

**Maryland Hospital Community Benefits Report
FY 2007**

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Introduction

Each year, the Health Services Cost Review Commission (“Commission,” or “HSCRC”) collects hospital community benefit information from individual hospitals to compile into a publicly-available statewide Community Benefit Report (CBR). The CBR process was introduced by the Maryland legislature in 2001 (§19-303 Maryland Annotated Code) and the first CBR reporting FY 2004 experiences was released in July 2005. This document contains summary information for all submitting Maryland hospitals for FY 2007. Individual hospital community benefit reports and additional documents are available in written format at the Commission’s offices. Individual community benefit report data spreadsheets will be available on the Commission’s website in July 2008.

The community benefit report is an opportunity for each Maryland hospital to critically review and report its community benefit activities. The HSCRC views the CBR as a work-in-progress. As the fourth year of reporting draws to a close, it is clear that reporting by hospitals has become more standardized than in the first few years, allowing for hospitals to categorize and report their efforts and activities in a more defined manner than in the previous years.

As in previous years, Maryland hospitals and the Commission worked collaboratively with one another and many interested parties, including local health departments and other State and national organizations. The HSCRC commits to continuing this work to further improve the report and to refine definitions as needed.

What are Community Benefits?

As defined under current Maryland law, community benefit means 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 this report, Maryland hospitals provide a broad range of health services to meet the needs of their communities, often receiving partial or no compensation. These activities, are however, expected from Maryland’s 46 not-for-profit hospitals as a result of the tax exemptions they receive.¹

CBR – 2007 Highlights

As shown in Table I - Total Community Benefit, for FY 2007, Maryland hospitals reported providing a total of over \$812 million in benefits to their communities. Of this, over \$270 million was provided in health professionals education activities, \$260 million in charity care, over \$170 million for mission driven health services, \$59 million in

¹ As Maryland’s only for-profit hospital, Southern Maryland Hospital is not required to submit a community benefit report under the law. Southern Maryland, however, has continued to submit a community benefit report to the HSCRC. FY 2007 has been included in this report.

community health services, \$11.4 million in financial contributions, \$15.5 million in community building activities, just over \$ 5.1 million in foundation community benefit initiatives, \$13.6 million in research efforts, and \$6.1 million in community benefit operations.²

Community Benefit Category	Number of Staff Hours	Number of encounters	Total Community Benefit
Community Health Services	529,408	7,502,808	\$59,011,039
Health Professions Education	4,010,171	353,061	\$270,599,433
Mission Driven Health Services	1,705,555	1,159,156	\$170,832,866
Research	87,731	27,342	\$13,683,835
Financial Contributions	34,021	140,115	\$11,455,689
Community Building	123,204	95,769	\$15,585,846
Community Benefit Operations	42,253	94,461	\$6,123,941
Charity Care	n/a	n/a	\$260,010,717
Foundation	14,067	1,023	\$5,184,615
Total	6,546,409	9,373,734	\$812,487,981

Table I – Total Community Benefit

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

Background

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 Fiscal Year 2007 report represents the HSCRC’s fourth effort to capture Maryland Hospital Community Benefit Data.

The reporting period for this Community Benefit Report is July 1, 2006 – June 30, 2007. Hospitals submitted their individual community benefits reports by January 1, 2008 to the HSCRC using audited financial statements as the source for calculating costs in each of the care categories.

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

The Maryland data reporting spreadsheet and instructions draw heavily on the experience of VHA, Inc.'s community benefit experience. The VHA is a nationwide network of community-owned health care systems and their physicians, and has ten-plus years of voluntary hospital community benefit reporting experience across many states. VHA's standardized approach to the community benefit definitions and reporting practices was tailored to fit Maryland's unique regulated environment.

