ 244,529
Restricted cash included in assets limited as to use	95,074	129,894
Cash, cash equivalents, and restricted cash, end of year	<u>\$ 369,795</u>	<u>\$ 374,423</u>
<b>Supplemental disclosures of cash flow information</b>		
Cash paid during the year for interest, net of amounts capitalized	<u>\$ 58,809</u>	<u>\$ 39,766</u>
Amount included in accounts payable for construction in progress	<u>\$ 48,764</u>	<u>\$ 40,913</u>

*See accompanying notes to consolidated financial statements.*

# University of Maryland Medical System Corporation and Subsidiaries

## Notes to Consolidated Financial Statements

(In Thousands)

June 30, 2023

### 1. Organization and Summary of Significant Accounting Policies

#### Organization

The University of Maryland Medical System Corporation (the Corporation or UMMS) is a private, not-for-profit corporation, providing comprehensive healthcare services through an integrated regional network of hospitals and related clinical enterprises. UMMS was created in 1984 when its founding hospital was privatized by the State of Maryland. Prior to that time, the founding hospital was state-owned, operated and financed as part of the University of Maryland, now a part of the University System. As part of the privatization process, the Maryland General Assembly and the University of Maryland's Board of Regents adopted legislation (the Governance Legislation) separating the major health care delivery components from the University System to UMMS. This Governance Legislation provides for a certain level of oversight by the State of Maryland to ensure UMMS' founding purposes are consistently set forth in its functions and operating practices.

Over its history, UMMS evolved into a multi-hospital system with academic, community and specialty service missions reaching across Maryland. In continuing partnership with the University of Maryland School of Medicine, UMMS operates healthcare programs that improve the physical and mental health of thousands of people each day.

The accompanying consolidated financial statements include the accounts of the Corporation, its wholly owned subsidiaries, and entities controlled by the Corporation. In addition, the Corporation maintains equity interests in various unconsolidated joint ventures, which are described in Note 5.

The significant operating divisions of the Corporation are described in further detail below.

All material intercompany balances and transactions have been eliminated in consolidation.

#### *University of Maryland Medical Center (Medical Center)*

The Medical Center, which is a major component of UMMS, is a 739-bed academic medical center located in Baltimore. The Medical Center has served as the teaching hospital of the School of Medicine of the University System of Maryland, Baltimore since 1823. As part of the privatization in 1984, only clinical faculty members of the School of Medicine may serve as medical staff of the Medical Center.

# University of Maryland Medical System Corporation and Subsidiaries

## Notes to Consolidated Financial Statements (continued) (In Thousands)

### **1. Organization and Summary of Significant Accounting Policies (continued)**

The Medical Center is comprised of two operating divisions: University Hospital, which includes the Greenebaum Cancer Center, and Shock Trauma Center. University Hospital, which generates approximately 80% of the Medical Center's admissions and patient days, is a tertiary teaching hospital providing over 70 clinical services and programs. The Greenebaum Cancer Center specializes in the treatment of cancer patients and is a site for clinical cancer research. The Shock Trauma Center, which specializes in emergency treatment of patients suffering severe trauma, generates approximately 20% of admissions and patient days. The Medical Center also operates 36 South Paca Street, LLC, a wholly owned subsidiary that operates a residential apartment building.

The Corporation has certain agreements with various departments of the University of Maryland School of Medicine concerning the provision of professional and administrative services to the Corporation and its patients. Total expense under these agreements in the years ended June 30, 2023 and 2022 was approximately \$201,509 and \$201,321, respectively.

#### *University of Maryland Rehabilitation and Orthopaedic Institute (ROI)*

ROI is comprised of a medical/surgical and rehabilitation hospital in Baltimore with 138 licensed beds, which includes rehabilitation beds, chronic care beds, medical/surgical beds, and off-site physical therapy facilities.

A related corporation, The James Lawrence Kernan Endowment Fund, Inc. (Kernan Endowment), is governed by a separate, independent board of directors and is required to hold investments and income derived therefrom for the exclusive benefit of ROI. Accordingly, the accompanying consolidated financial statements reflect an economic interest in the net assets of the Kernan Endowment.

#### *University of Maryland Medical Center Midtown Campus (Midtown)*

Midtown is located in Baltimore city and is comprised of University of Maryland Midtown Hospital (UM Midtown), with 201 licensed beds, including 121 acute care beds and 80 chronic care beds and a wholly owned subsidiary providing primary care.

# University of Maryland Medical System Corporation and Subsidiaries

## Notes to Consolidated Financial Statements (continued) (In Thousands)

### 1. Organization and Summary of Significant Accounting Policies (continued)

#### *University of Maryland Baltimore Washington Medical System, Inc. (Baltimore Washington)*

Baltimore Washington is located in Anne Arundel County, a suburb of Baltimore city, and is a health system comprised of University of Maryland Baltimore Washington Medical Center (UM Baltimore Washington), a 314-bed acute care hospital providing a broad range of services, and several wholly owned subsidiaries providing emergency physician and other services.

Baltimore Washington Medical Center Foundation, Inc. (BWMC Foundation) is governed by a separate, independent board of directors and is required to hold investments and income derived therefrom for the exclusive benefit of UM Baltimore Washington. Accordingly, the accompanying consolidated financial statements reflect an economic interest in the net assets of the BWMC Foundation.

#### *University of Maryland Shore Regional Health System (Shore Regional)*

Shore Regional is a health system located on the Eastern Shore of Maryland. Shore Regional owns and operates University of Maryland Memorial Hospital (UM Memorial), a 146-bed acute care hospital providing inpatient and outpatient services in Easton, Maryland; University of Maryland Cambridge (UM Cambridge), a freestanding medical facility, providing outpatient services in Cambridge, Maryland; University of Maryland Chester River Hospital Center (UM Chester River), a 12-bed acute care hospital providing inpatient and outpatient services to the residents of Kent and Queen Anne's counties; Shore Emergency Center at Queenstown (Shore Emergency Center), a free-standing emergency center; and several other subsidiaries providing various outpatient and home care services.

Dorchester General Hospital Foundation, Inc. (Dorchester Foundation) is governed by a separate, independent board of directors to raise funds on behalf of UM Dorchester. Shore Regional does not have control over the policies or decisions of the Dorchester Foundation and, accordingly, the accompanying consolidated financial statements reflect a beneficial interest in the net assets of the Dorchester Foundation.

# University of Maryland Medical System Corporation and Subsidiaries

## Notes to Consolidated Financial Statements (continued) (In Thousands)

### 1. Organization and Summary of Significant Accounting Policies (continued)

#### *University of Maryland Charles Regional Health System, Inc. (Charles Regional)*

Charles Regional owns and operates University of Maryland Charles Regional Medical Center (UM Charles Regional), which is comprised of a 104-bed acute care hospital and other community healthcare resources providing inpatient and outpatient services to the residents of Charles County in Southern Maryland.

#### *University of Maryland St. Joseph Health System, LLC (St. Joseph)*

St. Joseph owns and operates University of Maryland St. Joseph Medical Center (UM St. Joseph), a 207-bed, Catholic acute care hospital located in Towson, Maryland, as well as other subsidiaries providing inpatient and outpatient services to the residents of Baltimore County.

#### *University of Maryland Upper Chesapeake Health System (Upper Chesapeake)*

Upper Chesapeake is a health system located in Harford County, Maryland. Upper Chesapeake's healthcare delivery system includes two acute care hospitals, University of Maryland Upper Chesapeake Medical Center (UM Upper Chesapeake), a 202-bed acute care hospital and University of Maryland Harford Memorial Hospital (UM Harford Memorial), an 88-bed acute care hospital; a free-standing emergency and medical facility; a physician practice; and a land holding company.

#### *University of Maryland Capital Region Health (Capital Region)*

Capital Region is a health system located in Prince George's County. Capital Region owns and operates UM Capital Region Medical Center (UM Prince George's), a 205-bed acute care teaching hospital and Level II Trauma Center; UM Laurel Medical Center (UM Laurel), a free standing medical facility providing emergency medicine and outpatient surgery; and UM Bowie Health Center (UM Bowie), a free standing medical facility providing emergency medicine and diagnostic imaging and lab services.

#### *University of Maryland Medical System Foundation, Inc. (UM Medicine Foundation)*

The UM Medicine Foundation, a not-for-profit foundation, was established for the purpose of soliciting contributions on behalf of the Medical Center and certain other subsidiaries of UMMS.

# University of Maryland Medical System Corporation and Subsidiaries

## Notes to Consolidated Financial Statements (continued)

*(In Thousands)*

### **1. Organization and Summary of Significant Accounting Policies (continued)**

#### **Basis of Presentation**

The consolidated financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

#### **Cash and Cash Equivalents**

Cash and cash equivalents, excluding amounts shown within investments and assets limited as to use, consist of cash and interest-bearing deposits with maturities of three months or less from the date of purchase. Cash and cash equivalent balances may exceed amounts insured by federal agencies and, therefore, bear a risk of loss. The Corporation has not experienced such losses on these funds.

#### **Investments and Assets Limited as to Use**

The Corporation's investment portfolios, except alternative investments, are classified as trading and are reported in the consolidated balance sheets as long-term assets at June 30, 2023 and 2022. Investment income earnings on cash and short-term investments associated with business operations are recorded in other operating revenues. Unrealized holding gains and losses on trading securities with readily determinable market values, as well as alternative investments, are included in nonoperating income. Investment income related to long-term investments, including realized gains and losses, is included in nonoperating income in the accompanying consolidated statements of operations and changes in net assets.

Assets limited as to use include investments set aside at the discretion of the board of directors for the replacement or acquisition of property and equipment, investments held by trustees under bond indenture agreements and self-insurance trust arrangements, and assets whose use is restricted by donors. Restricted investments are recorded in net assets with donor restrictions unless otherwise required by the donor or state law. Assets limited as to use also include the Corporation's economic interests in financially interrelated organizations (Note 13).

# University of Maryland Medical System Corporation and Subsidiaries

## Notes to Consolidated Financial Statements (continued)

*(In Thousands)*

### **1. Organization and Summary of Significant Accounting Policies (continued)**

Alternative investments, which the Corporation defines to include multi-strategy commingled funds, hedge funds, hedge fund-of-funds, and private equity investments, are recorded under the equity method of accounting. The equity method reflects the Corporation's share of the net asset values, as a practical expedient, which is based on the unit values of the interest as determined by the issuer sponsoring such interest dividing the fund's net assets at fair value by its units outstanding at the valuation dates. Because certain investments are not readily marketable, their fair value is subject to additional uncertainty and, therefore, values realized upon disposition may vary significantly from current reported values.

Investments are exposed to certain risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, changes in the value of investment securities could occur in the near term, and these changes could materially differ from the amounts reported in the accompanying consolidated financial statements.

#### **Inventories**

Inventories, consisting primarily of drugs and medical/surgical supplies, are carried at the lower of cost or market, on a first-in, first-out basis.

#### **Economic Interests in Financially Interrelated Organizations**

The Corporation recognizes its rights to assets held by recipient organizations, which accept cash or other financial assets from a donor and agree to use those assets on behalf of or transfer those assets, the return on investment of those assets, or both, to the Corporation. Changes in the Corporation's economic interests in these financially interrelated organizations are recognized in the accompanying consolidated statements of changes in net assets.



# University of Maryland Medical System Corporation and Subsidiaries

## Notes to Consolidated Financial Statements (continued)

(In Thousands)

### 1. Organization and Summary of Significant Accounting Policies (continued)

#### Property and Equipment

Property and equipment are stated at cost or estimated fair value at date of contribution, less accumulated depreciation. Depreciation is provided on a straight-line basis over the estimated useful lives of the depreciable assets. The estimated useful lives of the assets are as follows:

Buildings	20 to 40 years
Building and leasehold improvements	5 to 15 years
Equipment	3 to 15 years

Interest costs incurred on borrowed funds less interest income earned on the unexpended bond proceeds during the period of construction are capitalized as a component of the cost of acquiring those assets.

Gifts of long-lived assets, such as land, buildings, or equipment, are reported as unrestricted support unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

#### Deferred Financing Costs

Costs incurred related to the issuance of long-term debt, which are included in long-term debt, are deferred and are amortized over the life of the related debt agreements or the related letter of credit agreements using the effective-interest method.

#### Impairment of Long-Lived Assets

Long-lived assets, such as property, plant, and equipment, and purchased intangibles subject to amortization, are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. Recoverability of assets to be held and used is measured by comparing the carrying amount of an asset to estimated undiscounted

# University of Maryland Medical System Corporation and Subsidiaries

## Notes to Consolidated Financial Statements (continued) (In Thousands)

### **1. Organization and Summary of Significant Accounting Policies (continued)**

future cash flows expected to be generated by the asset. If the carrying amount of an asset exceeds its estimated future cash flows, an impairment charge is recognized in the amount by which the carrying amount of the asset exceeds the fair value of the asset. Assets to be disposed of would be separately presented in the consolidated balance sheets and reported at the lower of the carrying amount or fair value less costs to sell, and are no longer depreciated. The assets and liabilities of a disposed group classified as held for sale would be presented separately in the appropriate asset and liability sections of the consolidated balance sheets.

Impairment losses of \$0 and \$2,274 were recorded for the years ended June 30, 2023 and 2022, respectively.

### **Investments in Joint Ventures**

When the Corporation does not have a controlling interest in an entity where less than 50% of the voting common stock is owned or does not exert a significant influence over the entity, the Corporation applies the equity method of accounting.

### **Self-Insurance**

Under the Corporation's self-insurance programs (general and professional liability, workers' compensation, and employee health and long-term disability benefits), incurred claims are estimated primarily based upon actuarial methods which include incurred but not reported claims analysis and reported claims the severity of incidents and the expected timing of claim payments. These estimates are continually reviewed and adjusted as necessary based on experience. These adjustments are recorded within the current period operating income.

### **Net Assets**

The Corporation classifies net assets based on the existence or absence of donor-imposed restrictions. Net assets without donor restrictions represent contributions, gifts, and grants, which have no donor-imposed restrictions or which arise as a result of operations. Net assets with donor restrictions are subject to donor-imposed restrictions that must or will be met either by satisfying a specific purpose and/or passage of time. Generally, the donors of these assets permit the use of all or part of the income earned on related investments for specific purposes. The restrictions associated with these net assets generally pertain to patient care, specific capital projects, and funding of specific hospital operations and community outreach programs.

# University of Maryland Medical System Corporation and Subsidiaries

## Notes to Consolidated Financial Statements (continued)

(In Thousands)

### 1. Organization and Summary of Significant Accounting Policies (continued)

#### Net Patient Service Revenue and Patient Accounts Receivable

In accordance with Accounting Standards Codification (ASC) 606, *Revenue from Contracts with Customers*, net patient service revenue, which includes hospital inpatient services, hospital outpatient services, physician services, and other patient services revenue, is recorded at the transaction price estimated by the Corporation to reflect the total consideration due from patients and third-party payors (including commercial payors and government programs) and others. Revenue is recognized over time as performance obligations are satisfied in exchange for providing goods and services in patient care. Revenue is recorded as these goods and services are provided. The services provided to a patient during an inpatient stay or outpatient visit represent a bundle of goods and services that are distinct and accounted for as a single performance obligation.

The Corporation's estimate of the transaction price includes the Corporation's standard charges for the goods and services provided, with a reduction recorded related to explicit price concessions for such items as contractual allowances, charity care, potential adjustments that may arise from payment and other reviews, and implicit price concessions, such as uncollectible amounts. The price concessions are determined using the portfolio approach as a practical expedient to account for patient contracts as collective groups rather than individually. Based on historical experience, a significant portion of the self-pay population will be unable or unwilling to pay for services and only the amount anticipated to be collected is recognized in the transactions price. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to net patient service revenue in the period of change. Subsequent changes that are determined to be the result of an adverse change in the payor's or patient's ability to pay are considered bad debt expense and recorded within operating expenses. Estimates for uncollectible amounts are based on the historical collections experience for similar payors and patients, current market conditions, and other relevant factors. The Corporation recognizes a significant amount of patient service revenue even though it does not assess the patient's ability to pay.

