

# GALLAGHER

GALLAGHER EVELIUS & JONES  
ATTORNEYS AT LAW

September 12, 2025

**VIA EMAIL & FEDERAL EXPRESS MAIL**

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

**Re: Ruxton SurgiCenter, LLC  
CON Application for Establish an Ambulatory Surgical Facility**

Dear Ms. Dunn:

On behalf Ruxton SurgiCenter, LLC (“RSC”), we are submitting an electronic version, and four (4) hard copies of its Certificate of Need Application and related exhibits, along with one full-size project drawing. We will be providing a WORD version of the application, and an EXCEL file of the MHCC tables under separate email.

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

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

Sincerely,



---

Mallory Regenbogen



---

Alison Lutich

cc: via email

Douglas Jacobs, MD, Executive Director, MHCC  
Wynee Hawk, Director, Center for Health Care Facilities Planning & Development, MHCC  
Ewurama Shaw-Taylor, Chief, Certificate of Need, MHCC  
Alexa Bertinelli, Esq., Assistant Attorney General, MHCC

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Ms. Deanna Dunn  
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Caitlin E. Tepe, Assistant Attorney General, MHCC  
Della Leister, Deputy Health Officer, Baltimore County Health Department  
Thomas B. Smyth, M.D., President, UM SJMC  
Robin Luxon, Senior Vice President, Clinical Integration, UM SJMC  
Laura Doody, Senior Vice President, Hospital Finance, UM SJMC  
Rebecca Daley, Chief Transactions and Regulatory Counsel, UMMS  
Christopher Tully, Senior Associate Counsel, Corporate Governance  
and Transaction, UMMS  
Jeanette Cross, Managing Director, Berkeley Research Group  
Amber M. Olig, Director, Berkeley Research Group  
Steve Madsen, Covalus  
Rob Sanz, Wilmot Sanz

**IN THE MARYLAND HEALTH CARE COMMISSION**

**APPLICATION FOR CERTIFICATE OF NEED**

for the  
Establishment of a New Ambulatory Surgical Facility



**Applicant**

*Ruxton SurgiCenter, LLC*

September 12, 2025

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**PART I - PROJECT IDENTIFICATION AND GENERAL INFORMATION**

**1. FACILITY**

Name of Facility: Ruxton SurgiCenter

**Address:**

8322 Bellona Ave., Suite 201      Towson      21204      Baltimore County  
Street                                      City                                      Zip                                      County

**2. NAME OF OWNER: Ruxton SurgiCenter, LLC**

If Owner is a Corporation, Partnership, or Limited Liability Company, attach a description of the ownership structure identifying all individuals that have or will have at least a 5% ownership share and any related parent entities. Attach a chart that completely delineates this ownership structure.

Ruxton SurgiCenter, LLC is a Maryland limited liability company. Its owners and their respective membership percentages are set out in Table 1 below.

**Table 1  
Ruxton SurgiCenter, LLC Membership**

<b>Members; Names and Addresses</b>	<b>Member Percentages</b>
Ruxton Pain Group, LLC 8322 Bellona Avenue Suite 330 Baltimore, MD 21204	9.963%
Ruxton Orthopaedic Group, LLC 8322 Bellona Avenue Suite 100 Baltimore, MD 21204	20.037%
University of Maryland St. Joseph Medical Center, LLC 7601 Osler Drive Towson, MD 21204	70%

An organizational chart showing the ownership structure is attached as **Exhibit 3**.

**3. APPLICANT.** If the application has a co-applicant, provide the following information in an attachment.

**Name of Project Applicant (Licensee or Proposed Licensee): Ruxton SurgiCenter, LLC**

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**Address:**

**8322 Bellona Avenue, Suite 201**      **Towson**      **21204**      **Maryland**      **Baltimore County**  
**Street**      **City**      **Zip**      **State**      **County**

**Telephone:**      **410-337-2698**

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**4. NAME OF LICENSEE OR PROPOSED LICENSEE, if different from the applicant:**

**Not applicable**

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**5. LEGAL STRUCTURE OF APPLICANT (and LICENSEE, if different from applicant).**

**Check  or fill in applicable information below and attach an organizational chart showing the owners of applicant (and licensee, if different).**

A.	Governmental	<input type="checkbox"/>	
B.	Corporation		
	(1) Non-profit	<input type="checkbox"/>	
	(2) For-profit	<input type="checkbox"/>	
	(3) Close	<input type="checkbox"/>	State & Date of Incorporation <input type="text"/>
C.	Partnership		
	General	<input type="checkbox"/>	
	Limited	<input type="checkbox"/>	
	Limited Liability Partnership	<input type="checkbox"/>	
	Limited Liability Limited Partnership	<input type="checkbox"/>	
	Other (Specify):		
D.	Limited Liability Company	<input checked="" type="checkbox"/>	
E.	Other (Specify):		

**6. PERSON(S) TO WHOM QUESTIONS REGARDING THIS APPLICATION SHOULD BE DIRECTED**

**A. Lead or primary contact:**

**Name and Title:** Robin Luxon, Senior Vice President, Clinical Integration

**Company Name:** University of Maryland St. Joseph Medical Center

**Mailing Address:**

<u>7601 Osler Drive, Jordan 4<sup>th</sup> Floor</u>	<u>Towson</u>	<u>MD</u>	<u>21204</u>
<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip</b>

**Telephone:** 410-337-1112

**E-mail Address (required):** RLuxon@umm.edu

**Fax:**

**If company name is different than applicant briefly describe the relationship** Company is the 70% owner of the applicant.

**B. Additional or alternate contact:**

**Name and Title:** Mallory Regenbogen and Alison Lutich

**Company Name:** Gallagher Evelius & Jones LLP

**Mailing Address:**

<u>218 N. Charles Street, Suite 400</u>	<u>Baltimore</u>	<u>MD</u>	<u>21201</u>
<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip</b>

**Telephone:** 410-727-7702

**E-mail Address (required):** [mregenbogen@gejlaw.com](mailto:mregenbogen@gejlaw.com); [alutich@gejlaw.com](mailto:alutich@gejlaw.com)

**Fax:** 410-468-2786

**If company name is different than applicant briefly describe the relationship** Outside legal counsel



**\*Please provide a chart showing the breakdown of ownership that includes the owners of the real property, and operations. Please include the management company if applicable.**

University of Maryland St. Joseph Medical Center, LLC owns the real property where the ambulatory building that houses the ASF will be located. The ambulatory building in which the ASF will be a tenant is owned by University of Maryland Medical System Corporation. The Applicant is responsible for all operations of the ASF.

**9. TYPE OF PROJECT**

**The following list includes all project categories that require a CON pursuant to COMAR 10.24.01.02(A). Please mark all that apply in the list below.**

If approved, this CON would result in (check as many as apply):

- (1) A new health care facility built, developed, or established
- (2) An existing health care facility moved to another site
- (3) A change in the bed capacity of a health care facility
  
- (4) A change in the type or scope of any health care service offered by a health care facility
- (5) A hospital making a capital expenditure, as defined in Health-General Article, §19-120(k), Annotated Code of Maryland, and in this chapter, that exceeds the hospital capital threshold, including a capital expenditure: 
  - (a) For the relocation of an existing health care facility owned or controlled by a merged asset system, except as provided in Regulation .03E of this chapter; and
  - (b) By a relocated health care facility to permit the facility to offer a new health care service for which CON is otherwise required.

## 10. PROJECT DESCRIPTION

**A. Executive Summary of the Project:** The purpose of this BRIEF executive summary is to convey to the reader a holistic understanding of the proposed project: what it is, why you need to do it, and what it will cost. A one-page response will suffice. Please include:

- (1) Brief Description of the project – what the applicant proposes to do
- (2) Rationale for the project – the need and/or business case for the proposed project
- (3) Cost – the total cost of implementing the proposed project

The proposed project involves the establishment of a new ambulatory surgery facility in Towson, Maryland (the “ASF”) as the result of the relocation and expansion of Ruxton SurgiCenter, currently an ASC-2 located at 8322 Bellona Avenue, Towson, MD 21204. The ASF will be named Ruxton SurgiCenter, LLC. The ASF will have five operating rooms and two procedure rooms and will be located in an ambulatory care building to be constructed adjacent to the University of Maryland St. Joseph Medical Center campus.

This project involves the fit-out of approximately 22,145 SF of space. The total capital costs for the fit-out are estimated to be \$15,163,224, and the total uses of funds are estimated to be \$15,514,856. As explained more fully in the Comprehensive Project Description below, the proposed project seeks to achieve several goals:

- Enhance ambulatory surgery services capacity for the community, significantly improving the access to high quality surgical care.
- Promote delivery of surgical care in the optimal setting, reducing cost to patients and payers.
- Provide a current, state-of-the-art surgical environment that will improve clinical and operational efficiency and enhance the patient experience.

**B. Comprehensive Project Description:** The description should include details regarding:

- (1) Construction, renovation, and demolition plans
- (2) Changes in square footage of departments and units
- (3) Physical plant or location changes
- (4) Changes to affected services following completion of the project
- (5) Outline the project schedule.

## *Applicant Response:*

### **(i) Ruxton SurgiCenter, LLC**

The Applicant, Ruxton SurgiCenter, LLC (“Ruxton SurgiCenter”), is a Maryland limited liability company formed on April 13, 1998. It will own and operate the proposed ASF. Ruxton SurgiCenter has three members: (1) University of Maryland St. Joseph Medical Center, LLC; (2) Ruxton Pain Group, LLC; and (3) Ruxton Orthopaedic Group, LLC. Detailed ownership information is provided in response to Part 1, Item 2 above. Ruxton SurgiCenter currently owns and operates an ASC-2 with two ORs and two procedure rooms. The ASC-2 is located at 8322 Bellona Avenue, Suite 201, Towson, MD 21204.

### **(ii) The Ambulatory Building**

The University of Maryland Medical System Corporation recently requested a Determination of Coverage from the Maryland Health Care Commission (“MHCC”) to undertake a capital project to construct a four-story ambulatory care building adjacent to the campus of University of Maryland St. Joseph Medical Center (the “Ambulatory Building”). Construction of the Ambulatory Building is expected to begin in April of 2026 and conclude in first quarter of CY 2028. The Ambulatory Building will house various tenants providing outpatient medical services, an ambulatory surgery center unaffiliated with the ASF, and Ruxton SurgiCenter ASF. Other services will include:

- Pulmonology practice
- Infusion Center
- Endocrinology and Diabetes Center
- Multispecialty Surgery and Medical practice
- Primary Care practice
- Orthopedics practice
- Sports Medicine Rehabilitation
- Pediatrics practice

### **(iii) The Proposed Project**

Ruxton SurgiCenter will be located on the fourth floor of the Ambulatory Building, located at 7401 Osler Drive, Towson, MD 21204. The project consists of fitting out approximately 22,145 square feet of space within the Ambulatory Building. Ruxton SurgiCenter will perform orthopedic, joint, and pain management surgeries and procedures.

The ASF has been designed as a state-of-the-art facility with consideration given to patient and staff safety, comfort, and efficiency. The main components of the facility include:

- 5 standard operating rooms
- 2 procedure rooms
- 1 room sized appropriately for future use as a potential procedure room or OR to be equipped in the future when needed (“Future Procedure Room or OR”)

- 1 anesthesia workroom
- 23 prep/recovery bays — (2 of which are private prep-recovery rooms)
- 1 nourishment station in prep/recovery
- 1 medication room in prep/recovery
- 4 patient toilets in prep/recovery
- 1 dedicated patient consult room (outside of prep/recovery)
- 1 lobby with patient/visitor waiting
- 1 main reception with registration and business operation functions
- Complete central sterile processing on-site (decontamination, sterilization, prep & pack, sterile supply, vendor drop-off)
- 2 private offices for ASC manager, nurse manager
- 1 staff lounge

Ruxton SurgiCenter anticipates that the ASF will open in the second quarter of CY 2028. A detailed project schedule is provided below in Part 1, Response 14.

**(iv) Rationale for the Project**

The primary goals of the project include adding capacity to address increased demand for outpatient surgical services, particularly in an appropriate, lower-cost setting compared to the acute care hospital setting. As discussed in response to COMAR 10.24.11.05B(2) – Need, growth in cases at Ruxton SurgiCenter will be tied to a shift in appropriate outpatient surgery cases from the University of Maryland St. Joseph Medical Center (“UM SJMC”). This shift will increase access for patients to lower-cost care in the ambulatory surgery setting. Insurance payers are increasingly requiring a significant number of outpatient cases to be performed outside of a hospital setting. The ASF will provide a convenient, more cost-effective setting for outpatient lower-acuity surgical care. The shift of cases from an inpatient to an outpatient setting also aligns with the goals of Maryland’s health care delivery system by promoting cost-efficient care in a medically-appropriate setting.

Ruxton SurgiCenter is operating at capacity in its current two-OR, two-procedure room facility. This results in patients experiencing longer wait times to schedule surgery and presents a barrier to patients accessing outpatient surgical services in the most appropriate setting. As a result, the project aims to address the current capacity issues by expanding the number of ORs available to improve access to care in a timely manner, in the most cost-effective setting.

In addition to addressing patient access to high quality ambulatory surgical care, the project will also provide a modern, state-of-the-art surgical environment designed to improve clinical and operational efficiency and the patient experience. Ruxton SurgiCenter’s current facility spans two floors, which results in inefficiency and operational challenges. The current facility is also over thirty years old, and its aged infrastructure presents additional challenges including expensive maintenance of key systems. Rooms in the current facility are smaller than most modern ambulatory surgery facilities, which limits Ruxton SurgiCenter’s ability to use cutting edge technology and equipment, including robotics. The new ASF will be designed to meet all modern codes and best practices, with space that allows Ruxton SurgiCenter to address its future equipment needs as technology continues to advance. It will also be located all within

one floor, allowing for much more efficient care delivery. Altogether, these design elements will significantly improve the patient and provider experience.

**11. CURRENT CAPACITY AND PROPOSED CHANGES**

<b>Unit Description</b>	<b>Currently Licensed/ Certified</b>	<b>Units to be Added or Reduced</b>	<b>Total Units if Project is Approved</b>
Operating Rooms	2	+3	5
Procedure Rooms	2	0*	2

\*Note: the ASF will include one room that is sized appropriately for potential conversion to a procedure room or OR in the future should the need arise but that will not be fitted with equipment as of the opening date of the facility.

**12.** Identify any community-based services that are or will be offered at the facility and explain how each one will be affected by the project.

No community-based services will be offered at the facility.

**13. REQUIRED APPROVALS AND SITE CONTROL**

- A. Site size: 6.308 acres
- B. Have all necessary State and local land use and environmental approvals, including zoning and site plan, for the project as proposed been obtained?  
 YES \_\_\_\_\_ NO X (If NO, describe below the current status and timetable for receiving each of the necessary approvals.)

Ruxton SurgiCenter will be located in the Ambulatory Building to be constructed at 7401 Osler Drive, which will be owned by the University of Maryland Medical System Corporation (“UMMS”). As the owner and landlord of the building, UMMS is responsible for all land use and environmental approvals including zoning and site plan. UMMS is currently engaged with the Baltimore County Development Review Committee to obtain approvals for the site plan and structure, including zoning, environmental, traffic, and parking, and expects to receive all approvals and permits prior to April 2026. There are no approvals that Ruxton SurgiCenter, as a tenant in the building, will be responsible for obtaining.

C. Form of Site Control (Respond to the one that applies. If more than one, explain.):

- (1) Owned by: University of Maryland Medical System Corporation
- (2) Options to purchase held by: \_\_\_\_\_  
Please provide a copy of the purchase option as an attachment.
- (3) Land Lease held by: \_\_\_\_\_  
Please provide a copy of the land lease as an attachment.
- (4) Option to lease held by: \_\_\_\_\_  
Please provide a copy of the option to lease as an attachment.
- (5) Other: After the Ambulatory Building owned by UMMS is constructed and the proposed project is approved by the MHCC, the Applicant intends to enter a lease with UMMS covering the fourth floor space where the ASF will be located.  
Explain and provide legal documents as an attachment.

**14. PROJECT IMPLEMENTATION SCHEDULE (COMAR 10.24.01.12A)**

In completing this section, please note applicable obligation deadlines set forth in Commission regulations, COMAR 10.24.01.12. Ensure that the information presented reflects information presented in Application Item 10 (Project Description).

**Project Implementation Schedule**

An application for a CON or other Commission approval shall propose a schedule for implementation of the project in accordance with COMAR 10.24.01.12A(1) that specifies the estimated time for, at a minimum, the following project implementation steps: Obligation of Capital Expenditure, Beginning Construction, Complete Construction and Full Operation.

In developing the schedule, please note that COMAR 10.24.01.12C requires a holder to obligate at least 51 percent of the approved capital expenditure for a project involving building construction, renovation, or both, as documented by a binding construction contract or equipment purchase order, within the following specified time periods:

- (a) An approved new hospital has up to 36 months;
- (b) A project involving an approved new non-hospital health care facility or involving a building addition or replacement of building space of a health care facility has up to 24 months;
- (c) A project limited to renovation of existing building space of a health care facility has up to 18 months; and
- (d) A project that does not involve construction or renovation shall document that the approved project is complete and operational within 18 months.

In a multiphase plan of construction with more than one construction contract approved for an existing health care facility, a holder has:

- (a) Up to 12 months after approval to obligate 51 percent of the capital expenditure for the first phase of construction; and
- (b) Up to 12 months after completion of the immediately preceding phase of construction to obligate 51 percent of the capital expenditure for any subsequent approved phase.

*Applicant Response:*

The implementation schedule for the project will be as follows:

- Obligation of at least 51% of the approved capital expenditure for the project – by second quarter of 2027; or approximately 15 months following CON approval.
- Begin fit-out renovations – second quarter 2027.
- Complete renovations – first quarter of 2028; or ten months following initiation of fit-out, whichever is later.
- Full Operation – second quarter 2028; or three months following completion of the fit-out, whichever is later.

## 15. PROJECT DRAWINGS

Projects involving new construction and/or renovations should include scalable schematic drawings of the facility at least a 1/16” scale. Drawings should be completely legible and include dates.

These drawings should include the following before (existing) and after (proposed), as applicable:

- A. Floor plans for each floor affected with all rooms labeled by purpose or function, number of beds, location of bathrooms, nursing stations, and any proposed space for future expansion to be constructed, but not finished at the completion of the project, labeled as “shell space”.
- B. For projects involving new construction and/or site work a Plot Plan, showing the "footprint" and location of the facility before and after the project.
- C. Specify dimensions and square footage of patient rooms.

*Applicant Response:*

Please see **Exhibit 2** for a copy of the project drawings. The Ruxton SurgiCenter ASF space is shaded in blue. Areas shaded in other colors are spaces occupied by other tenants on the fourth floor of the Ambulatory Building.

**16. FEATURES OF PROJECT CONSTRUCTION**

- A. **If the project involves new construction or renovation, complete **Tables C and D of the Hospital CON Application Package****

The project involves a fit-out to renovate space in the Ambulatory Building. See **Exhibit 1**, Table C, attached hereto.

- B. Discuss the availability and adequacy of utilities (water, electricity, sewage, natural gas, etc.) for the proposed project and identify the provider of each utility. Specify the steps that will be necessary to obtain utilities.

All utilities will be the responsibility of UMMS, the owner of the Ambulatory Building in which the ASF will be located. UMMS has arranged for adequate utilities in the building as described below.

**Electric:**

A new electrical service will be provided for the Ambulatory Building, which will serve the ASF. Baltimore Gas & Electric (BGE) will be the electrical utility provider. A utility service application will be submitted to BGE for their review and engineering to provide the necessary and requested power to the building.

**Water:**

A new water service for domestic water and fire protection will be provided for the Ambulatory Building and will serve the ASF. Baltimore City will be the utility provider. A utility service plan and water meter application will be submitted for their review and approval to provide the necessary and requested water connections to the building.

**Sewer:**

A new sewer service will be provided for the Ambulatory Building, which will serve the ASF. Baltimore County Department of Public Works and Transportation (DPW&T) will be the utility provider. A utility service plan will be submitted for their review and approval to provide the necessary and requested sewer connections to the building. The Ambulatory Building has received verification from DPW&T dated August 28, 2024 confirming that there is adequate sewer capacity for the building within the County's sewer system.

## **PART II - PROJECT BUDGET**

### **Complete Table E of the Hospital CON Application Package**

**Note:** Applicant should include a list of all assumptions and specify what is included in each budget line, as well as the source of cost estimates and the manner in which all cost estimates are derived. Explain how the budgeted amount for contingencies was determined and why the amount budgeted is adequate for the project given the nature of the project and the current stage of design (i.e., schematic, working drawings, etc.).

See **Exhibit 1**, Table E.

Assumptions used in developing the project budget are as follows:

A.1.b.(1) Building – The construction cost of the ASF is a Rough Order of Magnitude (“ROM”) estimate produced by the project management team. The ROM was developed for preconstruction planning during project programming.

A.1.b.(3) Architect/Engineering Fees – The cost of design and engineering references current project purchase orders from the Architect of Record, Project Management Team, and various other support contractors for these services.

A.1.c.(1) Movable Equipment – The cost of moveable equipment was developed by the project’s medical equipment firm that specializes in medical equipment planning and procurement for healthcare construction projects. The estimates provided reflect current assumptions regarding the number of anticipated operating and procedure rooms in conjunction with anticipated equipment reuse expectations.

A.1.c.(2) Contingency Allowance – Contingency estimates are based on analogies to similar projects and have been adjusted to represent the uncertainty involved with construction and renovation projects in the current environment.

A. 1.c.(4a) Low Voltage/IT – The cost of Low Voltage technology and IT is estimated using analogies to similar ambulatory surgical facility project costs.

A.1.c.(4b) Furniture – The cost of furniture is estimated using analogies to similar ambulatory surgical facility project costs.

Annual Lease Costs - The lease estimate is based on 22,145 usable square feet plus an allocation of common area square footage (4,282), priced at \$50 a square foot (includes projected rent and CAM expenses).

Inflation - All construction-related cost estimates provided account for inflation. Inflation is calculated from the current value point estimates to the midpoint of construction, by applying an inflation rate factor. The assumed annual inflation rate is derived using specialized industry indices and adjusting, as needed, to reflect current market trends, such as tariffs.

**PART III - APPLICANT HISTORY, STATEMENT OF RESPONSIBILITY, AUTHORIZATION AND RELEASE OF INFORMATION, AND SIGNATURE**

1. List names and addresses of all owners and individuals responsible for the proposed project and its implementation.

Owners: University of Maryland St. Joseph Medical Center, LLC, 7601 Osler Drive, Towson, MD 21204; Ruxton Pain Group, LLC, 8322 Bellona Avenue, Suite 330, Towson, MD 21204; and Ruxton Orthopaedic Group, LLC, 8322 Bellona Avenue, Suite 201, Towson, MD 21204.

Responsible Individual: Thomas B. Smyth, President & CEO, University of Maryland St. Joseph's Medical Center, LLC, 7601 Osler Drive, Towson, MD 21204

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2. Are the applicant, owners, or the responsible persons listed in response to Part 1, questions 2, 3, 4, 7, and 8 above now involved, or have they ever been involved, in the ownership, development, or management of another health care facility? If yes, provide a listing of these facilities, including facility name, address, and dates of involvement.

University of Maryland St. Joseph Medical Center LLC owns and operates University of Maryland St. Joseph Medical Center, an acute general hospital located at 7601 Osler Drive, Towson, MD 21204 and has been the owner of this facility at all times relevant to this Part.<sup>1</sup>

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3. Has the Maryland license or certification of the applicant facility, or any of the facilities listed in response to Question 2, above, been suspended or revoked, or been subject to any disciplinary action (such as a ban on admissions) in the last 5 years? If yes, provide a written explanation of the circumstances, including the date(s) of the actions and the disposition. If the applicant, owners or individuals responsible for implementation of the Project were not involved with the facility at the time a suspension, revocation, or disciplinary action took place, indicate in the explanation.

No.

---

4. Other than the licensure or certification actions described in the response to Question 3, above, has any facility with which any applicant is involved, or has any facility with which any applicant has in the past been involved (listed in response to Question 2, above) received inquiries in last from 10 years from any federal or state authority, the Joint Commission, or other regulatory body regarding possible non-compliance with any state, federal, or Joint Commission requirements for the provision of, the quality of, or the payment for health care services that have resulted in actions leading to the possibility of penalties, admission bans, probationary status, or other sanctions at the applicant facility or at any facility listed in response to Question 2? If yes, provide for each such instance, copies of any settlement reached, proposed findings or final findings of non-compliance and related documentation

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<sup>1</sup> Disclosures in this section relate to a "health care facility" as defined in COMAR 10.24.01.01B(27).

including reports of non-compliance, responses of the facility, and any final disposition or conclusions reached by the applicable authority.

No.

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5. Have the applicant, owners or responsible individuals listed in response to Part 1, questions 2, 3, 4, 7, and 8, above, ever pled guilty to or been convicted of a criminal offense in any way connected with the ownership, development or management of the applicant facility or any of the health care facilities listed in response to Question 2, above? If yes, provide a written explanation of the circumstances, including as applicable the court, the date(s) of conviction(s), diversionary disposition(s) of any type, or guilty plea(s).

No.

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One or more persons shall be officially authorized in writing by the applicant to sign for and act for the applicant for the project which is the subject of this application. Copies of this authorization shall be attached to the application. The undersigned is the owner(s), or Board-designated official of the proposed or existing facility.

I hereby declare and affirm under the penalties of perjury that the facts stated in this application and its attachments are true and correct to the best of my knowledge, information and belief.

September 12, 2025

Date

Signed by:

*Thomas B. Smyth MD*

54FB9F1E7F61435...

Signature of Owner or Board-designated Official  
President & CEO, University of Maryland St.  
Joseph's Medical Center, LLC

---

Position/Title

Thomas B. Smyth

---

Printed Name

**PART IV - CONSISTENCY WITH GENERAL REVIEW CRITERIA AT COMAR  
10.24.01.08G(3):**

**INSTRUCTION:** Each applicant must respond to all criteria included in COMAR 10.24.01.08G(3), listed below.

*An application for a Certificate of Need shall be evaluated according to all relevant State Health Plan standards and other review criteria.*

If a particular standard or criteria is covered in the response to a previous standard or criteria, the applicant may cite the specific location of those discussions in order to avoid duplication. When doing so, the applicant should ensure that the previous material directly pertains to the requirement and to the directions included in this application form. Incomplete responses to any requirement will result in an information request from Commission Staff to ensure adequacy of the response, which will prolong the application's review period.

**10.24.01.08G(3)(a). The State Health Plan.**

**Every applicant must address each applicable standard from COMAR 10.24.11: State Health Plan for Facilities and Services: General Surgical Services.<sup>2</sup>**

**Please provide a direct, concise response explaining the project's consistency with each standard. In cases where demonstrating compliance with a standard requires the provision of specific documentation, please include the documentation as a part of the application as an exhibit.**

**SURGERY Standards**

**A. General Standards.**

**The following general standards reflect Commission expectations for the delivery of surgical services by all health care facilities in Maryland, as defined in Health-General §19-114(d). Each applicant that seeks a Certificate of Need for a project covered by COMAR 10.24.11: State Health Plan for Facilities and Services: General Surgical Services shall address and document its compliance with each of the following general standards as part of its application.**

**Standard .05(A) (1) Information Regarding Charges and Network Participation.**

**Information regarding charges for surgical services shall be available to the public.**

**(a) Each ambulatory surgery center, ambulatory surgical facility, and hospital shall provide to the public, upon inquiry or as required by applicable regulations or law, information concerning charges for the full range of surgical services provided.**

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<sup>2</sup>Copies of all applicable State Health Plan chapter are available on the Commission's web site at <https://mhcc.maryland.gov/mhcc/pages/home/regulations/regulations.aspx>

***Applicant Response:***

Ruxton SurgiCenter maintains a list of charges that is routinely updated. It makes information concerning charges for the full range of surgical services available to the general public upon request.

**(b) Each ambulatory surgery center, ambulatory surgical facility, and general hospital shall provide to the public, upon inquiry or as required by applicable regulations, the names of the health carrier networks in which it currently participates.**

***Applicant Response:***

Ruxton SurgiCenter provides the names of the health carrier networks in which it currently participates to the public upon inquiry. Ruxton SurgiCenter currently participates in the following networks:

<b>Carrier</b>	<b>Details</b>
<b>Aetna</b> - Aetna Medicare - HMO/PPO	HMO-Referrals required PPO Aetna Medicare/HMO-Referrals Required
<b>Amerigroup</b>	MCO- No Referrals Required
<b>Blue Cross Blue Shield – Carefirst</b> - Blue Choice - Federal Employee Program - Carefirst Administrators	HMO-Referrals Required POS PPO EPO Open Access- No Referrals Required
<b>Cigna</b>	HMO- Referrals Required
<b>Cigna Healthspring</b> (formerly Bravo Health, formerly Elder Health Care)	Online referrals from a primary care physician only- no paper referrals. No referrals from Patient First.
<b>Coventry</b> - Coventry of Delaware - Coventry National/First Health	PPO- (Health America)
<b>Golden Rule</b>	No Referrals Required
<b>Humana</b> - Humana Commercial - Humana Medicare Advantage Plans	*HMO plans will require a referral from your primary care provider.
<b>Johns Hopkins Healthcare</b> - EHP	HMO- Referrals Required PPO
<b>Johns Hopkins Healthcare</b> - USFHP	HMO- Referrals Required
<b>Maryland Medical Assistance Medicaid/MCO Plans</b> - Amerigroup - Maryland Physicians Care - Priority Partners - University of Maryland Health Partners - United Healthcare/Community Plan - JAI Medical MCO	
<b>Medicare/Part B Railroad Medicare</b>	No Referrals Required
<b>Medicare Advantage</b> - Aetna A Better Health - Aetna Medicare - Alterwood Health Medicare Advantage Plan	No Referral Required No Referral Required No Referral Required

<ul style="list-style-type: none"> <li>- CareFirst Community Health Plan</li> <li>- CareFirst Medicare Advantage</li> <li>- Erickson</li> <li>- Humana Medicare Advantage</li> <li>- KeyCare Medicare Advantage Plan</li> <li>- United Healthcare Medicare Advantage</li> </ul>	No Referral Required Dual Prime No Referral Required No Referral Required No Referral Required No Referral Required (Only if it is a PPO and patient has out-of-network benefits)
<b>Plans under Multi Plan/PHCS as third party administrator</b>	No Referrals Required
<b>Tricare HealthNet Federal Services</b> <ul style="list-style-type: none"> <li>- Standard Reserve Select/Tricare for Life</li> <li>- Tricare Active Duty</li> <li>- Prime</li> <li>- Veterans Choice</li> <li>- VA Perry Point</li> </ul>	No Referral Required Active Duty- Referrals Required Referrals Required Referrals Required New referral required for every visit
<b>United Healthcare</b> <ul style="list-style-type: none"> <li>- Commercial Plans under UHC/PPO</li> <li>- Community Plan/UHC Medical Assistance</li> <li>- MDIPA/Optimum Choice</li> </ul>	Referrals Required Referrals Required Referrals Required

**(c) Each ambulatory surgery center, ambulatory surgical facility, and general hospital shall provide to the public, upon inquiry, the names of the health carrier networks in which each surgeon and other health care practitioner that provides services at the facility currently participates.**

***Applicant Response:***

Ruxton SurgiCenter will provide to the public, upon inquiry, the names of the health carrier networks in which each surgeon and other health care practitioner that provides services at Ruxton SurgiCenter participates. Each practitioner currently participates in the networks described in response to section (b) above.

**(d) The Commission shall consider complaints to the Consumer Protection Division in the Office of the Attorney General of Maryland or to the Maryland Insurance Administration when evaluating an applicant’s compliance with this standard in addition to evaluating other sources of information.**

Ruxton SurgiCenter is not aware of any complaints filed with the Consumer Protection Division in the Office of the Attorney General of Maryland or to the Maryland insurance Administration regarding its current operations.

**(e) Providing a patient with an estimate of out-of-pocket charges prior to arrival for surgery shall be a condition of any CON issued by the Commission.**

***Applicant Response:***

Ruxton SurgiCenter will provide all patients with an out-of-pocket estimate of charges prior to arrival at the ASF.

**Standard .05(A) (2) Information Regarding Procedure Volume.**

Each hospital, ambulatory surgical facility, and ambulatory surgery center shall provide to the public upon inquiry information concerning the volume of specific surgical procedures performed at the location. A hospital, ambulatory surgical facility, or ASC shall provide the requested information on surgical procedure volume for the most recent 12 months available, updated at least annually.

*Applicant Response:*

Ruxton SurgiCenter will provide, upon inquiry, information concerning the volume of specific surgical procedures it has performed over the most recent 12 months available, updated at least annually.

**Standard .05(A) (3) Charity Care and Financial Assistance Policy. (See ADDENDUM A: ADDRESSING THE CHARITY CARE STANDARD, attached.)**

Each hospital and ambulatory surgical facility shall have a written policy for the provision of charity care and financial assistance regarding free and reduced-cost care to uninsured, underinsured, or indigent patients and shall provide ambulatory surgical services on a charitable basis to qualified persons consistent with the policy. The policy shall include, as applicable below, at a minimum:

(a) **Determination of Eligibility for Charity Care or Financial Assistance.** Within two business days following a patient's request for charity care services, application for medical assistance, or both, the hospital or ambulatory surgical facility shall make a determination of probable eligibility and notify the patient of that determination.

*Applicant Response:*

Ruxton SurgiCenter currently offers charity care to patients, and intends to adopt a more extensive Financial Assistance Policy in the next several months. A copy of its proposed Financial Assistance Policy is attached as **Exhibit 4**. Addendum A, which addresses the Charity Care Standard, is incorporated at the end of the application.

Ruxton SurgiCenter's process for determining eligibility for financial assistance can be found on pages 1-2 of its Financial Assistance Policy. As described in Section 3(c) on page 2, a "determination of probable eligibility will be provided within two business days following a patient's request for charity care services, application for medical assistance, or both."

(b) **Notice of Charity Care Policy and Financial Assistance Policy.** Public notice and information regarding the hospital or ambulatory surgical facility's charity care policy shall be disseminated, on an annual basis, through methods designed to best reach the facility's service area population in a format understandable by the service area population. Notices regarding the facility's charity care policy shall be posted in the registration area and business office of the facility. This notice shall include general information about who qualifies and how to obtain a copy of the policy or may include a posted copy of the policy.

**Prior to a patient's arrival for surgery, the facility shall address any financial concerns of the patient, and individual notice regarding the facility's charity care policy shall be provided.**

***Applicant Response:***

Following receipt of first use approval, Ruxton SurgiCenter plans to publish notice annually regarding its Financial Assistance Policy in the *Baltimore Sun* or another local newspaper. Attached as **Exhibit 5** is an example Financial Assistance Policy ad similar to what Ruxton SurgiCenter intends to publish prior to first use of the facility.

The ASF also intends to post notice regarding its Financial Assistance Policy in the patient waiting room and reception area as well as the administrative office of the facility. See **Exhibit 6** for an example of proposed signage that will be posted at the ASF.

Ruxton SurgiCenter anticipates that individual notice of the availability of financial assistance will be provided to and discussed with patients in advance of their procedures and a financial estimate with the patient's anticipated responsibility will be provided. Ruxton SurgiCenter staff or other assigned designee will be available for consult via phone or to meet in person with any patients who have questions about or plan to apply for financial assistance.

Copies of the Financial Assistance Policy and a financial assistance application will be posted conspicuously on Ruxton SurgiCenter's website prior to first use of the ASF and will be made available for download.

