Maryland Hospital Community Benefit Report
FY 2006

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(Fiscal Year 2006)

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). This larger statewide document contains summary information for all submitting Maryland hospitals; 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 June 2007.

The community benefit report is an opportunity for each Maryland hospital to critically examine, evaluate, and report the nature, impact, long term sustainability, and success of community benefit activities. The HSCRC has viewed the CBR as a work-in-progress, evolving to keep pace with the changing environment of national experience and, in part, to the start-up nature of Maryland's efforts. It is expected that Maryland's initiative will take several years to mature.

For the Commissions third community benefit report, Maryland hospitals and the Commission worked collaboratively with one anther 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 expected from Maryland's 46 not-for-profit hospitals however, as a result of the tax exemptions they receive.[1]

CBR – 2006 Highlights

For FY 2006 Maryland hospitals reported providing a total of over $723 million in benefits to their communities. Of this, $253 million was provided in health professionals education activities, over $233 million in charity care, over $143 million for mission driven

[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 did, however, submit a community benefit report to the HSCRC for FY 2006 which has been included in this report.

health services, $50 million in community health services, $14 million in financial contributions, $12.5 million in community building activities, just under $5 million in foundation community benefit initiatives, $5.6 million in research efforts, and $5.8 million in community benefit operations.[2]

Community Benefit Category	Number of Staff Hours	Number of Encounters	Net Community Benefit
Community Health Services	649,849	7,743,277	$50,244,104
Health Professions Education	4,412,762	388,468[3]	$253,359,231
Mission Driven Health Services	1,954,102	708,464	$143,107,928
Research	38,665	30,155	$5,606,697
Financial Contributions	43,393	232,318	$14,472,956
Community Building	139,016	108,948	$12,527,653
Community Benefit Operations	83,244	99,355	$5,851,868
Charity Care	n/a	n/a	$233,152,469
Foundation	11,554	441	$4,961,715
Total	7,332,565	9,311,425	$723,284,621

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 original details and format and updates to the community benefit report. The Fiscal Year 2006 report represents the HSCRC's third effort to capture Maryland Hospital Community Benefit data.

The reporting period for this Community Benefit Report is July 1, 2005 – June 30, 2006. Hospitals submitted their individual community benefit reports by January 1, 2007 to the HSCRC using audited financial statements as the source for calculating costs in each of the care categories.

The Maryland data reporting spreadsheet and instructions draw heavily on the VHA community benefits initiative, which offers ten-plus years of voluntary hospital community benefit reporting experience across many states and individual community benefit reporting efforts. The VHA developed a standardized approach to community benefit definitions and

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

[3] For health professions educations, many hospitals did not provide the number of encounters in their community benefit data.

reporting practices, which was then tailored with help from VHA, Catholic Health Association (which also has many years of national community benefit reporting experience), the Maryland Hospital Association, and participating members of the Community Benefit Workgroup 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 III). In their individual community benefit reports, hospitals were asked not to include revenue provided from hospital rates as offsetting revenue.

While it would be impossible for the HSCRC to provide a one-for-one match with the data reported by hospitals in the individual CBRs, the Commission believed it was 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 Community Benefit Reporting: FY2005 to FY 2006

As described in HSCRC's FY 2005 Community Benefit Report, the Commission adopted the VHA, CHA, and Lyon software changes, modified (as before) to meet Maryland's unique regulated environment. This change offered a vetted and standardized approach to community benefits reporting developed after more than a year of collaboration among a diverse group of national health care organizations. The improved guidelines also permitted Maryland hospitals the ability to track their performance to external health care organizations. This again places Maryland at the forefront of public reporting and accountability, an important feature as groups continue to challenge whether or not not-for-profit health care organizations deserve continued tax exemption status.

Due the wide variety of changes from 2004 to 2005, and for more comparability between annual statewide reports, the Commission chose to keep the 2006 reporting format identical to the 2005 format. Additionally, hospitals were asked to file mission statements, charity care policies, and/or community needs assessments used if there had been an update or revision since the hospital's original submission to the HSCRC. Most hospitals did not file updates or revisions to their policies. Hospitals were also required to provide a description of gaps in the availability of specialist providers to serve the uninsured in the hospital.

Indirect Costs

As in 2005, hospitals were permitted two options within the indirect cost column. The first is unchanged from FY 2004 – the ability to allow the spreadsheet to calculate a standard indirect cost amount by community benefit category (based on the number entered under spreadsheet I1, calculated from the hospitals financial data).

