



maryland
health services
cost review commission

Rate Year 2022 Uncompensated Care Report

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INTRODUCTION

Recognizing the financial burden hospitals take on when providing quality care to patients who cannot pay for it, the HSCRC factors in the cost of Uncompensated Care (UCC) into the rates the Commission sets for hospitals.¹ The purpose of this report is to provide background information on the UCC policy and to provide hospital-specific values for the UCC built into statewide rates as well as the amount of funding that will be made available for the UCC pool, the latter of which ensures the burden of uncompensated care is shared equitably across all hospitals.

Uncompensated Care (UCC) is hospital care provided for which no compensation is received, typically a combination of charity care and bad debt.

Charity Care

Charity care services are “those Commission regulated services rendered for which payment is not anticipated”.² Charity care is provided to patients who lack health care coverage or whose health care coverage does not pay the full cost of the hospital bill. There are two types of charity care that may occur across all payers:

1. **Free care** is care for which the patient is not responsible for any out-of-pocket expenses for hospital care. Hospitals are required statutorily to provide free care to patients with a household income less than 200% of the FPL.³
2. **Reduced-cost care** is care for which the patient is only responsible for a portion of out-of-pocket expenses and is required for patients with household income between 200 and 300% of the FPL.⁴ Reduced-cost care is also required for patients that have a financial hardship⁵ and have household incomes below 500% of the FPL. Financial hardship is defined by statute as medical debt, incurred by a household over a 12-month period, which exceeds 25% of household income.⁶ There is no prescribed discount that hospitals must provide to patients between 200% and 500% of the FPL. Per statute “if a patient is eligible for reduced-cost medically necessary care, the hospital shall apply the reduction that is most favorable to the patient.”⁷

Bad Debt

The other type of Hospital UCC is bad debt, which is for “Commission regulated services rendered for which payment is anticipated and credit is extended to the patient” but the payment is not made. Unpaid cost share for patients that do not meet the free thresholds can be charged as

¹ Maryland has a unique all-payer rate setting system for hospitals, administered by the HSCRC. Acute general hospitals in Maryland must charge patients (and insurers) the rate set by the HSCRC for health care services.

² HSCRC Accounting and Budget Manual Section 100, “Accounting Principles and Concepts”, p. 39, August 2008, Available at:

<https://hscrc.maryland.gov/Documents/Hospitals/Compliance/AccountingBudgetManual/2018/SECTION-100-FINAL-08-01-10.pdf>

³ Md. Code, § 19-214.1(b)(2) (i) of the Health General Article

⁴ COMAR 10.37.10.26 A-2 (2)(a)(ii)

⁵ Md. Code, § 19-214.1(a)(2) of the Health General Article

⁶ Md. Code, § 19-214.1(b)(4) of the Health General Article

⁷ Md. Code, § 19-214.1(b)(5) of the Health General Article

bad debt after the hospital makes a reasonable attempt to collect those charges.⁸ However, there are several reasons that a hospital may not include bad debts into uncompensated care, most notably denials.⁹

HSCRC's UCC policy assures access to hospital services in the State for those patients who cannot readily pay for them and equitably distributes the burden of uncompensated care costs across all hospitals and all payers. This approach ensures that hospitals with high volumes of low-income patients are not at a financial disadvantage.

For RY 2022, the determined UCC amount to be built into rates for Maryland hospitals is 4.61 percent. Under the current HSCRC policy, UCC above the statewide average is funded by a statewide pooling system whereby regulated Maryland hospitals draw funds from the pool should they experience a greater-than-average level of UCC and pay into the pool should they experience a less-than-average level of UCC. This ensures that the cost of UCC is shared equally across all hospitals within the State.

