

Maryland Hospital Community Benefits Report FY 2011

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Introduction

Each year, the Health Services Cost Review Commission (“Commission,” or “HSCRC”) collects community benefit information from individual hospitals to compile into a publicly-available statewide Community Benefit Report (“CBR”). This document contains summary information for all submitting Maryland hospitals for FY 2011. Individual hospital community benefit reports are available at the Commission’s offices. Individual community benefit report data spreadsheets and reports will be available on the Commission’s website in June 2012.

Background

Section 501(c)(3) of the Internal Revenue Service Code exempts organizations that are organized and operated exclusively for, among other things, religious, charitable, scientific, or educational purposes. As a result of their tax exempt status, nonprofit hospitals receive many benefits. They are generally exempted from federal income and unemployment taxes as well as from state and local income, property, and sales taxes. In addition, they have the ability to raise funds through tax-deductible donations and tax-exempt bond financing. Originally, the IRS permitted hospitals to qualify as “charitable” if they provided charity care to the extent of their financial ability to do so. However in 1969, Rev. Ruling 69-545 issued by the IRS broadened the meaning of “charitable” from charity care to the “promotion of health,” stating:

“[T]he promotion of health, like the relief of poverty and the advancement of education and religion, is one of the purposes in the general law of charity that is deemed beneficial to the community as a whole even though the class of beneficiaries eligible to receive a direct benefit from its activities does not include all members of the community, such as indigent members of the community, provided that the class is not so small that its relief is not of benefit to the community.”

Thus was created the “community benefit standard” for hospitals to qualify for tax exempt status.

In March 2010, Congress passed the Patient Protection and Affordable Care Act (“ACA”). Under the ACA, every § 501(c)(3) hospital, whether independent or in a system, must conduct a community health needs assessment at least once every three years in order to maintain its tax-exempt status and avoid an annual penalty of up to \$50,000. The first needs assessment will be due by the end of a hospital’s fiscal year 2013 (by June 30, 2013 for a June 30 YE hospital). Each community health needs assessment must take into account input from persons who represent the broad interest of the community served, including those with special knowledge or expertise in public health, and the assessment must be made widely available to the public. An implementation strategy describing how a hospital will meet the community’s health needs must be included, as well as a description of what the hospital has done historically to address its community needs. Furthermore, the hospital must identify any needs that have not

been met by the hospital and why these needs have not been addressed. This information will be reported on Schedule H of the IRS 990 forms.

The Maryland CBR process was enacted by the Maryland General Assembly in 2001 (Chapter 178 of the 2001 Laws of Maryland, and codified under Health-General Article §19-303 of the Maryland Annotated Code). The Maryland data reporting spreadsheet and instructions in their inception drew heavily on the experience of the Voluntary Hospitals of America (“VHA”), a nationwide network of community owned health care systems, which possessed over ten years of voluntary hospital community benefit reporting experience across many states. Since 2003, the Commission has worked with the Maryland Hospital Association and interested hospitals, local health departments, and health policy organizations and associations on the details, format, and updates to the community benefit report. The CBR process offers an opportunity for each Maryland acute care hospital to critically review and report its activities designed to benefit the community it serves. The first CBR (reporting FY 2004 experiences) was released in July 2005.

The Fiscal Year 2011 report represents the HSCRC’s eighth year of reporting on Maryland hospital community benefit data.

Definition of Community Benefits:

Maryland law defines a “community benefit” (CB) as an activity that is intended to address community needs and priorities primarily through disease prevention and improvement of health status, including:

- Health services provided to vulnerable or underserved populations;
- Financial or in-kind support of public health programs;
- Donations of funds, property, or other resources that contribute to a community priority;
- Health care cost containment activities; and
- Health education screening and prevention services.

As evidenced in the individual reports, Maryland hospitals provide a broad range of health services to meet the needs of their communities, often receiving partial or no compensation. These activities, however, are expected from Maryland’s 45 acute, not-for-profit hospitals as a result of the tax exemptions they receive.¹

CBR – 2011 Highlights

The reporting period for this Community Benefit Report is July 1, 2010 – June 30, 2011. Hospitals submitted their individual community benefit reports to the HSCRC by December 15,

¹ Southern Maryland Hospital, the only for-profit hospital in Maryland, is not required to submit a community benefits report under the law. However, they have continued to submit a community benefit report to the HSCRC.

2011 using audited financial statements as the source for calculating costs in each of the care categories. New to the FY 2011 reporting categories is Unreimbursed Medicaid Cost. Hospitals and payers were asked to share a portion of the cost of Maryland’s Medicaid budget shortfall in FY 2011. Pursuant to the request by Maryland hospitals, the CB Advisory group agreed that hospitals were to consider the unreimbursed portion as community benefit expenditure. A table was added to the data collection tool that asked hospitals to report the total amount of the assessment under direct costs, and the amount paid by payers as offsetting revenue. The resulting calculation of net community benefit shows the actual amount of a hospital’s portion of the deficit assessment.