Maryland had to make special accommodations to reflect the benefits of hospital rate setting on community benefits. In other states, the majority of hospital community benefits are reported in three areas – shortfalls from governmental payers, charity care, and medical education costs. In Maryland, however, the HSCRC rate setting system builds the costs of uncompensated care (both charity care and bad debt) and teaching for graduate medical education in the rates hospitals are reimbursed, and all payers (including Medicare and Medicaid) pay the same rates for hospital care. To this end, the HSCRC provides data in this report on the revenue provided for the Nurse Support Program, uncompensated care, and graduate medical education, which are funded through hospital rates by all payers (see Attachment II.) In their individual community benefit reports, hospitals were asked not to include revenue provided from hospital rates as offsetting revenue.

The Commission believes it is necessary for readers to understand that Maryland hospitals receive offsetting revenue through hospital rates for programs identified within the individual community benefit reports.

Changes to the Community Benefit Reporting: FY2006 to FY2007

There were no changes to the reporting format for FY2007, except that hospitals were asked to file detailed information regarding their physician subsidies, as well as provide a copy of mission statements, charity care policies, and/or community needs assessments used if there had been an update or revision since the hospitals' original submissions to the HSCRC. There were several hospitals that filed updates to one or more of the above documents. Additionally, as directed by the State Legislature in 2005, all hospitals filed a written description of the gaps in the availability of specialist providers to serve the uninsured in the hospital. Those statements may be viewed in the HSCRC's offices upon request.

Issues

Physician Subsidization Costs

In a change from FY 2006, this year the Commission expanded the categories for hospitals to report physician subsidies within the Mission Driven Health Care Services category. Hospitals were asked to classify physician subsidies into the following categories whenever possible: hospital-based physicians with whom the hospitals have an exclusive contract and/or subsidy in order to retain services that represent a community benefit; non-resident house staff and hospitalists; coverage of emergency department call; to encourage alignment of physician financial assistance policies with hospital financial assistance policies; and recruitment of physicians to meet community need as shown by a hospital's medical staff development plan. Other costs as appropriate were to be included as long as the hospital provided documentation describing the service

and community need being met.

For FY 2007, hospitals reported a total of \$145.9 million in subsidies. This is up from over \$52 million in FY 2006. The subsidies vary by hospital service (emergency, pediatrics, urgent care, trauma, surgical, anesthesia, OB/GYN, radiology, antenatal, neonatal, and psychiatry) as well as by type (on call, income guarantee, facility-owned physician groups, debt forgiveness/amortization, hospitalists, and physician recruitment). The amount reported for physician subsidies is up nearly 181% from FY 2006. It is difficult to determine why the reported numbers more than doubled, except that hospitals may have better categorized the various subsidies reported because of the added direction in the Reporting Guidelines and Standard Definitions. Most hospitals identified the need to provide physician subsidies in order to ensure that comprehensive care is available to its patients regardless of their ability to pay for services. A majority of hospitals included additional documentation regarding their reported subsidies. For readers interested in more information regarding an individual hospital's reported physician subsidy information, individual submissions are available for review in the HSCRC's offices.

Effect of Indirect Cost Ratio on Community Benefits

Indirect Costs are costs not attributed to products and/or services that are included in the calculation of costs for community benefit. These could include, but are not limited to, salaries for human resource and finance departments, insurance, and overhead expenses.

As in 2006, hospitals were permitted two options within the indirect cost column. The first is unchanged since the inception of the reporting requirement - the ability to allow the spreadsheet to calculate a standard indirect cost amount by community benefit category. This can be calculated using Schedule M from the hospital's Annual Cost Report. It is calculated using the following:

1. Determine Indirect Expenses: Add the total of Patient Care overhead, Other Overhead, Building and General Equipment CFA, and Departmental CFA.
2. Determine Direct Expenses: Add the total of Direct Expenses, Physician Support Expenses, and Resident Intern Expenses.
3. Divide Indirect Expenses by Direct Expenses.

This number is then entered into Item I1 on the CBR spreadsheet and is converted into a percentage. The second allows hospital to enter a specific dollar amount in the indirect cost column for a particular community benefit initiative or program if it believes the spreadsheet number is unreasonable, or if it believes indirect costs are already contained within the hospital's reported direct costs. This enables hospitals to distinguish indirect costs by community benefit initiative on the spreadsheet.