**(c) Criteria for Eligibility. A hospital shall comply with applicable State statutes and HSCRC regulations regarding financial assistance policies and charity care eligibility. A health maintenance organization, acting as both the insurer and provider of health care services for members, shall have a financial assistance policy for its members that is consistent with the minimum eligibility criteria for charity care required of ambulatory surgical facilities described in these regulations. An ambulatory surgical facility, at a minimum, shall include the following eligibility criteria in its charity care policies:**

**(i) Persons with family income below 100 percent of the current federal poverty guideline who have no health insurance coverage and are not eligible for any public program providing coverage for medical expenses shall be eligible for services free of charges; and**

**(ii) Persons with family income above 100 percent of the federal poverty guideline but below 200 percent of the federal poverty guideline shall be eligible for services at a discounted charge, based on a sliding scale of discounts for family income bands.**

*Applicant Response:*

Ruxton SurgiCenter's proposed Financial Assistance Policy, which it intends to adopt in the next several months, is attached as **Exhibit 4**. Please see Addendum A which provides additional details on which portions of the policy address the eligibility criteria.

(d) **A hospital with a level of charity care, defined as the percentage of total operating expenses that falls within the bottom quartile of all hospitals, as reported in the most recent HSCRC Community Benefit Report, shall demonstrate that its level of charity care is appropriate to the needs of its service area population.**

*Applicant Response:*

This standard is inapplicable because the Applicant is not a hospital.

(e) **A hospital shall be able to demonstrate that its historic level of charity care or its projected level of charity care is appropriate to the needs of its actual or projected service area population. This demonstration shall include an analysis of the socio-economic conditions of the hospital's actual or projected service area population, a comparison of those conditions with those of Maryland's overall socio-economic indicators, and a comparative analysis of charity care provision by the applicant hospital and other hospitals in Maryland. The socio-economic indicators evaluated shall include median income and type of insurance by zip code area, when available. The analysis provided may also include an analysis of the social determinants of care affecting use of health care facilities and services and the health status of the actual or projected hospital service area population.**

*Applicant Response:*

This standard is inapplicable because the Applicant is not a hospital.

(f) **An applicant submitting a proposal to establish or expand an ambulatory surgical facility for which third party reimbursement is available, shall commit to provide charitable surgical services to indigent patients that are equivalent to at least the average amount of charity care provided by ambulatory surgical facilities in the most recent year reported, measured as a percentage of total operating expenses. The applicant shall demonstrate that:**

(i) **Its track record in the provision of charitable health care facility services supports the credibility of its commitment;**

*Applicant Response:*

The Applicant is committed to providing a level of charitable surgical services that meets the average amount of charity care provided by ASFs in Maryland, which MHCC Staff confirmed was most recently reported in MHCC's Freestanding Ambulatory Surgical Survey (CY 2023) to be equivalent to \$140,272, or approximately 1% of ASFs' total revenue.

Beginning in CY 2026, following adoption of its Financial Assistance Policy, Ruxton SurgiCenter is committing to provide charitable care equal to or greater than \$140,000 annually, which equates to approximately 0.7% to 0.9% of the facility’s projected total operating expenses. Table 2 below provides the Applicant’s projected amounts of charity care as a percentage of its projected total operating expenses.

**Table 2**  
**Ruxton SurgiCenter**  
**Projected Charity Care Amounts as Percentage of Total Operating Expenses**

	<b>CY 2028</b>	<b>CY 2029</b>	<b>CY 2030</b>
<b>Projected Charity Care</b>	\$140,000	\$140,000	\$140,000
<b>Total Operating Expenses</b>	\$16,334,253	\$20,670,366	\$20,855,442
<b>Charity Care as % of Total Operating Expenses</b>	0.9%	0.7%	0.7%

**Source:** Exhibit 1, Table 4 – Revenue and Expenses – Proposed Project.

Ruxton SurgiCenter provides charity care services today even though it is not required to as an ASC-2. Ruxton SurgiCenter’s historic levels of charity care are provided in **Exhibit 1**, Table 3. The amount of charity care has ranged from approximately \$8K to \$50K from CY 2022 to CY 2024. Ruxton SurgiCenter is committed to provide charity care at the level set forth herein upon opening as an ASF, and as described in section (ii) below, has specific plans for achieving this goal.

**(ii) It has a specific plan for achieving the level of charitable care provision to which it is committed; and**

***Applicant Response:***

Ruxton SurgiCenter’s plan for achieving the level of charity care to which it has committed includes making its patients and the public aware of the availability of its financial assistance program. As described above, Ruxton SurgiCenter intends to publicize notice in the *Baltimore Sun* or another local newspaper. In addition, it intends to post information regarding the availability of financial assistance on the ASF’s website prior to opening and make eligible patients aware prior to surgery. Finally, it intends to inform UM SJMC’s Orthopaedics practice regarding the availability of its financial assistance program, as this practice is the primary source of patient referrals to Ruxton SurgiCenter. Ruxton SurgiCenter also intends to perform outreach regarding its financial assistance program to UM SJMC’s St. Clare Medical Outreach program, a program that is described further in response to the Health Equity standards at COMAR 10.24.01.08G(3)(g). The Applicant does not anticipate any issue in achieving the level of charity care to which it has committed.

Ruxton SurgiCenter intends to track on a quarterly basis and report its progress on provision of charity care to its management committee and annually to its governing board, to ensure it is meeting its commitment.

**(iii) If an existing ambulatory surgical facility has not met the expected level of charity care for the two most recent years reported to the Commission, the applicant shall demonstrate that its historic level of charity care was appropriate to the needs of its service area population.**

*Applicant Response:*

This standard is inapplicable as the Applicant is not an existing ASF.

**(g) A health maintenance organization, acting as both the insurer and provider of health care services for members, if applying for a Certificate of Need for a surgical facility project, shall make a commitment to provide charitable services to indigent patients. Charitable services may be surgical or non-surgical and may include charitable programs that subsidize health plan coverage. At a minimum, the amount of charitable services provided as a percentage of total operating expenses for the health maintenance organization will be equivalent to the average amount of charity care provided statewide by ambulatory surgical facilities, measured as a percentage of total ambulatory surgical facility expenses, in the most recent year reported. The applicant shall demonstrate that:**

**(i) Its track record in the provision of charitable health care facility services supports the credibility of its commitment;**

**(ii) It has a specific plan for achieving the level of charitable care provision to which it is committed; and**

**(iii) If the health maintenance organization's track record is not consistent with the expected level for the population in the proposed service area, the applicant shall demonstrate that its historic level of charity care was appropriate to the needs of the population in the proposed service area.**

*Applicant Response:*

This standard is inapplicable as the Applicant is not a health maintenance organization.

**Standard .05(A)(4) Quality of Care.**

**A facility providing surgical services shall provide high quality care.**

**(a) An existing hospital or ambulatory surgical facility shall document that it is licensed, in good standing, by the Maryland Department of Health.**

*Applicant Response:*

A copy of Ruxton SurgiCenter's ambulatory surgery center license is attached hereto as **Exhibit 7**.

**(b) A hospital shall document that it is accredited by the Joint Commission or other accreditation organization recognized by the Centers for Medicare and Medicaid and the Maryland Department of Health as acceptable for obtaining Medicare certification and Maryland licensure.**

*Applicant Response:*

A copy of Ruxton SurgiCenter's Joint Commission Accreditation letter is attached hereto as **Exhibit 8**.

**(c) An existing ambulatory surgical facility or ASC shall document that it is:**

**(i) In compliance with the conditions of participation of the Medicare and Medicaid programs;**

*Applicant Response:*

See attached **Exhibit 9**, which confirms that Ruxton SurgiCenter is a CMS-certified ambulatory surgery center.

**(ii) Accredited by the Joint Commission, the Accreditation Association for Ambulatory Health Care, the American Association for Accreditation of Ambulatory Surgery Facilities, or another accreditation agency recognized by the Centers for Medicare and Medicaid Services as acceptable for obtaining Medicare certification; and**

*Applicant Response:*

See attached **Exhibit 8**, for Ruxton SurgiCenter's current ambulatory surgery center Joint Commission Accreditation. Ruxton SurgiCenter intends to obtain accreditation as an ambulatory surgery facility through a recognized accreditation agency within two years of opening.

**(iii) A provider of quality services, as demonstrated by its performance on publicly reported performance measures, including quality measures adopted by the Centers for Medicare and Medicaid Services. The applicant shall explain how its ambulatory surgical facility or each ASC, as applicable, compares on these quality measures to other facilities that provide the same type of specialized services in Maryland.**

*Applicant Response:*

Ruxton SurgiCenter participates in the CMS ASC Quality Reporting Program, a reporting program implemented by CMS that collects and publicly reports facility-level measure data from ASCs. Ruxton SurgiCenter's most recent submission, which was submitted May 15, 2025, is attached hereto as **Exhibit 10**. As demonstrated in **Exhibit 10**, Ruxton SurgiCenter performs

highly on the reported metrics and in most cases had no reportable events, which evidences its high-quality care.

**(d) An applicant seeking to establish an ambulatory surgical facility shall:**

**(i) Demonstrate that the proposed facility will meet or exceed the minimum requirements for licensure in Maryland in the areas of administration, personnel, surgical services provision, anesthesia services provision, emergency services, hospitalization, pharmaceutical services, laboratory and radiologic services, medical records, and physical environment;**

***Applicant Response:***

Ruxton SurgiCenter currently meets or exceeds the minimum requirements for licensure in Maryland as an ASC-2 in the areas of administration, personnel, surgical services provision, anesthesia services provision, emergency services, hospitalization, pharmaceutical services, laboratory and radiologic services, medical records, and physical environment. Ruxton SurgiCenter will meet or exceed the minimum licensure requirements in these areas for an ASF if this application is approved.

**(ii) Agree that, within two years of initiating service at the facility, it will obtain accreditation by the Joint Commission, the Accreditation Association for Ambulatory Health Care, or the American Association for Accreditation of Ambulatory Surgery Facilities or another accreditation organization recognized by the Centers for Medicare and Medicaid Services as acceptable for obtaining Medicare certification and approved by the State of Maryland; and**

***Applicant Response:***

Ruxton SurgiCenter will obtain accreditation by a recognized accreditation agency within two years of initiating service at the ASF.

**(iii) Acknowledge in writing that, if the facility fails to obtain the accreditation in subparagraph (ii) on a timely basis, it shall voluntarily suspend operation of the facility.**

***Applicant Response:***

Ruxton SurgiCenter acknowledges that if the ASF fails to obtain accreditation within two years of initiating service at the ASF, it will voluntarily suspend operation of the facility.

**(e) An applicant or a related entity that currently or previously has operated or owned one or more ASCs or ambulatory surgical facilities in or outside of Maryland, in the five years prior to the applicant's filing of an application to establish an ambulatory surgical facility, shall provide details regarding the quality of care provided at each such ASC or ambulatory surgical facility including information on licensure, accreditation, performance metrics, and other relevant information.**

*Applicant Response:*

Not applicable. Ruxton SurgiCenter has not operated or owned any other ASCs or ASFs in the past five years.

**Standard .05(A) (5) Transfer Agreements.**

**(a) Each hospital shall have arrangements for transfer of surgical patients to another hospital that comply with the requirements of Health-General Article §19-308.2.**

*Applicant Response:*

Ruxton SurgiCenter has a written transfer agreement with University of Maryland St. Joseph Medical Center, which is a local Medicare participating hospital. A copy of this Transfer Agreement is attached hereto as **Exhibit 11**.

**(b) Each ambulatory surgical facility shall have a process for assuring the emergency transfer of surgical patients to a hospital that complies with the requirements of COMAR 10.05.05.09.**

*Applicant Response:*

The Transfer Agreement attached hereto as **Exhibit 11** sets forth the facility's processes for assuring emergency transfer of surgical patients in accordance with COMAR 10.05.05.09. In particular, Sections 2.1, 2.C, and 2.E of the policy address these requirements.

**B. Project Review Standards.**

**The standards in this regulation govern reviews of Certificate of Need applications involving surgical facilities and services. An applicant for a Certificate of Need shall demonstrate consistency with all applicable review standards.**

**Standard .05B (1) Service Area.**

**An applicant proposing to establish a new hospital providing surgical services or an ambulatory surgical facility shall identify its projected service area. An applicant proposing to expand the number of operating rooms at an existing hospital or ambulatory surgical facility shall document its existing service area, based on the origin of patients served.**

*Applicant Response:*

Ruxton SurgiCenter proposes to establish an ambulatory surgical facility. Patient origins from Ruxton SurgiCenter and patient origins from UM SJMC Same Day Surgery ("SDS") joint replacements during CY 2024 were accumulated by zip code and case count to determine the projected service area for Ruxton SurgiCenter, the proposed ASF. To determine the zip codes to be included in the service area, the Applicant identified the zip codes that comprised the top



**Table 3**  
**Ruxton SurgiCenter Projected Service Area (All Ages) Zip Codes and Cases**  
**CY 2024**

#	Zip Code	Community	County	Cases	Cummulative % f Cases
1	21093	Lutherville Timonium	Baltimore County	629	6.7%
2	21234	Parkville	Baltimore County	615	13.2%
3	21236	Nottingham	Baltimore County	398	17.5%
4	21208	Pikesville	Baltimore County	320	20.9%
5	21286	Towson	Baltimore County	282	23.8%
6	21014	Bel Air	Harford County	266	26.7%
7	21030	Cockeysville	Baltimore County	251	29.3%
8	21204	Towson	Baltimore County	242	31.9%
9	21212	Baltimore	Baltimore City	227	34.3%
10	21015	Bel Air	Harford County	226	36.7%
11	21220	Middle River	Baltimore County	221	39.1%
12	21117	Owings Mills	Baltimore County	196	41.2%
13	21009	Abingdon	Harford County	192	43.2%
14	21209	Baltimore	Baltimore County	181	45.1%
15	21221	Essex	Baltimore County	178	47.0%
16	21047	Fallston	Harford County	176	48.9%
17	21050	Forest Hill	Harford County	173	50.7%
18	21136	Reisterstown	Baltimore County	168	52.5%
19	21222	Dundalk	Baltimore County	160	54.2%
20	21128	Perry Hall	Baltimore County	140	55.7%
21	21206	Baltimore	Baltimore City	137	57.2%
22	21237	Rosedale	Baltimore County	134	58.6%
23	21131	Phoenix	Baltimore County	118	59.8%
24	21210	Baltimore	Baltimore City	112	61.0%
25	21085	Joppa	Harford County	110	62.2%
26	21078	Havre de Grace	Harford County	105	63.3%
27	21120	Parkton	Baltimore County	105	64.4%
28	21111	Monkton	Baltimore County	98	65.5%
29	21239	Baltimore	Baltimore City	96	66.5%
30	21084	Jarrettsville	Harford County	91	67.5%
31	21161	White Hall	Harford County	91	68.4%
32	21218	Baltimore	Baltimore City	86	69.3%
33	21001	Aberdeen	Harford County	82	70.2%
34	21152	Sparks Glencoe	Baltimore County	76	71.0%
35	21087	Kingsville	Baltimore County	74	71.8%
36	21224	Baltimore	Baltimore City	71	72.6%
37	21228	Catonsville	Baltimore County	71	73.3%
38	21074	Hampstead	Carroll County	68	74.0%
39	21013	Baldwin	Baltimore County	65	74.7%
40	21042	Ellicott City	Howard County	65	75.4%
41	21057	Glen Arm	Baltimore County	64	76.1%
42	21040	Edgewood	Harford County	61	76.7%
43	21219	Sparrows Point	Baltimore County	60	77.4%
44	21157	Westminster	Carroll County	59	78.0%
45	21102	Manchester	Carroll County	57	78.6%
46	21048	Finksburg	Carroll County	56	79.2%
47	21215	Baltimore	Baltimore City	56	79.8%
48	21214	Baltimore	Baltimore City	54	80.4%
49	21211	Baltimore	Baltimore City	50	80.9%
50	21154	Street	Harford County	49	81.4%
51	21162	White Marsh	Baltimore County	47	81.9%
52	21784	Sykesville	Carroll County	47	82.4%
53	21133	Randallstown	Baltimore County	46	82.9%
54	21053	Freeland	Baltimore County	42	83.4%
55	17314	Delta	York County, PA	40	83.8%
56	17349	New Freedom	York County, PA	40	84.2%
57	17363	Stewartstown	York County, PA	40	84.6%
58	21230	Baltimore	Baltimore City	40	85.1%

Source: Ruxton SurgiCenter and UM SJMC internal historical data.

For the zip codes included in Ruxton SurgiCenter’s projected service area, population projections through 2030 were obtained from Nielsen Claritas for the 0-17, 18-44, 45-64, and 65+ age cohorts. These data are presented in Table 4 below.

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

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

**Notes:**

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

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

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

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

In total, the service area population is projected to decline by 1.5% (22,022 people) from 2025 to 2030. The age cohorts of 0-17, 18-44, and 45-64 are projected to decline, while the 65+ age cohort is projected to increase by 9.7%, or roughly 28,000 people. Increasing access to outpatient orthopedic surgical procedures addresses the needs of the senior population.

Using the compounded annual growth rates from 2025 to 2030, as set forth in Table 4, population projections for Ruxton SurgiCenter’s projected service area were extrapolated through 2032. Table 5 below depicts the projected population growth for each age cohort.

**Table 5**  
**Ruxton SurgiCenter’s Historical and Projected Service Area Population**  
**CY 2022- CY 2032**

Age Group	Historical			Projection							
	CY2022	CY2023	CY2024	CY2025	CY2026	CY2027	Year 1 CY 2028	Year 2 CY 2029	Year 3 CY 2030	Year 4 CY 2031	Year 5 CY 2032
0-17	306,846	308,558	300,564	299,326	296,161	293,030	289,932	286,866	283,833	280,832	277,863
% change		0.6%	-2.6%	-0.4%	-1.1%	-1.1%	-1.1%	-1.1%	-1.1%	-1.1%	-1.1%
18-44	517,485	515,222	524,964	520,246	516,094	511,975	507,889	503,836	499,815	495,826	491,869
% change		-0.4%	1.9%	-0.9%	-0.8%	-0.8%	-0.8%	-0.8%	-0.8%	-0.8%	-0.8%
45-64	379,145	376,090	364,527	361,526	358,681	355,858	353,058	350,280	347,523	344,788	342,075
% change		-0.8%	-3.1%	-0.8%	-0.8%	-0.8%	-0.8%	-0.8%	-0.8%	-0.8%	-0.8%
65+	272,739	278,677	282,629	286,513	291,888	297,365	302,944	308,628	314,418	320,317	326,327
% change		2.2%	1.4%	1.4%	1.9%	1.9%	1.9%	1.9%	1.9%	1.9%	1.9%
<b>Total Service Area</b>	<b>1,476,215</b>	<b>1,478,547</b>	<b>1,472,684</b>	<b>1,467,611</b>	<b>1,462,825</b>	<b>1,458,228</b>	<b>1,453,823</b>	<b>1,449,609</b>	<b>1,445,589</b>	<b>1,441,763</b>	<b>1,438,133</b>
% change		0.2%	-0.4%	-0.3%	-0.3%	-0.3%	-0.3%	-0.3%	-0.3%	-0.3%	-0.3%

Source: Population data from Nielsen Claritas.

The population ages 65+ is projected to grow at a rate of approximately 1.9% annually from CY 2028 to 2032. All other age cohorts are projected to decline, with the largest decline in the 0-17 age cohort.

**Standard .05B (2) Need - Minimum Utilization for Establishment of a New or Replacement Facility.**

**An applicant proposing to establish or replace a hospital or ambulatory surgical facility shall:**

**(a) Demonstrate the need for the number of operating rooms proposed for the facility, consistent with the operating room capacity assumptions and other guidance included in Regulation .06 of this Chapter.**

***Applicant Response:***

Ruxton SurgiCenter currently has two ORs and is proposing to establish a new ASF with five ORs, anticipated to open in CY 2028. Please see response to COMAR 10.23.11.05B(2)(b) below, which demonstrates the need for five ORs at Ruxton SurgiCenter beginning in CY 2028 based on the capacity assumptions included in Regulation .06.

**(b) Provide a needs assessment demonstrating that each proposed operating room is likely to be utilized at optimal capacity or higher levels within three years of the initiation of surgical services at the proposed facility, consistent with Regulation .06 of this Chapter.**

**Applicant Response:**

Ruxton SurgiCenter currently performs orthopedic and pain cases in its existing two ORs, and intends to perform the same types of cases when it establishes the five-OR ASF. In recent years, its two ORs have been highly utilized. Optimal capacity for an outpatient general purpose OR is 97,920 minutes per year, which represents 80% of full capacity, which is 122,400 minutes per year. To calculate Ruxton SurgiCenter’s historical utilization as a percentage of full capacity, Ruxton SurgiCenter calculated its total OR minutes plus turnaround time and divided it by 244,800, which reflects the MHCC full capacity standard for two ORs. As shown in Table 6 below, OR utilization at Ruxton SurgiCenter increased from 99.4% of full capacity in CY 2022 to 109.5% of full capacity in CY 2024. Ruxton experienced a 3.8% decline in cases from CY 2022 to CY 2023 due to a physician retirement in CY 2022. A new replacement surgeon was recruited, but the new physician’s ramp up in cases took time, leaving a slight decline in volumes in CY 2023. Utilization as a percentage of full capacity in CY 2023 (96.2%) remained well above optimal capacity (80%). Total cases increased significantly in CY 2024, and utilization as a percentage of full capacity increased to 109.5%.

**Table 6**  
**Ruxton SurgiCenter Historical Utilization**  
**CY 2022 – CY 2024**

	<b>CY2022</b>	<b>CY2023</b>	<b>CY2024</b>
Ortho Cases	2,435	2,313	2,650
Ortho Minutes	176,265	168,540	191,925
<i>Ortho Min/Case</i>	72	73	72
Pain Cases in OR	65	93	103
Pain Minutes in OR	4,680	6,696	7,416
<i>Pain Min/Case</i>	72.0	72.0	72.0
Total ORCases	2,500	2,406	2,753
<i>yoy ORCase Growth</i>		-3.8%	14.4%
Total ORMinutes	180,945	175,236	199,341
<i>yoy ORMinutes Growth</i>		-3.2%	13.8%
Turnaround Time (TOT)*	62,500	60,150	68,825
Total ORMinutes + TOT	243,445	235,386	268,166
Full Capacity	244,800	244,800	244,800
<b>% Utilization</b>	<b>99.4%</b>	<b>96.2%</b>	<b>109.5%</b>

Note: \* Assumes TOT of 25 minutes/case

Source: Ruxton SurgiCenter historical data

As demonstrated by the % Utilization row in Table 6 above, which shows utilization as a percentage of full capacity, Ruxton SurgiCenter’s current utilization exceeds full capacity.

Ruxton SurgiCenter accommodates this current utilization by operating its ORs from 7:30am – 5:00pm, 254 days per year. This results in 289,560 total available OR minutes.

The Applicant’s goals for this project are to establish a new ASF that will be capable of accommodating Ruxton SurgiCenter’s existing cases, additional joint cases that are expected to shift from UM SJMC once the new facility opens, and demographic growth, primarily from the 65+ age cohort. The new ASF will allow these cases to be performed in the lowest-cost setting, which is beneficial to patients and in alignment with the goals of the AHEAD Model. The new ASF will also help alleviate some of the current wait times patients are experiencing to schedule cases at Ruxton SurgiCenter.

From CY 2024 to CY 2027, Ruxton SurgiCenter’s operating case volumes are projected to grow slightly, in line with the demographic growth in the service area. Volumes are otherwise expected to remain constant during this time period given the significant capacity limits at the existing two-OR center. Assumptions during this time period include:

1. Commercial payor volumes are representative of the 0-64 age cohort.
2. Commercial payor volumes are distributed by age cohort based on historical CY 2024 cases by age.
3. Medicare and Medicare Advantage payers are representative of the 65+ age cohort.
4. Turnaround time is 25 minutes per case.
5. Optimal capacity of 80%.

Given these assumptions, case volumes for CY 2024 by payer were used as the base and the annual growth rates by age cohort (seen in Table 4 above) weighted by the number of CY 2024 cases performed by age cohort were applied to the respective CY 2024 payer volumes to obtain projected volumes in CY 2025 to CY 2027. As shown in Table 7 below, during the CY 2025 to CY 2027 time frame prior to the opening of the ASF, the two ORs at Ruxton SurgiCenter are projected to have OR utilization as a percentage of optimal capacity between 137.9% and 138.1%.

The proposed five ORs at the ASF will each be equipped with the same functionality and equipment. Cases will be distributed equally among the ORs. In CY 2028 upon opening of the ASF, case volume projections reflect the transition of same day surgery (SDS) joint replacement cases from UM SJMC to Ruxton SurgiCenter, demographic growth for Ruxton SurgiCenter cases, and new physician case growth.

In Year 1 (CY 2028), 675 SDS joint replacement cases from UM SJMC are projected to be performed in the new facility. In Year 2 (CY 2029), 1,350 joint replacement cases from UM SJMC will be performed in the new facility. In CY 2028, three new surgeons ( [REDACTED] ) will begin performing joint and orthopedic cases at the ASF, while Dr. Tarantino is expected to retire from performing surgical services in CY 2026. This volume is represented in the Ruxton SurgiCenter Orthopedic Cases. Volume growth at Ruxton SurgiCenter in CY 2029 remains attributable to the three new physicians bringing their remaining cases. Volume growth from CY 2030 to CY 2032 for Ruxton SurgiCenter cases reflects demographic growth. The row titled OR utilization in Table 7 below shows projected OR utilization as a percentage of optimal capacity. As the calculations show, by the end of Year 2 (2029) the projected volume supports the need for five ORs as the utilization will exceed optimal capacity.

Ruxton SurgiCenter’s projected volumes exceed optimal capacity in each year projected thereafter as well.

**Table 7  
Historic and Projected Need for Operating Rooms  
CY 2022- CY 2032**

	Historical		Current Actual	Projection							
	CY 2022	CY 2023	CY 2024	CY 2025	CY 2026	CY 2027	CY 2028	CY 2029	CY 2030	CY 2031	CY 2032
Number of Operating Rooms	2	2	2	2	2	2	5	5	5	5	5
<b>OR Minutes by Case Type</b>											
Orthopedic	72	73	72	72	72	72	72	72	72	72	72
Pain	72	72	72	72	72	72	72	72	72	72	72
UMSJMCS Joint	-	-	-	-	-	-	100	100	100	100	100
Turnaround Time	25	25	25	25	25	25	25	25	25	25	25
<b>OR Case Count by Type</b>											
Ruxton SurgiCenter Orthopedic Cases	2,435	2,313	2,650	2,669	2,670	2,672	2,925	3,176	3,271	3,369	3,470
Ruxton SurgiCenter Pain Cases	65	93	103	103	104	105	113	123	127	131	135
Total Ruxton SurgiCenter Cases	2,500	2,406	2,753	2,772	2,774	2,777	3,038	3,299	3,398	3,500	3,605
Incremental Joint Cases from UMSJMCS SDS	-	-	-	-	-	-	675	1,350	1,350	1,350	1,350
Total Incremental Cases from UMSJMCS SDS	-	-	-	-	-	-	675	1,350	1,350	1,350	1,350
Total Ortho Cases at new ASF	-	-	-	-	-	-	3,600	4,526	4,621	4,719	4,820
Total Pain Cases at new ASF	-	-	-	-	-	-	113	123	127	131	135
<b>Total OR Cases</b>	-	-	-	-	-	-	3,713	4,649	4,748	4,850	4,955
Total OR Minutes	180,945	175,236	199,341	200,752	200,891	201,062	287,492	373,867	381,055	388,450	396,059
Total OR Turnaround Time	62,500	60,150	68,825	69,312	69,360	69,419	92,830	116,222	118,704	121,257	123,884
<b>Total OR Minutes + TOT</b>	243,445	235,386	268,166	270,063	270,251	270,481	380,322	490,088	499,759	509,707	519,943
Optimal OR Capacity per MHCC Guidelines	195,840	195,840	195,840	195,840	195,840	195,840	489,600	489,600	489,600	489,600	489,600
<b>OR Utilization</b>	<b>124.3%</b>	<b>120.2%</b>	<b>136.9%</b>	<b>137.9%</b>	<b>138.0%</b>	<b>138.1%</b>	<b>77.7%</b>	<b>100.1%</b>	<b>102.1%</b>	<b>104.1%</b>	<b>106.2%</b>
<b>Number of ORs Needed at Optimal OR Capacity</b>	<b>2.5</b>	<b>2.4</b>	<b>2.7</b>	<b>2.8</b>	<b>2.8</b>	<b>2.8</b>	<b>3.9</b>	<b>5.0</b>	<b>5.1</b>	<b>5.2</b>	<b>5.3</b>

Note: Historical Orthopedic OR minutes are an estimate.  
Source: Ruxton SurgiCenter historical financials, UMSJMCS CY24SDS orthopedic volumes by physician

**(c) An applicant proposing to establish or replace a hospital shall submit a needs assessment that includes the following:**

**(i) Historic trends in the use of surgical facilities for inpatient and outpatient surgical procedures by the new or replacement hospital’s likely service area population;**

**(ii) The operating room time required for surgical cases projected at the proposed new or replacement hospital by surgical specialty or operating room category; and**

**(iii) In the case of a replacement hospital project involving This standard is inapplicable as Ruxton SurgiCenter is not a hospital.**

***Applicant Response:***

This standard is inapplicable as Ruxton SurgiCenter is not a hospital.

**(d) An applicant proposing the establishment of a new ambulatory surgical facility shall submit a needs assessment that includes the following:**

**(i) Historic trends in the use of surgical facilities for outpatient surgical procedures by the proposed facility’s likely service area population:**

(ii) The operating room time required for surgical cases projected at the proposed facility by surgical specialty or, if approved by Commission staff, another set of categories; and

(iii) Documentation of the current surgical caseload of each physician likely to perform surgery at the proposed facility.

*Applicant Response:*

The population in the projected service area for the new facility continues to increase its utilization of ambulatory surgical services. As illustrated in the table below, total use rates for all age cohorts increased 14.1% between CY 2022 and 2024. The use rate among the 0-17 age cohort, while low, grew 100% from CY 2022 to CY 2024. The use rate among the 18-44 age cohort increased 6.3%. The use rate for the 45-64 and 65+ age cohort experienced the greatest growth in use rates at 12.0% and 14.4%, respectively from CY 2022 to 2024.

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

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

Advantage cases are distributed to age cohort 65+. The remaining cases are evenly distributed between the 0-17, 18-44, and 45-64 age cohorts based on the year's % of cases attributed to each age cohort, respectively.

The need for ambulatory surgical services is expected to continue to increase in this service area as the 65+ population grows. The proposed ASF will have five ORs to

accommodate the aging population and transition clinically appropriate SDS joint cases from UM SJMC to the new ASF. Please refer to Standard .05B, paragraph (b) for an illustration of projected operating room time for surgical cases by surgical specialty.

Operating room times by case type will remain consistent with historical operating times, as shown in Table 7: Historic and Projected Need for Operating Room, CY 2022 – CY 2032.

Current surgical volumes by physician and case type based on location for those cases expected to be performed at the new ASF are highlighted in Table 9.

**Table 9**  
**Surgical Caseload by Physician for Ruxton SurgiCenter ASF**  
**CY 2024**

Case Type by Physician	Ruxton SurgiCenter	UM SJMC
	CY 2024	CY 2024
BRODIE , J	277	103
CODD, T	45	210
DEFONTES, K	128	203
DETERLINE, A	255	193
HOBART, S	126	161
LANGHAMMER, E	426	49
MANSON, T	40	603
MARION, M	164	36
MULLIKEN, B	31	485
SCHRODER, D	25	504
SHIU, B	265	229
STEELE, J	21	411
██████████	106	159
WINAKUR, R	188	146
WOLOCK, B	553	
<b>Total Orthopedics OR Cases</b>	<b>2,650</b>	<b>3,492</b>
BLOCK, B	41	2
OMOSULE, A	39	
PANLILIO, L	23	
<b>Total Pain OR Cases</b>	<b>103</b>	<b>2</b>
<b>Total OR Cases</b>	<b>2,753</b>	<b>3,494</b>

Source: Ruxton SurgiCenter and UM SJMC internal data.

As previously noted, in CY 2028 (Year 1), there are anticipated new physician hires and one retirement that will affect the projected volumes at the ASF. Three new surgeons (Drs. ██████████) will begin performing joint and orthopedic cases at the ASF, while

Dr. Tarantino will no longer be practicing surgically as of CY 2026. The new surgeons have a total projected volume of 402 cases in CY 2028.

**Standard .05B (3) Need - Minimum Utilization for Expansion of An Existing Facility.**

**An applicant proposing to expand the number of operating rooms at an existing hospital or ambulatory surgical facility shall:**

**(a) Demonstrate the need for each proposed additional operating room, utilizing the operating room capacity assumptions and other guidance included at Regulation .06 of this Chapter;**

**(b) Demonstrate that its existing operating rooms were utilized at optimal capacity in the most recent 12-month period for which data has been reported to the Health Services Cost Review Commission or to the Maryland Health Care Commission; and**

**(c) Provide a needs assessment demonstrating that each proposed operating room is likely to be utilized at optimal capacity or higher levels within three years of the completion of the additional operating room capacity, consistent with Regulation .06 of this chapter. The needs assessment shall include the following:**

**(i) Historic and projected trends in the demand for specific types of surgery among the population in the proposed service area;**

**(ii) Operating room time required for surgical cases historically provided at the facility by surgical specialty or operating room category; and**

**(iii) Projected cases to be performed in each proposed additional operating room.**

***Applicant Response:***

This standard is inapplicable as Ruxton SurgiCenter is establishing a new ASF, and is not seeking to expand an existing ASF.

**Standard .05B (4) Design Requirements.**

**Floor plans submitted by an applicant must be consistent with the current FGI Guidelines:**

**(a) A hospital shall meet the requirements in current Section 2.2 of the FGI Guidelines.**

***Applicant Response:***

This standard is inapplicable as the proposed project does not involve a hospital.

**(b) An ambulatory surgical facility shall meet the requirements in current Section 3.7 of the FGI Guidelines.**

***Applicant Response:***

Ruxton SurgiCenter was designed in compliance with Section 3.7 of the FGI Guidelines, which has since been renumbered to Section 2.7: Outpatient Surgical Facilities. Please see **Exhibit 12** for a letter from the architect, Wilmot Sanz, confirming the proposed project's compliance with the FGI Guidelines.

**(c) Design features of a hospital or ambulatory surgical facility that are at variance with the current FGI Guidelines shall be justified. The Commission may consider the opinion of staff at the Facility Guidelines Institute, which publishes the FGI Guidelines, to help determine whether the proposed variance is acceptable.**

***Applicant Response:***

This standard is inapplicable; there are no design features planned for the ASF that are at variance with the FGI Guidelines.

**Standard .05B (5) Support Services.**

**Each applicant seeking to establish or expand an ambulatory surgical facility shall provide or agree to provide laboratory, radiology, and pathology services as needed, either directly or through contractual agreements, in compliance with COMAR 10.05.05.**

***Applicant Response:***

Ruxton SurgiCenter provides lab services, as needed, for its patients through a CLIA certificate of waiver. It does not perform any onsite bloodwork. Rather, patients are referred for routine lab work prior to arrival for surgery by the medical practices. The results are sent to the Ruxton SurgiCenter in advance. The facility performs certain tests onsite through a CLIA certificate of waiver, such as urine pregnancy testing, blood glucose, and International Normalized Ratio (INR) tests which measure blood clotting.

Radiology services are provided through C-arm machines in the operating suites that produce real-time images during orthopedic and pain procedures. The C-arm machines are registered with the Maryland Department of Environment and preventative maintenance is performed annually.

Ruxton SurgiCenter provides pathology services through a contractual arrangement with UM SJMC. Specimens and cultures from surgical cases are sent to UM SJMC's Pathology department. A third-party courier comes to the facility daily to retrieve specimens for delivery to the UM SJMC Pathology department. Some specimens are processed onsite at UM SJMC while others may be sent out to third-party labs for processing. Results are sent to Ruxton SurgiCenter.

