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**HEALTH SERVICES COST REVIEW COMMISSION**

4160 PATTERSON AVENUE · BALTIMORE, MARYLAND 21215

Phone: 410-764-2605 Fax: 410-358-6217

Toll Free: 1-888-287-3229

www.hscrc.state.md.us

**464<sup>th</sup> MEETING OF THE HEALTH SERVICES COST REVIEW COMMISSION**

**EXECUTIVE SESSION**

**9:00 a.m.**

**January 13, 2010**

**1. Personnel and Legal Advice**

**PUBLIC SESSION OF THE**

**HEALTH SERVICES COST REVIEW COMMISSION**

**9:30 a.m.**

**1. Review of the Executive and Public Minutes of December 9, 2009**

**2. Executive Director's Report**

**3. Docket Status - Cases Closed**

2050A - University of Maryland Medical System

2051A - Johns Hopkins Health System

2052A - MedStar Health

2053A - Johns Hopkins Health System

2054A - Johns Hopkins Health System

2055R - Dorchester General Hospital

**4. Docket Status - Cases Open**

2056R - St. Mary's Hospital

2057R - Doctors Community Hospital

2058A - Johns Hopkins Health System

**5. Staff Draft Recommendation for Exclusion of Denied Cases from Hospital Charge Per Case**

**6. Staff Update on Special Audits of Hospital Financial Assistance and Credit and Collection Policy Compliance**

**7. Staff Update on Community Benefit Reporting Narrative Evaluation Criteria**

**8. Hearing and Meeting Schedule**

## Revised Commission Position on the Staff's One-Day Length of Stay Case Recommendation and Deliberation with the Hospital and Payer Industries

Given the concerns raised by the industry regarding the need to improve certain process issues at the HSCRC, the magnitude of the budget cuts imposed on the industry in 2010, and concerns raised by the hospital industry regarding the need for revised rate centers to appropriately charge for Observation cases, the Commission will delay consideration of the staff's recommendation to revise payment incentives related to "Short-stay" Cases in the Maryland hospital payment system.

The Commission hereby requests that staff and the hospital and payer industries undertake a concerted work effort over the next several months to negotiate in good faith a reasonable compromise proposal for modifications to the All-Payer Hospital Payment System to address issues associated with the most efficient and effective provision of care for Short-stay cases.

The proposal should, at a minimum, address the following issues:

**Development of an Appropriate Charging Structure for Observation Cases:** A revised rate structure should be developed, which allows for appropriate charging for Observation cases. This revised rate structure should be ready for implementation no later than July 1, 2010.

**Appropriate Payment Incentives:** A modified payment recommendation should be developed that provides sufficient (but not unreasonably punitive) financial incentives for hospitals to transition to the use of observation services for short-stay cases over a reasonable time-frame. The revised payment structure should also give consideration to situations where Maryland hospitals have been effective in reducing two and three-day length of stay cases.

**Sufficient Time for Transition:** Hospitals will require sufficient time to change their operations and respond to the new incentives to provide care for short-stay patients in an observation setting. As such the modified proposal should be implemented over sufficient time period to allow for a deliberate but reasonable transition to lower health care costs and more efficient provision of care by hospitals.

**Cost Savings to the Public:** While the Commission acknowledges the need for the development of an appropriate incentive structure and for the industry to have sufficient time to adjust to payment system changes designed to promote more effective and efficient care, it also recognizes the urgent need to reduce excess cost and inefficiency in the health care system. Given this need, any compromise proposal should be designed to achieve some reasonable magnitude of cost savings (to the public) and promote more efficient operation by hospitals. The Commission, however, believes the most appropriate way to realize such savings is in the context of the annual update factor, with any final rate incentives associated with one-day length of stay cases applied on a revenue-neutral basis.

**Allowance for Case Mix Change:** Hospitals that appropriately establish observation units and shift observation-eligible cases to these units will necessarily realize increases in measured case mix increases. Consideration should be given to appropriate adjustments to hospital case mix allowances to recognize reasonable measured case mix growth resulting from this practice.

**A Systematic Approach:** The compromise proposal should be developed in the context of other policy and payment changes and also designed to move the industry, in a systematic way, toward lower cost and more effective/efficient provision of care. Commission sees this approach as superior to the potentially contentious and costly payer/hospital specific method of case-by-case denials and appeal. The Commission and the payer and hospital industries should strive to address the short-stay issue prospectively and systematically. Staff should work deliberately with both public and private payers to achieve a systematic solution to this issue in lieu of other less-productive and more resource-intensive approaches.

**Impact on the Medicare Waiver:** Finally, consideration should be given to the impact of any final proposal on the Maryland Medicare waiver test, and ways in which any negative waiver impact can be minimized.

The Commission hopes that a small, but representative group of industry (hospital and payer) representatives and Commission staff can be assembled to address remaining issues, and that a compromise proposal (or an acceptable range of options) can be crafted and presented to the Commission in draft form no later than the April 2010 public Commission meeting. It is further anticipated that the amount of overall system savings associated with the one-day length of stay issue is best considered in the context of the HSCRC's Payment Workgroup and proposals for the update factor for FY 2011. The target implementation date for a modified one-day length of stay recommendation would be July 1, 2010, to apply to hospital rates for Fiscal 2011.

The public hearing on the original staff recommendation for Short-stay cases, scheduled for January 27<sup>th</sup>, will be postponed, pending the outcome of this alternative process.

**IN RE: THE APPLICATION FOR  
ALTERNATIVE METHOD OF RATE  
DETERMINATION  
JOHNS HOPKINS HEALTH  
SYSTEM  
BALTIMORE, MARYLAND**

**\* BEFORE THE MARYLAND HEALTH  
\* SERVICES COST REVIEW  
\* COMMISSION  
\* DOCKET: 2009  
\* FOLIO: 1868  
\* PROCEEDING: 2058A**

**Staff Recommendation**

**January 13, 2010**

## **I. INTRODUCTION**

Johns Hopkins Health System (“System”) filed an application with the HSCRC on December 23, 2009 on behalf of its member hospitals, Johns Hopkins Hospital, Johns Hopkins Bayview Medical Center, and Howard County General Hospital (the “Hospitals”) requesting approval to continue to participate in a re-negotiated global price arrangement with Aetna Health, Inc. for solid organ transplant services. The revised arrangement discontinues blood and bone marrow transplants covered under the prior arrangement. The Hospitals request that the Commission approve the arrangement for one year beginning January 1, 2010.

## **II. OVERVIEW OF APPLICATION**

The contract will be held and administered by Johns Hopkins HealthCare, LLC (“JHHC”), which is a subsidiary of the System. JHHC will continue to manage all financial transactions related to the global price contract including payments to the System hospitals and to bear all risk relating to regulated services associated with the contract.

## **III. FEE DEVELOPMENT**

The hospital portion of the global rates was developed by calculating mean historical charges for patients receiving the procedures for which global rates are to be paid. The remainder of the global rate is comprised of physician service costs. Additional per diem payments calculated for cases that exceed a specific length of stay outlier threshold were similarly adjusted.

## **IV. IDENTIFICATION AND ASSESSMENT OF RISK**

The Hospitals will submit bills to JHHC for all contracted and covered services. JHHC is responsible for billing the payer, collecting payments, disbursing payments to the Hospitals at their full HSCRC approved rates, and reimbursing the physicians. The System contends that the arrangement among JHHC, the Hospitals, and the physicians holds the Hospitals harmless from

any shortfalls in payment from the global price contract. JHHC maintains it has been active in similar types of fixed fee contracts for several years, and that JHHC is adequately capitalized to bear risk of potential losses.

## **V. STAFF EVALUATION**

The staff found that the actual experience under the prior arrangement for the last year's solid organ transplants has been favorable.

## **VI. STAFF RECOMMENDATION**

Based on the favorable experience in the last year, staff recommends that the Commission approve the Hospitals' application for an alternative method of rate determination for solid organ transplant services for a one year period beginning January 1, 2010. The Hospitals must file a renewal application annually for continued participation.

Consistent with its policy paper regarding applications for alternative methods of rate determination, the staff recommends that this approval be contingent upon the execution of the standard Memorandum of Understanding ("MOU") with the Hospitals for the approved contract. This document would formalize the understanding between the Commission and the Hospitals, and would include provisions for such things as payments of HSCRC-approved rates, treatment of losses that may be attributed to the contract, quarterly and annual reporting, confidentiality of data submitted, penalties for noncompliance, project termination and/or alteration, on-going monitoring, and other issues specific to the proposed contract. The MOU will also stipulate that operating losses under the contract cannot be used to justify future requests for rate increases.

## **AETNA GLOBAL PRICE ARRANGEMENT FOR SOLID ORGAN TRANSPLANTS**

### **Transplant Procedures**

Kidney - Live Donor - Adult

Kidney - Cadaveric - Adult

Pancreas (Pancreas after Kidney and Pancreas alone)

Simultaneous Pancreas Kidney - Living or Cadaveric Kidney

Lung (single and double) - Pediatric

Heart - Pediatric

**Draft Staff Recommendation on Excluding Denied Cases from the  
Commission's Charge per Case (CPC) Methodology**

Health Services Cost Review Commission  
January 13, 2010



## **Introduction**

This recommendation relates to recommended changes in what data are included in the Commission’s Charge per Case (CPC) methodology on a prospective basis. In particular, this document recommends modifications to the calculation of hospital Charge per Case (CPC) constraints to appropriately exclude denied cases from the Commission’s CPC Methodology in the establishment of approved hospital revenue. This recommendation does not specifically address the “One-day Length of Stay Case Issue” and related staff draft recommendation.

For purposes of this recommendation, “denied cases” refer to patients who were originally admitted to an inpatient unit, but after additional review (and any associated hospital appeal) it was determined that the decision to admit was not medically necessary. Denied cases may have length of stay of zero days, one day or more than one day.

## **Background**

### **Issues Relate to the Handling of Denied Cases in the HSCRC’s Charge per Case (CPC) Methodology**

During its review of Maryland hospital one-day LOS performance, staff became aware of an inaccuracy in the way in which most hospitals are reporting denied admissions (a majority of which are likely one-day stay cases) to the HSCRC. When an inpatient case (either a one-day stay or longer LOS case) is denied for payment purposes, hospitals are not paid for some or all services rendered. In many cases payment is denied for charges related to the admission – admission charge, average daily charge, but hospitals are still paid for emergency room services and ancillary services associated with the case. Under these circumstances, hospitals must account for the denied payments as a contractual allowance and not included in a hospital’s CPC. In some circumstances, hospitals have the ability to self-disallow one-day cases, in the expectation that payers will not pay for these cases on an inpatient basis.<sup>1</sup> Denied cases by definition are not inpatient services, and the charges associated with these cases should not be reported to the HSCRC as inpatient revenue, eligible for the Commission’s CPC methodology.

It appears, however, that many hospitals have inappropriately been including these cases in the data they report to the HSCRC for the calculation of the hospitals’ approved CPC. The implication of this is that the reporting of these denied cases as inpatient admissions inappropriately allows the hospital to generate full “DRG- weight” credit for the denied cases. Under the HSCRC’s “hybrid” rate setting structure, hospitals are paid on the basis of billed charges, the revenue they ultimately are allowed to “keep” during the course of the year is determined by the allowed relative revenue weight (or “credit) associated with each Diagnostic Relate Group (DRG) for each inpatient case. Providing DRG-weights or

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<sup>1</sup> Per Medicare conditions of participation, acute care hospitals must initiate a utilization review (UR) infrastructure that provides for review of services furnished by that hospital and medical staff for Medicare patients. A UR review committee must be established by the hospital to carry out UR review for Medicare patients. The UR infrastructure must provide for review of Medicare and Medicaid patients with respect to the medical necessity of:1) admission to the institution; 2) duration of stays; and 3) professional services furnished. If a particular case does not meet Medicare criteria for medical necessity, the UR committee may in effect self-deny that case. The hospital will then not receive payment for inpatient services rendered on that case.

credits for cases that were ultimately determined to be improperly admitted gives the hospitals the ability to improperly raise their unit rates to all other payers to generate the disallowed revenue associated with their denied cases.

To further understand the extent to which hospitals were inappropriately submitting denied cases for CPC compliance purposes, the HSCRC staff recently requested that hospitals provide a report of denied cases for FY 2009. Although staff has concerns about the accuracy and consistency of reporting of these cases (note the wide variation in the percent of total cases that are denied – ranging from 0.02% to 2.89%) in this preliminary 2009 report, it does appear that approximately 4,300 cases were denied in FY 2009 (either by payers or self-disallowed by hospitals on an annualized basis). Staff also has received the same data for the first quarter of FY 2010 as shown below.