In FYs 2005 & 2006, hospitals also had the ability 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 direct costs are already contained within the

hospital's reported direct costs. This enabled hospitals to distinguish indirect costs by community benefit initiative on the spreadsheet.

Issues

The standardized reporting format for community benefits will not result in identical reports from Maryland hospitals. As most hospitals address community needs in the most appropriate manner and setting, reporting of the community benefit may not be allocated in exactly the same category or result in the same amount of reportable costs. For example, one hospital may conduct childhood immunizations at its local Head Start facility, while another hospital may find that an on-campus hospital facility is more centrally located to the community.

Physician Subsidization Costs

In previous years, many hospitals identified broad physician subsidy costs. The subsidies varied by hospital service (obstetrics, pediatrics, psychiatric, neonatal, emergency, and anesthesiology) and by type (on call, charity care provided by facility-owned physician groups, and general subsidy costs). Based on this experience, the Commission asked hospitals to include more detail describing the nature of these physician subsidies for the FY 2005 & 2006 report.

For FY 2006, hospitals reported over $52 million in physician subsidies, which includes the hospital services and types describe above. The number is slightly down from FY 2005, where over $53 million in physician subsidies was reported. The Commission would like to credit the drop in physician subsidies reported to properly allocated subsidies. It is difficult, however, to draw such a conclusion as many hospitals have not provided sufficiently detailed information for review. Additionally, indirect costs for physician subsidies varied widely between and among hospitals, from 0-82% among hospitals and from 0-30% within one hospital reporting different types of physician subsidies. Compounding the issue is that some hospitals simply applied the hospital's standard hospital indirect cost percentage to its unique physician subsidy program.

As such, the Commission will be convening a workgroup of interested parties to more thoroughly examine the issue of physician subsidies and how they relate to community benefits. The HSCRC expects to convene this group during the 2007 summer for use in the FY 2007 CBR.

The HSCRC would direct readers to the individual hospital community benefit report submission of interest for readers interested in more information regarding an individual hospital's reported physician subsidy information. The individual submissions are available for review in the HSCRC office.

Indirect Cost Ratio

Hospitals report the direct costs of offering specific community benefits initiatives in their CBR inventory worksheet. To eliminate the probability that hospitals would uniquely account for indirect costs (overhead, accounting, and personnel costs, etc.), the HSCRC originally directed hospitals to calculate a specific indirect cost ratio from the hospital's Annual Cost Report data that is used throughout the hospital's CBR inventory worksheet. The model for calculation can be found within the HSCRC's CBR instructions.

While hospitals were directed to use the annual audited cost report data to calculate the ratio, ratios continue to vary widely between hospitals. While the HSCRC permitted indirect costs to be applied to all community benefit categories, for FY 2005 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. Additionally, many hospitals believed that the standard formula that computed indirect costs in the HSCRC reporting spreadsheet did, in fact, overestimate indirect costs for a community benefit reporting category, especially as they related to hospital community benefit projects that were unique to a particular facility.

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. As a result, many hospitals suggested that having the option of overriding the standard percentage within a community benefit category may provide a more accurate accounting of community benefits in future reports.

To that end, the HSCRC worked with hospitals to provide hospitals the ability to override the standard indirect cost ratio within the CBR worksheet in FY 2005, which was again the practice for FY 2006. The numerous changes between the FY 2004 and FY 2005 community benefit reporting categories introduced complications in comparing one year's totals to the next. The following chart is a comparison of FY 2005 and FY 2006 community benefit reporting categories and is much more indicative of the growth or decline within each community benefit category.

	2006 Net Community Benefit W/Indirect Costs	2005 Net Community Benefit W/Indirect Costs	% Increase from 2005 to 2006 W/Indirect Costs	2006 Net Community Benefit W/O Indirect Costs	2005 Net Community Benefit W/O Indirect Costs	% Increase from 2005 to 2006 W/O Indirect Cost
A. Community Health Services	$50,244,103.64	$45,437,118.30	10.58%	$30,338,977.11	$26,355,956.32	15.11%
B. Health Professions Education	$253,359,231.32	$255,118,493.77	-0.69%	$173,613,608.72	$174,572,577.67	-0.55%
C. Mission Driven Health Services	$143,107,927.87	$120,647,698.17	18.62%	$81,208,866.98	$65,930,115.93	23.17%
D. Research	$5,606,697.39	$6,463,049.74	-13.25%	$1,526,975.79	$2,046,912.17	-25.40%
E. Financial Contributions	$14,472,955.94	$13,112,273.49	10.38%	$12,606,178.37	$10,850,036.07	16.19%
F. Community Building Activities	$12,527,652.85	$11,109,868.13	12.76%	$7,140,464.32	$6,031,135.47	18.39%
G. Community Benefit Operations	$5,851,868.42	$3,407,408.66	71.74%	$3,668,226.17	$2,288,295.83	60.30%
H. Charity Care	$233,152,468.91	$194,734,508.78	19.73%	$233,152,468.91	$194,734,508.78	19.73%
J. Foundation Community Benefit	$4,961,714.63	$5,678,755.66	-12.63%	$3,549,993.01	$3,625,864.31	-2.09%
K. Total Hospital Community Benefit	$723,284,620.98	$655,709,174.71	10.31%	$546,805,759.36	$291,700,893.79	87.45%