**Standard .05B (6) Patient Safety.**

**The design of proposed surgical facilities or changes to existing surgical facilities shall include features that enhance and improve patient safety. An applicant shall:**

**(a) Document the manner in which the planning of the project took patient safety into account; and**

***Applicant Response:***

Ruxton SurgiCenter was planned and designed with patient and staff safety in mind as reflected in the core design elements. The Applicant worked closely with Wilmot Sanz, a licensed architect with experience designing healthcare facilities and ASFs, as well as a consultant who specializes in ASF strategy and planning. Clinical leadership and Infection Prevention personnel from UM SJMC and physicians and surgeons representing Ruxton SurgiCenter participated in the planning to identify patient needs and potential safety issues, including infection prevention.

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

**(b) Provide an analysis of patient safety features included in the design of proposed new, replacement, or renovated surgical facilities.**

***Applicant Response:***

The Ruxton SurgiCenter design was planned to employ the latest programming, planning, and design elements to maximize adaptability, efficiency, and patient safety and convenience. The ASF design includes the following key safety features:

- Appropriately sized ORs that can accommodate a wide range of surgical cases, providing necessary space for instrumentation, equipment, and maintaining the integrity of sterile fields.
- Adequately sized equipment storage areas located to provide quick access to ORs, eliminate cluttering of hallways, and keep the corridors clear for emergency egress.
- Adequately sized clinical staff areas to maintain easy patient visibility while ensuring privacy.
- A design aimed to optimize infection prevention based on the planned flow of clean and dirty materials and instruments, air flow, and patient flow.
- Finishes selected by Infection Prevention personnel to maximize the ability to clean, disinfect, and maintain the space.
- Mechanical and electrical systems meeting all current guidelines and designed to maintain appropriate pressure relationships, temperature and humidity control and monitoring, appropriate lighting and a dedicated emergency power back-up.
- Restricted corridors for sensitive spaces.

- Properly zoned facilities to maintain the proper storage and flow of dirty to clean to sterile movement for staff, instruments, and supplies.
- A nurse call system.
- Direct line of sight from nursing work areas into all prep/recovery rooms.
- Same-handed OR configuration instead of “mirrored” layout for uniformity of equipment placement and use.
- Prep/recovery bays larger than the minimum FGI required size to better accommodate patients, staff, and family and reduce the chance of slip and falls.
- Direct visual access of the waiting room and elevator/stair from the reception desk, which may be helpful in the event of any potential active shooter situations.
- Panic buttons in several key areas to provide for immediate access to Security in the event of a disruptive incident.
- A dedicated exit to allow for discreet and expedited patient transfer to the hospital in the event of an emergent medical situation.

**Standard .05B (7) Construction Costs.**

**The cost of constructing surgical facilities shall be reasonable and consistent with current industry cost experience.**

**(a) Hospital projects.**

**(i) The projected cost per square foot of a hospital construction or renovation project that includes surgical facilities shall be compared to the benchmark cost of good quality Class A hospital construction given in the Marshall Valuation Service® guide, updated using Marshall Valuation Service® update multipliers, and adjusted as shown in the Marshall Valuation Service® guide as necessary for site terrain, number of building levels, geographic locality, and other listed factors.**

**(ii) If the projected cost per square foot exceeds the Marshall Valuation Service® benchmark cost, any adjustment of the hospital’s global budget revenue authorized for the hospital related to the capital cost of the project shall not include:**

**1. The amount of the projected construction cost and associated capitalized construction cost that exceeds the Marshall Valuation Service® benchmark; and**

**2. Those portions of the contingency allowance, inflation allowance, and capitalized construction interest expenditure that are based on the excess construction cost.**

***Applicant Response:***

This standard is inapplicable as this project does not involve a hospital.

**(b) Ambulatory Surgical Facilities.**

**(i) The projected cost per square foot of new construction shall be compared to the benchmark cost of good quality Class A construction given in the Marshall Valuation Service® guide, updated using Marshall Valuation Service® update multipliers, and adjusted as shown in the Marshall Valuation Service® guide as necessary for site terrain, number of building levels, geographic locality, and other listed factors. This standard does not apply to the costs of renovation or the fitting out of shell space.**

**(ii) If the projected cost per square foot of new construction exceeds the Marshall Valuation Service® benchmark cost by 25% or more, then the applicant's project shall not be approved unless the applicant demonstrates the reasonableness of the construction costs. Additional independent construction cost estimates or information on the actual cost of recently constructed surgical facilities similar to the proposed facility may be provided to support an applicant's analysis of the reasonableness of the construction costs.**

***Applicant Response:***

This standard is inapplicable as this project does not involve new construction, but rather involves renovation to fit out space within the Ambulatory Building.

**Standard .05B (8) Financial Feasibility.**

**A surgical facility project shall be financially feasible. Financial projections filed as part of an application that includes the establishment or expansion of surgical facilities and services shall be accompanied by a statement containing each assumption used to develop the projections.**

**(a) An applicant shall document that:**

**(i) Utilization projections are consistent with observed historic trends in use of each applicable service by the likely service area population of the facility;**

***Applicant Response:***

As shown in **Exhibit 1**, Table 4 – Revenue and Expenses for the Proposed Project, Ruxton SurgiCenter will be financially feasible. The financial feasibility of the five-OR ASF is driven by the fact that projected cases are based on existing cases served by Ruxton SurgiCenter's two-OR ASC plus the following:

- A demographic growth rate of 1.9% based on population growth for the 65+ age cohort in the ASF's projected service area.
- Volume growth attributed to three new surgeons.
- An additional 1,350 outpatient joint cases from UM SJMC.

As outlined in Standard 05B (2) Need – Minimum Utilization for Establishment of a New or Replacement facility, utilization projections are based on historical use rates adjusted for age

adjusted population growth plus the shift of 1,350 joint cases over the course of two years from UM SJMC. See Table 7.

**(ii) Revenue estimates are consistent with utilization projections and are based on current charge levels, rates of reimbursement, contractual adjustments and discounts, bad debt, and charity care provision, as experienced by the applicant facility or, if a new facility, the recent experience of similar facilities;**

*Applicant Response:*

Revenue estimates are consistent with Ruxton SurgiCenter’s current charge levels, bad debt, charity care, and payments levels. As shown in Table 10 below, net revenue per case increases over the projection period due to the addition of SDS joint cases from UM SJMC, as noted above.

**Table 10  
Projected Net Revenue**

	2025	2026	2027	Projected		2030	2031	2032
	2028	2029	2030	2031	2032			
<b>Cases</b>								
Current Cases <sup>1</sup>	7,495	7,535	7,576	8,211	8,938	9,207	9,483	9,767
Additional Joint from UMSJMC	0	0	0	675	1,350	1,350	1,350	1,350
<b>Total Cases</b>	<b>7,495</b>	<b>7,535</b>	<b>7,576</b>	<b>8,886</b>	<b>10,288</b>	<b>10,557</b>	<b>10,833</b>	<b>11,117</b>
<b>Gross Revenue per Case</b>								
Current	\$4,866	\$4,908	\$4,908	\$4,888	\$4,880	\$4,880	\$4,879	\$4,879
Rate Increase		1%	0%	0%	0%	0%	0%	0%
Additional Joint	\$32,129	\$32,404	\$32,402	\$32,273	\$32,218	\$32,216	\$32,214	\$32,212
Rate Increase		1%	0%	0%	0%	0%	0%	0%
<b>Net Reimbursement per Case</b>								
Current	\$1,849	\$1,849	\$1,849	\$1,849	\$1,849	\$1,849	\$1,849	\$1,849
Rate Increase		0%	0%	0%	0%	0%	0%	0%
Additional Joint	\$12,209	\$12,209	\$12,209	\$12,209	\$12,209	\$12,209	\$12,209	\$12,209
Rate Increase		0%	0%	0%	0%	0%	0%	0%
<b>Projected Net Revenue</b>								
Current	\$13,859,987	\$13,933,956	\$14,009,774	\$15,184,036	\$16,528,427	\$17,025,870	\$17,536,258	\$18,061,440
Additional Joint	-	-	-	8,241,075	16,482,150	16,482,150	16,482,150	16,482,150
<b>Total</b>	<b>\$13,859,987</b>	<b>\$13,933,956</b>	<b>\$14,009,774</b>	<b>\$23,425,111</b>	<b>\$33,010,577</b>	<b>\$33,508,020</b>	<b>\$34,018,408</b>	<b>\$34,543,590</b>
<b>Deductions from Revenue</b>								
Bad Debt %	62%	62%	62%	62%	62%	62%	62%	62%
Contractual Allowance %	1%	1%	1%	1%	1%	1%	1%	1%
Charity Care \$	61%	61%	61%	61%	61%	61%	61%	61%
	\$20,400	\$140,000	\$140,000	\$140,000	\$140,000	\$140,000	\$140,000	\$140,000

Note: Includes both ORCases and pain cases

Source: Based on projected case volume and reimbursement for per case at the current ASC plus the impact of shifting cases from UM SJMC including the applicable projected net revenue per case.

**(iii) Staffing and overall expense projections are consistent with utilization projections and are based on current expenditure levels and reasonably anticipated future staffing levels as experienced by the applicant facility, or, if a new facility, the recent experience of similar facilities; and**

*Applicant Response:*

Staffing, supply, and drugs costs are based on the current experience at Ruxton SurgiCenter ASC and are assumed to be 100% variable with the increase in cases. Additional supply and drug costs and salary and benefits were added to account for the additional joint cases. See **Exhibit 1**, Table L for the staffing expense projections.

Below are the additional expense assumptions for Tables 3 and 4:

- Project depreciation is based on a depreciable life of 35 years for leasehold improvements of \$10.8M and 7 years for major fixed and movable equipment of \$4.4M.
- Interest expenses based on a \$15.2M 10-year loan at an 8% interest rate.
- The lease estimate is based on 22,145 usable square feet plus an allocation of common area square footage (4,282) priced at \$50 a square foot.
- Billing fee is assumed to be 4% of net revenue.
- Management fee is consistent with current experience at Ruxton SurgiCenter ASC.
- Housekeeping costs were increased to account for the increase in square footage.
- Other expenses, such as maintenance and office supplies, were based on historical experience at Ruxton SurgiCenter ASC.

**(iv) The hospital or ambulatory surgical facility will generate excess revenues over total expenses for the specific services affected by the project (including debt service expenses and plant and equipment depreciation), if utilization forecasts are achieved for the specific services affected by the project within five years of initiating operations.**

*Applicant Response:*

Based on the volume, revenue, and expense assumptions outlined above, Ruxton SurgiCenter is projected to be financially feasible beginning in the first year of operation at the new facility (CY 2028) and through the projection period as demonstrated in **Exhibit 1**, Tables 3 and 4.

**(b) A project that does not generate excess revenues over total expenses even if utilization forecasts are achieved for the services affected by the project may be approved upon demonstration that overall facility financial performance will be positive and that the services will benefit the facility's primary service area population.**

*Applicant Response:*

This standard is not applicable as the Applicant is projecting it will generate excess revenue over expenses.

**Standard .05B (9) Impact.** (See addendum B: providing individual physician volume data.)

**(a)** An application to establish a new ambulatory surgical facility shall present the following data as part of its impact assessment, in addition to addressing COMAR 10.24.01.08G(3)(f):


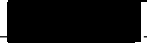

**(i)** The number of surgical cases projected for the facility and for each physician and other practitioner;

*Applicant Response:*

Attached as **Exhibit 15** are copies of Addendum B for each physician that will be performing cases at the Ruxton SurgiCenter ASF. For each physician, Addendum B includes two years of historical OR case volumes for Ruxton SurgiCenter and UM SJMC, and three years of projected case volumes beginning in CY 2028 for each physician expected to perform cases at Ruxton SurgiCenter ASF. Addendum B also contains a summary of the top five most frequently performed surgeries for that physician, based on all procedure codes performed (OR cases and procedure room cases).

Table 11 below provides the number of OR cases projected for Ruxton SurgiCenter beginning in Year 1 of operations (CY 2028) through Year 3 of operations (CY 2030) for each physician expected to perform surgical cases at the ASF.

**Table 11  
Projected Surgical Caseload by Physician for Ruxton SurgiCenter ASF  
CY 2028 - CY 2030**

	<b>CY 2028</b>	<b>CY 2029</b>	<b>CY 2030</b>
	140	166	179
	131	245	251
	131	245	251
BRODIE, J	277	277	277
CODD, T	55	67	68
DEFONTES, K	149	187	201
DETERLINE, A	298	346	356
HOBART, S	149	175	179
LANGHAMMER, E	448	488	503
MANSON, T	175	292	293
MARION, M	172	188	194
MULLIKEN, B	150	249	250
SCHRODER, D	143	242	243
SHIU, B	286	318	327
STEELE, J	139	238	239
WINAKUR, R	232	276	284
WOLOCK, B	525	525	525

<b>Total Orthopedics OR Cases</b>	<b>3,600</b>	<b>4,523</b>	<b>4,621</b>
BLOCK, B	45	48	51
OMOSULE, A	25	28	28
PANLILIO, L	43	47	48
<b>Total Pain OR Cases</b>	<b>113</b>	<b>123</b>	<b>127</b>
<b>Total</b>	<b>3,713</b>	<b>4,646</b>	<b>4,748</b>

(ii) A minimum of two years of historic surgical case volume data for each physician or other practitioner, identifying each facility at which cases were performed and the average operating room time per case. Calendar year or fiscal year data may be provided as long as the time period is identified and is consistent for all physicians and other practitioners; and

*Applicant Response:*

As indicated in response to substandard (i) above, **Exhibit 15** contains Addendum B for each physician expected to perform cases at the Ruxton SurgiCenter ASF, which contains two years of historic case volumes for each physician likely to perform cases at the ASF and the facilities where these cases were performed. Table 12 below provides an aggregate summary of two years of historic surgical case volumes for each physician likely to perform cases at Ruxton SurgiCenter, identifying each facility at which cases were performed and the average OR time per case.

**Table 12  
Historic Case Volumes by Physician for Ruxton SurgiCenter  
CY 2023 – CY 2024**

Cases by Physician and Facility	Surgical Volume		Avg Time Per Case
	CY 2023	CY 2024	
<b>BRODIE, J</b>			
Ruxton SurgiCenter	267	277	72
UM SJMC	109	103	127
<b>Physician Total</b>	<b>376</b>	<b>380</b>	<b>88</b>
<b>CODD, T</b>			
Ruxton SurgiCenter	37	45	72
UM SJMC	194	202	107
<b>Physician Total</b>	<b>231</b>	<b>247</b>	<b>101</b>
<b>DEFONTES, K</b>			
Ruxton SurgiCenter	136	128	72
UM SJMC	165	203	87
<b>Physician Total</b>	<b>301</b>	<b>331</b>	<b>81</b>

<b>DETERLINE, A</b>			
Ruxton SurgiCenter	220	255	72
UM SJMC	193	163	128
<b>Physician Total</b>	<b>413</b>	<b>418</b>	<b>96</b>
<b>HOBART, S</b>			
Ruxton SurgiCenter	89	126	72
UM SJMC	151	144	109
<b>Physician Total</b>	<b>240</b>	<b>270</b>	<b>93</b>
<b>LANGHAMMER, E</b>			
Ruxton SurgiCenter	272	426	72
UM SJMC	60	49	80
<b>Physician Total</b>	<b>332</b>	<b>475</b>	<b>73</b>
<b>MANSON, T</b>			
Ruxton SurgiCenter	33	40	72
UM SJMC	567	470	86
SurgCenter of Bel Air	21	47	72
<b>Physician Total</b>	<b>621</b>	<b>557</b>	<b>85</b>
<b>MARION, M</b>			
Ruxton SurgiCenter	185	164	72
UM SJMC	52	36	73
SurgCenter of Bel Air	37	36	72
<b>Physician Total</b>	<b>274</b>	<b>236</b>	<b>72</b>
<b>MULLIKEN, B</b>			
Ruxton SurgiCenter	28	31	72
UM SJMC	481	368	79
<b>Physician Total</b>	<b>509</b>	<b>399</b>	<b>79</b>
<b>SCHRODER, D</b>			
Ruxton SurgiCenter	22	25	72
UM SJMC	485	387	104
SurgCenter of Bel Air		24	72
<b>Physician Total</b>	<b>507</b>	<b>436</b>	<b>102</b>
<b>SHIU, B</b>			
Ruxton SurgiCenter	224	265	72
UM SJMC	241	221	116
SurgCenter of Bel Air	3	1	72
<b>Physician Total</b>	<b>468</b>	<b>487</b>	<b>93</b>
<b>STEELE, J</b>			
Ruxton SurgiCenter	2	21	72
UM SJMC	281	294	85
<b>Physician Total</b>	<b>283</b>	<b>315</b>	<b>85</b>
<b>WINAKUR, R</b>			
Ruxton SurgiCenter	141	188	72

UM SJMC	132	112	110
SurgCenter of White Marsh	6	-	72
<b>Physician Total</b>	<b>279</b>	<b>300</b>	<b>88</b>
<b>WOLOCK, B</b>			
Ruxton SurgiCenter	562	553	72
UM SJMC	-	-	-
SurgCenter of Glen Burnie	33	12	72
<b>Physician Total</b>	<b>595</b>	<b>565</b>	<b>72</b>
<b>BLOCK, B</b>			
Ruxton SurgiCenter	56	41	72
UM SJMC	13	-	26
<b>Physician Total</b>	<b>69</b>	<b>41</b>	<b>67</b>
<b>OMOSULE, A</b>			
Ruxton SurgiCenter	22	39	72
UM SJMC	-	-	-
<b>Physician Total</b>	<b>22</b>	<b>39</b>	<b>72</b>
<b>PANLILIO, L</b>			
Ruxton SurgiCenter	15	23	102
UM SJMC	-	-	-
<b>Physician Total</b>	<b>15</b>	<b>23</b>	<b>72</b>

Source: Ruxton SurgiCenter and UM SJMC internal data and professional billing data.

**(iii) The proportion of case volume expected to shift from each existing facility to the proposed facility.**

***Applicant Response:***

Table 13 below provides the total OR case volumes projected for Ruxton SurgiCenter ASF and UM SJMC from CY 2028 to CY 2030 for the physicians expected to perform cases at the ASF, and the proportion of UM SJMC’s case volume for these physicians that is expected to shift to Ruxton SurgiCenter. As shown below, the 1,350 SDS joint cases expected to shift from UM SJMC to Ruxton SurgiCenter in CY 2029 represent approximately one-third of the case volume (1,350/3,986) for the Ruxton SurgiCenter physicians that will shift cases from UM SJMC to Ruxton SurgiCenter.

**Table 13  
Total OR Case Volume by Facility for Ruxton Physicians and Proportion Expected to Shift  
to Ruxton SurgiCenter**

	Projected Volumes		
	CY 2028	CY 2029	CY 2030
<b>Total Cases at Ruxton SurgiCenter</b>	<b>3,713</b>	<b>4,646</b>	<b>4,748</b>
<b>Total Cases at UM SJMC<sup>1</sup></b>	<b>3,312</b>	<b>2,636</b>	<b>2,636</b>
Number of Cases at RSC that will Shift from UM SJMC <sup>2</sup>	675	1,350	1,350
% of Cases performed at UM SJMC that will Shift to RSC	17%	34%	34%

[1]: Represents total cases for the Ruxton SurgiCenter physicians that will remain at UM SJMC.

[2]: Number of cases at RSC that will shift from UM SJMC are included in row Total Cases at Ruxton SurgiCenter.

**(b) An application shall assess the impact of the proposed project on surgical case volume at hospitals:**

**(i) If the applicant’s needs assessment includes surgical cases performed by one or more physicians who currently perform cases at a hospital within the defined service area of the proposed ambulatory surgical facility that, in the aggregate, account for 18 percent or more of the operating room time in use at that hospital, the applicant shall include, as part of its impact assessment, a projection of the levels of use at the affected hospital for at least three years following the anticipated opening of the proposed ambulatory surgical facility.**

**(ii) The operating room capacity assumptions in Regulation .06A of this Chapter and the operating room inventory rules in Regulation .06C of this Chapter shall be used in the impact assessment.**

***Applicant Response:***

Ruxton SurgiCenter and UM SJMC are the only facilities expected to be impacted by this project. All cases from the Ruxton SurgiCenter ASC-2 are expected to shift to the Ruxton SurgiCenter ASF plus the 1,350 SDS joint cases currently being performed at UM SJMC are expected to shift to the Ruxton SurgiCenter ASF.

The applicant projects 1,350 joint cases will shift from UM SJMC to the ASF. SDS joint cases at UM SJMC average 100 minutes per case for a total of 135,000 minutes (1,350 cases x 100 minutes). In FY 2024, UM SJMC reported 1,177,972 operating room minutes. Therefore, the expected shift of SDS cases beginning in CY 2028 to Ruxton SurgiCenter represents approximately 11% (135,000 / 1,177,972) of UM SJMC’s current OR minutes. The projected shift is below the 18% threshold outlined above. This portion of the standard, to show projected level of use at the affected hospital, is therefore not applicable.

**Other Criteria:**

**10.24.01.08G(3)(b). Need.** The Commission shall consider the applicable need analysis in the State Health Plan. If no State Health Plan need analysis is applicable, the Commission shall consider whether the applicant has demonstrated a need for the proposed project.

**INSTRUCTIONS:** Please discuss the need of the population served or to be served by the Project.

Responses should include a quantitative analysis that, at a minimum, describes the Project's expected service area, population size, characteristics, and projected growth. If the relevant chapter of the State Health Plan includes a need standard or need projection methodology, please reference/address it in your response. For applications proposing to address the need of special population groups, please specifically identify those populations that are underserved and describe how this Project will address their needs.

If the project involves modernization of an existing facility through renovation and/or expansion, provide a detailed explanation of why such modernization is needed by the service area population. Identify and discuss relevant building or life safety code issues, age of physical plant issues, or standard of care issues that support the need for the proposed modernization.

Please assure that all sources of information used in the need analysis are identified. List all assumptions made in the need analysis regarding demand for services, utilization rate(s), and the relevant population, and provide information supporting the validity of the assumptions.

***Applicant Response:***

Please see response to Standard .05B(2) – Need – Minimum Utilization for Establishment of a New or Replacement Facility. Discussion of the need to modernize the existing ASC-2 building is described in the response below to the Availability of More Cost-Effective Alternatives Standard at COMAR 10.24.01.08G(3)(c).

Please see Tables 1 and 2 below.

Complete Tables 1 and/or 2 below, as applies.

**(INSTRUCTION: Complete Table 1 for the Entire Facility, including the proposed project, and Table 2 for the proposed project only using the space provided on the following pages. Only existing facility applicants should complete Table 1. All Applicants should complete Table 2. Please indicate on the Table if the reporting period is Calendar Year (CY) or Fiscal Year (FY)**

**TABLE 1: STATISTICAL PROJECTIONS - ENTIRE FACILITY**

CY	Two Most Recent Years (Actual)		Current Year CY 2024	Projection							
	CY 2022	CY 2023		CY 2025	CY 2026	CY 2027	CY 2028	CY 2029	CY 2030	CY 2031	CY 2032
<b>a. Number of Operating Rooms (ORs)</b>	2	2	2	2	2	2	5	5	5	5	5
Total Procedures in ORs	-	-	-	-	-	-	-	-	-	-	-
Total Cases in ORs	2,500	2,406	2,753	2,772	2,774	2,777	3,713	4,649	4,748	4,850	4,955
Total Surgical Minutes in ORs**	180,945	175,236	199,341	200,752	200,891	201,062	287,492	373,867	381,055	388,450	396,059
<b>b. Number of Procedure Rooms</b>	2	2	2	2	2	2	2	2	2	2	2
Total Procedures in PRs	4,075	4,626	4,733	4,723	4,761	4,799	5,173	5,639	5,809	5,983	6,162
Total Cases in PRs	-	-	-	-	-	-	-	-	-	-	-
Total Minutes in PRs**	98,655	91,590	96,675	99,185	99,973	100,785	108,633	118,427	121,980	125,639	129,409

\*\* Does not include turnaround time

Note: Historical joint OR minutes are an estimate.

Source: Ruxton SurgiCenter historical financials, UM SJMCCY24 SD5 orthopedic volumes by physician.

**TABLE 2: STATISTICAL PROJECTIONS - PROPOSED PROJECT**

**(INSTRUCTION: All applicants should complete this table.)**

CY	Year 1	Year 2	Year 3	Year 4	Year 5
	2028	2029	2030	2031	2032
<b>a. Number of Operating Rooms (ORs)</b>	5	5	5	5	5
Total Procedures in ORs	0	0	0	0	0
Total Cases in ORs	3,713	4,649	4,748	4,850	4,955
Total Surgical Minutes in ORs**	287,492	373,867	381,055	388,450	396,059
<b>b. Number of Procedure Rooms</b>	2	2	2	2	2
Total Procedures in PRs	5,173	5,639	5,809	5,983	6,162
Total Cases in PRs	-	-	-	-	-
Total Minutes in PRs**	108,633	118,427	121,980	125,639	129,409

\*\* Does not include turnaround time

Source: Ruxton SurgiCenter and UM SJMC projections by physician.

**10.24.01.08G(3)(c). Alternatives to the Project.** The Commission shall consider the alternative approaches to meeting the need identified for the project that were considered by the applicant in planning the project and the basis for the applicant's choice of the project among considered alternatives. In a comparative review of applications within the same review cycle, the Commission shall compare the costs and the likely effectiveness of alternative projects in meeting identified needs, improving the availability and accessibility of care, and improving the quality of care.

**INSTRUCTIONS:** Please describe the planning process that was used to develop the proposed project. This should include a full explanation of the primary goals or objectives of the project or the problem(s) being addressed by the project. It should also identify the alternative approaches to achieving those goals or objectives or solving those problem(s) that were considered during the project planning process, including the alternative of the services being provided by existing facilities.

For all alternative approaches, provide information on the level of effectiveness in goal or objective achievement or problem resolution that each alternative would be likely to achieve and the costs of each alternative. The cost analysis should go beyond development cost to consider life cycle costs of project alternatives. This narrative should clearly convey the analytical findings and reasoning that supported the project choices made. It should demonstrate why the proposed project provides the most effective goal and objective achievement or the most effective solution to the identified problem(s) for the level of cost required to implement the project, when compared to the effectiveness and cost of alternatives including the alternative of providing the service through alternative existing facilities, or through an alternative facility that has submitted a competitive application as part of a comparative review.

*Applicant Response:*

The proposed project is the most cost-effective alternative that meets Ruxton SurgiCenter's objectives. As described in the comprehensive project description above, the primary objectives for the project include adding capacity to address increased demand for outpatient surgical services and to promote the shift of surgical cases to the most cost-effective setting. Through its planning efforts, Ruxton SurgiCenter identified a need to expand capacity in a convenient location to allow its providers to serve patients in the most appropriate and efficient setting.

The two ORs at the current Ruxton SurgiCenter ASC are currently operating at full capacity. Due to high demand, patients often experience wait times – between two to eight weeks, on average—to schedule surgeries. By expanding to five ORs, Ruxton SurgiCenter's current capacity issues will improve, allowing patients to obtain services more quickly. The expansion of the facility will also enable more appropriate cases to be performed in the ASF setting as opposed to the hospital setting, promoting more cost-effective care overall.

In addition to improving capacity issues and promoting the movement of cases from the hospital to the ambulatory setting, Ruxton SurgiCenter sought through its planning process to address issues with the aged infrastructure of its current site. The current building that houses Ruxton SurgiCenter is over thirty years old. Due to the age of the building, its infrastructure has

become increasingly problematic, with key systems such as the HVAC system, elevators, and generator requiring costly maintenance and repairs. Ruxton SurgiCenter anticipates maintenance and building-related costs will continue to increase as the building ages further and ultimately would require a significant infrastructure investment to continue to maintain surgical functions in a constrained surgical environment.

In addition to the age of the building, Ruxton SurgiCenter currently occupies space on two separate floors of the building. This layout provides significant challenges for operations and results in inefficient care delivery.

Moreover, Ruxton SurgiCenter's current rooms are sized smaller than modern design standards recommend. This makes it challenging for Ruxton to accommodate modern equipment, such as robots for orthopedic cases, and limits Ruxton SurgiCenter's ability to address future equipment and technology needs, particularly for spine cases. Through its planning process, the Ruxton SurgiCenter Board sought to address the limitations its current building presents with respect to efficiency of care delivery and ability to accommodate modern surgical facility equipment needs.

With these goals in mind, the Ruxton SurgiCenter Board leadership began exploring potential project options. A key consideration in the planning process was identifying a location within Ruxton SurgiCenter's current service area that would be convenient for its patients and providers, many of whom also provide surgical services at UM SJMC. Ruxton SurgiCenter identified three alternatives: (1) proceed with the status quo and remain in the current building as an ASC-2; (2) expand within its current building; or (3) relocate and expand to a five-OR facility located in the Ambulatory Building. Ultimately, Ruxton SurgiCenter selected Alternative 3 as it was the only option that accomplishes the goals and objectives of the project.

#### I. Alternative 1: Status Quo

The first alternative the Ruxton SurgiCenter Board considered was maintaining the status quo in terms of available capacity within the existing ASC-2 site. This option did not address the project objectives and was determined to be unacceptable. Remaining as a two-OR, two procedure room ASC would not address the capacity constraints of Ruxton SurgiCenter. While maintaining the status quo would not result in any new construction or renovation costs, due to the limited capacity at Ruxton SurgiCenter, some patients would continue to receive surgeries in the hospital setting even when such cases were appropriate for the ambulatory setting as well as wait extensive periods of time for their surgical procedures, resulting in less cost-effective care and possibly poorer outcomes post-surgical intervention due to delays in undergoing surgical care. Additionally, remaining in its current ASC-2 site would not address the issues Ruxton SurgiCenter experiences with respect to the aging building in which it is located.

#### II. Alternative 2: Expand in Current Building

The Ruxton SurgiCenter Board considered expanding its OR capacity in the existing building where it is currently located. Following an evaluation of this alternative, this option was also determined to be unacceptable due to several constraints on expansion at the current site. The existing location has insufficient parking to accommodate expanded square footage of the building. The zoning and setback requirements of the current site would have made expansion

nearly impossible and the Ruxton SurgiCenter Board anticipated significant community pushback if it were to apply for exceptions to these rules. Ruxton SurgiCenter also determined that the available land on the current site would be insufficient to accommodate the expanded footprint needed for a meaningful increase in OR capacity at the center and a height restriction on the current building prevents vertical expansion. In addition, Ruxton SurgiCenter would be unable to manage the stormwater management requirements even if it could build an appropriate addition on the current building. Finally, the infrastructure of the current building does not support an expanded facility to the size being planned as part of the project. In addition to these factors, expansion would have been costly and disruptive to ongoing operations had it been feasible.

Due to the infeasibility of expanding at the current site, along with the costs and disruption that would have resulted had Ruxton SurgiCenter been able to pursue this option, the Ruxton SurgiCenter Board abandoned Alternative 2 as it failed to achieve any of the project objectives.

### III. Alternative 3: Relocate and Expand to ASF Located in the Ambulatory Building/ Proposed Project Site

The third alternative the Ruxton SurgiCenter Board considered was relocating to a new site in the UMMS Ambulatory building and expanding to a five-OR, two procedure room facility. This alternative addresses all of the project's objectives, which led the Ruxton SurgiCenter Board to select this option for the project. Alternative 3 appropriately addresses Ruxton SurgiCenter's current capacity issues. As demonstrated in response to COMAR 10.24.11.05B(2) – Need, Ruxton SurgiCenter's projected utilization results in a need for five ORs and two procedure rooms. Alternative 3 provides adequate space for an ASF with this capacity, which will allow for appropriate cases to shift from the hospital setting and reduce wait times for patients, thereby improving access to cost-effective care.

Alternative 3 also addresses the issues with the aged infrastructure at Ruxton SurgiCenter's existing facility. The proposed ASF will be a state-of-the-art facility, built to modern codes according to a design that is ideal for patients, staff, and visitors. The proposed ASF design incorporates industry best practices in patient safety and infection prevention. The proposed ASF site will be easily accessible for patients and providers, and is conveniently located adjacent to the UM SJMC campus. In addition, the providers' orthopedic practice will be located within the Ambulatory Building, further supporting the clinical care alignment for the patient population.

Because Alternative 3 was the only project alternative that addressed the project objectives, including promoting the shift of cases from the costly hospital setting to the cost-effective ambulatory setting, the Ruxton SurgiCenter Board selected this option as the most cost-effective alternative for the project.

**10.24.01.08G(3)(d). Project Financial Feasibility and Facility or Program Viability.**

**The Commission shall consider the availability of resources necessary to implement the project and the availability of revenue sources and demand for the proposed services adequate to ensure ongoing viability and sustainability of the facility to be established or modified or the service to be introduced or expanded.**

**INSTRUCTIONS: Please provide a complete description of the funding plan for the project, documenting the availability of equity, grant(s), or philanthropic sources of funds and demonstrating, to the extent possible, the ability of the applicant to obtain the debt financing proposed. Describe the alternative financing mechanisms considered in project planning and provide an explanation of why the proposed mix of funding sources was chosen.**

***Applicant Response:***

Ruxton SurgiCenter intends to finance the project through debt financing obtained through a bank loan. Ruxton SurgiCenter does not anticipate any issues obtaining the debt financing proposed.

**Complete Tables 3 and/or 4 below, as applicable. Attach additional pages as necessary detailing assumptions with respect to each revenue and expense line item.**

***Applicant Response:***

MHCC Tables 3 and 4 are included in **Exhibit 1**. The assumptions used in preparing the revenue and expense projections are included in the response to COMAR 10.24.11B(8) – Financial Feasibility. As shown in MHCC Table 4 and discussed in the Financial Feasibility standard, Ruxton SurgiCenter ASF projects excess revenue over expenses beginning in its first full year of operation in FY 2028.

- **Identify the performance requirements applicable to the proposed project (Part 1, Question 14, “Project Schedule”) and explain how the applicant will be able to implement the project in compliance with those performance requirements. Explain the process for completing the project design, obtaining State and local land use, environmental, and design approvals, contracting and obligating the funds within the prescribed time frame. Describe the construction process or refer to a description elsewhere in the application that demonstrates that the project can be completed within the applicable time frame.**

***Applicant Response:***

See response to Part I, Question 14 for the project schedule. Project design efforts are underway and progressing as expected. Ruxton SurgiCenter began the initial visioning step in the design process in May 2025, which focused on exploring high level physical (program adjacencies) and operational (workflow) needs of the space. Beginning in July 2025, Ruxton SurgiCenter progressed to the schematic design phase, which involves finalizing the space programming including types and locations of rooms and areas in the space, as reflected in the project drawings attached to this Application. From September 2025 to December 2025, Ruxton SurgiCenter will focus on the design development phase, when it will incorporate more detail

into the space program developed in the schematic design phase, including general furniture and equipment. Construction documents will be completed between January 2026 and March 2026, which will include all remaining details and design needed for the contractor to construct the facility. The design timeline provides sufficient time for all final decisions and layouts prior to the initiation of renovations in the second quarter of 2027.

As described in response to Part I, Question 13, UMMS as building owner is responsible for obtaining all state and local land use, environmental, and design approvals, and is currently engaged in that process.

The construction process involves renovation of the ASF space within the Ambulatory Building. Renovations will be completed in alignment with the final construction documents described above.