The standard charges for goods and services for the Medical Center, ROI, Midtown, Baltimore Washington, Shore Regional, Charles Regional, St. Joseph, Upper Chesapeake, and Capital Region reflects actual charges to patients based on rates established by the State of Maryland Health Services Cost Review Commission (HSCRC) in effect during the period in which the services are rendered. See Note 20 for further discussion on the HSCRC and regulated rates.

# University of Maryland Medical System Corporation and Subsidiaries

## Notes to Consolidated Financial Statements (continued) (In Thousands)

### 1. Organization and Summary of Significant Accounting Policies (continued)

Patient accounts are recorded at the net realizable value based on certain assumptions determined by each payor. For third-party payors, including Medicare, Medicaid, and commercial insurance, the net realizable value is based on the estimated contractual adjustments which are based on approved discounts on charges as permitted by the HSCRC. For self-pay accounts, which include patients who are uninsured and the patient responsibility portion for patients with insurance, the net realizable value is determined using estimates of historical collection experience.

The Corporation has elected to apply the optional exemption in ASC 606-10-50-14a, as all performance obligations relate to contracts with a duration of less than one year. Under this exemption, the Corporation was not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. Any unsatisfied or partially unsatisfied performance obligations at the end of the year are completed within days or weeks of the end of the year.

Net patient service revenue by line of business is as follows:

	Year Ended June 30	
	2023	2022
Hospital inpatient and outpatient services	\$ 4,367,049	\$ 4,233,750
Physician services	305,467	284,410
Other	9,827	5,247
Net patient service revenue	<u>\$ 4,682,343</u>	<u>\$ 4,523,407</u>

### Charity Care

The Corporation is committed to providing quality healthcare to all, regardless of one's ability to pay. Patients who meet the criteria of the Corporation's charity care policy receive services without charge or at amounts less than its established rates. The criteria for charity care consider the household income in relation to the federal poverty guidelines. The Corporation provides services at no charge for patients with adjusted gross income equal to or less than 200% of the federal poverty guidelines. For uninsured patients with adjusted gross income greater than 200% of the

# University of Maryland Medical System Corporation and Subsidiaries

## Notes to Consolidated Financial Statements (continued) (In Thousands)

### 1. Organization and Summary of Significant Accounting Policies (continued)

federal poverty guidelines, a sliding scale discount is applied. Income and asset information obtained from patient credit reporting data are used to determine patients' ability to pay. The Corporation maintains records to identify and monitor the level of charity care it furnished under its charity care policy.

Due to the complexity of the eligibility process, the Corporation provides eligibility services to patients free of charge to assist in the qualification process. These eligibility services include, but are not limited to, the following:

- Financial assistance brochures and other information are posted at each point of service. When patients have questions or concerns, they are encouraged to call a toll-free number to reach customer service representatives during the business day. Financial assistance programs are published on the Corporation's website and are included on the statements provided to patients.
- The Corporation offers assistance to patients in completing the applications for Medicaid or other government payment assistance programs, or applying for care under the Corporation's charity care policy, if applicable. The Corporation also employs an external firm to assist in the eligibility process.
- Any patient, whether covered by insurance or not, may meet with a UMMS representative and receive financial counseling from UMMS' dedicated financial assistance unit.

The Corporation recognizes that a large number of uninsured and insured patients meet the charity care guidelines, but do not respond to the Corporation's attempts to obtain necessary financial information. In these instances, the Corporation uses credit reporting data to properly classify these unpaid balances as charity care as opposed to bad debt expense. Utilization of income and asset information and credit reporting data indicate the vast majority of amounts reported as uncollectible (implicit price concessions) represent amounts due from patients that would otherwise qualify for charity benefits, but do not respond to the Corporation's attempts to obtain the necessary financial information. In these cases, reasonable collection efforts are pursued, but yield few collections. Amounts determined to meet the criteria under the charity care policy or determined to be uncollectible from patients are reported as reductions to net patient service revenue.

# University of Maryland Medical System Corporation and Subsidiaries

## Notes to Consolidated Financial Statements (continued) (In Thousands)

### **1. Organization and Summary of Significant Accounting Policies (continued)**

The amounts reported as charity care represent the cost of rendering such services. Costs incurred are estimated based on the cost to charge ratio for each hospital and applied to charity care charges. The Corporation estimates the total direct and indirect costs to provide charity care were approximately \$51,325 and \$49,429 for the years ended June 30, 2023 and 2022, respectively.

### **Nonoperating Income and Expenses, Net**

Other activities that are only indirectly related to the Corporation's primary business of delivering healthcare services are recorded as nonoperating income and expenses, and include income earned on long-term investments, equity in the net income of joint ventures, general donations and fund-raising activities, inherent contributions, changes in fair value of investments, changes in fair value of undesignated interest rate swaps, and settlement payments on interest rate swaps that do not qualify for hedge accounting treatment. Settlement payments on interest rate swaps were approximately \$7,930 and \$23,661 for the years ended June 30, 2023 and 2022, respectively, and are reported within other nonoperating losses, net.

### **Derivative Financial Instruments**

The Corporation records derivative and hedging activities on the consolidated balance sheets at their respective fair values.

The Corporation utilizes derivative financial instruments to manage its interest rate risks associated with long-term debt. The Corporation does not hold or issue derivative financial instruments for trading purposes.

The Corporation's specific goals for its derivative financial instruments are to: (a) manage interest rate sensitivity by modifying the repricing or maturity characteristics of some of its debt, and (b) lower unrealized appreciation or depreciation in the market value of the Corporation's fixed-rate debt when that market value is compared with the cost of the borrowed funds. The effect of this unrealized appreciation or depreciation in market value; however, will generally be offset by the income or loss on the derivative instruments that are linked to the debt.

All derivative instruments are reported as other assets or interest rate swap liabilities in the consolidated balance sheets and measured at fair value. Currently, the Corporation is accounting for its interest rate swaps as economic hedges at fair value, with changes in the fair value recognized in other nonoperating income and expenses.

# University of Maryland Medical System Corporation and Subsidiaries

## Notes to Consolidated Financial Statements (continued) (In Thousands)

### **1. Organization and Summary of Significant Accounting Policies (continued)**

#### **Excess (Deficit) of Revenue over Expenses**

The accompanying consolidated statements of operations and changes in net assets include a performance indicator, excess (deficit) of revenues over expenses. Changes in net assets without donor restrictions that are excluded from the performance indicator, consistent with industry practice, include contributions of long-lived assets (including assets acquired using contributions, which, by donor restrictions, were to be used for the purpose of acquiring such assets), changes in the funded status of defined benefit pension plans, and other items that are required by generally accepted accounting principles to be reported separately.

#### **Income Taxes**

The Corporation and most of its subsidiaries are not-for-profit corporations formed under the laws of the State of Maryland, organized for charitable purposes and recognized by the Internal Revenue Service as tax-exempt organizations under Section 501(c)(3) of the Internal Revenue Code (the Code), pursuant to Section 501(a) of the Code. The effect of the taxable status of its for-profit subsidiaries is not material to the consolidated financial statements.

The Corporation follows a threshold of more likely than not for recognition and derecognition of tax positions taken or expected to be taken in a tax return. Management does not believe that there are any unrecognized tax liabilities or benefits that should be recognized.

#### **Donor-Restricted Gifts**

Unconditional promises to give cash and other assets to the Corporation are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the promise becomes unconditional. Contributions are reported as net assets with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction is satisfied, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the consolidated statements of operations and changes in net assets as net assets released from restrictions. Such amounts are classified as other revenue or transfers and additions to property and equipment. Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions on the accompanying consolidated statements of operations and changes in net assets. Contributed nonfinancial assets received from donors are subsequently monetized.

# University of Maryland Medical System Corporation and Subsidiaries

## Notes to Consolidated Financial Statements (continued) (In Thousands)

### 1. Organization and Summary of Significant Accounting Policies (continued)

Contributions to be received after one year are discounted at a fixed discount rate commensurate with the risks involved. An allowance for uncollectible contributions receivable is provided based upon management's judgment, including such factors as prior collection history, type of contributions, and nature of fund-raising activity.

#### Fair Value Measurements

The following methods and assumptions were used by the Corporation in estimating the fair value of its financial instruments:

*Cash and cash equivalents, accounts receivable, assets limited as to use, investments, trade accounts payable, accrued payroll and benefits, other accrued expenses, and advances from third-party payors* – The carrying amounts reported in the consolidated balance sheets approximate the related fair values.

*Pension plan assets* – The Corporation applies Accounting Standards Update 2009-12, *Fair Value Measurements and Disclosures (Topic 820): Investments in Certain Entities That Calculate Net Asset per Share (or Its Equivalent)*, to its pension plan assets. The guidance permits, as a practical expedient, fair value of investments within its scope to be estimated using the net asset value (NAV) or its equivalent. The alternative investments classified within the fair value hierarchy have been recorded using the NAV.

The Corporation discloses its financial assets, financial liabilities, and fair value measurements of nonfinancial items according to the fair value hierarchy required by accounting principles generally accepted in the United States of America that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurement) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows:

- Level 1 inputs are quoted market prices (unadjusted) in active markets for identical assets or liabilities that the Corporation has the ability to access at the measurement date.



# University of Maryland Medical System Corporation and Subsidiaries

## Notes to Consolidated Financial Statements (continued) (In Thousands)

### 1. Organization and Summary of Significant Accounting Policies (continued)

- Level 2 inputs are inputs other than quoted market prices including within Level 1 that are observable for the asset or liability, either directly or indirectly. If the asset or liability has a specified (contractual) term, a Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 inputs are unobservable inputs for the asset or liability.

Assets and liabilities classified as Level 1 are valued using unadjusted quoted market prices for identical assets or liabilities in active markets. The Corporation uses techniques consistent with the market approach and the income approach for measuring fair value of its Level 2 and Level 3 assets and liabilities. The market approach is a valuation technique that uses prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities. The income approach generally converts future amounts (cash flows or earnings) to a single present value amount (discounted).

The level in the fair value hierarchy within which a fair value measurement in its entirety falls is based on the lowest level of input that is significant to the fair value measurement in its entirety.

As of June 30, 2023 and 2022, the Level 2 assets and liabilities listed in the fair value hierarchy tables presented in Notes 3 and 11 utilize the following valuation techniques and inputs:

#### *U.S. Government and agency securities*

The fair value of investments in U.S. Government, state, and municipal obligations is primarily determined using techniques consistent with the income approach. Significant observable inputs to the income approach include data points for benchmark constant maturity curves and spreads. U.S. Government and agency securities also include treasury notes that are based on quoted market prices in active markets.

#### *Corporate obligations*

The fair value of investments in U.S. and international corporate bonds is primarily determined using techniques that are consistent with the market approach. Significant observable inputs include benchmark yields, reported trades, observable broker-dealer quotes, issuer spreads, and

# University of Maryland Medical System Corporation and Subsidiaries

## Notes to Consolidated Financial Statements (continued) (In Thousands)

### **1. Organization and Summary of Significant Accounting Policies (continued)**

security specific characteristics, such as early redemption options. The fair value of collateralized corporate obligations is primarily determined using techniques consistent with the income approach, such as a discounted cash flow model. Significant observable inputs include prepayment speeds and spreads, benchmark yield curves, volatility measures, and quotes. Corporate obligations also include commercial paper that is based on quoted market prices in active markets.

#### *Derivative liabilities*

The fair value of derivative contracts is primarily determined using techniques consistent with the market approach. Derivative contracts include interest rate, credit default, and total return swaps. Significant observable inputs to valuation models include interest rates, treasury yields, volatilities, credit spreads, maturity, and recovery rates.

#### *Alternative investments*

Alternative investments measured at fair value represent funds included on the consolidated balance sheet that are reported using NAV as a practical expedient. These amounts are not required to be categorized in the fair value hierarchy. The fair value of these investments is based on the net asset value information provided by the general partners. Fair value is based on the proportionate share of the NAV based on the most recent partners' capital statements received from the general partners. Certain alternative investments are utilizing NAV to calculate fair value and are included in alternative investments in the fair value hierarchy tables presented in Note 3.

### **Commitments and Contingencies**

Liabilities for loss contingencies arising from claims, assessments, litigation, fines, penalties, and other sources are recorded when it is probable that a liability has been incurred and the amount can be reasonably estimated. Legal costs incurred in connection with loss contingencies are expensed as incurred.

# University of Maryland Medical System Corporation and Subsidiaries

## Notes to Consolidated Financial Statements (continued)

*(In Thousands)*

### **1. Organization and Summary of Significant Accounting Policies (continued)**

#### **Going Concern**

Management evaluates whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Corporation's ability to continue as a going concern within one year after the date the consolidated financial statements are issued. As of the date of this report, there are no conditions or events that raise substantial doubt about the Corporation's ability to continue as a going concern.

#### **Use of Estimates**

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

### **2. COVID-19 Pandemic and the Coronavirus Aid, Relief, and Economic Security (CARES) Act of 2020**

In response to COVID-19, the CARES Act was signed into law on March 27, 2020. The CARES Act authorizes funding to hospitals and other healthcare providers to be distributed through the Public Health and Social Services Emergency Fund (Relief Fund). Payments from the Relief Fund are to be used to prevent, prepare for, and respond to COVID-19 and shall reimburse the recipient for health care related expenses or lost revenues attributable to COVID-19. Such amounts are not required to be repaid, provided the recipients attest to and comply with the terms and conditions.

The U.S. Department of Health and Human Services' distributions from the Relief Fund include general distribution and targeted distributions to support hospitals in high impact areas and rural providers. For the years ended June 30, 2023 and 2022, the Corporation received and recognized as other operating revenue approximately \$978 and \$22,683, respectively, in relief funding.

# University of Maryland Medical System Corporation and Subsidiaries

## Notes to Consolidated Financial Statements (continued)

*(In Thousands)*

### **2. COVID-19 Pandemic and the Coronavirus Aid, Relief, and Economic Security (CARES) Act of 2020 (continued)**

In April 2020, the Corporation requested Medicare advanced payments under the Centers for Medicare & Medicaid Services' Accelerated and Advanced Payment Program designed to increase cash flow to Medicare providers and suppliers impacted by COVID-19. The Medicare advanced payment program allows eligible health care facilities to request up to six months of advance Medicare payments for acute care hospitals or up to three months of advance Medicare payments for other health care providers. The Corporation received approximately \$641,300 of advanced payments with repayment to occur based upon the terms and conditions of the program. All funds have been repaid as of June 30, 2023. At June 30, 2022, \$105,063 was not yet repaid and represented contract liabilities under Topic 606 and was recorded in advances from third-party payors within the accompanying consolidated balance sheet.

The CARES Act provided for deferred payment of the employer portion of social security taxes through December 31, 2020, with 50% of the deferred amount due December 31, 2021, and the remaining 50% due December 31, 2022. At June 30, 2023, all deferred funds had been repaid. As of June 30, 2022, the Corporation deferred \$38,331 which was recorded in accrued payroll in the accompanying consolidated balance sheet.

Effective May 11, 2023, the COVID-19 Public Health Emergency ended.