METHODOLOGY

The UCC methodology is a cornerstone of the HSCRC's all payer system. In addition to equitably supporting financial assistance for low income patients, the policy incentivizes hospitals to responsibly collect payments from patients and payers who can afford to pay. This prevents UCC costs from rising too quickly, protecting the sustainability of the UCC fund, which

⁸ Bad debt includes unpaid cost share expenses reduced by a reduced-cost care discount for patients eligible for reduced-cost care. The HSCRC requires hospitals to make "a reasonable collection effort" before writing-off bad debt. HSCRC Accounting and Budget Manual Section 100, "Accounting Principles and Concepts", p. 39, August 2008, Available at:

<https://hscrc.maryland.gov/Documents/Hospitals/Compliance/AccountingBudgetManual/2018/SECTION-100-FINAL-08-01-10.pdf>

⁹ These include: a) Contractual allowances and adjustments associated with Commission approved differentials—i.e., prompt payment, SAAC, and the differential granted to Medicare and Medicaid.; b) Administrative, Courtesy and Policy Discounts and Adjustments - These include, but are not limited to, reductions from established rates for courtesy discounts, employee discounts, administrative decision discounts, discounts to patients not meeting charity policy guidelines, undocumented charges and, payments for services denied by third party payers; c) Charges for medically unnecessary hospital services;). Charges written off that are not the result of a patient's inability to pay or where the hospital has not expended a reasonable collection effort - [08/01/08 SECTION 100 ACCOUNTING PRINCIPLES AND CONCEPTS I](#)

in turn ensures that UCC funding remains available for those who truly need it while constraining growth of health care rates for all patients and payers.¹⁰

The HSCRC prospectively calculates the amount of uncompensated care provided in hospital rates at each regulated Maryland hospital using a five-step process:

1. **Statewide UCC:** HSCRC determines the statewide actual UCC based on the prior year's charity care and bad debt as a percentage of gross patient revenue as reported on the Hospitals' Revenue and Expense (RE) Schedules (e.g. Rate year (RY) 2022 UCC rates are based on the UCC percentage from the RY 2020 RE Schedules). The results from this computation determines the statewide UCC rate that will be built into the all-payer hospital rate structures., i.e. all hospital charges will be marked up to account for this statewide uncompensated care rate. Under this system, payers subsidize a share of uncompensated care that is equal to the payer's share of the market. It is important to note that only acute care hospitals are considered when determining the statewide UCC level. (See Appendix II).
2. **Hospital-Specific UCC:** HSCRC determines the hospital-specific actual UCC for each hospital based on the prior year's charity care and bad debt as a percentage of gross patient revenue as reported on the Revenue and Expense (RE) Schedules. (e.g. RY 2022 UCC uses the UCC percentage from the RY 2020 RE Schedules). (See Appendix II).
3. **Predicted Future UCC:** The third step uses a logistic regression model to predict the UCC for RY 2022. A regression is a statistical technique used when determining how much an output amount changes due to changes in multiple inputs. In this case, those inputs include: area deprivation Index (ADI), payer type, and site of care. An expected UCC dollar amount is calculated for every patient encounter. UCC dollars are summed at the hospital level, and summed UCC dollars are divided by hospital total charges to establish the hospital's estimated UCC level. This calculation creates a predicted UCC rate for each hospital. Incorporating predicted UCC into the methodology provides hospitals with a financial incentive to collect payments so that UCC does not rise too quickly and UCC funds remain available for those who truly need it. Because UCC is paid by patients and insurers through rates, uncontrolled increases in UCC could increase hospital rates for everyone. (See Appendix II).
4. **Blended Actual and Predicted UCC:** The HSCRC calculates a 50/50 blend between the hospital- specific actual UCC (described in step 2 above) and the predicted UCC (described in step 3). This calculation serves to balance policy goals of reimbursing hospitals for UCC provided to low-income patients through the hospital's financial assistance policy while also incentivizing hospitals to minimize bad debt by encouraging reasonable activities to collect debt from patients who can afford to pay. (See Appendix I).
5. **Hospital Payments or Contributions to the UCC fund.** The 50/50 blend from step four for each hospital is subtracted from the amount of UCC funding provided in rates (calculated in