- **Complete Table L (Workforce) from the Hospital CON Application Table Package.**

*Applicant Response:*

Workforce information for the Ruxton SurgiCenter is included in **Exhibit 1**, Table L

- **Audited financial statements for the past two years should be provided by all applicant entities and parent companies to demonstrate the financial condition of the entities involved and the availability of the equity contribution. If audited financial statements are not available for the entity or individuals that will provide the equity contribution, submit documentation of the financial condition of the entities and/or individuals providing the funds and the availability of such funds. Acceptable documentation is a letter signed by an independent Certified Public Accountant. Such letter shall detail the financial information considered by the CPA in reaching the conclusion that adequate funds are available.**

*Applicant Response:*

Ruxton SurgiCenter does not obtain audited financial statements, but copies of its unaudited income statements for the past two years, which document its financial condition, are attached hereto as **Exhibit 13**. As illustrated in the income statements, Ruxton SurgiCenter has a demonstrated history of generating strong profits sufficient to support its debt service on the loan it will obtain to finance this project. As described in more detail below, Ruxton SurgiCenter will have available funds to meet all financing obligations for the project.

- **If debt financing is required and/or grants or fund raising is proposed, detail the experience of the entities and/or individuals involved in obtaining such financing and grants and in raising funds for similar projects. If grant funding is proposed, identify the grant that has been or will be pursued and document the eligibility of the proposed project for the grant.**

*Applicant Response:*

Ruxton SurgiCenter expects to obtain a \$15.2 million loan at an 8% interest rate and a ten-year term to finance the project. This will result in an estimated annual debt service of \$2.2 million. In calendar year 2024, Ruxton SurgiCenter's EBITDA was \$4.1 million. This level of earnings – obtained in Ruxton SurgiCenter's current two-OR space – supports a conservative debt service coverage ratio of 1.8x on the proposed loan.

With the expanded capacity from two ORs to five ORs at the ASF and the shift of SDS total joints from UM SJMC, Ruxton SurgiCenter will generate cash flows in excess of \$9 million by the second year of operations. Ruxton SurgiCenter will be more than capable of meeting its loan repayment obligations by generating ample cash flow to support the proposed financing, even under conservative assumptions.

- **Describe and document relevant community support for the proposed project.**

*Applicant Response:*

Community support for the project is strong, as evidenced by letters of support submitted from various community stakeholders, attached hereto as **Exhibit 14**. Local politicians are supportive of this project, which will expand community access to high quality ambulatory surgical services. Leaders within the UMMS system and community provider groups also support the project as they recognize that it will provide patients a more cost-effective and convenient setting to obtain ambulatory surgical care.

**TABLE 3: REVENUES AND EXPENSES - ENTIRE FACILITY (including proposed project)**

**(INSTRUCTION: ALL EXISTING FACILITY APPLICANTS MUST SUBMIT AUDITED FINANCIAL STATEMENTS)**

Please see **Exhibit 1**, Table 3.

**TABLE 4: REVENUES AND EXPENSES - PROPOSED PROJECT**

**(INSTRUCTION: Each applicant should complete this table for the proposed project only)**

Please see **Exhibit 1**, Table 4.

**10.24.01.08G(3)(e). Compliance with Terms and Conditions of Previous Certificates of Need.** An applicant shall demonstrate compliance with all terms and conditions of each previous CON granted to the applicant.

**INSTRUCTIONS:** List all of the Maryland Certificates of Need that have been issued to the project applicant, its parent, or its affiliates or subsidiaries over the prior 15 years, including their terms and conditions, and any changes to approved Certificates that needed to be obtained. Document that these projects were or are being implemented in compliance with all of their terms and conditions or explain why this was not the case.

*Applicant Response:*

No Certificates of Need have been issued to Ruxton SurgiCenter in the prior 15 years.

**10.24.01.08G(3)(f). Project Impact.** The Commission shall consider the impact of the proposed project on the costs and charges of existing providers of the facilities and services included in the project and on access to those facilities and services in the service area of the project.

**INSTRUCTIONS:** Please provide an analysis of the impact of the proposed project. Please assure that all sources of information used in the impact analysis are identified and identify all the assumptions made in the impact analysis with respect to demand for services, payer mix, access to service and cost to the health care delivery system including relevant populations considered in the analysis, and changes in market share, with information that supports the validity of these assumptions. Provide an analysis of the following impacts:

a) **On the volume of service provided by all other existing health care providers that are likely to experience some impact as a result of this project;**

*Applicant Response:*

As described in the response to Standard .05B(9) above, UM SJMC is the only provider other than Ruxton SurgiCenter that is expected to be impacted as a result of this project. Ruxton SurgiCenter will create additional surgical capacity at UM SJMC by shifting joint cases that can be performed in an ASC setting to the Ruxton SurgiCenter ASF. UM SJMC plans to replace these shifting joint cases with higher complexity cases to maintain its current surgical utilization levels at the hospital.

b) **On the payer mix of all other existing health care providers that are likely to experience some impact on payer mix as a result of this project. If an applicant for a new nursing home claims no impact on payer mix, the applicant must identify the likely source of any expected increase in patients by payer.**

*Applicant Response:*

The Applicant does not anticipate an impact on payer mix for other existing healthcare providers. The volumes in the new ASF reflect the existing payer mixes of Ruxton SurgiCenter and UM SJMC SDS orthopedic joint cases.

c) **On access to health care services for the service area population that will be served by the project. (State and support the assumptions used in this analysis of the impact on access);**

*Applicant Response:*

The new Ruxton SurgiCenter ASF will provide expanded access to a lower-cost of care setting for its service area population. Ruxton SurgiCenter ASC is currently operating at capacity, and patients are experiencing wait times averaging between two to eight weeks to schedule cases. By expanding to a five-OR ASF, Ruxton SurgiCenter will obtain additional capacity to serve patients in this lower-cost setting and will reduce the current wait times experienced by patients. The new ASF will provide convenient access to outpatient surgical services for the service area population by being centrally located adjacent to the UM SJMC campus. For patients with out-of-pocket costs or with health plans requiring high patient cost-sharing responsibilities, the new ASF will provide expanded access to more affordable services than the hospital setting.

d) **On costs to the health care delivery system.**

*Applicant Response:*

Based on CY 2024 data, it is estimated that the net revenue per joint case at the Ruxton SurgiCenter will be \$2,855 lower per case than if the case were performed at UM SJMC. Therefore, the shift in SDS cases to a lower-cost setting will result in approximately \$3.9M in savings to the health care delivery system as outlined in Table 14 below.

**Table 14  
UM SJMC Case Performance**

Estimated UM SJMC Payments for Joint Cases <sup>1</sup>	\$15,064	a
Projected Net Revenue for Joint Cases at Ruxton SurgiCenter <sup>2</sup>	12,209	b
Variance	(\$2,855)	c = b - a
Projected Shift of Cases <sup>3</sup>	1,350	d
<b>System Savings</b>	<b>(\$3,854,348)</b>	<b>e = c * d</b>

Note 1: Based on CY2024 HSCRC abstract data, total joint cases which are included in CMS ASC fee schedule  
 Note 2: Consistent with current net revenue per case as outlined in Table 10  
 Note 3: Projected shift of cases by 2029 from UM SJMC

**If the applicant is an existing facility or program, provide a summary description of the impact of the proposed project on the applicant’s costs and charges, consistent with the information provided in the Project Budget, the projections of revenues and expenses, and the work force information.**

### ***Applicant Response:***

The proposed project would establish a new ASF with five ORs, which is an increase from the current Ruxton SurgiCenter ASC-2. Charges per case for the new ASF are consistent with current charge levels adjusted for changes in acuity of cases and increased volumes as outlined in Table 7. Expenses are expected to increase due to increased case volume and increased square footage as outlined in Standard .05B(8) – Financial Feasibility.

See **Exhibit 1**, Table 3, 4 and L for additional detail related to staffing levels, revenue, and expenses for the new ASF.

**10.24.01.08G(3)(g) Health Equity.** The Commission shall consider how a proposed project will address health care disparities in availability, accessibility, and quality of care among different populations within the service area. The Commission shall consider how social determinants of health within the service area of the proposed project create disparities in the delivery of health care.

**INSTRUCTIONS:** In evaluating proposed projects for health equity, the Commission will scrutinize the project’s impact on health care disparities and social determinants within the service area. Health equity involves the fair distribution of resources and opportunities, ensuring individuals, regardless of background, have the chance to achieve their highest level of health. It further encompasses addressing disparities and systemic barriers that affect different populations.

With health equity in mind, the applicant shall identify the specific medically underserved area(s)/group(s)<sup>3</sup> within the designated service area and outline how the proposed project will address the unique health needs and quality of care for each identified group.

Applicants are expected to furnish a detailed overview of their organization’s expertise and experience in health care access and service delivery. Emphasis should be placed on highlighting any relevant background that underscores the organization’s commitment to equitable health care. This encompasses efforts to integrate implicit bias and cultural competency training within the health facility and among current staff members.

Please provide a comprehensive account of how the applicant planned with the community during the preparations for this project and how it will continue to engage with the community. Include a description of any specific initiatives and programs aimed at improving community well-being that are relevant to the proposed project. If applicable, the applicant should acknowledge any unintended barriers caused by the project that may have been identified through community discourse and propose proactive solutions to mitigate and rectify potential issues.

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<sup>3</sup> According to HRSA, medically underserved populations and areas are identified as those which lack access to primary care services. These groups may face economic, cultural, or language barriers to health care. Some examples include: People experiencing homelessness, people who are low-income, people who are eligible for Medicaid, Native Americans and other historically disadvantaged populations of color, migrant farm workers, etc. (<https://bhw.hrsa.gov/workforce-shortage-areas/shortage-designation#mups>)

*Applicant Response:*

Ruxton SurgiCenter is committed to addressing the health needs of its service area population in a manner that promotes health equity. Ruxton SurgiCenter serves a racially, ethnically, and economically diverse population. Table 15 below shows the demographic breakdown of Ruxton SurgiCenter’s service area population, which is comprised of 46% non-white residents based on U.S. Census Survey data obtained from Nielsen Claritas.

**Table 15**  
**Ruxton SurgiCenter Service Area Population Demographic Breakdown**  
**CY 2025**

<b>Race</b>	<b>2025</b>	<b>% of Total</b>
Black	404,702	28.0%
Am Indian	5,734	0.4%
Asian	85,620	5.9%
Pacific Islander	690	0.0%
White	779,347	54.0%
Two or more Races	106,235	7.4%
Other	61,852	4.3%
<b>Total</b>	<b>1,444,180</b>	<b>100.0%</b>

Source: Nielsen Claritas

Note: Demographic data based on self-reported data on U.S. Census Survey

Ruxton SurgiCenter’s service area population is also economically diverse, with approximately one in five households making less than \$35,000 per year.

**Table 16**  
**Ruxton SurgiCenter Service Area Population Household Income**  
**CY 2025**

<b>Household Income</b>	<b>2025</b>	<b>% of Total</b>
< \$35,000	80,063	21.5%
\$35,000-\$49,999	32,626	8.8%
\$50,000-\$74,000	50,890	13.7%
\$75,000-\$99,999	43,732	11.7%
\$100,000-\$149,999	62,293	16.7%
\$150,000+	102,729	27.6
<b>Total</b>	<b>372,333</b>	<b>100%</b>

Source: Nielsen Claritas

Note: Income data based on self-reported data on U.S. Census Survey

Ruxton SurgiCenter’s service area population reflects a variety of education levels. Approximately one quarter of the service area population has completed high school or obtained a GED while the majority of the service area population has completed some level of higher education.

**Table 17**  
**Ruxton SurgiCenter Service Area Population Education Levels**  
**CY 2025**

Education	2025	% of Total
Some High School, No Diploma	48,270	4.9%
High School Graduate/GED	247,870	25.1%
Some College, No Degree	178,192	18.1%
Associate's Degree	72,589	7.4%
Bachelor's Degree	240,808	24.4%
Master's Degree	141,956	14.4%
Professional Degree	31,900	3.2%
Doctorate Degree	25,111	2.5%

Source: Nielsen Claritas

Note: Education data based on self-reported data on U.S. Census Survey

As evidenced by the tables above, Ruxton SurgiCenter's service area population represents the full spectrum of demographic groups and income and education levels, and includes traditionally medically underserved groups such as low-income individuals, historically disadvantaged populations of color, and individuals eligible for Medicaid.

Ruxton SurgiCenter will address the needs of medically underserved groups in its service area in a number of ways. First, as described in response to COMAR 10.24.11.05A(3) – Charity Care, Ruxton SurgiCenter will offer financial assistance to eligible patients in accordance with its Financial Assistance Policy, allowing low-income patients to access surgical services at the facility. Insurance coverage of Ruxton SurgiCenter's service area population varies considerably by age cohort, as represented in Table 18 below.

**Table 18**  
**Ruxton Service Area Insurance Coverages**

Age Group	Ruxton Service Area Insurance <sup>[1]</sup> Coverage				Total
	Commercial <sup>[2]</sup>	Medicare <sup>[3]</sup>	Medicaid <sup>[4]</sup>	Other or Uninsured <sup>[5]</sup>	
0-19	206,541	5,334	94,974	30,625	337,474
19-34	216,533	3,779	46,268	30,422	297,002
35-64	428,082	15,856	67,924	21,463	533,325
65+	11,977	101,862	19,109	52,735	185,683

<i>Total</i>	<u>863,133</u>	<u>126,831</u>	<u>228,275</u>	<u>135,245</u>	<u>1,353,484</u>
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**Notes**

[1] Source: 2023 American Community Survey  
Data Table B27010

[2] Commercial: employer bases, direct purchase, or combination of private

[3] Medicare: Medicare, VA plans, TRICARE, combinations of private and Medicare

[4] Medicaid: Medicare or means tested, public combinations, combinations involving Medicaid

[5] All data not caught by prior criteria

Table 18 demonstrates that the vast majority of the service area population is covered by commercial insurance. Individuals covered by Medicaid, other (non-commercial or Medicare) coverage, and uninsured individuals, however, make up approximately 10% of the service area population. These patients may lack appropriate resources to obtain care, and Ruxton SurgiCenter will have processes in place to identify these patients as possibly eligible and in need of financial assistance.

Patients are often first identified as uninsured and in need of financial assistance during office visits with their physicians. Ruxton SurgiCenter coordinates closely with the physician practices of its surgeons to meet the needs of such patients, including addressing social determinants of health that affect such patients. Ruxton SurgiCenter assists patients in the financial assistance application process and offers charitable surgical services to patients in line with their financial need. It also provides additional resources to address barriers to care for medically underserved patients, such as transportation assistance.

Ruxton SurgiCenter also provides services free of charge to patients referred to it through the UM SJMC St. Clare Medical Outreach Program. This program provides free primary care and health education to uninsured individuals with no access to health care and also provides referrals to specialists as needed. Ruxton SurgiCenter is proud to partner with the program to continue to expand access to ambulatory surgical services for this underserved community.

In addition to addressing the needs of low income and uninsured patients in its service area, Ruxton SurgiCenter demonstrates its commitment to health equity by serving all patients and respecting race, ethnicity, and citizenship.

To best serve the needs of its diverse service area population, Ruxton SurgiCenter recognizes that staff education and training are key elements in promoting equitable treatment of its patients. All Ruxton SurgiCenter staff are required to complete cultural sensitivity and competency training upon hiring, which enables staff to understand the unique needs of the patient population and provide services in a compassionate and respectful manner.

Finally, Ruxton SurgiCenter promotes health equity by providing a number of resources to its patients designed to promote accessibility. Ruxton SurgiCenter addresses language barriers of its patients by offering interpreter services via a language line at no cost to patients. Ruxton SurgiCenter also offers assistance with transportation issues for patients who do not have reliable transportation to and from their surgeries. These resources enable Ruxton SurgiCenter to serve a diverse patient population and reflect its commitment to promoting access to care for patients of all backgrounds and abilities.

**10.24.01.08G(3)(h) Character and Competence.** The Commission shall assess the character and competence of an applicant based upon experience and past performance, including any records of violation in operating a health care service or facility.

**INSTRUCTIONS:** In evaluating proposed projects for Character/Competence, the Commission will review the information provided in response to Part III of the application and look for a detailed narrative response highlighting any past issues and how any issues have now been corrected or addressed. If there have not been any past issues, please include in your narrative any history that has been a positive reflection of character/competence. The response should include, at minimum:

- Names/addresses of all owners and individuals responsible for the proposed project and its implementation. This includes any person with 5% or more ownership interest in the facility

*Applicant Response:*

Please see response to Part III, Question 1.

- For each individual identified disclose any involvement in the ownership, development, or management of another health care facility

*Applicant Response:*

Please see response to Part III, Question 2.

- For each individual and facility identified disclose if any license has been suspended or revoked, or been subject to any disciplinary action (such as a ban on admissions) in the last 5 years

*Applicant Response:*

Please see response to Part III, Question 3.

- For each individual and facility identified disclose inquiries in the last from 10 years from any federal (CMS) or state authority (OHCQ), or other regulatory body regarding possible non-compliance with any state, or federal requirements for the provision of, the quality of, or the payment for health care services that have resulted in actions leading to the possibility of penalties, admission bans, probationary status, or other sanctions

*Applicant Response:*

Please see response to Part III, Question 4.

- **Disclose if any owners and individuals responsible for the project have identified above have ever pled guilty to or been convicted of a criminal offense in any way connected with the ownership, development, or management of the applicant facility or any of the health care facilities**

*Applicant Response:*

Please see response to Part III, Question 5.

Positive Features of Ruxton SurgiCenter Regarding Character and Competency

As evidenced in the responses above and to Part III of this Application, neither Ruxton SurgiCenter nor its owners have any adverse licensure or regulatory compliance enforcement actions to disclose, which reflects their overall commitment to compliance, character, and competence.

Ruxton SurgiCenter creates a culture of competency and character through mandatory staff trainings. All new staff members are required to complete cultural sensitivity and competency training during their onboarding. Additionally, all physicians must complete continuing medical education (“CME”) biannually to maintain their medical licenses. Ruxton SurgiCenter collects information regarding CME as part of each physician’s medical staff reappointment process.

**ADDENDUM A: GUIDANCE FOR CHARITY CARE AND FINANCIAL ASSISTANCE POLICY STANDARD**

<p><b>(3) Charity Care Policy.</b>          Each hospital and ambulatory surgical facility shall have a written policy for the provision of charity care and financial assistance regarding free and reduced-cost care to uninsured, underinsured, or indigent patients and shall provide ambulatory surgical services on a charitable basis to qualified persons consistent with the policy. The policy shall include, as applicable below, at a minimum:</p>	<p><b>Provide a copy of the policy</b></p> <p>See <b>Exhibit 4</b> for a copy of Ruxton SurgiCenter's proposed Financial Assistance Policy.</p>
<p>(a) Determination of Eligibility for Charity Care or Financial Assistance. Within two business days following a patient's request for charity care services, application for medical assistance, or both, the hospital or ambulatory surgical facility shall make a determination of probable eligibility and notify the patient of that determination.</p>	<p><b>Quote the specific language from the policy that describes the determination <u>of probable eligibility</u> within 2 business days (as well as a citation to the location within the policy).</b></p> <p>Please see Section 3 – Eligibility Screening and Application Process, subsection (c) – Probable Eligibility Determination at the top of page 2, which states: “Within two business days following a patient’s request for charity care services, application for medical assistance, or both, the Ruxton SurgiCenter shall make a determination of probable eligibility and notify the patient of that determination.”</p> <p><b>Provide a copy of your policy regarding a determination of probable eligibility within two business days of request for charity/reduced fee care or application for Medicaid</b></p> <p>Please see response above.</p> <p><b>Quote the specific language from the policy that describes the determination <u>of probable eligibility</u> (and give a citation to the location within the policy).</b></p> <p>Please see Section 3 – Eligibility Screening and Application Process, subsection (c) – Probable Eligibility Determination at the top of page 2, which states: “Within two business days following a patient’s request for charity care services, application for medical assistance, or both, the Ruxton SurgiCenter shall make a determination of probable eligibility and notify the patient of that determination.</p>

For a probable eligibility determination, a patient must provide basic financial eligibility information such as: household income information, number of members residing in the household, and copies of the patient's most recent paychecks. Ruxton SurgiCenter may also use information from outside agencies as a basis for determining a patient's probable eligibility for financial assistance."

**Provide copies of any application and/or other forms involved in the process for making a determination of probable eligibility within two business days.**

Ruxton SurgiCenter anticipates that it will request basic financial eligibility information primarily verbally from patients for the probable eligibility determination including: household income, number of members residing in household, and may request copies of the patient's most recent paychecks.

**Provide a copy of your procedures, if any, and other documents that detail your process for making a determination of probable eligibility and your procedures, if any, for making a final determination.**

Please see Section 3 of the Financial Assistance Policy, which describes the eligibility screening process, and procedures for probable eligibility determinations and final eligibility determinations.

***Note that requiring a completed application with documentation does not comply with this standard, which is intended to ensure that a procedure is in place to inform a potential charity/reduced fee care recipient of his/her probable eligibility within two business days of initial inquiry or application for Medicaid based on a simple and expeditious process.***

***A two-step process that allows for a probable determination to be communicated within two days based on an abridged set of information, followed by a final determination based on a completed application with the required documentation is***

	<p><b><i>permissible. But the policy must include the more easily navigated determination of probable eligibility.</i></b></p>
<p>(b) Notice of Charity Care Policy and Financial Assistance Policy. Public notice and information regarding the hospital or ambulatory surgical facility's charity care policy shall be disseminated, on an annual basis, through methods designed to best reach the facility's service area population in a format understandable by the service area population. Notices regarding the facility's charity care policy shall be posted in the registration area and business office of the facility. This notice shall include general information about who qualifies and how to obtain a copy of the policy or may include a posted copy of the policy. Prior to a patient's arrival for surgery, the facility shall address any financial concerns of the patient, and individual notice regarding the facility's charity care policy shall be provided.</p>	<p><b>Quote the specific language from the policy that describes the method of implementation, and provide a sample for each communication vehicle(s).</b></p> <p>Please see Section 2 – Notice of Financial Assistance Policy for a description of the notice methods that will be used to make potential patients in the service area aware of Ruxton SurgiCenter's Financial Assistance Policy.</p>
<p>(c) Criteria for Eligibility. A hospital shall comply with applicable State statutes and HSCRC regulations regarding financial assistance policies and charity care eligibility. A health maintenance organization, acting as both the insurer and provider of health care services for members, shall have a financial assistance policy for its members that is consistent with the minimum eligibility criteria for charity care required of ambulatory surgical facilities described in these regulations. An ambulatory surgical facility, at a minimum, shall include the following eligibility criteria in its charity care policies:</p> <ul style="list-style-type: none"> <li>(j) Persons with family income below 100 percent of the current federal poverty guideline who have no health insurance coverage and are not eligible for any public program providing coverage for medical expenses shall be eligible for services free of charges; and</li> <li>(iii) Persons with family income above 100 percent of the federal poverty guideline but below 200 percent of the federal poverty guideline shall be eligible for services at a discounted charge, based on a sliding scale of discounts for family income bands.</li> </ul>	<p><b>Quote the specific language from the policy that describes the provisions for the sliding fee scale and time payment plans...also provide a citation to the location within the policy where the language can be found.</b></p> <p>This standard is inapplicable as the Applicant is not a hospital.</p>
<p>(d) A hospital with a level of charity care, defined as the percentage of total operating expenses that falls within the bottom quartile of all hospitals, as reported in the most recent HSCRC Community Benefit Report, shall demonstrate that its level of charity care is appropriate to</p>	<p><b>Offer a complete explanation describing why its level of charity care is appropriate to the needs of its service area population.</b></p> <p>This standard is inapplicable as the Applicant is not a hospital.</p>

the needs of its service area population.	
<p>(e) A hospital shall be able to demonstrate that its historic level of charity care or its projected level of charity care is appropriate to the needs of its actual or projected service area population. This demonstration shall include an analysis of the socio-economic conditions of the hospital's actual or projected service area population, a comparison of those conditions with those of Maryland's overall socio-economic indicators, and a comparative analysis of charity care provision by the applicant hospital and other hospitals in Maryland. The socio-economic indicators evaluated shall include median income and type of insurance by zip code area, when available. The analysis provided may also include an analysis of the social determinants of care affecting use of health care facilities and services and the health status of the actual or projected hospital service area population.</p>	<p><b>Submit an analysis that compares the socio-economic conditions of the hospital's actual or projected service area population with the socio-economic conditions in Maryland overall, and include a comparison of charity care provided by the applicant hospital and other hospitals in Maryland.</b></p> <p>This standard is inapplicable as the Applicant is not a hospital.</p> <p><b>The analysis shall include median income and type of insurance by zip code area, when available, and any social determinants of care affecting the use of health care facilities and services and the health status of the actual or projected hospital service area population.</b></p>
<p>(f) An applicant submitting a proposal to establish or expand an ambulatory surgical facility for which third party reimbursement is available, shall commit to provide charitable surgical services to indigent patients that are equivalent to at least the average amount of charity care provided by ambulatory surgical facilities in the most recent year reported, measured as a percentage of total operating expenses. The applicant shall demonstrate that:</p> <p style="text-align: center;"><b>Please see the Applicant's response to this subpart within the CON application.</b></p>	
<p>(i) Its track record in the provision of charitable health care facility services supports the credibility of its commitment;</p>	<p><b>Provide data on history of charity care provision.</b></p>
<p>(ii) It has a specific plan for achieving the level of charitable care provision to which it is committed. and</p>	<p><b>Describe the plan to meet the charity care commitment. An "ideal" response for demonstrating a serious "specific plan for achieving the level of charitable care provision to which it is committed" would:</b></p> <p><b>a) name the specific social service organizations/agencies that an applicant has contacted or plans to contact to inform them of the availability of charity care, and;</b></p> <p><b>b) incorporate a real-time reporting mechanism that will alert management regarding its progress toward its charity care commitment, and a statement of what actions will then be taken.</b></p>
<p>(iii) If an existing ambulatory surgical facility has not met the expected level of charity care for the two most recent years reported to Commission, the applicant shall demonstrate that its historic level of</p>	

<p>charity care was appropriate to the needs of the service area population.</p>	
<p>(g) A health maintenance organization, acting as both the insurer and provider of health care services for members, if applying for a Certificate of Need for a surgical facility project, shall make a commitment to provide charitable services to indigent patients. Charitable services may be surgical or non-surgical and may include charitable programs that subsidize health plan coverage. At a minimum, the amount of charitable services provided as a percentage of total operating expenses for the health maintenance organization will be equivalent to the average amount of charity care provided statewide by ambulatory surgical facilities, measured as a percentage of total ambulatory surgical facility expenses, in the most recent year reported. The applicant shall demonstrate that:</p> <ul style="list-style-type: none"> <li>(i) Its track record in the provision of charitable health care facility services supports the credibility of its commitment;</li> <li>(ii) It has a specific plan for achieving the level of charitable care provision to which it is committed; and</li> <li>(iii) If the health maintenance organization's track record is not consistent with the expected level for the population in the proposed service area, the applicant shall demonstrate that its historic level of charity care was appropriate to the needs of the population in the proposed service area.</li> </ul>	<p>This standard is inapplicable as the Applicant is not a health maintenance organization.</p>

## **ADDENDUM B: PROVIDING INDIVIDUAL PHYSICIAN VOLUME DATA**

### **Volume projections – ambulatory surgery facility applications**

**This forms package has been prepared to assist CON applicants for Ambulatory Surgical Facilities in providing information required for the CON review (see below). Each potentially involved physician should be asked to complete an individual submission, and the project sponsor (applicant) should aggregate that data (final table in this package). The information requested in this form will enable the applicant to comply with the regulations (listed immediately below) that prescribe data an applicant must provide.**

The State Health Plan: General Surgical Services  
**Excerpted from COMAR 10.24.11. 05B (9) Impact.**

(a) An application to establish a new ambulatory surgical facility shall present the following data as part of its impact assessment, in addition to addressing COMAR 10.24.01.08G(3)(f):

(i) The number of surgical cases projected for the facility and for each physician and other practitioner;

(ii) A minimum of two years of historic surgical case volume data for each physician or other practitioner, identifying each facility at which cases were performed and the average operating room time per case. Calendar year or fiscal year data may be provided as long as the time period is identified and is consistent for all physicians and other practitioners; and

(iii) The proportion of case volume expected to shift from each existing facility to the proposed facility.

(b) An application shall assess the impact of the proposed project on surgical case volume at hospitals:

(i) If the applicant's needs assessment includes surgical cases performed by one or more physicians who currently perform cases at a hospital within the defined service area of the proposed ambulatory surgical facility that, in the aggregate, account for 18 percent or more of the operating room time in use at that hospital, the applicant shall include, as part of its impact assessment, a projection of the levels of use at the affected hospital for at least three years following the anticipated opening of the proposed ambulatory surgical facility.

(ii) The operating room capacity assumptions in Regulation .06A of this Chapter and the operating room inventory rules in Regulation .06C of this Chapter shall be used in the impact assessment.

*Note: duplicate and/or expand these forms as needed to accommodate providers.*



Please see **Exhibit 15** for Addendum B for each physician expected to perform cases as the Ruxton SurgiCenter ASF. Note that Exhibit 15 includes an Addendum B for one physician who will not perform OR cases at the ASF but will perform cases in the procedure rooms.

**Individual Physician’s Submission (provide this form for each physician who will do procedures at the proposed facility)**

Physician Name	Surgical Volume Latest 2 complete years				Projections						Facility(s) from which these cases will be migrating
	Year ____		Year ____		Year 1		Year 2		Year 3		
	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	

5 most frequently performed surgeries, two most recent years		
Surgical Procedure*	Yr1	Yr2

\* List in descending order based on the cumulative 2 year volume

I hereby declare and affirm under the penalties of perjury that the facts stated in this affidavit are true and correct to the best of my knowledge, information and belief.

**Signature** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

## INDEX OF EXHIBITS

<b>Exhibit</b>	<b>Description</b>
1.	MHCC Tables
2.	Project Drawings
3.	Organizational Chart
4.	Financial Assistance Policy
5.	Financial Assistance Ad
6.	Financial Assistance Notice Signage
7.	Ruxton SurgiCenter’s Ambulatory Surgery Center License
8.	Ruxton SurgiCenter’s Joint Commission Accreditation Letter
9.	Ruxton SurgiCenter CMS Certification Letter
10.	CMS ASC Quality Report dated May 15, 2025
11.	Transfer Agreement with University of Maryland St. Joseph Medical Center
12.	Letter from architect, Wilmot Sanz
13.	CY 23 and CY 24 Income Statements
14.	Letters of Support
15.	Addendum B for all Ruxton SurgiCenter Physicians

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I hereby declare and affirm under the penalties of perjury that the facts stated in this application for Certificate of Need to establish an ambulatory surgery facility in an ambulatory care building, and its attachments are true and correct to the best of my knowledge, information, and belief.

9/9/2025

---

Date

Signed by:

*Thomas B. Smyth MD*

54FB9F1E7F61435...

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Thomas B. Smyth, M.D.

President

University of Maryland St. Joseph  
Medical Center

I hereby declare and affirm under the penalties of perjury that the facts stated in this application for Certificate of Need to establish an ambulatory surgery facility in an ambulatory care building, and its attachments are true and correct to the best of my knowledge, information, and belief.

9/9/2025

---

Date

DocuSigned by:

*Robin L. Luxon*

6485D552A02F4C4...

---

Robin Luxon, RN, BSN, MBA,  
FACHE

Senior Vice President, Clinical  
Integration

University of Maryland St. Joseph  
Medical Center

I hereby declare and affirm under the penalties of perjury that the facts stated in this application for Certificate of Need to establish an ambulatory surgery facility in an ambulatory care building, and its attachments are true and correct to the best of my knowledge, information, and belief.

9/9/2025

---

Date

Signed by:

*Laura Doody*

9727A97D283C4CE...

---

Laura Doody, MBA

Senior Vice President, Hospital  
Finance

University of Maryland St. Joseph  
Medical Center

I hereby declare and affirm under the penalties of perjury that the facts stated in this application for Certificate of Need to establish an ambulatory surgery facility in an ambulatory care building, and its attachments are true and correct to the best of my knowledge, information, and belief.

9/9/2025

---

Date

DocuSigned by:

*Jennifer Ash*

B4EFCED5013746D...

---

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

I hereby declare and affirm under the penalties of perjury that the facts stated in this application for Certificate of Need to establish an ambulatory surgery facility in an ambulatory care building, and its attachments are true and correct to the best of my knowledge, information, and belief.

9/9/2025

---

Date

Signed by:

*Robert Sanz*

92649E8379684F6...

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Robert Sanz, AIA, NCARB, cLSGB  
Partner  
Wilmot Sanz

# **EXHIBIT 1**

**TABLE C. CONSTRUCTION CHARACTERISTICS**

*INSTRUCTION: If project includes non-hospital space structures (e.g., parking garages, medical office buildings, or energy plants), complete an additional Table C for each structure.*

	NEW CONSTRUCTION	RENOVATION
<b>BASE BUILDING CHARACTERISTICS</b>	Check if applicable	
<b>Class of Construction</b> (for renovations the class of the building being renovated)*		
Class A	<input type="checkbox"/>	<input type="checkbox"/>
Class B	<input type="checkbox"/>	<input type="checkbox"/>
Class C	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Class D	<input type="checkbox"/>	<input type="checkbox"/>
<b>Type of Construction/Renovation*</b>		
Low	<input type="checkbox"/>	<input type="checkbox"/>
Average	<input type="checkbox"/>	<input type="checkbox"/>
Good	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Excellent	<input type="checkbox"/>	<input type="checkbox"/>
<b>Number of Stories</b>		1

\*As defined by Marshall Valuation Service

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

**TABLE E. PROJECT BUDGET**

**INSTRUCTION:** Estimates for Capital Costs (1.a-e), Financing Costs and Other Cash Requirements (2.a-g), and Working Capital Startup Costs (3) must reflect current costs as of the date of application and include all costs for construction and renovation. Explain the basis for construction cost estimates, renovation cost estimates, contingencies, interest during construction period, and inflation in an attachment to the application.

**NOTE:** Inflation should only be included in the Inflation allowance line A.1.e. The value of donated land for the project should be included on Line A.1.d as a use of funds and on line B.8 as a source of funds

	ASF	Other Structure	Total
<b>A. USE OF FUNDS</b>			
<b>1. CAPITAL COSTS</b>			
<b>a. New Construction</b>			
(1) Building			\$0
(2) Fixed Equipment			\$0
(3) Site and Infrastructure			\$0
(4) Architect/Engineering Fees			\$0
(5) Permits (Building, Utilities, Etc.)			\$0
<b>SUBTOTAL</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>b. Renovations</b>			
(1) Building	\$7,366,260		\$7,366,260
(2) Fixed Equipment (not included in construction)	\$0		\$0
(3) Architect/Engineering Fees	\$907,362		\$907,362
(4) Permits (Building, Utilities, Etc.)	\$0		\$0
<b>SUBTOTAL</b>	<b>\$8,273,622</b>	<b>\$0</b>	<b>\$8,273,622</b>
<b>c. Other Capital Costs</b>			
(1) Movable Equipment	\$4,395,467		\$4,395,467
(2) Contingency Allowance	\$1,365,074		\$1,365,074
(3) Gross interest during construction period	\$0		\$0
(4) Other (Specify/add rows if needed)			\$0
4a. Low Voltage/IT	\$871,821		
4b. Furniture	\$257,241		
<b>SUBTOTAL</b>	<b>\$6,889,603</b>	<b>\$0</b>	<b>\$6,889,603</b>
<b>TOTAL CURRENT CAPITAL COSTS</b>	<b>\$15,163,224</b>	<b>\$0</b>	<b>\$15,163,224</b>
<b>d. Land Purchase</b>	<b>\$0</b>		
<b>e. Inflation Allowance</b>	<b>\$0</b>		<b>\$0</b>
<b>TOTAL CAPITAL COSTS</b>	<b>\$15,163,224</b>	<b>\$0</b>	<b>\$15,163,224</b>
<b>2. Financing Cost and Other Cash Requirements</b>			
a. Loan Placement Fees	\$151,632		\$151,632
b. Bond Discount			\$0
c. CON Application Assistance			
c1. Legal Fees	\$100,000		\$100,000
c2. Other (Specify/add rows if needed)	\$100,000		
d. Non-CON Consulting Fees			
d1. Legal Fees			\$0
d2. Other (Specify/add rows if needed)			\$0
e. Debt Service Reserve Fund			\$0
f. Other (Specify/add rows if needed)			\$0
<b>SUBTOTAL</b>	<b>\$351,632</b>	<b>\$0</b>	<b>\$351,632</b>
<b>3. Working Capital Startup Costs</b>			<b>\$0</b>
<b>TOTAL USES OF FUNDS</b>	<b>\$15,514,856</b>	<b>\$0</b>	<b>\$15,514,856</b>
<b>B. Sources of Funds</b>			
1. Cash	\$351,632		\$351,632
2. Philanthropy (to date and expected)			\$0
3. Authorized Bonds			\$0
4. Interest Income from bond proceeds listed in #3			\$0
5. Mortgage			\$0
6. Working Capital Loans	\$15,163,225		\$15,163,225
7. Grants or Appropriations			
a. Federal			\$0
b. State			\$0
c. Local			\$0
8. Other (Specify/add rows if needed)			\$0
<b>TOTAL SOURCES OF FUNDS</b>	<b>\$15,514,856</b>		<b>\$15,514,856</b>
	ASF	Other Structure	Total
<b>Annual Lease Costs (if applicable)</b>			
1. Land			\$0
2. Building	\$1,321,350		\$1,321,350
3. Major Movable Equipment			\$0
4. Minor Movable Equipment			\$0
5. Other (Specify/add rows if needed)			\$0

\* Describe the terms of the lease(s) below, including information on the fair market value of the item(s), and the number of years, annual cost, and the interest rate for the lease.