As shown in Table I below, Maryland hospitals provided approximately \$1.2 billion dollars in total community benefit activities in FY 2011 (up from \$1 billion in FY 2010). This total is comprised of \$33.8 million in Unreimbursed Medicaid Cost, over \$82.9 million in Community Health Services, more than \$348 million in Health Professions Education, \$285 million in Mission Driven Health Care Services, \$6.2 million in Research activities, just over \$14 million in Financial Contributions, \$28.2 million in Community Building Activities, over \$6.4 million in Community Benefit Operations, and over \$2.6 million in Foundation Funded Community Benefits.² Overall, Maryland hospitals reported providing just over \$395 million in Charity Care.

Table I – Total Community Benefit

Community Benefit Category	Number of Staff Hours	Number of Encounters	Total Community Benefit
Unreimbursed Medicaid Cost			\$33,873,757
Community Health Services	860,437	11,104,243	\$82,954,254
Health Professions Education	6,048,080	279,316	\$348,084,984
Mission Driven Health Services	1,896,145	977,079	\$285,336,633
Research	72,040	23,333	\$6,253,037
Financial Contributions	45,515	1,156,124	\$14,042,639

² These totals include hospital reported indirect costs, which vary by hospital and by category from a fixed dollar amount to a calculated percentage of the hospital’s reported direct costs.

Community Building	156,751	528,870	\$28,276,370
Community Benefit Operations	57,255	38,438	\$6,410,085
Foundation	57333	22,183	\$2,691,274
Charity Care	n/a	n/a	\$395,094,660
Total	9,193,556	14,129,585	\$1,203,017,693

For additional detail and a description of subcategories under each community benefit category, please see the chart under Attachment I – Aggregated Hospital CBR Data.

Utilizing the data reported, Attachment II, of the FY 2011 CB Analysis, compares hospitals on the total amount of community benefits reported, the amount of community benefits that are recovered through HSCRC approved rates (charity care, direct medical education, and nurse support), and the number of staff dedicated to community benefit operations. On average, in FY 2011, 1,245 staff hours were dedicated to CB Operations. This is up by 406 hours from last year's average of 839. Eleven hospitals continue to report zero hours dedicated to CB Operations versus thirteen hospitals in FY 2010. The HSCRC continues to encourage hospitals to incorporate CB Operations into their overall strategic planning.

The total amount of community benefit dollars as a percentage of total operating expenses ranges from 2.14% to 18.81% with the average amount being 9.23%. This has increased from FY 2010's average of 7.71%. There are sixteen hospitals that report providing benefits in excess of 10% of their operating expenses, as compared to eight in FY 2010. Only two hospitals report spending less than 3% of their operating expenses on community benefit compared to four hospitals last year.

In Maryland, the costs of uncompensated care (both charity care and bad debt) and graduate medical education are built into rates for which hospitals are reimbursed by all payers, including Medicare and Medicaid. Additionally, the HSCRC includes amounts in rates for hospital nurse support programs provided at Maryland hospitals. These costs are, in essence, "passed-through" to the purchasers and payers of hospital care. To be consistent with IRS form 990 requirements and to avoid accounting confusion among programs that are not funded in part by hospital rate setting (unregulated), the HSCRC requested that hospitals not include revenue provided in rates as offsetting revenue on the CBR worksheet. Attachments III, IV, and V detail the amounts that are included in rates and funded by all payers for charity care, direct graduate medical education, and the nurse support program in Fiscal Year 2011.

As noted, the HSCRC includes a provision in hospital rates for uncompensated care; this includes charity care (eligible for inclusion as a community benefit by Maryland hospitals in their CBRs) and bad debt (not considered a community benefit). As shown in Attachment III, just under \$375 million in charity care was provided through Maryland hospital rates in FY 2011 that was funded by all payers. When offset against the hospital reported amount of \$395 million in charity care, the net amount provided by hospitals is just over \$20 million.

Also as noted, another social cost funded in Maryland's rate-setting system is the cost of graduate medical education, generally for interns and residents trained in Maryland hospitals. Included in graduate medical education costs are the direct costs (Direct Medical Education or "DME"), which constitute wages and benefits of residents and interns, faculty supervisory expenses, and allocated overhead. The Commission utilizes its annual cost report to quantify the DME costs of physician training programs at Maryland hospitals. In FY 2011, these DME costs totaled \$235.3 million. For further information about DME costs by specific hospitals, please see Attachment IV.

The Commission's Nurse Support Program I (NSPI) is aimed at addressing the short and long-term nursing shortage impacting Maryland hospitals. In FY 2011, over \$12.3 million was provided in hospital rate adjustments for NSPI. For further information about funding provided to specific hospitals, please see Attachment V.

When these costs are offset, the net community benefit provided by Maryland hospitals in FY 2011 was \$ 580.4 million, or 4.45% of the total hospital operating expenses. This is down slightly from the \$613.5 million in net benefits provided in FY 2010, which totaled approximately 4.85% of hospitals' operating expenses. Please see the chart in Attachment II for more detail.