An example of the indirect cost ratio issue can be seen when comparing two disparate categories where an identical cost ratio is applied. Using a standardized indirect cost percentage for such items as cash donations, physical and environmental improvements, etc., and medical education community health services, and charity care, a hospital with a 50% indirect cost ratio that contributes a \$100,000 donation to its local United Way organization yields a \$50,000 indirect cost value that is applied to the hospital's total CBR activity. Many hospitals believed that the standard formula that

computed indirect costs in the HSCRC reporting spreadsheet did, in fact, overestimate indirect costs for some community benefit reporting categories, especially as they related to hospital community benefit projects that were unique to a particular facility.

Hospitals were directed to use the annual audited cost report data to calculate ratios, which continue to vary widely among hospitals. While the HSCRC permitted indirect costs to be applied to all community benefit categories for FY2007, as with FY2005 and FY 2006, the Commission asked hospitals to pay closer attention to how indirect costs are accounted for, and to consider if direct costs include either a portion or the total of indirect costs for a particular category. Table II, Indirect Costs as a Percentage of Total Benefit, provides the total amount of indirect costs within each community benefit category and its percentage of the total community benefit provided.

	2007 Total Community Benefit	2007 Net Community Benefit W/O Indirect Cost	2007 Indirect Costs	Indirect Cost as Percentage of Total Community Benefit
A. Community Health Services	\$59,011,039	\$33,753,722	\$25,257,317	42.80%
B. Health Professions Education	\$270,599,434	\$183,033,624	\$87,565,810	32.36%
C. Mission Driven Health Care Services	\$170,832,866	\$107,071,239	\$63,761,627	37.32%
D. Research	\$13,683,835	\$8,506,624	\$5,177,211	37.83%
E. Financial Contributions	\$11,455,689	\$9,246,968	\$2,208,721	19.28%
F. Community Building Activities	\$15,585,846	\$7,927,448	\$7,658,398	49.14%
G. Community Benefit Operations	\$6,123,941	\$4,010,458	\$2,113,483	34.51%
H. Charity Care	\$260,010,717	\$260,010,717	\$0	0.0%
J. Foundation Funded Community Benefit	\$5,184,615	\$3,485,456	\$1,699,159	32.77%
Totals	\$812,487,981	\$616,359,695	\$195,441,726	24.05%

Table II – Indirect Costs as a Percentage of Total Benefit

Community Benefits Evaluation and Community Needs Assessments

The Commission worked with many interested parties to develop an evaluation framework for hospitals to use in determining appropriate information to submit along with the community benefit data spreadsheet for FY 2005. The evaluation framework contained a list of questions that hospitals were to pose internally and answer to give the public a better understanding of how a hospital’s community benefits are evaluated; e.g., if they are incorporated into the facility’s overall strategic plan; if the initiatives are sustained; and other related information.

In FY 2007, as with FY 2006, many hospitals chose to use the evaluation framework. There are some hospitals, however, that continue to use existing or hospital

specific evaluations. As a result, evaluations of Community Benefits continue to be inconsistent across reporting hospitals. The Commission intends to convene a committee of interested parties to evaluate and expand the current framework to create an evaluation that would more clearly explain the data contained within the community benefit data spreadsheet.

Hospital Rate Support for Community Benefit Programs

In Maryland, the costs of uncompensated care (both charity care and bad debt) and graduate medical education are built into rates that hospitals are reimbursed by all payers, including Medicare and Medicaid. Additionally, the HSCRC also includes amounts in rates for hospital nurse support programs provided at Maryland hospitals. To avoid accounting confusion among programs that are not funded in part or in whole through hospital rate setting (regulated) or programs that are not funded by hospital rate setting (unregulated), the HSCRC asked hospitals not to include revenue provided in rates as offsetting revenue on the CBR worksheet.