**Table 1**

**Denied (Reported) Cases FY 2009 & 1st Qtr. FY 2010**

	Cases	Charges	Average Chg/Case	Pct of Total Cases	First Qtr of FY 2010		Pct of Total Cases
					Cases	Dollars	
Washington County Hospital	62	\$261,011	\$4,210	0.36%	44	97,599	1.03%
University of Maryland Hospital	173	\$956,416	\$5,528	0.66%	93	487,396	1.43%
Prince Georges Hospital Center	56	\$348,494	\$6,223	0.36%	8	48,519	0.21%
Holy Cross Hospital	71	\$410,649	\$5,784	0.20%	19	138,237	0.22%
Frederick Memorial Hospital	84	\$461,506	\$5,494	0.45%	16	60,709	0.34%
Harford Memorial Hospital	34	\$128,171	\$3,770	0.47%	4	8,523	0.22%
St. Joseph Medical Center	75	\$441,238	\$5,883	0.30%	12	108,359	0.19%
Mercy Medical Center	216	\$806,582	\$3,734	1.07%	53	193,694	1.05%
Johns Hopkins Hospital	172	\$1,254,827	\$7,296	0.41%	30	224,386	0.29%
Dorchester General Hospital	4	\$20,030	\$5,008	0.12%	1	2,327	0.12%
St. Agnes Hospital	393	\$2,113,075	\$5,377	1.79%	97	464,155	1.77%
Sinai Hospital	93	\$621,476	\$6,683	0.36%	16	80,297	0.25%
Bon Secours Hospital	28	\$165,656	\$5,916	0.44%	8	64,762	0.50%
Franklin Square Hospital Center	93	\$385,488	\$4,145	0.32%	32	139,187	0.44%
Washington Adventist Hospital	18	\$125,441	\$6,969	0.10%	27	260,110	0.58%
Garrett County Memorial Hospital	23	\$74,153	\$3,224	0.90%	4	22,960	0.62%
Montgomery General Hospital	107	\$672,360	\$6,284	1.03%	12	146,455	0.46%
Peninsula Regional Medical Cente	125	\$718,403	\$5,747	0.56%	52	313,664	0.93%
Suburban Hospital	177	\$1,387,356	\$7,838	1.27%	30	209,357	0.86%
Anne Arundel Medical Center	251	\$1,161,530	\$4,628	0.87%	25	123,306	0.35%
Union Memorial Hospital	25	\$188,884	\$7,555	0.13%	20	360,084	0.40%
Memorial of Cumberland	6	\$27,212	\$4,535	0.07%	1	2,909	0.05%
Braddock-Sacred Heart Hospital	12	\$61,602	\$5,134	0.13%	2	7,571	0.09%
St. Mary's Hospital	38	\$350,446	\$9,222	0.36%	12	44,894	0.46%
Johns Hopkins Bayview Medical C	435	\$2,446,514	\$5,624	2.06%	39	153,212	0.74%
Chester River Hospital Center	37	\$155,277	\$4,197	1.08%	2	9,338	0.23%
Union of Cecil	158	\$535,498	\$3,389	1.84%	40	151,433	1.86%
Carroll Hospital Center	473	\$1,514,191	\$3,201	2.89%	116	409,426	2.83%
Harbor Hospital Center	61	\$254,198	\$4,167	0.42%	38	195,544	1.05%
Civista Medical Center	54	\$163,843	\$3,034	0.68%	14	56,904	0.70%
Memorial Hospital at Easton	22	\$105,637	\$4,802	0.21%	6	23,753	0.23%
Maryland General Hospital	109	\$546,985	\$5,018	0.93%	29	81,882	0.99%
Calvert Memorial Hospital	135	\$540,213	\$4,002	1.57%	29	91,809	1.35%
Northwest Hospital Center	56	\$238,716	\$4,263	0.47%	8	24,956	0.27%
Baltimore Washington Medical Ce	66	\$370,951	\$5,620	0.37%	31	170,013	0.69%
GBMC	44	\$310,715	\$7,062	0.17%	48	265,214	0.76%
McCready Memorial Hospital	2	\$11,185	\$5,593	0.35%	2	7,562	1.42%
Howard County General Hospital	79	\$350,176	\$4,433	0.48%	29	117,994	0.70%
Upper Chesapeake Medical Center	37	\$115,711	\$3,127	0.22%	3	40,078	0.07%
Doctors Community Hospital	55	\$538,004	\$9,782	0.50%	5	53,389	0.18%
Southern Maryland Hospital Cente	55	\$226,323	\$4,115	0.31%	8	25,049	0.18%
Laurel Regional Hospital	25	\$206,961	\$8,278	0.38%	2	12,683	0.12%
Good Samaritan Hospital	9	\$58,177	\$6,464	0.06%	5	21,214	0.12%
Shady Grove Adventist Hospital	6	\$54,766	\$9,128	0.02%	3	23,465	0.05%
James Lawrence Keman Hospital	0	\$0	\$0	0.00%	5	52,747	0.78%
Fort Washington Medical Center	33	\$191,898	\$5,815	1.22%	11	48,285	1.63%
Atlantic General Hospital	41	\$223,963	\$5,463	1.21%	26	313,926	3.07%
<b>State Totals</b>	<b>4,293</b>	<b>\$22,101,349</b>	<b>\$5,148</b>	<b>0.59%</b>	<b>1,091</b>	<b>5,645,412</b>	<b>0.60%</b>

**Table 1** above, provides a summary by hospital for those two time-frames. Staff estimates that the improper reporting of these denied cases in the monthly HSCRC data resulted in the generation of unintentional rate capacity for Maryland hospitals in excess of \$30 million per year. This denied case report is now a mandated report by the HSCRC. The HSCRC will receive quarterly reports on all denied cases for each subsequent quarter.

### Creation of “Rate Capacity” for Denied Cases

As noted, under the HSCRC’s hybrid payment system, hospitals are paid at discharge on a fee-for-service basis for all facility-related charges. Thus, the payment received by the hospital for any given allowed case will be a function of the HSCRC-approved unit rates times the units of service by rate center for that case. **Figure 1** is an example of a sample bill (and payment) for a hypothetical case that was subsequently denied by a payer or self-disallowed by the hospital. Based on the resources used by this patient, the hospital initially charged \$5,100 for this case at the time of discharge. Given this case was ultimately denied – the hospital may receive zero payment or payment only for emergency and ancillary services (inpatient admission and daily charges being withheld by the payer).

However, because this case was ultimately assigned to a Diagnostic Related Group (“DRG”) that on average had charges of \$7,700 per case, the hospital gets “credit” to its overall “approved revenue” (revenue it is allowed to charge to all patients through the course of the year). This credit is factored in during the year when the HSCRC staff determines the hospital’s overall CPC constraint and “approved revenue” (i.e., what amount of revenue the hospital charged patients during the year that it ultimately gets to keep). Hospitals who realize more DRG-credits can then raise their unit rates to all patients to generate their needed and approved revenue.

Figure 1

#### Example of a Hospital Bill for a Denied Case

Rate Center	Approved Rate		Units of Service		
Emergency Room	\$35.00	X	15 RVUs	=	\$525
Admission Charge	\$175.00	X	1 Per Pt.	=	\$175
Medical Surgical Unit	\$1,000.00	X	1 Day	=	\$1,000
Laboratory	\$7.50	X	52 RVU	=	\$390
Blood	114	X	5 CAPS	=	\$570
Radiology Diagnostic	\$18.00	X	15 RVU	=	\$270
Supplies	\$1,700.00	X	1 Per Pt.	=	\$1,520
<u>Drugs</u>	<u>\$950.00</u>	X	<u>1 Per Pt.</u>	=	<u>\$650</u>
Total Bill					\$5,100
Actual Payments to the hospital (ancillary and ER charges only)					\$2,405

Note: case assigned to DRG 100 which carries an average DRG weight of 0.77 if the average Maryland hospital case (index of 1.0) has a charge of \$10,000, this hospital ultimately gets DRG "credit" of 0.77 x \$10,000 = \$7,700.

In this circumstance, although the hospital received payments of \$2,405 associated with the non-denied services for this case, the hospital simultaneously generates the ability to raise its rates to all payers by \$7,700 and then receive this additional revenue during the course of the year through higher unit rates charged to all payers. This additional revenue is referred to as “rate capacity.” The implication of this circumstance is that all payers are made to pay for cases that were deemed medically unnecessary and denied as an inpatient case (as shown above).

### **Staff Position Regarding Denied Cases and the CPC**

*Denied Cases are by definition not eligible for the HSCRC’s CPC and by including these cases in monthly revenue and volume data hospitals have been submitting substantially inaccurate reports to the HSCRC.*

Maryland hospitals have been erroneously and inaccurately submitting monthly revenue and volume reports to the HSCRC. These reports are the basis for determining each hospital’s Charge per Case constraint and ultimately their overall approved inpatient revenue. Submission of cases that were denied payment (based on a finding of medical necessity) represents inaccurate reporting on the part of Maryland hospitals. Denied cases are by definition not inpatient cases and thus not eligible for the CPC. The submission of these inaccurate monthly revenue and volume reports to the HSCRC has resulted in the generation of excessive charging capacity.

Staff also believes that the policy rationale for excluding these cases from a hospital’s CPC is equally clear. Hospitals with cases that have been denied based on medical necessity determinations should not have the ability to recoup these lost amounts by charging higher rates to all payers.

*Hospitals are subject to fines associated with inaccurate reporting of the cases to the HSCRC.*

The inaccurate submission of monthly revenue and volume reports to the HSCRC has likely been occurring for a number of years. The collection of denied case data for FY 2009 (see table 1 above) indicates that most, if not all hospitals have been inaccurately reporting denied cases as inpatient cases eligible for the CPC. The HSCRC has statutory authority to impose fines on hospitals for delinquent and inaccurate reporting. The staff believes that hospitals that have submitted these inaccurate reports could be subject to fines of \$250 per day from the time these reports were due to the HSCRC. Staff has evidence of inaccurate reporting for FY 2009 as noted. Reports pertaining to years prior to FY 2009 may also be subject to HSCRC fining authority.

*Cases admitted inappropriately will be a focus for the RAC audit review by the Centers for Medicare and Medicaid Services.*

Given the data presented above and based on discussions with CMS and RAC personnel, Maryland hospitals may be vulnerable to penalties and other sanctions if they have not been following CMS guidelines regarding the organization and implementation of a case review and self-disallowing

infrastructure per CMS requirements. Review of hospitals practice and experience in this area will be the subject of the Recovery Audit Contractor (RAC) review later this Fiscal year. Additionally, the RAC review will likely focus on the ability of hospitals to charge Medicare (directly or indirectly) for denied cases (as they have inappropriately been doing historically by submitting denied cases to the HSCRC as CPC eligible cases).

These and other activities are likely to become increasingly aggressive as the federal government looks for more ways to lower health care costs and generate savings to help offset the projected insolvency of the Medicare Trust Fund in 2017. The RAC audit activities thus are expected to continue in future year however, and hospitals will be forced to respond to RAC denial recommendations and potential payment reductions. These determinations will likely spawn considerable expenditure of effort to appeal RAC payment cuts resulting in a further unnecessary expenditure of resource. Staff believes a better way to reduce unnecessary admissions moving forward would be through a change in overall hospital financial incentives through the rate setting mechanisms of the HSCRC.

## **Staff Proposals**

### **Proposed Method to Adjust CPC for Denied Cases**

As noted, under the HSCRC's CPC rate methodology, denied cases have been reported to the Commission in the HSCRC's monthly revenue and volume reports and case mix data tape, resulting in higher than appropriate overall charges to the paying public. Staff believes that medical necessity decisions should be upheld (particularly since hospitals have access to an elaborate appeals and grievance process through the Maryland Insurance Administration). The public should not be forced to pay for these cases if they have legitimately been determined to be unnecessary.

As discussed, staff has instituted a reporting (and auditing) system to collect data, on the number of denied cases experienced by hospitals (after any appeals process has been exhausted). These cases should be removed from the hospitals' Charge per Case compliance data and the full DRG-weights associated with each case should be removed from each hospital's approved CPC and approved overall inpatient revenue.

Given that a majority of these cases are likely either zero or one-day LOS cases, and the average DRG weight (full "charge capacity") associated with an average denied case is approximately \$7,500 per case, it anticipated that the removal of full DRG weights associated with denied cases will reduce hospital approved revenues by in excess of \$30 million annually. Hospitals of course can make up for some of this lost revenue in future years by treating some or most of these cases on an outpatient observation basis.

Similar reporting will be accomplished on a quarterly basis in FY 2010. If approved by the Commission, this policy will result in the removal of all FY 2010 denied cases from the CPC and approved hospital revenue on a permanent basis. The intent of this policy is to treat the denied case as if it never occurred in the first place.

## **Treatment of Denied Cases in CPC Settlement**

When calculating each hospital's charge per case compliance for fiscal year 2010, the staff will need to make the following adjustments. These adjustments are meant to treat denied cases as if they never existed:

- 1) staff will identify the denied cases from data provide by each hospital to the Commission;
- 2) staff will remove these cases and actual charges associated with these cases from the case mix tape;
- 3) staff will recalculate the hospital's case mix index based on remaining revenue and cases;
- 4) the revised case mix index will be used to adjust each hospital approved CPC target;
- 5) the adjusted CPC target will be multiplied by the number of cases to arrive at approved revenue allowed under the CPC;
- 6) staff will remove the actual denied cases and the associated charges from the financial data used to calculate the final CPC reward or penalty;
- 7) staff will remove the actual units and revenue from the approved revenue for the following year.

## **Recommendations:**

Based on the above analysis, and given the current and urgent need to reduce waste and inefficiency in the health care system overall, staff is making the following recommendation:

1. For rate year FY 2010 (on a prospective basis, effective the first day of the month in which this recommendation is acted up by the HSCRC), all denied cases and associated DRG-weights should be accounted for and removed from the calculation of each hospital's approved Charge per Case and Approved Revenue. Hospital approved CPC and approved revenue should be reduced on a permanent basis (prospectively) by each hospital's quarterly report of denied cases and the associated DRG weights of these cases. Staff will link the reported denied cases to the case mix data (to determine the associated DRG weight of each case) and remove the case and revenue from each hospital's financial data (used for calculation of CPC compliance);
2. Staff should include in the HSCRC's special audit activity, procedures to review the accuracy and consistency of hospitals' submission of denied case data to the HSCRC.
3. The HSCRC should assess fines for rate year FY 2010 (prospectively, based on the date of Commission action related to this recommendation) on hospitals who inaccurately reported inpatient admission cases (that were subsequently denied on the basis of a medical necessity review) to the HSCRC for the purposes of calculating that hospital's CPC constraint and are the basis for that hospital's approved inpatient revenue.

## **Summary of HSCRC FY 2009 Audit of Financial Assistance Policies, Collection Policies and Status of Recoveries**

### **Overview**

House Bill 1069, enacted during the 2009 Legislative Session of the Maryland General Assembly, mandates that the Health Services Cost Review Commission (HSCRC) review each hospital's implementation of, and compliance with, the information sheet and hospital collections requirements outlined in the legislation. Prior to the enactment of the legislation, the HSCRC conducted a special audit of hospital's compliance with financial assistance and collection policies. The audit was undertaken in three areas – Financial Assistance policies, Credit and Collection Policies, and Bad Debt Recoveries

The HSCRC issued special audit questions for each category; the hospitals' independent auditors administered the audits; and, the findings were reported to the HSCRC. The results of the special audit were reported to the Financial Assistance and Debt Collection Work Group established under House Bill 1069.