¹⁰ Other states have struggled to maintain sustainable uncompensated care funds. One example is New Jersey. H S Berliner, S Delgado, "The rise and fall of New Jersey's uncompensated care fund", J Am Health Policy. Sep-Oct 1991;1(2):47-50. <https://pubmed.ncbi.nlm.nih.gov/10112731/>.

step 1) and multiplied by the hospital's global budget revenue (GBR) to determine how much each hospital will either withdraw from or pay into a statewide UCC Fund. The UCC fund is the funding mechanism to ensure the burden of uncompensated care is shared equitably across all hospitals. Specifically, if a hospital has a UCC rate computed from the 50/50 blend that is less than the statewide average UCC rate from the prior fiscal year that was provided in rates to all hospitals, the hospital will pay into the UCC fund equal to the variance between the two statistics. Conversely, if a hospital has a 50/50 blend that is greater than the statewide average UCC rate, the hospital will receive funding equal to the variance between the two statistics.

Exhibit 1: UCC Methodology Example (\$ Millions)

		Step 1		Step 2	Step 3	Step 4	
	A	B	C = A X B	D	E	F = Avg D & E	G = (F-B) X A
	GBR	Prior Year Statewide UCC Rate	UCC Funding Provided in Rates	Prior Year Hospital-Specific UCC Rate	Predicted Hospital-specific UCC Rate	Hospital-Specific 50/50 Blend	(Payment) or Withdrawal from UCC Fund
Hospital A	\$300	5%	\$15	3%	4%	3.50%	(\$4.50)
Hospital B	\$300	5%	\$15	7%	6%	6.50%	\$4.50

ASSESSMENT

The HSCRC must determine the percentage of UCC to incorporate in hospitals' rates in order to fund the UCC pool. Based on the FY 2020 audited reports, the statewide UCC rate is 4.61 percent, 0.20 percentage points higher than last year's UCC rate of 4.41 percent. According to the statistics published by the U.S. Census Bureau on September 16, 2015, the rate of Marylanders without health insurance decreased from 10.2 percent in 2013 to 7.9 percent in 2014.¹¹ Based on the Census Bureau's American Community Survey, Kaiser Family Foundation estimates Maryland's uninsured rate to have decreased to 6 percent as of 2018;¹² however, as the RY 2020 experience demonstrates, the continuing reductions in UCC that resulted from the implementation of the Affordable Care Act and the lowering of the uninsured population has slowed. For RY 2022, staff will provide a UCC rate of 4.61 percent in rates in keeping with prior year methodologies.

IMPLEMENTATION

Based on the preceding analysis, HSCRC staff will implement the following for RY 2022:

¹¹ <http://www.marylandhbe.com/fewer-marylanders-without-health-coverage-census-bureau-reports/>

¹² <https://www.kff.org/other/state-indicator/total-population/?currentTimeframe=0&selectedRows=%7B%22states%22:%7B%22maryland%22:%7B%7D%7D%7D&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

1. Increase the statewide UCC provision in rates from 4.41% to 4.61% effective July 1, 2021.
2. Continue to use the regression modeling approach approved by the Commission at the June 2016 meeting.
3. Continue to do 50/50 blend of FY20 audited UCC levels and FY2022 predicted UCC levels to determine hospital-specific adjustments for the UCC Fund.

COVID-19 IMPLICATIONS

Early last year, Staff began evaluating the possibility of using multi-year actual UCC averages in lieu of the one year figures to do the 50/50 blend with predicted UCC from the regression. Staff believes that using two or more years of history will make the statistic more stable, especially as the declining trends due to the implementation of the Affordable Care Act appear to have slowed. However, with the onset of Covid-19, Staff halted further work on this and other policy development to allow the hospitals sufficient bandwidth to respond to the pandemic. With the pandemic still on-going, Staff plans to resume evaluation of the multi-year blend on actuals for the RY 2023 UCC policy.