In FY 2011, hospitals were again asked to answer narrative questions regarding their CB programs. The questions were developed, in part, to provide a standard reporting format for all hospitals. This uniformity not only provided readers of the individual hospital reports with more information than was previously available, but also allowed for comparisons across hospitals. The narrative guidelines were aligned, wherever possible, with the IRS form 990, schedule H, in an effort to provide as much consistency as is practicable in reporting on the state and federal levels.

The HSCRC also considers the narrative guidelines to be a mechanism for assisting hospitals in critically examining their CB programs. Any examination of the effectiveness of major program initiatives should help hospitals determine which programs are achieving the desired results and which are not.

The evaluation tool, resulting from the HSCRC advisory group was used to evaluate hospitals' Community Benefit Narrative Reports. The group of evaluators consisted of three people, a member of HSCRC staff, a representative of the Maryland Hospital Association, and public health official from the Department of Health and Mental Hygiene (DHMH).

Changes to the FY 2012 Reporting Requirements

Based on input from the CB advisory group, the HSCRC is making only slight changes to the FY 2012 Community Benefit Reporting Guidelines and Standard Definitions as well as to the Community Benefits Narrative Reporting Instructions and related Evaluation. The following changes were made to the Reporting Guidelines:

- P. 4 - Hospitals are reminded that the report should be limited to regulated hospital services that are reported on the IRS 990 schedule H, and should not include unregulated entities.
- P. 18 - Hospitals are reminded that reported **Cash and In Kind Contributions** are restricted to funds allocated to Community Benefits, as reported on the IRS 990 Schedule H.

Changes to the Community Benefit Narrative Reporting Instructions include:

- **Section II. Community Health Needs Assessment** revised to more clearly reflect the difference between the federally required 'CHNA' and the community needs assessment as described in Health General §19-303(a)(4).
- **Section III. Community Benefit Administration** revised a question regarding hospital strategic planning.
- **Section IV. Hospital Community Benefit Program and Initiatives** revised to ask hospitals to include process and outcome measures for their key initiatives listed and described in Table III. A column was added to collect hospitals' current fiscal year costs for initiatives listed in Table III.
- **Collection of a Description of the Hospital's efforts to track and reduce health disparities in the community that it serves** – pursuant to Senate Bill 234, this information will be required in the FY2013 report. The CB advisory group has recommended the Narrative Reporting Instructions be revised to reflect a data collection mechanism on a non-mandatory basis in the FY 2012 report. Once input is received from various DHMH/HSCRC workgroups designed to discuss disparities and hospital reporting of such data, the CB Advisory Group will meet to determine the best format and content for a description of hospitals' disparity initiative.

Changes to the Narrative Evaluation Criteria include:

- **Section III. Community Benefit Administration** removing question 1.iv. “Other”. This question was found to be unclear and caused an unnecessary loss of points to hospitals that didn’t answer the question.
- **Section V. Physicians** – removed point value from question 2.

As in previous years, the HSCRC will continue in its efforts to evaluate the reporting process, and make changes where necessary to ensure that hospitals are accurately and appropriately reporting on their programs and initiatives and that are specifically designed to meet the growing health needs of the communities they serve.