The following section details the amounts of Nurse Support Program, uncompensated care, and graduate medical education costs that are included in rates for Maryland hospitals in Fiscal Year 2007 funded by all payers.

Nurse Support Program I

The Nurse Support Program I is aimed at addressing the short and long term nursing shortage impacting Maryland hospitals. In FY 2007 approximately \$9.5 million was provided in hospital rate adjustments.

For further information about funding provided to specific hospitals, please see Attachment II.

Nurse Support Program II

The Nurse Support Program II was created to increase the number of qualified bedside nurses in Maryland hospitals. Funding for the program was provided through a 0.1% increase to the rate structure of all hospitals. In FY 2007, approximately \$10.9 million was provided in hospital rate adjustments.

For further information about funding provided to specific hospitals, please see Attachment II.

Uncompensated Care

The HSCRC includes amount 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). In FY 2007, over \$652 million was provided in Maryland hospital rates for the provision of both charity care and hospital bad debt funded by all payers. Hospitals were asked not to include revenue provided through hospital rates as offsetting revenue on the CBR worksheet.

For further information about funding provided to specific hospitals, please see Attachment II.

Graduate Medical Education

Another social cost funded in Maryland's rate-setting system is the cost of graduate medical education (GME), generally for interns and residents trained in Maryland hospitals. Direct medical education costs are benefits of residents and interns, faculty supervisory expenses, and allocated overhead. By contrast, indirect medical education expenses are generally described as those additional costs incurred as a result of the teaching program (e.g., increase patient severity associated with teaching programs and inefficiencies, such as extra tests ordered by interns/residents or the extra costs of supervision). The Commission utilizes an annual hospital intern and resident count to assist in quantifying the direct and indirect costs of medical education in physician training programs and recognizes only the interns and residents included on the survey up the hospital's cap. Any resident and intern costs above the hospital's recognized cap, therefore, would not be funded through hospital rates.

In FY 2007 nearly \$68 million was provided through rates for Direct Medical Education costs.

For further information about funding provided to specific hospitals, please see Attachment II.

Conclusion

The HSCRC views Maryland's Community Benefit Report as an informative but evolving project, in which the Commission hopes to continue building upon the success of four year's reporting efforts and add to the value of future CBR's.

FY 2007 Maryland Hospital Community Benefit Totals

COMMUNITY BENEFIT ACTIVITIES

A. COMMUNITY HEALTH SERVICES

	# OF STAFF HOURS	# OF ENCOUNTERS	Net Community Benefit W/Indirect Costs	Net Community Benefit W/O Indirect Costs
A1 Community Health Education	164,633	6,491,817	\$20,065,883	\$12,448,220
Support Groups	15,494	51,919	\$1,080,284	\$682,395
Self-Help	26,723	151,762	\$1,861,143	\$1,042,945
A2 Community-Based Clinical Services	45,806	60,128	\$6,041,465	\$3,545,107
Screenings	36,600	238,145	\$5,722,446	\$1,282,095
One-Time/Occasionally Held Clinics	11,602	32,633	\$793,074	\$436,405
Free Clinics	4,950	20,381	\$330,463	\$214,052
Mobile Units	19,266	27,583	\$2,576,144	\$1,671,731
A3 Health Care Support Services	103,428	239,649	\$16,174,738	\$9,679,248
A4 Other	100,906	188,791	\$4,365,399	\$2,751,525
TOTAL	529,408	7,502,808	\$59,011,039	\$33,753,722

B. HEALTH PROFESSIONS EDUCATION

	# OF STAFF HOURS	# OF ENCOUNTERS	Net Community Benefit W/Indirect Costs	Net Community Benefit W/O Indirect Costs
B1 Physicians/Medical Students	3,477,120	155,230	\$238,721,395	\$161,568,884
B2 Scholarships/Funding for Professional Education	18,918	1,208	\$2,253,900	\$1,768,211
B3 Nurses/Nursing Students	290,667	76,108	\$14,371,149	\$9,155,619
B4 Technicians	59,561	29,382	\$3,365,284	\$2,101,170
B5 Other Health Professionals	130,315	69,389	\$10,137,892	\$7,265,756
B6 Other	33,589	21,746	\$1,749,813	\$1,173,983
TOTAL	4,010,171	353,061	\$270,599,434	\$183,033,624