\*Ruxton SurgiCenter intends to enter a lease with UMMS once the Ambulatory Building is under construction and this project receives approval.



**TABLE L. WORKFORCE INFORMATION**

<b>Administration (List general categories, add rows if needed)</b>											
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
<b>Total Administration</b>			\$0			\$0			\$0	0.0	\$0
<b>Direct Care Staff (List general categories, add rows if needed)</b>											
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
<b>Total Direct Care Staff</b>			\$0			\$0			\$0	0.0	\$0
<b>Support Staff (List general categories, add rows if needed)</b>											
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
<b>Total Support Staff</b>			\$0			\$0			\$0	0.0	\$0
<b>CONTRACTUAL EMPLOYEES TOTAL</b>			\$0			\$0			\$0	0.0	\$0
<b>Benefits (State method of calculating benefits below):</b>			339,689			136,975					476,664
<b>11% of Salary Costs</b>											
<b>TOTAL COST</b>	<b>30.4</b>		<b>\$3,184,938</b>	<b>12.8</b>		<b>\$1,284,288</b>	<b>0.0</b>		<b>\$0</b>	<b>43.2</b>	<b>\$4,469,226</b>



**Table 4**

CY or FY (Circle)	Projected Years (Ending with first full year at full utilization)				
	2028	2029	2030	2031	2032
<b>1. Revenues</b>					
a. Inpatient Services	-	-	-	-	-
b. Outpatient Services	61,922,200	87,109,993	88,417,127	89,758,277	91,138,300
c. Gross Patient Services Revenue	61,922,200	87,109,993	88,417,127	89,758,277	91,138,300
d. Allowance for Bad Debt	(619,222)	(871,100)	(884,171)	(897,583)	(911,383)
e. Contractual Allowance	(37,737,867)	(53,088,316)	(53,884,936)	(54,702,286)	(55,543,327)
f. Charity Care	(140,000)	(140,000)	(140,000)	(140,000)	(140,000)
g. Net Patient Care Service Revenues	23,425,111	33,010,577	33,508,020	34,018,408	34,543,590
h. Other Operating Revenues (Specify)	-	-	-	-	-
i. Net Operating Revenue	23,425,111	33,010,577	33,508,020	34,018,408	34,543,590
<b>2. Expenses</b>					
a. Salaries, Wages, and Professional Fees, (including fringe benefits)	3,642,243	4,118,535	4,232,330	4,349,086	4,469,226
b. Contractual Services	1,295,415	1,692,859	1,717,947	1,743,687	1,770,173
c. Interest on Current Debt	-	-	-	-	-
d. Interest on Project Debt	1,175,766	1,090,120	997,364	896,910	788,119
e. Current Depreciation	-	-	-	-	-
f. Project Depreciation	935,574	935,574	935,574	935,574	935,574
g. Current Amortization	-	-	-	-	-
h. Project Amortization	-	-	-	-	-
i. Supplies	7,086,454	10,605,495	10,733,719	10,865,281	11,000,656
j. Other Expenses (Specify)	2,006,762	2,035,745	2,046,469	2,057,473	2,068,795
k. Total Operating Expenses	16,142,215	20,478,328	20,663,404	20,848,011	21,032,543
<b>3. Income</b>					
a. Income from Operation	7,282,896	12,532,249	12,844,616	13,170,397	13,511,047
b. Non-Operating Income					
c. Subtotal	7,282,896	12,532,249	12,844,616	13,170,397	13,511,047
d. Income Taxes					
e. Net Income (Loss)	7,282,896	12,532,249	12,844,616	13,170,397	13,511,047
<b>4. Patient Mix:</b>					
<b>A. Percent of Total Revenue</b>					
1. Medicare	43%	43%	44%	42%	43%

**Table 4 (cont)**

2. Medicaid	2%	2%	2%	2%	2%
3. Commercial Insurance	53%	52%	52%	53%	53%
4. Self-Pay	1%	1%	1%	1%	1%
5. Other (Specify)	2%	2%	2%	2%	2%
6. TOTAL	100%	100%	100%	100%	100%
<b>B. Percent of Patient Days/Visits/Procedures (as applicable)</b>					
1. Medicare	43%	43%	44%	42%	43%
2. Medicaid	2%	2%	2%	2%	2%
3. Commercial Insurance	53%	52%	52%	53%	53%
4. Self-Pay	1%	1%	1%	1%	1%
6. Other (Worker's Comp, Tricare and EHP)	2%	2%	2%	2%	2%
6. TOTAL	100%	100%	100%	100%	100%

# **EXHIBIT 2**

**MEP ENGINEER**

**WSP**  
330 ST. CHARLES WAY  
YORK, PA, 17402  
717-894-3903

**BUILDING CORE & SHELL**

**POWERS BROWN ARCHITECT**  
150 S. WASHINGTON ST., SUITE 300  
WASHINGTON, DC  
703-962-6643

**STRUCTURAL**

**FMC STRUCTURAL DESIGN GROUP, LLC**  
11820 PARKLAWN DRIVE, SUITE 300  
ROCKVILLE, MD 20852  
301-545-6740

**LJB, INC**

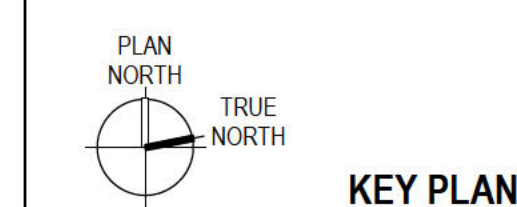
2500 NEWMARK DRIVE  
MIAMISBURG, OH, 45432  
937-259-5000



**TENANT LEGEND**

- Building Support
- Infusion
- MEP
- Ruxton ASC

1 LEVEL 4 - FLOOR PLAN  
A104 SCALE: 1/8" = 1'-0"



REVISIONS	DATE	NO.
SCHEMATIC DESIGN	09-19-2025	



UMMS ST. JOSEPH MEDICAL CENTER

**UMMS ST. JOSEPH AMBULATORY MOB**  
7601 Casser Dr.  
Towson, MD 21284

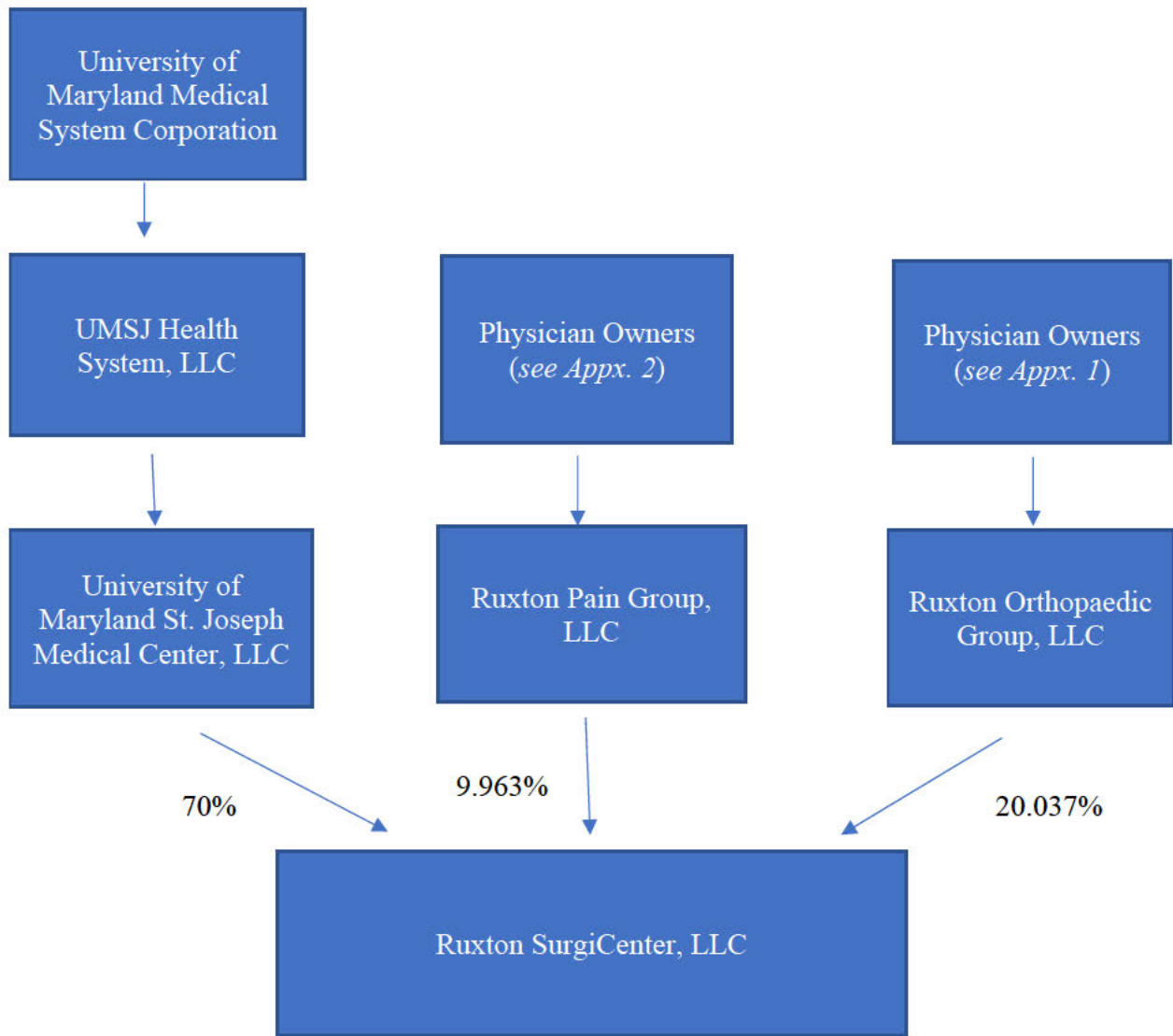
**1/8" FLOOR PLAN**

Project Number: 2407.3  
Scale: 1/8" = 1'-0"  
Date: 09/19/2025  
Drawing: of  
Print Date/Stamp: 9/19/2025 12:46:49 PM  
Sheet No.:

9/10/2025 12:46:49 PM Autodesk Docs://UMMS St. Joseph Ambulatory MOB/2407.03\_SJMC\_MOB\_ARCH.rvt

# **EXHIBIT 3**

**Exhibit 3**  
**Ruxton SurgiCenter, LLC Organizational Chart**



**Appendix 1**  
**Physician Owners of Ruxton Orthopaedic Group, LLC**

<u>Member Name</u>	<u>Membership Percentage</u>
Richard D. Winakur	4.990646%
Brian Shiu	15.446050%
Bruce S. Wolock	4.990646%
Jeffrey T. Brodie	4.990646%
Michael J. Marion	4.990646%
Brian D. Mulliken	4.990646%
Timothy P. Codd	4.990646%
David T. Schroder	5.614477%
Alvin J. Detterline, IV	20.923212%
Kenneth W. Defontes, III	5.614477%
Sarah J. Hobart	5.614477%
Elizabeth I. Langhammer	5.614477%
Theodore T. Manson	5.614477%
Jack Steele	5.614477%

**Appendix 2**  
**Physician Owners of Ruxton Pain Group, LLC**

<u>Member Name</u>	<u>Membership Percentage</u>
Brian Block	33.33%
Ayodeji Omosule	33.33%
Louis Panlilio	33.33%

# **EXHIBIT 4**

# **RUXTON SURGICENTER FINANCIAL ASSISTANCE POLICY**

**Policy #:**  
**Effective Date:**  
**Superseded by:**

## **POLICY:**

Ruxton SurgiCenter provides surgical services on an uncompensated basis or at a reduced charge to uninsured, underinsured, and indigent persons, who meet the eligibility criteria, in accordance with this Policy.

## **PROCEDURE:**

### **1. Eligibility Criteria**

- a. Persons with family income below 100 percent of the current Federal Poverty Guidelines who have no health insurance coverage and are not eligible for any public program providing coverage for medical expenses shall be eligible for services at no charge.
- b. Persons with family income above 100 percent of the Federal Poverty Guidelines but below 200 percent of the Federal Poverty Guideline shall be eligible for services at a discounted charge, based on a sliding scale of discounts for family income bands.

### **2. Notice of Financial Assistance Policy**

- a. Ruxton SurgiCenter will provide public notice and information regarding its Financial Assistance Policy on an annual basis through methods designed to reach the facility's service area population in a format understandable by the service area population. This will include annual publication in a newspaper of general circulation.
- b. Ruxton SurgiCenter will make patients aware of its Financial Assistance program by posting notices that include information about eligibility and how to obtain information about the policy in patient registration and waiting areas and in its business office.
- c. Information about Ruxton SurgiCenter's Financial Assistance Policy will be made available prior to the patient's arrival for surgery and staff will be available to address any questions of the patient.

### **3. Eligibility Screening and Application Process**

- a. Patients presenting to Ruxton SurgiCenter directly or through referral who inquire or demonstrate need for financial assistance will be provided, prior to arrival for surgery or consultation, with information about and a copy of the Charity Care and Financial Assistance Policy.
- b. Ruxton SurgiCenter surgical coordinators will serve as a liaison and will assume, based on the patient's verbal expressed request for financial assistance or verbal indication of

## **RUXTON SURGICENTER FINANCIAL ASSISTANCE POLICY**

no insurance, that the patient is eligible for application for free or low-cost surgery. The surgical scheduler shall ensure the patient receives an application and is provided with assistance with completion and processing of the application.

c. Probable Eligibility Determination:

- Within two business days following a patient's request for charity care services, application for medical assistance, or both, the Ruxton SurgiCenter shall make a determination of probable eligibility and notify the patient of that determination.
- For a probable eligibility determination, a patient must provide basic financial eligibility information such as: household income information, number of members residing in the household, and copies of the patient's most recent paychecks. Ruxton SurgiCenter may also use information from outside agencies as a basis for determining a patient's probable eligibility for financial assistance.

d. Financial Assistance Application and Final Eligibility Determination:

- Ruxton SurgiCenter staff will offer assistance to all individuals in completing the financial assistance application or identifying alternative programs such as Medicaid.
- Patients will be required to complete a financial assistance application form and provide supporting documentation in order to receive a final eligibility determination, such documentation may include:
  - Proof of income and verification of the number of dependents based upon the previous year's tax return must be provided. If this is not available, the last two months paycheck stubs will be accepted. Dependents must meet IRS definition of dependents to qualify as household members.
  - Proof that medical assistance has been applied for and rejected. If the rejection is for non-compliance with all medical assistance paperwork requirements, reduced fee or charity will not be granted. If medical assistance rejection is based on income, disability, or assets, Ruxton SurgiCenter will review the individual's medical financial assistance application and make a final determination of eligibility.
- If a patient submits the application without the required information or documentation Ruxton SurgiCenter may consider the application incomplete and will send the patient a request to provide the missing information or documentation.
- Upon receipt of a complete application with the required documentation, a Ruxton SurgiCenter staff member will review the information, make a final determination of eligibility, and convey this information to the patient by phone or email (as agreed upon by the patient).

**RUXTON SURGICENTER  
FINANCIAL ASSISTANCE POLICY**

**4. Post-Approval and Coordination Process**

- a. Present patient information to surgical provider and office scheduler.
- b. Notify all necessary departments, billing department, front desk, surgical scheduler, etc. Inform these departments and personnel of patient financial responsibility, based on eligibility criteria.
- c. The facility's administrator shall contact the center's anesthesia provider and inform them the patient has been approved for Financial Assistance and request their participation by providing uncompensated or discounted care for the patient's case.
- d. The facility's administrator shall contact the surgeon and staff and inform them that the patient has been approved for Financial Assistance program at Ruxton SurgiCenter and request their participation by providing uncompensated or discounted care for the patient's case.

**5. Plan for Achieving Charity Care Goals**

- a. Ruxton SurgiCenter will establish an annual budget for charity care which shall not be less than the amount committed to the Maryland Health Care Commission.
- b. Ruxton SurgiCenter plans to achieve its annual charity care commitment level by providing notice to the public and its patients of its Financial Assistance program as described in Section 2 above.
- c. Ruxton SurgiCenter shall review the Financial Assistance program and monitor services provided no less than on a quarterly basis at its management committee meetings and report to the governing body, annually.
- d. Ruxton SurgiCenter will perform outreach to University of Maryland St. Joseph's Orthopedics, LLC regarding the availability of its Financial Assistance program.
- e. Ruxton SurgiCenter will reassess based on its annual reports whether additional methods of community outreach may be helpful to inform the public of its Financial Assistance program to ensure it is meeting its charity care goals.

# **EXHIBIT 5**

**Ruxton SurgiCenter  
Financial Assistance Program Newspaper Ad**

**RUXTON SURGICENTER  
FINANCIAL ASSISTANCE POLICY**

Ruxton SurgiCenter, an ambulatory surgical facility, that provides medically necessary outpatient surgical services on an uncompensated basis or at a reduced charge to uninsured, underinsured, or indigent persons, who meet qualifying eligibility criteria, in accordance with its Financial Assistance Policy. For more information on its Financial Assistance Policy, please contact Ruxton SurgiCenter: Monday through Friday, 8 a.m. - 5 p.m. Phone: 410-337-2688

# **EXHIBIT 6**

## *FINANCIAL ASSISTANCE*

Ruxton SurgiCenter's staff is available to discuss your individual financial needs. Ruxton SurgiCenter offers financial assistance in accordance with its Financial Assistance Policy to patients meeting its eligibility criteria. Please contact us at the number below to request a copy of our Financial Assistance Policy.

If you do not have insurance or need assistance with paying your portion of the bill, we will review your eligibility for financial assistance and work with you to determine your eligibility.

For more information, please contact our staff:

Monday through Friday

8 a.m. - 5 p.m.

Phone: 410-337-2688

# **EXHIBIT 7**



**STATE OF MARYLAND  
MARYLAND DEPARTMENT OF HEALTH  
OFFICE OF HEALTH CARE QUALITY**

SPRING GROVE CENTER  
BLAND BRYANT BUILDING  
55 WADE AVENUE  
CATONSVILLE, MARYLAND 21228

**License No.:** A1273

**Issued to:** Ruxton Surgicenter  
8322 Bellona Ave, Suite 201  
Baltimore, MD 21204

Type of Facility or Community Program:  
**FREESTANDING AMBULATORY SURGICAL FACILITY**

**Date Issued:** July 1, 2018

**SPECIALTIES: Orthopedic, Pain Management, Total Joint Replacement  
and Plastic Surgery**

Authority to operate in this State is granted to the above entity pursuant to The Health-General Article, Title 19, Subtitle 3B, Annotated Code of Maryland, including all applicable rules and regulations promulgated there under. This document is not transferable.

**Expiration:** NON-EXPIRING

*Patricia Tomsko May, MD*

Executive Director

*Falsification of a license shall subject the perpetrator to criminal prosecution and the imposition of civil fines.*

# **EXHIBIT 8**



August 22, 2023

Jennifer Ash, BA RN BSN  
Surgical Administrator  
Ruxton SurgiCenter, LLC  
8322 Bellona Avenue, Suite 201  
Baltimore, MD 21204

Re: # 229192  
CCN: # 21C0001273  
Deemed Program: Ambulatory Surgical Center  
Accreditation Expiration Date: June 10, 2026

Dear Ms. Ash:

This letter confirms that your June 8, 2023 - June 9, 2023 unannounced full resurvey was conducted for the purposes of assessing compliance with the Medicare conditions for ambulatory surgical centers through The Joint Commission's deemed status survey process.

Based upon the submission of your evidence of standards compliance on August 22, 2023. The Joint Commission is granting your organization an accreditation decision of Accredited with an effective date of June 10, 2023.

The Joint Commission is also recommending your organization for continued Medicare certification effective June 10, 2023. Please note that the Centers for Medicare and Medicaid Services (CMS) Medicare Administrative Contractor (MAC) makes the final determination regarding your Medicare participation and the effective date of participation in accordance with the regulations at 42 CFR 489.13. Your organization is encouraged to share a copy of this Medicare recommendation letter with your State Survey Agency.

This recommendation applies to the following location:

Ruxton SurgiCenter, LLC  
8322 Bellona Avenue, Suite 201, Baltimore, MD, 21204

Please be assured that The Joint Commission will keep the report confidential, except as required by law or court order. To ensure that The Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,

A handwritten signature in black ink, appearing to read "Jennifer Ash".



Ken Grubbs, DNP, MBA, RN  
Executive Vice President and Chief Nursing Officer  
Division of Accreditation and Certification Operations

cc: CMS/Baltimore Office/Survey & Certification Group/Division of Acute Care Services  
CMS/SOG Location 3 /Survey and Certification Staff

# **EXHIBIT 9**



**MEDICARE**



January 06, 2025

RUXTON SURGICENTER LLC  
ATTN: LISA ANNE KAYLEN  
321 CREEKS END LN  
STEVENSVILLE MD 21666-2570

Reference #: 3243580761

PTAN: 094Z  
NPI: 1841347143

Dear RUXTON SURGICENTER LLC:

Novitas Solutions, Inc. 12302 has approved your Change of Information (COI) application.

**Medicare Enrollment Information**

Legal Business Name (LBN): RUXTON SURGICENTER LLC  
Doing Business As (DBA): N/A  
Primary Practice Location Address: 8322 BELLONA AVE 201, TOWSON, MD 21204-2076  
Provider/Supplier Type: AMBULATORY SURGICAL CENTER  
National Provider Identifier (NPI): 1841347143  
Provider Transaction Access Number (PTAN): 094Z  
Changed Information: MEDICAL RECORD CORRESPONDENCE ADDRESS, OWNERSHIP INTEREST & MANAGING CONTROL INFO (ORGANIZATIONS), ENROLLMENT APPLICATION CONTACT PERSON

**Other Information**

CMS Certification Number (CCN): 21C0001273  
CCN Effective Date: NOVEMBER 16, 1997

Your PTAN is the authentication element for all inquiries to customer service representatives (CSRs), written inquiry units, and the interactive voice response (IVR) system.

Enroll, make changes, or view your existing enrollment information by logging into PECOS at <https://pecos.cms.hhs.gov>.

Submit updates and changes to your enrollment information within the timeframes specified at 42 CFR §424.516. For more information on the reporting requirements, go to Medicare Learning Network Article SE1617.

Find additional Medicare program information, including billing, fee schedules, and Medicare policies and regulations at <https://www.novitas-solutions.com/index.html> or <https://www.cms.gov>.

### **Right to Submit a Reconsideration Request:**

You may request a reconsideration of this determination. This is an independent review conducted by a person not involved in the initial determination.

Reconsideration requests must--

- Be received in writing within 65 calendar days of the date of this letter and mailed or emailed to the address below.
- State the issues or findings of fact with which you disagree and the reasons for disagreement; and
- Be signed by the provider or supplier, an authorized or delegated official that has been reported within your Medicare enrollment record, or an authorized representative.
  - If the authorized representative is an attorney, the attorney's statement that he or she has the authority to represent the provider or supplier is sufficient to accept this individual as the representative.
  - If the authorized representative is not an attorney, the individual provider, supplier, or authorized or delegated official must file written notice of the appointment of its representative with the submission of the reconsideration request.
  - Authorized or delegated officials for groups cannot sign and submit a reconsideration request on behalf of a reassigned provider/supplier without the provider/supplier submitting a signed statement authorizing that individual from the group to act on his/her behalf.

Providers and suppliers may--

- Submit additional information with the reconsideration that may have a bearing on the decision. However, if you have additional information that you would like a Hearing Officer to consider during the reconsideration or, if necessary, an Administrative Law Judge (ALJ) to consider during a hearing, you must submit that information with your request for reconsideration. This is your only opportunity to submit information during the administrative appeals process unless an ALJ allows additional information

to be submitted; and

- Include an email address if you want to receive correspondence regarding your appeal via email.

If a reconsideration is not requested, CMS deems this a waiver of all rights to further administrative review. More information regarding appeal rights can be found at 42 C.F.R. Part 498.

The reconsideration request should be sent to:

Centers for Medicare & Medicaid Services  
Provider Enrollment & Oversight Group  
ATTN: Division of Provider Enrollment Appeals  
7500 Security Blvd.  
Mailstop: AR-19-51  
Baltimore, MD 21244-1850

Or emailed to:

[ProviderEnrollmentAppeals@cms.hhs.gov](mailto:ProviderEnrollmentAppeals@cms.hhs.gov)

For questions concerning this letter, contact our office at 1-855-252-8782 between the hours of 8:00 AM and 4:00 PM (CT and MT) Monday - Friday for providers/suppliers in Jurisdiction H (Arkansas, Colorado, Louisiana, Mississippi, New Mexico, Oklahoma, or Texas) or 1-877-235-8073 between the hours of 8:00 AM and 4:00 PM (EST) Monday - Friday for providers/suppliers in Jurisdiction L (Pennsylvania, New Jersey, Maryland, Delaware, the District of Columbia, the Counties of Arlington and Fairfax in Virginia or the City of Alexandria in Virginia).

Sincerely,

Larry Smith  
Provider Enrollment Representative  
Novitas Solutions, Inc.

CC: Maryland State Agency

# **EXHIBIT 10**

# ASC Data Form

## RUXTON SURGICENTER LLC

National Provider Identification: 1841347143

Submission Period: 01/01/2025 - 05/15/2025

With Respect to Reporting Period: 01/01/2024 - 12/31/2024

Last Updated: 5/1/2025 1:12 PM

### ASC



All Measures Successfully Submitted!

Measure	Submission Status	Last Updated
ASC-1	Submitted	5/1/2025 1:07 PM
ASC-2	Submitted	5/1/2025 1:08 PM
ASC-3	Submitted	5/1/2025 1:08 PM
ASC-4	Submitted	5/1/2025 1:11 PM
ASC-9	Submitted	5/1/2025 1:11 PM
ASC-11 (Voluntary)	Submitted	5/1/2025 1:11 PM
ASC-13	Submitted	5/1/2025 1:12 PM
ASC-14	Submitted	5/1/2025 1:12 PM

#### ASC-1

##### Numerator

ASC admissions experiencing a burn prior to discharge

0

##### Denominator

All ASC admissions

7487

#### ASC-2

##### Numerator

ASC admissions experiencing a fall within the confines of the ASC

0

## Denominator

All ASC admissions

7487

## ASC-3

### Numerator

All ASC admissions experiencing a wrong site, wrong side, wrong patient, wrong procedure, or wrong implant

0

### Denominator

All ASC admissions

7487

## ASC-4

### Numerator

ASC admissions requiring a hospital transfer or hospital admission upon discharge from the ASC

5

### Denominator

All ASC admissions

7487

### Score for this measure

<u>5</u>	Num.	Rate
7487	Den.	0%

Lower rates indicate better performance

## ASC-9

### Numerator

Patients who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report.

00

## Denominator

All patients aged 45 to 75 years of age receiving screening colonoscopy without biopsy or polypectomy.

0

## Population

What was your facility's Total Population?

What was your facility's sample size?

What was your facility's sampling frequency?

N/A

## ASC-11

### Numerator

Patients 18 years and older who had improvement in visual function achieved within 90 days following cataract surgery, based on completing both a pre-operative and post-operative visual function instrument.

0

### Denominator

All patients aged 18 years and older who had cataract surgery and completed both a pre-operative and post-operative visual function survey.

0

### Population

What was your facility's Total Population?

What was your facility's sample size?

What was your facility's sampling frequency?

N/A

## ASC-13

### Numerator

Surgery patients with a body temperature equal to or greater than 96.8 Fahrenheit/36 Celsius recorded within fifteen minutes of Arrival in PACU.

2651

### Denominator

All patients, regardless of age, undergoing surgical procedures under general or neuraxial anesthesia of greater than or equal to 60 minutes duration.

2651

### Population

What was your facility's Total Population?

7487

What was your facility's sample size?

2651

What was your facility's sampling frequency?

Monthly

### Score for this measure

<u>2651</u>	Num.	Rate
2651	Den.	100%

Higher rates indicate better performance

## ASC-14

### Numerator

All cataract surgery patients who had an unplanned anterior vitrectomy.

0

### Denominator

All cataract surgery patients.

0

# **EXHIBIT 1 1**

**Patient Transfer Agreement**  
**By and Between**  
**University of Maryland St. Joseph Medical Center, LLC**  
**and**  
**Ruxton SurgiCenter, LLC**

THIS PATIENT TRANSFER AGREEMENT (this "Agreement") is entered into and is effective as of the latest date(s) set forth on the signature lines below (the "Effective Date") and is by and between University of Maryland St. Joseph Medical Center, LLC ("Receiving Facility") and Ruxton SurgiCenter, LLC ("Transferring Facility").

WHEREAS, both Receiving Facility and Transferring Facility desire, by means of this Agreement, to insure continuity of care and treatment appropriate to the needs of patients in Receiving Facility, and at Transferring Facility, utilizing the knowledge and other resources of both in a coordinated and cooperative fashion to improve the care of patients.

NOW THEREFORE, in consideration of the promises, and the mutual covenants and agreements hereinafter contained, the parties hereto agree as follows:

**1. AGREEMENTS OF TRANSFER**

- A. Receiving Facility. Receiving Facility agrees to accept the transfer of patients from Transferring Facility in accordance with the terms of this Agreement.
- B. Transferring Facility. Transferring Facility agrees to effect transfers of patients to Receiving Facility in accordance with the terms of this Agreement.

**2. CONDITIONS OF TRANSFER**

- A. Patient Transfers. The decision to transfer a patient will involve the attending physician, the patient (and his/her representatives, as appropriate), Transferring Facility and Receiving Facility in accordance with this Agreement. The need for the transfer of a patient from Transferring Facility to Receiving Facility shall be determined by the patient's treating/attending physician in his/her independent professional judgment. When the determination is made that a transfer is appropriate, Transferring Facility shall immediately inform Receiving Facility of the impending transfer. Receiving Facility agrees to admit the patient as promptly as possible, provided that all conditions of eligibility for admission are met and bed space is available to accommodate the patient. Prior to transferring the patient, Transferring Facility must receive confirmation from Receiving Facility that it can accept the patient.
- B. Transfer Consent. Transferring Facility shall have responsibility for obtaining consent from the patient (or, if applicable, from the patient's authorized

representative) to the transfer in accordance with all applicable law. Nothing in this Agreement shall restrict a patient's freedom of choice to choose to be transferred to an institution other than Receiving Facility.

- C. Transportation of Patient. Transferring Facility shall have the responsibility for arranging transportation of the patient to Receiving Facility, including the selection of the mode of transportation at the appropriate level of care for the patient. Until the patient is admitted to Receiving Facility, Receiving Facility shall have no responsibility for the patient's care.
- D. Provision of Information. The parties agree to provide each other with the names or classifications of persons authorized to initiate, confirm, and accept the transfer of patients on behalf of the other.
- E. Patient Records. The parties agree to utilize appropriate and mutually acceptable forms to appropriately document pertinent medical and administrative information, which records shall accompany a patient being transferred from Transferring Facility to Receiving Facility. The information shall include the following patient information:
- (i) Patient's name, address, age;
  - (ii) Name, address, and telephone number of patient's guardian, authorized agent or surrogate decision-maker;
  - (iii) Any information available to Transferring Facility concerning advance directives of the patient;
  - (iv) Patient's third party billing data;
  - (v) History and physical;
  - (vi) Discharge summary;
  - (vii) All operative and treatment reports;
  - (viii) Current care plan;
  - (ix) Name, address, and phone number of physician referring the patient;
  - (x) Name of physician in Receiving Facility to whom the patient is to be transferred;
  - (xi) Name of physician at Receiving Facility who has been contacted about patient; and
  - (xii) Any other information necessary to continue the patient's treatment

without interruption, including the maintenance of the patient during transport and treatment of the patient upon arrival at Receiving Facility.

- F. Property of Patient. The parties agree to utilize appropriate and mutually acceptable forms to inventory a patient's personal effects and valuables, which form shall accompany the patient during transfer. Each party also agrees to appropriately safeguard the patient's property in accordance with its policies.
- G. Outpatient Diagnostic Services. Receiving Facility agrees to permit the transfer of patients from Transferring Facility for the purpose of receiving diagnostic services ordered by a physician in the outpatient department(s) of Receiving Facility. Transferring Facility will provide patient care personnel to accompany any patient transferred to Receiving Facility under this section.
- H. Patients Receiving Medical Assistance. Any patient, for whom Transferring Facility receives a Medical Assistance payment, admitted to Receiving Facility will be promptly readmitted to Transferring Facility, upon discharge from Receiving Facility provided such discharge is within fifteen (15) days of admission to Receiving Facility and the patient's level of care is certified to meet the level of care for which Transferring Facility is licensed. Should the patient be discharged later than fifteen (15) days from admission, and if Transferring Facility should be at full occupancy, Transferring Facility shall grant the patient priority for the next available appropriate bed.
- I. Billing. Receiving Facility and Transferring Facility agree that the party that directly renders services to a patient shall bill and collect for its services from the patient, third party insurance coverage, or other sources typically billed by such party. Neither Receiving Facility nor Transferring Facility shall have any liability to the other party for such charges; provided, however, that Receiving Facility may bill Transferring Facility directly if Transferring Facility assumes responsibility for payment to Receiving Facility, for the reasonable cost of any emergency or outpatient services performed by Receiving Facility for patients of Transferring Facility, if such services are not payable to Receiving Facility under the terms of any third party insurance coverage.
- J. Utilization Review. Transferring Facility and its Medical Director shall fully cooperate with the Utilization Review activities of Receiving Facility.

### 3. **TERM**

- A. The initial term of this Agreement shall be for a period of one year commencing on the Effective Date and terminating on the first anniversary thereof, unless terminated earlier in accordance with the terms hereof.
- B. After the initial term, this Agreement shall automatically continue in effect (with the initial term, as thus extended, the "Term"), on the then current terms

and conditions of the Agreement until the Agreement is terminated by either party in accordance with the terms hereof.

- C. Either party may terminate this Agreement, with or without cause, upon sixty (60) days' advance written notice to the other party. However, if either party shall have its license to operate revoked by the State of Maryland, or lose its certification, this Agreement shall terminate on the date that such revocation becomes effective.