Following the implementation of the initial special audit, the survey has been part of the regular annual filing procedures. This report summarizes the findings of the annual filings submitted by 40 of 47 the acute care hospitals with fiscal years ending on June 30, 2009. For the purposes of this audit, one hospital has requested an extension; therefore, the results reflect the submissions of 39 hospitals.

### **Financial Assistance**

HB 1069 requires hospitals to post conspicuous notices describing their financial assistance policies and how to apply for free or reduced care. The bill also requires hospitals to develop a financial assistance policy for providing free and reduced-cost care to certain patients. The audit was designed to:

- Determine whether such notices are posted;
- Describe the content of the notices and where they are posted; and
- Determine, based on a random sample of 50 cases during the period between April 1 through June 30, 2009, the number and percentage of cases where the financial assistance policy was followed.

The Audit results show:

- Independent auditors reporting that all June 30 hospitals posted notices conspicuously at the hospital

- The independent auditors for the June 30 hospitals unanimously conveying that they properly posted their financial assistance policies, with one hospital did not summarizing what was on the posting
- Of the 39 audits:
  - 24 (61%) complied with their financial assistance policies 75% of the time or more;
  - 8 (21%) complied with their financial assistance policies between 25% and 75% of the time; and
  - 7 (18%) complied with their financial assistance policies 24% of the time or less.
- 15 (38%) of the hospitals complied between 98% and 100% of the time, while 5 (12%) complied between 0%-2% of the time.
- According to the audit findings, hospitals frequently deviate from their financial assistance policies. Reasons for deviation include:
  - Approving eligibility without required documentation;
  - Providing more assistance than eligible for under the policy;
  - Granting patient's assistance without completed or signed application;
  - Granting patient's assistance without management approval.

### **Credit and Collection Policies**

HB 1069 also sets forth various standards and requirements for hospital collection policies. The audit questions require the auditors to report on the number of cases and the percentage of the time that hospital collection policies were followed, as well as examples of why there were deviations from these policies. The audit also asked for the number and percentage of cases where patients were granted Medicaid eligibility, but yet the collection process was initiated. Auditors were required to select a random sample of 50 cases during FY 2009.

The audit found that of the 39 hospitals reporting:

- 30 (77%) complied with their collection policies 75% of the time or more;
- 5 (13%) complied with their collection policies between 25% and 75% of the time; and
- 4 (10%) complied with their collection policies 24% of the time or less.



- 24 (62%) of the hospitals complied between 98% and 100% of the time, while 1 hospital (3%) complied between 0%-2% of the time.
- According to audit findings, examples of reasons for deviation from collection policies include:
  - Billing statements sent too early;
  - Accounts sent to collection agency earlier than policy stated;
  - Accounts transferred to bad debt too early;
  - External Collection agency did not send required number of notices;
  - Poor documentation of collection activity;
  - Account not approved by appropriate personnel before being assigned as bad debt;

### **Recoveries**

Maryland hospitals are required to reduce bad debt by the amount of any recoveries. Auditors were asked for the number and percentage of cases (based on a 50 case random sample between April 1 and June 30, 2009) where uncompensated care was reduced by the full amounts recovered (and where the recovered amount was not reduced by collection agency fees or expenses). According to the audit results, almost all gross recoveries were reduced from bad debts. Overall, there were 21 cases at 2 hospitals where there was insufficient documentation to determine whether the full amount of the recoveries was applied to bad debt.

Financial Assistance/ DebT Collection Results of 2008 Special Audit and 2009 Regular Audit

percentage of cases in compliance	46 hospitals reporting Sept. 1-Dec. 31 2008	39 hospitals reporting April - June 2009
Financial Assistance		
75%+	49%	61%
25% to 75%	21%	21%
0 to 25%	30%	18%
98% - 100%	38%	38%
0-2%	25%	12%
Debt Collections		
75%+	74%	77%
25% to 75%	13%	13%
0 to 25%	13%	10%
98% - 100%	37%	62%
0-2%	2%	3%

COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

FY 2009 – Mandatory

FY 2008 - Optional

October 30, 2008

Health Services Cost Review Commission  
4160 Patterson Avenue  
Baltimore MD 21215

## BACKGROUND

The Health Services Cost Review Commission's (HSCRC or Commission) Community Benefit Report, required under §19-303 of the Health General Article, Maryland Annotated Code, is the Commission's method of implementing a law that addresses the growing interest in understanding the types and scope of community benefit activities conducted by Maryland's nonprofit hospitals.

The Commission's response to the legislation was to establish a reporting system for hospitals to report their community benefits activities. The guidelines and inventory spreadsheet rely in large part on the VHA, CHA, and Lyon software community benefits reporting experience, which was then tailored to fit Maryland's unique regulated environment. The narrative requirement is intended to strengthen and supplement the qualitative and quantitative information that hospitals have reported in the past. The narrative is focused on (1) how hospitals determined the needs of the communities they serve, (2) initiatives undertaken to address those needs, and (3) evaluations undertaken regarding the effectiveness of the initiatives.

### **Reporting Requirements**

Narrative Reporting Instructions:

1. What is the licensed bed designation and number of inpatient admissions for this fiscal year at your facility?
2. Describe the community your organization serves. The narrative should address the following topics: (*The items below are based on IRS Schedule H, Part V, Question 4*).
  - Describe the geographic community or communities the organization serves;
  - Describe significant demographic characteristics that are relevant to the needs that the hospital seeks to meet. (e.g., population, average income, percentages of community households with incomes below the federal poverty guidelines, percentage of the hospital's patients who are uninsured or Medicaid recipients, [concentrations of vulnerable populations] and life expectancy or mortality rates);
3. Identification of Community Needs:
  - a. Describe the process(s) your hospital used for identifying the health needs in your community, including when it was most recently done (*based on IRS Schedule H, Part V, Question 2*).

***The following are examples of how community health needs might have been identified:***

- Used formal needs assessment developed by the state or local health department. If so, indicate the most recent year;

- Formal needs assessment was done by the hospital. If so, indicate the most recent year and the methods used;
- Did formal collaborative needs assessment involving the hospital. If so, indicate the most recent year, the collaborating organizations, and methods used;
- Analyzed utilization patterns in the hospital to identify unmet needs;
- Surveyed community residents, and if so, indicate the date of the survey;
- Used data or statistics compiled by county, state, or federal government;
- Consulted with leaders, community members, nonprofit organizations, local health officers, or local health care providers (indicate who was consulted, when, and how many meetings occurred, etc.);

b. In seeking information about community health needs, did you consult with the local health department?

4. Please list the major needs identified through the process explained question #3.
5. Who was involved in the decision making process of determining which needs in the community would be addressed through community benefits activities of your hospital?
6. Do any major Community Benefit program initiatives address the needs listed in #4, and if so, how?
7. Please provide a description of any efforts taken to evaluate or assess the effectiveness of major Community Benefit program initiatives.

**For example:** for each major initiative where data is available, provide the following:

- a. Name of initiative:
- b. Year of evaluation:
- c. Nature of the evaluation: (i.e., what output or outcome measures were used);
- d. Result of the evaluation (was the program changed, discontinued, etc.); or
- e. If no evaluation has been done, does the hospital intend to undertake any evaluations in the future and if so, when?

8. Provide a written description of gaps in the availability of specialist providers, including outpatient specialty care, to serve the uninsured cared for by the hospital.

9. If you list Physician Subsidies in your data, please provide detail.

**To Be Attached as Appendices:**

1. Describe your Charity Care policy (*taken from IRS Schedule H, Part V, Question 3*):

- a. Describe how the hospital informs patients and persons who would otherwise be billed for services about their eligibility for assistance under federal, state, or local government programs or under the hospital's charity care policy. (label appendix 1)

For ***example***, state whether the hospital:

- posts its charity care policy, or a summary thereof, and financial assistance contact information in admissions areas, emergency rooms, and other areas of facilities in which eligible patients are likely to present;
- provides a copy of the policy, or a summary thereof, and financial assistance contact information to patients or their families as part of the intake process;
- provides a copy of the policy, or summary thereof, and financial assistance contact information to patients with discharge materials;
- includes the policy, or a summary thereof, along with financial assistance contact information, in patient bills; and/or
- discusses with patients or their families the availability of various government benefits, such as Medicaid or state programs, and assists patients with qualification for such programs, where applicable.

- b. Include a copy of your hospital's charity care policy (label appendix 2).

2. Describe the hospital's mission, vision, and value statement(s) (label appendix 3).
  - a. Attach a copy of the statement (label appendix 4).

**Community Benefit Reporting Narrative Evaluation Criteria –Revised December 17, 2009**

**HSCRC Assessment Tool to be used for educational purposes for FY2009 CBR reporting period.**

Hospital Name: \_\_\_\_\_

Point Total: \_\_\_\_\_ out of 100 pts

**Background – total 10 pts**

1. What is the licensed bed designation and number of inpatient admissions for this fiscal year at your facility?
  - a. Is the bed designation listed?  
 Yes (2 pts)  
 No (0 pts)
  - b. Is the number of Inpatient admissions listed?  
 Yes (2 pts)  
 No (0 pts)
2. Describe the community your organization serves. *[based on IRS Schedule H, Part V, Question 4]*
  - a. Is the geographic community(s) described?  
 Yes (3 pts)  
 No (0 pts)
  - b. Are the significant demographic characteristics that are relevant to the needs that the hospital seeks to meet described? (e.g., population, average income, percentages of community households with incomes below the federal poverty guidelines, percentage of the hospital's patients who are uninsured or Medicaid recipients, [concentrations of vulnerable populations] and life expectancy or mortality rates)  
 Yes (3 pts)  
 No (0 pts)

**Identification of Needs - total 30 pts**

3. Identification of Community Needs:
  - a. Is the process(s) used for indentifying the health needs in the community described? *[Based on IRS Schedule H, Part V, Question 2]*  
 Yes (10 pts)  
 No (0pts)

Is the date of the most recent identification process included?

 Yes (5 pts)  
 No (0pts)

b. Did the hospital indicate whether it consulted with, or reviewed materials from, the local health department in seeking information about community health needs?

Yes (5pts)

No (0 pts)

4. Does the report list the major needs identified through the process described in 3.a. above?

Yes (10 pts)

No (0 pts)

**Decision Making – total 10 pts**

5. Does the report indicate who was involved in the decision making process for determining which needs in the community would be addressed through the Community Benefit activities? (e.g., hospital leadership, community benefit committee within hospital, outside stakeholders)

Yes (10 pts)

No (0 pts)

**Community Benefit Program – Total of 30 pts**

6. Does the report indicate if any of the major Community Benefit Program initiatives undertaken address the needs identified in number 4?

Yes (8 pts)

No (0 pts)

Does the report indicate how the major Community Benefit Program Initiatives address the needs identified in number 4?

Yes (7pts)

No (0 pts)

7. Does the report provide a description of any efforts taken to evaluate or assess the effectiveness of major Community Benefit Program Initiatives?

Yes (10 pts)

No (0 pts)

8. Does the report include a written description of the gaps in availability of specialist providers to serve the uninsured cared for by the hospital?



Yes (5 pts)

No (0 pts)

**Required Materials (APPENDICIES) Total – 20 pts**

Appendix I – Did the hospital describe how it informs patients about eligibility for assistance under the hospital's charity care policy?

Yes (5 pts)

No (0 pts)

Appendix II – Did the hospital attach a copy of the Charity Care Policy?

Yes (5 pts)

No (0 pts)

Appendix III – Did the hospital describe its mission, vision, and value statement?

Yes (5 pts)

No (0 pts)

Appendix IV – Did the hospital attach a copy of the mission, vision, and value statement?

Yes (5 pts)

No (0 pts)

STATE OF MARYLAND  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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**HEALTH SERVICES COST REVIEW COMMISSION**

4160 PATTERSON AVENUE · BALTIMORE, MARYLAND 21215

Phone: 410-764-2605 Fax: 410-358-6217

Toll Free: 1-888-287-3229

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**TO: Commissioners**

**FROM: Legal Department**

**DATE: January 8, 2010**

**SUBJECT: Hearing and Meeting Schedule**

**Public Session**

**February 3, 2010                      Time to be determined, 4160 Patterson Avenue, HSCRC  
Conference Room**

**March 3, 2010                        Time to be determined, 4160 Patterson Avenue, HSCRC  
Conference Room**

**Please note, Commissioner packets will be available in Commission offices at 8:00 a.m.**

**The agenda for the Executive and Public Sessions will be available for your review on the Commission's Web Site, on the Monday before the Commission Meeting. To review the agenda, visit the Commission's web site at <http://www.hsrcr.state.md.us>**

## Monitoring Maryland Performance:

HSCRC Monthly Charge per Case Summary  
Period: October 2008 through October 2009

January 2010  
Health Services Cost Review Commission  
4160 Patterson Avenue  
Baltimore, MD 21215

## Monitoring Maryland Performance

### Charge per Case Summary

#### **Comparison:**

#### **Year ending October 2009 vs. Year ending October 2008:**

Charge per Case increased 2.00% from \$11,323 to \$11,549  
Cases (Admission +New Born) increased 0.86 % from 765,794 to 772,364  
Inpatient Revenue increased 2.87% from \$8.67 billion to \$8.92 billion  
Outpatient Revenue increased 7.43% from \$3.99 billion to \$4.28 billion  
Total Gross Revenue increased 4.31 % from \$12.66 billion to \$13.20 billion

#### **Month to Month Comparison: October 2009 vs. October 2008:**

Charge per Case increased 2.46% from \$11,826 to \$12,117  
Cases (Admission +New Born) increased 0.71% from 64,507 to 64,967  
Inpatient Revenue increased 3.19% from \$762.85 million to \$787.20 million  
Outpatient Revenue increased 5.60% from \$364.56 million to \$384.98 million  
Total Gross Revenue increased 3.97% from \$1.13 billion to \$1.17 billion

Charts Showing Trends in Charge per Case and gross revenue, Maryland Acute Hospitals  
October 2007 to October 2009