In total, community benefit activities overall increased by 87.45%, without including indirect costs. When counting indirect costs, the overall increase rises by 10.31%.

Community Benefits Evaluation and Community Needs Assessments

During the FY 2004 reporting period, many hospitals had difficulty reporting on community benefit evaluation efforts. Most hospitals have undertaken a community benefits evaluation, but efforts range from patient satisfaction surveys to evaluations of the effectiveness

of a targeted community benefit initiative. As the community benefit law is broad with regard to evaluation efforts, the Commission had asked hospitals to provide information on the steps taken to evaluate the effectiveness of its community benefit initiatives and chose not to prescribe the type of evaluation effort Maryland hospitals should employ. Additionally, the Commission believed it was necessary to focus first year reporting efforts on implementing the new community benefit reporting requirements and achieving as much data consistency between hospitals as possible.

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 FY2005. The evaluation framework contained a list of succinct questions that hospitals were to pose internally and answer to give the public a better understanding of how a hospital's community benefit are evaluated, if they are incorporated into the facility's overall strategic plan, the sustainability of initiatives, and other related information.

Many hospitals chose to use the evaluation framework. Some hospitals, however, continue to use existing or hospital specific evaluations. As such, evaluations efforts continue to be inconsistent across reporting hospitals.

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 between programs that are not funded in part or in whole through hospital rate funds (regulated) or programs that are not funded by the hospital rate funds (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 (both direct and indirect), costs that are included in rates for Maryland hospitals in Fiscal Year 2006 funded by all payers.

Nurse Support I Program

The Nurse Support Program provides hospitals with grants to increase the recruitment and retention of nurses in Maryland hospitals. In FY 2006, just over $8.5 million was provided to Maryland hospitals to increase the recruitment and retention of nurses in Maryland hospitals.

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 2006, over $793 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. Graduate medical education costs are divided into direct and indirect medical education components for identification and reimbursement purposes. 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.

While the intern and resident information has been collected for FY 2006 from Maryland hospitals, the HSCRC has not yet calculated the amounts. FY 2005 numbers, therefore, are used in Attachment II for illustrative purposes only.

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

Conclusion

The HSCRC views Maryland's Community Benefit Report as an evolving project, where the Commission hopes to continue building upon the success of three year's reporting efforts and add to the value of the report in future CBRs.

The Commission would like to thank the many hospitals' and public and private organizations' efforts that culminated with the production of this report. We would also ask for their continued assistance, as the Commission works to refine and improve the public policy value of Maryland's Community Benefit Report.

Attachment I - Aggregated Totals

COMMUNITY BENEFIT ACTIVITES	# OF STAFF HOURS	# OF ENCOUNTERS	Net Community Benefit W/Indirect Costs	Net Community Benefit W/O Indirect Costs
A. COMMUNITY HEALTH SERVICES				
A1 Community Health Education	189,603	6,626,786	$18,517,081.84	$10,988,306.02
Support Groups	16,150	39,623	$1,109,163.86	$725,188.48
Self-Help	40,502	190,157	$2,170,278.49	$1,138,681.64
A2 Community-Based Clinical Services	80,786	81,429	$7,941,632.57	$4,869,711.28
Screenings	75,606	190,266	$3,291,324.83	$1,902,453.34
One-Time/Occasionally Held Clinics	2,131	17,506	$234,787.28	$112,522.99
Free Clinics	4,882	1,921	$280,338.88	$177,518.86
Mobile Units	31,477	23,263	$1,846,354.30	$1,209,580.59
A3 Health Care Support Services	100,026	207,268	$10,148,257.30	$6,209,855.00
A4 Other	108,687	365,059	$4,704,884.28	$3,005,158.90
TOTAL	649,849	7,743,277	$50,244,103.64	$30,338,977.11