Staff was also concerned about the impact of COVID-19 on the FY2020 Write-off data used to predict RY2022 UCC. To ensure that the data was reliable and accurate, staff performed various statistical and trend analyses on the data, the outcome of which leads staff to believe that the data is significantly correlated to data used in prior year UCC calculations (See appendix III).

Staff will also like to acknowledge that while specialty care sites were opened to handle added volumes brought on by COVID-19 at the height of the pandemic, such as Laurel Hospital and The Baltimore Convention Center, these sites of care are not included with current UCC calculations, as the UCC borne by these facilities are covered by the State.

Appendix I. Hospital Uncompensated Care provision FOR RY 2022

HOSPID	HOSPNAME	FY2022 GBR Permanent Revenue	FY 2020 UCC Based on FY 2022 GBR Permanent Revenue	FY 2020 Percent UCC from the RE Schedule	Percent Predicted UCC (Adjusted)	Predicted UCC Amounts (Based on FY 2022 GBR Permanent Revenue)	50/50 Blend Percent	50/50 Blend Adjusted to FY 2020 UCC Based on FY 2022 GBR Permanent Revenue Level	Percent UCC
210001	Meritus Medical Cntr	\$409,208,011	\$ 21,227,217	5.19%	5.44%	\$ 22,250,576	5.31%	\$ 23,153,055	5.66%
210002	UMMC	\$1,712,117,653	\$ 67,019,513	3.91%	2.56%	\$ 43,854,148	3.24%	\$ 59,043,105	3.45%
210003	UM-Prince George's Hospital	\$359,628,173	\$ 31,594,073	8.79%	7.58%	\$ 27,272,964	8.18%	\$ 31,348,227	8.72%
210004	Holy Cross	\$543,678,044	\$ 43,204,836	7.95%	6.16%	\$ 33,503,543	7.05%	\$ 40,849,205	7.51%
210005	Frederick Memorial	\$388,573,040	\$ 17,556,466	4.52%	4.95%	\$ 19,247,289	4.74%	\$ 19,598,956	5.04%
210006	UM-Harford Memorial	\$114,037,478	\$ 7,472,414	6.55%	4.06%	\$ 4,634,733	5.31%	\$ 6,447,370	5.65%
210008	Mercy Medical Cntr	\$604,003,988	\$ 31,026,006	5.14%	3.93%	\$ 23,727,714	4.53%	\$ 29,157,779	4.83%
210009	Johns Hopkins	\$2,710,191,648	\$ 82,384,244	3.04%	3.17%	\$ 85,870,983	3.10%	\$ 89,600,280	3.31%
210010	UM-SRH at Dorchester	\$47,896,448	\$ 2,930,569	6.12%	4.90%	\$ 2,348,591	5.51%	\$ 2,811,290	5.87%
210011	St. Agnes Hospital	\$458,016,938	\$ 24,698,447	5.39%	5.52%	\$ 25,299,001	5.46%	\$ 26,624,940	5.81%
210012	Sinai Hospital	\$901,651,842	\$ 37,117,410	4.12%	3.65%	\$ 32,907,022	3.88%	\$ 37,289,830	4.14%
210013	Bon Secours Hospital	\$42,591,769	\$ 1,840,957	4.32%	5.14%	\$ 2,189,873	4.73%	\$ 2,146,521	5.04%
210015	MedStar Franklin Square	\$599,770,894	\$ 22,339,505	3.72%	3.64%	\$ 21,854,534	3.68%	\$ 23,534,474	3.92%
210016	Washington Adventist Hospital	\$318,589,062	\$ 21,382,253	6.71%	5.04%	\$ 16,047,160	5.87%	\$ 19,932,135	6.26%
210017	Garrett Co Memorial	\$67,302,095	\$ 4,407,854	6.55%	5.55%	\$ 3,732,012	6.05%	\$ 4,334,690	6.44%
210018	MedStar Montgomery	\$188,495,772	\$ 6,960,277	3.69%	3.51%	\$ 6,618,580	3.60%	\$ 7,231,094	3.84%
210019	Peninsula Regional	\$506,778,910	\$ 20,923,926	4.13%	4.43%	\$ 22,446,579	4.01%	\$ 23,095,921	4.56%
210022	Suburban	\$370,693,880	\$ 14,641,420	3.95%	3.62%	\$ 13,425,044	3.79%	\$ 14,946,121	4.03%

