

# Maryland Hospital Community Benefits Report FY 2012

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July 10, 2013

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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 2012. Past and current year’s CB reports submitted by the individual hospitals are available at the Commission offices. HSCRC staff will also make hospital-specific CB reports and corresponding data available on the Commission’s website this month. Past year’s reports and corresponding data are currently available on the Commission’s website.

## Background

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

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

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

In March 2010, Congress passed the Patient Protection and Affordable Care Act (“ACA”). Under the ACA, every § 501(c)(3) hospital, whether independent or in a system, must conduct a community health needs assessment at least once every three years in order to maintain its tax-exempt status and avoid an annual penalty of up to \$50,000. The first needs assessment will be due by the end of a hospital’s fiscal year 2013 (by June 30, 2013 for a June 30 YE hospital). Each community health needs assessment must take into account input from persons who represent the broad interest of the community served, including those with special knowledge or expertise in public health, and the assessment must be made widely available to the public. An implementation strategy describing how a hospital will meet the community’s health needs must be included, as well as a description of what the hospital has done historically to address its community needs. Furthermore, the hospital must identify any needs that have not been met by the hospital and why these needs have not been addressed. Tax exempt hospitals must report this information on Schedule H of the IRS 990 forms.

The Maryland CBR process was introduced by the Maryland legislature in 2001 (Health-General Article, §19-303 Maryland Annotated Code), with FY 2004 set as the first data collection period. The Commission worked with the Maryland Hospital Association (“MHA”) and interested hospitals, local health departments, and health policy organizations and associations on the details and format of the community benefit report. In developing the format for data collection, the group drew heavily on the experience of the Voluntary Hospitals of America (“VHA”) community benefit process, which possessed, at that time, over ten years of voluntary hospital community benefit reporting experience across many states. The resulting data reporting spreadsheet and instructions were used by Maryland hospitals to submit the FY 2004 data to the Commission in January 2005. The Commission’s first CBR, detailing the FY 2004 data, was published in July 2005.

The HSCRC continues to work with MHA, public health officials and individual hospitals to further improve the reporting process and to refine definitions as needed. The data collection process offers an opportunity for each Maryland non-profit, acute care hospital to critically review and report its activities designed to benefit the community it serves.

The Fiscal Year 2012 report represents the HSCRC’s ninth year of reporting on Maryland hospital community benefit data.

#### Definition of Community Benefits

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

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

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

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<sup>1</sup> 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. In December, 2012, Southern Maryland Hospital was purchased by MedStar and became a non-profit acute care hospital. Beginning with FY 2013, MedStar Southern Maryland Hospital Center will file a complete Community Benefit Report.

## CBR – 2012 Data Highlights

The reporting period for this CBR is July 1, 2011 – June 30, 2012. Hospitals submitted their individual community benefit reports to the HSCRC by December 15, 2012 using audited financial statements as the source for calculating costs in each of the community benefit categories.

As shown in Table I below, Maryland hospitals provided approximately \$1.4 billion dollars in total community benefit activities in FY 2012 (up from \$1.2 billion in FY 2011). This total is comprised of \$56.4 million in Unreimbursed Medicaid Cost, \$92.8 million in Community Health Services, more than \$370 million in Health Professions Education, \$316 million in Mission Driven Health Care Services, \$6.7 million in Research activities, just over \$14.2 million in Financial Contributions, \$23.2 million in Community Building Activities, over \$8.6 million in Community Benefit Operations, and over \$2 million in Foundation Funded Community Benefits.<sup>2</sup> Maryland hospitals reported providing over \$487 million in Charity Care.

In Maryland, the costs of uncompensated care (both charity care and bad debt) and graduate medical education are built into rates for which hospitals are reimbursed by all payers, including Medicare and Medicaid. Additionally, the HSCRC includes amounts in rates for hospital nurse support programs provided at Maryland hospitals. These costs are, in essence, “passed-through” to the purchasers and payers of hospital care. To be consistent with IRS form 990 requirements and to avoid accounting confusion among programs that are not funded in part by hospital rate setting (unregulated), the HSCRC requested that hospitals not include revenue provided in rates as offsetting revenue on the CBR worksheet. Attachments III, IV, and V detail the amounts that are included in rates and funded by all payers for charity care, direct graduate medical education, and the nurse support program in Fiscal Year 2012.