#### **4. INSURANCE AND INDEMNIFICATION**

- A. Insurance. Each party shall, at its sole cost and expense and at all times during the term of this Agreement, procure and maintain professional liability insurance coverage (including personal injury, property damage, and products liability) applicable to its performance and the performance of its employees and agents hereunder, in a minimum amount of One Million Dollars (\$1,000,000) per occurrence and Three Million Dollars (\$3,000,000) in the aggregate. At the other party's request, a party shall deliver to the other party documentation confirming the required insurance coverages. The foregoing requirement that a party procure insurance shall not be construed as in any manner limiting the extent to which a party has agreed to defend, indemnify, protect, and hold harmless the other party, its officers, directors, affiliates, employees, and agents pursuant to this Agreement.
- B. Indemnification. Each party shall indemnify and hold the other party, its officers, employees and agents harmless from and against any and all liabilities, losses, claims, damages, awards, penalties, or injuries, including reasonable attorney's fees, resulting from or arising out of the activities to be carried out pursuant to the obligations of this Agreement, but only in proportion to and to the extent such liability, loss, expense, attorneys fees, or claims for injury or damages are caused by or result from the negligent acts or omissions of the indemnifying party, its officers, agents or employees; provided that the indemnifying party is promptly notified of any such claims. The indemnifying party shall have the sole right to defend such claims at its own expense. The other party shall provide, at the indemnifying party's expense, such assistance in investigating and defending such claims as the indemnifying party may reasonably request. This indemnity shall survive the termination of this Agreement.

#### **5. GENERAL**

- A. Independent Contractors. In the performance by each party of its obligations pursuant to this Agreement, each party and all of its employees and agents shall be, and will remain at all times, independent contractors, and nothing herein contained shall be construed to create or establish a partnership, joint venture, or any other business relationship between the parties other than that of independent contractors.

- B. Compliance with Law. Each party shall comply with, and shall ensure that its employees, agents, representatives and contractors (excluding the other party) comply with, all applicable laws in its/their performance of this Agreement.
- C. Advertising and Public Relations. Neither party shall use the name of the other in any promotional or advertising material unless the party whose name is to be used first reviews and approves the intended promotion or advertisement. The parties shall deal with each other in good faith, and each party shall maintain good public and patient relations and efficiently handle complaints and inquiries with respect to transferred or transferring patients.
- D. Non-Exclusive Agreement: No Obligation to Refer. Nothing in this Agreement shall be construed as limiting the rights of either party to affiliate, contract or enter into a transfer agreement with any other facility or entity. In addition, nothing in this Agreement shall require either Receiving Facility or Transferring Facility to refer or transfer any patient to the other for care, items or services.
- E. Anti-Fraud and Abuse. Nothing in this Agreement shall be construed as an offer or payment by one party to the other party or any affiliate of the other party of any remuneration, whether directly or indirectly, overtly or covertly, intended to induce or encourage patient referrals or for recommending or arranging the purchase, lease or order of any item or service.
- F. Nondiscrimination. The parties agree that the transfer of a patient pursuant to this Agreement shall not be predicated upon discrimination based on race, religion, national origin, age, sex, physical condition or economic status. The parties also agree that the transfer or receipt of patients shall not be based upon a patient's inability to pay for services rendered by the transferring or receiving institution or a patient's source of payment.
- G. HIPAA Compliance. Neither Receiving Facility nor Transferring Facility is serving in the capacity of a "business associate" (as defined under 45 C.F.R. Sec. 164.501) of the other party in the performance of services hereunder. Nevertheless, both parties agree to comply with the Health Insurance Portability and Accountability Act of 1996, as codified at 42 U.S.C. Sec. 1302d ("HIPAA") and any current and/or future regulations promulgated thereunder including, without limitation, the federal privacy regulations contained in 45 C.F.R., Parts 160 and 164, the federal security standards contained in 45 C.F.R, Part 142, and the federal standards for electronic transactions contained in 45 C.F.R., Parts 160 and 162, all collectively referred to herein as "HIPAA Requirements"). Each party agrees not to use or disclose any protected health information (as defined in 45 C.F.R Sec. 160.103) other than as permitted by HIPAA Requirements.
- H. Ethical and Religious Directives. Transferring Facility agrees that its performance under this Agreement shall be in accordance with the Ethical

and Religious Directives for Catholic Health Care Services, Fifth Edition, as promulgated by the United States Conference of Catholic Bishops, as amended from time to time, and as interpreted by the local bishop (the "Directives"). As of the Effective Date, the Directives are available at the following website: <http://www.usccb.org/about/doctrine/ethical-and-religious-directives/>. In the event that Transferring Facility determines in good faith that you have failed to comply with your obligations under this Section, you shall be considered to be in material breach of the Agreement.

- I. Notices. All notices hereunder shall be in writing, and shall be delivered by hand, sent by a courier service or mailed, postage prepaid, registered, or certified mail receipt requested to the addresses set forth on the signature lines hereto, which may be changed at any time by any party in accordance with this notice provision. Any notice hereunder shall be deemed given five (5) business days after mailing, if given by mailing in the manner provided above, or on the date delivered or transmitted if given by hand or courier service.
- J. Assignment. The parties shall not assign or otherwise transfer any responsibilities due under the Agreement without the express written consent of the other party.
- K. Waiver. No waiver by either party of any breach or default in performance by the other party, and no failure, refusal or neglect to exercise any right, power or remedy given to either party hereunder or to insist upon strict compliance with or performance of all obligations under this Agreement, shall constitute a waiver of the provisions of this Agreement with respect to any subsequent breach or a waiver by such party of its right at any time thereafter to require exact and strict compliance with the provisions of this Agreement.
- L. Severability. The invalidity or unenforceability of any particular provision of this Agreement shall not affect the other provisions hereof, and this Agreement shall be construed in all respects as if such invalid or unenforceable provisions were omitted.
- M. Construction; Counterparts. The headings used herein are for convenience only and the parties agree that such headings are not to be construed to be party of this Agreement or to be used to determine the meaning or interpretation of this Agreement. This Agreement may be executed in any number of counterparts, each of which shall be considered an original and all of which taken together shall constitute one and the same instrument.
- N. Governing Law; Binding Agreement. This Agreement shall be governed by, and construed in accordance with, the laws of the jurisdiction of Receiving Facility. This Agreement shall inure to the benefit of and shall be binding on Receiving Facility and Transferring Facility and their respective successors and permitted assigns.

- O. Legal Costs. In the event of judicial or other legal action(s) to enforce this Agreement, the party prevailing in such action shall be entitled to collect from the other party all of the costs and expenses (including reasonable attorneys' fees) of such action.
- P. Entire Agreement; Modifications; Changes in Law. This Agreement constitutes the complete understanding of the parties with respect to the subject matter hereof and supersedes any and all other agreements, either oral or in writing between the parties hereto with respect to the subject matter hereof, and no other agreement, statement, or promise relating to the subject matter of this Agreement that is not contained herein shall be valid or binding. Any amendments or modifications to this Agreement shall be of no force and effect unless in writing and signed by both Transferring Facility and Receiving Facility.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed, under seal, by their duly authorized officers as of the day and year first written above.

**RECEIVING FACILITY**

**TRANSFERRING FACILITY**

By: [Signature]  
Mohan Suntha MD, MBA.  
 Name  
President & CEO  
 Title  
2/2/15  
 Date

By: Cindi Bittner  
Cindi Bittner  
 Name  
Surgical Director  
 Title  
1/29/15  
 Date

Address:  
7601 Osler Drive  
Towson, MD 21204

Address:  
8322 Bellora Ave  
Suite 201  
Towson, MD 21204

# **EXHIBIT 12**

July 31, 2025

Maryland Health Care Commission  
4160 Patterson Avenue  
Baltimore, Maryland 21215

Re: Ruxton SurgiCenter  
CON Application for Establishment of a New Ambulatory Surgical Facility

To Whom It May Concern:

Wilmot Sanz is the architectural firm designing the proposed Ambulatory Surgical Facility to be fit out within the Medical Office Building to be located at 7401 Osler Drive, Towson, MD 21204. I am writing this letter of attestation to confirm that the architectural design of the proposed Ambulatory Surgical Facility complies with Section 3.7 and the applicable current FGI Guidelines.

*Note: Section 3.7 refers to the numbering in earlier editions of the Guidelines; in the most recent editions, this corresponds to Section 2.7: Outpatient Surgical Facilities.*

Sincerely,  
**Wimot Sanz**



Robert Sanz AIA, NCARB, cLSGB  
Partner

# **EXHIBIT 13**

**RSC Income Statement \*\***  
**For The 12 Periods Ended 12/31/2023**

**RUXTON SURGICENTER, LLC (RSC)**

		Period to Date	Prior Year Period to Date	Variance	Var %	Year to Date	Prior Year to Date	Variance	Var %
<b>REVENUE</b>									
3100-10-000	Gross Receipts: BEL	(0.00)	(0.00)	0.00	0.00	1,600.00	4,325.00	(2,725.00)	(63.01)
3101-10-000	Surgery Revenue: BEL	644,020.11	478,003.96	166,016.15	34.73	6,381,150.13	6,377,488.27	3,661.86	0.06
3102-10-000	Procedure Revenue: BEL	(0.00)	256,879.87	(256,879.87)	(100.00)	(0.00)	2,980,304.71	(2,980,304.71)	(100.00)
3102-20-000	Procedure Revenue:Pain	263,748.72	(0.00)	263,748.72	0.00	3,670,990.16	(0.00)	3,670,990.16	0.00
<b>Total REVENUE:</b>		<b>907,768.83</b>	<b>734,883.83</b>	<b>172,885.00</b>	<b>23.53</b>	<b>10,053,740.29</b>	<b>9,362,117.98</b>	<b>691,622.31</b>	<b>7.39</b>
<b>COST OF SALES</b>									
4750-10-000	Refunds: BEL	9,912.98	7,373.01	(2,539.97)	(34.45)	86,424.76	150,451.83	64,027.07	42.56
4750-20-000	Refunds:Pain	1,869.93	577.71	(1,292.22)	(223.68)	19,394.22	31,407.96	12,013.74	38.25
<b>Total COST OF SALES:</b>		<b>11,782.91</b>	<b>7,950.72</b>	<b>(3,832.19)</b>	<b>(48.20)</b>	<b>105,818.98</b>	<b>181,859.79</b>	<b>76,040.81</b>	<b>41.81</b>
<b>GROSS PROFIT:</b>		<b>895,985.92</b>	<b>726,933.11</b>	<b>169,052.81</b>	<b>23.26</b>	<b>9,947,921.31</b>	<b>9,180,258.19</b>	<b>767,663.12</b>	<b>8.36</b>
<b>EXPENSES</b>									
5940-00-000	Professional Development	0.00	0.00	0.00	0.00	51.94	0.00	(51.94)	0.00
5940-10-000	Professional Development: BEL	0.00	0.00	0.00	0.00	300.00	3,360.15	3,060.15	91.07
5941-00-000	Dues & Memberships	0.00	0.00	0.00	0.00	19,283.99	0.00	(19,283.99)	0.00
5941-10-000	Dues & Memberships: BEL	0.00	1,503.70	1,503.70	100.00	0.00	8,715.07	8,715.07	100.00
5950-00-000	Meetings & Travel	0.00	0.00	0.00	0.00	729.64	0.00	(729.64)	0.00
6104-20-000	Implant Supplies:Pain	0.00	0.00	0.00	0.00	4,377.12	24,114.62	19,737.50	81.85
6105-10-000	Ortho Implants: BEL	96,171.01	64,309.88	(31,861.13)	(49.54)	929,431.36	861,064.75	(68,366.61)	(7.94)
6106-20-000	Pain Implants:Pain	51,010.00	45,655.77	(5,354.23)	(11.73)	650,147.76	539,224.52	(110,923.24)	(20.57)
6107-00-000	Surgical Instruments	182.53	0.00	(182.53)	0.00	6,699.70	0.00	(6,699.70)	0.00
6107-10-000	Surgical Instruments: BEL	1,187.48	14,880.91	13,693.43	92.02	34,858.44	47,533.86	12,675.42	26.67
6107-20-000	Surgical Instruments:Pain	0.00	0.00	0.00	0.00	3,271.34	0.00	(3,271.34)	0.00
6111-00-000	Sterile Packs	0.00	0.00	0.00	0.00	2,428.75	0.00	(2,428.75)	0.00
6111-10-000	Sterile Packs: BEL	11,262.47	9,954.53	(1,307.94)	(13.14)	118,036.28	109,275.20	(8,761.08)	(8.02)
6111-20-000	Sterile Packs:Pain-GC	260.84	0.00	(260.84)	0.00	2,217.14	0.00	(2,217.14)	0.00
6112-00-000	Gloves	2,289.36	0.00	(2,289.36)	0.00	28,302.92	0.00	(28,302.92)	0.00
6112-10-000	Gloves: BEL	0.00	2,983.88	2,983.88	100.00	1,844.93	40,995.95	39,151.02	95.50
6112-20-000	Gloves:Pain-GC	1,167.81	0.00	(1,167.81)	0.00	12,320.05	0.00	(12,320.05)	0.00
6113-10-000	Orthopaedic Supplies: BEL	17,459.71	26,962.90	9,503.19	35.25	209,560.15	185,620.78	(23,939.37)	(12.90)
6114-00-000	Sterilization Supplies	1,797.07	0.00	(1,797.07)	0.00	16,188.21	0.00	(16,188.21)	0.00
6114-10-000	Sterilization Supplies: BEL	0.00	1,107.74	1,107.74	100.00	37.20	22,822.21	22,785.01	99.84
6114-20-000	Sterilization Suppli:Pain	0.00	0.00	0.00	0.00	90.20	0.00	(90.20)	0.00
6115-00-000	Single Use Supplies	8,997.63	0.00	(8,997.63)	0.00	82,775.42	0.00	(82,775.42)	0.00
6115-10-000	Single Use Supplies: BEL	0.00	6,506.81	6,506.81	100.00	11,013.39	75,670.15	64,656.76	85.45
6115-20-000	Single Use Supplies:Pain-GC	220.58	0.00	(220.58)	0.00	5,435.78	0.00	(5,435.78)	0.00
6116-00-000	Dressings & Gauze	1,156.02	0.00	(1,156.02)	0.00	11,207.59	0.00	(11,207.59)	0.00
6116-10-000	Dressings & Gauze: BEL	1,232.06	1,809.86	577.80	31.93	17,958.42	21,640.08	3,681.66	17.01
6116-20-000	Dressings & Gauze:Pain-GC	272.42	0.00	(272.42)	0.00	1,351.73	0.00	(1,351.73)	0.00
6117-00-000	C-arm Printer Paper	0.00	0.00	0.00	0.00	3,735.77	0.00	(3,735.77)	0.00
6117-10-000	C-arm Printer Paper: BEL	1,102.64	911.60	(191.04)	(20.96)	12,347.48	11,849.34	(498.14)	(4.20)
6117-20-000	Pain C-arm Printer:Pain	464.00	0.00	(464.00)	0.00	13,567.31	4,473.35	(9,093.96)	(203.29)
6118-00-000	Sutures & Staples	4,273.39	0.00	(4,273.39)	0.00	23,349.52	0.00	(23,349.52)	0.00
6118-10-000	Sutures & Staples: BEL	5,947.09	16,789.31	10,842.22	64.58	147,269.46	147,759.46	490.00	0.33
6118-20-000	Sutures & Staples:Pain	0.00	0.00	0.00	0.00	(1,913.74)	0.00	1,913.74	0.00

		Prior Year				Prior			
		Period to Date	Period to Date	Variance	Var %	Year to Date	Year to Date	Variance	Var %
6119-00-000	IV Solutions/Irrigation	2,885.79	0.00	(2,885.79)	0.00	29,104.95	0.00	(29,104.95)	0.00
6119-10-000	IV Solutions/Irrigation: BEL	0.00	2,932.54	2,932.54	100.00	732.28	33,069.52	32,337.24	97.79
6119-20-000	IV Solutions/Irrigat:Pain-GC	1,101.48	0.00	(1,101.48)	0.00	10,556.79	0.00	(10,556.79)	0.00
6120-10-000	Medical & Surgical Supplies: B	0.00	0.00	0.00	0.00	0.00	44.00	44.00	100.00
6121-00-000	Laboratory Supplies	61.27	0.00	(61.27)	0.00	1,956.08	0.00	(1,956.08)	0.00
6121-10-000	Laboratory Supplies: BEL	0.00	138.73	138.73	100.00	0.00	3,082.20	3,082.20	100.00
6121-20-000	Laboratory Supplies:Pain	69.24	0.00	(69.24)	0.00	917.36	0.00	(917.36)	0.00
6122-00-000	Disposable Attire	1,214.08	0.00	(1,214.08)	0.00	9,151.24	0.00	(9,151.24)	0.00
6122-10-000	Disposable Attire: BEL	0.00	366.46	366.46	100.00	0.00	8,157.53	8,157.53	100.00
6122-20-000	Disposable Attire:Pain	0.00	0.00	0.00	0.00	158.46	0.00	(158.46)	0.00
6123-10-000	Cosmetic Surgical Supplies: BEL	0.00	0.00	0.00	0.00	705.20	0.00	(705.20)	0.00
6124-00-000	OR Disposables	1,133.23	0.00	(1,133.23)	0.00	11,167.91	0.00	(11,167.91)	0.00
6124-10-000	OR Disposables: BEL	782.03	1,039.51	257.48	24.77	8,195.12	16,302.21	8,107.09	49.73
6124-20-000	OR Disposables:Pain-GC	597.74	0.00	(597.74)	0.00	2,269.29	0.00	(2,269.29)	0.00
6125-10-000	Orthopaedic Shavers: BEL	600.00	7,876.58	7,276.58	92.38	41,568.80	69,882.60	28,313.80	40.52
6126-00-000	Arthroscopy Solutions	0.00	0.00	0.00	0.00	973.60	0.00	(973.60)	0.00
6126-10-000	Arthroscopy Solutions: BEL	1,076.75	3,714.38	2,637.63	71.01	22,073.20	26,722.21	4,649.01	17.40
6129-10-000	Misc Medical Supplies: BEL	0.00	0.00	0.00	0.00	0.00	1,249.98	1,249.98	100.00
6130-00-000	Drugs & Medications	1,788.87	0.00	(1,788.87)	0.00	24,068.82	0.00	(24,068.82)	0.00
6130-10-000	Drugs & Medications: BEL	875.99	5,219.88	4,343.89	83.22	7,188.37	31,861.93	24,673.56	77.44
6130-20-000	Drugs & Medications:Pain	0.00	0.00	0.00	0.00	454.34	0.00	(454.34)	0.00
6131-00-000	Anesthesia Meds	3,146.28	0.00	(3,146.28)	0.00	42,633.76	0.00	(42,633.76)	0.00
6131-10-000	Anesthesia Meds: BEL	806.64	3,107.45	2,300.81	74.04	7,393.84	51,549.04	44,155.20	85.66
6131-20-000	Anesthesia Meds:Pain	0.00	0.00	0.00	0.00	73.58	0.00	(73.58)	0.00
6132-00-000	Anesthesia Gases	990.80	0.00	(990.80)	0.00	10,791.92	0.00	(10,791.92)	0.00
6132-10-000	Anesthesia Gases: BEL	0.00	1,481.50	1,481.50	100.00	0.00	11,985.85	11,985.85	100.00
6133-00-000	Anesthesia Supplies	2,391.53	0.00	(2,391.53)	0.00	18,132.58	0.00	(18,132.58)	0.00
6133-10-000	Anesthesia Supplies: BEL	1,286.12	3,051.35	1,765.23	57.85	13,367.52	28,201.97	14,834.45	52.60
6134-20-000	Pain Block Supplies:Pain	13,451.82	10,596.49	(2,855.33)	(26.95)	98,376.90	85,679.01	(12,697.89)	(14.82)
6135-20-000	Pain Block Medicatio:Pain	5,022.43	10,528.09	5,505.66	52.29	67,051.99	48,127.59	(18,924.40)	(39.32)
6140-00-000	Administrative Supplies	0.00	0.00	0.00	0.00	1,565.58	0.00	(1,565.58)	0.00
6140-10-000	Administrative Supplies: BEL	0.00	263.78	263.78	100.00	0.00	5,183.37	5,183.37	100.00
6140-20-000	Administrative Suppl:Pain	0.00	0.00	0.00	0.00	403.68	0.00	(403.68)	0.00
6143-00-000	Office Supplies	1,497.38	0.00	(1,497.38)	0.00	22,967.70	0.00	(22,967.70)	0.00
6143-10-000	Office Supplies: BEL	0.00	1,036.63	1,036.63	100.00	2,714.66	33,947.98	31,233.32	92.00
6143-20-000	Office Supplies:Pain	0.00	0.00	0.00	0.00	2,340.41	0.00	(2,340.41)	0.00
6410-00-000	Rent - Buildings	0.00	0.00	0.00	0.00	283,660.15	0.00	(283,660.15)	0.00
6410-10-000	Rent - Buildings: BEL	0.00	26,152.09	26,152.09	100.00	0.00	313,290.28	313,290.28	100.00
6410-20-000	Rent - Buildings:Pain-GC	0.00	0.00	0.00	0.00	41,846.45	0.00	(41,846.45)	0.00
6465-00-000	Housekeeping	191.47	0.00	(191.47)	0.00	23,478.51	0.00	(23,478.51)	0.00
6465-10-000	Housekeeping: BEL	0.00	211.78	211.78	100.00	0.00	3,567.60	3,567.60	100.00
6465-20-000	Housekeeping:Pain	0.00	0.00	0.00	0.00	64.44	0.00	(64.44)	0.00
6466-00-000	Waste Disposal	340.59	0.00	(340.59)	0.00	11,735.48	0.00	(11,735.48)	0.00
6466-10-000	Waste Disposal: BEL	0.00	1,325.09	1,325.09	100.00	0.00	13,065.40	13,065.40	100.00
6466-20-000	Waste Disposal:Pain	0.00	0.00	0.00	0.00	238.37	0.00	(238.37)	0.00
6600-00-000	Rent - FFE	0.00	0.00	0.00	0.00	667.93	0.00	(667.93)	0.00
6600-10-000	Rent - FFE: BEL	0.00	0.00	0.00	0.00	0.00	2,735.66	2,735.66	100.00
6700-00-000	Depreciation - FFE	0.00	0.00	0.00	0.00	4,965.66	0.00	(4,965.66)	0.00
6700-10-000	Depreciation - FFE: BEL	211,423.82	327,082.74	115,658.92	35.36	211,423.82	334,600.14	123,176.32	36.81
6790-00-000	Amortization Expense	33,433.60	0.00	(33,433.60)	0.00	129,885.07	0.00	(129,885.07)	0.00
6790-10-000	Amortization Expense: BEL	0.00	10,716.83	10,716.83	100.00	0.00	129,885.13	129,885.13	100.00
6810-00-000	Property Taxes-FFE	0.00	0.00	0.00	0.00	6,539.78	0.00	(6,539.78)	0.00

		Prior Year				Prior			
		Period to Date	Period to Date	Variance	Var %	Year to Date	Year to Date	Variance	Var %
6810-10-000	Property Taxes-FFE: BEL	0.00	0.00	0.00	0.00	0.00	7,091.40	7,091.40	100.00
6830-00-000	Maintenance/Repairs-FFE	0.00	0.00	0.00	0.00	6,141.38	0.00	(6,141.38)	0.00
6830-10-000	Maintenance/Repairs-FFE: BEL	0.00	0.00	0.00	0.00	0.00	2,663.84	2,663.84	100.00
6831-00-000	Admin FFE Repairs	0.00	0.00	0.00	0.00	3,975.18	0.00	(3,975.18)	0.00
6831-10-000	Admin FFE Repairs: BEL	1,585.27	0.00	(1,585.27)	0.00	1,585.27	6,467.50	4,882.23	75.49
6832-00-000	Admin Maint Contracts	6,958.97	0.00	(6,958.97)	0.00	37,158.91	0.00	(37,158.91)	0.00
6832-10-000	Admin Maint Contracts: BEL	0.00	102.74	102.74	100.00	0.00	24,226.85	24,226.85	100.00
6832-20-000	Admin Maint Contract:Pain	0.00	612.00	612.00	100.00	612.00	1,224.00	612.00	50.00
6835-00-000	Clinical FFE Repairs	2,114.70	0.00	(2,114.70)	0.00	25,749.84	0.00	(25,749.84)	0.00
6835-10-000	Clinical FFE Repairs: BEL	600.00	0.00	(600.00)	0.00	6,361.20	52,775.95	46,414.75	87.95
6836-00-000	Clinical Maint Contracts	5,274.38	0.00	(5,274.38)	0.00	72,869.46	0.00	(72,869.46)	0.00
6836-10-000	Clinical Maint Contracts: BEL	1,604.83	6,499.47	4,894.64	75.31	13,486.01	95,686.16	82,200.15	85.91
6836-20-000	Clinical Maint Contr:Pain	7,392.96	7,061.08	(331.88)	(4.70)	39,161.99	7,061.08	(32,100.91)	(454.62)
6839-00-000	HVAC Maintenance/Repairs	0.00	0.00	0.00	0.00	875.00	0.00	(875.00)	0.00
6839-10-000	HVAC Maintenance/Repairs: BEL	0.00	4,974.00	4,974.00	100.00	0.00	14,380.88	14,380.88	100.00
7100-00-000	Purchased Services	32.70	0.00	(32.70)	0.00	5,597.74	0.00	(5,597.74)	0.00
7100-10-000	Purchased Services: BEL	0.00	4,133.15	4,133.15	100.00	2,761.76	27,267.37	24,505.61	89.87
7100-20-000	Purchased Services:Pain-GC	0.00	0.00	0.00	0.00	6.54	0.00	(6.54)	0.00
7120-00-000	Purchased Svcs-Nurses	177,109.95	0.00	(177,109.95)	0.00	2,045,321.90	0.00	(2,045,321.90)	0.00
7120-10-000	Purchased Svcs-Nurses: BEL	37,470.08	149,687.83	112,217.75	74.97	52,954.71	1,851,892.37	1,798,937.66	97.14
7120-20-000	Purchased Svcs:Pain	501.21	0.00	(501.21)	0.00	17,931.64	0.00	(17,931.64)	0.00
7130-00-000	Purchases Svcs-OR Techs	636.28	0.00	(636.28)	0.00	76,750.32	0.00	(76,750.32)	0.00
7130-10-000	Purchases Svcs-OR Techs: BEL	0.00	14,847.25	14,847.25	100.00	2,632.35	90,219.35	87,587.00	97.08
7135-00-000	Purchased Svcs-X-Ray Tech	0.00	0.00	0.00	0.00	0.00	924.82	924.82	100.00
7135-10-000	Purchased Svcs-X-Ray Tech: BEL	0.00	1,353.72	1,353.72	100.00	0.00	13,628.31	13,628.31	100.00
7135-20-000	Purchased Svcs:Pain-GC	0.00	0.00	0.00	0.00	5,304.50	0.00	(5,304.50)	0.00
7200-00-000	ADMIN-GC	0.00	0.00	0.00	0.00	318,040.16	0.00	(318,040.16)	0.00
7200-10-000	ADMIN:BEL	0.00	34,069.99	34,069.99	100.00	0.00	422,507.95	422,507.95	100.00
7300-00-000	Purchased Services-G&A	409.88	0.00	(409.88)	0.00	3,161.59	0.00	(3,161.59)	0.00
7300-10-000	Purchased Services-G&A: BEL	480.21	0.00	(480.21)	0.00	480.21	27,228.84	26,748.63	98.24
7302-10-000	Medical Director Fees: BEL	0.00	0.00	0.00	0.00	10,000.00	20,000.00	10,000.00	50.00
7302-20-000	Medical Director Fee:Pain	0.00	0.00	0.00	0.00	10,000.00	0.00	(10,000.00)	0.00
7310-00-000	Accounting Services	0.00	0.00	0.00	0.00	48,980.00	0.00	(48,980.00)	0.00
7310-10-000	Accounting Services: BEL	0.00	3,980.00	3,980.00	100.00	0.00	47,495.00	47,495.00	100.00
7320-10-000	Billing Services: BEL	50,792.40	28,888.92	(21,903.48)	(75.82)	250,023.54	357,500.42	107,476.88	30.06
7320-20-000	Billing Services: BE:Pain-GC	23,581.78	0.00	(23,581.78)	0.00	141,093.55	0.00	(141,093.55)	0.00
7330-00-000	Legal Services	0.00	0.00	0.00	0.00	9,016.90	0.00	(9,016.90)	0.00
7330-10-000	Legal Services: BEL	0.00	2,406.25	2,406.25	100.00	8,373.75	14,324.50	5,950.75	41.54
7335-00-000	Employee Benefits	20,108.60	0.00	(20,108.60)	0.00	224,356.33	0.00	(224,356.33)	0.00
7335-10-000	Employee Benefits: BEL	0.00	17,286.84	17,286.84	100.00	0.00	194,867.62	194,867.62	100.00
7336-00-000	ADMIN BENEFITS-GC	0.00	0.00	0.00	0.00	29,973.08	0.00	(29,973.08)	0.00
7336-10-000	ADMIN BENEFITS:BEL	0.00	2,848.88	2,848.88	100.00	0.00	33,458.89	33,458.89	100.00
7338-00-000	Verifications:GE	0.00	0.00	0.00	0.00	52.50	0.00	(52.50)	0.00
7338-10-000	Verifications:BEL	0.00	0.00	0.00	0.00	0.00	52.50	52.50	100.00
7340-00-000	Management Consultant	4,350.00	0.00	(4,350.00)	0.00	18,165.00	0.00	(18,165.00)	0.00
7340-10-000	Management Consultant: BEL	0.00	0.00	0.00	0.00	3,212.50	38,467.50	35,255.00	91.65
7345-00-000	Consulting Expense	0.00	0.00	0.00	0.00	1,270.00	0.00	(1,270.00)	0.00
7345-10-000	Consulting Expense:BEL	0.00	0.00	0.00	0.00	0.00	8,210.00	8,210.00	100.00
7360-00-000	Clerical Services	0.00	0.00	0.00	0.00	8,049.13	0.00	(8,049.13)	0.00
7360-10-000	Clerical Services: BEL	3,808.94	1,840.87	(1,968.07)	(106.91)	14,097.63	22,896.04	8,798.41	38.43
7361-00-000	Med Rec Storage:GE	4,030.27	0.00	(4,030.27)	0.00	30,048.78	0.00	(30,048.78)	0.00
7400-00-000	G & A Expenses	0.00	0.00	0.00	0.00	1,427.39	0.00	(1,427.39)	0.00

		Period to Date	Prior Year Period to Date	Variance	Var %	Year to Date	Prior Year to Date	Variance	Var %
7400-10-000	G & A Expenses: BEL	0.00	2,688.02	2,688.02	100.00	0.00	37,504.11	37,504.11	100.00
7410-00-000	Recruitment	175.90	0.00	(175.90)	0.00	1,457.70	0.00	(1,457.70)	0.00
7410-10-000	Recruitment: BEL	0.00	227.90	227.90	100.00	0.00	1,545.36	1,545.36	100.00
7430-00-000	EMPLOYEE RELATIONS	1,298.50	0.00	(1,298.50)	0.00	3,542.76	0.00	(3,542.76)	0.00
7430-10-000	EMPLOYEE RELATIONS:BEL	0.00	396.46	396.46	100.00	0.00	4,870.44	4,870.44	100.00
7440-00-000	Food Supplies	694.70	0.00	(694.70)	0.00	7,270.30	0.00	(7,270.30)	0.00
7440-10-000	Food Supplies: BEL	0.00	445.45	445.45	100.00	0.00	7,929.84	7,929.84	100.00
7450-00-000	Laundry	4,399.72	0.00	(4,399.72)	0.00	56,183.39	0.00	(56,183.39)	0.00
7450-10-000	Laundry: BEL	0.00	4,310.99	4,310.99	100.00	0.00	53,545.43	53,545.43	100.00
7510-00-000	Professional Liability Ins.	0.00	0.00	0.00	0.00	22,593.01	0.00	(22,593.01)	0.00
7510-10-000	Professional Liability Ins.: BEL	10,552.00	12,171.65	1,619.65	13.31	35,968.62	37,265.11	1,296.49	3.48
7520-10-000	General Liability Ins.: BEL	0.00	0.00	0.00	0.00	0.00	9,916.37	9,916.37	100.00
7610-00-000	Telephone & Communications	504.49	0.00	(504.49)	0.00	6,224.50	0.00	(6,224.50)	0.00
7610-10-000	Telephone & Communications: BEL	0.00	514.69	514.69	100.00	0.00	7,009.99	7,009.99	100.00
7630-00-000	Postage & Freight	10.80	0.00	(10.80)	0.00	1,382.91	0.00	(1,382.91)	0.00
7630-10-000	Postage & Freight: BEL	433.02	31.55	(401.47)	(1,272.49)	433.02	488.10	55.08	11.28
7770-00-000	Bank Fees-GC	0.00	0.00	0.00	0.00	5,592.92	0.00	(5,592.92)	0.00
7780-00-000	Merchant Service Fee	0.00	0.00	0.00	0.00	26,064.06	0.00	(26,064.06)	0.00
7790-00-000	Other G&A Expenses	0.00	0.00	0.00	0.00	3,952.93	0.00	(3,952.93)	0.00
7790-10-000	Other G&A Expenses: BEL	0.00	738.77	738.77	100.00	0.00	8,806.04	8,806.04	100.00
7800-10-000	Interest Expense: BEL	5,880.26	3,551.00	(2,329.26)	(65.59)	5,880.26	3,551.00	(2,329.26)	(65.59)
<b>Total EXPENSES:</b>		865,415.86	915,888.26	50,472.40	5.51	7,265,442.96	6,911,261.62	(354,181.34)	(5.12)
<b>NET INCOME FROM OPERATIONS:</b>		30,570.06	(188,955.15)	219,525.21	116.18	2,682,478.35	2,268,996.57	413,481.78	18.22
<b>OTHER INCOME AND EXPENSE</b>									
8110-00-000	Interest Income	12,099.94	(0.00)	12,099.94	0.00	25,637.64	(0.00)	25,637.64	0.00
<b>Total OTHER INCOME AND EXPENSE:</b>		12,099.94	(0.00)	12,099.94	0.00	25,637.64	(0.00)	25,637.64	0.00
<b>EARNINGS BEFORE INCOME TAX:</b>		42,670.00	(188,955.15)	231,625.15	122.58	2,708,115.99	2,268,996.57	439,119.42	19.35
<b>Net Income (Loss):</b>		42,670.00	(188,955.15)	231,625.15	122.58	2,708,115.99	2,268,996.57	439,119.42	19.35

RSC Income Statement \*\*  
For The 12 Periods Ended 12/31/2024

RUXTON SURGICENTER, LLC (RSC)