210023	Anne Arundel Medical Cntr	\$715,249,436	\$ 23,427,209	3.28%	3.61%	\$ 25,843,555	3.44%	\$ 26,237,962	3.67%
210024	MedStar Union Memorial	\$450,005,129	\$ 13,562,387	3.01%	3.38%	\$ 15,225,641	3.20%	\$ 15,330,373	3.41%
210027	Western Maryland	\$357,775,195	\$ 17,145,931	4.79%	4.55%	\$ 16,263,334	4.67%	\$ 17,791,301	4.97%
210028	MedStar St. Mary's	\$202,851,623	\$ 7,127,580	3.51%	3.78%	\$ 7,666,348	3.65%	\$ 7,878,151	3.88%
210029	JH Bayview	\$744,561,141	\$ 38,813,885	5.21%	4.85%	\$ 36,136,854	5.03%	\$ 39,913,216	5.36%
210030	UM-SRH at Chestertown	\$56,037,287	\$ 3,444,151	6.15%	4.32%	\$ 2,420,618	5.23%	\$ 3,123,142	5.57%
210032	Union Hospital of Cecil Co	\$178,531,566	\$ 10,749,796	6.02%	5.20%	\$ 9,280,345	5.61%	\$ 10,666,570	5.97%
210033	Carroll Co Hospital Cntr	\$249,529,739	\$ 8,690,025	3.48%	3.67%	\$ 9,165,000	3.58%	\$ 9,508,265	3.81%
210034	MedStar Harbor Hospital Cntr	\$199,742,810	\$ 9,931,263	4.97%	4.42%	\$ 8,821,079	4.69%	\$ 9,986,109	5.00%
210035	UM-Charles Regional	\$169,302,105	\$ 10,530,821	6.22%	5.08%	\$ 8,605,759	5.65%	\$ 10,190,727	6.02%
210037	UM-SRH at Easton	\$243,411,788	\$ 8,517,245	3.50%	2.89%	\$ 7,038,688	3.20%	\$ 8,283,938	3.40%
210038	UMMC - Midtown	\$234,560,805	\$ 10,434,746	4.45%	3.31%	\$ 7,763,225	3.88%	\$ 9,690,892	4.13%
210039	Calvert Health Med Cntr	\$166,499,257	\$ 5,281,607	3.17%	3.64%	\$ 6,059,691	3.41%	\$ 6,039,536	3.63%
210040	Northwest Hospital Cntr	\$285,936,370	\$ 18,646,484	6.52%	4.70%	\$ 13,439,224	5.61%	\$ 17,086,473	5.98%
210043	UM-BWMC	\$482,519,388	\$ 27,591,914	5.72%	3.67%	\$ 17,701,110	4.69%	\$ 24,119,712	5.00%
210044	GBMC	\$515,319,556	\$ 15,101,534	2.93%	3.49%	\$ 17,997,257	3.21%	\$ 17,625,966	3.42%
210048	Howard County General	\$325,719,264	\$ 17,066,403	5.24%	3.77%	\$ 12,280,182	4.50%	\$ 15,627,819	4.80%
210049	UM-Upper Chesapeake	\$348,075,933	\$ 20,954,591	6.02%	3.38%	\$ 11,749,325	4.70%	\$ 17,415,685	5.00%
210051	Doctors Community	\$280,611,465	\$ 19,246,600	6.86%	5.46%	\$ 15,315,243	6.16%	\$ 18,405,080	6.56%
210056	MedStar Good Samaritan	\$285,942,380	\$ 12,930,514	4.52%	3.92%	\$ 11,201,857	4.22%	\$ 12,851,115	4.49%
210057	Shady Grove Adventist Hospital	\$489,441,390	\$ 31,650,044	6.47%	5.02%	\$ 24,587,645	5.75%	\$ 29,948,031	6.12%
210060	Fort Washington Medical Center	\$54,639,542	\$ 3,990,351	7.30%	7.54%	\$ 4,121,801	7.42%	\$ 4,319,932	7.91%
210061	Atlantic General	\$119,968,654	\$ 6,768,490	5.64%	5.19%	\$ 6,225,263	5.42%	\$ 6,919,511	5.77%