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 detailed in Attachment III, just over \$442 million in charity care was provided through Maryland hospital rates in FY 2012 that was funded by all payers. When offset against the hospital reported amount of over \$487 million in charity care, the net amount provided by hospitals is over \$45 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 2012, these DME costs totaled \$272.3 million. Attachment IV shows DME costs by hospital.

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<sup>2</sup> 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.

The Commission’s Nurse Support Program I (NSPI) is aimed at addressing the short and long-term nursing shortage impacting Maryland hospitals. In FY 2012, over \$12.2 million was provided in hospital rate adjustments for NSPI. For further information about funding provided to specific hospitals, please see Attachment V.

**Table I – Total Community Benefit**

<b>Community Benefit Category</b>	<b>Number of Staff Hours</b>	<b>Number of Encounters</b>	<b>Total Community Benefit w/Rate Support</b>	<b>Percent of Total CB Expenditures</b>	<b>Total Community Benefit w/o Rate Support</b>	<b>Percent of Total CB Expenditures w/o Rate Support</b>
<b>Unreimbursed Medicaid Cost</b>			\$56,475,885	4.09%	\$56,475,885	8.67%
<b>Community Health Services</b>	899,742	14,862,013	\$92,854,825	6.73%	\$92,854,825	14.25%
<b>Health Professions Education</b>	5,275,842	258,412	\$370,536,944	26.88%	\$85,930,714	13.19%
<b>Mission Driven Health Services</b>	2,200,956	892,488	\$316,119,768	22.94%	\$316,119,768	48.51%
<b>Research</b>	108,646	7,600	\$6,744,602	0.49%	\$6,744,602	1.03%
<b>Financial Contributions</b>	41,136	280,904	\$14,273,148	1.04%	\$14,273,148	2.19%
<b>Community Building</b>	109,327	609,036	\$23,244,560	1.69%	\$23,244,560	3.57%
<b>Community Benefit Operations</b>	68,592	9,480	\$8,633,164	0.63%	\$8,633,164	1.32%
<b>Foundation</b>	56,197	43,156	\$2,286,628	0.17%	\$2,286,628	0.35%
<b>Charity Care</b>	n/a	n/a	\$487,132,406	35.34%	\$45,123,522	6.92%
<b>Total</b>	8,760,439	16,963,087	\$1,378,301,930	100%	\$651,686,816	100%

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

When looking at the expenditures in each category as a percentage of total expenditures (see Figure 1) Charity Care, Health Professions Education and Mission Driven Health Services take up the majority of the pie at 35.34%, 26.88%, and 22.94%, respectively. However, when considering the expenditures without amounts provided in rates (see Figure 2) the configuration changes significantly, moving Mission Driven Health Services (subsidized health services) into

the largest category at 48.51%. Community Health Services and Health Professions Education follow with 14.25% and 13.19% of expenditures, respectively.