Attachment I - FY 2011 CB Aggregate Data

UNREIMBURSED MEDICAID COST		# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	Offsetting Revenue	Net Community Benefit W/Indirect Cost	Net Community Benefit W/O Indirect Cost
T00	Medicaid Costs							
T99	Medicaid Assessments	0	0	\$129,529,100	\$0	\$95,655,343	\$33,873,757	\$33,873,757
COMMUNITY BENEFIT ACTIVITES		# OF STAFF HOURS	# OF ENCOUNTERS	Direct Cost (\$)	Indirect Cost (\$)	Offsetting Revenue	Net Community Benefit W/Indirect Cost	Net Community Benefit W/O Indirect Cost
A00.	COMMUNITY HEALTH SERVICES							
A10	Community Health Education	223,800	10,244,116	\$17,452,966	\$9,651,407	\$2,177,240	\$24,927,133	\$15,275,726
A11	Support Groups	22,404	43,969	\$997,236	\$555,638	\$39,974	\$1,512,900	\$957,262
A12	Self-Help	41,687	180,393	\$2,391,402	\$1,217,633	\$988,203	\$2,620,832	\$1,403,199
A20	Community-Based Clinical Services	313,219	158,695	\$14,926,963	\$3,404,320	\$496,371	\$17,834,911	\$14,430,592
A21	Screenings	32,033	72,665	\$2,000,260	\$1,020,215	\$323,031	\$2,697,444	\$1,677,229
A22	One-Time/Occasionally Held Clinics	5,937	68,020	\$688,735	\$371,726	\$172,761	\$887,700	\$515,974
A23	Free Clinics	1,441	4,263	\$407,741	\$241,788	\$69,571	\$579,958	\$338,170
A24	Mobile Units	20,702	18,389	\$1,137,598	\$496,535	\$514,816	\$1,119,317	\$622,782
A30	Health Care Support Services	159,116	222,389	\$16,391,473	\$8,296,440	\$577,487	\$24,110,426	\$15,813,986
A40	Blood Drives	19,622	64,830	\$1,561,404	\$875,168	\$114,859	\$2,321,714	\$1,446,545
A41	Interpreter Services	500	3,957	\$104,830	\$65,842	\$0	\$170,672	\$104,830
A42	Medicaid Enrollment	18,043	22,185	\$2,304,833	\$1,669,868	\$0	\$3,974,701	\$2,304,833
A43	SAFE Program	1,934	372	\$130,548	\$65,998	\$0	\$196,546	\$130,548
A44		0	0	\$0	\$0	\$0	\$0	\$0
A99	Total Community Health Services	860,437	11,104,243	\$60,495,989	\$27,932,579	\$5,474,313	\$82,954,254	\$55,021,676
HEALTH PROFESSIONS EDUCATION		# OF STAFF HOURS	# OF ENCOUNTERS	Direct Cost (\$)	Indirect Cost (\$)	Offsetting Revenue	Net Community Benefit W/Indirect Cost	Net Community Benefit W/O Indirect Cost
B1	Physicians/Medical Students	5,295,469	19,653	\$246,446,091	\$61,701,349	\$0	\$308,147,440	\$246,446,091
B2	Nurses/Nursing Students	385,851	120,200	\$17,687,689	\$4,603,529	\$66,480	\$22,224,738	\$17,621,209
B3	Other Health Professionals	234,997	103,939	\$8,716,554	\$1,684,505	\$94,567	\$10,306,492	\$8,621,987
B4	Scholarships/Funding for Professional Education	19,534	713	\$2,814,213	\$230,380	\$59,475	\$2,985,118	\$2,754,738
B5		95,806	33,762	\$3,167,815	\$274,908	\$2,696	\$3,440,027	\$3,165,119
B6		14,400	170	\$653,379	\$193,612	\$0	\$846,991	\$653,379
B7		2,023	880	\$170,988	\$28,532	\$65,342	\$134,178	\$105,645
B8		0	0	\$0	\$0	\$0	\$0	\$0
B99	Totals	6,048,080	279,316	\$279,656,730	\$68,716,814	\$288,560	\$348,084,984	\$279,368,170
MISSION DRIVEN HEALTH SERVICES		# OF STAFF HOURS	# OF ENCOUNTERS	Direct Cost (\$)	Indirect Cost (\$)	Offsetting Revenue	Net Community Benefit W/Indirect Cost	Net Community Benefit W/O Indirect Cost
C.	Totals	1,896,145	977,079	\$350,623,897	\$83,703,435	\$148,990,700	\$285,336,633	\$201,633,197
RESEARCH		# OF STAFF HOURS	# OF ENCOUNTERS	Direct Cost (\$)	Indirect Cost (\$)	Offsetting Revenue	Net Community Benefit W/Indirect Cost	Net Community Benefit W/O Indirect Cost
D1	Clinical Research	59,541	23,280	\$5,840,823	\$1,353,415	\$1,879,099	\$5,315,139	\$3,961,724
D2	Community Health Research	19	54	\$139,277	\$12,617	\$0	\$151,894	\$139,277
D3	Other	6,240	0	\$182,065	\$109,148	\$0	\$291,213	\$182,065
D4		6,240	0	\$316,161	\$178,631	\$0	\$494,792	\$316,161
D5		0	0	\$0	\$0	\$0	\$0	\$0
D99	Totals	72,040	23,333	\$6,478,326	\$1,653,810	\$1,879,099	\$6,253,037	\$4,599,227

FY 2011 Aggregate Data

E. Financial Contributions		# OF STAFF HOURS	# OF ENCOUNTERS	Direct Cost (\$)	Indirect Cost (\$)	Offsetting Revenue	Net Community Benefit W/Indirect Cost	Net Community Benefit W/O Indirect Cost
E1	Cash Donations	2,138	756,976	\$7,967,278	\$80,229	\$0	\$8,047,507	\$7,967,278
E2	Grants	312	0	\$452,989	\$6,347	\$287,649	\$171,688	\$165,340
E3	In-Kind Donations	42,997	398,208	\$4,679,198	\$873,067	\$199,219	\$5,353,048	\$4,479,981
E4	Cost of Fund Raising for Community Program	69	940	\$399,834	\$74,362	\$3,800	\$470,396	\$396,034
E99	Totals	45,515	1,156,124	\$13,499,299	\$1,034,006	\$490,668	\$14,042,639	\$13,008,633