C. MISSION DRIVEN HEALTH SERVICES

	# OF STAFF HOURS	# OF ENCOUNTERS	Net Community Benefit W/Indirect Costs	Net Community Benefit W/O Indirect Costs
TOTAL	1,705,555	1,159,156	\$170,832,866	\$107,071,239

FY 2007 Maryland Hospital Community Benefit Totals

D. RESEARCH

- D1 Clinical Research
- D2 Community Health Research
- D3 Other

	# OF STAFF HOURS	# OF ENCOUNTERS	Net Community Benefit W/Indirect Costs	Net Community Benefit W/O Indirect Costs
	75,717	26,532	\$7,114,935	\$4,070,013
	1,614	510	\$129,323	\$86,074
	10,400	300	\$6,439,577	\$4,350,537
TOTAL	87,731	27,342	\$13,683,835	\$8,506,624

E. FINANCIAL CONTRIBUTIONS

- E1 Cash Donations
- E2 Grants
- E3 In-Kind Donations
- E2 Cost of Fund Raising for Community Programs

	# OF STAFF HOURS	# OF ENCOUNTERS	Net Community Benefit W/Indirect Costs	Net Community Benefit W/O Indirect Costs
	1,852	3,957	\$5,674,090	\$4,457,502
	115	461	\$107,351	\$69,213
	27,946	130,063	\$4,599,204	\$4,030,422
	4,108	5,634	\$1,075,043	\$689,831
TOTAL	34,021	140,115	\$11,455,689	\$9,246,968

F. COMMUNITY BUILDING ACTIVITIES

- F1 Physical Improvements/Housing
- F2 Economic Development
- F3 Support System Enhancements
- F4 Environmental Improvements
- F5 Leadership Development/Training for Community Members
- F6 Coalition Building
- F7 Community Health Improvement Advocacy
- F8 Workforce Enhancement
- F9 Other

	# OF STAFF HOURS	# OF ENCOUNTERS	Net Community Benefit W/Indirect Costs	Net Community Benefit W/O Indirect Costs
	6,504	5,830	\$2,621,413	\$602,984
	18,785	10,748	\$1,293,613	\$493,629
	27,026	23,410	\$4,325,938	\$2,456,260
	6,744	152	\$371,239	\$236,150
	12,210	7,946	\$867,143	\$539,184
	8,121	6,136	\$910,517	\$512,100
	11,238	21,712	\$1,253,157	\$813,322
	24,634	14,082	\$3,405,531	\$2,019,818
	7,942	5,753	\$537,293	\$254,000
TOTAL	123,204	95,769	\$15,585,846	\$7,927,448