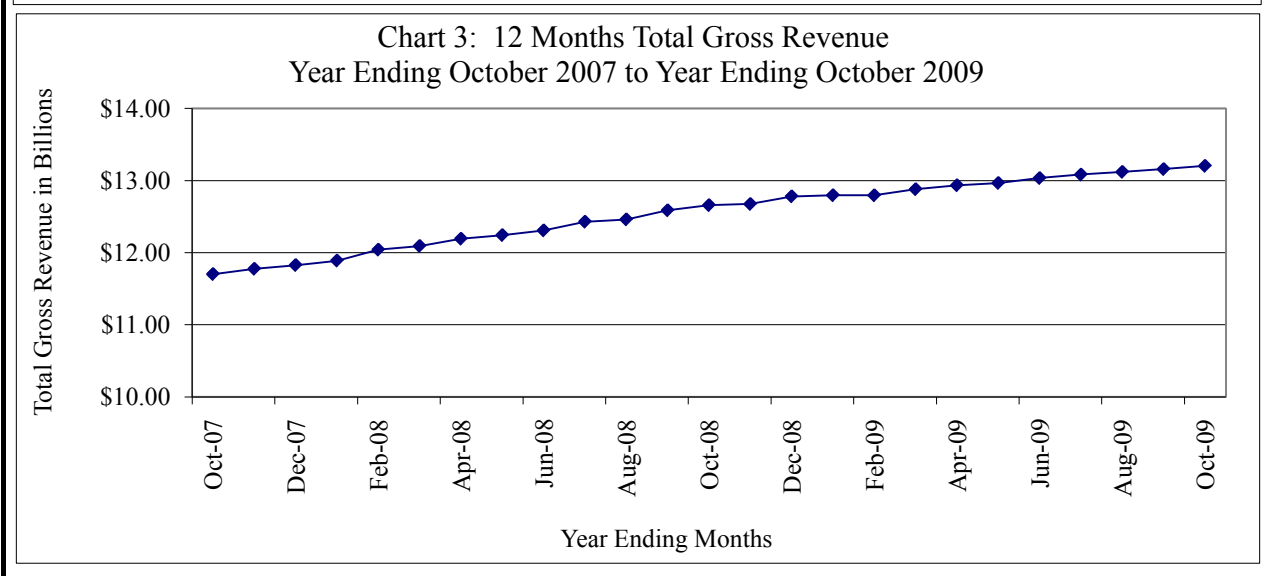
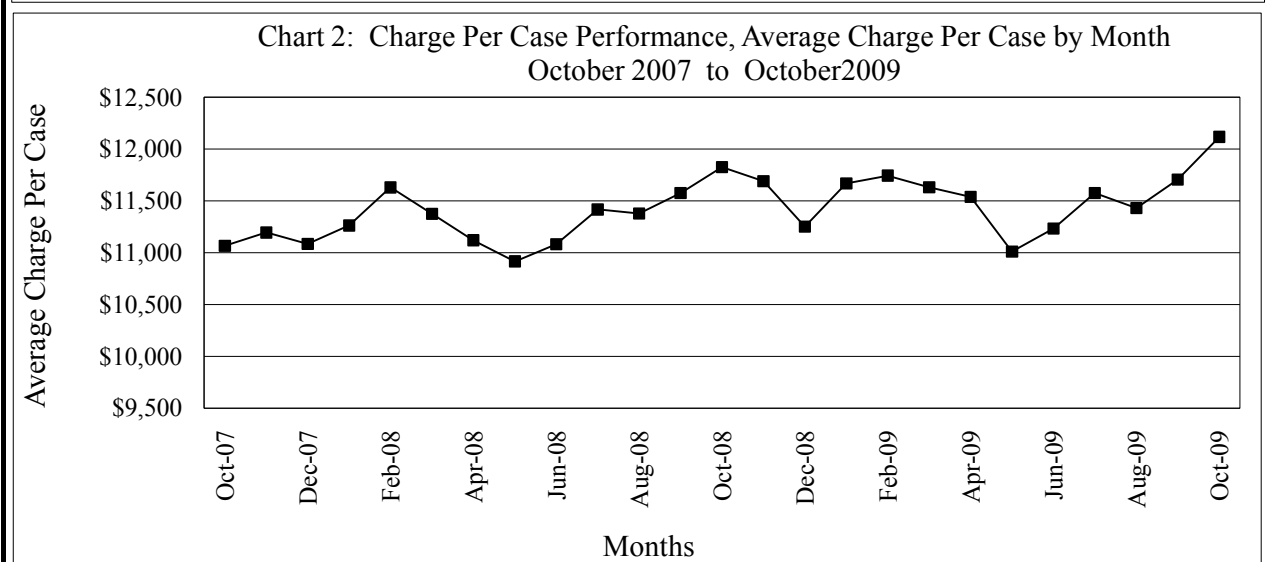
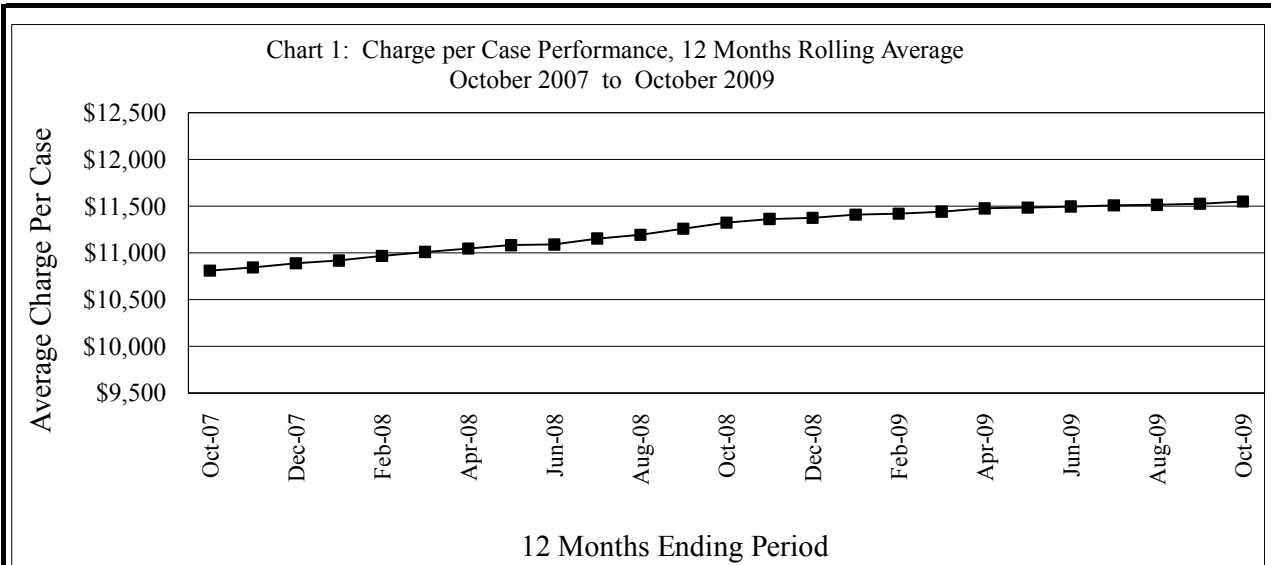


Table 1: 12 Months Rolling Average Charge Per Case (CPC), and 12 Months Total Inpatient and Outpatient Revenue  
June 2001 to October 2009

Date	Inpatient Revenue	Change from Previous Month	Change from Previous Year	Cases (Admission + Nursery)	Change from Previous Month	Change from Previous Year	CPC (Charge Per Case)	Change from Previous Month	Change from Previous Year	Outpatient Revenue	Change from Previous Month	Change from Previous Year
Jun-01	\$4,907,633,390			654,489			\$7,498			\$1,825,433,057		
Jul-01	\$4,944,628,175	0.75%	657,543		0.47%		\$7,520	0.29%		\$1,850,872,233	1.39%	
Aug-01	\$4,978,656,943	0.69%	660,368		0.43%		\$7,539	0.26%		\$1,874,976,724	1.30%	
Sep-01	\$5,007,826,839	0.59%	661,243		0.13%		\$7,573	0.45%		\$1,889,591,785	0.78%	
Oct-01	\$5,061,060,952	1.06%	663,752		0.38%		\$7,625	0.68%		\$1,918,115,662	1.51%	
Nov-01	\$5,103,442,801	0.84%	665,319		0.24%		\$7,671	0.60%		\$1,940,477,381	1.17%	
Dec-01	\$5,133,169,710	0.58%	666,052		0.11%		\$7,707	0.47%		\$1,952,431,357	0.62%	
Jan-02	\$5,166,029,758	0.64%	667,751		0.26%		\$7,736	0.38%		\$1,970,947,798	0.95%	
Feb-02	\$5,205,285,342	0.76%	670,110		0.35%		\$7,768	0.41%		\$1,995,050,628	1.22%	
Mar-02	\$5,228,445,263	0.44%	670,629		0.08%		\$7,796	0.37%		\$2,013,110,978	0.91%	
Apr-02	\$5,276,162,655	0.91%	673,116		0.37%		\$7,838	0.54%		\$2,036,062,082	1.14%	
May-02	\$5,318,249,727	0.80%	674,298		0.18%		\$7,887	0.62%		\$2,047,953,143	0.58%	
Jun-02	\$5,334,498,087	0.31%	7.51%	674,537	0.04%	2.85%	\$7,908	0.27%	4.53%	\$2,055,829,841	0.38%	11.54%
Jul-02	\$5,372,374,005	0.71%	8.65%	677,880	0.50%	3.09%	\$7,925	0.21%	5.39%	\$2,077,404,598	1.05%	12.24%
Aug-02	\$5,396,828,475	0.46%	8.40%	677,906	0.00%	2.66%	\$7,961	0.45%	5.59%	\$2,087,187,256	0.47%	11.32%
Sep-02	\$5,441,930,399	0.84%	8.67%	680,546	0.39%	2.92%	\$7,996	0.44%	5.59%	\$2,109,487,904	1.07%	11.64%
Oct-02	\$5,473,273,040	0.58%	8.14%	681,459	0.13%	2.67%	\$8,032	0.44%	5.33%	\$2,127,357,679	0.85%	10.91%
Nov-02	\$5,501,315,936	0.51%	7.80%	681,982	0.08%	2.50%	\$8,067	0.44%	5.16%	\$2,140,276,042	0.61%	10.30%
Dec-02	\$5,538,120,983	0.67%	7.89%	684,477	0.37%	2.77%	\$8,091	0.30%	4.98%	\$2,160,399,572	0.94%	10.65%
Jan-03	\$5,556,704,047	0.34%	7.56%	683,488	-0.14%	2.36%	\$8,130	0.48%	5.09%	\$2,175,502,134	0.70%	10.38%
Feb-03	\$5,559,866,395	0.06%	6.81%	681,911	-0.23%	1.76%	\$8,153	0.29%	4.96%	\$2,171,852,724	-0.17%	8.86%
Mar-03	\$5,582,619,085	0.41%	6.77%	683,770	0.27%	1.96%	\$8,164	0.14%	4.72%	\$2,187,641,363	0.73%	8.67%
Apr-03	\$5,598,870,320	0.29%	6.12%	684,161	0.06%	1.64%	\$8,184	0.23%	4.40%	\$2,200,868,505	0.60%	8.09%
May-03	\$5,615,649,994	0.30%	5.59%	685,726	0.23%	1.69%	\$8,189	0.07%	3.83%	\$2,213,571,287	0.58%	8.09%
Jun-03	\$5,669,534,398	0.96%	6.28%	688,987	0.48%	2.14%	\$8,229	0.48%	4.05%	\$2,240,545,685	1.22%	8.98%
Jul-03	\$6,175,487,518	9.97%	15.77%	748,786	9.20%	11.01%	\$8,247	0.71%	4.29%	\$2,446,078,179	10.50%	18.98%
Aug-03	\$6,224,742,496	0.80%	15.87%	748,140	-0.09%	10.36%	\$8,320	0.88%	4.98%	\$2,461,397,039	0.63%	18.48%
Sep-03	\$6,278,267,864	0.86%	16.33%	749,857	0.23%	10.61%	\$8,373	0.63%	5.17%	\$2,474,131,351	0.52%	18.54%
Oct-03	\$6,368,885,771	1.44%	17.03%	754,612	0.63%	10.88%	\$8,440	0.80%	5.55%	\$2,511,364,858	1.50%	19.05%
Nov-03	\$6,367,298,368	-0.02%	16.33%	751,466	-0.42%	10.27%	\$8,473	0.39%	5.50%	\$2,501,482,454	-0.39%	17.59%
Dec-03	\$6,442,361,655	1.18%	17.11%	757,290	0.78%	11.04%	\$8,507	0.40%	5.46%	\$2,520,796,361	0.77%	17.78%
Jan-04	\$6,523,625,435	1.26%	17.79%	760,283	0.40%	11.08%	\$8,581	0.86%	6.05%	\$2,538,120,001	0.69%	17.48%
Feb-04	\$6,539,731,468	0.25%	17.69%	758,274	-0.26%	10.94%	\$8,624	0.51%	6.08%	\$2,538,053,108	0.00%	16.67%
Mar-04	\$6,643,062,509	1.58%	19.48%	767,900	1.27%	12.61%	\$8,651	0.31%	6.10%	\$2,599,823,961	2.43%	19.71%
Apr-04	\$6,688,200,984	0.68%	19.80%	767,417	-0.06%	12.23%	\$8,715	0.74%	6.75%	\$2,620,085,832	0.78%	19.77%
May-04	\$6,741,704,261	0.80%	20.41%	768,477	0.14%	12.32%	\$8,773	0.66%	7.20%	\$2,630,848,157	0.41%	19.54%
Jun-04	\$6,321,569,167	-6.23%	12.57%	710,759	-7.51%	3.65%	\$8,894	1.38%	8.61%	\$2,453,326,112	-6.75%	10.83%
Jul-04	\$6,350,438,675	0.46%	2.83%	709,807	-0.13%	-5.21%	\$8,947	0.59%	8.48%	\$2,463,435,710	0.41%	0.71%

Calculations are based on the data available as of December 2009.  
Source: HSCRC monthly data from MS, NS, and RS schedules.

