Maryland Hospital Community Benefits Report FY 2010

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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 2010. 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 July 2011.

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-deductable 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 2010 report represents the HSCRC's seventh year of reporting on Maryland hospital community benefit data.

Definition of Community Benefits:

Maryland law defines a "community benefit" 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 – 2010 Highlights

The reporting period for this Community Benefit Report is July 1, 2009 – June 30, 2010. 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.

2010 using audited financial statements as the source for calculating costs in each of the care categories.

As shown in Table I below, Maryland hospitals provided approximately $1 billion dollars in total community benefit activities in FY 2010 (up from $946 million in FY 2009). This total is comprised of over $75.7 million in Community Health Services, more than $317 million in Health Professions Education, $255.7 million in Mission Driven Health Care Services, $6.6 million in Research activities, just over $15 million in Financial Contributions, $20.6 million in Community Building Activities, almost $5.5 million in Community Benefit Operations, and over $7 million in Foundation Funded Community Benefits. [2] Overall, Maryland hospitals reported providing just over $347 million in Charity Care.

Table I – Total Community Benefit

Community Benefit Category	Number of Staff Hours	Number of Encounters	Total Community Benefit
Community Health Services	922.648	8,225,443	$75,740,237
Health Professions Education	5,636,461	246,521	$317,353,507
Mission Driven Health Services	1,748,462	1,494,426	$255,756,006
Research	66,138	23,795	$6,633,123
Financial Contributions	38,872	159,751	$15,047,242
Community Building	188,093	361,453	$20,604,012
Community Benefit Operations	38,578	37,200	$5,457,144
Foundation	63,571	27,875	$7,026,417
Charity Care	n/a	n/a	$347,434,061
Total	8,702,821	10,594,464	$1,051,051,750

[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.

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, FY 2010 CB Analysis, compares hospitals on the total amount of community benefits reported, the amount of community benefits that are recovered though HSCRC approved rates (charity care, direct medical education, and nurse support), the number of staff dedicated to community benefit operations, and information regarding hospitals' contact and/or use of local health departments in determining what needs will be addressed through community benefits activities. On average, in FY 2010, 839 hours were dedicated to Community Benefit ("CB") Operations. This is up by 65 hours from last year's average of 774 hours dedicated to CB Operations. Thirteen hospitals continue to report zero hours dedicated to CB Operations versus fourteen hospitals in FY 2009. The HSCRC continues to encourage hospitals to incorporate CB Operations into their strategic planning.

The total amount of community benefit dollars as a percentage of total operating expenses ranges from 1.29% to 17.09% with the average amount being 7.71%. This is up slightly from FY 2009's average of 7.6%. There are eight hospitals that report providing benefits in excess of 10% of their operating expenses, as compared to six in FY 2009. Four hospitals report spending less than 3% of their operating expenses on community benefit compared to seven 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 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 2010.

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 $214 million was provided in Maryland hospital rates in FY 2010 for the provision of charity care funded by all payers. When offset against the hospital reported amount of $347 million in charity care, the net amount provided by hospitals is $133 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 2010, these DME costs totaled $211.8 million. For further information about funding provided to specific hospitals, please see Attachment IV.

The Commission's Nurse Support Program I is aimed at addressing the short and long-term nursing shortage impacting Maryland hospitals. In FY 2010, over $11.6 million was provided in hospital rate adjustments. 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 2010 was $ 613.5 million, or 4.85% of the total hospital operating expenses. This is up significantly from the $453 million in net benefits provided in FY 2009, which totaled approximately 3.64% of hospitals' operating expenses. Please see the chart in Attachment II for more detail.

In FY 2009, Hospitals were first asked to answer narrative questions that 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 practical in reporting on the state and federal levels.

In addition to providing a standard format for reporting, the HSCRC considers the narrative guidelines to be a mechanism for assisting hospitals in critically examining their Community Benefit programs. Any examination of the effectiveness of major program initiatives may help hospitals determine which programs are achieving the desired results and which are not.