FY 2007 Maryland Hospital Community Benefit Totals

	# OF STAFF HOURS	# OF ENCOUNTERS	Net Community Benefit W/Indirect Costs	Net Community Benefit W/O Indirect Costs
G. COMMUNITY BENEFIT OPERATIONS				
G1 Dedicated Staff	35,448	51,907	\$3,705,711	\$2,442,834
G2 Community health/health assets assessments	1,486	231	\$182,770	\$136,523
G3 Other Resources	5,320	42,323	\$2,235,460	\$1,431,100
TOTAL	42,253	94,461	\$6,123,941	\$4,010,458
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H. CHARITY CARE (report total only)				
TOTAL			\$260,010,717	
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	# OF STAFF HOURS	# OF ENCOUNTERS	Net Community Benefit W/Indirect Costs	Net Community Benefit W/O Indirect Costs
J. FOUNDATION COMMUNITY BENEFIT				
J1 Community Services	13,688	0	\$4,993,416	\$3,311,381
J2 Community Building	285	1,000	\$144,265	\$136,996
J3 Other	94	23	\$46,933	\$37,079
TOTAL	14,067	1,023	\$5,184,615	\$3,485,456
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	# OF STAFF HOURS	# OF ENCOUNTERS	Net Community Benefit W/Indirect Costs	Net Community Benefit W/O Indirect Costs
K. TOTAL HOSPITAL COMMUNITY BENEFIT				
A Community Health Services	529,408	7,502,808	\$59,011,039	\$33,753,722
B Health Professions Education	4,010,171	353,061	\$270,599,434	\$183,033,624
C Mission Driven Health Care Services	1,705,555	1,159,156	\$170,832,866	\$107,071,239
D Research	87,731	27,342	\$13,683,835	\$8,506,624
E Financial Contributions	34,021	140,115	\$11,455,689	\$9,246,968
F Community Building Activities	123,204	95,769	\$15,585,846	\$7,927,448
G Community Benefit Operations	42,253	94,461	\$6,123,941	\$4,010,458
H Charity Care			\$260,010,717	\$260,010,717
J Foundation Funded Community Benefit	14,067	1,023	\$5,184,615	\$3,485,456
TOTAL HOSPITAL COMMUNITY BENEFIT	6,546,409	9,373,734	\$812,487,981	\$617,046,255
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TOTAL OPERATING EXPENSE			\$11,145,288,757	
% OF OPERATING EXPENSES W/IC			7.29%	
% OF OPERATING EXPENSES W/O IC			5.54%	

Attachment II – Hospital Rate Support for Community Benefit Programs¹

Nurse Support Program I (NSPI)

The following chart details awards granted to Maryland hospitals to fund Nursing Support Program I for initiatives to increase the recruitment and retention of nurses in Maryland hospitals in FY 2007.

Hospital	Grant Awarded
Anne Arundel Medical Center	\$258,674
Atlantic General Hospital	\$49,752
Bon Secours Baltimore Health System	\$83,537
Baltimore Washington Medical Center	\$201,710
Braddock Hospital Corporation	\$97,015
Calvert Memorial Hospital	\$68,951
Carroll Hospital Center	\$135,950
Chester River	\$45,890
Civista Medical Center	\$74,963
Cumberland Memorial	\$85,454
Doctors Community Hospital	\$132,527
Dorchester General Hospital	\$40,781
Memorial Hospital of Easton	\$107,544
Franklin Square Hospital	\$299,303
Frederick Memorial Hospital	\$177,272
Ft. Washington Medical Center	\$0
Garrett County Memorial Hospital	\$28,141
GBMC	\$295,073
Good Samaritan Hospital	\$216,882
Harbor Hospital	\$149,062
Harford Memorial Hospital	\$64,204
Holy Cross Hospital of Silver Spring	\$292,218
Howard county General Hospital	\$163,378
Johns Hopkins Hospital	\$1,194,705
Johns Hopkins Bayview Medical Center	\$365,314
James Lawrence Kernan Hospital	\$73,961
Laurel Regional Hospital	\$82,771
Maryland General Hospital	\$144,802
McCready Foundation, Inc.	\$0
Mercy Medical Center	\$269,823
Montgomery General Hospital	\$90,960
Northwest Hospital Center	\$154,870
Peninsula Regional Medical Center	\$280,244
Prince George's Hospital Center	\$221,151
Shady Grove Adventist Hospital	\$216,420

¹ These data are derived from HSCRC calculations.