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)  
(In Thousands)

**3. Investments and Assets Limited as to Use**

The carrying values of assets limited as to use were as follows:

	<b>June 30</b>	
	<b>2023</b>	<b>2022</b>
Investments held for collateral	\$ 5,667	\$ 6,840
Debt service and reserve funds	54,279	55,873
Construction funds – held by trustee	195,843	336,591
Construction funds – held by the Corporation	102,828	96,629
Board designated funds	30,000	90,000
Self-insurance trust funds	245,536	240,220
Funds restricted by donors	130,238	117,870
Economic and beneficial interests in the net assets of related organizations ( <i>Note 13</i> )	53,330	59,493
Total assets limited as to use	<u>817,721</u>	1,003,516
Less amounts available for current liabilities	<u>(67,049)</u>	(68,258)
Total assets limited as to use, less current portion	<u>\$ 750,672</u>	<u>\$ 935,258</u>

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)  
(In Thousands)

**3. Investments and Assets Limited as to Use (continued)**

The carrying values of assets limited as to use were as follows:

	Investments Held for Collateral	Debt Service and Reserve Funds	Construction Funds	Board Designated Funds	Self- Insurance Trust Funds	Funds Restricted by Donors	Economic and Beneficial Interests	Total
<b>June 30, 2023</b>								
Cash and cash equivalents	\$ 5,667	\$ 54,279	\$ 101,108	\$ 5,316	\$ 197	\$ 16,959	\$ -	\$ 183,526
Corporate obligations	-	-	66,548	-	2,469	4,112	-	73,129
Fixed income funds	-	-	-	2,260	381	18,594	-	21,235
U.S. Government and agency securities	-	-	131,015	-	135	3,893	-	135,043
Common stocks, including mutual funds	-	-	-	6,059	-	55,033	-	61,092
Alternative investments	-	-	-	16,365	-	31,647	-	48,012
Assets held by other organizations	-	-	-	-	242,354	-	53,330	295,684
Total assets limited as to use	<u>\$ 5,667</u>	<u>\$ 54,279</u>	<u>\$ 298,671</u>	<u>\$ 30,000</u>	<u>\$ 245,536</u>	<u>\$ 130,238</u>	<u>\$ 53,330</u>	<u>\$ 817,721</u>
<b>June 30, 2022</b>								
Cash and cash equivalents	\$ -	\$ 54,132	\$ 163,575	\$ 65,312	\$ 604	\$ 8,816	\$ -	\$ 292,439
Corporate obligations	-	-	45,410	2,028	5,775	8,032	-	61,245
Fixed income funds	-	-	-	2,345	2,272	20,838	-	25,455
U.S. Government and agency securities	6,840	1,741	224,235	1,307	11,243	10,093	-	255,459
Common stocks, including mutual funds	-	-	-	6,141	5,750	45,639	-	57,530
Alternative investments	-	-	-	12,867	2,080	24,452	-	39,399
Assets held by other organizations	-	-	-	-	212,496	-	59,493	271,989
Total assets limited as to use	<u>\$ 6,840</u>	<u>\$ 55,873</u>	<u>\$ 433,220</u>	<u>\$ 90,000</u>	<u>\$ 240,220</u>	<u>\$ 117,870</u>	<u>\$ 59,493</u>	<u>\$ 1,003,516</u>

Self-insurance trust funds include amounts held by the Maryland Medicine Comprehensive Insurance Program (MMCIP) for payment of malpractice claims. These assets consist primarily of cash, stocks and fixed-income, corporate obligations, and alternative investments. MMCIP is a funding mechanism for the Corporation's malpractice insurance program. As MMCIP is not an insurance provider, transactions with MMCIP are recorded under the deposit method of accounting. Accordingly, the Corporation accounts for its participation in MMCIP by carrying limited-use assets representing the amount of funds contributed to MMCIP and recording a liability for claims, which is included in other current and other long-term liabilities in the accompanying consolidated balance sheets. These assets include the Corporation's portion of the investment pool shared with University of Maryland Faculty Physicians, Inc., which is part of the University of Maryland School of Medicine.

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)  
(In Thousands)

**3. Investments and Assets Limited as to Use (continued)**

The related restricted cash and cash equivalents included in investments held for collateral, debt service and reserve funds, construction funds (held by trustee), and funds restricted by donors are included in the accompanying consolidated statements of cash flows for the years ended June 30, 2023 and 2022.

The carrying values of investments were as follows:

	<b>June 30</b>	
	<b>2023</b>	<b>2022</b>
Cash and cash equivalents	\$ 204,856	\$ 93,020
Corporate obligations	41,764	121,256
Fixed income funds	51,589	92,294
U.S. Government and agency securities	131,370	208,956
Common stocks	471,822	388,013
Alternative investments:		
Hedge funds/private equity	153,325	61,449
Commingled funds	436,236	466,506
	<u>\$ 1,490,962</u>	<u>\$ 1,431,494</u>

Alternative investments include hedge fund, private equity, and commingled investment funds, which are valued using the equity method of accounting. As of June 30, 2023, the majority of these alternative investments are subject to 30 day or less notice requirements and are available to be redeemed on at least a monthly basis. Approximately \$91,619 of the alternative investments were subject to 31–60-day notice requirements and can only be redeemed monthly, quarterly, or annually. Other funds, totaling approximately \$75,897, are subject to over 60-day notice requirements and can only be redeemed quarterly or annually. There is approximately \$29,968 of other funds that are subject to lockup restrictions and are not available to be redeemed until certain time restrictions are met, which range from three to ten years. The Corporation had approximately \$53,294 of unfunded commitments in alternative investments as of June 30, 2023.

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)  
(In Thousands)

**3. Investments and Assets Limited as to Use (continued)**

The following table presents investments and assets limited as to use that are measured at fair value on a recurring basis at June 30, 2023:

	Level 1	Level 2	Level 3	Total
<b>Assets</b>				
Investments:				
Cash and cash equivalents	\$ 204,856	\$ –	\$ –	\$ 204,856
Corporate obligations	17,960	23,804	–	41,764
Fixed income funds	51,589	–	–	51,589
U.S. Government and agency securities	95,759	35,611	–	131,370
Common stocks, including mutual funds	471,822	–	–	471,822
	<u>\$ 841,986</u>	<u>\$ 59,415</u>	<u>\$ –</u>	<u>\$ 901,401</u>
Alternative investments, reported using NAV:				
Hedge funds/private equity				153,325
Commingled funds				436,236
Total investments				<u>\$ 1,490,962</u>
Assets limited as to use:				
Cash and cash equivalents	\$ 183,526	\$ –	\$ –	\$ 183,526
Corporate obligations	16,945	56,184	–	73,129
Fixed income funds	21,235	–	–	21,235
U.S. Government and agency securities	134,680	363	–	135,043
Common stocks, including mutual funds	61,092	–	–	61,092
Investments held by other organizations	–	–	53,330	53,330
	<u>\$ 417,478</u>	<u>\$ 56,547</u>	<u>\$ 53,330</u>	<u>\$ 527,355</u>
Alternative investments, reported using NAV:				
Investments held by other organizations*				242,354
Hedge funds/private equity				16,267
Commingled funds				31,745
				<u>\$ 817,721</u>

\*“Investments held by other organizations” recorded using the NAV as a practical expedient include assets of the MMCIP Self-insurance Trust, which holds Level 1, Level 2 and alternative investments within its portfolios. Alternative investments include hedge fund, private equity, and commingled investment funds, which are valued using the equity method of accounting. As of June 30, 2023, the majority of these alternative investments are subject to 30 day or less notice requirements and are available to be redeemed on at least a monthly basis.



University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)  
(In Thousands)

**3. Investments and Assets Limited as to Use (continued)**

The following table presents investments and assets limited as to use that are measured at fair value on a recurring basis at June 30, 2022:

	Level 1	Level 2	Level 3	Total
<b>Assets</b>				
Investments:				
Cash and cash equivalents	\$ 93,020	\$ –	\$ –	\$ 93,020
Corporate obligations	46,795	74,461	–	121,256
Fixed income funds	92,294	–	–	92,294
U.S. Government and agency securities	168,767	40,189	–	208,956
Common stocks, including mutual funds	388,013	–	–	388,013
	<u>\$ 788,889</u>	<u>\$ 114,650</u>	<u>\$ –</u>	<u>903,539</u>
Alternative investments, reported using NAV:				
Hedge funds/private equity				61,449
Commingled funds				466,506
Total investments				<u>\$ 1,431,494</u>
Assets limited as to use:				
Cash and cash equivalents	\$ 292,439	\$ –	\$ –	\$ 292,439
Corporate obligations	3,093	58,152	–	61,245
Fixed income funds	25,455	–	–	25,455
U.S. Government and agency securities	236,003	19,456	–	255,459
Common stocks, including mutual funds	57,530	–	–	57,530
Investments held by other organizations	–	–	59,493	59,493
	<u>\$ 614,520</u>	<u>\$ 77,608</u>	<u>\$ 59,493</u>	<u>751,621</u>
Alternative investments, reported using NAV:				
Investments held by other organizations*				212,496
Hedge funds/private equity				17,875
Commingled funds				21,524
				<u>\$ 1,003,516</u>

\*“Investments held by other organizations” recorded using the NAV as a practical expedient include assets of the MMCIP Self-insurance Trust, which holds Level 1, Level 2 and alternative investments within its portfolios. Alternative investments include hedge fund, private equity, and commingled investment funds, which are valued using the equity method of accounting. As of June 30, 2022, the majority of these alternative investments are subject to 30 day or less notice requirements and are available to be redeemed on at least a monthly basis.

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)  
(In Thousands)

**3. Investments and Assets Limited as to Use (continued)**

Changes to Level 1 and Level 2 securities between June 30, 2023 and 2022 were the result of strategic investments and reinvestments, interest income earnings, and changes in the fair value of investments.

The Corporation's total return on its investments and assets limited as to use was as follows:

	<b>Year Ended June 30</b>	
	<b>2023</b>	<b>2022</b>
Dividends and interest, net of fees	\$ 30,823	\$ 14,120
Net realized (losses) gains	(13,329)	146,745
Change in fair value of trading securities and alternative investments	112,488	(318,755)
Total investment return	<u>\$ 129,982</u>	<u>\$ (157,890)</u>

Total investment return is classified in the accompanying consolidated statements of operations and changes in net assets as follows:

	<b>Year Ended June 30</b>	
	<b>2023</b>	<b>2022</b>
Other operating revenue	\$ 3,742	\$ -
Nonoperating investment income, net	13,378	155,850
Change in fair value of unrestricted investments	108,297	(304,297)
Investment gains (losses) on net assets with donor restrictions	4,565	(9,443)
Total investment return	<u>\$ 129,982</u>	<u>\$ (157,890)</u>

Investment return does not include the returns on the economic interests in the net assets of related organizations, the returns on the self-insurance trust funds, returns on undesignated interest rates swaps, or the returns on certain construction funds where amounts have been capitalized.

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)  
(In Thousands)

**4. Property and Equipment**

The following is a summary of property and equipment:

	<b>June 30</b>	
	<b>2023</b>	<b>2022</b>
Land	\$ 204,676	\$ 205,013
Buildings	2,123,014	2,047,527
Building and leasehold improvements	1,265,355	1,208,625
Equipment	2,479,644	2,341,278
Construction in progress	367,056	320,396
	<b>6,439,745</b>	<b>6,122,839</b>
Less accumulated depreciation and amortization	<b>(3,563,282)</b>	<b>(3,294,734)</b>
	<b>\$ 2,876,463</b>	<b>\$ 2,828,105</b>

Interest cost capitalized was \$11,552 and \$19,242 for the years ended June 30, 2023 and 2022, respectively. Remaining contractual commitments on construction projects were approximately \$261,552 at June 30, 2023.

Construction in progress includes building and renovation costs for assets that have not yet been placed into service. These costs relate to major construction projects as well as routine renovations under way at the Corporation's facilities.

**5. Investments in Joint Ventures**

The Corporation has equity method investments valued at approximately \$134,642 and \$98,016 at June 30, 2023 and 2022, respectively, in the following unconsolidated joint ventures:

	<b>Ownership %</b>	<b>2023</b>	<b>2022</b>
Mt. Washington Pediatric Hospital, Inc. (Mt. Washington)	50%	\$ 76,305	\$ 74,407
Terrapin Insurance	50%	975	975
Other investments	10%–51%	57,362	22,634
		<b>\$ 134,642</b>	<b>\$ 98,016</b>

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)  
(In Thousands)

**5. Investments in Joint Ventures (continued)**

During the fiscal year ending June 30, 2023, the Corporation invested \$32,934 in joint ventures related to post-acute healthcare, which are reported as other investments in the schedule below.

The Corporation recorded equity in net income (loss) of \$5,209 and \$(904) related to its joint ventures for the years ended June 30, 2023 and 2022, respectively.

The following is a summary of the Corporation's joint ventures' combined unaudited condensed financial information as of and for the years ended June 30:

	<b>2023</b>			
	<b>Mt.</b>			
	<b>Washington</b>	<b>Terrapin</b>	<b>Others</b>	<b>Total</b>
Current assets	\$ 15,230	\$ 439	\$ 50,799	\$ 66,468
Noncurrent assets	142,885	417,714	49,590	610,189
Total assets	<u>\$ 158,115</u>	<u>\$ 418,153</u>	<u>\$ 100,389</u>	<u>\$ 676,657</u>
Current liabilities	\$ 14,754	\$ 2,518	\$ 7,491	\$ 24,763
Noncurrent liabilities	6,659	413,685	22,622	442,966
Net assets	136,702	1,950	70,276	208,928
Total liabilities and net assets	<u>\$ 158,115</u>	<u>\$ 418,153</u>	<u>\$ 100,389</u>	<u>\$ 676,657</u>
Total operating revenue	\$ 65,570	\$ 48,408	\$ 111,790	\$ 225,768
Total operating expenses	(68,508)	(58,379)	(92,806)	(219,693)
Total nonoperating (losses) gains, net	5,657	9,971	(2,838)	12,790
Contributions from (to) owners	-	-	(8,343)	(8,343)
Other changes in net assets, net	2,675	-	1,077	3,752
Increase in net assets	<u>\$ 5,394</u>	<u>\$ -</u>	<u>\$ 8,880</u>	<u>\$ 14,274</u>

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)  
(In Thousands)

**5. Investments in Joint Ventures (continued)**

	2022			
	Mt. Washington	Terrapin	Others	Total
Current assets	\$ 20,063	\$ 45,504	\$ 29,670	\$ 95,237
Noncurrent assets	135,745	318,139	44,401	498,285
Total assets	<u>\$ 155,808</u>	<u>\$ 363,643</u>	<u>\$ 74,071</u>	<u>\$ 593,522</u>
Current liabilities	\$ 17,945	\$ 1,893	\$ 5,310	\$ 25,148
Noncurrent liabilities	6,555	359,800	16,445	382,800
Net assets	131,308	1,950	52,316	185,574
Total liabilities and net assets	<u>\$ 155,808</u>	<u>\$ 363,643</u>	<u>\$ 74,071</u>	<u>\$ 593,522</u>
Total operating revenue	\$ 60,916	\$ 85,535	\$ 86,040	\$ 232,491
Total operating expenses	(64,586)	(63,725)	(72,923)	(201,234)
Total nonoperating (losses) gains, net	(6,280)	(21,810)	499	(27,591)
Contributions from (to) owners	–	–	(14,263)	(14,263)
Other changes in net assets, net	486	–	(3,701)	(3,215)
Decrease in net assets	<u>\$ (9,464)</u>	<u>\$ –</u>	<u>\$ (4,348)</u>	<u>\$ (13,812)</u>

**6. Leases**

The Corporation determines if an arrangement is a lease at inception of the contract. Operating leases are included in other assets, other current liabilities, and other long-term liabilities on the consolidated balance sheets. Finance leases are included in property, plant, and equipment, other current liabilities, and other long-term liabilities on the accompanying consolidated balance sheets.

The Corporation's leases primarily consist of real estate leases for medical and administrative office buildings. Operating leases are included in other assets, other current liabilities, and other long-term liabilities on the consolidated balance sheets. Finance leases are included in property, plant, and equipment, other current liabilities, and other long-term liabilities on the accompanying consolidated balance sheets.

# University of Maryland Medical System Corporation and Subsidiaries

## Notes to Consolidated Financial Statements (continued) (In Thousands)

### 6. Leases (continued)

Lease liabilities are recognized based on its present value, net of the future minimum lease payments over the lease term using the Corporation's incremental borrowing rate based on the information available at commencement. The ROU asset is derived from the lease liability and also includes any lease payments made and excludes lease incentives and initial direct costs incurred. Certain lease agreements for real estate include payments based on actual common area maintenance expenses, and others include rental payments adjusted periodically for inflation. These variable lease payments are recognized in purchased services, net, but are not included in the ROU asset or liability balances. Lease agreements may include one or more renewal options which are at the Corporation's sole discretion. The Corporation does not consider the renewal options to be reasonably likely to be exercised; therefore, they are not included in ROU assets and lease liabilities. Lease expense for minimum lease payments is recognized on a straight-line basis over the lease term for operating leases.

In accordance with ASC 842, *Leases*, the Corporation has elected to not recognize ROU assets and lease liabilities for short-term leases with a lease term of 12 months or less. The Corporation recognizes the lease payments associated with its short-term leases as an expense on a straight-line basis over the lease term. Variable lease payments associated with these leases are recognized and presented in the same manner as all other leases.