		Period to Date	Prior Year Period to Date	Variance	Var %	Year to Date	Prior Year to Date	Variance	Var %
<b>REVENUE</b>									
3100-10-000	Gross Receipts: BEL	(0.00)	(0.00)	0.00	0.00	(0.00)	1,600.00	(1,600.00)	(100.00)
3101-10-000	Surgery Revenue: BEL	978,984.93	644,020.11	334,964.82	52.01	8,530,797.32	6,381,150.13	2,149,647.19	33.69
3102-20-000	Procedure Revenue:Pain	384,103.11	263,748.72	120,354.39	45.63	3,827,352.30	3,670,990.16	156,362.14	4.26
<b>Total REVENUE:</b>		<b>1,363,088.04</b>	<b>907,768.83</b>	<b>455,319.21</b>	<b>50.16</b>	<b>12,358,149.62</b>	<b>10,053,740.29</b>	<b>2,304,409.33</b>	<b>22.92</b>
<b>COST OF SALES</b>									
4750-00-000	Refunds	0.00	0.00	0.00	0.00	325.00	0.00	(325.00)	0.00
4750-10-000	Refunds: BEL	842.37	9,912.98	9,070.61	91.50	113,959.35	86,424.76	(27,534.59)	(31.86)
4750-20-000	Refunds:Pain	75.00	1,869.93	1,794.93	95.99	21,156.24	19,394.22	(1,762.02)	(9.09)
<b>Total COST OF SALES:</b>		<b>917.37</b>	<b>11,782.91</b>	<b>10,865.54</b>	<b>92.21</b>	<b>135,440.59</b>	<b>105,818.98</b>	<b>(29,621.61)</b>	<b>(27.99)</b>
<b>GROSS PROFIT:</b>		<b>1,362,170.67</b>	<b>895,985.92</b>	<b>466,184.75</b>	<b>52.03</b>	<b>12,222,709.03</b>	<b>9,947,921.31</b>	<b>2,274,787.72</b>	<b>22.87</b>
<b>EXPENSES</b>									
5940-00-000	Professional Development	0.00	0.00	0.00	0.00	299.00	51.94	(247.06)	(475.66)
5940-10-000	Professional Development: BEL	0.00	0.00	0.00	0.00	0.00	300.00	300.00	100.00
5941-00-000	Dues & Memberships	1,383.00	0.00	(1,383.00)	0.00	9,169.47	19,283.99	10,114.52	52.45
5950-00-000	Meetings & Travel	0.00	0.00	0.00	0.00	0.00	729.64	729.64	100.00
6104-20-000	Implant Supplies:Pain	0.00	0.00	0.00	0.00	8,736.88	4,377.12	(4,359.76)	(99.60)
6105-10-000	Ortho Implants: BEL	153,758.98	96,171.01	(57,587.97)	(59.88)	1,582,890.48	929,431.36	(653,459.12)	(70.31)
6106-10-000	Pain Implants: BEL	0.00	0.00	0.00	0.00	620.04	0.00	(620.04)	0.00
6106-20-000	Pain Implants:Pain	10,300.00	51,010.00	40,710.00	79.81	608,905.36	650,147.76	41,242.40	6.34
6107-00-000	Surgical Instruments	7,619.28	182.53	(7,436.75)	(4,074.26)	21,492.36	6,699.70	(14,792.66)	(220.80)
6107-10-000	Surgical Instruments: BEL	400.00	1,187.48	787.48	66.32	67,533.13	34,858.44	(32,674.69)	(93.74)
6107-20-000	Surgical Instruments:Pain	0.00	0.00	0.00	0.00	0.00	3,271.34	3,271.34	100.00
6111-00-000	Sterile Packs	0.00	0.00	0.00	0.00	0.00	2,428.75	2,428.75	100.00
6111-10-000	Sterile Packs: BEL	11,838.05	11,262.47	(575.58)	(5.11)	124,663.86	118,036.28	(6,627.58)	(5.61)
6111-20-000	Sterile Packs:Pain-GC	260.84	260.84	0.00	0.00	2,219.81	2,217.14	(2.67)	(0.12)
6112-00-000	Gloves	2,314.96	2,289.36	(25.60)	(1.12)	26,905.11	28,302.92	1,397.81	4.94
6112-10-000	Gloves: BEL	0.00	0.00	0.00	0.00	0.00	1,844.93	1,844.93	100.00
6112-20-000	Gloves:Pain-GC	787.12	1,167.81	380.69	32.60	10,361.54	12,320.05	1,958.51	15.90
6113-00-000	Orthopaedic Supplies	0.00	0.00	0.00	0.00	296.32	0.00	(296.32)	0.00
6113-10-000	Orthopaedic Supplies: BEL	12,161.64	17,459.71	5,298.07	30.34	195,526.83	209,560.15	14,033.32	6.70
6114-00-000	Sterilization Supplies	638.49	1,797.07	1,158.58	64.47	10,856.12	16,188.21	5,332.09	32.94
6114-10-000	Sterilization Supplies: BEL	0.00	0.00	0.00	0.00	230.03	37.20	(192.83)	(518.36)
6114-20-000	Sterilization Suppli:Pain	0.00	0.00	0.00	0.00	0.00	90.20	90.20	100.00
6115-00-000	Single Use Supplies	9,837.56	8,997.63	(839.93)	(9.34)	82,788.81	82,775.42	(13.39)	(0.02)
6115-10-000	Single Use Supplies: BEL	0.00	0.00	0.00	0.00	2,057.64	11,013.39	8,955.75	81.32
6115-20-000	Single Use Supplies:Pain-GC	196.29	220.58	24.29	11.01	2,646.99	5,435.78	2,788.79	51.30
6116-00-000	Dressings & Gauze	405.32	1,156.02	750.70	64.94	7,011.05	11,207.59	4,196.54	37.44
6116-10-000	Dressings & Gauze: BEL	2,517.81	1,232.06	(1,285.75)	(104.36)	23,564.84	17,958.42	(5,606.42)	(31.22)
6116-20-000	Dressings & Gauze:Pain-GC	31.14	272.42	241.28	88.57	1,052.55	1,351.73	299.18	22.13
6117-00-000	C-arm Printer Paper	0.00	0.00	0.00	0.00	0.00	3,735.77	3,735.77	100.00
6117-10-000	C-arm Printer Paper: BEL	130.04	1,102.64	972.60	88.21	5,844.79	12,347.48	6,502.69	52.66
6117-20-000	Pain C-arm Printer:Pain	0.00	464.00	464.00	100.00	8,650.00	13,567.31	4,917.31	36.24
6118-00-000	Sutures & Staples	1,699.67	4,273.39	2,573.72	60.23	31,519.78	23,349.52	(8,170.26)	(34.99)
6118-10-000	Sutures & Staples: BEL	5,800.02	5,947.09	147.07	2.47	151,263.13	147,269.46	(3,993.67)	(2.71)
6118-20-000	Sutures & Staples:Pain	0.00	0.00	0.00	0.00	310.75	(1,913.74)	(2,224.49)	(116.24)
6119-00-000	IV Solutions/Irrigation	3,036.24	2,885.79	(150.45)	(5.21)	29,927.00	29,104.95	(822.05)	(2.82)
6119-10-000	IV Solutions/Irrigation: BEL	0.00	0.00	0.00	0.00	0.00	732.28	732.28	100.00
6119-20-000	IV Solutions/Irrigat:Pain-GC	627.13	1,101.48	474.35	43.06	9,484.05	10,556.79	1,072.74	10.16
6121-00-000	Laboratory Supplies	96.76	61.27	(35.49)	(57.92)	1,684.77	1,956.08	271.31	13.87

		Prior Year				Prior			
		Period to Date	Period to Date	Variance	Var %	Year to Date	Year to Date	Variance	Var %
6121-20-000	Laboratory Supplies:Pain	42.50	69.24	26.74	38.62	902.36	917.36	15.00	1.64
6122-00-000	Disposable Attire	771.16	1,214.08	442.92	36.48	7,746.38	9,151.24	1,404.86	15.35
6122-20-000	Disposable Attire:Pain	23.14	0.00	(23.14)	0.00	175.11	158.46	(16.65)	(10.51)
6123-10-000	Cosmetic Surgical Supplies: BEL	0.00	0.00	0.00	0.00	0.00	705.20	705.20	100.00
6124-00-000	OR Disposables	993.26	1,133.23	139.97	12.35	12,107.26	11,167.91	(939.35)	(8.41)
6124-10-000	OR Disposables: BEL	492.95	782.03	289.08	36.97	7,924.67	8,195.12	270.45	3.30
6124-20-000	OR Disposables:Pain-GC	145.15	597.74	452.59	75.72	1,500.76	2,269.29	768.53	33.87
6125-10-000	Orthopaedic Shavers: BEL	8,480.86	600.00	(7,880.86)	(1,313.48)	53,225.87	41,568.80	(11,657.07)	(28.04)
6126-00-000	Arthroscopy Solutions	0.00	0.00	0.00	0.00	0.00	973.60	973.60	100.00
6126-10-000	Arthroscopy Solutions: BEL	1,018.08	1,076.75	58.67	5.45	16,426.98	22,073.20	5,646.22	25.58
6130-00-000	Drugs & Medications	1,075.12	1,788.87	713.75	39.90	14,841.62	24,068.82	9,227.20	38.34
6130-10-000	Drugs & Medications: BEL	609.61	875.99	266.38	30.41	8,710.82	7,188.37	(1,522.45)	(21.18)
6130-20-000	Drugs & Medications:Pain	0.00	0.00	0.00	0.00	0.00	454.34	454.34	100.00
6131-00-000	Anesthesia Meds	2,637.04	3,146.28	509.24	16.19	36,134.05	42,633.76	6,499.71	15.25
6131-10-000	Anesthesia Meds: BEL	696.41	806.64	110.23	13.67	14,238.83	7,393.84	(6,844.99)	(92.58)
6131-20-000	Anesthesia Meds:Pain	0.00	0.00	0.00	0.00	0.00	73.58	73.58	100.00
6132-00-000	Anesthesia Gases	957.36	990.80	33.44	3.38	13,023.62	10,791.92	(2,231.70)	(20.68)
6133-00-000	Anesthesia Supplies	1,824.70	2,391.53	566.83	23.70	18,243.26	18,132.58	(110.68)	(0.61)
6133-10-000	Anesthesia Supplies: BEL	1,355.68	1,286.12	(69.56)	(5.41)	17,242.21	13,367.52	(3,874.69)	(28.99)
6134-00-000	Pain Block Supplies	0.00	0.00	0.00	0.00	16.95	0.00	(16.95)	0.00
6134-20-000	Pain Block Supplies:Pain	5,441.88	13,451.82	8,009.94	59.55	122,741.65	98,376.90	(24,364.75)	(24.77)
6135-20-000	Pain Block Medicatio:Pain	3,280.67	5,022.43	1,741.76	34.68	47,079.39	67,051.99	19,972.60	29.79
6140-00-000	Administrative Supplies	0.00	0.00	0.00	0.00	0.00	1,565.58	1,565.58	100.00
6140-20-000	Administrative Suppl:Pain	0.00	0.00	0.00	0.00	1,090.72	403.68	(687.04)	(170.19)
6143-00-000	Office Supplies	1,813.62	1,497.38	(316.24)	(21.12)	16,793.01	22,967.70	6,174.69	26.88
6143-10-000	Office Supplies: BEL	0.00	0.00	0.00	0.00	0.00	2,714.66	2,714.66	100.00
6143-20-000	Office Supplies:Pain	0.00	0.00	0.00	0.00	3,196.68	2,340.41	(856.27)	(36.59)
6410-00-000	Rent - Buildings	22,340.99	0.00	(22,340.99)	0.00	269,904.57	283,660.15	13,755.58	4.85
6410-10-000	Rent - Buildings: BEL	1,518.83	0.00	(1,518.83)	0.00	12,746.40	0.00	(12,746.40)	0.00
6410-20-000	Rent - Buildings:Pain-GC	3,864.20	0.00	(3,864.20)	0.00	46,370.40	41,846.45	(4,523.95)	(10.81)
6460-00-000	Maintenance/Repairs-Building	0.00	0.00	0.00	0.00	400.00	0.00	(400.00)	0.00
6465-00-000	Housekeeping	1,691.27	191.47	(1,499.80)	(783.31)	20,807.35	23,478.51	2,671.16	11.38
6465-20-000	Housekeeping:Pain	0.00	0.00	0.00	0.00	52.68	64.44	11.76	18.25
6466-00-000	Waste Disposal	256.38	340.59	84.21	24.72	6,412.09	11,735.48	5,323.39	45.36
6466-20-000	Waste Disposal:Pain	0.00	0.00	0.00	0.00	38.22	238.37	200.15	83.97
6600-00-000	Rent - FFE	0.00	0.00	0.00	0.00	0.00	667.93	667.93	100.00
6700-00-000	Depreciation - FFE	93,403.03	0.00	(93,403.03)	0.00	134,851.36	4,965.66	(129,885.70)	(2,615.68)
6700-10-000	Depreciation - FFE: BEL	(55,566.28)	211,423.82	266,990.10	126.28	(55,566.28)	211,423.82	266,990.10	126.28
6790-00-000	Amortization Expense	10,823.76	33,433.60	22,609.84	67.63	129,885.12	129,885.07	(0.05)	(0.00)
6810-00-000	Property Taxes-FFE	0.00	0.00	0.00	0.00	13,732.68	6,539.78	(7,192.90)	(109.99)
6830-00-000	Maintenance/Repairs-FFE	0.00	0.00	0.00	0.00	1,847.00	6,141.38	4,294.38	69.93
6830-10-000	Maintenance/Repairs-FFE: BEL	1,287.59	0.00	(1,287.59)	0.00	1,287.59	0.00	(1,287.59)	0.00
6831-00-000	Admin FFE Repairs	0.00	0.00	0.00	0.00	0.00	3,975.18	3,975.18	100.00
6831-10-000	Admin FFE Repairs: BEL	0.00	1,585.27	1,585.27	100.00	0.00	1,585.27	1,585.27	100.00
6832-00-000	Admin Maint Contracts	0.00	6,958.97	6,958.97	100.00	28,099.71	37,158.91	9,059.20	24.38
6832-20-000	Admin Maint Contract:Pain	0.00	0.00	0.00	0.00	0.00	612.00	612.00	100.00
6835-00-000	Clinical FFE Repairs	4,564.66	2,114.70	(2,449.96)	(115.85)	11,263.76	25,749.84	14,486.08	56.26
6835-10-000	Clinical FFE Repairs: BEL	0.00	600.00	600.00	100.00	4,312.81	6,361.20	2,048.39	32.20
6835-20-000	Clinical FFE Repairs:Pain	0.00	0.00	0.00	0.00	350.00	0.00	(350.00)	0.00
6836-00-000	Clinical Maint Contracts	0.00	5,274.38	5,274.38	100.00	68,491.44	72,869.46	4,378.02	6.01
6836-10-000	Clinical Maint Contracts: BEL	2,881.18	1,604.83	(1,276.35)	(79.53)	30,265.75	13,486.01	(16,779.74)	(124.42)
6836-20-000	Clinical Maint Contr:Pain	0.00	7,392.96	7,392.96	100.00	55,212.69	39,161.99	(16,050.70)	(40.99)
6839-00-000	HVAC Maintenance/Repairs	19,212.00	0.00	(19,212.00)	0.00	23,589.55	875.00	(22,714.55)	(2,595.95)
7100-00-000	Purchased Services	808.00	32.70	(775.30)	(2,370.95)	12,833.57	5,597.74	(7,235.83)	(129.26)
7100-10-000	Purchased Services: BEL	750.00	0.00	(750.00)	0.00	1,500.00	2,761.76	1,261.76	45.69
7100-20-000	Purchased Services:Pain-GC	0.00	0.00	0.00	0.00	0.00	6.54	6.54	100.00
7110-00-000	Purchased Svcs-Physicians	0.00	0.00	0.00	0.00	181.65	0.00	(181.65)	0.00

		Prior Year				Prior			
		Period to Date	Period to Date	Variance	Var %	Year to Date	Year to Date	Variance	Var %
7120-00-000	Purchased Svcs-Nurses	1,676.18	177,109.95	175,433.77	99.05	865,563.08	2,045,321.90	1,179,758.82	57.68
7120-10-000	Purchased Svcs-Nurses: BEL	297,646.25	37,470.08	(260,176.17)	(694.36)	1,275,652.62	52,954.71	(1,222,697.91)	(2,308.95)
7120-20-000	Purchased Svcs:Pain	27,192.54	501.21	(26,691.33)	(5,325.38)	236,120.66	17,931.64	(218,189.02)	(1,216.78)
7130-00-000	Purchases Svcs-OR Techs	0.00	636.28	636.28	100.00	11,403.77	76,750.32	65,346.55	85.14
7130-10-000	Purchases Svcs-OR Techs: BEL	0.00	0.00	0.00	0.00	0.00	2,632.35	2,632.35	100.00
7135-00-000	Purchased Svcs-X-Ray Tech	0.00	0.00	0.00	0.00	1,171.05	0.00	(1,171.05)	0.00
7135-20-000	Purchased Svcs:Pain-GC	2,173.37	0.00	(2,173.37)	0.00	25,749.91	5,304.50	(20,445.41)	(385.44)
7200-00-000	ADMIN-GC	0.00	0.00	0.00	0.00	131,715.21	318,040.16	186,324.95	58.59
7200-10-000	ADMIN:BEL	37,465.07	0.00	(37,465.07)	0.00	239,702.18	0.00	(239,702.18)	0.00
7300-00-000	Purchased Services-G&A	0.00	409.88	409.88	100.00	300.00	3,161.59	2,861.59	90.51
7300-10-000	Purchased Services-G&A: BEL	0.00	480.21	480.21	100.00	2,112.48	480.21	(1,632.27)	(339.91)
7302-10-000	Medical Director Fees: BEL	0.00	0.00	0.00	0.00	10,000.00	10,000.00	0.00	0.00
7302-20-000	Medical Director Fee:Pain	0.00	0.00	0.00	0.00	10,000.00	10,000.00	0.00	0.00
7303-10-000	Management Fee:Ortho	7,890.00	0.00	(7,890.00)	0.00	39,450.00	0.00	(39,450.00)	0.00
7303-20-000	Management Fee:Pain	5,260.00	0.00	(5,260.00)	0.00	26,300.00	0.00	(26,300.00)	0.00
7303-30-000	Management Fee:UMMS	3,516.67	0.00	(3,516.67)	0.00	17,583.35	0.00	(17,583.35)	0.00
7310-00-000	Accounting Services	1,700.00	0.00	(1,700.00)	0.00	87,395.00	48,980.00	(38,415.00)	(78.43)
7320-10-000	Billing Services: BEL	19,098.12	50,792.40	31,694.28	62.40	300,236.62	250,023.54	(50,213.08)	(20.08)
7320-20-000	Billing Services: BE:Pain-GC	10,215.60	23,581.78	13,366.18	56.68	157,662.05	141,093.55	(16,568.50)	(11.74)
7330-00-000	Legal Services	0.00	0.00	0.00	0.00	1,000.00	9,016.90	8,016.90	88.91
7330-10-000	Legal Services: BEL	0.00	0.00	0.00	0.00	12,406.00	8,373.75	(4,032.25)	(48.15)
7335-00-000	Employee Benefits	0.00	20,108.60	20,108.60	100.00	119,891.14	224,356.33	104,465.19	46.56
7335-10-000	Employee Benefits: BEL	15,634.40	0.00	(15,634.40)	0.00	135,388.85	0.00	(135,388.85)	0.00
7335-20-000	Employee Benefits:Pain	5,142.14	0.00	(5,142.14)	0.00	43,467.62	0.00	(43,467.62)	0.00
7336-00-000	ADMIN BENEFITS-GC	0.00	0.00	0.00	0.00	15,024.91	29,973.08	14,948.17	49.87
7336-10-000	ADMIN BENEFITS:BEL	2,058.10	0.00	(2,058.10)	0.00	24,387.29	0.00	(24,387.29)	0.00
7338-00-000	Verifications:GE	0.00	0.00	0.00	0.00	82.50	52.50	(30.00)	(57.14)
7340-00-000	Management Consultant	0.00	4,350.00	4,350.00	100.00	(3,925.00)	18,165.00	22,090.00	121.61
7340-10-000	Management Consultant: BEL	0.00	0.00	0.00	0.00	0.00	3,212.50	3,212.50	100.00
7345-00-000	Consulting Expense	0.00	0.00	0.00	0.00	0.00	1,270.00	1,270.00	100.00
7360-00-000	Clerical Services	0.00	0.00	0.00	0.00	0.00	8,049.13	8,049.13	100.00
7360-10-000	Clerical Services: BEL	2,037.27	3,808.94	1,771.67	46.51	25,184.02	14,097.63	(11,086.39)	(78.64)
7361-00-000	Med Rec Storage:GE	9,744.15	4,030.27	(5,713.88)	(141.77)	47,905.73	30,048.78	(17,856.95)	(59.43)
7400-00-000	G & A Expenses	0.00	0.00	0.00	0.00	0.00	1,427.39	1,427.39	100.00
7410-00-000	Recruitment	170.95	175.90	4.95	2.81	2,586.50	1,457.70	(1,128.80)	(77.44)
7430-00-000	EMPLOYEE RELATIONS	0.00	1,298.50	1,298.50	100.00	3,131.73	3,542.76	411.03	11.60
7440-00-000	Food Supplies	454.89	694.70	239.81	34.52	7,848.85	7,270.30	(578.55)	(7.96)
7440-10-000	Food Supplies: BEL	432.27	0.00	(432.27)	0.00	432.27	0.00	(432.27)	0.00
7450-00-000	Laundry	4,486.83	4,399.72	(87.11)	(1.98)	59,567.88	56,183.39	(3,384.49)	(6.02)
7450-10-000	Laundry: BEL	0.00	0.00	0.00	0.00	4,549.88	0.00	(4,549.88)	0.00
7510-00-000	Professional Liability Ins.	0.00	0.00	0.00	0.00	6,479.44	22,593.01	16,113.57	71.32
7510-10-000	Professional Liability Ins.: BEL	12,310.00	10,552.00	(1,758.00)	(16.66)	43,964.00	35,968.62	(7,995.38)	(22.23)
7510-20-000	Professional Liability:Pain	6,093.19	0.00	(6,093.19)	0.00	6,093.19	0.00	(6,093.19)	0.00
7520-00-000	General Liability Ins.	0.00	0.00	0.00	0.00	5,936.00	0.00	(5,936.00)	0.00
7530-00-000	Other Business Ins.:GE	0.00	0.00	0.00	0.00	8,066.30	0.00	(8,066.30)	0.00
7610-00-000	Telephone & Communications	115.40	504.49	389.09	77.13	6,218.72	6,224.50	5.78	0.09
7610-10-000	Telephone & Communications: BEL	0.00	0.00	0.00	0.00	393.59	0.00	(393.59)	0.00
7630-00-000	Postage & Freight	396.22	10.80	(385.42)	(3,568.70)	2,972.13	1,382.91	(1,589.22)	(114.92)
7630-10-000	Postage & Freight: BEL	1,416.41	433.02	(983.39)	(227.10)	13,008.27	433.02	(12,575.25)	(2,904.08)
7630-20-000	Postage & Freight:Pain	48.61	0.00	(48.61)	0.00	3,544.01	0.00	(3,544.01)	0.00
7770-00-000	Bank Fees-GC	0.00	0.00	0.00	0.00	8,401.47	5,592.92	(2,808.55)	(50.22)
7780-00-000	Merchant Service Fee	2,569.27	0.00	(2,569.27)	0.00	33,997.45	26,064.06	(7,933.39)	(30.44)
7790-00-000	Other G&A Expenses	0.00	0.00	0.00	0.00	950.26	3,952.93	3,002.67	75.96
7790-10-000	Other G&A Expenses: BEL	263.09	0.00	(263.09)	0.00	1,961.48	0.00	(1,961.48)	0.00
7800-00-000	Interest Expense	2,059.17	0.00	(2,059.17)	0.00	13,903.78	0.00	(13,903.78)	0.00
7800-10-000	Interest Expense: BEL	3,399.85	5,880.26	2,480.41	42.18	3,399.85	5,880.26	2,480.41	42.18

	Period to Date	Prior Year Period to Date	Variance	Var %	Year to Date	Prior Year to Date	Variance	Var %
<b>Total EXPENSES:</b>	848,001.15	865,415.86	17,414.71	2.01	8,357,082.89	7,265,442.96	(1,091,639.93)	(15.03)
<b>NET INCOME FROM OPERATIONS:</b>	514,169.52	30,570.06	483,599.46	1,581.94	3,865,626.14	2,682,478.35	1,183,147.79	44.11
<b>OTHER INCOME AND EXPENSE</b>								
8110-00-000 Interest Income	1,700.83	12,099.94	(10,399.11)	(85.94)	20,686.93	25,637.64	(4,950.71)	(19.31)
<b>Total OTHER INCOME AND EXPENSE:</b>	1,700.83	12,099.94	(10,399.11)	(85.94)	20,686.93	25,637.64	(4,950.71)	(19.31)
<b>EARNINGS BEFORE INCOME TAX:</b>	515,870.35	42,670.00	473,200.35	1,108.98	3,886,313.07	2,708,115.99	1,178,197.08	43.51
<b>Net Income (Loss):</b>	515,870.35	42,670.00	473,200.35	1,108.98	3,886,313.07	2,708,115.99	1,178,197.08	43.51

Run Date: 6/25/2025 12:26:23PM  
G/L Date: 6/25/2025

# **EXHIBIT 14**

## **Ruxton SurgiCenter CON**

### **Letters of Support**

1. Mike Ertel, Chair  
Baltimore County Council – Towson
2. Michael J. Marion, MD, FAAOS  
Medical Director of Surgical Informatics  
Chief, Department of Surgery  
University of Maryland St. Joseph Medical Center
3. Renee Matthews, MBA  
Chief Executive Officer  
Towson Orthopaedic Associates
4. Andrew N. Pollak, M.D.  
Senior Vice President and Chief Clinical Officer  
University of Maryland Medical System
5. Mary Elizabeth Sexton, MD, MSc  
Senior Vice President of Medical Affairs and Chief Medical Officer  
University of Maryland St. Joseph Medical Center
6. Brian Shiu, MD  
Chairman  
Ruxton SurgiCenter
7. Thomas B. Smyth, MD  
President  
University of Maryland St. Joseph Medical Center
8. Scott Tarantino, MD  
President  
Towson Orthopaedic Associates



**COUNTY COUNCIL OF BALTIMORE COUNTY  
COURT HOUSE, TOWSON, MARYLAND 21204**

**MIKE ERTEL  
COUNCILMAN, SIXTH DISTRICT  
COUNCIL6@BALTIMORECOUNTYMD.GOV**

**COUNCIL OFFICE: 410-887-3388  
FAX: 410-887-5791**

September 10, 2025

Ms. Wynnee Hawk  
Director, Center for Health Care Facilities Planning and Development  
Maryland Health Care Commission  
4160 Patterson Avenue  
Baltimore, MD 21215

Re: Support for the Ruxton SurgiCenter Ambulatory Surgery Facility Project

Dear Ms. Hawk:

As Chair of the Baltimore County Council and the Councilman who represents Towson, I write to express my strong support for the Certificate of Need (CON) application submitted by Ruxton SurgiCenter LLC ("Ruxton SurgiCenter") for the relocation of its existing ambulatory surgery center to an expanded ambulatory surgery facility. For the reasons outlined in this letter, I strongly urge the Maryland Health Care Commission to approve Ruxton SurgiCenter's CON application related to this project.

Ruxton SurgiCenter plans to enhance ambulatory surgery capabilities by relocating and expanding to a newly constructed, state-of-the-art ambulatory surgery facility within the the ambulatory care building to be constructed adjacent to the University of Maryland St. Joseph Medical Center campus in Towson, Maryland. Patients will receive surgical interventions in the orthopaedics, joint, and pain management specialties.

Ruxton SurgiCenter's expert physicians currently provide these surgical procedures in a two OR, two procedure room facility. Due to the significant growth in volumes at the existing facility, its ORs are close to full capacity and as a result, patients often experience long wait times for appointments. Building an ambulatory surgery facility with expanded capacity is an excellent solution to provide the community with improved access to surgical care in a cost-effective, convenient setting for patients, their families, and their physicians. By moving its outpatient surgical services to a modern facility, built to the

latest codes and standards, Ruxton SurgiCenter will optimize the patient experience while experiencing greater operational efficiency.

In addition to providing enhanced capacity for Ruxton SurgiCenter's growing volumes, this project will advance the goals of Maryland's health care delivery system by allowing for more cases to transition from the costly hospital setting to an appropriate outpatient setting. Expanding capacity for high-quality ambulatory surgical care at Ruxton SurgiCenter will allow for patients to receive care in the most cost-effective and medically-appropriate setting.

In closing, I offer my full support to Ruxton SurgiCenter's CON application to establish an ambulatory surgery facility and request that the Maryland Health Care Commission approve the project.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Ertel".

Mike Ertel

Baltimore County Council

Cc: Robin Luxon, [RLuxon@umm.edu](mailto:RLuxon@umm.edu)  
Rebecca Daley, [Rebecca.Daley@umm.edu](mailto:Rebecca.Daley@umm.edu)  
Alison Lutich, [alutich@gejlaw.com](mailto:alutich@gejlaw.com)  
Mallory Regenbogen, [mregenbogen@gejlaw.com](mailto:mregenbogen@gejlaw.com)  
Vivian Lynch, [vlynch@gejlaw.com](mailto:vlynch@gejlaw.com)

**Via Email**

Ms. Wynne Hawk  
Director, Center for Health Care Facilities Planning and Development  
Maryland Health Care Commission  
4160 Patterson Avenue  
Baltimore, MD 21215

c/o Deanna Dunn  
Program Manager  
[deanna.dunn4@maryland.gov](mailto:deanna.dunn4@maryland.gov)

September 10, 2025

**Re: Support for the Ruxton SurgiCenter Ambulatory Surgery Facility Project**

Dear Ms. Hawk:

On behalf of the University of Maryland St. Joseph Medical Center Department of Surgery, I am writing to express my strong support for the Certificate of Need (CON) application submitted by Ruxton SurgiCenter LLC (“Ruxton SurgiCenter”) for the relocation of its existing ambulatory surgery center to an expanded ambulatory surgery facility. For the reasons outlined in this letter, I strongly urge the Maryland Health Care Commission to approve Ruxton SurgiCenter’s CON application related to this project.

Ruxton SurgiCenter proposes to enhance its ambulatory surgery capabilities by relocating and expanding to a newly constructed, state-of-the-art ambulatory surgery facility within the the planned ambulatory care building adjacent to the University of Maryland St. Joseph Medical Center campus in Towson, Maryland. The new center will provide surgical interventions for patients requiring orthopaedic and joint procedures, and pain management, specialties for which community demand continues to grow.

Currently, the fellowship-trained surgical specialists from Towson Orthopaedic Associates and UM St. Joseph Medical Center operate in the Ruxton SurgiCenter’s two-OR, two-procedure room facility. With significant volume growth in recent years, its surgical suites are operating at or near full capacity, often resulting in extended wait times for patients. Expansion to a modern facility with additional capacity is a critical step toward improving timely access to care, enhancing patient experience, and ensuring operational efficiency.

This project also supports the broader goals of Maryland's health care delivery system. By expanding capacity in an ambulatory setting, more cases can appropriately transition from higher-cost hospital operating rooms to an efficient, patient-centered outpatient environment. This shift not only reduces costs but also improves convenience and outcomes for patients and families, providing patient care in a cost-effective and medically appropriate setting.

In closing, I offer my full support to Ruxton SurgiCenter's CON application to establish an enhanced ambulatory surgery facility and respectfully request that the Maryland Health Care Commission approve this important project.

Sincerely,



**Michael J. Marion, MD, FAAOS**

Medical Director of Surgical Informatics  
Chief, Department of Surgery at UM St. Joseph Medical Center  
University of Maryland Medical System  
410 337-1379 | [michaelmarion@umm.edu](mailto:michaelmarion@umm.edu)

Cc: Robin Luxon, [RLuxon@umm.edu](mailto:RLuxon@umm.edu)  
Rebecca Daley, [Rebecca.Daley@umm.edu](mailto:Rebecca.Daley@umm.edu)  
Alison Lutich, [alutich@gejlaw.com](mailto:alutich@gejlaw.com)  
Mallory Regenbogen, [mregenbogen@gejlaw.com](mailto:mregenbogen@gejlaw.com)  
Vivian Lynch, [vlynch@gejlaw.com](mailto:vlynch@gejlaw.com)



UNIVERSITY of MARYLAND  
ST. JOSEPH MEDICAL CENTER

**September 9, 2025**

Ms. Wynne Hawk  
Director, Center for Health Care Facilities Planning and Development  
Maryland Health Care Commission  
4160 Patterson Avenue  
Baltimore, MD 21215

c/o Deanna Dunn  
Program Manager  
deanna.dunn4@maryland.gov

**Re:** Support for the Ruxton SurgiCenter Ambulatory Surgery Facility Project

Dear Ms. Hawk:

As Chief Executive Officer of Towson Orthopaedic Associates, I write to express my strong support for the Certificate of Need (CON) application submitted by Ruxton SurgiCenter LLC (“Ruxton SurgiCenter”) to relocate its existing ambulatory surgery center to an expanded, modern ambulatory surgery facility. For the reasons outlined below, I respectfully urge the Maryland Health Care Commission to approve Ruxton SurgiCenter’s CON application.

Ruxton SurgiCenter plans to enhance ambulatory surgery capabilities by relocating and expanding to a newly constructed, state-of-the-art facility within the ambulatory care building to be constructed adjacent to the University of Maryland St. Joseph Medical Center campus in Towson, Maryland. The facility will deliver high-quality surgical care—primarily in orthopaedics, joint, and pain management—in a safe, efficient, and patient-centered environment.

As a large regional orthopaedic practice, we have firsthand experience with the growing demand for outpatient musculoskeletal procedures and interventional pain management. Ruxton SurgiCenter’s physicians currently provide care in a two-operating room, two-procedure room setting that is nearing full capacity, leading to extended wait times for patients and scheduling constraints for providers. The proposed expansion will right-size capacity to current and projected demand, shorten time-to-treatment for conditions where timely intervention improves outcomes, and reduce the need to perform appropriate ambulatory cases in higher-cost hospital settings. The new facility—designed to the latest codes and standards—will enhance patient safety, optimize perioperative workflows (pre-op, intra-op, and recovery), and support quality initiatives such as infection prevention, standardized pathways, and same-day recovery.

**TOWSON**  
Ruxton Professional Center  
8322 Bellona Ave., Ste. 100  
Baltimore, MD 21204  
P 410.337.7900  
F 410.337.5321  
F 410.821.1334

**ST. JOSEPH**  
O’Dea Medical Arts Bldg.  
7505 Osler Dr., Ste. 104  
Baltimore, MD 21204  
P 410.337.8888  
F 410.823.4833

**ROSEDALE**  
Seven Square Professional Bldg.  
9110 Philadelphia Rd., Ste. 308  
Baltimore, MD 21237  
P 410.337.7900  
F 410.391.8084

**BEL AIR**  
201 Plumtree Rd., Ste. 301  
Bel Air, MD 21015  
P-410-569-3326  
F-410-569-3551

**HAVRE DE GRACE**  
508 Lafayette Street  
Havre de Grace, MD 21078  
P 410.939.4500  
F 410.575.6437

[www.TowsonOrtho.com](http://www.TowsonOrtho.com)  
1.800.678.4671

Importantly, expanded outpatient capacity in this geography will improve access for commercially insured and Medicare beneficiaries alike, advance care coordination with referring physicians, and support value-based care goals by delivering the right care in the right setting at the right time.

In addition to addressing capacity constraints, this project advances Maryland's health care delivery objectives by facilitating the migration of clinically appropriate cases from costlier inpatient or hospital-outpatient sites to a high-quality ambulatory setting. Increasing access to efficient, patient-friendly surgical care at Ruxton SurgiCenter will help contain total costs while maintaining excellent outcomes and patient satisfaction.

For these reasons, I offer my full support for Ruxton SurgiCenter's CON application to establish an expanded ambulatory surgery facility and respectfully request the Maryland Health Care Commission's approval.

Sincerely,

A handwritten signature in cursive script that reads "Renee Matthews". The signature is written in black ink and has a long horizontal line extending to the right from the end of the name.