F. COMMUNITY BUILDING ACTIVITIES		# OF STAFF HOURS	# OF ENCOUNTERS	Direct Cost (\$)	Indirect Cost (\$)	Offsetting Revenue	Net Community Benefit W/Indirect Cost	Net Community Benefit W/O Indirect Cost
F1	Physical Improvements/Housing	8,162	310,815	\$3,271,275	\$335,679	\$2,371,554	\$1,235,400	\$899,721
F2	Economic Development	18,928	8,465	\$1,519,195	\$841,628	\$491,269	\$1,869,553	\$1,027,926
F3	Support System Enhancements	32,095	27,790	\$2,205,634	\$1,274,061	\$163,736	\$3,315,958	\$2,041,898
F4	Environmental Improvements	9,695	162	\$1,468,062	\$155,956	\$0	\$1,624,017	\$1,468,062
F5	Leadership Development/Training for Comm	5,348	4,261	\$300,890	\$180,445	\$0	\$481,335	\$300,890
F6	Coalition Building	6,941	7,067	\$661,940	\$365,834	\$150	\$1,027,624	\$661,790
F7	Community Health Improvement Advocacy	6,687	56,700	\$5,396,895	\$610,673	\$12,000	\$5,995,567	\$5,384,895
F8	Workforce Enhancement	31,825	14,518	\$4,045,775	\$2,186,540	\$150,864	\$6,081,452	\$3,894,911
F9	Other	35,705	99,091	\$2,224,859	\$1,020,462	\$27,115	\$3,218,206	\$2,197,744
F10	Other	1,364	1	\$67,658	\$55,531	\$1,073	\$122,116	\$66,585
F11	Sales Tax, Property Tax, Income Taxes	0	0	\$3,305,140	\$0	\$0	\$3,305,140	\$3,305,140
F99	Totals	156,751	528,870	\$24,467,322	\$7,026,809	\$3,217,761	\$28,276,370	\$21,249,561

G. COMMUNITY BENEFIT OPERATIONS		# OF STAFF HOURS	# OF ENCOUNTERS	Direct Cost (\$)	Indirect Cost (\$)	Offsetting Revenue	Net Community Benefit W/Indirect Cost	Net Community Benefit W/O Indirect Cost
G1	Dedicated Staff	51,433	30,051	\$2,689,903	\$1,286,557	\$15,193	\$3,961,267	\$2,674,710
G2	Community health/health assets assessments	3,314	491	\$198,959	\$96,748	\$3,433	\$292,274	\$195,526
G3	Other Resources	221	85	\$1,099,952	\$499,305	\$0	\$1,599,257	\$1,099,952
G4		2,287	7,812	\$353,638	\$203,649	\$0	\$557,287	\$353,638
G5		0	0	\$0	\$0	\$0	\$0	\$0
G99	Totals	57,255	38,438	\$4,342,452	\$2,086,259	\$18,626	\$6,410,085	\$4,323,826

H. CHARITY CARE (report total only)	
	\$395,094,660

FY 2011 Aggregate Data

	# OF STAFF HOURS	# OF ENCOUNTERS	Direct Cost (\$)	Indirect Cost (\$)	Offsetting Revenue	Net Community Benefit W/Indirect Cost	Net Community Benefit W/O Indirect Cost
J. FOUNDATION COMMUNITY BENEFIT							
Community Services	12,971	3,540	\$828,762	\$317,308	\$14,968	\$1,131,102	\$813,794
J1 Community Building	44,362	18,643	\$1,877,871	\$78,665	\$396,364	\$1,560,172	\$1,481,507
J2 Other	0	0	\$0	\$0	\$0	\$0	\$0
J3	0	0	\$0	\$0	\$0	\$0	\$0
	0	0	\$0	\$0	\$0	\$0	\$0
Totals	57,333	22,183	\$2,706,633	\$395,973	\$411,332	\$2,691,274	\$2,295,301

	# OF STAFF HOURS	# OF ENCOUNTERS	Direct Cost (\$)	Indirect Cost (\$)	Offsetting Revenue	Net Community Benefit W/Indirect Cost	Net Community Benefit W/O Indirect Cost
K TOTAL HOSPITAL COMMUNITY BENEFIT							
A Community Health Services	860,437	11,104,243	\$60,495,989	\$27,932,579	\$5,474,313	\$82,954,254	\$55,021,676
B Health Professions Education	6,048,080	279,316	\$279,656,730	\$68,716,814	\$288,560	\$348,084,984	\$279,368,170
C Mission Driven Health Care Services	1,896,145	977,079	\$350,623,897	\$83,703,435	\$148,990,700	\$285,336,633	\$201,633,197
D Research	72,040	23,333	\$6,478,326	\$1,653,810	\$1,879,099	\$6,253,037	\$4,599,227
E Financial Contributions	45,515	1,156,124	\$13,499,299	\$1,034,006	\$490,668	\$14,042,639	\$13,008,633
F Community Building Activities	156,751	528,870	\$24,467,322	\$7,026,809	\$3,217,761	\$28,276,370	\$21,249,561
G Community Benefit Operations	57,255	38,438	\$4,342,452	\$2,086,259	\$18,626	\$6,410,085	\$4,323,826
H Charity Care	0	0	\$0	\$0	\$0	\$395,094,660	\$395,094,660
J Foundation Funded Community Benefit	57,333	22,183	\$2,706,633	\$395,973	\$411,332	\$2,691,274	\$2,295,301
T99 Medicaid Assessments	0	0	\$129,529,100	\$0	\$95,655,343	\$33,873,757	\$33,873,757
K99 TOTAL HOSPITAL COMMUNITY BENEFIT	9,193,556	14,129,585	\$871,799,748	\$192,549,685	\$256,426,402	\$1,203,017,693	\$1,010,468,008