The following table summarizes the components of operating and finance lease assets and liabilities classified as current and noncurrent on the accompanying consolidated balance sheets:

	<b>Consolidated Balance Sheet Classification</b>	<b>June 30</b>	
		<b>2023</b>	<b>2022</b>
<b>Operating leases</b>			
Operating lease ROU assets	Other assets	\$ 92,700	\$ 89,633
Operating lease obligation – current	Other current liabilities	(16,092)	(14,098)
Operating lease obligation – long-term	Other long-term liabilities	(80,473)	(79,414)
<b>Finance leases</b>			
Finance lease ROU assets	Property and equipment, net	\$ 37,860	\$ 37,123
Current finance lease liabilities	Other current liabilities	(1,055)	(448)
Long-term finance lease liabilities	Other long-term liabilities	(44,572)	(44,922)

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)  
(In Thousands)

**6. Leases (continued)**

The components of lease expense were as follows:

	<b>Year Ended June 30</b>	
	<b>2023</b>	<b>2022</b>
Finance lease expense:		
Amortization of ROU assets	\$ 1,065	\$ 1,022
Interest on lease liabilities	1,564	1,574
Total finance lease expense	<u>2,629</u>	2,596
Operating lease expense	19,681	18,648
Short-term/variable lease expense	15,370	13,718
Total lease expense	<u>\$ 37,680</u>	<u>\$ 34,962</u>

Commitments related to noncancelable operating and finance leases for each of the next five years and thereafter as of June 30, 2023 are as follows:

	<b>Operating</b>	<b>Finance</b>
2024	\$ 18,071	\$ 2,625
2025	16,106	2,625
2026	14,419	2,522
2027	9,842	2,006
2028	7,855	2,006
Thereafter	43,994	45,044
Total	<u>110,287</u>	<u>56,828</u>
Less: Present value discount	(13,722)	(11,201)
Lease liabilities	<u>\$ 96,565</u>	<u>\$ 45,627</u>

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)  
(In Thousands)

**6. Leases (continued)**

The following table provides the cash paid for amounts included in the measurement of lease obligations:

	<b>Year Ended June 30</b>	
	<b>2023</b>	<b>2022</b>
Operating leases	\$ 19,222	\$ 19,695
Financing leases	2,109	2,006
Total cash paid	<u>\$ 21,332</u>	<u>\$ 21,701</u>

Other information is as follows:

	<b>Year Ended June 30</b>	
	<b>2023</b>	<b>2022</b>
Weighted average remaining lease terms (in years):		
Finance leases	<b>7.34</b>	8.52
Operating leases	<b>8.83</b>	9.15
Weighted average discount rate:		
Finance leases	<b>3.48%</b>	3.53%
Operating leases	<b>2.79%</b>	2.95%

**7. Line of Credit**

For the years ended June 30, 2023 and 2022, the Corporation had a \$250,000 revolving line of credit outstanding with a syndicate of banking partners. The line of credit has a three year term, and its current expiration date is August 23, 2025. Interest is calculated based on a variable rate option or percentage based on the Secured Overnight Financing Rate (SOFR). As of June 30, 2023 and 2022, the amount outstanding on the line of credit was \$80,000 and \$81,000, respectively. The calculated interest rates as of June 30, 2023 and 2022 were between 4.75% and 8.25%, depending on the timing of draws.



University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)  
(In Thousands)

**8. Long-Term Debt and Other Borrowings**

Long-term debt consists of the following:

	Interest Rate	Payable in Fiscal Year(s)	June 30	
			2023	2022
MHHEFA project revenue bonds:				
Corporation issue, payments due annually UCHS Term Loan:				
Series 2021A/B Bonds	Variable rate	2023–2043 <sup>(1)</sup>	\$ 262,405	\$ 268,355
Series 2020B/D Bonds	3.05%–5.00%	2041–2051	752,680	752,680
Series 2017D/E Bonds	4.00%–4.17%	2045–2049	189,965	189,965
Series 2017B/C Bonds	1.98%–5.00%	2018–2040	219,405	238,840
Series 2016A–F Bonds	Variable rate	2017–2042 <sup>(1)</sup>	190,060	193,825
Series 2015 Bonds	3.00%–5.00%	2016–2042	68,965	70,585
Series 2013 Bonds	4.00%–5.00%	2014–2044	115,055	115,055
Series 2008D/ Bonds	Variable rate	2025–2042	50,000	50,000
MHHEFA Pooled Loan Program	Variable rate	2017–2035	13,300	14,250
Other long-term debt:				
Term loans	1.86%–4.44%	2009–2023	–	5,906
Other loans, mortgages and notes payable	3.25%–6.50%	Monthly, 2001–2026	7,714	9,915
Total debt			1,869,549	1,909,376
Less current portion of long-term debt			32,115	38,399
			1,837,434	1,870,977
Plus unamortized premiums and discounts, net			37,935	41,037
Less unamortized deferred financing costs			(11,175)	(11,780)
			<u>\$ 1,864,194</u>	<u>\$ 1,900,234</u>

<sup>(1)</sup>Mandatory bond repurchases are scheduled to occur in the following (fiscal years), unless the bondholding bank and the Obligated Group agree to an extension: 2016B (2027), 2016C (2024), 2016F (2027), 2021A (2028) and 2021B (2025).

Pursuant to an Amended and Restated Master Loan Agreement, dated December 1, 2017 (UMMS Master Loan Agreement), the Corporation and several of its subsidiaries have issued debt through Maryland Health and Higher Educational Facilities Authority (MHHEFA or the Authority). As security for the performance of the bond obligation under the Master Loan Agreement, the

# University of Maryland Medical System Corporation and Subsidiaries

## Notes to Consolidated Financial Statements (continued) (In Thousands)

### 8. Long-Term Debt and Other Borrowings (continued)

Authority maintains a security interest in the revenue of the obligors. The UMMS Master Loan Agreement contains certain restrictive covenants. These covenants require that rates and charges be set at certain levels, limit incurrence of additional debt, require compliance with certain operating ratios and restrict the disposition of assets.

The Obligated Group under the UMMS Master Loan Agreement includes the Medical Center, ROI, UM Midtown, UM Baltimore Washington, Shore Health (UM Memorial and UM Dorchester), UM Chester River, UM Charles Regional, UM St. Joseph, UM Upper Chesapeake, UM Harford Memorial, UM Laurel, UM Prince George's, Bowie Health Center (Bowie), and the UM Medicine Foundation. Each member of the Obligated Group is jointly and severally liable for the repayment of the obligations under the UMMS Master Loan Agreement.

On December 8 and 22, 2021, MHHEFA issued \$160,845 of tax-exempt Revenue Bonds, Series 2021A, and \$107,510 of taxable Revenue Bonds, Series 2021B. The proceeds were used for the purpose of refinancing existing debt, including the redemption of the Series 2007A, 2008E, 2016A, 2016D and 2017A Bonds.

The aggregate annual future maturities of long-term debt, according to the original terms of the Master Loan Agreement and all other loan agreements, are as follows for the years ending June 30:

2024	\$ 32,115
2025	112,475
2026	35,892
2027	170,815
2028	182,405
Thereafter	1,335,847
	<u>\$ 1,869,549</u>

The Corporation's Series 2008D Bonds are variable rate demand bonds requiring a remarketing agent to purchase and remarket any bonds tendered before the stated maturity date. The reimbursement obligations with respect to the letters of credit are evidenced and secured by the bonds. To provide liquidity support for the timely payment of any bonds that are not successfully remarketed, the Corporation has entered into a letter-of-credit agreement with a banking institution. The agreement has a term that expires in 2027. If the bonds are not successfully

# University of Maryland Medical System Corporation and Subsidiaries

## Notes to Consolidated Financial Statements (continued) (In Thousands)

### 8. Long-Term Debt and Other Borrowings (continued)

remarketed, the Corporation is required to pay an interest rate specified in the letter-of-credit agreement, and the principal repayment of bonds may be accelerated to require repayment in 48 months from the date of the failed remarketing. The Corporation has reflected the amount of its long-term debt that is subject to these short-term remarketing arrangements within the consolidated balance sheet according to the maturity of the bond's related letter of credit agreements. In the event that bonds are not remarketed, the Corporation maintains available letters of credit and has the ability to access other sources to obtain the necessary liquidity to comply with accelerated repayment terms. All variable rate demand bonds were successfully remarketed as of June 30, 2023 and 2022.

The approximate interest rates on outstanding debt bearing interest at variable rates were as follows:

	<b>June 30</b>	
	<b>2023</b>	<b>2022</b>
Series 2008D Bonds	<b>3.60%</b>	0.61%
Series 2016B Bonds	<b>4.59</b>	1.72
Series 2016C Bonds	<b>4.56</b>	1.76
Series 2016E Bonds	<b>4.89</b>	1.57
Series 2016F Bonds	<b>4.56</b>	1.12
Series 2021A Bonds	<b>4.55</b>	1.45
Series 2021B Bonds	<b>4.29</b>	1.19
Series 1985 Pooled Loan Program (MHHEFA)	<b>4.00</b>	1.00

### 9. Interest Rate Risk Management

The Corporation uses a combination of fixed and variable rate debt to finance capital needs. The Corporation maintains an interest rate risk-management strategy that uses interest rate swaps to minimize significant, unanticipated earnings fluctuations that may arise from volatility in interest rates.

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)  
(In Thousands)

**9. Interest Rate Risk Management (continued)**

At June 30, 2023 and 2022, the Corporation's notional values of outstanding interest rate swaps and the corresponding mark-to-market values are as follows:

	Notional Amount	Pay Rate	Receive Rate	Maturity Date	Mark to Market
<b>June 30, 2023</b>					
Swap #1	\$ 70,512	3.59%	70% 1-month LIBOR	7/1/2031	\$ (1,465)
Swap #2	84,000	3.93	68% 1-month LIBOR	7/1/2041	(12,758)
Swap #3	21,000	4.24	68% 1-month LIBOR	7/1/2041	(3,907)
Swap #4	27,225	3.99	67% 1-month LIBOR	7/1/2034	(2,004)
Swap #5	21,870	3.54	70% 1-month LIBOR	7/1/2031	(424)
Swap #6	196,000	3.93	68% 1-month LIBOR	7/1/2041	(18,612)
Swap #7	49,000	4.24	68% 1-month LIBOR	7/1/2041	(5,539)
Swap #8	63,550	4.00	67% 1-month LIBOR	7/1/2034	(1,722)
Swap #9	1,375	3.63	67% 1-month LIBOR	7/1/2032	(27)
Swap #10	85,950	3.92	67% 1-month LIBOR	1/1/2043	(5,452)
Swap #11	67,490	0.51	67% 1-month LIBOR + 0.5133%	1/1/2038	(467)
Swap #12	196,000	4.02	68% 1-month LIBOR	10/1/2028	(11,948)
Swap #13	49,000	4.33	68% 1-month LIBOR	10/1/2028	(3,780)
Swap #14	63,550	4.09	67% 1-month LIBOR	10/1/2028	(3,183)
Swap #15	85,950	3.99	67% 1-month LIBOR	11/3/2028	(4,883)
					(76,171)
Valuation adjustments					5,821
Total					\$ (70,350)
<b>June 30, 2022</b>					
Swap #1	\$ 75,981	3.59%	70% 1-month LIBOR	7/1/2031	\$ (4,251)
Swap #2	84,000	3.93	68% 1-month LIBOR	7/1/2041	(18,554)
Swap #3	21,000	4.24	68% 1-month LIBOR	7/1/2041	(5,444)
Swap #4	29,050	3.99	67% 1-month LIBOR	7/1/2034	(3,424)
Swap #5	23,570	3.54	70% 1-month LIBOR	7/1/2031	(1,280)
Swap #6	196,000	3.93	68% 1-month LIBOR	7/1/2041	(21,760)
Swap #7	49,000	4.24	68% 1-month LIBOR	7/1/2041	(6,361)
Swap #8	67,800	4.00	67% 1-month LIBOR	7/1/2034	(1,973)
Swap #9	1,705	3.63	67% 1-month LIBOR	7/1/2032	(80)
Swap #10	89,275	3.92	67% 1-month LIBOR	1/1/2043	(6,351)
Swap #11	70,400	0.51	67% 1-month LIBOR + 0.5133%	1/1/2038	(957)
Swap #12	196,000	4.02	68% 1-month LIBOR	10/1/2028	(21,551)
Swap #13	49,000	4.33	68% 1-month LIBOR	10/1/2028	(6,347)
Swap #14	67,800	4.09	67% 1-month LIBOR	10/1/2028	(6,051)
Swap #15	89,275	3.99	67% 1-month LIBOR	11/3/2028	(8,948)
					(113,332)
Valuation adjustments					6,611
Total					\$ (106,721)

# University of Maryland Medical System Corporation and Subsidiaries

## Notes to Consolidated Financial Statements (continued) (In Thousands)

### **9. Interest Rate Risk Management (continued)**

As of July 1, 2023, swap payments based on the 1-month London Interbank Offered Rate (LIBOR) have transitioned to the applicable Secured overnight Financing Rate (SOFR) fallback rate. For 1-month LIBOR, the fallback rate is calculated as daily SOFR compounded over 30 days plus 0.11448%. UMMS implemented this transition with all of its swap counterparties by adhering to the International Swap and Derivatives Association (ISDA) 2020 LIBOR fallbacks protocol.

The mark-to-market values of the Corporation's interest rate swaps include a valuation adjustment representing the creditworthiness of the counterparties to the swaps.

The Corporation recorded a net nonoperating gain on changes in the fair value of nonqualifying interest rate swaps of \$35,020 and \$96,888 for the years ended June 30, 2023 and 2022, respectively.

The swap agreements are included in the consolidated balance sheets at their fair value of \$70,350 and \$106,721 as of June 30, 2023 and 2022, respectively, an amount that is based on observable inputs other than quoted market prices in active markets for identical liabilities (Level 2 in the fair value hierarchy).

The Corporation is subject to a collateral posting requirement with two of its swap counterparties. Collateral posting requirements are based on the Corporation's long-term debt credit ratings, as well as the net liability position of total interest rate swap agreements outstanding with that counterparty. The amount of such posted collateral was \$5,667 and \$6,840 at June 30, 2023 and 2022, respectively. As of June 30, 2023 and 2022, the Corporation met its collateral posting requirement through the use of collateralized investments and cash equivalents, which were selected and purchased by the Corporation and subsequently transferred to the custody of the swap counterparty. The amount of posted investments that is required to meet the collateral requirement is computed daily and is accounted for as a component of the Corporation's assets limited as to use on the accompanying consolidated balance sheets as of that date. Any excess investment value is considered a component of the Corporation's unrestricted investment portfolio and is included in investments on the accompanying consolidated balance sheets as of that date.

# University of Maryland Medical System Corporation and Subsidiaries

## Notes to Consolidated Financial Statements (continued) (In Thousands)

### 9. Interest Rate Risk Management (continued)

In November 2021, UMMS executed four interest rate swap novation agreements with two counterparty banks. The novations resulted in the placement of \$341,400 of UMMS' existing swap exposure with substitute counterparties for a period of seven years; at the close of the seven-year period, the novated swaps will resume cash flows to their original counterparty banks. The novated swaps bear an incremental swapped-to-fixed rate, but do not require the posting of any collateral during their seven-year duration. UMMS' total swap exposure and total mark-to-market were unchanged as a result of the novations.