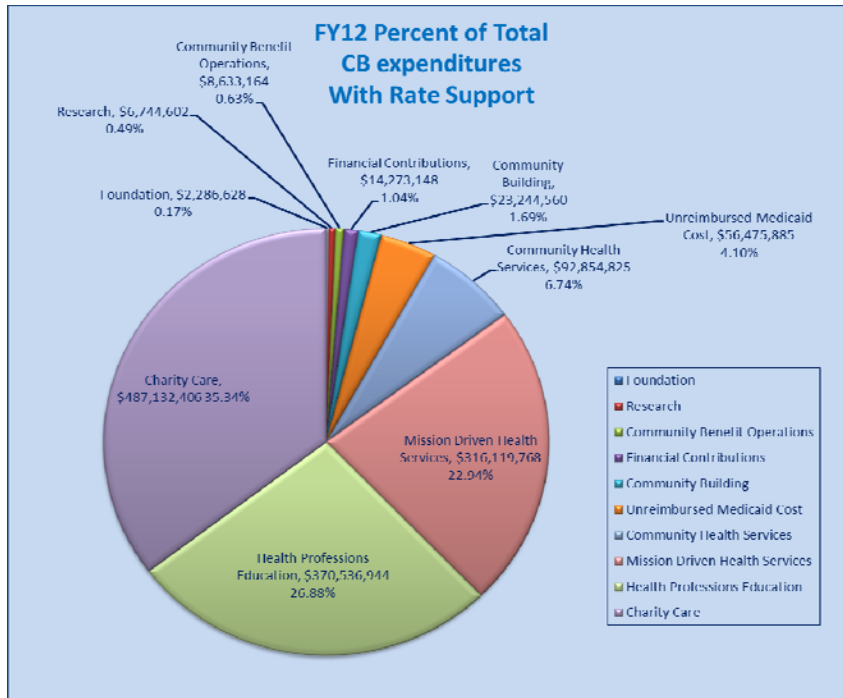


Figure 1

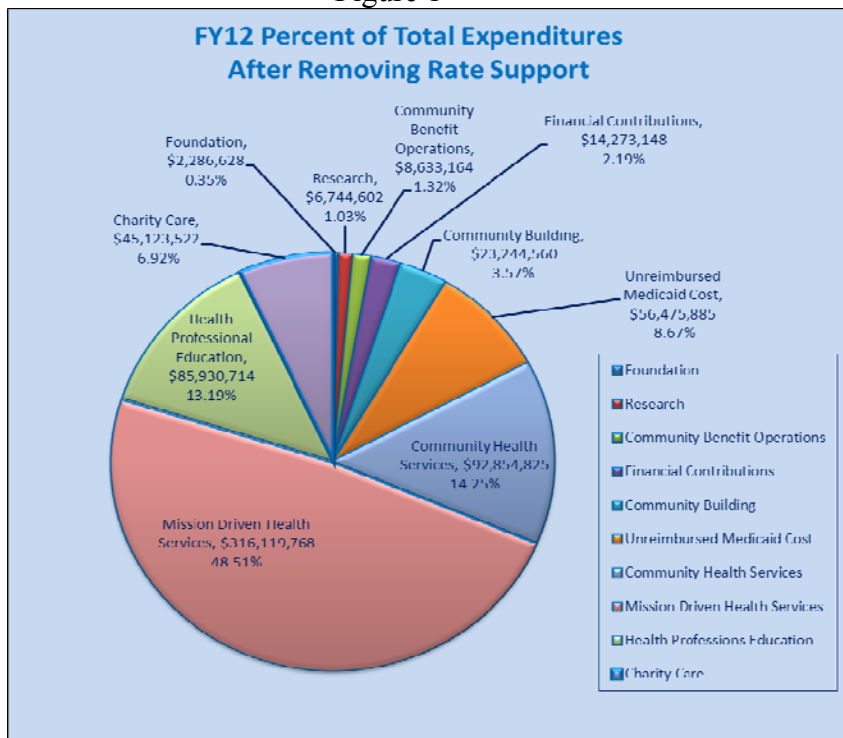


Figure 2

Utilizing the data reported, Attachment II of the FY 2012 CB Analysis compares hospitals on the total amount of community benefits reported, the amount of community benefits that are recovered through HSCRC approved rates (charity care, direct medical education, and nurse support), and the number of staff dedicated to community benefit operations. On average, in FY 2012, 1,491 staff hours were dedicated to CB Operations. This is up by 246 hours from last year's average of 1,245. There are nine hospitals reporting zero staff hours dedicated to CB Operations. The HSCRC continues to encourage hospitals to incorporate CB Operations into their overall strategic planning.

The total amount of community benefit expenditures as a percentage of total operating expenses ranges from 3.21% to 26.31% with the average percentage being 10.06%. This has increased from FY 2011's average of 9.23%. There are twenty hospitals that report providing benefits in excess of 10% of their operating expenses, as compared to sixteen in FY 2011. Thirty-one hospitals exceed 7.5%. No hospitals report spending less than 3% of their operating expenses on community benefit compared to two hospitals last year.

When these costs are offset by rate support, the net community benefit provided by Maryland hospitals in FY 2012 was \$ 651.6 million, or 4.82% of the total hospital operating expenses. This is up from the \$580.4 million in net benefits provided in FY 2011, which totaled approximately 4.45% of hospitals' operating expenses. Please see the chart in Attachment II for more detail.

### CBR 2012 – Narrative Highlights

In FY 2012, hospitals were again asked to respond to narrative questions regarding their CB programs. The questions were developed, in part, to provide a standard reporting format for all hospitals. This uniformity not only provided readers of the individual hospital reports with more information than was previously available, but also allowed for comparisons across hospitals. The narrative guidelines were aligned, wherever possible, with the IRS form 990, schedule H, in an effort to provide as much consistency as is practicable in reporting on the State and federal levels.