	# OF STAFF HOURS	# OF ENCOUNTERS	Net Community Benefit W/Indirect Costs	Net Community Benefit W/O Indirect Costs
B. HEALTH PROFESSIONS EDUCATION				
B1 Physicians/Medical Students	3,945,748	266,564	$228,295,786.92	$156,471,049.36
B2 Scholarships/Funding for Professional Education	1,049	326	$961,433.86	$588,020.53
B3 Nurses/Nursing Students	246,175	40,103	$12,961,637.50	$9,022,790.23
B4 Technicians	73,900	29,802	$3,866,112.74	$2,520,661.34
B5 Other Health Professionals	126,926	38,287	$5,822,967.56	$4,057,201.41
B6 Other	18,965	13,385	$1,451,292.75	$953,885.85
TOTAL	4,412,762	388,468	$253,359,231.32	$173,613,608.72

	# OF STAFF HOURS	# OF ENCOUNTERS	Net Community Benefit W/Indirect Costs	Net Community Benefit W/O Indirect Costs
C. MISSION DRIVEN HEALTH SERVICES				
TOTAL	1,954,102	708,464	$143,107,927.87	$81,208,866.98

	# OF STAFF HOURS	# OF ENCOUNTERS	Net Community Benefit W/Indirect Costs	Net Community Benefit W/O Indirect Costs
D. RESEARCH				
D1 Clinical Research	37,852	30,069	$3,484,403.50	($404,357.28)
D2 Community Health Research	807	83	$541,825.99	$350,868.00
D3 Other	6	3	$1,580,467.91	$1,580,465.07
TOTAL	38,665	30,155	$5,606,697.39	$1,526,975.79

	# OF STAFF HOURS	# OF ENCOUNTERS	Net Community Benefit W/Indirect Costs	Net Community Benefit W/O Indirect Costs
E. FINANCIAL CONTRIBUTIONS				
E1 Cash Donations	3,035	4,533	$8,981,053.36	$8,105,657.86
E2 Grants	2,369	523	$145,703.12	$127,205.00
E3 In-Kind Donations	32,381	203,571	$4,743,685.89	$3,967,061.28
E2 Cost of Fund Raising for Community Programs	5,609	23,691	$602,513.57	$406,254.22
TOTAL	43,393	232,318	$14,472,955.94	$12,606,178.37

	# OF STAFF HOURS	# OF ENCOUNTERS	Net Community Benefit W/Indirect Costs	Net Community Benefit W/O Indirect Costs
F. COMMUNITY BUILDING ACTIVITIES				
F1 Physical Improvements/Housing	4,891	1,303	$584,372.58	$347,291.15
F2 Economic Development	24,416	14,983	$1,008,550.94	$421,221.10
F3 Support System Enhancements	39,252	23,372	$4,019,279.20	$2,133,967.15
F4 Environmental Improvements	6,508	77	$361,998.53	$225,391.18
F5 Leadership Development/Training for Community Members	10,297	5,269	$853,828.79	$555,054.25
F6 Coalition Building	15,242	9,893	$954,364.82	$547,178.32
F7 Community Health Improvement Advocacy	12,848	18,725	$1,029,372.96	$685,098.56
F8 Workforce Enhancement	15,646	24,474	$2,995,589.61	$1,854,294.66
F9 Other	9,917	10,853	$720,295.43	$370,967.94
TOTAL	139,016	108,948	$12,527,652.85	$7,140,464.32

		# 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	31,295	57,041	$3,098,255.94	$2,026,211.47
G2	Community health/health assets assessments	1,640	1,061	$209,985.84	$150,426.40
G3	Other Resources	50,289	41,253	$2,543,626.64	$1,491,588.30
	TOTAL	83,224	99,355	$5,851,868.42	$3,668,226.17

H.	**CHARITY CARE (report total only)**	
	TOTAL	$233,152,468.91

		# 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	11,464	0	$4,239,545.39	$3,003,651.00
J2	Community Building	90	435	$693,615.33	$522,940.00
J3	Other	0	6	$28,553.91	$23,402.01
	TOTAL	11,554	441	$4,961,714.63	$3,549,993.01