### 10. Other Liabilities

Other liabilities consist of the following:

	June 30	
	2023	2022
Professional and general liabilities	\$ 425,660	\$ 417,331
Lease obligations – operating	96,565	93,512
Lease obligations – finance	45,627	45,370
Accrued interest payable	27,722	28,243
Other miscellaneous	112,514	92,429
Total other liabilities	<u>708,088</u>	676,885
Less current portion	(160,256)	(135,616)
Other long-term liabilities	<u>\$ 547,832</u>	<u>\$ 541,269</u>

### 11. Retirement Plans

Employees of the Corporation are included in various retirement plans established by the Corporation, the Medical Center, ROI, Midtown, Baltimore Washington, Shore Regional, Charles Regional, St. Joseph, Upper Chesapeake, and Capital Region. Participation by employees in their specific plan(s) has evolved based upon the organization by which they were first employed and the elections that they made at the times when their original employers became part of the Corporation. The following is a brief description of each of the retirement plans in which employees of the Corporation participate:

# University of Maryland Medical System Corporation and Subsidiaries

## Notes to Consolidated Financial Statements (continued) (In Thousands)

### 11. Retirement Plans (continued)

#### Defined Benefit Plans

The Corporation's defined benefit plans include the following:

*University of Maryland Medical Center Midtown Campus Retirement Plan for Non-Union Employees (Midtown Plan)* – A noncontributory defined benefit plan covering substantially all nonunion employees. The benefits are based on years of service and compensation. Contributions to this plan are made to satisfy the minimum funding requirements of ERISA. In 2006, Midtown froze the defined benefit pension plan.

*Baltimore Washington Medical Center Pension Plan (Baltimore Washington Plan)* – A noncontributory defined benefit pension plan covering full-time employees who have been employed for at least one year and have reached 21 years of age. In 2018, Baltimore Washington closed the defined benefit pension plan to new hires.

On June 30, 2015, the Corporation amended the Baltimore Washington Medical Center Pension Plan to provide for the merger of the Midtown Plan and the Charles Regional Plan into the Baltimore Washington Plan and to change the name of the newly consolidated plan to the University of Maryland Medical System Corporate Pension Plan (the Corporate Plan). All provisions of the respective previous plans shall continue to apply to the respective applicable participants. All of the assets of the three formerly separate plans are now available to pay benefits for all participants under the newly consolidated Corporate Plan.

*Civista Health Inc. Retirement Plan and Trust (Charles Regional Plan)* – A noncontributory defined benefit pension plan covering employees that have worked at least one thousand hours per year during three or more plan years. Plan benefits are accumulated based upon a combination of years of service and percent of annual compensation. Charles Regional makes annual contributions to the plan based upon amounts required to be funded under provisions of ERISA.

# University of Maryland Medical System Corporation and Subsidiaries

## Notes to Consolidated Financial Statements (continued) (In Thousands)

### 11. Retirement Plans (continued)

*Dimensions Health Corporation Pension Plan (Capital Region Pension Plan)* – A noncontributory defined benefit pension plan covering substantially all employees. For employees not covered under collective-bargaining agreements and employees who are represented by the 1199 SEIU Health Care Workers East – Health Care Workers union (formerly District 1199E-DC, SEIU union and formerly Local No. 63 union), the Plan operates as a cash balance plan. The annual contribution by the Corporation is allocated to individual employee accounts based on years of service and the individual’s retirement account. For employees represented by the 1199 SEIU Health Care Workers East – Registered Nurses Chapter union (formerly Professional Staff Nurses Association union), benefits are based on years of service and average final compensation. On December 31, 2007, the Capital Region Pension Plan was frozen. No further benefit accruals will be made to the Plan. The Plan freeze substantially reduces annual funding obligations beginning with Plan year 2008. The Corporation’s funding policy is to contribute such actuarially determined amounts as necessary to provide assets sufficient to meet the benefits to be paid to the Plan participants and to meet the funding requirements of the Employees Retirement Income Security Act of 1974 (ERISA).

The Corporation recognizes the funded status (i.e., the difference between the fair value of plan assets and projected benefit obligations) of its defined benefit pension plans as an asset or liability in its consolidated balance sheets. The Corporation recognizes changes in the funded status in the year in which the changes occur as changes in unrestricted net assets. All defined benefit pension plans use a June 30 measurement date.

Effective December 31, 2022, the benefit accruals in both the Baltimore Washington and Charles Regional (non-union only) plans were frozen.

Effective August 30, 2023, all non-union Capital Region Pension Plan participants were spun off into a separate plan as part of the steps associated with the termination of this plan. UMMS initiated the plan termination process during the fiscal year ended June 30, 2023 and anticipates completion of the termination in calendar year 2024.



University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)  
(In Thousands)

**11. Retirement Plans (continued)**

The following tables set forth the combined benefit obligations and assets of the defined benefit plans:

	<b>June 30</b>	
	<b>2023</b>	<b>2022</b>
<b>Change in projected benefit obligations</b>		
Benefit obligations at beginning of year	\$ 360,582	\$ 435,067
Settlements	(1,258)	–
Service cost	1,333	3,005
Interest cost	17,214	12,737
Actuarial (gain) and other	(21,770)	(68,769)
Benefit payments	(24,243)	(21,458)
Projected benefit obligations at end of year	<u>\$ 331,858</u>	<u>\$ 360,582</u>
<b>Change in plan assets</b>		
Fair value of plan assets at beginning of year	\$ 374,003	\$ 369,056
Actual return on plan assets	(1,114)	(50,249)
Employer contributions	7,114	76,654
Benefit payments	(24,244)	(21,458)
Fair value of plan assets at end of year	<u>\$ 355,759</u>	<u>\$ 374,003</u>

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)  
(In Thousands)

**11. Retirement Plans (continued)**

The funded status of the plans and amounts recognized as other assets in the accompanying consolidated balance sheets are as follows:

	<b>June 30</b>	
	<b>2023</b>	<b>2022</b>
Funded status, end of period:		
Fair value of plan assets	\$ 355,759	\$ 374,003
Projected benefit obligations	<b>331,858</b>	360,582
Net funded status	<b>\$ 23,901</b>	\$ 13,421
Accumulated benefit obligation at end of year	<b>\$ 331,767</b>	\$ 359,715
Amounts recognized in consolidated balance sheets at June 30:		
Accrued pension asset	<b>\$ 23,901</b>	\$ 13,421
	<b>\$ 23,901</b>	\$ 13,421
Amounts recognized in net assets without donor restrictions at June 30:		
Net actuarial loss	\$ (42,255)	\$ (52,714)
Prior service cost	—	(841)
	<b>\$ (42,255)</b>	\$ (53,555)

The estimated amounts that will be amortized from net assets without donor restrictions into net periodic pension cost in fiscal year 2023 are as follows:

Net actuarial loss	\$ 3,232
Prior service cost	—
	<b>\$ 3,232</b>

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)  
(In Thousands)

**11. Retirement Plans (continued)**

The components of net periodic benefit (credit) cost are as follows:

	<b>Year Ended June 30</b>	
	<b>2023</b>	<b>2022</b>
Service cost	\$ 1,333	\$ 3,005
Interest cost	17,214	12,737
Expected return on plan assets	(15,051)	(19,458)
Prior service cost recognized	841	149
Recognized losses	3,596	2,969
Net periodic benefit (credit) cost	<u>\$ 7,933</u>	<u>\$ (598)</u>

Components of net benefit cost other than the service cost of \$1,333 and \$3,005 in 2023 and 2022, respectively, were recorded in other nonoperating losses, net in the accompanying consolidated statements of operations and changes in net assets for the years ended June 30, 2023 and 2022. Service cost is included as a component of fringe benefits, which is recorded as salaries, wages, and benefits in the accompanying consolidated statements of operations and changes in net assets.

The following table presents the weighted average assumptions used to determine benefit obligations for the plans:

	<b>June 30</b>	
	<b>2023</b>	<b>2022</b>
Discount rate	5.53%–5.67%	4.37%–4.86%
Rate of compensation increase (for nonfrozen plan)	3.00%	3.00%
Interest crediting rate	3.00%–5.00%	3.00%–5.00%

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)  
(In Thousands)

**11. Retirement Plans (continued)**

The following table presents the weighted average assumptions used to determine net periodic benefit cost for the plans:

	<b>Year Ended June 30</b>	
	<b>2023</b>	<b>2022</b>
Discount rate	<b>4.37%–5.55%</b>	2.35%–3.02%
Rate of compensation increase (for nonfrozen plan)	<b>0.00–3.00%</b>	3.00%
Expected long-term return on plan assets	<b>4.15%</b>	5.00%–5.50%

The investment policies of the Corporation’s pension plans incorporate asset allocation and investment strategies designed to earn superior returns on plan assets consistent with reasonable and prudent levels of risk. Investments are diversified across classes, sectors, and manager style to minimize the risk of loss. The Corporation uses investment managers specializing in each asset category, and regularly monitors performance and compliance with investment guidelines. In developing the expected long-term rate of return on assets assumption, the Corporation considers the current level of expected returns on risk-free investments, the historical level of the risk premium associated with the other asset classes in which the portfolio is invested, and the expectations for future returns of each asset class. The expected return for each asset class is then weighted based on the target allocation to develop the expected long-term rate of return on assets assumption for the portfolio.

The Corporation’s pension plans’ target allocation and weighted average asset allocations at the measurement date of June 30, 2023 and 2022, by asset category, are as follows:

<b>Asset Category</b>	<b>Target Allocation</b>	<b>Percentage of Plan Assets as of June 30</b>	
		<b>2023</b>	<b>2022</b>
Cash and cash equivalents	0%–20%	<b>19%</b>	6%
Fixed income securities	75%–85%	<b>77</b>	85
Equity securities	15%–25%	<b>4</b>	8
Hedge funds/private equity	0%–20%	–	1
		<b>100%</b>	<b>100%</b>

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)  
(In Thousands)

**11. Retirement Plans (continued)**

Equity and fixed income securities include investments in hedge fund of funds that are categorized in accordance with each fund's respective investment holdings.

The table below presents the Corporation's combined investable assets of the defined benefit pension plans aggregated by the fair value hierarchy as described in Note 1:

	Level 1	Level 2	Level 3	Investments Reported at NAV*	Total
<b>June 30, 2023</b>					
Cash and cash equivalents	\$ 66,776	\$ –	\$ –	\$ –	\$ 66,776
Common stocks, including mutual funds	14,900	–	–	–	14,900
Alternative investments:					
Hedge funds/private equity	–	–	–	188	188
Commingled funds	–	–	–	273,895	273,895
	<u>\$ 81,676</u>	<u>\$ –</u>	<u>\$ –</u>	<u>\$ 274,083</u>	<u>\$ 355,759</u>
<b>June 30, 2022</b>					
Cash and cash equivalents	\$ 24,504	\$ –	\$ –	\$ –	\$ 24,504
Fixed income funds	10,556	–	–	–	10,556
Common stocks, including mutual funds	27,314	–	–	–	27,314
Alternative investments:					
Hedge funds/private equity	–	–	–	4,681	4,681
Commingled funds	–	–	–	306,948	306,948
	<u>\$ 62,374</u>	<u>\$ –</u>	<u>\$ –</u>	<u>\$ 311,629</u>	<u>\$ 374,003</u>

\*Fund investments reported at NAV as practical expedient.

# University of Maryland Medical System Corporation and Subsidiaries

## Notes to Consolidated Financial Statements (continued) (In Thousands)

### 11. Retirement Plans (continued)

Alternative investments include hedge funds and commingled investment funds. The majority of these alternative investments held as of June 30, 2023 are subject to notice requirements of 30 days or less and are available to be redeemed on at least a monthly basis. The Corporation had no unfunded commitments as of June 30, 2023.

The Corporation expects to contribute \$4,398 to its defined benefit pension plans for the fiscal year ended June 30, 2024.

The following benefit payments, which reflect expected future employee service, as appropriate, are expected to be paid from plan assets in the following years ending June 30:

2024	\$	24,573
2025		24,849
2026		25,029
2027		25,072
2028		25,035
2029–2033		118,575

The expected benefits to be paid are based on the same assumptions used to measure the Corporation's benefit obligation at June 30, 2023.

### Defined Contribution Plans

The Corporation offers a number of defined contribution benefits through 403(b) and 401(k) programs that were established by its affiliate hospitals. These plans allow for deferral of compensation or employer matching of compensation, subject to vesting requirements.

Total annual retirement costs incurred by the Corporation for the previously discussed defined contribution plans were \$54,237 and \$55,017 for the years ended June 30, 2023 and 2022, respectively. Such amounts are included in salaries, wages, and benefits in the accompanying consolidated statements of operations and changes in net assets.

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)  
(In Thousands)

**12. Net Assets with Donor Restrictions**

Net assets are restricted primarily for the following purposes:

	<b>June 30</b>	
	<b>2023</b>	<b>2022</b>
Facility construction and renovations, research, education, and other:	\$ 187,208	\$ 174,599
Economic and beneficial interests in the net assets of related organizations	53,330	59,493
	<b>\$ 240,538</b>	<b>\$ 234,092</b>

Net assets were released from donor restrictions by expending funds satisfying the restricted purposes or by occurrence of other events specified by donors as follows:

	<b>Year Ended June 30</b>	
	<b>2023</b>	<b>2022</b>
Purchases of equipment and construction costs	\$ 8,975	\$ 66,729
Research, education, uncompensated care, and other	9,473	5,925
	<b>\$ 18,448</b>	<b>\$ 72,654</b>

The Corporation's endowments consist of donor-restricted funds established for a variety of purposes. Net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

# University of Maryland Medical System Corporation and Subsidiaries

## Notes to Consolidated Financial Statements (continued)

*(In Thousands)*

### **12. Net Assets with Donor Restrictions (continued)**

#### **Interpretation of Relevant Law**

The Corporation has interpreted the Maryland Uniform Prudent Management of Institutional Funds Act (MUPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Corporation classifies as permanently restricted net assets: (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment funds are classified in net assets with donor restrictions until those amounts are appropriated for expenditure by the organization in a manner consistent with the standard of prudence prescribed by MUPMIFA. In accordance with MUPMIFA, the Corporation considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

1. The duration and preservation of the fund
2. The purposes of the Corporation and the donor-restricted endowment fund
3. General economic conditions
4. The possible effects of inflation and deflation
5. The expected total return from income and the appreciation of investments
6. Other resources of the Corporation
7. The investment policies of the Corporation



University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)  
(In Thousands)

**12. Net Assets with Donor Restrictions (continued)**

Endowment net assets are as follows:

	<b>Without Donor Restrictions</b>	<b>With Donor Restrictions</b>	<b>Total</b>
<b>June 30, 2023</b>			
Donor-restricted endowment funds	<b>\$ 17,902</b>	<b>\$ 75,991</b>	<b>\$ 93,893</b>
<b>June 30, 2022</b>			
Donor-restricted endowment funds	\$ 765	\$ 70,315	\$ 71,080

Donor restricted endowment funds within net assets with donor restrictions whose use is restricted in perpetuity were \$55,359 and \$55,359 as of June 30, 2023 and 2022, respectively.

**Funds with Deficiencies**

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor or MUPMIFA requires the Corporation to retain as a fund of perpetual duration. The Corporation does not have any donor-restricted endowment funds that are below the level that the donor or MUPMIFA requires.

**Investment Strategies**

The Corporation has adopted policies for corporate investments, including endowment assets that seek to maximize risk-adjusted returns with preservation of principal. Endowment assets include those assets of donor-restricted funds that the Corporation must hold in perpetuity or for a donor-specified period(s). The endowment assets are invested in a manner that is designed to meet the objectives of the investment policies. The Corporation expects its endowment funds, over time, to provide an average rate of return that generates earnings to achieve the endowment purpose.

To satisfy its long-term rate-of-return objectives, the Corporation relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Corporation employs a diversified asset allocation structure to achieve its long-term return objectives within prudent risk constraints.

# University of Maryland Medical System Corporation and Subsidiaries

## Notes to Consolidated Financial Statements (continued) (In Thousands)

### 12. Net Assets with Donor Restrictions (continued)

The Corporation monitors the endowment funds' returns and appropriates average returns for use. In establishing this practice, the Corporation considered the long-term expected return on its endowment assets. This is consistent with the Corporation's objective to maintain the purchasing power of the endowment assets held in perpetuity or for a specified term, as well as to provide additional real growth through new gifts and investment return.

### 13. Economic and Beneficial Interests in the Net Assets of Related Organizations

The Corporation is supported by several related organizations that were formed to raise funds on behalf of the Corporation and certain of its subsidiaries. These interests are accounted for as either economic or beneficial interests in the net assets of such organizations.