TOTAL OPERATING EXPENSE

% OF OPERATING EXPENSES W/IC

% OF OPERATING EXPENSES W/O IC

Attachment II – FY 2011 CB Analysis

Hospid	Hospital Name	Employees	Total Staff Hours CB Operations	Total Hospital Operating Expense	Total Community Benefit	Total CB as % of Total Operating Expense	FY 2011 Amount in Rates for Charity Care, DME, and NSPI	Total Net CB minus Charity Care, DME, NSPI in Rates	Total Net CB(minus charity Care, DME, NSPI in Rates) as % of Operating Expense	CB Reported Charity Care	Point Totals for Sufficiency of Narrative Answers
7	St. Joseph	2225	0	\$330,327,712	\$7,065,084	2.14%	\$4,709,744	\$2,355,340	0.71%	\$4,369,778	113
60	Fort Washington	477	0	\$40,954,995	\$1,087,898	2.66%	\$650,064	\$437,834	1.07%	\$602,822	51
51	Doctors	1438	85	\$194,523,558	\$6,370,958	3.28%	\$2,317,420	\$4,053,538	2.08%	\$2,128,738	50
44	GBMC	3000	0	\$392,667,399	\$17,888,069	4.56%	\$10,904,712	\$6,983,357	1.78%	\$4,868,278	81
35	Civista	783	4,998	\$102,090,948	\$4,799,387	4.70%	\$1,866,221	\$2,933,166	2.87%	\$1,762,608	142
43	Baltimore Washington	2699	80	\$319,612,000	\$15,618,868	4.89%	\$10,593,562	\$5,025,306	1.57%	\$7,907,000	134
23	Anne Arundel	3630	872	\$439,610,000	\$23,354,162	5.31%	\$6,192,407	\$17,161,755	3.90%	\$5,896,911	141
19	Peninsula	2662	185	\$366,862,000	\$19,541,108	5.33%	\$10,158,000	\$9,383,108	2.56%	\$10,603,500	120
32	Union Cecil County	1023	1,200	\$135,590,000	\$7,444,489	5.49%	\$2,523,850	\$4,920,639	3.63%	\$2,415,495	133
49	UCH-Upper Chesapeake	1795	7	\$194,088,000	\$11,352,352	5.85%	\$2,675,199	\$8,677,153	4.47%	\$3,679,633	132
37	Shore Health - Easton	1309	0	\$140,221,608	\$8,779,472	6.26%	\$4,398,332	\$4,381,140	3.12%	\$4,238,270	132
5	Frederick Memorial	2160	0	\$332,418,000	\$21,123,068	6.35%	\$8,063,374	\$13,059,694	3.93%	\$7,810,600	108
54	Southern Maryland	1808	0	\$227,132,278	\$15,359,445	6.76%	\$3,240,887	\$12,118,558	5.34%	\$3,102,367	N/A
2004	Good Samaritan	2384	1,981	\$300,220,500	\$22,094,477	7.36%	\$11,841,241	\$10,253,236	3.42%	\$6,547,400	129
38	Maryland General	1321	862	\$178,038,000	\$13,282,293	7.46%	\$11,966,172	\$1,316,121	0.74%	\$8,173,000	127
22	Suburban	1400	2,100	\$241,360,000	\$18,280,913	7.57%	\$4,122,943	\$14,157,970	5.87%	\$4,007,000	149
45	McCready	275	80	\$17,313,509	\$1,315,329	7.60%	\$913,419	\$401,910	2.32%	\$987,906	118
18	Montgomery General	1356	147	\$133,009,700	\$10,224,000	7.69%	\$6,102,619	\$4,121,381	3.10%	\$5,962,000	107
48	Howard County	1656	280	\$226,186,600	\$18,124,397	8.01%	\$4,853,624	\$13,270,773	5.87%	\$4,704,963	128
28	St. Mary's	1109	1,420	\$112,047,400	\$9,007,302	8.04%	\$3,511,600	\$5,495,702	4.90%	\$3,387,500	149
40	Northwest	1623	0	\$204,008,000	\$16,518,045	8.10%	\$3,904,014	\$12,614,031	6.18%	\$3,692,000	115
15	Franklin Square	3451	4,252	\$410,262,600	\$34,040,088	8.30%	\$11,294,763	\$22,745,325	5.54%	\$10,808,600	147