Along with the narrative reporting questions, a set of evaluation criteria were developed as an instrument to provide feedback to hospitals regarding their reports and the information contained therein. Out of a possible 100%, hospitals, on average, scored 96.93%. This tells us that an overwhelming majority of hospitals have provided the requested information sought through the narrative guidelines. However, scoring was based on whether a hospital answered each question, not necessarily whether appropriate detail was provided. In addition, 91.3% of hospitals report having had contact with their local health department in determining the needs of

their community, while 8.7% either did not contact their local health department, or did not report contacting their local health department as a component of their needs assessment process.

Changes to the FY 2011 Reporting Requirements

The national community benefit landscape continues to evolve, especially with the related provisions of the ACA. Each year the Commission refines its reporting requirements and takes into account state and federal law, and regulatory changes related to community benefits. To this end, the HSCRC convened an advisory group from November 2010 to May 2011. The advisory group consisted of representatives from HSCRC staff, the Department of Health and Mental Hygiene, local health departments, health policy organizations, the Maryland Hospital Association, and Maryland hospitals. The hospital representatives are responsible for conducting hospital community benefit activities within their respective hospitals.

Based on input from the advisory group, the HSCRC is making changes to the FY 2011 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:

- Refinement of the definition of a community benefit, consistent with ACA and other policies;
- Clarification of what is included or excluded in various categories based on inquiries; and
- Addition of a section to account for Medicaid provider taxes for which a hospital does not receive offsetting revenue.

Changes to the Community Benefit Narrative Reporting Instructions and the related Evaluation Report include:

- Refining the definition of a community needs assessment;
- Altering the format and providing more references to make it easier for hospitals to meet the HSCRC's expectations for reporting, and for the public to read and understand the reports;
- Adding questions to better understand who is involved with community benefit operations, and who is being consulted on community needs assessments; and
- Making most of the evaluation scoring based on the sufficiency of hospitals' responses to narrative reporting questions.

The HSCRC will continue in its efforts to evaluate the reporting process and make changes where necessary to encourage hospitals in their mission to serve the public, in part, by identifying and working to provide programs that will meet the growing health needs of the communities they serve.

Attachment I – FY 2010 CB Aggregate Data

FY 2010 Maryland Hospital Community Benefit Totals

A	Community 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
A1	Community Health Education	316,797	7,342,615	$18,746,597	$10,162,417	$2,844,606	$26,064,408	$15,901,991
	Support Groups	15,229	41,348	$858,557	$439,648	$43,835	$1,254,371	$814,722
	Self-Help	23,251	73,479	$1,146,018	$578,506	$392,948	$1,331,576	$753,070
A2	Community-Based Clinical Services	316,714	285,352	$12,099,598	$3,033,788	$1,486,028	$13,647,358	$10,613,570
	Screenings	26,846	65,995	$2,996,952	$1,715,858	$236,564	$4,476,246	$2,760,388
	One-Time/Occassionally Held Clinics	1,686	16,224	$170,834	$89,184	$185,844	$74,174	($15,010)
	Free Clinics	1,716	5,785	$757,190	$424,481	$261,276	$920,395	$495,914
	Mobile Units	19,987	17,000	$362,758	$175,575	$0	$538,333	$362,758
A3	Health Care Support Services	154,662	249,696	$15,290,275	$7,815,034	$2,272,575	$20,832,734	$13,017,700
A4	Other	45,758	127,949	$4,412,999	$2,224,462	$36,818	$6,600,644	$4,376,181
	totals	922,648	8,225,443	$56,841,779	$26,658,954	$7,760,495	$75,740,237	$49,081,284

B	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	4,976,799	26,505	$219,961,106	$61,837,140	$1,376,916	$280,421,329	$218,584,190
B2	Scholarships/Funding for Professional Education	9,805	1,745	$2,851,556	$276,411	$138,161	$2,989,807	$2,713,395
B3	Nurses/Nursing Students	379,632	89,207	$16,074,616	$5,960,941	$486,473	$21,549,083	$15,588,143
B4	Technicians	77,833	51,844	$2,792,492	$1,212,978	$164,207	$3,841,263	$2,628,285
B5	Other Health Professionals	155,930	81,653	$5,971,728	$1,083,264	$30,000	$7,024,992	$5,941,728
B6	Other	36,463	13,568	$1,311,673	$309,232	$93,873	$1,527,033	$1,217,800
	Totals	5,636,461	264,521	$248,963,171	$70,679,967	$2,289,630	$317,353,507	$246,673,541