Table 1 (Cont'd): 12 Months Rolling Average Charge Per Case (CPC), and 12 Months Total Inpatient and Outpatient Revenue  
June 2001 to October 2009

Date	Inpatient Revenue	Change from Previous Month	Change from Previous Year	Cases (Admission + Nursery)	Change from Previous Month	Change from Previous Year	CPC (Charge Per Case)	Change from Previous Month	Change from Previous Year	Outpatient Revenue	Change from Previous Month	Change from Previous Year
Aug-04	\$6,395,592,688	0.71%	2.74%	711,194	0.20%	-4.94%	\$8,993	0.51%	8.08%	\$2,489,417,089	1.05%	1.14%
Sep-04	\$6,436,844,257	0.64%	2.53%	712,603	0.20%	-4.97%	\$9,033	0.45%	7.89%	\$2,516,034,718	1.07%	1.69%
Oct-04	\$6,477,871,421	0.64%	1.71%	711,854	-0.11%	-5.67%	\$9,100	0.74%	7.82%	\$2,525,913,724	0.39%	0.58%
Nov-04	\$6,552,709,618	1.16%	2.91%	714,772	0.41%	-4.88%	\$9,168	0.74%	8.20%	\$2,563,665,277	1.49%	2.49%
Dec-04	\$6,575,725,199	0.35%	2.07%	713,682	-0.15%	-5.76%	\$9,214	0.50%	8.31%	\$2,589,214,242	1.00%	2.71%
Jan-05	\$6,634,111,129	0.89%	1.69%	717,664	0.56%	-5.61%	\$9,244	0.33%	7.73%	\$2,625,880,261	1.42%	3.46%
Feb-05	\$6,675,989,420	0.63%	2.08%	718,584	0.13%	-5.23%	\$9,290	0.50%	7.72%	\$2,650,073,665	0.92%	4.41%
Mar-05	\$6,721,755,689	0.69%	1.18%	720,542	0.27%	-6.17%	\$9,329	0.41%	7.84%	\$2,673,170,694	0.87%	2.82%
Apr-05	\$6,755,566,981	0.50%	1.01%	721,904	0.19%	-5.93%	\$9,358	0.31%	7.38%	\$2,700,194,046	1.01%	3.06%
May-05	\$6,818,694,112	0.93%	1.14%	724,947	0.42%	-5.66%	\$9,406	0.51%	7.22%	\$2,738,171,236	1.41%	4.08%
Jun-05	\$6,865,611,378	0.69%	8.61%	726,266	0.18%	2.18%	\$9,453	0.51%	6.29%	\$2,775,146,636	1.35%	13.12%
Jul-05	\$6,920,666,176	0.80%	8.98%	727,956	0.23%	2.56%	\$9,507	0.57%	6.26%	\$2,798,457,371	0.84%	13.60%
Aug-05	\$6,976,060,122	0.80%	9.08%	730,676	0.37%	2.74%	\$9,547	0.43%	6.17%	\$2,840,563,944	1.50%	14.11%
Sep-05	\$7,014,647,153	0.55%	8.98%	730,697	0.00%	2.54%	\$9,600	0.55%	6.28%	\$2,872,815,601	1.14%	14.18%
Oct-05	\$7,034,641,974	0.29%	8.59%	732,273	0.22%	2.87%	\$9,607	0.07%	5.57%	\$2,903,351,771	1.06%	14.94%
Nov-05	\$7,060,918,585	0.37%	7.76%	733,339	0.15%	2.60%	\$9,628	0.23%	5.03%	\$2,931,728,582	0.98%	14.36%
Dec-05	\$7,108,211,466	0.67%	8.10%	733,813	0.06%	2.82%	\$9,687	0.60%	5.13%	\$2,953,186,534	0.73%	14.06%
Jan-06	\$7,146,738,937	0.54%	7.73%	734,519	0.10%	2.35%	\$9,730	0.45%	5.26%	\$2,989,156,998	1.22%	13.83%
Feb-06	\$7,181,283,783	0.48%	7.57%	734,526	0.00%	2.22%	\$9,777	0.48%	5.23%	\$3,025,590,100	1.22%	14.17%
Mar-06	\$7,269,737,623	1.23%	8.15%	736,276	0.24%	2.18%	\$9,874	0.99%	5.84%	\$3,071,361,827	1.51%	14.90%
Apr-06	\$7,325,061,330	0.76%	8.43%	735,963	-0.04%	1.95%	\$9,953	0.80%	6.36%	\$3,082,563,736	0.36%	14.16%
May-06	\$7,376,634,537	0.70%	8.18%	737,896	0.26%	1.79%	\$9,997	0.44%	6.28%	\$3,119,793,457	1.21%	13.94%
Jun-06	\$7,411,252,685	0.47%	7.95%	738,585	0.09%	1.70%	\$10,034	0.38%	6.15%	\$3,145,749,458	0.83%	13.35%
Jul-06	\$7,461,777,297	0.68%	7.82%	740,266	0.23%	1.69%	\$10,080	0.45%	6.03%	\$3,166,020,681	0.64%	13.13%
Aug-06	\$7,517,970,288	0.75%	7.77%	741,783	0.20%	1.52%	\$10,135	0.55%	6.15%	\$3,187,925,691	0.69%	12.23%
Sep-06	\$7,570,191,611	0.69%	7.92%	743,357	0.21%	1.73%	\$10,184	0.48%	6.08%	\$3,200,165,975	0.38%	11.39%
Oct-06	\$7,649,269,033	1.04%	8.74%	745,827	0.33%	1.85%	\$10,256	0.71%	6.76%	\$3,231,551,750	0.98%	11.30%
Nov-06	\$7,707,450,579	0.76%	9.16%	747,036	0.16%	1.87%	\$10,317	0.60%	7.16%	\$3,253,829,943	0.69%	10.99%
Dec-06	\$7,745,461,717	0.49%	8.96%	748,583	0.21%	2.01%	\$10,347	0.29%	6.82%	\$3,275,554,201	0.67%	10.92%
Jan-07	\$7,831,516,740	1.11%	9.58%	750,871	0.31%	2.23%	\$10,430	0.80%	7.20%	\$3,309,277,894	1.03%	10.71%

Calculations are based on the data available as of December 2009.  
Source: HSCRC monthly data from MS, NS, and RS schedules.

Table 1 (Cont'd): 12 Months Rolling Average Charge Per Case (CPC), and 12 Months Total Inpatient and Outpatient  
June 2001 to October 2009

Date	Inpatient Revenue	Change from Previous Month	Change from Previous Year	Cases (Admission + Nursery)	Change from Previous Month	Change from Previous Year	CPC (Charge Per Case)	Change from Previous Month	Change from Previous Year	Outpatient Revenue	Change from Previous Month	Change from Previous Year
Feb-07	\$7,889,131,522	0.74%	9.86%	751,112	0.03%	2.26%	\$10,503	0.70%	7.43%	\$3,318,882,558	0.29%	9.69%
Mar-07	\$7,924,929,590	0.45%	9.01%	750,967	-0.02%	2.00%	\$10,553	0.47%	6.88%	\$3,329,036,704	0.31%	8.39%
Apr-07	\$7,970,007,584	0.57%	8.80%	752,963	0.27%	2.31%	\$10,585	0.30%	6.35%	\$3,369,247,588	1.21%	9.30%
May-07	\$8,005,485,964	0.45%	8.52%	753,408	0.06%	2.10%	\$10,626	0.39%	6.29%	\$3,392,720,474	0.70%	8.75%
Jun-07	\$8,047,041,255	0.52%	8.58%	752,775	-0.08%	1.92%	\$10,690	0.60%	6.53%	\$3,409,790,445	0.50%	8.39%
Jul-07	\$8,084,615,566	0.47%	8.35%	754,218	0.19%	1.88%	\$10,719	0.27%	6.34%	\$3,445,369,491	1.04%	8.82%
Aug-07	\$8,118,993,300	0.43%	7.99%	754,363	0.02%	1.70%	\$10,763	0.41%	6.19%	\$3,474,719,397	0.85%	9.00%
Sep-07	\$8,133,231,334	0.18%	7.44%	753,981	-0.05%	1.43%	\$10,787	0.23%	5.92%	\$3,488,732,284	0.40%	9.02%
Oct-07	\$8,163,288,560	0.37%	6.72%	755,101	0.15%	1.24%	\$10,811	0.22%	5.41%	\$3,538,652,005	1.43%	9.50%
Nov-07	\$8,202,412,668	0.48%	6.42%	756,395	0.17%	1.25%	\$10,844	0.31%	5.11%	\$3,572,391,571	0.95%	9.79%
Dec-07	\$8,231,641,652	0.36%	6.28%	755,945	-0.06%	0.98%	\$10,889	0.42%	5.24%	\$3,595,179,224	0.64%	9.76%
Jan-08	\$8,255,484,322	0.29%	5.41%	756,164	0.03%	0.70%	\$10,918	0.26%	4.68%	\$3,633,710,280	1.07%	9.80%
Feb-08	\$8,345,501,774	1.09%	5.78%	760,964	0.63%	1.31%	\$10,967	0.45%	4.42%	\$3,695,312,467	1.70%	11.34%
Mar-08	\$8,371,360,576	0.31%	5.63%	760,374	-0.08%	1.25%	\$11,010	0.39%	4.33%	\$3,720,572,104	0.68%	11.76%
Apr-08	\$8,420,355,637	0.59%	5.65%	762,230	0.24%	1.23%	\$11,047	0.34%	4.37%	\$3,772,416,321	1.39%	11.97%
May-08	\$8,445,880,904	0.30%	5.50%	762,106	-0.02%	1.15%	\$11,082	0.32%	4.30%	\$3,797,335,735	0.66%	11.93%
Jun-08	\$8,473,095,276	0.32%	5.29%	764,101	0.26%	1.50%	\$11,089	0.06%	3.73%	\$3,835,156,384	1.00%	12.47%
Jul-08	\$8,539,163,660	0.78%	5.62%	765,612	0.20%	1.51%	\$11,153	0.58%	4.05%	\$3,889,575,425	1.42%	12.89%
Aug-08	\$8,556,523,974	0.20%	5.39%	764,401	-0.16%	1.33%	\$11,194	0.36%	4.01%	\$3,904,625,111	0.39%	12.37%
Sep-08	\$8,627,728,469	0.83%	6.08%	766,316	0.25%	1.64%	\$11,259	0.58%	4.37%	\$3,959,554,727	1.41%	13.50%
Oct-08	\$8,670,984,401	0.50%	6.22%	765,794	-0.07%	1.42%	\$11,323	0.57%	4.74%	\$3,987,960,738	0.72%	12.70%
Nov-08	\$8,683,361,678	0.14%	5.86%	764,226	-0.20%	1.04%	\$11,362	0.35%	4.78%	\$3,991,534,610	0.09%	11.73%
Dec-08	\$8,738,901,542	0.64%	6.16%	768,260	0.53%	1.63%	\$11,375	0.11%	4.46%	\$4,042,178,957	1.27%	12.43%
Jan-09	\$8,753,996,384	0.17%	6.04%	767,244	-0.13%	1.47%	\$11,410	0.31%	4.51%	\$4,042,608,372	0.01%	11.25%
Feb-09	\$8,742,743,835	-0.13%	4.76%	765,671	-0.21%	0.62%	\$11,418	0.08%	4.12%	\$4,052,873,295	0.25%	9.68%
Mar-09	\$8,784,112,968	0.47%	4.93%	767,786	0.28%	0.97%	\$11,441	0.20%	3.92%	\$4,096,039,585	1.07%	10.09%
Apr-09	\$8,814,567,729	0.35%	4.68%	768,094	0.04%	0.77%	\$11,476	0.31%	3.88%	\$4,120,535,128	0.60%	9.23%
May-09	\$8,817,314,799	0.03%	4.40%	767,791	-0.04%	0.75%	\$11,484	0.07%	3.62%	\$4,149,130,257	0.69%	9.26%
Jun-09	\$8,850,096,618	0.37%	4.45%	769,866	0.27%	0.75%	\$11,496	0.10%	3.67%	\$4,184,558,617	0.85%	9.11%
Jul-09	\$8,870,567,239	0.23%	3.88%	770,741	0.11%	0.67%	\$11,509	0.12%	3.19%	\$4,213,010,852	0.68%	8.32%
Aug-09	\$8,885,059,610	0.16%	3.84%	771,720	0.13%	0.96%	\$11,513	0.04%	2.85%	\$4,235,391,625	0.53%	8.47%
Sep-09	\$8,895,497,652	0.12%	3.10%	771,904	0.02%	0.73%	\$11,524	0.09%	2.36%	\$4,263,710,560	0.67%	7.68%
Oct-09	\$8,919,848,168	0.27%	2.87%	772,364	0.06%	0.86%	\$11,549	0.21%	2.00%	\$4,284,132,244	0.48%	7.43%

Calculations are based on the data available as of December 2009.

Source: HSCRC monthly data from MS, NS, and RS schedules.