210062	MedStar Southern MD	\$295,731,701	\$ 14,570,012	4.93%	4.21%	\$ 12,444,860	4.57%	\$ 14,386,121	4.86%
210063	UM-St. Joseph Med Cntr	\$412,479,912	\$ 15,251,020	3.70%	3.43%	\$ 14,130,162	3.56%	\$ 15,646,243	3.79%
210065	HC-Germantown	\$124,836,843	\$ 10,832,398	8.68%	7.64%	\$ 9,537,547	8.16%	\$ 10,847,525	8.69%
	Total	\$ 18,332,505,926	\$ 840,984,388	4.59%	4.04%	\$ 738,251,960	4.31%	\$ 840,984,388	4.59%

Note: Levindale, UMROI, and UM-Shock Trauma are not included in this analysis. If included, the actual UCC from RY 2020 RE Schedule would be 4.61%. This rate of 4.61% is what is built into rates.

Appendix II. Actual UCC Summary Statistics

The table below presents the actual UCC change by hospital between FY 2019 and FY 2020– it does not reflect predicted UCC rates.

Appendix II. Table 1. Actual UCC Change by Hospital, FY 2019-2020

HOSPID	HOSPNAME	RY 2020 % UCC	RY 2019 % UCC	Variance Over/Under
210001	Meritus Medical Cntr	5.19%	4.61%	0.58%
210002	UMMC	3.91%	4.20%	-0.29%
210003	UM-Prince George's Hospital	8.79%	8.84%	-0.05%
210004	Holy Cross	7.95%	8.36%	-0.41%
210005	Frederick Memorial	4.52%	4.65%	-0.13%
210006	UM-Harford Memorial	6.55%	6.45%	0.10%
210008	Mercy Medical Cntr	5.14%	5.06%	0.08%
210009	Johns Hopkins	3.04%	2.59%	0.45%
210010	UM-SRH at Dorchester	6.12%	5.51%	0.61%
210011	St. Agnes Hospital	5.39%	4.91%	0.48%
210012	Sinai Hospital	4.12%	2.96%	1.16%
210013	Bon Secours	4.32%	2.36%	1.96%
210015	MedStar Franklin Square	3.72%	3.50%	0.22%
210016	Washington Adventist	6.71%	8.19%	-1.48%
210017	Garrett Co Memorial	6.55%	6.97%	-0.42%
210018	MedStar Montgomery	3.69%	3.43%	0.26%
210019	Peninsula Regional	4.13%	3.79%	0.34%
210022	Suburban	3.95%	3.60%	0.35%
210023	Anne Arundel Medical Cntr	3.28%	2.71%	0.57%
210024	MedStar Union Memorial	3.01%	2.98%	0.03%
210027	Western Maryland	4.79%	5.36%	-0.57%
210028	MedStar St. Mary's	3.51%	4.47%	-0.96%
210029	JH Bayview	5.21%	5.20%	0.01%
210030	UM-SRH at Chestertown	6.15%	5.39%	0.76%
210032	Union Hospital of Cecil Co	6.02%	5.32%	0.70%
210033	Carroll Co Hospital Cntr	3.48%	2.33%	1.15%
210034	MedStar Harbor Hospital Cntr	4.97%	4.62%	0.35%
210035	UM-Charles Regional	6.22%	5.26%	0.96%
210037	UM-SRH at Easton	3.50%	3.39%	0.11%
210038	UMMC - Midtown	4.45%	5.20%	-0.75%