C	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
		1,748,462	1,494,426	$310,919,538	$79,700,240	$134,863,772	$255,756,006	$176,055,766

D	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	59,852	23,691	$5,786,780	$2,514,289	$2,213,643	$6,087,426	$3,573,137
D2	Community Health Research	15	36	$76,153	$348	$0	$76,501	$76,153
D3	Other	6,271	68	$310,170	$159,026	$0	$469,196	$310,170
	Totals	66,138	23,795	$6,173,103	$2,673,663	$2,213,643	$6,633,123	$3,959,460

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	1,993	8,194	$6,894,178	$1,122,586	$182,083	$7,834,681	$6,712,095
E2	Grants	30	24	$361,592	$0	$208,860	$152,732	$152,732
E3	In-Kind Donations	34,927	120,306	$3,613,601	$342,440	$88,193	$3,867,847	$3,525,408
E4	Cost of Fund Raising for Community Programs	1,923	31,227	$511,920	$87,134	$0	$599,054	$511,920
E5	Sales Taxes, Property Taxes, Income Taxes*	0	0	$2,592,928	$0	$0	$2,592,928	$2,592,928
	Totals	38,872	159,751	$13,974,219	$1,552,160	$479,136	$15,047,242	$13,495,083

FY 2010 Maryland Hospital Community Benefit Totals

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	8,958	186,630	$4,589,161	$902,195	$2,328,011	$3,163,345	$2,261,150
F2	Economic Development	18,277	15,200	$1,531,515	$822,207	$457,388	$1,896,334	$1,074,127
F3	Support System Enhancements	38,247	31,980	$2,787,089	$1,329,023	$354,708	$3,761,404	$2,432,381
F4	Environmental Improvements	11,544	579	$403,890	$206,524	$0	$610,415	$403,890
F5	Leadership Development/Training for Community Members	20,497	3,916	$432,294	$225,704	$0	$657,998	$432,294
F6	Coalition Building	7,479	20,601	$474,020	$264,667	$150	$738,537	$473,870
F7	Community Health Improvement Advocacy	10,222	18,771	$1,439,364	$751,575	$12,000	$2,178,939	$1,427,364
F8	Workforce Enhancement	32,602	28,297	$3,164,805	$1,465,046	$199,266	$4,430,585	$2,965,539
F9	Other	40,269	55,479	$2,181,486	$1,004,745	$19,777	$3,166,455	$2,161,709
	Totals	**188,093**	**361,453**	**$17,003,625**	**$6,971,687**	**$3,371,300**	**$20,604,012**	**$13,632,325**

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	28,467	19,201	$1,655,531	$945,564	$10,850	$2,590,245	$1,644,681
G2	Community Health/Health Assets Assessments	1,626	1,409	$105,120	$49,759	$0	$154,879	$105,120
G3	Other Resources	8,484	16,590	$1,669,002	$1,046,451	$3,433	$2,712,019	$1,665,569
	Totals	**38,578**	**37,200**	**$3,429,653**	**$2,041,774**	**$14,283**	**$5,457,144**	**$3,415,370**
H	Charity Care (report total only)	**$347,434,061**						

J	FOUNDATION COMMUNITY BENEFIT	# of Staff Hours	# of Encounters	Direct Cost ($)	Indirect Cost ($)	Offsetting Revenue	Net Community Benefit W/Indirect Cost	Net Community Benefit W/O Indirect Cost
J1	Community Services	16,158	5,105	$3,446,385	$1,364,752	$3,756	$4,807,381	$3,442,629
J2	Community Building	47,413	22,763	$1,866,797	$291,712	$0	$2,158,509	$1,866,797
J3	Other (Please indicate below):	0	7	$55,617	$4,910	$0	$60,527	$55,617
	Totals	**63,571**	**27,875**	**$5,368,799**	**$1,661,374**	**$3,756**	**$7,026,417**	**$5,365,043**