The following is a summary of economic and beneficial interests in the net assets of financially interrelated organizations:

	<b>June 30</b>	
	<b>2023</b>	<b>2022</b>
Economic interests in:		
The James Lawrence Kernan Hospital Endowment Fund, Incorporated	\$ 37,636	\$ 42,776
Baltimore Washington Medical Center Foundation, Inc.	<b>10,316</b>	11,243
Total economic interests	<b>47,952</b>	54,019
Beneficial interest in the net assets of:		
Dorchester General Hospital Foundation, Inc.	<b>4,049</b>	4,145
University of Maryland Capital Region Health Foundation, Inc.	<b>1,267</b>	1,267
Laurel Regional Hospital Auxiliary, Inc.	<b>62</b>	62
	<b>\$ 53,330</b>	\$ 59,493

At the discretion of its board of trustees, the Kernan Endowment Fund may pledge securities to satisfy various collateral requirements on behalf of ROI and may provide funding to ROI to support various clinical programs or capital needs.

# University of Maryland Medical System Corporation and Subsidiaries

## Notes to Consolidated Financial Statements (continued) (In Thousands)

### 13. Economic and Beneficial Interests in the Net Assets of Related Organizations (continued)

BWMC Foundation was formed in July 2000 and supports the activities of UM Baltimore Washington by soliciting charitable contributions on its behalf.

Shore Regional maintains a beneficial interest in the net assets of Dorchester Foundation, a nonprofit corporation organized to raise funds on behalf of Dorchester Hospital. Shore Regional does not have control over the policies or decisions of the Dorchester Foundation.

University of Maryland Capital Region Health Foundation, Inc. and the Laurel Regional Hospital Auxiliary, Inc. were established to solicit contributions from the general public solely for the funding of capital acquisitions and operations of the associated Capital Region hospitals. Capital Region does not have control over the policies or decisions of these entities

A summary of the combined unaudited condensed financial information of the financially interrelated organizations in which the Corporation holds an economic or beneficial interest is as follows:

	<b>June 30</b>	
	<b>2023</b>	<b>2022</b>
Current assets	\$ 5,466	\$ 5,848
Noncurrent assets	47,928	53,645
Total assets	<u>\$ 53,394</u>	<u>\$ 59,493</u>
Current liabilities	\$ 64	\$ –
Net assets	<u>53,330</u>	59,493
Total liabilities and net assets	<u>\$ 53,394</u>	<u>\$ 59,493</u>
Total operating revenue	\$ 3,159	\$ 3,230
Total operating expense	(8,030)	(661)
Other changes in net assets	(1,292)	(6,171)
Total decrease in net assets	<u>\$ (6,163)</u>	<u>\$ (3,602)</u>

# University of Maryland Medical System Corporation and Subsidiaries

## Notes to Consolidated Financial Statements (continued) (In Thousands)

### 14. State and County Support

The Corporation received \$3,700 and \$3,600 in support for the Shock Trauma Center operations from the State of Maryland for the years ended June 30, 2023 and 2022, respectively.

The Corporation received \$10,000 in support for Capital Region operations from the State of Maryland for each of the years ended June 30, 2023 and 2022, respectively.

The State of Maryland appropriates funds for construction costs incurred, equipment purchases made, and other capital support. The Corporation recognizes this support as the funds are expended for the intended projects. The Corporation expended and recorded \$17,094 and \$1,410 during the years ended June 30, 2023 and 2022, respectively.

### 15. Functional Expenses

The Corporation provides healthcare services to residents within its geographic location. Expenses related to providing these services, based on management's estimates of expense allocations, are as follows:

	Healthcare Services				Corporate	Total
	Hospital & Ambulatory	Retail Pharmacy	Physician Practices	Risk Taking	Services, Other, and Eliminations	
<b>Year ended June 30, 2023</b>						
Operating expenses:						
Salaries, wages, and benefits	\$ 2,002,868	\$ 8,665	\$ 330,649	\$ 5,792	\$ 345,414	\$ 2,693,388
Expendable supplies	717,228	144,834	54,464	8	7,925	924,459
Purchased services:						
Purchased services	1,010,557	17,394	71,538	5,993	(337,028)	768,454
Contracted services	353,736	–	31,344	–	(56,492)	328,588
Depreciation and amortization	264,626	–	2,305	–	11,024	277,955
Interest expense	55,921	–	–	–	2,021	57,942
<b>Total operating expenses</b>	<b>\$ 4,404,936</b>	<b>\$ 170,893</b>	<b>\$ 490,300</b>	<b>\$ 11,793</b>	<b>\$ (27,136)</b>	<b>\$ 5,050,786</b>

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)  
(In Thousands)

**15. Functional Expenses (continued)**

	Healthcare Services			Risk Taking	Corporate Services, Other, and Eliminations	Total
	Hospital & Ambulatory	Retail Pharmacy	Physician Practices			
<b>Year ended June 30, 2022</b>						
Operating expenses:						
Salaries, wages, and benefits	\$ 1,961,817	\$ 8,162	\$ 305,291	\$ 5,032	\$ 327,778	\$ 2,608,080
Expendable supplies	692,521	120,358	41,642	30	10,142	864,693
Purchased services:						
Purchased services	936,823	16,837	68,285	4,662	(242,221)	784,386
Contracted services	345,759	–	30,062	–	(47,430)	328,391
Depreciation and amortization	261,082	–	2,271	–	3,834	267,187
Interest expense	39,430	–	–	–	715	40,145
Total operating expenses	<u>\$ 4,237,432</u>	<u>\$ 145,357</u>	<u>\$ 447,551</u>	<u>\$ 9,724</u>	<u>\$ 52,818</u>	<u>\$ 4,892,882</u>

Corporate services are allocated primarily using a percentage of net patient service revenue.

**16. Liquidity and Availability of Resources**

The Corporation had financial assets available to management for general expenditure within one year of the financial reporting date, or June 30, 2023 and 2022, as follows:

	<u>2023</u>	<u>2022</u>
Cash and cash equivalents	\$ 274,721	\$ 244,529
Receivables, net	727,002	863,756
Assets limited as to use – board designated	30,000	90,000
Investments	1,490,962	1,431,494
Total financial assets available within one year	<u>2,522,685</u>	<u>2,629,779</u>
Less:		
Amounts unavailable for general expenditures within one year due to:		
Alternative investments subject to lockup restrictions	<u>29,968</u>	12,623
Total financial assets available to management for general expenditure within one year	<u>\$ 2,492,717</u>	<u>\$ 2,617,156</u>

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)  
(In Thousands)

**17. Insurance**

The Corporation maintains self-insurance programs for professional and general liability risks, employee health, employee long-term disability, and workers' compensation. The accrued liabilities for these programs were as follows:

	<b>June 30</b>	
	<b>2023</b>	<b>2022</b>
Professional and general liabilities	\$ 425,660	\$ 417,331
Employee health	14,417	24,292
Employee long-term disability	2,185	3,002
Workers' compensation	26,854	27,483
Total self-insured liabilities	<u>469,116</u>	<u>472,108</u>
Less current portion	<u>(56,295)</u>	<u>(67,201)</u>
	<u>\$ 412,821</u>	<u>\$ 404,907</u>

The Corporation provides for and funds the present value of the costs for professional and general liability claims and insurance coverage related to the projected liability from asserted and unasserted incidents, which the Corporation believes may ultimately result in a loss. In management's opinion, these accruals provide an adequate and appropriate loss reserve. The professional and general malpractice liabilities presented above include \$297,272 and \$280,763 as of June 30, 2023 and 2022, respectively, for which related insurance receivables have been recorded within other assets on the accompanying consolidated balance sheets.

The Corporation and each of its affiliates are self-insured for professional and general liability claims up to the limits of \$1,000 on individual claims and \$3,000 in the aggregate on an annual basis. For amounts in excess of these limits, the risk of loss has been transferred to Terrapin, an unconsolidated joint venture. Terrapin provides insurance for claims in excess of \$1,000 individually and \$3,000 in the aggregate up to \$164,000 individually and \$227,000 in the aggregate under claims made policies between the Corporation and Terrapin. For claims in excess of Terrapin's coverage limits, if any, the Corporation retains the risk of loss.

# University of Maryland Medical System Corporation and Subsidiaries

## Notes to Consolidated Financial Statements (continued) (In Thousands)

### 17. Insurance (continued)

As discussed in Note 5, Terrapin is a joint venture corporation in which a 50% equity interest is owned by the Corporation and a 50% equity interest is owned by University of Maryland Faculty Physicians, Inc.

Total malpractice insurance expense, net of investment return on self-insurance trust funds, for the Corporation during the years ended June 30, 2023 and 2022, was approximately \$63,970 and \$137,206, respectively.

### 18. Business and Credit Concentrations

The Corporation provides healthcare services through its inpatient and outpatient care facilities, located in the State of Maryland. The Corporation generally does not require collateral or other security in extending credit; however, it routinely obtains assignment of (or is otherwise entitled to receive) patients' benefits receivable under their health insurance programs, plans, or policies (e.g., Medicare, Medicaid, Blue Cross, workers' compensation, health maintenance organizations (HMOs), and commercial insurance policies).

The Corporation maintains cash accounts with highly rated financial institutions, which generally exceed federally insured limits. The Corporation has not experienced any losses from maintaining cash accounts in excess of federally insured limits and, as such, management does not believe the Corporation is subject to any significant credit risks related to this practice.

The Corporation had receivables from patients and third-party payors as follows:

	<b>June 30</b>	
	<b>2023</b>	<b>2022</b>
Medicare	<b>29%</b>	35%
Medicaid	<b>29</b>	20
Commercial insurance and HMOs	<b>33</b>	35
Self-pay and others	<b>9</b>	10
	<b>100%</b>	100%

University of Maryland Medical System Corporation and Subsidiaries

Notes to Consolidated Financial Statements (continued)  
(In Thousands)

**18. Business and Credit Concentrations (continued)**

The Corporation recorded net patient service revenues from patients and third-party payors as follows:

	<b>Year Ended June 30</b>	
	<b>2023</b>	<b>2022</b>
Medicare	<b>42%</b>	42%
Medicaid	<b>23</b>	24
Commercial insurance and HMOs	<b>30</b>	30
Self-pay and others	<b>5</b>	4
	<b>100%</b>	100%

**19. Certain Significant Risks and Uncertainties**

The Corporation provides general acute healthcare services in the state of Maryland. The Corporation and other healthcare providers in Maryland are subject to certain inherent risks, including the following:

- Dependence on revenues derived from reimbursement by the federal Medicare and state Medicaid programs;
- Regulation of hospital rates by the State of Maryland Health Services Cost Review Commission;
- Government regulation, government budgetary constraints, and proposed legislative and regulatory changes; and
- Lawsuits alleging malpractice and related claims.

Such inherent risks require the use of certain management estimates in the preparation of the Corporation's consolidated financial statements, and it is reasonably possible that a change in such estimates may occur.



# University of Maryland Medical System Corporation and Subsidiaries

## Notes to Consolidated Financial Statements (continued)

*(In Thousands)*

### **19. Certain Significant Risks and Uncertainties (continued)**

The Medicare and state Medicaid reimbursement programs represent a substantial portion of the Corporation's revenues, and the Corporation's operations are subject to a variety of other federal, state, and local regulatory requirements. Failure to maintain required regulatory approvals and licenses and/or changes in such regulatory requirements could have a significant adverse effect on the Corporation.

Changes in federal and state reimbursement funding mechanisms and related government budgetary constraints could have a significant adverse effect on the Corporation.

The healthcare industry is subject to numerous laws and regulations from federal, state, and local governments. The Corporation's compliance with these laws and regulations can be subject to periodic governmental review and interpretation, which can result in regulatory action unknown or unasserted at this time. Management is aware of certain asserted and unasserted legal claims and regulatory matters arising in the ordinary course of business, none of which, in the opinion of management, are expected to result in losses in excess of insurance limits or have a materially adverse effect on the Corporation's financial position.

The federal government and many states have aggressively increased enforcement under Medicare and Medicaid antifraud and abuse laws and physician self-referral laws (STARK law and regulation). Recent federal initiatives have prompted a national review of federally funded healthcare programs. In addition, the federal government and many states have implemented programs to audit and recover potential overpayments to providers from the Medicare and Medicaid programs. The Corporation has implemented a compliance program to monitor conformance with applicable laws and regulations, but the possibility of future government review and enforcement action exists.

### **20. Maryland Health Services Cost Review Commission**

Effective July 1, 2013, the Health System and the Health Services Cost Review Commission (HSCRC) agreed to implement the Global Budget Revenue (GBR) methodology for the following hospitals: Medical Center, ROI, UM Midtown, UM Baltimore Washington, UM Charles Regional, UM St. Joseph, UM Memorial, UM Dorchester, UM Chester River, Shore Emergency Center, UM Upper Chesapeake, UM Harford Memorial, UM Prince George's, and UM Laurel. The agreements will continue each year and on July 1 of each year thereafter; the agreements will renew for a

# University of Maryland Medical System Corporation and Subsidiaries

## Notes to Consolidated Financial Statements (continued) (In Thousands)

### **20. Maryland Health Services Cost Review Commission (continued)**

one-year period unless they are canceled by the HSCRC or by the Corporation. The agreements were in place for the years ended June 30, 2023 and 2022. The GBR model is a revenue constraint and quality improvement system designed by the HSCRC to provide hospitals with strong financial incentives to manage their resources efficiently and effectively in order to slow the rate of increase in healthcare costs and improve healthcare delivery processes and outcomes. The GBR model is consistent with the Corporation's mission to provide the highest value of care possible to its patients and the communities it serves.

The GBR agreements establish a prospective, fixed revenue base "GBR cap" for the upcoming year. This includes both inpatient and outpatient regulated services. Under GBR, a hospital's revenue for all HSCRC regulated services is predetermined for the upcoming year, regardless of changes in volume, service mix intensity, or mix of inpatient or outpatient services that occurred during the year. The GBR agreement allows the Corporation to adjust unit rates, within certain limits, to achieve the overall revenue base for the Corporation at year-end. Any overcharge or undercharge versus the GBR cap is prospectively subtracted from the subsequent year's GBR cap. Although the GBR cap is fixed each year, it does not adjust for changes in volume or service mix. The GBR cap is also adjusted annually for inflation, and for changes in payor mix and uncompensated care. The Corporation will receive an annual adjustment to its cap for the change in population in the Corporation's service areas. GBR is designed to encourage hospitals to operate efficiently by reducing excess utilization and managing patients in the appropriate care delivery setting. The HSCRC also may impose various other revenue adjustments, which could be significant in the future.

### **21. Subsequent Events**

The Corporation evaluated all events and transactions that occurred after June 30, 2023 and through October 24, 2023, the date the consolidated financial statements were issued. Other than described below, the Corporation did not have any material subsequent events during the period.

Effective August 30, 2023, all non-union Capital Region Pension Plan participants were spun off into a separate plan as part of the steps associated with the termination of this plan. UMMS initiated the plan termination process during the fiscal year ended June 30, 2023 and anticipates completion of the termination in calendar year 2024 (see Note 11).