210039	Calvert Health Med Cntr	3.17%	4.27%	-1.10%
210040	Northwest Hospital Cntr	6.52%	5.06%	1.46%
210043	UM-BWMC	5.72%	5.90%	-0.18%
210044	GBMC	2.93%	2.58%	0.35%
210045	McCready Memorial		5.38%	-5.38%
210048	Howard County General	5.24%	4.08%	1.16%
210049	UM-Upper Chesapeake	6.02%	4.13%	1.89%
210051	Doctors Community	6.86%	7.27%	-0.41%
210055	UM-Laurel Regional		12.26%	-12.26%
210056	MedStar Good Samaritan	4.52%	4.46%	0.06%
210057	Shady Grove	6.47%	5.16%	1.31%
210058	UM-ROI	3.95%	4.49%	-0.54%
210060	FT. Washington	7.30%	8.31%	-1.01%
210061	Atlantic General	5.64%	4.74%	0.90%
210062	MedStar Southern MD	4.93%	5.23%	-0.30%
210063	UM-St. Joseph Med Cntr	3.70%	3.86%	-0.16%
210064	Levindale	4.80%	4.68%	0.12%
210065	HC-Germantown	8.68%	8.46%	0.22%
218992	UM-Shock Trauma	6.28%	6.26%	0.02%
Total		4.61%	4.41%	0.20%

Note: Free-Standing EDs, Behavior Health and Specialty Hospitals are not included in this analysis

Source: HSCRC RE Schedules

Appendix III. Write-off Data Analyses

HOSPITAL	Hospital Name	FY 2020		FY 2019	
		TOT_CHG	PREDICTED_UCC	TOT_CHG	PREDICTED_UCC
210001	Meritus	\$ 362,989,191	\$ 19,737,440	\$ 369,036,976	\$ 18,134,597
210002	UMMC	\$ 1,555,084,757	\$ 39,831,911	\$ 1,523,304,722	\$ 38,806,181
210003	UM-PGHC	\$ 341,318,592	\$ 25,884,428	\$ 324,900,507	\$ 23,651,869
210004	Holy Cross	\$ 511,271,415	\$ 31,506,521	\$ 518,520,703	\$ 36,298,525
210005	Frederick	\$ 359,679,258	\$ 17,816,086	\$ 352,965,587	\$ 18,341,972
210006	UM-Harford	\$ 100,457,116	\$ 4,082,797	\$ 107,480,496	\$ 4,624,593
210008	Mercy	\$ 548,551,614	\$ 21,549,321	\$ 553,175,818	\$ 21,313,358
210009	Johns Hopkins	\$ 2,453,860,252	\$ 77,749,259	\$ 2,460,960,900	\$ 74,202,193
210010	UM-Dorchester	\$ 38,406,151	\$ 1,883,237	\$ 45,223,858	\$ 2,314,568