		# 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**	649,849	7,743,277	$50,244,103.64	$30,338,977.11
B	**Health Professions Education**	4,412,762	388,468	$253,359,231.32	$173,613,608.72
C	**Mission Driven Health Care Services**	1,954,102	708,464	$143,107,927.87	$81,208,866.98
D	**Research**	38,665	30,155	$5,606,697.39	$1,526,975.79
E	**Financial Contributions**	43,393	232,318	$14,472,955.94	$12,606,178.37
F	**Community Building Activities**	139,016	108,948	$12,527,652.85	$7,140,464.32
G	**Community Benefit Operations**	83,224	99,355	$5,851,868.42	$3,668,226.17
H	**Charity Care**			$233,152,468.91	$233,152,468.91
J	**Foundation Funded Community Benefit**	11,554	441	$4,961,714.63	$3,549,993.01
	TOTAL HOSPITAL COMMUNITY BENEFIT	7,332,565	9,311,425	$723,284,620.98	$546,805,759.36

TOTAL OPERATING EXPENSE	$10,296,890,486.54
% OF OPERATING EXPENSES W/IC	7.02%
% OF OPERATING EXPENSES W/O IC	5.31%

Attachment II – Hospital Rate Support for Community Benefit Programs[4]

Nurse Support Program (NSPI)

The following chart details awards granted to Maryland hospitals to fund Nursing Support Program for initiatives to increase the recruitment and retention of nurses in Maryland hospitals in FY 2006:

Hospital	Grant Awarded
Anne Arundel Medical Center	$179,718
Atlantic General Hospital	$43,440
Bon Secours Baltimore Health System	$81,428
Baltimore Washington Medical Center	$178,017
Calvert Memorial Hospital	$61,409
Carroll Hospital Center	$117,610
Chester River	$44,986
Civista Medical Center	$73,559
Cumberland Memorial	$81,360
Doctors Community Hospital	$125,678
Dorchester General Hospital	$35,416
Memorial Hospital of Easton	$92,856
Franklin Square Hospital	$265,491
Frederick Memorial Hospital	$155,750
Ft. Washington Medical Center	$0
Garrett County Memorial Hospital	$25,981
GBMC	$276,070
Good Samaritan Hospital	$197,239
Harbor Hospital	$128,989
Harford Memorial Hospital	$60,914
Holy Cross Hospital of Silver Spring	$267,237
Johns Hopkins Hospital	$1,076,521
Howard County General Hospital	$153,546
Johns Hopkins Bayview Medical Center	$333,347
James Lawrence Kernan Hospital	$68,719
Laurel Regional Hospital	$76,426
Maryland General Hospital	$143,676
McCready Foundation, Inc.	$0
Mercy Medical Center	$241,281
Montgomery General Hospital	$87,224
Northwest Hospital Center	$136,888
Peninsula Regional Medical Center	$244,030
Prince George's Hospital Center	$203,202
Braddock Hospital Corporation	$89,272
Shady Grove Adventist Hospital	$193,434
Sinai Hospital	$422,745
Southern Maryland Hospital Center	$149,739
St. Agnes Hospital	$228,480

[4] This data is reported as a result of HSCRC calculations.

St. Joseph Medical Center	$273,064
St. Mary's Hospital	$62,402
Suburban Hospital	$146,985
Union Memorial Hospital	$283,271
Union Hospital of Cecil County	$84,629
University of Maryland Hospital	$593,407
University of Maryland Oncology	$49,879
University of Maryland Shock Trauma	$155,719
Upper Chesapeake Medical Center	$116,741
Washington Adventist Hospital	$215,927
Washington County Hospital	$167,658
Sheppard Pratt Health System	$60,771
Total Grants Awarded	**$8,552,131**

Uncompensated Care

The HSCRC includes amount in hospital rates for uncompensated care; this 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 2006.

HOSPITAL NAME	Uncompensated Care Amounts in Rates
Anne Arundel Medical Center	$15,233,100
Atlantic General Hospital	$3,319,100
Baltimore Washington Medical Center	$17,017,500
Bon Secours Baltimore Health System	$14,691,000
Braddock Hospital Corporation	$5,807,800
Calvert Memorial Hospital	$5,427,600
Carroll Hospital Center	$6,863,000
Chester River	$4,243,400
Civista Medical Center	$4,956,900
Cumberland Memorial	$3,923,700
Doctors Community Hospital	$13,265,700
Dorchester General Hospital	$4,030,700
Fort Washington Medical Center	$3,299,900
Franklin Square Hospital	$29,139,100
Frederick Memorial Hospital	$10,690,200
Garrett County Memorial Hospital	$2,106,000
GBMC	$8,846,700
Good Samaritan Hospital	$16,956,500
Harbor Hospital	$16,512,500
Harford Memorial Hospital	$6,492,100
Holy Cross Hospital of Silver Spring	$23,332,200