K	Total Hospital Community Benefit	# of Staff Hours	# of Encounters	Direct Cost ($)	Indirect Cost ($)	Offsetting Revenue	Net Community Benefit W/Indirect Cost	Net Community Benefit W/O Indirect Cost
A	Community Health Services	**922,648**	**8,225,443**	**$56,841,779**	**$26,658,954**	**$7,760,495**	**$75,740,237**	**$49,081,284**
B	Health Professions Education	**5,636,461**	**264,521**	**$248,963,171**	**$70,679,967**	**$2,289,630**	**$317,353,507**	**$246,673,541**
C	Mission Driven Health Care Services	**1,748,462**	**1,494,426**	**$310,919,538**	**$79,700,240**	**$134,863,772**	**$255,756,006**	**$176,055,766**
D	Research	**66,138**	**23,795**	**$6,173,103**	**$2,673,663**	**$2,213,643**	**$6,633,123**	**$3,959,460**
E	Finanical Contributions	**38,872**	**159,751**	**$13,974,219**	**$1,552,160**	**$479,136**	**$15,047,242**	**$13,495,083**
F	Community Building Activities	**188,093**	**361,453**	**$17,003,625**	**$6,971,687**	**$3,371,300**	**$20,604,012**	**$13,632,325**
G	Community Benefit Operations	**38,578**	**37,200**	**$3,429,653**	**$2,041,774**	**$14,283**	**$5,457,144**	**$3,415,370**
H	Charity Care	**0**	**0**	**$347,434,061**	**$0**	**$0**	**$347,434,061**	**$347,434,061**
J	Foundation Funded Community Benefit	**63,571**	**27,875**	**$5,368,799**	**$1,661,374**	**$3,756**	**$7,026,417**	**$5,365,043**
	Total Hospital Community Benefits	**8,702,821**	**10,594,464**	**$1,010,107,947**	**$191,939,818**	**$150,996,015**	**$1,051,051,750**	**$859,111,932**
	TOTAL OPERATING EXPENSE	**$12,647,785,379**						
	% OF OPERATING EXPENSES W/IC	**8.31%**						
	% OF OPERATING EXPENSES W/O IC	**6.79%**						