**Renee Matthews, MBA**  
Chief Executive Officer  
Towson Orthopaedic Associates

**Cc:**

Robin Luxon, [RLuxon@umm.edu](mailto:RLuxon@umm.edu)  
Rebecca Daley, [Rebecca.Daley@umm.edu](mailto:Rebecca.Daley@umm.edu)  
Alison Lutich, [alutich@gejlaw.com](mailto:alutich@gejlaw.com)  
Mallory Regenbogen, [mregenbogen@gejlaw.com](mailto:mregenbogen@gejlaw.com)  
Vivian Lynch, [vlynch@gejlaw.com](mailto:vlynch@gejlaw.com)



250 W. Pratt Street  
24<sup>th</sup> Floor  
Baltimore, MD 21201-6829  
[www.umms.org](http://www.umms.org)

**CORPORATE OFFICE**

September 10, 2025

**Via Email**

Ms. Wynee Hawk  
Director, Center for Health Care Facilities Planning and Development  
Maryland Health Care Commission  
4160 Patterson Avenue  
Baltimore, MD 21215

c/o Deanna Dunn  
Program Manager  
[deanna.dunn4@maryland.gov](mailto:deanna.dunn4@maryland.gov)

Re: Support for the Ruxton SurgiCenter Ambulatory Surgery Facility Project

Dear Ms. Hawk:

On behalf the University of Maryland Medical System, I write to express my strong support for the Certificate of Need (CON) application submitted by Ruxton SurgiCenter LLC ("Ruxton SurgiCenter") for the relocation of its existing ambulatory surgery center to an expanded ambulatory surgery facility. For the reasons outlined in this letter, I strongly urge the Maryland Health Care Commission to approve Ruxton SurgiCenter's CON application related to this project.

Ruxton SurgiCenter plans to enhance ambulatory surgery capabilities by relocating and expanding to a newly constructed, state-of-the-art ambulatory surgery facility within the ambulatory care building to be constructed adjacent to the University of Maryland St. Joseph Medical Center campus in Towson, Maryland. Patients will receive surgical interventions in the orthopaedics, joint, and pain management specialties.

Ruxton SurgiCenter's expert physicians currently provide these surgical procedures in a two OR, two procedure room facility. Due to the significant growth in volumes at the existing facility, its ORs are close to full capacity and as a result, patients often experience long wait times for appointments. Building an ambulatory surgery facility with expanded capacity is an excellent solution to provide the community with

improved access to surgical care in a cost-effective, convenient setting for patients, their families, and their physicians. By moving its outpatient surgical services to a modern facility, built to the latest codes and standards, Ruxton SurgiCenter will optimize the patient experience while experiencing greater operational efficiency.

In addition to providing enhanced capacity for Ruxton SurgiCenter's growing volumes, this project will advance the goals of Maryland's health care delivery system by allowing for more cases to transition from the costly hospital setting to an appropriate outpatient setting. Expanding capacity for high-quality ambulatory surgical care at Ruxton SurgiCenter will allow for patients to receive care in the most cost-effective and medically-appropriate setting.

In closing, I offer my full support to Ruxton SurgiCenter's CON application to establish an ambulatory surgery facility and request that the Maryland Health Care Commission approve the project.

Sincerely,



Andrew N. Pollak, MD  
Senior Vice President and Chief Clinical Officer  
University Of Maryland Medical System

cc: Robin Luxon, [RLuxon@umm.edu](mailto:RLuxon@umm.edu)  
Rebecca Daley, [Rebecca.Daley@umm.edu](mailto:Rebecca.Daley@umm.edu)  
Alison Lutich, [alutich@gejlaw.com](mailto:alutich@gejlaw.com)  
Mallory Regenbogen, [mregenbogen@gejlaw.com](mailto:mregenbogen@gejlaw.com)  
Vivian Lynch, [vlynch@gejlaw.com](mailto:vlynch@gejlaw.com)

September 11, 2025

**Via Email**

Ms. Wynnee Hawk  
Director, Center for Health Care Facilities Planning and Development  
Maryland Health Care Commission  
4160 Patterson Avenue  
Baltimore, MD 21215

c/o Deanna Dunn  
Program Manager  
deanna.dunn4@maryland.gov

Re: Support for the Ruxton SurgiCenter Ambulatory Surgery Facility  
Project

Dear Ms. Hawk:

As the Chief Medical Officer of the University of Maryland St. Joseph Medical Center, I write to express my strong support for the Certificate of Need (CON) application submitted by Ruxton SurgiCenter LLC ("Ruxton SurgiCenter") for the relocation of its existing ambulatory surgery center to an expanded ambulatory surgery facility. I strongly urge the Maryland Health Care Commission to approve Ruxton SurgiCenter's CON application related to this project, given the associated enhancement of surgical capabilities, capacity, and patient access that would result.

Ruxton SurgiCenter would be able to expand its offerings of surgical and procedural interventions within orthopedics and pain management via relocation and expansion in a newly constructed, state-of-the-art ambulatory care building to be constructed adjacent to the University of Maryland St. Joseph Medical Center campus in Towson, Maryland. Currently, the Ruxton SurgiCenter physicians utilize two operating rooms and two procedure rooms, which is insufficient to support the significant growth in volumes that they have seen at the existing facility. The operating rooms function close

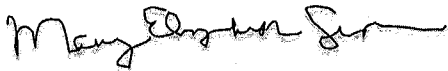
to their full capacity, which means that patients can experience lengthy wait times for procedures that would significantly improve their quality of life.

Building an ambulatory surgery facility with expanded capacity is an excellent solution to provide the community with improved access to surgical care in a cost-effective, convenient setting for patients, their families, and their physicians. The associated modernization of the facility will also allow the Ruxton SurgiCenter to optimize the patient experience while increasing operational efficiency.

In addition to providing enhanced capacity for Ruxton SurgiCenter's growing volumes, this project will advance the goals of Maryland's health care delivery system by allowing additional cases to transition from the costly hospital setting to a medically appropriate outpatient setting. Expanding access to ambulatory surgical care also has patient safety and quality benefits. As an infectious disease physician and hospital epidemiologist by training, I have seen the potential for improved post-surgical outcomes, including lower infection rates associated with the more controlled environment and limited OR traffic provided by ambulatory surgical care.

In closing, I offer my full support to Ruxton SurgiCenter's CON application to establish an ambulatory surgery facility and request that the Maryland Health Care Commission approve the project.

Sincerely,



Mary Elizabeth Sexton, MD, MSc  
Senior Vice President of Medical Affairs and Chief Medical Officer  
University of Maryland St. Joseph Medical Center

Cc: Robin Luxon, [RLuxon@umm.edu](mailto:RLuxon@umm.edu)  
Rebecca Daley, [Rebecca.Daley@umm.edu](mailto:Rebecca.Daley@umm.edu)  
Alison Lutich, [alutich@gejlaw.com](mailto:alutich@gejlaw.com)  
Mallory Regenbogen, [mregenbogen@gejlaw.com](mailto:mregenbogen@gejlaw.com)  
Vivian Lynch, [vlynch@gejlaw.com](mailto:vlynch@gejlaw.com)

9/9/2025

Via Email

Ms. Wynnee Hawk  
Director, Center for Health Care Facilities Planning and Development  
Maryland Health Care Commission  
4160 Patterson Avenue  
Baltimore, MD 21215

c/o Deanna Dunn  
Program Manager  
deanna.dunn4@maryland.gov

Re: Support for the Ruxton SurgiCenter Ambulatory Surgery Facility  
Project

Dear Ms. Hawk:

On behalf of the Board at Ruxton SurgiCenter, I write to express my strong support for the Certificate of Need (CON) application submitted by Ruxton SurgiCenter LLC ("Ruxton SurgiCenter") for the relocation of its existing ambulatory surgery center to an expanded ambulatory surgery facility. For the reasons outlined in this letter, I strongly urge the Maryland Health Care Commission to approve Ruxton SurgiCenter's CON application related to this project.

Ruxton SurgiCenter plans to enhance ambulatory surgery capabilities by relocating and expanding to a newly constructed, state-of-the-art ambulatory surgery facility within the ambulatory care building to be constructed adjacent to the University of Maryland St. Joseph Medical Center campus in Towson, Maryland. Patients will receive surgical interventions in the orthopaedics, joint, and pain management specialties.

Ruxton SurgiCenter's expert physicians currently provide these surgical procedures in a two OR, two procedure room facility. Due to the significant growth in volumes at the existing facility, its ORs are close to full capacity and as a result, patients often experience long wait times for appointments. Building an ambulatory surgery facility with expanded capacity is an excellent solution to provide the community with improved access to surgical care in a cost-effective, convenient setting for patients, their families, and their physicians. By moving its outpatient surgical services to a modern

facility, built to the latest codes and standards, Ruxton SurgiCenter will optimize the patient experience while experiencing greater operational efficiency.

In addition to providing enhanced capacity for Ruxton SurgiCenter's growing volumes, this project will advance the goals of Maryland's health care delivery system by allowing for more cases to transition from the costly hospital setting to an appropriate outpatient setting. Expanding capacity for high-quality ambulatory surgical care at Ruxton SurgiCenter will allow for patients to receive care in the most cost-effective and medically-appropriate setting.

In closing, I offer my full support to Ruxton SurgiCenter's CON application to establish an ambulatory surgery facility and request that the Maryland Health Care Commission approve the project.

Sincerely,



Brian Shiu MD, Chairman  
Ruxton SurgiCenter

Cc: Robin Luxon, [RLuxon@umm.edu](mailto:RLuxon@umm.edu)  
Rebecca Daley, [Rebecca.Daley@umm.edu](mailto:Rebecca.Daley@umm.edu)  
Alison Lutich, [alutich@gejlaw.com](mailto:alutich@gejlaw.com)  
Mallory Regenbogen, [mregenbogen@gejlaw.com](mailto:mregenbogen@gejlaw.com)  
Vivian Lynch, [vlynch@gejlaw.com](mailto:vlynch@gejlaw.com)

September 9, 2025

**Via Email**

Ms. Wynee Hawk  
Director, Center for Health Care Facilities Planning and Development  
Maryland Health Care Commission  
4160 Patterson Avenue  
Baltimore, MD 21215

c/o Deanna Dunn  
Program Manager  
deanna.dunn4@maryland.gov

Re: Support for the Ruxton SurgiCenter Ambulatory Surgery Facility Project

Dear Ms. Hawk:

On behalf of the University of Maryland St. Joseph Medical Center, I write to express my strong support for the Certificate of Need (CON) application submitted by Ruxton SurgiCenter LLC ("Ruxton SurgiCenter") for the relocation of its existing ambulatory surgery center to an expanded ambulatory surgery facility. For the reasons outlined in this letter, I strongly urge the Maryland Health Care Commission to approve Ruxton SurgiCenter's CON application related to this project.

Ruxton SurgiCenter plans to enhance ambulatory surgery capabilities by relocating and expanding to a newly constructed, state-of-the-art ambulatory surgery facility within the ambulatory care building to be constructed adjacent to the University of Maryland St. Joseph Medical Center campus in Towson, Maryland. Patients will receive surgical interventions in orthopaedics, joint, and pain management specialties.

Ruxton SurgiCenter's expert physicians currently provide these surgical procedures in a two OR, two procedure room facility. Due to the significant growth in volumes at the existing facility, its ORs are very close, if not at full capacity. As a result, patients often experience long wait times for appointments.

Building an ambulatory surgery facility with expanded capacity is an excellent solution to provide the community with improved access to surgical care in a cost-effective,

convenient setting for patients, their families, and their physicians. By moving its outpatient surgical services to a modern facility, built to the latest codes and standards, Ruxton SurgiCenter will optimize the patient experience while experiencing greater operational efficiency.

In addition to providing enhanced capacity for Ruxton SurgiCenter's growing volumes, this project will advance the goals of Maryland's health care delivery system by allowing for more cases to transition from the costly hospital setting to an appropriate outpatient setting. Expanding capacity for high-quality ambulatory surgical care at Ruxton SurgiCenter will allow for patients to receive care in the most cost-effective and medically appropriate setting.

In closing, I offer my full support to Ruxton SurgiCenter's CON application to establish an ambulatory surgery facility and request that the Maryland Health Care Commission approve the project.

Sincerely,

A handwritten signature in blue ink that reads "Thomas B. Smyth MD". The signature is fluid and cursive, with the first name "Thomas" being the most prominent.

Thomas B. Smyth MD

President

UM St. Joseph Medical Center

Cc: Robin Luxon, [RLuxon@umm.edu](mailto:RLuxon@umm.edu)



UNIVERSITY of MARYLAND  
ST. JOSEPH MEDICAL CENTER

**September 11, 2025**

Ms. Wynne Hawk  
Director, Center for Health Care Facilities Planning and Development  
Maryland Health Care Commission  
4160 Patterson Avenue  
Baltimore, MD 21215

c/o Deanna Dunn  
Program Manager  
deanna.dunn4@maryland.gov

**Re: Support for the Ruxton SurgiCenter Ambulatory Surgery Facility Project**

Dear Ms. Hawk:

As President of Towson Orthopaedic Associates, and on behalf of the University of Maryland St. Joseph Medical Center, I write to express my strong and unequivocal support for the Certificate of Need (CON) application submitted by Ruxton SurgiCenter LLC (“Ruxton SurgiCenter”) for the relocation and expansion of its existing ambulatory surgery center into a modern, state-of-the-art facility. For the reasons outlined below, I respectfully urge the Maryland Health Care Commission to approve Ruxton SurgiCenter’s CON application.

Ruxton SurgiCenter plans to enhance its ambulatory surgery capabilities by relocating and expanding to a newly constructed ambulatory care building, adjacent to the University of Maryland St. Joseph Medical Center campus in Towson, Maryland. This expanded facility will allow patients to access surgical interventions in the orthopaedics, joint, and pain management specialties in a high-quality, safe, and efficient environment.

Currently, Ruxton SurgiCenter’s expert physicians provide these procedures in a limited facility consisting of only two operating rooms and two procedure rooms. Due to significant growth in patient volumes, the existing ORs are at or near full capacity, which too often results in extended wait times for patients in need of surgical care. Building an ambulatory surgery facility with expanded capacity represents a much-needed solution—improving access to care, reducing delays, and providing patients and their families with a convenient and cost-effective alternative to hospital-based surgical care.

**TOWSON**  
Ruxton Professional Center  
8322 Bellona Ave., Ste. 100  
Baltimore, MD 21204  
P 410.337.7900  
F 410.337.5321  
F 410.821.1334

**ST. JOSEPH**  
O’Dea Medical Arts Bldg.  
7505 Osler Dr., Ste. 104  
Baltimore, MD 21204  
P 410.337.8888  
F 410.823.4833

**ROSEDALE**  
Seven Square Professional Bldg.  
9110 Philadelphia Rd., Ste. 308  
Baltimore, MD 21237  
P 410.337.7900  
F 410.391.8084

**BEL AIR**  
201 Plumtree Rd., Ste. 301  
Bel Air, MD 21015  
P-410-569-3326  
F-410-569-3551

**HAVRE DE GRACE**  
508 Lafayette Street  
Havre de Grace, MD 21078  
P 410.939.4500  
F 410.575.6437

www.TowsonOrtho.com  
1.800.678.4671

The relocation will also ensure that services are delivered in a modern setting that complies with the latest codes and standards, further enhancing patient safety and comfort. Importantly, this project will advance Maryland's health care delivery goals by facilitating the transition of cases from higher-cost hospital settings to appropriate outpatient settings. Expanding capacity for high-quality ambulatory surgical care at Ruxton SurgiCenter will not only reduce costs to the health care system but will also optimize patient outcomes and experiences.

As a physician who has spent my career serving this community, I know firsthand the growing demand for timely access to orthopaedic and related surgical care. This project directly addresses those needs, and it will ensure that the residents of Towson and surrounding communities' benefit from expanded access to affordable, high-quality surgical services.

In closing, I offer my full support to Ruxton SurgiCenter's CON application to establish this expanded ambulatory surgery facility and respectfully request that the Maryland Health Care Commission approve this critically important project.

Sincerely,

A handwritten signature in black ink, appearing to read 'Scott Tarantino', with a stylized flourish extending to the right.

**Scott Tarantino, MD**  
President  
Towson Orthopaedic Associates

Cc: Robin Luxon, [RLuxon@umm.edu](mailto:RLuxon@umm.edu)  
Rebecca Daley, [Rebecca.Daley@umm.edu](mailto:Rebecca.Daley@umm.edu)  
Alison Lutich, [alutich@gejlaw.com](mailto:alutich@gejlaw.com)  
Mallory Regenbogen, [mregenbogen@gejlaw.com](mailto:mregenbogen@gejlaw.com)  
Vivian Lynch, [vlynch@gejlaw.com](mailto:vlynch@gejlaw.com)

# **EXHIBIT 15**

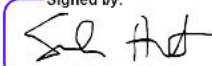
Individual Physician's Submission (provide this form for each physician who will do procedures at the proposed facility)

Physician Name	Surgical Volume (1) Latest 2 complete years				Projections (1)						Facility(s) from which these cases will be migrating
	Year CY 2023		Year CY 2024		Year 1		Year 2		Year 3		
	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	
HOBART, SARAH											
Ruxton Surgi Center (3)	89	6,408	126	9,072	149	11,235	175	13,452	179	13,845	UM SJMC
UM SJMC (4)	151	16,906	161	16,993	144	15,199	130	13,721	130	13,721	

5 most frequently performed surgeries, two most recent years (2)		
Surgical Procedure*	Yr1	Yr2
29881	44	70
29888	36	32
27447	29	32
29882	28	27
27427	21	26

\* List in descending order based on the cumulative 2 year volume

I hereby declare and affirm under the penalties of perjury that the facts stated in this affidavit are true and correct to the best of my knowledge, information and belief.

Signed by: 

Signature \_\_\_\_\_

Print Name: Sarah Hobart

- (1) Surgical Volumes & Projections in top table includes OR Cases only
- (2) Surgical Procedure table includes all procedural codes (OR cases and procedure room cases), source is professional billing data
- (3) Ruxton Surgi Center historical minutes uses average of 72/case, projections use average of 72/case and 100/case joint cases
- (4) UM SJMC historical uses actual minutes, projections use MD specific average
- (5) 3rd Party surgical centers historical minutes uses Ruxton's average 72/case, projections use average 72/case

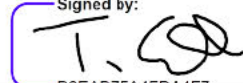
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Physician Name	Surgical Volume (1) Latest 2 complete years				Projections (1)						Facility(s) from which these cases will be migrating
	Year CY 2023		Year CY 2024		Year 1		Year 2		Year 3		
	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	
<b>CODD, TIMOTHY</b>											
Ruxton Surgi Center (3)	37	2,664	45	3,240	55	4,237	67	5,208	68	5,359	UM SJMC
UM SJMC (4)	194	20,871	210	22,382	202	21,529	195	20,783	195	20,783	

5 most frequently performed surgeries, two most recent years (2)		
Surgical Procedure*	Yr1	Yr2
0232T	171	198
23430	110	128
23472	109	128
29826	110	115
29824	107	110

\* List in descending order based on the cumulative 2 year volume

I hereby declare and affirm under the penalties of perjury that the facts stated in this affidavit are true and correct to the best of my knowledge, information and belief.

Signed by:   
 \_\_\_\_\_  
D2EAB7FA4FDA4F7...

Signature

Print Name: Timothy Codd

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Individual Physician's Submission (provide this form for each physician who will do procedures at the proposed facility)

Physician Name	Surgical Volume (1) Latest 2 complete years				Projections (1)						Facility(s) from which these cases will be migrating
	Year CY 2023		Year CY 2024		Year 1		Year 2		Year 3		
	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	
Ruxton Surgi Center (3)	0	0	0	0	0	0	0	0	0	0	

5 most frequently performed surgeries, two most recent years (2)		
Surgical Procedure*	Yr1	Yr2
62323	618	646
64483	356	338
64479	139	178
64493	99	121
64494	93	100

\* List in descending order based on the cumulative 2 year volume

I hereby declare and affirm under the penalties of perjury that the facts stated in this affidavit are true and correct to the best of my knowledge, information and belief.

Signed by:

[Redacted Signature]

Print Name: \_\_\_\_\_

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Physician Name	Surgical Volume (1) Latest 2 complete years				Projections (1)						Facility(s) from which these cases will be migrating
	Year CY 2023		Year CY 2024		Year 1		Year 2		Year 3		
	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	
MANSON, TED											
Ruxton Surgi Center (3)	33	2,376	40	2,880	175	15,573	292	27,170	293	27,203	UM SJMC
UM SJMC (4)	567	51,000	603	50,134	470	39,076	357	29,681	357	29,681	
SurgCenter of Bel Air (5)	21	1,512	47	3,384	47	3,384	47	3,384	47	3,384	

5 most frequently performed surgeries, two most recent years (2)		
Surgical Procedure*	Yr1	Yr2
27130	250	313
27447	243	249
20704	60	81
27487	26	33
27137	15	21

\* List in descending order based on the cumulative 2 year volume

I hereby declare and affirm under the penalties of perjury that the facts stated in this affidavit are true and correct to the best of my knowledge, information and belief.

DocuSigned by:  
  
 BA53E0C19870433...

Signature \_\_\_\_\_

Print Name: Ted Manson

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Physician Name	Surgical Volume (1) Latest 2 complete years				Projections (1)						Facility(s) from which these cases will be migrating
	Year CY 2023		Year CY 2024		Year 1		Year 2		Year 3		
	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	
Ruxton Surgi Center (3)					140	10,080	166	11,952	179	12,888	

5 most frequently performed surgeries, two most recent years (2)		
Surgical Procedure*	Yr1	Yr2

\* List in descending order based on the cumulative 2 year volume

I hereby declare and affirm under the penalties of perjury that the facts stated in this affidavit are true and correct to the best of my knowledge, information and belief.

Signed by:

[Redacted Signature]

Signature \_\_\_\_\_  
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Print Name: \_\_\_\_\_  
[Redacted Name]

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Individual Physician's Submission (provide this form for each physician who will do procedures at the proposed facility)

Physician Name	Surgical Volume (1) Latest 2 complete years				Projections (1)						Facility(s) from which these cases will be migrating
	Year CY 2023		Year CY 2024		Year 1		Year 2		Year 3		
	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	
DETTERLINE, ALVIN											
Ruxton Surgi Center (3)	220	15,840	255	18,360	298	22,319	346	26,470	356	27,246	UM SJMC
UM SJMC (4)	193	24,823	193	24,505	163	20,696	139	17,649	139	17,649	

5 most frequently performed surgeries, two most recent years (2)		
Surgical Procedure*	Yr1	Yr2
27447	101	89
29881	68	89
29888	69	78
29882	36	37
29823	33	40

\* List in descending order based on the cumulative 2 year volume

I hereby declare and affirm under the penalties of perjury that the facts stated in this affidavit are true and correct to the best of my knowledge, information and belief.

DocuSigned by:

*Alvin Detterline*

B427E22B5DC44CF...

Signature

Print Name: Alvin Detterline

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Physician Name	Surgical Volume (1) Latest 2 complete years				Projections (1)						Facility(s) from which these cases will be migrating
	Year CY 2023		Year CY 2024		Year 1		Year 2		Year 3		
	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	
Ruxton Surgi Center (3)					131	12,897	245	23,865	251	24,241	UM SJMC
UM SJMC (4)					280	21,560	183	14,091	183	14,091	

5 most frequently performed surgeries, two most recent years (2)		
Surgical Procedure*	Yr1	Yr2

\* List in descending order based on the cumulative 2 year volume

I hereby declare and affirm under the penalties of perjury that the facts stated in this affidavit are true and correct to the best of my knowledge, information and belief.

Signed by:

Signature \_\_\_\_\_

Print Name: \_\_\_\_\_

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Individual Physician's Submission (provide this form for each physician who will do procedures at the proposed facility)

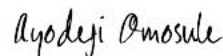
Physician Name	Surgical Volume (1) Latest 2 complete years				Projections (1)						Facility(s) from which these cases will be migrating
	Year CY 2023		Year CY 2024		Year 1		Year 2		Year 3		
	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	
OMOSULE, AYODEJI											
Ruxton Surgi Center (3)	22	1,584	39	2,808	25	1,822	28	1,986	28	2,045	

5 most frequently performed surgeries, two most recent years		
Surgical Procedure*	Yr1	Yr2
62323	358	410
64483	221	269
64484	153	188
64493	103	121
64494	101	121

\* List in descending order based on the cumulative 2 year volume

I hereby declare and affirm under the penalties of perjury that the facts stated in this affidavit are true and correct to the best of my knowledge, information and belief.

Signed by:



A24E20E27A894F4...

Signature \_\_\_\_\_

Ayodeji Omosule

Print Name: \_\_\_\_\_

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Individual Physician's Submission (provide this form for each physician who will do procedures at the proposed facility)

Physician Name	Surgical Volume (1) Latest 2 complete years				Projections (1)						Facility(s) from which these cases will be migrating
	Year CY 2023		Year CY 2024		Year 1		Year 2		Year 3		
	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	
BLOCK, BRIAN											
Ruxton Surgi Center (3)	56	4,032	41	2,952	45	3,247	48	3,539	51	3,646	
UM SJMC (4)	13	340	2	57							

5 most frequently performed surgeries, two most recent years (2)		
Surgical Procedure*	Yr1	Yr2
64483	395	319
62323	231	239
64493	167	175
64484	179	134
64494	150	159

\* List in descending order based on the cumulative 2 year volume

I hereby declare and affirm under the penalties of perjury that the facts stated in this affidavit are true and correct to the best of my knowledge, information and belief.

Signed by:  
  
C0B1E3E4E4AF450...

Signature \_\_\_\_\_

Brian M. Block, M.D. Ph.D.

Print Name: \_\_\_\_\_

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Individual Physician's Submission (provide this form for each physician who will do procedures at the proposed facility)

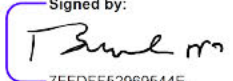
Physician Name	Surgical Volume (1) Latest 2 complete years				Projections (1)						Facility(s) from which these cases will be migrating
	Year CY 2023		Year CY 2024		Year 1		Year 2		Year 3		
	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	
MULLIKEN, BRIAN											
Ruxton Surgi Center (3)	28	2,016	31	2,232	150	13,259	249	23,212	250	23,222	UM SJMC
UM SJMC (4)	481	38,654	485	37,682	368	28,592	271	21,055	271	21,055	

5 most frequently performed surgeries, two most recent years (2)		
Surgical Procedure*	Yr1	Yr2
27447	304	284
27130	109	138
29881	25	30
27486	24	20
27487	9	18

\* List in descending order based on the cumulative 2 year volume

I hereby declare and affirm under the penalties of perjury that the facts stated in this affidavit are true and correct to the best of my knowledge, information and belief.

Signed by:



Signature \_\_\_\_\_

7EFDEF52969544E...

Brian Mulliken

Print Name: \_\_\_\_\_

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Physician Name	Surgical Volume (1) Latest 2 complete years				Projections (1)						Facility(s) from which these cases will be migrating
	Year CY 2023		Year CY 2024		Year 1		Year 2		Year 3		
	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	
SHIU, BRIAN											
Ruxton Surgi Center (3)	224	16,128	265	19,080	286	20,841	318	23,279	327	23,973	UM SJMC
UM SJMC (4)	241	29,086	229	25,611	221	24,716	215	24,045	215	24,045	
SurgCenter of Bel Air (5)	3	216	1	72							

5 most frequently performed surgeries, two most recent years (2)		
Surgical Procedure*	Yr1	Yr2
29823	206	222
29827	169	178
29826	163	175
23430	163	175
23472	121	148

\* List in descending order based on the cumulative 2 year volume

I hereby declare and affirm under the penalties of perjury that the facts stated in this affidavit are true and correct to the best of my knowledge, information and belief.

Signed by: 

Signature \_\_\_\_\_

Print Name: Brian Shiu

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Individual Physician's Submission (provide this form for each physician who will do procedures at the proposed facility)

Physician Name	Surgical Volume (1) Latest 2 complete years				Projections (1)						Facility(s) from which these cases will be migrating
	Year CY 2023		Year CY 2024		Year 1		Year 2		Year 3		
	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	
WOLOCK, BRUCE											
Ruxton Surgi Center (3)	562	40,464	553	39,816	525	37,800	525	37,800	525	37,800	
UM SJMC (4)											
SurgCenter of Glen Burnie (5)	33	2376	12	864	12	864	12	864	12	864	

5 most frequently performed surgeries, two most recent years (2)		
Surgical Procedure*	Yr1	Yr2
29848	144	131
26055	95	91
25609	68	74
29826	51	43
29827	49	43

\* List in descending order based on the cumulative 2 year volume

I hereby declare and affirm under the penalties of perjury that the facts stated in this affidavit are true and correct to the best of my knowledge, information and belief.

Signed by:

*Bruce Wolock*

E4BD04AE1AE9452...

Signature \_\_\_\_\_

Bruce Wolock

Print Name: \_\_\_\_\_

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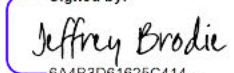
Physician Name	Surgical Volume (1) Latest 2 complete years				Projections (1)						Facility(s) from which these cases will be migrating
	Year CY 2023		Year CY 2024		Year 1		Year 2		Year 3		
	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	
BRODIE, JEFFREY											
Ruxton Surgi Center (3)	267	19,224	277	19,944	277	19,944	277	19,944	277	19,944	
UM SJMC (4)	109	13,790	103	13,226	103	13,226	103	13,226	103	13,226	

5 most frequently performed surgeries, two most recent years (2)		
Surgical Procedure*	Yr1	Yr2
28285	72	67
20680	35	38
27687	29	33
28750	31	29
28120	32	24

\* List in descending order based on the cumulative 2 year volume

I hereby declare and affirm under the penalties of perjury that the facts stated in this affidavit are true and correct to the best of my knowledge, information and belief.

Signed by:



Signature \_\_\_\_\_

Jeffrey Brodie

Print Name: \_\_\_\_\_

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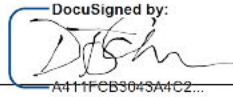
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	Year CY 2023		Year CY 2024		Year 1		Year 2		Year 3		
	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	
SCHRODER, DAVID											
Ruxton Surgi Center (3)	22	1,584	25	1,800	143	12,805	242	22,717	243	22,711	UM SJMC
UM SJMC (4)	485	52,972	504	49,888	387	38,307	290	28,705	290	28,705	
SurgCenter of Bel Air (5)	0		24	1,728	24	1,728	24	1,728	24	1,728	

5 most frequently performed surgeries, two most recent years		
Surgical Procedure*	Yr1	Yr2
27447	172	221
27130	160	181
20985	61	76
27299	51	47
27062	42	29

\* List in descending order based on the cumulative 2 year volume

I hereby declare and affirm under the penalties of perjury that the facts stated in this affidavit are true and correct to the best of my knowledge, information and belief.

DocuSigned by:  
  
A111FCB3043A1C2...

Signature \_\_\_\_\_

Print Name: David Schroder

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	Year CY 2023		Year CY 2024		Year 1		Year 2		Year 3		
	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	
DEFONTES, KENNETH											
Ruxton Surgi Center (3)	136	9,792	128	9,216	149	10,692	187	13,449	201	14,496	
UM SJMC (4)	165	15,094	203	16,998	203	16,998	203	16,998	203	16,998	

5 most frequently performed surgeries, two most recent years (2)		
Surgical Procedure*	Yr1	Yr2
77071	54	78
29898	42	39
27698	47	33
27829	25	42
20680	24	29

\* List in descending order based on the cumulative 2 year volume

I hereby declare and affirm under the penalties of perjury that the facts stated in this affidavit are true and correct to the best of my knowledge, information and belief.

Signed by:

*Kenneth DeFontes*

Signature

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Print Name: Kenneth DeFontes

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	Year CY 2023		Year CY 2024		Year 1		Year 2		Year 3		
	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	
LANGHAMMER, ELIZABETH											
Ruxton Surgi Center (3)	272	19,584	426	30,672	448	32,225	488	35,125	503	36,226	
UM SJMC (4)	60	4,685	49	4,006	49	4,006	49	4,006	49	4,006	

5 most frequently performed surgeries, two most recent years (2)		
Surgical Procedure*	Yr1	Yr2
64721	118	187
26055	78	138
64718	38	71
25000	47	38
26480	29	26

\* List in descending order based on the cumulative 2 year volume

I hereby declare and affirm under the penalties of perjury that the facts stated in this affidavit are true and correct to the best of my knowledge, information and belief.

Signed by:

*Elizabeth Langhammer*

Signature

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Print Name: Elizabeth Langhammer

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	Year CY 2023		Year CY 2024		Year 1		Year 2		Year 3		
	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	
STEELE, JOHN											
Ruxton Surgi Center	2	144	21	1,512	139	12,503	238	22,387	239	22,371	UM SJMC
UM SJMC	281	26,614	411	32,443	294	23,207	197	15,551	197	15,551	

5 most frequently performed surgeries, two most recent years (2)		
Surgical Procedure*	Yr1	Yr2
27447	118	215
27130	79	128
20985	76	119
20704	7	27
27487	12	13

\* List in descending order based on the cumulative 2 year volume

I hereby declare and affirm under the penalties of perjury that the facts stated in this affidavit are true and correct to the best of my knowledge, information and belief.

Signed by:

*John Steele*

Signature \_\_\_\_\_  
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Print Name: John Steele

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	Year CY 2023		Year CY 2024		Year 1		Year 2		Year 3		
	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	
PANLILIO, LOUIS											
Ruxton Surgi Center	15	1,080	23	1,656	43	3,089	47	3,367	48	3,468	

5 most frequently performed surgeries, two most recent years (2)		
Surgical Procedure*	Yr1	Yr2
62323	383	413
64483	250	293
64493	132	108
64494	117	99
64479	113	97

\* List in descending order based on the cumulative 2 year volume

I hereby declare and affirm under the penalties of perjury that the facts stated in this affidavit are true and correct to the best of my knowledge, information and belief.

Signed by:

*Louis Panlilio*  
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Signature \_\_\_\_\_

Print Name: Louis Panlilio

Print Name: \_\_\_\_\_

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Physician Name	Surgical Volume (1) Latest 2 complete years				Projections (1)						Facility(s) from which these cases will be migrating
	Year CY 2023		Year CY 2024		Year 1		Year 2		Year 3		
	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	
MARION, MICHAEL											
Ruxton Surgi Center	185	13,320	164	11,808	172	12,406	188	13,522	194	13,946	
UM SJMC	52	4,055	36	2,381	36	2,381	36	2,381	36	2,381	
SurgCenter of Bel Air	37	2,664	36	2,592	36	2,592	36	2,592	36	2,592	

5 most frequently performed surgeries, two most recent years (2)		
Surgical Procedure*	Yr1	Yr2
29848	113	117
26055	73	44
25000	34	25
25447 (6)	32	19
26989	30	17

\* List in descending order based on the cumulative 2 year volume

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Signed by:

*Michael Marion*

Signature \_\_\_\_\_

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Print Name: Michael Marion

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- (6) 25447/28929 dual coding has been replaced with 25448 beginning in January 2025

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	Year CY 2023		Year CY 2024		Year 1		Year 2		Year 3		
	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	
[Redacted]					131	12,897	245	23,865	251	24,241	UM SJMC
Ruxton Surgi Center (3)					280	21,560	183	14,091	183	14,091	
UM SJMC (4)											

5 most frequently performed surgeries, two most recent years (2)		
Surgical Procedure*	Yr1	Yr2

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Signed by:

[Redacted Signature]

Signature \_\_\_\_\_  
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Print Name: \_\_\_\_\_  
[Redacted Name]

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	Year CY 2023		Year CY 2024		Year 1		Year 2		Year 3		
	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	
WINAKUR, RICHARD											
Ruxton Surgi Center (3)	141	10,152	188	13,536	232	17,621	276	21,558	284	22,184	UM SJMC
UM SJMC (4)	132	15,360	146	15,283	112	11,724	85	8,898	85	8,898	
SurgCenter of White Marsh (5)	6	432	0								

5 most frequently performed surgeries, two most recent years (2)		
Surgical Procedure*	Yr1	Yr2
27447	71	90
29879	81	60
29881	64	52
29880	44	48
29826	35	43

\* List in descending order based on the cumulative 2 year volume

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Signed by:  
  
 B952B14530F14AA...

Signature

Richard Winakur

Print Name:

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