Howard County General Hospital	$9,726,500
James Lawrence Kernan Hospital	$4,219,700
Johns Hopkins Bayview Medical Center	$44,822,700
Johns Hopkins Hospital	$89,141,400
Laurel Regional Hospital	$9,665,400
Maryland General Hospital	$21,888,900
McCready Foundation, Inc.	$910,500
Memorial Hospital of Easton	$6,563,500
Mercy Medical Center	$25,456,000
Montgomery General Hospital	$8,407,700
Northwest Hospital Center	$14,819,700
Peninsula Regional Medical Center	$20,336,500
Prince George's Hospital Center	$34,791,600
Shady Grove Adventist Hospital	$18,448,270
Sinai Hospital	$43,838,300
Southern Maryland Hospital Center	$15,783,459
St. Agnes Hospital	$23,109,400
St. Joseph Medical Center	$8,980,900
St. Mary's Hospital	$5,067,700
Suburban Hospital	$9,212,900
Union Hospital of Cecil County	$8,305,200
Union Memorial Hospital	$27,100,300
University of Maryland Medical System	$82,841,200
Upper Chesapeake Medical Center	$7,596,700
Washington Adventist Hospital	$21,872,299
Washington County Hospital	$14,452,100
State Total	$793,513,528

Graduate Medical Education

The following chart illustrates the amount in hospital rates for graduate medical education for FY 2005:

HOSPITAL	IME	DME	TOTAL
Anne Arundel Medical Center	$0	$0	$0
Atlantic General Hospital	$0	$0	$0
Bon Secours Baltimore Health System	$0	$0	$0
Calvert Memorial Hospital	$0	$0	$0
Carroll Hospital Center	$0	$0	$0
Chester River Hospital Center	$0	$0	$0
Civista Medical Center	$0	$0	$0
Doctors Community Hospital	$0	$0	$0
Dorchester General Hospital	$0	$0	$0
Fort Washington Medical Center	$0	$0	$0

Franklin Square Hospital	$20,278,325	$3,238,137	$23,516,462
Frederick Memorial Hospital	$0	$0	$0
Garrett County Memorial Hospital	$0	$0	$0
GBMC	$13,624,555	$2,076,991	$15,701,546
Good Samaritan Hospital	$7,572,059	$1,701,678	$9,273,737
Harbor Hospital	$9,405,394	$1,574,823	$10,980,217
Harford Memorial Hospital	$0	$0	$0
Holy Cross Hospital of Silver Spring	$7,802,278	$1,791,759	$9,594,037
Howard County General Hospital	$0	$0	$0
James Lawrence Kernan Hospital	$1,019,317	$349,790	$1,369,107
Johns Hopkins Bayview Medical Center	$24,342,877	$4,055,852	$28,398,729
Johns Hopkins Hospital	$90,504,552	$18,328,052	$108,832,605
Laurel Regional Hospital	$0	$0	$0
Maryland General Hospital	$7,957,136	$1,938,466	$9,895,601
McCready Memorial Hospital	$0	$0	$0
Memorial Hospital of Easton	$0	$0	$0
Cumberland Memorial	$0	$0	$0
Mercy Medical Center	$13,320,036	$2,754,585	$16,074,621
Montgomery General Hospital	$0	$0	$0
Baltimore Washington Medical Center	$973,200	$139,134	$1,112,334
Northwest Hospital Center	$0	$0	$0
Peninsula Regional Medical Center	$0	$0	$0
Prince George's Hospital Center	$8,920,244	$2,265,148	$11,185,393
Braddock Hospital Corporation	$0	$0	$0
Shady Grove Adventist Hospital	$0	$0	$0
Sinai Hospital	$25,684,857	$4,649,508	$30,334,364
Southern Maryland Hospital Center	$0	$0	$0
St. Agnes Hospital	$16,119,089	$3,516,028	$19,635,117
St. Joseph Medical Center	$0	$0	$0
St. Mary's Hospital	$0	$0	$0
Suburban Hospital	$467,289	$89,383	$556,671
Union Memorial Hospital	$14,379,008	$2,427,965	$16,806,974
Union Hospital of Cecil County	$0	$0	$0
University of Maryland Hospital	$62,483,172	$18,464,430	$80,947,601
Upper Chesapeake Medical Center	$0	$0	$0
Washington Adventist Hospital	$0	$0	$0
Washington County Hospital	$0	$0	$0
TOTAL	**$324,853,388**	**$69,361,729**	**$394,215,116**