Attachment II – FY 2010 CB Analysis

FY 2010 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 2010 Amount in Rates for Charity Care, DME, and NSPI	Total Net CB minus Char ty Care, DME, NSPI in Rates	Total Net CB(minus charity Care, DME, NSPI in Rates) as % of Operating Expense	CB Reported Charity Care	Reported Contact with Local Health Department	Score Card
23	Anne Arundel	3443	250	$409,878,000	$14,840,493	3.62%	$3,644,734	$11,195,759	2.73%	$5,610,268	yes	100.00%
61	Atlantic General	698*	444	$85,576,479	$5,009,184	5.85%	$592,163	$4,417,021	5.16%	$1,729,056	yes	100.00%
43	Baltimore Washington	2600	80	$286,527,529	$8,638,371	3.01%	$3,989,120	$4,649,251	1.62%	$4,979,531	yes	100.00%
13	Bon Secours	787	0	$134,275,363	$18,998,359	14.15%	$5,377,206	$13,621,153	10.14%	$9,646,381	yes	90.00%
39	Calvert Memorial	1100	280	$124,624,087	$10,204,379	8.19%	$966,057	$9,238,323	7.41%	$2,021,139	yes	100.00%
33	Carroll Hospital	1750	6,129	$189,995,760	$21,475,821	11.30%	$4,202,768	$17,273,052	9.09%	$4,992,380	yes	100.00%
30	Chester River	471	0	$57,534,000	$5,589,431	9.72%	$1,034,762	$4,554,668	7.92%	$2,771,833	yes	100.00%
35	Civista	826	3,898	$102,089,042	$4,414,688	4.32%	$1,260,354	$3,154,335	3.09%	$1,841,767	yes	95.00%
51	Doctors	1298	80	$183,636,478	$3,916,189	2.13%	$798,832	$3,117,357	1.70%	$923,563	no	90.00%
60	Fort Washington	446*	0	$43,015,368	$946,512	2.20%	$307,393	$639,119	1.49%	$634,221	yes	60.00%
15	Franklin Square	3334	3,975	$383,921,400	$30,692,230	7.99%	$16,431,560	$14,260,670	3.71%	$8,924,317	yes	100.00%
5	Frederick Memorial	2042	0	$303,496,000	$16,967,148	5.59%	$2,590,824	$14,376,324	4.74%	$4,062,500	yes	91.00%
17	Garrett County	311	164	$34,581,479	$2,459,292	7.11%	$699,779	$1,759,513	5.09%	$2,259,121	yes	100.00%
44	GBMC	3000	148	$381,690,221	$16,384,670	4.29%	$7,573,846	$8,810,824	2.31%	$5,126,284	yes	100.00%
2004	Good Samaritan	2434	2,254	$294,051,000	$19,947,617	6.78%	$8,711,325	$11,236,292	3.82%	$5,884,000	yes	100.00%
34	Harbor Hospital	1397	88	$183,722,000	$18,414,744	10.02%	$9,299,370	$9,115,374	4.96%	$6,205,500	yes	100.00%
4	Holy Cross	3578	5,509	$371,919,817	$37,066,628	9.97%	$11,073,891	$25,992,737	6.99%	$16,429,743	yes	100.00%
48	Howard County	1734	265	$222,150,000	$15,005,334	6.75%	$2,540,854	$12,464,480	5.61%	$3,997,000	yes	100.00%
29	JH Bayview	3475	437	$504,651,000	$49,919,271	9.89%	$30,640,018	$19,279,253	3.82%	$21,740,000	yes	100.00%
9	Johns Hopkins	9600	3,633	$1,586,616,331	$135,942,167	8.57%	$96,703,993	$39,238,175	2.47%	$36,059,669	yes	100.00%
2001	Kernan	680	960	$91,563,920	$6,286,847	6.87%	$3,387,504	$2,899,342	3.17%	$644,000	no	95.00%
55	Laurel Regional	519	61	$92,314,100	$15,171,974	16.44%	$3,202,533	$11,969,441	12.97%	$5,741,000	no	70.00%
38	Maryland General	1020	552	$176,676,019	$12,145,578	6.87%	$9,887,525	$2,258,053	1.28%	$6,798,000	no	100.00%
45	McCready	303	48	$16,245,226	$1,183,757	7.29%	$174,298	$1,009,460	6.21%	$919,829	yes	90.00%
8	Mercy	2934	200	$351,060,000	$43,005,420	12.25%	$9,685,881	$33,319,539	9.49%	$10,870,164	yes	100.00%
18	Montgomery General	1340*	105	$125,528,600	$10,076,770	8.03%	$3,746,088	$6,330,682	5.04%	$5,883,000	yes	100.00%
40	Northwest	1550	0	$196,487,000	$13,215,519	6.73%	$2,017,364	$11,198,155	5.70%	$3,380,000	yes	100.00%
19	Peninsula	2662	127	$363,438,000	$16,196,630	4.46%	$4,445,642	$11,750,988	3.23%	$7,958,800	yes	85.00%
3	Prince George's	1478	61	$245,390,100	$41,939,862	17.09%	$14,995,029	$26,944,833	10.98%	$17,794,506	yes	100.00%
5050	Shady Grove	2091	1,243	$292,443,551	$27,107,722	9.27%	$7,195,115	$19,912,606	6.81%	$7,910,344	yes	100.00%
37	Shore Health - Easton	1290*	0	$133,188,248	$9,799,329	7.36%	$1,846,720	$7,952,609	5.97%	$3,797,021	yes	100.00%
10	Shore Health -Dorchester	643	0	$42,143,033	$3,017,828	7.16%	$658,153	$2,359,675	5.60%	$602,876	yes	100.00%
12	Sinai	4345	2,810	$650,959,000	$58,070,301	8.92%	$24,076,875	$33,993,426	5.22%	$12,459,755	yes	100.00%
54	Southern Maryland	1636	0	$215,067,531	$16,909,732	7.86%	$2,161,874	$14,747,858	6.86%	$1,764,265	yes	80.00%
11	St. Agnes	2523	0	$362,895,665	$31,847,338	8.78%	$16,326,297	$15,521,041	4.28%	$15,669,272	yes	100.00%
7	St. Joseph	2224	0	$340,681,712	$4,405,696	1.29%	$1,749,830	$2,655,866	0.78%	$3,482,673	yes	93.00%
28	St. Mary's	1062	147	$107,888,100	$8,198,174	7.60%	$1,964,692	$6,233,482	5.78%	$3,924,500	yes	100.00%
22	Suburban	1400	1,420	$231,909,000	$18,566,759	8.01%	$3,372,734	$15,194,024	6.55%	$4,300,000	yes	100.00%
6	UCH-Harford	793	0	$86,966,000	$4,334,022	4.98%	$797,548	$3,536,474	4.07%	$1,439,219	yes	100.00%
49	UCH-Upper Chesapeake	1724*	0	$190,257,000	$7,005,675	3.68%	$1,419,713	$5,585,962	2.94%	$2,213,558	yes	100.00%
32	Union Cecil County	1018	227	$132,709,275	$3,101,188	2.34%	$563,928	$2,537,260	1.91%	$1,315,553	yes	100.00%
24	Union Memorial	2528	75	$384,174,900	$34,318,107	8.93%	$22,043,371	$12,274,736	3.20%	$11,236,600	yes	95.00%
2	University of Maryland	5937*	1,379	$1,164,113,000	$159,212,948	13.68%	$77,360,767	$81,852,182	7.03%	$46,227,000	yes	100.00%
16	Washington Adventist	1580	1,271	$250,317,331	$36,333,827	14.52%	$7,327,741	$29,006,086	11.59%	$8,567,128	yes	100.00%
1	Washington Co (Meritus)	2095	258	$243,735,000	$21,499,745	8.82%	$5,177,287	$16,322,458	6.70%	$10,909,573	yes	100.00%
27	Western MD Regional	2280	0	$275,682,715	$11,268,469	4.09%	$3,465,946	$7,802,523	2.83%	$5,787,152	yes	100.00%
	Totals	**80,544**	**38,577**	**$12,647,785,380**	**$1,051,051,746**	**8.31%**	**$437,489,304**	**$613,562,442**	**4.85%**	**$347,434,061**		
											yes= 91.30%	
	Averages	**2,014**	**839**			**7.71%**			**5.22%**		**no = 8.70%**	**96.39%**