Table 2: Month to Month Average Charge Per Case (CPC), Total Inpatient Revenue and Total Outpatient Revenue  
June 2001 to October 2009

Date	Inpatient Revenue	Change from Previous Month	Change from Previous Year	Cases (Admission + Nursery)	Change from Previous Month	Change from Previous Year	Charge Per Case	Change from Previous Month	Change from Previous Year	Outpatient Revenue	Change from Previous Month	Change from Previous Year
Jun-01	\$415,610,231			54,767			\$7,589			\$162,922,552		
Jul-01	\$420,584,865	1.20%	55,689		1.68%		\$7,552	-0.48%		\$160,314,238	-1.60%	
Aug-01	\$439,391,747	4.47%	57,207		2.73%		\$7,681	1.70%		\$174,432,277	8.81%	
Sep-01	\$413,717,707	-5.84%	53,217		-6.97%		\$7,774	1.22%		\$154,898,059	-11.20%	
Oct-01	\$464,397,158	12.25%	57,615		8.26%		\$8,060	3.68%		\$180,214,054	16.34%	
Nov-01	\$436,697,662	-5.96%	54,278		-5.79%		\$8,046	-0.18%		\$167,340,527	-7.14%	
Dec-01	\$424,205,147	-2.86%		53,831	-0.82%	\$7,880		-2.05%		\$153,583,610	-8.22%	
Jan-02	\$478,571,915	12.82%	60,429		12.26%		\$7,920	0.50%		\$177,957,881	15.87%	
Feb-02	\$440,169,999	-8.02%	54,257		-10.21%		\$8,113	2.44%		\$167,803,223	-5.71%	
Mar-02	\$461,912,627	4.94%	57,846		6.61%		\$7,985	-1.57%		\$179,677,838	7.08%	
Apr-02	\$454,999,556	-1.50%	57,420		-0.74%		\$7,924	-0.77%		\$183,501,848	2.13%	
May-02	\$467,991,113	2.86%	57,742		0.56%		\$8,105	2.28%		\$185,307,036	0.98%	
Jun-02	\$431,858,591	-7.72%	3.91%	55,006	-4.74%	0.44%	\$7,851	-3.13%	3.46%	\$170,799,250	-7.83%	4.83%
Jul-02	\$458,460,783	6.16%	9.01%	59,032	7.32%	6.00%	\$7,766	-1.08%	2.83%	\$181,888,995	6.49%	13.46%
Aug-02	\$463,846,217	1.17%	5.57%	57,233	-3.05%	0.05%	\$8,105	4.35%	5.52%	\$184,214,935	1.28%	5.61%
Sep-02	\$458,819,631	-1.08%	10.90%	55,857	-2.40%	4.96%	\$8,214	1.35%	5.66%	\$177,198,707	-3.81%	14.40%
Oct-02	\$495,739,799	8.05%	6.75%	58,528	4.78%	1.58%	\$8,470	3.12%	5.08%	\$198,083,829	11.79%	9.92%
Nov-02	\$464,740,558	-6.25%	6.42%	54,801	-6.37%	0.96%	\$8,481	0.12%	5.41%	\$180,258,890	-9.00%	7.72%
Dec-02	\$461,010,194	-0.80%	8.68%	56,326	2.78%	4.63%	\$8,185	-3.49%	3.86%	\$173,707,140	-3.63%	13.10%
Jan-03	\$497,154,979	7.84%	3.88%	59,440	5.53%	-1.64%	\$8,364	2.19%	5.61%	\$193,060,443	11.14%	8.49%
Feb-03	\$443,332,347	-10.83%	0.72%	52,680	-11.37%	-2.91%	\$8,416	0.62%	3.73%	\$164,153,813	-14.97%	-2.17%
Mar-03	\$484,665,317	9.32%	4.93%	59,705	13.34%	3.21%	\$8,118	-3.54%	1.66%	\$195,466,477	19.08%	8.79%
Apr-03	\$471,250,791	-2.77%	3.57%	57,811	-3.17%	0.68%	\$8,152	0.42%	2.87%	\$196,728,990	0.65%	7.21%
May-03	\$484,770,787	2.87%	3.59%	59,307	2.59%	2.71%	\$8,174	0.27%	0.85%	\$198,009,818	0.65%	6.85%
Jun-03	\$485,742,995	0.20%	12.48%	58,267	-1.75%	5.93%	\$8,337	1.99%	6.18%	\$197,773,648	-0.12%	15.79%
Jul-03	\$505,953,120	4.37%	17.16%	59,799	0.83%	8.71%	\$8,461	3.51%	7.77%	\$205,532,494	3.80%	20.34%
Aug-03	\$507,715,761	0.35%	10.74%	58,386	-2.36%	-1.09%	\$8,696	2.78%	11.97%	\$197,207,855	-4.05%	8.42%
Sep-03	\$517,371,585	1.90%	11.54%	58,950	0.97%	3.00%	\$8,776	0.93%	8.29%	\$196,949,247	-0.13%	6.91%
Oct-03	\$549,437,538	6.20%	19.75%	60,612	2.82%	8.51%	\$9,065	3.29%	10.36%	\$214,432,214	8.88%	21.01%
Nov-03	\$494,152,396	-10.06%	-0.32%	55,382	-8.63%	-5.38%	\$8,923	-1.57%	5.34%	\$188,201,425	-12.23%	-4.99%

Calculations are based on the data available as of December 2009.  
Source: HSCRC monthly data from MS, NS, and RS schedules.

Table 2 (Cont'd): Month to Month Average Charge Per Case (CPC), Total Inpatient Revenue and Total Outpatient Revenue  
June 2001 to October 2009

Date	Inpatient Revenue	Change from Previous Month	Change from Previous Year	Cases (Admission + Nursery)	Change from Previous Month	Change from Previous Year	Charge Per Case	Change from Previous Month	Change from Previous Year	Outpatient Revenue	Change from Previous Month	Change from Previous Year
Dec-03	\$539,803,845	9.24%	16.15%	60,625	9.47%	10.63%	\$8,904	-0.21%	4.99%	\$199,572,797	6.04%	10.71%
Jan-04	\$542,273,974	0.46%	17.63%	59,319	-2.15%	5.31%	\$9,142	2.67%	11.69%	\$191,030,780	-4.28%	9.97%
Feb-04	\$513,261,012	-5.35%	3.24%	57,431	-3.18%	-3.38%	\$8,937	-2.24%	6.85%	\$192,993,550	1.03%	-0.03%
Mar-04	\$546,663,388	6.51%	23.31%	62,306	8.49%	18.27%	\$8,774	-1.83%	4.26%	\$225,924,666	17.06%	37.63%
Apr-04	\$529,803,792	-3.08%	9.31%	59,222	-4.95%	-0.81%	\$8,946	1.96%	10.20%	\$215,728,348	-4.51%	10.37%
May-04	\$524,754,068	-0.95%	11.35%	58,871	-0.59%	1.83%	\$8,914	-0.36%	9.35%	\$207,491,315	-3.82%	5.47%
Jun-04	\$550,378,688	4.88%	13.53%	59,856	1.67%	0.93%	\$9,195	3.16%	12.49%	\$218,261,421	5.19%	10.23%
Jul-04	\$534,822,628	-2.83%	5.71%	58,847	-1.69%	-1.59%	\$9,088	-1.16%	7.42%	\$215,642,092	-1.20%	4.92%
Aug-04	\$552,869,774	3.37%	8.89%	59,773	1.57%	2.38%	\$9,249	1.77%	6.37%	\$223,189,234	3.50%	13.17%
Sep-04	\$558,623,154	1.04%	7.97%	60,359	0.98%	2.39%	\$9,255	0.06%	5.45%	\$223,566,876	0.17%	13.51%
Oct-04	\$590,464,702	5.70%	7.47%	59,863	-0.82%	-1.24%	\$9,864	6.58%	8.81%	\$224,311,220	0.33%	4.61%
Nov-04	\$568,990,593	-3.64%	15.14%	58,300	-2.61%	5.27%	\$9,760	-1.05%	9.38%	\$225,952,978	0.73%	20.06%
Dec-04	\$562,819,426	-1.08%	4.26%	59,535	2.12%	-1.80%	\$9,454	-3.14%	6.17%	\$225,121,762	-0.37%	12.80%
Jan-05	\$600,659,904	6.72%	10.77%	63,301	6.33%	6.71%	\$9,489	0.37%	3.80%	\$227,696,799	1.14%	19.19%
Feb-05	\$555,139,303	-7.58%	8.16%	58,351	-7.82%	1.60%	\$9,514	0.26%	6.45%	\$217,186,954	-4.62%	12.54%
Mar-05	\$592,429,657	6.72%	8.37%	64,264	10.13%	3.14%	\$9,219	-3.10%	5.07%	\$249,021,695	14.66%	10.22%
Apr-05	\$563,615,084	-4.86%	6.38%	60,584	-5.73%	2.30%	\$9,303	0.91%	3.99%	\$242,751,700	-2.52%	12.53%
May-05	\$587,881,199	4.31%	12.03%	61,914	2.20%	5.17%	\$9,495	2.06%	6.52%	\$245,468,505	1.12%	18.30%
Jun-05	\$597,295,954	1.60%	8.52%	61,175	-1.19%	2.20%	\$9,764	2.83%	6.18%	\$255,236,821	3.98%	16.94%
Jul-05	\$589,877,426	-1.24%	10.29%	60,537	-1.04%	2.87%	\$9,744	-0.20%	7.21%	\$238,952,827	-6.38%	10.81%
Aug-05	\$608,263,720	3.12%	10.02%	62,493	3.23%	4.55%	\$9,733	-0.11%	5.23%	\$265,295,807	11.02%	18.87%
Sep-05	\$597,210,185	-1.82%	6.91%	60,380	-3.38%	0.03%	\$9,891	1.62%	6.87%	\$255,818,533	-3.57%	14.43%
Oct-05	\$610,459,523	2.22%	3.39%	61,439	1.75%	2.63%	\$9,936	0.46%	0.73%	\$254,847,390	-0.38%	13.61%
Nov-05	\$595,267,204	-2.49%	4.62%	59,366	-3.37%	1.83%	\$10,027	0.92%	2.74%	\$254,329,789	-0.20%	12.56%
Dec-05	\$610,112,307	2.49%	8.40%	60,009	1.08%	0.80%	\$10,167	1.40%	7.55%	\$246,579,714	-3.05%	9.53%
Jan-06	\$639,187,375	4.77%	6.41%	64,007	6.66%	1.12%	\$9,986	-1.78%	5.24%	\$263,667,263	6.93%	15.80%
Feb-06	\$589,684,149	-7.74%	6.22%	58,358	-8.83%	0.01%	\$10,105	1.19%	6.21%	\$253,620,056	-3.81%	16.77%
Mar-06	\$680,883,497	15.47%	14.93%	66,014	13.12%	2.72%	\$10,314	2.07%	11.88%	\$294,793,422	16.23%	18.38%
Apr-06	\$618,938,791	-9.10%	9.82%	60,271	-8.70%	-0.52%	\$10,269	-0.44%	10.39%	\$253,953,609	-13.85%	4.61%
May-06	\$639,454,406	3.31%	8.77%	63,847	5.93%	3.12%	\$10,015	-2.47%	5.48%	\$282,698,226	11.32%	15.17%

Calculations are based on the data available as of December 2009.

Source: HSCRC monthly data from MS, NS, and RS schedules.

Table 2 (Cont'd): Month to Month Average Charge Per Case (CPC), Total Inpatient Revenue and Total Outpatient Revenue  
June 2001 to October 2009

Date	Inpatient Revenue	Change from Previous Month	Change from Previous Year	Cases (Admission + Nursery)	Change from Previous Month	Change from Previous Year	Charge Per Case	Change from Previous Month	Change from Previous Year	Outpatient Revenue	Change from Previous Month	Change from Previous Year
Jun-06	\$631,914,102	-1.18%	5.80%	61,864	-3.11%	1.13%	\$10,215	1.99%	4.62%	\$281,192,822	-0.53%	10.17%
Jul-06	\$640,402,038	1.34%	8.57%	62,218	0.57%	2.78%	\$10,293	0.77%	5.63%	\$259,224,050	-7.81%	8.48%
Aug-06	\$664,456,711	3.76%	9.24%	64,010	2.88%	2.43%	\$10,381	0.85%	6.65%	\$287,200,817	10.79%	8.26%
Sep-06	\$649,431,508	-2.26%	8.74%	61,954	-3.21%	2.61%	\$10,482	0.98%	5.98%	\$268,058,817	-6.67%	4.78%
Oct-06	\$689,536,945	6.18%	12.95%	63,909	1.00%	4.02%	\$10,789	2.93%	8.59%	\$286,233,165	6.78%	12.32%
Nov-06	\$653,448,750	-5.23%	9.77%	60,575	-5.22%	2.04%	\$10,787	-0.02%	7.58%	\$276,607,982	-3.36%	8.76%
Dec-06	\$648,123,445	-0.81%	6.23%	61,556	1.62%	2.58%	\$10,529	-2.40%	3.56%	\$268,303,972	-3.00%	8.81%
Jan-07	\$725,242,398	11.90%	13.46%	66,295	7.70%	3.57%	\$10,940	3.90%	9.55%	\$297,390,956	10.84%	12.79%
Feb-07	\$647,298,931	-10.75%	9.77%	58,599	-11.61%	0.41%	\$11,046	0.97%	9.32%	\$263,224,720	-11.49%	3.79%
Mar-07	\$716,681,565	10.72%	5.26%	65,869	12.41%	-0.22%	\$10,880	-1.50%	5.49%	\$304,947,568	15.85%	3.44%
Apr-07	\$664,016,785	-7.35%	7.28%	62,267	-5.47%	3.31%	\$10,664	-1.99%	3.84%	\$294,164,493	-3.54%	15.83%
May-07	\$674,932,786	1.64%	5.55%	64,292	3.25%	0.70%	\$10,498	-1.56%	4.82%	\$306,171,112	4.08%	8.30%
Jun-07	\$673,469,393	-0.22%	6.58%	61,231	-4.76%	-1.02%	\$10,999	4.77%	7.68%	\$298,262,793	-2.58%	6.07%
Jul-07	\$677,976,349	0.67%	5.87%	63,661	3.97%	2.32%	\$10,650	-3.17%	3.47%	\$294,803,096	-1.16%	13.73%
Aug-07	\$698,834,445	3.08%	5.17%	64,155	0.78%	0.23%	\$10,893	2.28%	4.94%	\$316,550,723	7.38%	10.22%
Sep-07	\$663,669,542	-5.03%	2.19%	61,572	-4.03%	-0.62%	\$10,779	-1.05%	2.83%	\$282,071,704	-10.89%	5.23%
Oct-07	\$719,594,171	8.43%	4.36%	65,029	5.61%	1.75%	\$11,066	2.66%	2.56%	\$336,152,886	19.17%	17.44%
Nov-07	\$692,572,858	-3.76%	5.99%	61,869	-4.86%	2.14%	\$11,194	1.16%	3.77%	\$310,347,548	-7.68%	12.20%
Dec-07	\$677,352,429	-2.20%	4.51%	61,106	-1.23%	-0.73%	\$11,085	-0.98%	5.28%	\$291,091,625	-6.20%	8.49%
Jan-08	\$749,085,068	10.59%	3.29%	66,514	8.85%	0.33%	\$11,262	1.60%	2.95%	\$335,922,012	15.40%	12.96%
Feb-08	\$737,316,383	-1.57%	13.91%	63,399	-4.68%	8.19%	\$11,630	3.27%	5.28%	\$324,826,907	-3.30%	23.40%
Mar-08	\$742,540,367	0.71%	3.61%	65,279	2.97%	-0.90%	\$11,375	-2.19%	4.54%	\$330,207,205	1.66%	8.28%
Apr-08	\$713,011,846	-3.98%	7.38%	64,123	-1.77%	2.98%	\$11,119	-2.25%	4.27%	\$346,008,710	4.79%	17.62%
May-08	\$700,458,053	-1.76%	3.78%	64,168	0.07%	-0.19%	\$10,916	-1.83%	3.98%	\$331,090,526	-4.31%	8.14%
Jun-08	\$700,683,765	0.03%	4.04%	63,226	-1.47%	3.26%	\$11,082	1.52%	0.76%	\$336,083,442	1.51%	12.68%
Jul-08	\$744,044,733	6.19%	9.74%	65,172	3.08%	2.37%	\$11,417	3.02%	7.20%	\$349,222,137	3.91%	18.46%
Aug-08	\$716,194,759	-3.74%	2.48%	62,944	-3.42%	-1.89%	\$11,378	-0.34%	4.46%	\$331,600,409	-5.05%	4.75%
Sep-08	\$734,874,037	2.61%	10.73%	63,487	0.86%	3.11%	\$11,575	1.73%	7.39%	\$337,001,320	1.63%	19.47%
Oct-08	\$762,850,103	3.81%	6.01%	64,507	1.61%	-0.80%	\$11,826	2.17%	6.87%	\$364,558,897	8.18%	8.45%
Nov-08	\$704,950,135	-7.59%	1.79%	60,301	-6.52%	-2.53%	\$11,691	-1.14%	4.43%	\$313,921,420	-13.89%	1.15%
Dec-08	\$732,892,293	3.96%	8.20%	65,140	8.02%	6.60%	\$11,251	-3.76%	1.50%	\$341,735,972	8.86%	17.40%
Jan-09	\$764,179,910	4.27%	2.02%	65,498	0.55%	-1.53%	\$11,667	3.70%	3.60%	\$336,351,427	-1.58%	0.13%
Feb-09	\$726,063,834	-4.99%	-1.53%	61,826	-5.61%	-2.48%	\$11,744	0.66%	0.98%	\$335,091,830	-0.37%	3.16%
Mar-09	\$783,909,500	7.97%	5.57%	67,394	9.01%	3.24%	\$11,632	-0.95%	2.26%	\$373,373,495	11.42%	13.07%
Apr-09	\$743,466,607	-5.16%	4.27%	64,431	-4.40%	0.48%	\$11,539	-0.80%	3.77%	\$370,504,253	-0.77%	7.08%
May-09	\$703,205,123	-5.42%	0.39%	63,865	-0.88%	-0.47%	\$11,011	-4.58%	0.87%	\$359,685,655	-2.92%	8.64%
Jun-09	\$733,465,584	4.30%	4.68%	65,301	2.25%	3.28%	\$11,232	2.01%	1.35%	\$371,511,802	3.29%	10.54%
Jul-09	\$764,515,354	4.23%	2.75%	66,047	1.14%	1.34%	\$11,575	3.06%	1.39%	\$377,674,372	1.66%	8.15%
Aug-09	\$730,687,130	-4.42%	2.02%	63,923	-3.22%	1.56%	\$11,431	-1.25%	0.46%	\$353,981,182	-6.27%	6.75%
Sep-09	\$745,312,079	2.00%	1.42%	63,671	-0.39%	0.29%	\$11,706	2.41%	1.13%	\$365,320,255	3.20%	8.40%
Oct-09	\$787,200,619	5.62%	3.19%	64,967	2.04%	0.71%	\$12,117	3.51%	2.46%	\$384,980,581	5.38%	5.60%