Sinai Hospital	\$461,951
Southern Maryland Hospital Center	\$164,883
St. Agnes	\$251,471
St. Joseph Medical Center	\$306,863
St. Mary's Hospital	\$70,502
Suburban Hospital	\$153,799
Union Memorial Hospital	\$311,599
Union Hospital of Cecil County	\$90,106
University of Maryland Hospital	\$664,203
University of Maryland Oncology	\$54,077
University of Maryland Shock Trauma	\$156,341
Upper Chesapeake Medical Center	\$137,071
Washington Adventist Hospital	\$250,371
Washington County Hospital	\$178,363
Sheppard Pratt Health System	\$68,667
Total Grants Awarded	\$9,483,569

Nurse Support Program II (NSPII)

The following chart details awards granted to Maryland hospitals to fund Nursing Support Program II for initiatives to increase the number of qualified bedside nurses in Maryland Hospitals.

Hospital	Grant Awarded
Anne Arundel Medical Center	\$305,019
Atlantic General Hospital	\$55,229
Bon Secours Baltimore Health System	\$100,157
Baltimore Washington Medical Center	\$247,020
Braddock Hospital Corporation	\$125,386
Calvert Memorial Hospital	\$88,580
Carroll Hospital Center	\$150,906
Chester River	\$51,532
Civista Medical Center	\$84,559
Cumberland Memorial	\$98,026
Doctors Community Hospital	\$149,524
Dorchester General Hospital	\$46,456
Memorial Hospital of Easton	\$120,634
Franklin Square Hospital	\$339,706
Frederick Memorial Hospital	\$195,926
Ft. Washington Medical Center	\$41,125
Garrett County Memorial Hospital	\$32,756
GBMC	\$317,272
Good Samaritan Hospital	\$245,767
Harbor Hospital	\$169,721
Harford Memorial Hospital	\$72,728

Holy Cross Hospital of Silver Spring	\$325,539
Howard county General Hospital	\$179,900
Johns Hopkins Hospital	\$1,364,077
Johns Hopkins Bayview Medical Center	\$416,703
James Lawrence Kernan Hospital	\$83,259
Laurel Regional Hospital	\$93,689
Maryland General Hospital	\$166,314
McCready Foundation, Inc.	\$16,247
Mercy Medical Center	\$305,777
Montgomery General Hospital	\$110,823
Northwest Hospital Center	\$174,138
Peninsula Regional Medical Center	\$312,100
Prince George's Hospital Center	\$261,344
Shady Grove Adventist Hospital	\$283,384
Sinai Hospital	\$522,559
Southern Maryland Hospital Center	\$198,498
St. Agnes	\$325,776
St. Joseph Medical Center	\$332,266
St. Mary's Hospital	\$91,340
Suburban Hospital	\$178,489
Union Memorial Hospital	\$354,036
Union Hospital of Cecil County	\$101,947
University of Maryland Hospital	\$755,956
University of Maryland Oncology	\$65,139
University of Maryland Shock Trauma	\$211,293
Upper Chesapeake Medical Center	\$151,913
Washington Adventist Hospital	\$282,916
Washington County Hospital	\$199,357
Total Grants Awarded	\$10,902,808

Uncompensated Care

The HSCRC includes amount in hospital rates for uncompensated care; this amount includes both charity care (eligible for inclusion as a community benefit by Maryland Hospitals in their CBRs) and bad debt (not considered a community benefit). This chart, therefore, illustrates the total amount a hospital received for both charity care and bad debt in FY 2007.

Hospital	Uncompensated Care Amount in Rates
Anne Arundel Medical Center	\$14,213,176
Atlantic General Hospital	\$2,353,236
Bon Secours Baltimore Health System	\$11,387,539
Baltimore Washington Medical Center	\$13,411,833
Braddock Hospital Corporation	\$6,013,787