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

Hospitals were asked to include a list of unmet health needs which were identified through the most recent community health needs assessment, but which remain unaddressed due to a variety of circumstances. The most prevalent unmet health need noted in the FY2012 reports was behavioral/mental health/substance abuse. Other unmet health needs, consistently identified, were environment/air quality problems, transportation, and child/adult obesity. Some hospitals indicated these needs were to be addressed by other organizations within the community as well as a lack of expertise at the hospital as reasons for not addressing the identified needs.

The evaluation tool, resulting from the HSCRC advisory group was again used to evaluate hospitals' Community Benefit Narrative Reports. The group of evaluators consisted of three individuals, a member of HSCRC staff, a representative of the Maryland Hospital Association, and public health official from the Department of Health and Mental Hygiene (DHMH). FY 2012 showed much improvement in the narrative reporting process. The total points available were 144. Of the 45<sup>3</sup> hospitals evaluated, the average score was 137, or 95.05%. Four of the submissions earned 100%, seven of the submissions were above 90%, with all but one of the remaining earning between 80 and 90%. One hospital was below 80% because it used the prior year's instructions for the submission, and was therefore missing select items. The section of the narrative report that lost most points, on average, was section IV, which requests information on the CB programs and initiatives. The evaluators found that in many instances, more detail was needed about the target population (who is impacted?); the interventions used (what action is producing change?); the link between the target population and the interventions (are these evidence based interventions?); and data supported outcomes (what measures are used to determine success?).

According to the Patient Protection and Affordable Care Act ("ACA"), hospitals must perform a Community Health Needs Assessment (CHNA) either fiscal year 2011, 2012, or 2013, adopt an implementation strategy to meet the community health needs identified, and perform an assessment at least every three years. The needs assessment must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health, and must be made widely available to the public.

All acute hospitals will have completed their first CHNA in accordance with the ACA, by the end of FY13. To simplify the process for the FY13 report, hospitals will be able to include appropriate portions of their CHNA to answer narrative questions. The HSCRC expects to see improvements in section IV-CB Programs and Initiatives in light of the CHNA process.

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<sup>3</sup> Southern Maryland Hospital files the data portion of the report in the format prescribed. However, since it is exempt from the community benefit reporting requirements, the narrative portion of their submission is not in the format prescribed and has been excluded from the evaluation process.



**Attachment I - FY 2012 CB Aggregate Data**

**FY2012 CBR Totals**

UNREIMBURSED MEDICAID COST		# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	Offsetting Revenue	Net Community Benefit W/Indirect Cost	Net Community Benefit W/O Indirect Cost
T00	Medicaid Costs							
T99	Medicaid Assessments	0	0	\$389,825,000	\$0	\$333,349,115	\$56,475,885	\$56,475,885
COMMUNITY BENEFIT 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
<b>A00. COMMUNITY HEALTH SERVICES</b>								
A10	Community Health Education	234,785	13,818,884	\$18,363,355	\$10,195,307	\$1,741,330	\$26,817,332	\$16,622,025
A11	Support Groups	18,608	37,263	\$779,134	\$437,109	\$23,873	\$1,192,370	\$755,260
A12	Self-Help	29,407	114,344	\$1,520,330	\$800,544	\$932,429	\$1,388,445	\$587,901
A20	Community-Based Clinical Services	301,541	442,634	\$16,555,997	\$3,824,213	\$739,305	\$19,640,906	\$15,816,692
A21	Screenings	24,860	87,545	\$2,206,952	\$1,181,817	\$351,459	\$3,037,310	\$1,855,493
A22	One-Time/Occasionally Held Clinics	1,865	12,517	\$243,308	\$105,978	\$80,980	\$268,306	\$162,328
A23	Free Clinics	12	71	\$75,021	\$42,840	\$67,726	\$50,136	\$7,295
A24	Mobile Units	20,014	8,784	\$1,101,445	\$382,752	\$709,765	\$774,433	\$391,680
A30	Health Care Support Services	214,500	242,181	\$22,962,158	\$9,969,717	\$787,560	\$32,144,315	\$22,174,598
A40	Other	54,149	97,790	\$4,404,758	\$3,187,637	\$51,122	\$7,541,274	\$4,353,636
A99	<b>Total Community Health Services</b>	899,742	14,862,013	\$68,212,459	\$30,127,915	\$5,485,549	\$92,854,825	\$62,726,910
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	4,461,908	21,933	263,293,998	63,069,533	0	326,363,531	\$263,293,998
B2	Nurses/Nursing Students	453,604	118,793	19,710,285	6,151,815	335,954	25,526,146	\$19,374,331
B3	Other Health Professionals	212,236	80,692	9,287,566	1,449,644	126,160	10,611,050	\$9,161,406
B4	Scholarships/Funding for Professional Education	6,989	698	2,648,153	3,163	47,299	2,604,017	\$2,600,854
B5	Other	141,104	36,297	5,180,167	325,511	73,478	5,432,200	\$5,106,689
B99	<b>Totals</b>	5,275,842	258,412	\$300,120,170	\$70,999,665	\$582,890	\$370,536,944	\$299,537,279