11	St. Agnes	2599	0	\$380,659,763	\$31,602,911	8.30%	\$21,514,185	\$10,088,726	2.65%	\$17,920,497	120
1	Meritus Medical Center	2095*	282	\$270,510,801	\$23,160,801	8.56%	\$9,889,492	\$13,271,309	4.91%	\$11,515,068	126
17	Garrett County	315	160	\$35,606,008	\$3,190,531	8.96%	\$2,652,174	\$538,357	1.51%	\$2,765,783	105
12	Sinai	4564	2,810	\$651,313,000	\$59,913,433	9.20%	\$26,316,773	\$33,596,660	5.16%	\$10,981,000	121
6	UCH-Harford	777	3	\$88,883,000	\$8,434,988	9.49%	\$1,472,635	\$6,962,353	7.83%	\$2,546,397	132
10	Shore Health -Dorchester	630	0	\$41,944,947	\$3,986,114	9.50%	\$2,089,434	\$1,896,680	4.52%	\$2,036,690	132
61	Atlantic General	811	442	\$88,062,865	\$8,451,666	9.60%	\$1,396,184	\$7,055,482	8.01%	\$1,475,240	128
9	Johns Hopkins	8997	7,803	\$1,648,599,000	\$164,609,122	9.98%	\$116,734,661	\$47,874,461	2.90%	\$29,978,000	145
24	Union Memorial	2528*	180	\$384,090,500	\$38,479,303	10.02%	\$22,519,331	\$15,959,972	4.16%	\$11,807,500	137
5050	Shady Grove	2091*	1,812	\$269,589,155	\$27,093,790	10.05%	\$9,320,629	\$17,773,161	6.59%	\$10,323,710	128
2001	Kernan	675	400	\$90,594,000	\$9,126,861	10.07%	\$5,307,961	\$3,818,900	4.22%	\$1,730,000	129
4	Holy Cross	3212	6,501	\$389,986,549	\$39,534,517	10.14%	\$19,642,463	\$19,892,054	5.10%	\$19,235,553	149
29	JH Bayview	3519	511	\$504,690,000	\$52,067,111	10.32%	\$40,391,695	\$11,675,416	2.31%	\$21,235,606	139
34	Harbor Hospital	1381	98	\$183,840,500	\$20,754,564	11.29%	\$11,347,704	\$9,406,860	5.12%	\$7,036,300	149
27	Western MD Regional	2192	311	\$293,906,377	\$34,203,083	11.64%	\$12,465,742	\$21,737,341	7.40%	\$12,443,989	148
8	Mercy	3146	158	\$386,361,000	\$45,419,866	11.76%	\$16,998,322	\$28,421,544	7.36%	\$12,057,000	96
33	Carroll Hospital	1750	5,011	\$188,182,000	\$22,159,392	11.78%	\$3,208,054	\$18,951,338	10.07%	\$3,011,868	143
39	Calvert Memorial	1146	280	\$115,707,400	\$13,857,990	11.98%	\$4,282,517	\$9,575,473	8.28%	\$4,317,996	116
2	University of Maryland	5937*	1,381	\$1,249,077,000	\$167,896,743	13.44%	\$101,187,830	\$66,708,913	5.34%	\$49,770,761	139
16	Washington Adventist	1580*	2,638	\$211,836,413	\$31,432,929	14.84%	\$10,540,537	\$20,892,392	9.86%	\$9,117,152	126
30	Chester River	471	0	\$55,032,000	\$8,914,772	16.20%	\$4,376,414	\$4,538,358	8.25%	\$4,509,800	139
55	Laurel Regional	524	0	\$94,179,100	\$16,135,485	17.13%	\$6,550,140	\$9,585,345	10.18%	\$6,457,000	67
13	Bon Secours	786	7,875	\$135,427,187	\$24,215,836	17.88%	\$19,502,893	\$4,712,943	3.48%	\$12,562,380	119
3	Prince George's	1893	51	\$242,965,900	\$45,704,680	18.81%	\$26,090,275	\$19,614,405	8.07%	\$22,603,000	69
	Totals	78,972	57,256	\$13,039,588,672	\$1,203,017,692	9.23%	\$622,602,213	\$580,415,478	4.45%	\$395,094,659	
	Averages	1,926	1,245								128 median
											122 out of a total of 149 average
		* The hospital did not provide the number of employees in its FY 2011 CB report, therefore the number reported is from the FY 2010 report.									