# Supplementary Information

University of Maryland Medical System Corporation and Subsidiaries

Consolidating Balance Sheet by Division

(In Thousands)

June 30, 2023

	University of Maryland Medical Center & Affiliates	Rehabilitation & Orthopaedic Institute	Midtown	Baltimore Washington Medical System	Shore Regional	Charles Regional	St. Joseph Health	Upper Chesapeake	Capital Region	UM Health Plans	UMMS Foundation	Other	Eliminations	Consolidated Total
<b>Assets</b>														
Current assets:														
Cash and cash equivalents	\$ 81,704	\$ 11,261	\$ 29,341	\$ 22,751	\$ 59,726	\$ 16,702	\$ 10,779	\$ 29,844	\$ 3,533	\$ 146	\$ 8,685	\$ 249	\$ -	\$ 274,721
Assets limited as to use, current portion	67,049	-	-	-	-	-	-	-	-	-	-	-	-	67,049
Accounts receivable:														
Patient accounts receivable, net	301,089	17,027	33,133	57,583	48,802	18,965	55,748	50,993	54,019	-	-	-	(2,900)	634,459
Other	218,600	97	6,107	5,583	3,800	657	2,387	1,976	11,472	255	-	2,025	(160,416)	92,543
Inventories	61,332	1,783	3,900	6,780	4,266	1,676	5,078	8,656	6,999	-	-	311	-	100,781
Prepaid expenses and other current assets	30,737	263	392	456	660	145	1,088	540	1,261	-	-	-	-	35,542
Total current assets	760,511	30,431	72,873	93,153	117,254	38,145	75,080	92,009	77,284	401	8,685	2,585	(163,316)	1,205,095
Investments	625,038	49,234	4,775	203,410	181,127	29,896	20,210	351,208	3,077	-	22,987	-	-	1,490,962
Assets limited as to use, less current portion:														
Investments held for collateral	5,667	-	-	-	-	-	-	-	-	-	-	-	-	5,667
Debt service funds	68	-	-	-	-	-	-	-	-	-	-	-	-	68
Construction funds	117,094	11,000	-	6,738	34,358	7,191	-	101,740	20,550	-	-	-	-	298,671
Board designated and escrow funds	-	-	-	-	30,000	-	-	-	-	-	-	-	-	30,000
Self-insurance trust funds	229,515	-	-	-	3,183	-	-	-	-	-	-	-	-	232,698
Funds restricted by donor	-	-	1,155	-	42,572	705	20,600	13,265	-	-	51,941	-	-	130,238
Economic and beneficial interests in the net assets of related organizations	91,206	39,270	547	10,316	4,051	-	-	-	1,330	-	-	-	(93,390)	53,330
	443,550	50,270	1,702	17,054	114,164	7,896	20,600	115,005	21,880	-	51,941	-	(93,390)	750,672
Property and equipment, net	873,482	40,191	146,954	270,860	175,232	107,734	257,131	381,544	619,870	-	-	3,465	-	2,876,463
Investments in joint ventures and other assets	612,689	28,496	1,810	2,537	37,239	11,228	32,599	74,707	40,678	4,656	15,751	11,826	(180,145)	694,071
Total assets	\$ 3,315,270	\$ 198,622	\$ 228,114	\$ 587,014	\$ 625,016	\$ 194,899	\$ 405,620	\$ 1,014,473	\$ 762,789	\$ 5,057	\$ 99,364	\$ 17,876	\$ (436,851)	\$ 7,017,263
<b>Liabilities and net assets</b>														
Current liabilities:														
Trade accounts payable	\$ 141,188	\$ 9,236	\$ 13,706	\$ 16,571	\$ 15,059	\$ 11,767	\$ 19,579	\$ 26,117	\$ 36,355	\$ 551	\$ 546	\$ 3,347	\$ -	\$ 294,022
Accrued payroll and benefits	148,067	4,797	12,164	30,271	22,854	7,720	31,437	35,063	21,029	-	229	1,094	-	314,725
Advances from third-party payors	100,102	5,993	8,465	16,802	7,714	4,929	13,351	11,098	18,530	-	-	-	-	186,984
Lines of credit	80,000	-	-	-	-	-	-	-	-	-	-	-	-	80,000
Other current liabilities	104,452	944	4,463	4,342	6,113	2,662	7,376	7,549	65,782	73,255	6,852	38,827	(162,361)	160,256
Current portion of long-term debt	5,234	365	563	4,125	2,466	1,036	4,637	8,822	4,867	-	-	-	-	32,115
Total current liabilities	579,043	21,335	39,361	72,111	54,206	28,114	76,380	88,649	146,563	73,806	7,627	43,268	(162,361)	1,068,102
Long-term debt, less current portion	660,233	16,854	26,030	190,521	113,860	41,163	195,490	407,414	212,629	-	-	-	-	1,864,194
Other long-term liabilities	482,781	429	584	6,520	35,681	3,347	118,389	5,427	67,626	4,320	-	3,828	(181,100)	547,832
Interest rate swap liabilities	70,350	-	-	-	-	-	-	-	-	-	-	-	-	70,350
Total liabilities	1,792,407	38,618	65,975	269,152	203,747	72,624	390,259	501,490	426,818	78,126	7,627	47,096	(343,461)	3,550,478
Net assets:														
Without donor restrictions	1,451,129	120,708	115,714	307,546	369,800	121,252	(10,544)	496,090	331,123	(73,069)	25,718	(29,220)	-	3,226,247
With donor restrictions	71,734	39,296	46,425	10,316	51,469	1,023	25,905	16,893	4,848	-	66,019	-	(93,390)	240,538
Total net assets	1,522,863	160,004	162,139	317,862	421,269	122,275	15,361	512,983	335,971	(73,069)	91,737	(29,220)	(93,390)	3,466,785
Total liabilities and net assets	\$ 3,315,270	\$ 198,622	\$ 228,114	\$ 587,014	\$ 625,016	\$ 194,899	\$ 405,620	\$ 1,014,473	\$ 762,789	\$ 5,057	\$ 99,364	\$ 17,876	\$ (436,851)	\$ 7,017,263

University of Maryland Medical System Corporation and Subsidiaries

Consolidating Statement of Operations by Division

(In Thousands)

Year Ended June 30, 2023

	University of Maryland Medical Center & Affiliates	Rehabilitation & Orthopaedic Institute	Midtown	Baltimore Washington Medical System	Shore Regional	Charles Regional	St. Joseph Health	Upper Chesapeake	Capital Region	UM Health Plans	UMMS Foundation	Other	Eliminations	Consolidated Total
Operating revenue, gains and other support:														
Net patient service revenue	\$ 1,852,375	\$ 123,762	\$ 236,047	\$ 520,544	\$ 388,667	\$ 167,517	\$ 486,387	\$ 495,369	\$ 394,082	\$ –	\$ –	\$ 21,663	\$ (4,070)	\$ 4,682,343
State support	13,700	–	–	–	–	–	–	–	10,000	–	–	–	(10,000)	13,700
CARES Act – provider relief funds	–	–	–	–	–	248	–	–	730	–	–	–	–	978
Other revenue	1,103,695	2,905	33,388	6,079	6,471	2,316	9,066	13,841	12,930	–	–	16,627	(835,739)	371,579
Total operating revenue, gains, and other support	2,969,770	126,667	269,435	526,623	395,138	170,081	495,453	509,210	417,742	–	–	38,290	(849,809)	5,068,600
Operating expenses:														
Salaries, wages and fringe benefits	1,322,900	68,306	122,039	304,919	209,911	78,998	275,575	287,655	220,048	–	–	22,047	(219,010)	2,693,388
Expendable supplies	519,140	13,032	44,376	81,688	46,072	20,596	76,613	75,112	44,715	–	–	5,838	(2,723)	924,459
Purchased services	754,614	23,336	55,031	108,624	92,362	44,003	107,595	88,974	105,106	–	–	13,239	(624,430)	768,454
Contracted services	168,249	10,920	35,821	18,905	23,090	11,903	6,206	15,592	41,548	–	–	–	(3,646)	328,588
Depreciation and amortization	102,989	8,430	17,287	32,157	22,106	6,990	27,918	23,280	35,796	–	–	1,002	–	277,955
Interest expense	18,786	361	1,008	7,569	4,604	1,637	8,861	7,574	7,542	–	–	–	–	57,942
Total operating expenses	2,886,678	124,385	275,562	553,862	398,145	164,127	502,768	498,187	454,755	–	–	42,126	(849,809)	5,050,786
Operating income (loss) from continuing operations	83,092	2,282	(6,127)	(27,239)	(3,007)	5,954	(7,315)	11,023	(37,013)	–	–	(3,836)	–	17,814
Nonoperating income and expenses, net:														
Contributions	2,688	–	–	–	569	434	(156)	(1,407)	2,500	–	2,806	–	–	7,434
Equity in net income of joint ventures	1,333	–	–	–	330	518	1,978	522	473	–	–	55	–	5,209
Investment income	2,479	247	70	860	4,941	576	665	1,596	70	–	1,874	–	–	13,378
Change in fair value of investments	44,107	4,162	200	16,248	14,423	2,644	1,000	23,586	309	–	1,618	–	–	108,297
Change in fair value of undesignated interest rate swaps	35,020	–	–	–	–	–	–	–	–	–	–	–	–	35,020
Other nonoperating gains and losses	(6,898)	(75)	(1,795)	(4,975)	(1,031)	(1,993)	(2,158)	(2,208)	(1,667)	–	(3,084)	25	–	(25,859)
Total nonoperating income and expenses	78,729	4,334	(1,525)	12,133	19,232	2,179	1,329	22,089	1,685	–	3,214	80	–	143,479
Excess (deficiency) of revenues over expenses	\$ 161,821	\$ 6,616	\$ (7,652)	\$ (15,106)	\$ 16,225	\$ 8,133	\$ (5,986)	\$ 33,112	\$ (35,328)	\$ –	\$ 3,214	\$ (3,756)	\$ –	\$ 161,293

University of Maryland Medical System Corporation and Subsidiaries

Consolidating Balance Sheet – Obligated Group

(In Thousands)

June 30, 2023

	University of Maryland Medical Center & Affiliates*	Rehabilitation & Orthopaedic Institute	University of Maryland Midtown Campus	Baltimore Washington Medical Center, Inc.	Shore Health System, Inc.**	Chester River Medical Center	Charles Regional Medical Center	St. Joseph Medical Center	Upper Chesapeake Hospitals***	University of Maryland Capital Region Health****	UMMS Foundation	Eliminations	Obligated Group Total
<b>Assets</b>													
Current assets:													
Cash and cash equivalents	\$ 74,738	\$ 11,260	\$ 28,806	\$ 24,987	\$ 8,392	\$ 42,017	\$ 14,857	\$ 5,523	\$ 28,682	\$ 24	\$ 8,685	\$ –	\$ 247,971
Assets limited as to use, current portion	67,049	–	–	–	–	–	–	–	–	–	–	–	67,049
Accounts receivable:													
Patient accounts receivable, net	300,596	17,012	33,133	47,159	39,471	4,097	17,774	48,616	45,725	51,611	–	–	605,194
Other	221,563	97	2,929	38,176	25,663	1,096	1,013	2,781	977	11,357	–	(60,565)	245,087
Inventories	61,332	1,783	3,900	6,755	3,776	490	1,676	5,078	7,893	6,999	–	–	99,682
Prepaid expenses and other current assets	29,923	263	384	351	393	11	140	557	174	1,177	–	–	33,373
Total current assets	755,201	30,415	69,152	117,428	77,695	47,711	35,460	62,555	83,451	71,168	8,685	(60,565)	1,298,356
Investments	625,038	49,234	4,771	203,410	125,411	3,330	27,862	17,967	321,359	3,077	22,987	–	1,404,446
Assets limited as to use, less current portion:													
Investments held for collateral	5,667	–	–	–	–	–	–	–	–	–	–	–	5,667
Debt service funds	68	–	–	–	–	–	–	–	–	–	–	–	68
Construction funds	117,094	11,000	–	6,738	34,358	–	7,191	–	101,740	20,550	–	–	298,671
Board designated and escrow funds	–	–	–	–	25,000	5,000	–	–	–	–	–	–	30,000
Self-insurance trust funds	229,515	–	–	–	3,183	–	–	–	–	–	–	–	232,698
Funds restricted by donor	–	–	1,155	–	3,364	–	–	–	–	–	51,941	–	56,460
Economic interests in the net assets of related organizations	91,206	39,270	547	10,316	98,666	7,976	5,534	28,973	31,109	1,330	–	(93,390)	221,537
	443,550	50,270	1,702	17,054	164,571	12,976	12,725	28,973	132,849	21,880	51,941	(93,390)	845,101
Property and equipment, net	866,018	40,191	145,168	250,523	161,754	9,770	82,706	244,433	361,834	617,520	–	–	2,779,917
Investments in joint ventures and other assets	613,413	28,496	1,810	2,537	37,053	180	10,267	25,466	67,112	37,885	15,751	(180,144)	659,826
Total assets	\$ 3,303,220	\$ 198,606	\$ 222,603	\$ 590,952	\$ 566,484	\$ 73,967	\$ 169,020	\$ 379,394	\$ 966,605	\$ 751,530	\$ 99,364	\$ (334,099)	\$ 6,987,646
<b>Liabilities and net assets</b>													
Current liabilities:													
Trade accounts payable	\$ 141,155	\$ 9,234	\$ 13,622	\$ 13,866	\$ 11,597	\$ 2,224	\$ 11,341	\$ 17,472	\$ 23,806	\$ 34,582	\$ 546	\$ –	\$ 279,445
Accrued payroll and benefits	148,067	4,797	11,814	21,910	13,153	1,722	6,035	21,845	24,544	19,439	229	–	273,555
Advances from third-party payors	100,102	5,993	8,464	16,802	6,962	752	4,929	13,308	11,003	18,530	–	–	186,845
Lines of credit	80,000	–	–	–	–	–	–	–	–	–	–	–	80,000
Other current liabilities	104,299	944	4,443	3,978	5,357	536	2,405	6,881	19,504	64,921	6,852	(59,610)	160,510
Current portion of long-term debt	5,234	365	563	4,125	2,394	72	887	4,099	8,822	4,594	–	–	31,155
Total current liabilities	578,857	21,333	38,906	60,681	39,463	5,306	25,597	63,605	87,679	142,066	7,627	(59,610)	1,011,510
Long-term debt, less current portion	660,233	16,854	26,030	190,521	110,559	3,300	41,046	189,282	407,414	212,202	–	–	1,857,441
Other long-term liabilities	482,781	429	584	1,373	35,348	333	3,075	118,389	5,424	67,626	–	(181,099)	534,263
Interest rate swap liabilities	70,350	–	–	–	–	–	–	–	–	–	–	–	70,350
Total liabilities	1,792,221	38,616	65,520	252,575	185,370	8,939	69,718	371,276	500,517	421,894	7,627	(240,709)	3,473,564
Net assets:													
Without donor restrictions	1,439,265	120,694	110,658	328,061	335,770	58,904	99,302	(19,711)	434,978	324,800	25,718	–	3,258,439
With donor restrictions	71,734	39,296	46,425	10,316	45,344	6,124	–	27,829	31,110	4,836	66,019	(93,390)	255,643
Total net assets	1,510,999	159,990	157,083	338,377	381,114	65,028	99,302	8,118	466,088	329,636	91,737	(93,390)	3,514,082
Total liabilities and net assets	\$ 3,303,220	\$ 198,606	\$ 222,603	\$ 590,952	\$ 566,484	\$ 73,967	\$ 169,020	\$ 379,394	\$ 966,605	\$ 751,530	\$ 99,364	\$ (334,099)	\$ 6,987,646

\* Includes University of Maryland Medical System Corporation (Parent)

\*\* Includes both Memorial Hospital and Dorchester Hospital

\*\*\* Includes both Upper Chesapeake Medical Center and Harford Memorial Hospital

\*\*\*\* Includes Prince George's Hospital Center, Laurel Regional Hospital and Bowie Health Center

University of Maryland Medical System Corporation and Subsidiaries

Consolidating Statement of Operations and Changes in Net Assets Without Donor Restrictions – Obligated Group

(In Thousands)