FY 2012 Aggregate Data

		# OF STAFF HOURS	# OF ENCOUNTERS	Direct Cost (\$)	Indirect Cost (\$)	Offsetting Revenue	Net Community Benefit W/Indirect Cost	Net Community Benefit W/O Indirect Cost
<b>C.</b>	<b>MISSION DRIVEN HEALTH SERVICES</b>							
	Totals	2,200,956	892,488	\$363,387,868	\$83,681,981	\$130,950,082	\$316,119,768	\$232,437,787
<b>D.</b>	<b>RESEARCH</b>							
D1	Clinical Research	96,283	7,097	5,263,307	1,618,225	1,619,303	5,262,230	\$3,644,005
D2	Community Health Research	363	438	147,124	6,998	0	154,122	\$147,124
D3	Other	12,000	65	833,985	494,265	0	1,328,250	\$833,985
D99	Totals	108,646	7,600	\$6,244,416	\$2,119,488	\$1,619,303	\$6,744,602	\$4,625,114
<b>E.</b>	<b>Financial Contributions</b>							
E1	Cash Donations	1,029	75,786	7,868,370	408,109	239,091	8,037,388	\$7,629,279
E2	Grants	6,182	431	561,976	30,580	193,922	398,634	\$368,054
E3	In-Kind Donations	32,699	176,375	4,918,420	605,277	206,776	5,316,921	\$4,711,644
E4	Cost of Fund Raising for Community Programs	1,227	28,312	422,737	97,468	0	520,205	\$422,737
E99	Totals	41,136	280,904	\$13,771,502	\$1,141,435	\$639,789	\$14,273,148	\$13,131,713

FY 2012 Aggregate Data

		# OF STAFF HOURS	# OF ENCOUNTERS	Direct Cost (\$)	Indirect Cost (\$)	Offsetting Revenue	Net Community Benefit W/Indirect Cost	Net Community Benefit W/O Indirect Cost
<b>F.</b>	<b>COMMUNITY BUILDING ACTIVITIES</b>							
F1	Physical Improvements/Housing	10,141	312,453	\$3,576,660	\$196,168	\$2,779,792	\$993,036	\$796,868
F2	Economic Development	3,372	6,228	\$1,358,308	\$658,339	\$394,731	\$1,621,916	\$963,577
F3	Support System Enhancements	23,217	32,841	\$2,328,984	\$1,299,046	\$116,273	\$3,511,757	\$2,212,711
F4	Environmental Improvements	10,596	5,620	\$2,624,631	\$231,613	\$0	\$2,856,244	\$2,624,631
F5	Leadership Development/Training for Community Members	2,750	1,172	\$198,979	\$103,176	\$0	\$302,155	\$198,979
F6	Coalition Building	8,856	47,644	\$1,027,132	\$470,363	\$161	\$1,497,334	\$1,026,971
F7	Community Health Improvement Advocacy	4,199	5,349	\$1,184,871	\$468,729	\$47,922	\$1,605,677	\$1,136,949
F8	Workforce Enhancement	23,054	17,520	\$2,757,632	\$1,492,294	\$13,200	\$4,236,726	\$2,744,432
F9	Other	21,907	180,209	\$1,551,026	\$682,172	\$6,575	\$2,226,623	\$1,544,451
F10	Other	1,235	0	\$51,870	\$26,921	\$0	\$78,791	\$51,870
F11	Sales Tax, Property Tax, Income Taxes	0	0	\$4,314,302	\$0	\$0	\$4,314,302	\$4,314,302
<b>F99</b>	<b>Totals</b>	<b>109,327</b>	<b>609,036</b>	<b>\$20,974,393</b>	<b>\$5,628,821</b>	<b>\$3,358,654</b>	<b>\$23,244,560</b>	<b>\$17,615,739</b>
<b>G.</b>	<b>COMMUNITY BENEFIT OPERATIONS</b>							
G1	Dedicated Staff	59,116	874	\$4,098,176	\$1,556,491	\$0	\$5,654,666	\$4,098,176
G2	Community health/health assets assessments	8,893	4,292	\$688,482	\$339,659	\$0	\$1,028,140	\$688,482
G3	Other Resources	528	314	\$1,287,461	\$670,082	\$10,355	\$1,947,188	\$1,277,106
G4		25	4,000	\$1,042	\$398	\$0	\$1,440	\$1,042
G5		30	0	\$1,251	\$478	\$0	\$1,729	\$1,251
<b>G99</b>	<b>Totals</b>	<b>68,592</b>	<b>9,480</b>	<b>\$6,076,412</b>	<b>\$2,567,107</b>	<b>\$10,355</b>	<b>\$8,633,164</b>	<b>\$6,066,057</b>
<b>H.</b>	<b>CHARITY CARE (report total only)</b>							
				\$487,132,406				
<b>J.</b>	<b>FOUNDATION COMMUNITY BENEFIT</b>							
J1	Community Services	10,398	2,185	\$695,232	\$91,478	\$8,078	\$778,632	\$687,154
J2	Community Building	45,799	40,971	\$1,452,747	\$55,249	\$0	\$1,507,996	\$1,452,747
<b>J99</b>	<b>Totals</b>	<b>56,197</b>	<b>43,156</b>	<b>\$2,147,979</b>	<b>\$146,727</b>	<b>\$8,078</b>	<b>\$2,286,628</b>	<b>\$2,139,901</b>