Calvert Memorial Hospital	\$5,198,880
Carroll Hospital Center	\$6,783,119
Chester River	\$2,683,845
Civista Medical Center	\$4,809,855
Cumberland Memorial	\$4,065,766
Doctors Community Hospital	\$8,890,969
Dorchester General Hospital	\$3,492,940
Memorial Hospital of Easton	\$6,463,180
Franklin Square Hospital	\$19,466,654
Frederick Memorial Hospital	\$9,727,449
Ft. Washington Medical Center	\$3,008,430
Garrett County Memorial Hospital	\$1,785,337
GBMC	\$6,485,711
Good Samaritan Hospital	\$10,792,058
Harbor Hospital	\$11,898,153
Harford Memorial Hospital	\$4,500,319
Holy Cross Hospital of Silver Spring	\$17,357,720
Howard county General Hospital	\$7,529,229
Johns Hopkins Hospital	\$95,277,166
Johns Hopkins Bayview Medical Center	\$35,068,223
James Lawrence Kernan Hospital	\$6,278,960
Laurel Regional Hospital	\$6,566,239
Maryland General Hospital	\$14,209,384
McCready Foundation, Inc.	\$1,028,724
Mercy Medical Center	\$23,355,587
Montgomery General Hospital	\$5,835,012
Northwest Hospital Center	\$9,702,832
Peninsula Regional Medical Center	\$17,190,179
Prince George's Hospital Center	\$33,204,281
Shady Grove Adventist Hospital	\$14,282,680
Sinai Hospital	\$33,626,081
Southern Maryland Hospital Center	\$10,532,077
St. Agnes Hospital	\$19,655,182
St. Joseph Medical Center	\$9,377,755
St. Mary's Hospital	\$4,465,270
Suburban Hospital	\$9,073,911
Union Memorial Hospital	\$22,254,401
Union Hospital of Cecil County	\$6,155,928
University of Maryland System	\$60,043,933
Upper Chesapeake Medical Center	\$6,628,055
Washington Adventist Hospital	\$15,754,080
Washington County Hospital	\$10,767,133
Total Amount	\$652,652,258

Graduate Medical Education

The following Chart illustrates the amount in hospital rates for direct medical education for FY 2007:

Hospital	Grant Awarded
Anne Arundel Medical Center	\$0
Atlantic General Hospital	\$0
Bon Secours Baltimore Health System	\$0
Baltimore Washington Medical Center	\$63,772
Braddock Hospital Corporation	\$0
Calvert Memorial Hospital	\$0
Carroll Hospital Center	\$0
Chester River	\$0
Civista Medical Center	\$0
Cumberland Memorial	\$0
Doctors Community Hospital	\$0
Dorchester General Hospital	\$0
Memorial Hospital of Easton	\$0
Franklin Square Hospital	\$3,122,573
Frederick Memorial Hospital	\$0
Ft. Washington Medical Center	\$0
Garrett County Memorial Hospital	\$0
GBMC	\$2,385,739
Good Samaritan Hospital	\$1,667,239
Harbor Hospital	\$1,510,918
Harford Memorial Hospital	\$0
Holy Cross Hospital of Silver Spring	\$1,410,544
Howard county General Hospital	\$0
Johns Hopkins Hospital	\$18,482,459
Johns Hopkins Bayview Medical Center	\$4,158,091
James Lawrence Kernan Hospital	\$323,220
Laurel Regional Hospital	\$0
Maryland General Hospital	\$1,799,625
McCready Foundation, Inc.	\$0
Mercy Medical Center	\$2,816,854
Montgomery General Hospital	\$0
Northwest Hospital Center	\$0
Peninsula Regional Medical Center	\$0
Prince George's Hospital Center	\$2,277,831
Shady Grove Adventist Hospital	\$0
Sinai Hospital	\$4,468,517
Southern Maryland Hospital Center	\$0
St. Agnes Hospital	\$3,581,795
St. Joseph Medical Center	\$0
St. Mary's Hospital	\$0

Suburban Hospital	\$84,984
Union Memorial Hospital	\$2,304,257
Union Hospital of Cecil County	\$0
University of Maryland Hospital	\$17,389,065
University of Maryland Oncology	\$0
University of Maryland Shock Trauma	\$0
Upper Chesapeake Medical Center	\$0
Washington Adventist Hospital	\$0
Washington County Hospital	\$0
Sheppard Pratt Health System	\$0
Total Grants Awarded	\$67,847,482