Year Ended June 30, 2023

	University of Maryland Medical Center & Affiliates*	Rehabilitation & Orthopaedic Institute	University of Maryland Midtown Campus	Baltimore Washington Medical Center, Inc.	Shore Health System, Inc.**	Chester River Medical Center	Charles Regional Medical Center	St. Joseph Medical Center	Upper Chesapeake Hospitals***	University of Maryland Capital Region Health****	UMMS Foundation	Eliminations	Obligated Group Total
Operating revenue, gains and other support:													
Net patient service revenue	\$ 1,850,996	\$ 123,310	\$ 231,392	\$ 440,247	\$ 286,767	\$ 46,599	\$ 154,871	\$ 398,038	\$ 422,010	\$ 383,863	\$ –	\$ (5,509)	\$ 4,332,584
State support	13,700	–	–	–	–	–	–	–	–	10,000	–	(10,000)	13,700
Other revenue	1,103,242	2,894	31,387	3,707	8,036	1,404	1,744	4,483	5,277	12,023	–	(828,442)	345,755
Total operating revenue, gains, and other support	2,967,938	126,204	262,779	443,954	294,803	48,003	156,615	402,521	427,287	405,886	–	(843,951)	4,692,039
Operating expenses:													
Salaries, wages, and benefits	1,321,706	67,595	118,863	228,857	132,914	15,037	68,592	169,333	202,142	205,745	–	(219,010)	2,311,774
Expendable supplies	518,987	13,031	44,172	57,648	36,808	2,630	19,813	72,728	55,552	43,919	–	(2,723)	862,565
Purchased services	752,745	23,174	53,281	101,626	65,621	16,878	41,200	79,716	87,617	107,410	–	(622,218)	707,050
Contracted services	168,249	10,920	32,182	24,198	19,197	4,955	11,176	29,148	24,512	28,446	–	–	352,983
Depreciation and amortization	102,604	8,430	17,023	30,597	18,798	2,603	6,452	26,605	21,710	35,507	–	–	270,329
Interest expense	18,634	361	1,008	7,549	4,604	–	1,601	8,576	6,620	7,514	–	–	56,467
Total operating expenses	2,882,925	123,511	266,529	450,475	277,942	42,103	148,834	386,106	398,153	428,541	–	(843,951)	4,561,168
Operating income (loss)	85,013	2,693	(3,750)	(6,521)	16,861	5,900	7,781	16,415	29,134	(22,655)	–	–	130,871
Nonoperating income and expenses, net:													
Contributions	2,688	–	–	–	–	–	–	–	–	2,500	2,806	–	7,994
Equity in net income of joint ventures	1,333	–	–	–	330	–	485	1,978	–	–	–	–	4,126
Investment income	2,478	247	70	860	3,265	18	490	147	1,370	64	1,874	–	10,883
Change in fair value of investments	44,107	4,162	200	16,248	9,629	558	2,551	1,509	23,796	309	1,618	–	104,687
Change in fair value of undesignated interest rate swaps	35,020	–	–	–	–	–	–	–	–	–	–	–	35,020
Other nonoperating gains and losses	(6,897)	(76)	(1,795)	(4,195)	(423)	–	(1,106)	(854)	(1,768)	(1,594)	(3,084)	–	(21,792)
Total nonoperating income and expenses	78,729	4,333	(1,525)	12,913	12,801	576	2,420	2,780	23,398	1,279	3,214	–	140,918
Excess (deficiency) of revenues over expenses	163,742	7,026	(5,275)	6,392	29,662	6,476	10,201	19,195	52,532	(21,376)	3,214	–	271,789
Net assets released from restrictions used for purchase of property and equipment	–	–	–	–	–	–	–	–	–	–	9	–	9
Contributions	–	–	–	2,027	–	–	–	–	–	–	–	–	2,027
State support for capital	–	–	–	3,000	–	–	–	–	–	14,094	–	–	17,094
Change in economic and beneficial interest in the net assets of related organizations	992	–	–	–	6,327	378	–	–	–	–	–	–	7,697
Capital transfers (to) from member organization	(570,570)	6,399	47,306	(22,872)	(26,896)	1,609	1,226	(25,777)	(133,986)	(15,613)	(9)	551,749	(187,434)
Change in funded status of defined benefit pension plans	–	–	1,645	3,579	–	–	846	–	–	5,230	–	–	11,300
Other	1,351	–	–	–	–	246	–	–	–	–	366	–	1,963
Increase (decrease) net assets without donor restrictions	\$ (404,485)	\$ 13,425	\$ 43,676	\$ (7,874)	\$ 9,093	\$ 8,709	\$ 12,273	\$ (6,582)	\$ (81,454)	\$ (17,665)	\$ 3,580	\$ 551,749	\$ 124,445

\* Includes University of Maryland Medical System Corporation (Parent)

\*\* Includes both Memorial Hospital and Dorchester Hospital

\*\*\* Includes both Upper Chesapeake Medical Center and Harford Memorial Hospital

\*\*\*\* Includes Prince George's Hospital Center, Laurel Regional Hospital and Bowie Health Center

University of Maryland Medical System Corporation and Subsidiaries

Consolidating Balance Sheet – Hospital Format

(In Thousands)

June 30, 2023

	University of Maryland Medical Center	Rehabilitation & Orthopaedic Institute	University of Maryland Midtown Campus	Baltimore Washington Medical Center, Inc.	Shore Health System, Inc.	Chester River Medical Center	Charles Regional Medical Center	St. Joseph Medical Center	Upper Chesapeake Hospitals		University of Maryland Capital Region Health Hospitals	All Other Entities	Eliminations	Consolidated Total
									Medical Center	Harford Memorial				
<b>Assets</b>														
Current assets:														
Cash and cash equivalents	\$ 16,162	\$ 11,261	\$ 28,806	\$ 24,987	\$ 8,392	\$ 42,017	\$ 14,857	\$ 5,523	\$ 28,682	\$ –	\$ 24	\$ 94,010	\$ –	\$ 274,721
Assets limited as to use, current portion	–	–	–	–	–	–	–	–	–	–	–	67,049	–	67,049
Accounts receivable:														
Patient accounts receivable, net	300,596	17,027	33,133	47,159	39,471	4,097	17,774	48,616	37,704	8,021	51,611	32,150	(2,900)	634,459
Other	82,434	97	5,753	35,391	5,150	1,060	574	313	756	26,496	11,357	28,994	(105,832)	92,543
Inventories	52,360	1,783	3,900	6,755	3,776	490	1,676	5,078	6,398	1,495	6,999	10,071	–	100,781
Prepaid expenses and other current assets	1,949	263	384	351	393	11	140	557	136	38	1,177	30,143	–	35,542
Total current assets	453,501	30,431	71,976	114,643	57,182	47,675	35,021	60,087	73,676	36,050	71,168	262,417	(108,732)	1,205,095
Investments	427,327	49,234	4,771	203,410	125,411	3,330	27,862	17,967	205,538	115,821	3,077	307,214	–	1,490,962
Assets limited as to use, less current portion:														
Investments held for collateral	–	–	–	–	–	–	–	–	–	–	–	5,667	–	5,667
Debt service funds	–	–	–	–	–	–	–	–	–	–	–	68	–	68
Construction funds	126,018	11,000	–	6,738	34,358	–	7,191	–	101,740	–	20,550	–	(8,924)	298,671
Board designated and escrow funds	–	–	–	–	25,000	5,000	–	–	–	–	–	–	–	30,000
Self-insurance trust funds	–	–	–	–	3,183	–	–	–	–	–	–	229,515	–	232,698
Funds restricted by donor	–	–	1,155	–	3,364	–	–	–	–	–	–	125,719	–	130,238
Economic interests in the net assets of related organizations	91,206	39,270	547	10,316	98,666	7,976	5,534	28,973	31,109	–	1,330	–	(261,597)	53,330
	217,224	50,270	1,702	17,054	164,571	12,976	12,725	28,973	132,849	–	21,880	360,969	(270,521)	750,672
Property and equipment, net	623,515	40,191	145,168	250,523	161,754	9,770	82,706	244,433	305,084	56,750	617,520	339,049	–	2,876,463
Investments in joint ventures and other assets	170,816	28,496	1,810	2,537	37,053	180	10,267	25,466	61,388	5,724	37,885	498,841	(186,392)	694,071
Total assets	\$ 1,892,383	\$ 198,622	\$ 225,427	\$ 588,167	\$ 545,971	\$ 73,931	\$ 168,581	\$ 376,926	\$ 778,535	\$ 214,345	\$ 751,530	\$ 1,768,490	\$ (565,645)	\$ 7,017,263
<b>Liabilities and net assets</b>														
Current liabilities:														
Trade accounts payable	\$ 102,006	\$ 9,236	\$ 13,622	\$ 13,866	\$ 11,597	\$ 2,224	\$ 11,341	\$ 17,472	\$ 13,804	\$ 10,002	\$ 34,582	\$ 54,270	\$ –	\$ 294,022
Accrued payroll and benefits	95,429	4,797	11,814	21,910	13,153	1,722	6,035	21,845	20,053	4,491	19,439	94,037	–	314,725
Advances from third-party payors	100,102	5,993	8,464	16,802	6,962	752	4,929	13,308	8,919	2,084	18,530	139	–	186,984
Lines of credit	–	–	–	–	–	–	–	–	–	–	–	80,000	–	80,000
Other current liabilities	60,221	944	4,443	3,978	5,357	4,177	7,649	6,881	50,187	764	65,248	61,166	(110,759)	160,256
Current portion of long-term debt	12,136	365	563	4,125	2,394	72	887	4,099	8,822	–	4,594	–	(5,942)	32,115
Total current liabilities	369,894	21,335	38,906	60,681	39,463	8,947	30,841	63,605	101,785	17,341	142,393	289,612	(116,701)	1,068,102
Long-term debt, less current portion	560,458	16,854	26,030	190,521	110,559	3,300	41,046	189,282	384,541	22,873	212,202	106,528	–	1,864,194
Other long-term liabilities	19,172	429	584	1,373	35,348	333	3,075	118,389	4,227	1,197	67,626	477,179	(181,100)	547,832
Interest rate swap liabilities	–	–	–	–	–	–	–	–	–	–	–	70,350	–	70,350
Total liabilities	949,524	38,618	65,520	252,575	185,370	12,580	74,962	371,276	490,553	41,411	422,221	943,669	(297,801)	3,550,478
Net assets:														
Without donor restrictions	889,421	120,708	113,482	325,276	315,257	55,227	93,619	(22,179)	256,872	172,934	324,473	656,403	(75,246)	3,226,247
With donor restrictions	53,438	39,296	46,425	10,316	45,344	6,124	–	27,829	31,110	–	4,836	168,418	(192,598)	240,538
Total net assets	942,859	160,004	159,907	335,592	360,601	61,351	93,619	5,650	287,982	172,934	329,309	824,821	(267,844)	3,466,785
Total liabilities and net assets	\$ 1,892,383	\$ 198,622	\$ 225,427	\$ 588,167	\$ 545,971	\$ 73,931	\$ 168,581	\$ 376,926	\$ 778,535	\$ 214,345	\$ 751,530	\$ 1,768,490	\$ (565,645)	\$ 7,017,263



University of Maryland Medical System Corporation and Subsidiaries

Consolidating Statement of Operations – Hospital Format  
(In Thousands)

Year Ended June 30, 2023

	University of Maryland				Shore Health System, Inc.				Capital Region Hospitals							Consolidated Total				
	Medical Center		Rehabilitation & Orthopaedic Institute	University of Maryland Midtown Campus	Baltimore Washington Medical Center, Inc.	Memorial Hospital	Dorchester General	QAEC	Chester River Medical Center	Charles Regional Medical Center	St. Joseph Medical Center	Upper Chesapeake Hospitals			Capital Regional		Laurel Regional	Bowie Health Center	All Other Entities	Eliminations
	University Hospital	Shock Trauma Center										Medical Center	Harford Memorial	Capital Regional						
Operating revenue, gains and other support:																				
Net patient service revenue	\$ 1,632,360	\$ 218,636	\$ 123,762	\$ 231,392	\$ 440,247	\$ 259,938	\$ 20,005	\$ 6,824	\$ 46,599	\$ 154,871	\$ 398,038	\$ 319,582	\$ 102,428	\$ 339,335	\$ 27,603	\$ 16,925	\$ 350,400	\$ (6,602)	\$ 4,682,343	
State support	–	3,700	–	–	–	–	–	–	–	–	–	–	–	10,000	–	–	10,000	(10,000)	13,700	
CARES Act – provider relief funds	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	978	–	978	
Other revenue	244,605	315	2,905	31,387	3,707	7,298	551	187	1,404	1,744	4,483	4,542	735	11,990	33	–	1,091,393	(1,035,700)	371,579	
<b>Total operating revenue, gains, and other support</b>	<b>1,876,965</b>	<b>222,651</b>	<b>126,667</b>	<b>262,779</b>	<b>443,954</b>	<b>267,236</b>	<b>20,556</b>	<b>7,011</b>	<b>48,003</b>	<b>156,615</b>	<b>402,521</b>	<b>324,124</b>	<b>103,163</b>	<b>361,325</b>	<b>27,636</b>	<b>16,925</b>	<b>1,452,771</b>	<b>(1,052,302)</b>	<b>5,068,600</b>	
Operating expenses:																				
Salaries, wages, and benefits	705,563	82,035	68,306	118,863	228,857	115,757	10,721	6,436	15,037	68,592	169,333	146,412	55,730	184,835	14,855	6,055	916,072	(220,071)	2,693,388	
Expendable supplies	484,316	29,923	13,032	44,172	57,648	34,836	1,006	966	2,630	19,813	72,728	48,123	7,429	37,495	5,064	1,360	66,641	(2,723)	924,459	
Purchased services	389,719	50,115	23,336	53,281	101,626	58,157	5,915	1,549	16,878	41,200	79,716	61,366	26,251	83,605	17,752	6,053	421,043	(669,108)	768,454	
Contracted services	151,917	16,332	10,920	34,355	47,769	39,063	798	319	8,717	12,501	52,904	30,071	10,284	32,623	7,322	989	32,105	(160,400)	328,588	
Depreciation and amortization	87,647	7,264	8,430	17,023	30,597	15,187	3,394	217	2,603	6,452	26,605	17,611	4,099	33,785	277	1,445	15,319	–	277,955	
Interest expense	18,088	–	361	1,008	7,549	4,604	–	–	–	1,601	8,576	5,820	800	7,514	–	–	2,021	–	57,942	
<b>Total operating expenses</b>	<b>1,837,250</b>	<b>185,669</b>	<b>124,385</b>	<b>268,702</b>	<b>474,046</b>	<b>267,604</b>	<b>21,834</b>	<b>9,487</b>	<b>45,865</b>	<b>150,159</b>	<b>409,862</b>	<b>309,403</b>	<b>104,593</b>	<b>379,857</b>	<b>45,270</b>	<b>15,902</b>	<b>1,453,201</b>	<b>(1,052,302)</b>	<b>5,050,786</b>	
Operating income (loss)	39,715	36,982	2,282	(5,923)	(30,092)	(368)	(1,278)	(2,476)	2,138	6,456	(7,341)	14,721	(1,430)	(18,532)	(17,634)	1,023	(430)	–	17,814	
Nonoperating income and expenses, net:																				
Contributions	2,688	–	–	–	–	–	–	–	–	–	–	–	–	2,500	–	–	2,246	–	7,434	
Equity in net income of joint ventures	159	–	–	–	–	330	–	–	–	485	1,978	–	–	–	–	–	2,257	–	5,209	
Investment income	3,425	–	247	70	860	3,265	–	–	18	490	147	929	441	64	–	–	3,422	–	13,378	
Change in fair value of investments	33,219	–	4,162	200	16,248	9,629	–	–	558	2,551	1,509	15,036	8,760	309	–	–	16,116	–	108,297	
Change in fair value of undesignated interest rate swaps	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	35,020	–	35,020	
Other nonoperating gains and losses	(6,898)	–	(75)	(1,795)	(4,195)	(423)	–	–	–	(1,106)	(854)	(1,768)	–	(1,520)	(53)	(21)	(7,151)	–	(25,859)	
<b>Total nonoperating income and expenses</b>	<b>32,593</b>	<b>–</b>	<b>4,334</b>	<b>(1,525)</b>	<b>12,913</b>	<b>12,801</b>	<b>–</b>	<b>–</b>	<b>576</b>	<b>2,420</b>	<b>2,780</b>	<b>14,197</b>	<b>9,201</b>	<b>1,353</b>	<b>(53)</b>	<b>(21)</b>	<b>51,910</b>	<b>–</b>	<b>143,479</b>	
<b>Excess (deficiency) of revenues over expenses</b>	<b>\$ 72,308</b>	<b>\$ 36,982</b>	<b>\$ 6,616</b>	<b>\$ (7,448)</b>	<b>\$ (17,179)</b>	<b>\$ 12,433</b>	<b>\$ (1,278)</b>	<b>\$ (2,476)</b>	<b>\$ 2,714</b>	<b>\$ 8,876</b>	<b>\$ (4,561)</b>	<b>\$ 28,918</b>	<b>\$ 7,771</b>	<b>\$ (17,179)</b>	<b>\$ (17,687)</b>	<b>\$ 1,002</b>	<b>\$ 51,480</b>	<b>\$ –</b>	<b>\$ 161,293</b>	

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