FY 2012 Aggregate Data

	# OF STAFF HOURS	# OF ENCOUNTERS	Direct Cost (\$)	Indirect Cost (\$)	Offsetting Revenue	Net Community Benefit W/Indirect Cost	Net Community Benefit W/O Indirect Cost
<b>K</b>	<b>TOTAL HOSPITAL COMMUNITY BENEFIT</b>						
A	899,742	14,862,013	68,212,459	30,127,915	5,485,549	92,854,825	62,726,910
B	5,275,842	258,412	\$300,120,170	\$70,999,665	\$582,890	\$370,536,944	\$299,537,279
C	2,200,956	892,488	\$363,387,868	\$83,681,981	\$130,950,082	\$316,119,768	\$232,437,787
D	108,646	7,600	\$6,244,416	\$2,119,488	\$1,619,303	\$6,744,602	\$4,625,114
E	41,136	280,904	\$13,771,502	\$1,141,435	\$639,789	\$14,273,148	\$13,131,713
F	109,327	609,036	\$20,974,393	\$5,628,821	\$3,358,654	\$23,244,560	\$17,615,739
G	68,592	9,480	\$6,076,412	\$2,567,107	\$10,355	\$8,633,164	\$6,066,057
H	0	0	\$487,132,406	\$0	\$0	\$487,132,406	\$487,132,406
J	56,197	43,156	\$2,147,979	\$146,727	\$8,078	\$2,286,628	\$2,139,901
T99	0	0	\$389,825,000	\$0	\$333,349,115	\$56,475,885	\$56,475,885
<b>K99</b>	<b>8,760,439</b>	<b>16,963,087</b>	<b>\$1,657,892,606</b>	<b>\$196,413,139</b>	<b>\$476,003,815</b>	<b>\$1,378,301,930</b>	<b>\$1,181,888,791</b>
	<b>TOTAL OPERATING EXPENSE</b>						
	<b>\$13,532,154,004</b>						
	<b>% OF OPERATING EXPENSES W/IC</b>						
	<b>10.19%</b>						
	<b>% OF OPERATING EXPENSES W/O IC</b>						
	<b>8.73%</b>						