210011	St. Agnes	\$ 419,501,571	\$ 23,171,568	\$ 429,347,315	\$ 20,409,003
210012	Sinai	\$ 818,167,825	\$ 29,860,158	\$ 786,008,811	\$ 27,144,657
210013	Grace Medical center	\$ 69,512,240	\$ 3,574,000	\$ 112,480,475	\$ 4,908,287
210015	MedStar Fr Square	\$ 588,927,594	\$ 21,459,424	\$ 555,859,990	\$ 20,641,056
210016	Adventist White Oak	\$ 305,251,723	\$ 15,375,366	\$ 283,496,544	\$ 18,617,983
210017	Garrett	\$ 59,760,227	\$ 3,313,803	\$ 65,237,466	\$ 3,339,540
210018	MedStar Montgomery	\$ 184,111,749	\$ 6,464,645	\$ 179,659,293	\$ 6,979,742
210019	Peninsula	\$ 457,824,421	\$ 20,278,255	\$ 456,040,357	\$ 19,145,025
210022	Suburban	\$ 321,763,218	\$ 11,652,972	\$ 336,195,043	\$ 12,930,829
210023	Anne Arundel	\$ 639,384,460	\$ 23,102,385	\$ 638,915,947	\$ 21,982,738
210024	MedStar Union Mem	\$ 429,931,609	\$ 14,546,466	\$ 421,430,297	\$ 15,662,050
210027	Western Maryland	\$ 337,971,374	\$ 15,363,115	\$ 336,104,673	\$ 14,850,446
210028	MedStar St. Mary's	\$ 199,340,963	\$ 7,533,670	\$ 190,651,240	\$ 7,309,126
210029	JH Bayview	\$ 654,894,625	\$ 31,784,940	\$ 676,879,971	\$ 33,226,513
210030	UM-Chestertown	\$ 41,883,891	\$ 1,809,240	\$ 46,771,763	\$ 1,951,437
210032	ChristianaCare, Union	\$ 163,599,167	\$ 8,504,136	\$ 163,540,394	\$ 7,340,949
210033	Carroll	\$ 231,088,487	\$ 8,487,669	\$ 234,141,186	\$ 8,301,971
210034	MedStar Harbor	\$ 184,401,953	\$ 8,143,593	\$ 188,013,249	\$ 8,530,979
210035	UM-Charles Regional	\$ 155,083,766	\$ 7,883,030	\$ 154,875,318	\$ 7,461,752
210037	UM-Easton	\$ 238,382,456	\$ 6,893,256	\$ 230,782,936	\$ 7,624,533
210038	UMMC Midtown	\$ 198,376,019	\$ 6,565,622	\$ 216,362,184	\$ 7,733,089
210039	Calvert	\$ 156,986,093	\$ 5,713,463	\$ 152,440,161	\$ 5,948,940
210040	Northwest	\$ 266,740,312	\$ 12,536,995	\$ 270,436,111	\$ 14,110,094
210043	UM-BWMC	\$ 438,316,007	\$ 16,079,520	\$ 446,838,259	\$ 16,705,835
210044	GBMC	\$ 470,195,108	\$ 16,421,310	\$ 476,405,568	\$ 16,595,959
210048	Howard County	\$ 300,110,296	\$ 11,314,679	\$ 307,874,351	\$ 13,533,347
210049	UM-Upper Chesapeake	\$ 311,152,323	\$ 10,502,966	\$ 323,542,686	\$ 11,231,490
210051	Doctors	\$ 255,559,577	\$ 13,947,959	\$ 256,571,881	\$ 14,478,704
210056	MedStar Good Sam	\$ 267,313,912	\$ 10,472,083	\$ 258,232,394	\$ 10,783,231
210057	Shady Grove	\$ 458,711,466	\$ 23,043,892	\$ 445,836,157	\$ 24,062,522
210060	Ft. Washington	\$ 61,224,082	\$ 4,618,514	\$ 51,952,283	\$ 4,574,910
210061	Atlantic General	\$ 106,773,194	\$ 5,540,541	\$ 110,346,276	\$ 5,714,101
210062	MedStar Southern MD	\$ 281,748,091	\$ 11,856,408	\$ 273,982,766	\$ 10,949,621
210063	UM-St. Joe	\$ 372,785,338	\$ 12,770,361	\$ 389,641,461	\$ 15,918,298

210065	HC-Germantown	\$ 119,287,524	\$ 9,113,579	\$ 110,764,041	\$ 9,383,182
Total	Statewide	\$ 16,837,681,008	\$ 679,740,581	\$ 16,918,700,246	\$ 696,044,899
	Total Charge Correlation	99.94%			
	Predicted UCC Correlation	99.34%			