*** The hospital did not provide the number of employees in its FY 2010 CB report, therefore the number reported is from the FY 2009 report.**

Attachment III – FY 2010 Charity Care Funding

Hospital Name	Charity Care Amount in Rates
Anne Arundel General Hospital	$3,283,394
Atlantic General Hospital	$518,728
Baltimore Washington Medical Center	$3,388,280
Bon Secours Hospital	$5,279,949
Calvert Memorial Hospital	$863,711
Carroll County General Hospital	$4,016,506
Chester River Hospital Center	$979,322
Civista Medical Center	$1,160,290
Doctors Community Hospital	$624,359
Fort Washington Medical Center	$259,809
Franklin Square Hospital	$7,799,791
Frederick Memorial Hospital	$2,346,006
Garrett County Memorial Hospital	$666,926
GBMC	$2,682,646
Good Samaritan Hospital	$3,632,214
Harbor Hospital Center	$5,174,966
Holy Cross Hospital of Silver Spring	$8,427,895
Howard County General Hospital	$2,353,642
JH Bayview Med. Center	$11,835,857
Johns Hopkins Hospital	$22,487,372
Kernan	$231,311
Laurel Regional Hospital	$3,109,383
Maryland General Hospital	$5,692,593
McCready Foundation, Inc.	$157,212
Mercy Medical Center, Inc.	$5,127,841
Montgomery General Hospital	$3,611,653
Northwest Hospital Center, Inc.	$1,816,159
Peninsula Regional Medical Center	$4,295,642
Prince Georges Hospital	$11,247,701
Shady Grove Adventist Hospital	$6,890,765
Shore Health - Easton	$1,702,608
Shore Health-Dorchester General Hospital	$610,157
Sinai Hospital	$10,313,438
Southern Maryland Hospital	$1,935,300
St. Agnes Hospital	$9,270,742
St. Josephs Hospital	$1,386,020
St. Mary’s Hospital	$1,850,040
Suburban Hospital	$2,958,257
UCH - Harford Memorial Hospital	$699,259
UCH - Upper Chesapeake Medical Center	$1,222,814
Union Hospital of Cecil County	$469,328
Union Memorial Hospital	$9,442,378
University of Maryland	$26,733,143
Washington Adventist Hospital	$7,048,323
Washington County Hospital (Meritus)	$4,955,619
Western Maryland Regional Medical Center	$3,390,225
Anne Arundel General Hospital	$3,283,394
Total	$213,949,574