**Attachment II - FY 2012 CB Analysis**

FY2012 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 2012 Amount in Rates for Charity Care, DME, and NSPI	Total Net CB minus Charitry Care, DME, NSPI in Rates	Total Net CB(minus charity Care, DME, NSPI in Rates) as % of Operating Expense	CB Reported Charity Care	Point Totals for Sufficiency of Narrative Answers	% Totals for Sufficiency of Narrative Answers
60	Fort Washington	469	0	\$42,060,748	\$1,349,387	3.21%	\$802,089	\$547,298	1.30%	\$687,534	116	80.56%
51	Doctors	1497	700	\$191,007,547	\$8,006,647	4.19%	\$3,025,218	\$4,981,429	2.61%	\$2,949,975	140	97.22%
7	St. Joseph	1920	111	\$317,898,969	\$13,913,458	4.38%	\$4,311,296	\$9,602,162	3.02%	\$5,450,082	130	90.28%
44	GBMC	2640	0	\$394,015,000	\$19,306,872	4.90%	\$10,727,415	\$8,579,457	2.18%	\$4,891,152	110	76.39%
49	UCH-Upper Chesapeake	1906	0	\$212,644,000	\$10,917,442	5.13%	\$4,699,360	\$6,218,082	2.92%	\$3,498,417	138	95.83%
45	McCready	275	80	\$21,636,518	\$1,132,766	5.24%	\$693,472	\$439,294	2.03%	\$745,292	116	80.56%
54	Southern Maryland	1778	0	\$238,296,345	\$13,083,123	5.49%	\$2,793,333	\$10,289,790	4.32%	\$1,038,210	N/A	
23	Anne Arundel	3955	1,100	\$500,951,000	\$29,448,047	5.88%	\$5,621,957	\$23,826,090	4.76%	\$6,430,100	139	96.53%
32	Union Cecil County	1092	2,359	\$143,517,898	\$8,942,270	6.23%	\$2,516,086	\$6,426,184	4.48%	\$2,772,924	139	96.53%
19	Peninsula	2725	171	\$374,161,000	\$24,179,071	6.46%	\$9,487,294	\$14,691,777	3.93%	\$13,903,600	142	98.61%
35	Civista	809	3,601	\$103,688,628	\$6,909,155	6.66%	\$1,292,719	\$5,616,436	5.42%	\$1,346,317	141	97.92%
33	Carroll Hospital	1750	20	\$211,404,000	\$14,918,395	7.06%	\$2,949,187	\$11,969,208	5.66%	\$2,902,549	141	97.92%
6	UCH-Harford	842	0	\$89,609,000	\$6,396,189	7.14%	\$2,399,226	\$3,996,963	4.46%	\$2,693,329	138	95.83%
5	Frederick Memorial	2209	0	\$349,290,000	\$25,675,260	7.35%	\$6,772,553	\$18,902,707	5.41%	\$8,977,168	122	84.72%
40	Northwest	1615	3,053	\$216,497,000	\$15,916,900	7.35%	\$3,274,769	\$12,642,131	5.84%	\$3,134,970	139	96.53%
2004	Good Samaritan	2385	2,068	\$299,758,071	\$24,498,030	8.17%	\$11,587,501	\$12,910,529	4.31%	\$7,313,699	144	100.00%
15	Franklin Square	3583	4,366	\$436,640,459	\$36,067,017	8.26%	\$19,101,694	\$16,965,323	3.89%	\$12,654,205	143	99.31%
18	Montgomery General	1350	524	\$137,669,098	\$11,669,996	8.48%	\$5,454,259	\$6,215,737	4.51%	\$5,899,800	143	99.31%
22	Suburban	1842	1,846	\$239,149,257	\$20,408,406	8.53%	\$4,546,769	\$15,861,637	6.63%	\$4,445,433	144	100.00%
12	Sinai	4685	6,428	\$691,053,000	\$61,389,921	8.88%	\$30,971,674	\$30,418,247	4.40%	\$11,933,267	142	98.61%
5050	Shady Grove	2085	1,320	\$293,106,862	\$26,379,103	9.00%	\$8,536,074	\$17,843,029	6.09%	\$8,871,895	142	98.61%
28	St. Mary's	1105	2,160	\$121,640,602	\$10,971,558	9.02%	\$4,972,520	\$5,999,038	4.93%	\$4,836,119	144	100.00%
17	Garrett County	321	408	\$38,394,160	\$3,525,530	9.18%	\$1,637,350	\$1,888,180	4.92%	\$2,865,474	139	96.53%