Attachment III – FY 2011 Charity Care Funding

Hospital Name	Charity Care Amount in Rates
Anne Arundel General Hospital	\$5,799,900
Atlantic General Hospital	\$1,319,700
Baltimore Washington Medical Center	\$9,945,700
Bon Secours Hospital	\$11,360,350
Calvert Memorial Hospital	\$4,171,100
Carroll County General Hospital	\$3,011,900
Chester River Hospital Center	\$4,315,500
Civista Medical Center	\$1,762,600
Doctors Community Hospital	\$2,128,700
Fort Washington Medical Center	\$602,822
Franklin Square Hospital	\$10,808,600
Frederick Memorial Hospital	\$7,810,600
Garrett County Memorial Hospital	\$2,617,500
GBMC	\$4,801,800
Good Samaritan Hospital	\$6,482,300
Harbor Hospital Center	\$7,036,300
Holy Cross Hospital of Silver Spring	\$16,579,500
Howard County General Hospital	\$4,705,000
JH Bayview Med. Center	\$21,020,600
Johns Hopkins Hospital	\$29,978,300
Kernan	\$1,730,000
Laurel Regional Hospital	\$6,458,500
Maryland General Hospital	\$8,173,000
McCready Foundation, Inc.	\$896,600
Mercy Medical Center, Inc.	\$12,057,100
Montgomery General Hospital	\$5,962,000
Northwest Hospital Center, Inc.	\$3,692,300
Peninsula Regional Medical Center	\$10,108,000
Prince Georges Hospital	\$22,602,800
Shady Grove Adventist Hospital	\$8,989,913
Shore Health - Easton	\$4,238,300
Shore Health-Dorchester General Hospital	\$2,036,700
Sinai Hospital	\$10,981,200
Southern Maryland Hospital	\$3,016,056
St. Agnes Hospital	\$14,578,700
St. Joseph Hospital	\$4,310,900
St. Mary's Hospital	\$3,387,500
Suburban Hospital	\$3,894,700
UCH - Harford Memorial Hospital	\$1,376,400
UCH - Upper Chesapeake Medical Center	\$2,478,400
Union Hospital of Cecil County	\$2,407,100
Union Memorial Hospital	\$11,798,900
University of Maryland	\$41,235,800
Washington Adventist Hospital	\$10,256,290
Meritus Medical Center	\$9,658,400
Western Maryland Regional Medical Center	\$12,314,300
Total	\$374,898,631

Attachment IV - FY 2011 DME Funding

Hospital Name	DME Amount in Rates
Anne Arundel	0
Atlantic General	0
Baltimore Washington	\$338,521
Bon Secours	\$8,020,399
Calvert Memorial	0
Carroll Hospital	0
Chester River	0
Civista	0
Doctors	0
Fort Washington	0
Franklin Square	\$71,175
Frederick Memorial	0
Garrett County	0
GBMC	\$5,709,750
Good Samaritan	\$5,072,645
Harbor Hospital	\$4,201,169
Holy Cross	\$2,668,497
Howard County	0
JH Bayview	\$18,857,600
Johns Hopkins	\$85,136,081
Kernan	\$3,480,668
Laurel Regional	0
Maryland General	\$3,612,544
McCready	0
Mercy	\$4,559,222
Meritus Medical Center	0
Montgomery General	0
Northwest	0
Peninsula	0
Prince George's	\$3,237,135
Shady Grove	0
Shore Health - Easton	0
Shore Health -Dorchester	0
Sinai	\$14,708,295
Southern Maryland	0
St Agnes	\$6,601,930
St Joseph	0
St Mary's	0
Suburban	0
UCH-Harford	0
UCH-Upper Chesapeake	0
Union Cecil County	0
Union Memorial	\$10,306,584
University of Maryland	\$58,804,210
Washington Adventist	0
Western Maryland Regional Medical Center	0
Total	\$235,386,426

Attachment V - FY 2011 Nurse Support I Funding

Hospital Name	NSP I Amount in Rates
Anne Arundel	\$392,507
Atlantic General	\$76,484
Baltimore Washington	\$309,341
Bon Secours	\$122,144
Calvert Memorial	\$111,417
Carroll Hospital	\$196,154
Chester River	\$60,914
Civista	\$103,621
Doctors	\$188,720
Fort Washington	\$47,242
Franklin Square	\$414,988
Frederick Memorial	\$252,774
Garrett County	\$34,674
GBMC	\$393,162
Good Samaritan	\$286,296
Harbor Hospital	\$110,235
Holy Cross	\$394,466
Howard County	\$148,624
JH Bayview	\$513,495
Johns Hopkins	\$1,620,280
Kernan	\$97,293
Laurel Regional	\$91,640
Maryland General	\$180,628
McCready	\$16,819
Mercy	\$382,000
Meritus Medical Center	\$231,092
Montgomery General	\$140,619
Northwest	\$211,714
Peninsula	\$50,000
Prince George's	\$250,340
Shady Grove	\$330,716
Shore Health - Easton	\$160,032
Shore Health -Dorchester	\$52,734
Sinai	\$627,278
Southern Maryland	\$224,831
St Agnes	\$333,555
St Joseph	\$398,844
St Mary's	\$124,100
Suburban	\$228,243
UCH-Harford	\$96,235
UCH-Upper Chesapeake	\$196,799
Union Cecil County	\$116,750
Union Memorial	\$413,847
University of Maryland	\$1,147,820
Washington Adventist	\$284,247
Western Maryland Regional Medical Center	\$151,442
Total	\$12,317,156