Attachment IV - FY 2010 DME Funding

Hospital Name	DME Amount in Rates
Anne Arundel	0
Atlantic General	0
Baltimore Washington	$316,600
Bon Secours	0
Calvert Memorial	0
Carroll Hospital	0
Chester River	0
Civista	0
Doctors	0
Fort Washington	0
Franklin Square	$8,230,100
Frederick Memorial	0
Garrett County	0
GBMC	$4,541,200
Good Samaritan	$4,813,700
Harbor Hospital	$4,015,400
Holy Cross	$2,365,900
Howard County	0
JH Bayview	$18,311,300
Johns Hopkins	$72,684,100
Kernan	$3,058,900
Laurel Regional	0
Maryland General	$4,014,300
McCready	0
Mercy	$4,204,800
Montgomery General	0
Northwest	0
Peninsula	0
Prince George's	$3,505,400
Saint Agnes	$6,722,000
Saint Joseph	0
Saint Mary's	0
Shady Grove	0
Shore Health - Easton	0
Shore Health -Dorchester	0
Sinai	$13,161,100
Southern Maryland	0
Suburban	$193,500
UCH-Harford	0
UCH-Upper Chesapeake	0
Union Cecil County	0
Union Memorial	$12,187,600
University of Maryland	$49,537,800
Washington Adventist	0
Washington County Hospital (Meritus)	0
Western Maryland Regional Medical Center	0
Total	$211,863,700

Attachment V - FY 2010 Nurse Support I Funding

Hospital Name	NSP I Amount in Rates
Anne Arundel	$361,340
Atlantic General	$73,435
Baltimore Washington	$284,240
Bon Secours	$97,257
Calvert Memorial	$102,346
Carroll Hospital	$186,262
Chester River	$55,440
Civista	$100,064
Doctors	$174,473
Fort Washington	$47,584
Franklin Square	$401,669
Frederick Memorial	$244,818
Garrett County	$32,853
GBMC	$350,000
Good Samaritan	$265,411
Harbor Hospital	$109,004
Holy Cross	$280,096
Howard County	$187,212
JH Bayview	$492,861
Johns Hopkins	$1,532,521
Kernan	$97,293
Laurel Regional	$93,150
Maryland General	$180,632
McCready	$17,086
Mercy	$353,240
Montgomery General	$134,435
Northwest	$201,205
Peninsula	$150,000
Prince George's	$241,928
Saint Agnes	$333,555
Saint Joseph	$363,810
Saint Mary's	$114,652
Shady Grove	$304,350
Shore Health - Easton	$144,112
Shore Health -Dorchester	$47,996
Sinai	$602,337
Southern Maryland	$226,574
Suburban	$220,977
UCH-Harford	$98,289
UCH-Upper Chesapeake	$196,899
Union Cecil County	$94,600
Union Memorial	$413,393
University of Maryland	$1,089,824
Washington Adventist	$279,418
Washington County Hospital (Meritus)	$221,668
Western Maryland Regional Medical Center	$75,721
Total	$11,676,030