Calculations are based on the data available as of December 2009.  
Source: HSCRC monthly data from MS, NS, and RS schedules.

**Table 3: Month to Month and 12 Months Total Gross Patient Revenue**  
June 2001 to October 2009

Date	Month to Month			12 Months Ending		
	Total Gross Patient Revenue	Change from Previous Month	Change from Previous Year	Total Gross Patient Revenue	Change from Previous Month	Change from Previous Year
Jun-01	\$578,532,783			\$6,733,066,447		
Jul-01	\$580,899,103	0.41%	\$6,795,500,408		0.93%	
Aug-01	\$613,824,024	5.67%	\$6,853,633,667		0.86%	
Sep-01	\$568,615,766	-7.37%	\$6,897,418,625		0.64%	
Oct-01	\$644,611,212	13.36%		\$6,979,176,614	1.19%	
Nov-01	\$604,038,189	-6.29%	\$7,043,920,182		0.93%	
Dec-01	\$577,788,757	-4.35%		\$7,085,601,067	0.59%	
Jan-02	\$656,529,796	13.63%	\$7,136,977,556		0.73%	
Feb-02	\$607,973,222	-7.40%	\$7,200,335,970		0.89%	
Mar-02	\$641,590,465	5.53%	\$7,241,556,241		0.57%	
Apr-02	\$638,501,404	-0.48%	\$7,312,224,737		0.98%	
May-02	\$653,298,149	12.92%	\$7,366,202,870		0.74%	
Jun-02	\$602,657,841	-7.75%	4.17%	\$7,390,327,928	0.33%	9.76%
Jul-02	\$640,349,778	6.25%	10.23%	\$7,449,778,603	0.80%	9.63%
Aug-02	\$648,061,152	1.20%	5.58%	\$7,484,015,731	0.46%	9.20%
Sep-02	\$636,018,338	-1.86%	11.85%	\$7,551,418,303	0.90%	9.48%
Oct-02	\$693,823,628	9.09%	7.63%	\$7,600,630,719	0.65%	8.90%
Nov-02	\$644,999,448	-7.04%	6.78%	\$7,641,591,978	0.54%	8.48%
Dec-02	\$634,717,334	-1.59%	9.85%	\$7,698,520,555	0.74%	8.65%
Jan-03	\$690,215,422	8.74%	5.13%	\$7,732,206,181	0.44%	8.34%
Feb-03	\$607,486,160	-11.99%	-0.08%	\$7,731,719,119	-0.01%	7.38%
Mar-03	\$680,131,794	11.96%	6.52%	\$7,770,260,448	0.50%	6.26%
Apr-03	\$667,979,781	-1.79%	2.25%	\$7,799,738,825	0.38%	5.89%
May-03	\$682,780,605	2.22%	13.29%	\$7,829,221,281	0.38%	5.94%
Jun-03	\$683,516,643	0.11%	6.74%	\$7,910,080,083	1.03%	6.18%
Jul-03	\$711,485,614	4.20%	11.11%	\$8,621,565,697	10.12%	15.73%
Aug-03	\$704,923,616	-0.92%	8.77%	\$8,686,139,535	0.75%	16.06%
Sep-03	\$714,320,832	1.33%	12.31%	\$8,752,399,215	0.76%	15.90%
Oct-03	\$763,869,752	6.94%	10.10%	\$8,880,250,629	1.46%	16.84%
Nov-03	\$682,353,821	-10.67%	5.79%	\$8,868,780,822	-0.13%	16.06%
Dec-03	\$739,376,642	8.36%	16.49%	\$8,963,158,016	1.06%	16.43%
Jan-04	\$733,304,754	-0.82%	6.24%	\$9,061,745,436	1.10%	17.19%
Feb-04	\$706,254,562	-3.69%	16.26%	\$9,077,784,576	0.18%	17.41%
Mar-04	\$772,588,054	9.39%	13.59%	\$9,242,886,470	1.82%	18.95%
Apr-04	\$745,532,140	-3.50%	9.62%	\$9,308,286,816	0.71%	19.79%
May-04	\$732,245,383	-1.78%	9.62%	\$9,372,552,418	0.69%	20.16%
Jun-04	\$768,640,109	4.97%	12.57%	\$8,774,895,279	-6.38%	12.08%
Jul-04	\$750,464,720	-2.36%	5.48%	\$8,813,874,385	0.44%	2.23%
Aug-04	\$776,059,008	3.41%	10.09%	\$8,885,009,777	0.81%	2.29%

Calculations are based on the data available as of December 2009.  
Source: HSCRC monthly data from MS, NS, and RS schedules.

**Table 3 (Cont'd): Month to Month and 12 Months Total Gross Patient Revenue  
June 2001 to October 2009**

Date	Month to Month			12 Months Ending		
	Total Gross Patient Revenue	Change from Previous Month	Change from Previous Year	Total Gross Patient Revenue	Change from Previous Month	Change from Previous Year
Sep-04	\$782,190,030	0.79%	9.50%	\$8,952,878,975	0.76%	2.29%
Oct-04	\$814,775,922	4.17%	6.66%	\$9,003,785,145	0.57%	1.39%
Nov-04	\$794,943,571	-2.43%	16.50%	\$9,116,374,895	1.25%	2.79%
Dec-04	\$787,941,188	-0.88%	6.57%	\$9,164,939,441	0.53%	2.25%
Jan-05	\$828,356,703	5.13%	12.96%	\$9,259,991,390	1.04%	2.19%
Feb-05	\$772,326,257	-6.76%	9.36%	\$9,326,063,085	0.71%	2.74%
Mar-05	\$841,451,352	8.95%	8.91%	\$9,394,926,383	0.74%	1.64%
Apr-05	\$806,366,784	-4.17%	8.16%	\$9,455,761,027	0.65%	1.58%
May-05	\$833,349,704	3.35%	13.81%	\$9,556,865,348	1.07%	1.97%
Jun-05	\$852,532,775	2.30%	10.91%	\$9,640,758,014	0.88%	9.87%
Jul-05	\$828,830,253	-2.78%	10.44%	\$9,719,123,547	0.81%	10.27%
Aug-05	\$873,559,527	5.40%	12.56%	\$9,816,624,066	1.00%	10.49%
Sep-05	\$853,028,718	-2.35%	9.06%	\$9,887,462,754	0.72%	10.44%
Oct-05	\$865,306,913	1.44%	6.20%	\$9,937,993,745	0.51%	10.38%
Nov-05	\$849,596,993	-1.82%	6.88%	\$9,992,647,167	0.55%	9.61%
Dec-05	\$856,692,021	0.84%	8.73%	\$10,061,398,000	0.69%	9.78%
Jan-06	\$902,854,638	5.39%	8.99%	\$10,135,895,935	0.74%	9.46%
Feb-06	\$843,304,205	-6.60%	9.19%	\$10,206,873,883	0.70%	9.44%
Mar-06	\$975,676,919	15.70%	15.95%	\$10,341,099,450	1.32%	10.07%
Apr-06	\$872,892,400	-10.53%	8.25%	\$10,407,625,066	0.64%	10.07%
May-06	\$922,152,632	5.64%	10.66%	\$10,496,427,994	0.85%	9.83%
Jun-06	\$913,106,924	-0.98%	7.11%	\$10,557,002,143	0.58%	9.50%
Jul-06	\$899,626,088	-1.48%	8.54%	\$10,627,797,978	0.67%	9.35%
Aug-06	\$951,657,528	5.78%	8.94%	\$10,705,895,979	0.73%	9.06%
Sep-06	\$917,490,325	-3.59%	7.56%	\$10,770,357,586	0.60%	8.93%
Oct-06	\$975,770,110	6.35%	12.77%	\$10,880,820,783	1.03%	9.49%
Nov-06	\$930,056,732	-4.68%	9.47%	\$10,961,280,522	0.74%	9.69%
Dec-06	\$916,427,417	-1.47%	6.97%	\$11,021,015,918	0.54%	9.54%
Jan-07	\$1,022,633,354	11.59%	13.27%	\$11,140,794,634	1.09%	9.91%
Feb-07	\$910,523,651	-10.96%	7.97%	\$11,208,014,080	0.60%	9.81%
Mar-07	\$1,021,629,133	12.20%	4.71%	\$11,253,966,294	0.41%	8.83%
Apr-07	\$958,181,278	-6.21%	9.77%	\$11,339,255,172	0.76%	8.95%

Calculations are based on the data available as of December 2009.

Source: HSCRC monthly data from MS, NS, and RS schedules.

Table 3 (Cont'd): Month to Month and 12 Months Total Gross Patient Revenue  
June 2001 to October 2009

Date	Month to Month			12 Months Ending		
	Total Gross Patient Revenue	Change from Previous Month	Change from Previous Year	Total Gross Patient Revenue	Change from Previous Month	Change from Previous Year
May-07	\$981,103,898	2.39%	6.39%	\$11,398,206,438	0.52%	8.59%
Jun-07	\$971,732,186	-0.96%	6.42%	\$11,456,831,700	0.51%	8.52%
Jul-07	\$972,779,445	0.11%	8.13%	\$11,529,985,057	0.64%	8.49%
Aug-07	\$1,015,385,168	4.38%	6.70%	\$11,593,712,697	0.55%	8.29%
Sep-07	\$945,741,246	-6.86%	3.08%	\$11,621,963,618	0.24%	7.91%
Oct-07	\$1,055,747,057	11.63%	8.20%	\$11,701,940,565	0.69%	7.55%
Nov-07	\$1,002,920,406	-5.00%	7.83%	\$11,774,804,239	0.62%	7.42%
Dec-07	\$968,444,054	-3.44%	5.68%	\$11,826,820,876	0.44%	7.31%
Jan-08	\$1,085,007,080	12.04%	6.10%	\$11,889,194,602	0.53%	6.72%
Feb-08	\$1,062,143,290	-2.11%	16.65%	\$12,040,814,241	1.28%	7.43%
Mar-08	\$1,072,747,572	1.00%	5.00%	\$12,091,932,680	0.42%	7.45%
Apr-08	\$1,059,020,556	-1.28%	10.52%	\$12,192,771,958	0.83%	7.53%
May-08	\$1,031,548,579	-2.59%	5.14%	\$12,243,216,639	0.41%	7.41%
Jun-08	\$1,036,767,207	0.51%	6.69%	\$12,308,251,660	0.53%	7.43%
Jul-08	\$1,093,266,870	5.45%	12.39%	\$12,428,739,085	0.98%	7.79%
Aug-08	\$1,047,795,168	-4.16%	3.19%	\$12,461,149,085	0.26%	7.48%
Sep-08	\$1,071,875,357	2.30%	13.34%	\$12,587,283,196	1.01%	8.31%
Oct-08	\$1,127,409,000	5.18%	6.79%	\$12,658,945,139	0.57%	8.18%
Nov-08	\$1,018,871,555	-9.63%	1.59%	\$12,674,896,288	0.13%	7.64%
Dec-08	\$1,074,628,265	5.47%	10.96%	\$12,781,080,499	0.84%	8.07%
Jan-09	\$1,100,531,337	2.41%	1.43%	\$12,796,604,756	0.12%	7.63%
Feb-09	\$1,061,155,664	-3.58%	-0.09%	\$12,795,617,130	-0.01%	6.27%
Mar-09	\$1,157,282,995	9.06%	7.88%	\$12,880,152,553	0.66%	6.52%
Apr-09	\$1,113,970,860	-3.74%	5.19%	\$12,935,102,857	0.43%	6.09%
May-09	\$1,062,890,778	-4.59%	3.04%	\$12,966,445,056	0.24%	5.91%
Jun-09	\$1,104,977,386	3.96%	6.58%	\$13,034,655,235	0.53%	5.90%
Jul-09	\$1,142,189,726	3.37%	4.47%	\$13,083,578,091	0.38%	5.27%
Aug-09	\$1,084,668,312	-5.04%	3.52%	\$13,120,451,235	0.28%	5.29%
Sep-09	\$1,110,632,334	2.39%	3.62%	\$13,159,208,212	0.30%	4.54%
Oct-09	\$1,172,181,200	5.54%	3.97%	\$13,203,980,412	0.34%	4.31%

Calculations are based on the data available as of December  
Source: HSCRC monthly data from MS, NS, and RS

Table 4: Average Charge Per Case, Total Inpatient and Outpatient Revenues and Average Length of Stay by Hospital, Maryland Acute Hospitals  
Year Ending October 2009 vs. Year Ending October 2008

Hospital ID	Hospital Name	Year Ending October 2009					Year Ending October 2008					2009 vs. 2008			
		Inpatient Revenue	Cases	CPC	Outpatient Revenue	LOS	Inpatient Revenue	Cases	CPC	Outpatient Revenue	LOS	Inpatient Revenue	Cases	CPC	Outpatient Revenue
210023	Anne Arundel	\$266,350,358	30,037	\$8,867	\$137,367,979	4.16	\$247,206,104	29,296	\$8,438	\$126,019,813	4.19	7.74%	2.53%	5.09%	9.01%
210061	Atlantic General	\$37,928,003	3,806	\$9,965	\$40,205,904	3.60	\$40,380,615	3,727	\$10,835	\$36,103,528	3.86	-6.07%	2.12%	-8.02%	11.36%
210043	Baltimore Washingtc	\$209,707,717	20,499	\$10,230	\$112,131,985	4.03	\$186,613,444	18,949	\$9,848	\$99,982,111	4.24	12.38%	8.18%	3.88%	12.15%
210029	Bayview Med.	\$337,750,918	23,107	\$14,617	\$177,219,740	5.85	\$343,548,943	23,388	\$14,689	\$170,436,803	5.92	-1.69%	-1.20%	-0.49%	3.98%
210013	Bon Secours	\$87,351,398	7,477	\$11,683	\$39,926,617	4.89	\$71,767,766	6,596	\$10,880	\$35,492,205	4.74	21.71%	13.36%	7.37%	12.49%
210027	Braddock Hospital	\$90,088,468	9,446	\$9,537	\$80,180,629	4.31	\$82,327,213	9,243	\$8,907	\$76,070,380	4.30	9.43%	2.20%	7.08%	5.40%
210039	Calvert Memorial	\$65,532,838	9,339	\$7,017	\$52,674,171	3.29	\$61,015,415	9,080	\$6,720	\$44,431,816	3.54	7.40%	2.85%	4.43%	18.55%
210033	Carroll County	\$143,594,801	17,321	\$8,290	\$52,346,189	3.45	\$142,047,811	17,228	\$8,245	\$49,523,427	3.75	1.09%	0.54%	0.55%	5.70%
210030	Chester River	\$30,275,012	3,663	\$8,265	\$26,073,615	3.90	\$32,410,462	3,885	\$8,342	\$22,647,241	4.20	-6.59%	-5.71%	-0.93%	15.13%
210035	Civista	\$69,592,356	8,763	\$7,942	\$35,073,251	4.12	\$68,396,521	8,581	\$7,971	\$33,738,480	4.43	1.75%	2.12%	-0.36%	3.96%
210051	Doctors Community	\$116,260,792	12,082	\$9,623	\$76,254,170	4.05	\$101,645,713	11,611	\$8,754	\$74,026,853	4.29	14.38%	4.06%	9.92%	3.01%
210010	Dorchester	\$30,082,346	3,626	\$8,296	\$21,904,439	3.88	\$28,519,028	3,660	\$7,792	\$20,737,358	4.00	5.48%	-0.93%	6.47%	5.63%
210060	Fort Washington	\$23,531,382	3,144	\$7,485	\$24,032,157	3.51	\$24,135,213	2,997	\$8,053	\$23,040,193	3.78	-2.50%	4.90%	-7.06%	4.31%
210015	Franklin Square	\$292,196,254	30,456	\$9,594	\$122,871,525	3.82	\$291,439,700	30,090	\$9,686	\$116,549,298	3.94	0.26%	1.22%	-0.95%	5.42%
210005	Frederick Memorial	\$171,264,251	20,249	\$8,458	\$99,400,473	4.52	\$168,537,161	20,181	\$8,351	\$87,982,147	4.51	1.62%	0.34%	1.28%	12.98%
210017	Garrett	\$19,793,159	2,895	\$6,837	\$20,579,449	3.33	\$18,229,314	2,952	\$6,175	\$16,389,871	3.43	8.58%	-1.93%	10.72%	25.56%
210044	GBMC	\$237,477,201	25,675	\$9,249	\$167,402,857	4.48	\$210,058,187	25,770	\$8,151	\$156,530,770	4.67	13.05%	-0.37%	13.47%	6.95%
210056	Good Samaritan	\$207,480,008	17,110	\$12,126	\$81,275,228	4.40	\$204,553,156	17,222	\$11,877	\$68,686,167	4.52	1.43%	-0.65%	2.09%	18.33%
210034	Harbor Center	\$148,805,171	15,301	\$9,725	\$51,159,012	4.41	\$150,704,674	15,695	\$9,602	\$48,629,269	4.53	-1.26%	-2.51%	1.28%	5.20%
210006	Harford Memorial	\$60,293,710	7,458	\$8,084	\$36,026,990	3.56	\$60,456,891	7,787	\$7,764	\$36,638,785	3.58	-0.27%	-4.22%	4.13%	-1.67%
210004	Holy Cross	\$292,453,032	36,368	\$8,041	\$106,383,612	4.93	\$289,459,665	35,208	\$8,221	\$104,826,077	5.29	1.03%	3.29%	-2.19%	1.49%
210048	Howard County	\$150,624,435	17,566	\$8,575	\$84,904,527	4.96	\$142,920,248	16,736	\$8,540	\$77,620,954	4.96	5.39%	4.96%	0.41%	9.38%
210009	Johns Hopkins	\$1,127,437,486	50,242	\$22,440	\$546,075,601	5.99	\$1,091,242,848	49,682	\$21,965	\$498,670,990	5.97	3.32%	1.13%	2.17%	9.51%
210058	Kernan	\$69,035,127	3,351	\$20,601	\$36,237,687	11.91	\$63,778,357	3,337	\$19,112	\$34,578,873	12.13	8.24%	0.42%	7.79%	4.80%
210055	Laurel Regional	\$58,557,613	7,030	\$8,330	\$34,563,357	4.49	\$63,290,408	7,183	\$8,811	\$31,151,858	4.61	-7.48%	-2.13%	-5.46%	10.95%

Calculations are based on the data available as of December 2009.

Source: HSCRC monthly data from MS, NS, and RS schedules.

Table 4: Average Charge Per Case, Total Inpatient and Outpatient Revenues and Average Length of Stay by Hospital, Maryland Acute Hospitals  
Year Ending October 2009 vs. Year Ending October 2008

Hospital ID	Hospital Name	Year Ending October 2009					Year Ending October 2008					2009 vs. 2008			
		Inpatient Revenue	Cases	CPC	Outpatient Revenue	LOS	Inpatient Revenue	Cases	CPC	Outpatient Revenue	LOS	Inpatient Revenue	Cases	CPC	Outpatient Revenue
210038	Maryland General	\$136,108,078	12,301	\$11,065	\$41,510,977	4.62	\$142,739,544	12,763	\$11,184	\$42,051,207	5.02	-4.65%	-3.62%	-1.06%	-1.28%
210045	McCready	\$6,473,257	651	\$9,944	\$11,267,142	3.27	\$5,446,258	731	\$7,450	\$11,191,066	3.04	18.86%	-10.94%	33.46%	0.68%
210037	Memorial at Easton	\$97,606,037	11,160	\$8,746	\$63,876,800	3.95	\$90,529,425	11,324	\$7,994	\$56,518,006	3.98	7.82%	-1.45%	9.40%	13.02%
210008	Mercy	\$210,462,389	21,355	\$9,855	\$176,546,708	4.11	\$195,764,674	20,324	\$9,632	\$166,006,946	4.23	7.51%	5.07%	2.32%	6.35%
210018	Montgomery General	\$99,151,030	11,103	\$8,930	\$43,510,340	4.49	\$99,461,698	11,152	\$8,919	\$38,611,708	4.61	-0.31%	-0.44%	0.13%	12.69%
210040	Northwest	\$132,357,798	13,106	\$10,099	\$82,526,755	4.36	\$121,226,938	12,777	\$9,488	\$81,694,494	4.51	9.18%	2.57%	6.44%	1.02%
210019	Peninsula Regional	\$266,076,162	23,836	\$11,163	\$122,994,132	4.65	\$259,681,683	23,354	\$11,119	\$116,764,852	4.83	2.46%	2.06%	0.39%	5.33%
210003	Prince Georges	\$199,517,293	16,426	\$12,146	\$57,066,159	6.22	\$197,388,389	16,672	\$11,840	\$51,681,553	6.54	1.08%	-1.48%	2.59%	10.42%
210057	Shady Grove	\$219,326,776	26,311	\$8,336	\$110,355,231	4.77	\$204,042,302	25,266	\$8,076	\$95,853,446	4.70	7.49%	4.14%	3.22%	15.13%
210012	Sinai	\$407,085,186	28,515	\$14,276	\$212,279,855	5.09	\$402,918,093	29,069	\$13,861	\$213,088,193	5.10	1.03%	-1.91%	3.00%	-0.38%
210054	Southern Maryland	\$161,917,692	18,534	\$8,736	\$65,405,241	3.87	\$155,402,594	19,354	\$8,029	\$69,112,952	3.90	4.19%	-4.24%	8.80%	-5.36%
210011	St. Agnes	\$254,449,792	23,251	\$10,944	\$106,717,389	4.28	\$239,087,361	21,840	\$10,947	\$103,637,054	4.50	6.43%	6.46%	-0.03%	2.97%
210007	St. Josephs Med.	\$288,433,901	24,661	\$11,696	\$110,518,870	4.17	\$281,851,743	25,629	\$10,997	\$93,789,848	4.28	2.34%	-3.78%	6.35%	17.84%
210028	St.Mary's	\$66,889,805	10,850	\$6,165	\$55,006,209	2.94	\$69,740,415	10,764	\$6,479	\$50,243,623	3.07	-4.09%	0.80%	-4.85%	9.48%
210022	Suburban	\$167,590,875	14,395	\$11,642	\$62,229,170	4.23	\$167,906,042	14,826	\$11,325	\$58,166,657	4.24	-0.19%	-2.91%	2.80%	6.98%
210025	The Memorial	\$75,260,462	8,858	\$8,496	\$32,894,295	4.49	\$68,243,006	8,716	\$7,830	\$33,441,522	4.65	10.28%	1.63%	8.52%	-1.64%
210032	Union of Cecil	\$68,742,802	9,204	\$7,469	\$59,082,665	3.63	\$65,213,601	9,294	\$7,017	\$55,383,575	3.71	5.41%	-0.97%	6.44%	6.68%
210024	Union Memorial	\$306,429,597	20,246	\$15,135	\$102,310,959	3.80	\$322,636,288	20,827	\$15,491	\$103,599,428	3.98	-5.02%	-2.79%	-2.30%	-1.24%
210002	Univ. of Maryland Me	\$730,940,746	27,584	\$26,499	\$241,639,773	6.24	\$683,040,422	26,242	\$26,029	\$218,793,073	6.14	7.01%	5.11%	1.81%	10.44%
218992	University (MIEMSS)	\$139,066,238	7,504	\$18,532	\$6,684,668	4.37	\$175,399,676	7,541	\$23,259	\$6,934,494	4.21	-20.71%	-0.49%	-20.32%	-3.60%
218994	University (UMCC)	\$23,671,850	1,297	\$18,251	\$26,860,897	9.60	\$28,501,961	1,271	\$22,425	\$31,354,317	9.43	-16.95%	2.05%	-18.61%	-14.33%
210049	Upper Chesapeake	\$141,024,158	17,209	\$8,195	\$77,296,223	3.41	\$138,830,201	18,073	\$7,682	\$56,606,434	3.29	1.58%	-4.78%	6.68%	36.55%
210016	Washington Adv.	\$218,608,067	19,808	\$11,036	\$67,184,107	4.61	\$212,055,305	19,529	\$10,858	\$64,745,487	4.68	3.09%	1.43%	1.64%	3.77%
210001	Washington County	\$159,194,341	18,188	\$8,753	\$86,096,515	4.78	\$159,191,925	18,372	\$8,665	\$78,185,536	4.76	0.00%	-1.00%	1.01%	10.12%
	Statewide	\$8,919,848,168	772,364	\$11,549	\$4,284,132,244	4.59	\$8,670,984,401	765,794	\$11,323	\$3,987,960,738	4.68	2.87%	0.86%	2.00%	7.43%

Calculations are based on the data available as of December 2009.  
Source: HSCRC monthly data from MS, NS, and RS schedules.