11	St. Agnes	2769	0	\$379,701,946	\$35,393,572	9.32%	\$24,003,548	\$11,390,024	3.00%	\$21,195,691	123	85.42%
48	Howard County	1975	1,515	\$230,182,000	\$21,630,475	9.40%	\$5,740,167	\$15,890,308	6.90%	\$6,269,194	136	94.44%
1	Meritus Medical Center	2383	285	\$283,953,366	\$27,445,984	9.67%	\$10,514,947	\$16,931,037	5.96%	\$13,422,389	120	83.33%
37	Shore Health - Easton	1330	4,326	\$158,501,000	\$15,915,558	10.04%	\$8,407,998	\$7,507,560	4.74%	\$9,844,900	141	97.92%
38	Maryland General	1200	862	\$179,896,000	\$18,327,883	10.19%	\$18,637,284	(\$309,401)	-0.17%	\$15,217,000	138	95.83%
61	Atlantic General	811	88	\$91,074,982	\$9,408,149	10.33%	\$2,345,200	\$7,062,949	7.76%	\$2,497,958	140	97.22%
9	Johns Hopkins	8997	5,394	\$1,725,787,000	\$180,588,004	10.46%	\$143,329,016	\$37,258,988	2.16%	\$32,982,000	143	99.31%
2001	Kernan	695	755	\$103,473,000	\$11,242,929	10.87%	\$6,729,020	\$4,513,909	4.36%	\$3,165,000	137	95.14%
43	Baltimore Washington	2753	95	\$325,035,000	\$36,372,119	11.19%	\$17,245,641	\$19,126,478	5.88%	\$21,373,238	142	98.61%
24	Union Memorial	2494	140	\$397,245,796	\$44,602,381	11.23%	\$22,374,039	\$22,228,342	5.60%	\$14,855,717	138	95.83%
29	JH Bayview	3550	598	\$543,333,000	\$63,008,262	11.60%	\$42,109,514	\$20,898,748	3.85%	\$25,308,000	142	98.61%
34	Harbor Hospital	1412	212	\$202,041,627	\$23,875,943	11.82%	\$11,590,753	\$12,285,190	6.08%	\$7,084,202	142	98.61%
8	Mercy	2836	457	\$399,668,124	\$47,762,030	11.95%	\$18,408,725	\$29,353,305	7.34%	\$14,458,293	140	97.22%
4	Holy Cross	3198	6,402	\$387,341,538	\$47,004,122	12.14%	\$17,761,963	\$29,242,159	7.55%	\$23,691,563	144	100.00%
10	Shore Health -Dorchester	678	0	\$43,326,000	\$5,355,093	12.36%	\$3,674,305	\$1,680,788	3.88%	\$3,579,500	141	97.92%
27	Western MD Regional	2313	305	\$304,887,833	\$39,916,790	13.09%	\$8,537,143	\$31,379,647	10.29%	\$15,948,853	142	98.61%
16	Washington Adventist	1508	1,320	\$224,511,599	\$33,849,591	15.08%	\$3,695,398	\$30,154,193	13.43%	\$10,766,256	142	98.61%
2	University of Maryland	7999	1,522	\$1,294,033,000	\$196,676,464	15.20%	\$162,129,381	\$34,547,083	2.67%	\$69,782,764	137	95.14%
39	Calvert Memorial	1120	120	\$117,602,616	\$17,895,499	15.22%	\$6,765,631	\$11,129,868	9.46%	\$7,100,039	137	95.14%
55	Laurel Regional	739	310	\$96,874,600	\$18,126,493	18.71%	\$5,774,427	\$12,352,066	12.75%	\$7,918,100	133	92.36%
13	Bon Secours	804	13,263	\$120,519,715	\$23,849,284	19.79%	\$9,916,345	\$13,932,939	11.56%	\$10,867,591	137	95.14%
30	Chester River	360	0	\$55,250,000	\$11,431,252	20.69%	\$3,967,592	\$7,463,660	13.51%	\$5,457,747	139	96.53%
3	Prince George's	1893	310	\$203,825,100	\$53,619,510	26.31%	\$24,783,262	\$28,836,248	14.15%	\$24,104,900	133	92.36%
	<b>Totals</b>	<b>96,655</b>	<b>68,594</b>	<b>\$13,532,154,004</b>	<b>\$1,378,301,930</b>	<b>10.19%</b>	<b>\$726,615,113</b>	<b>\$651,686,817</b>	<b>4.82%</b>	<b>\$487,132,406</b>		
											<b>139</b>	<b>96.53%</b> median
	<b>Averages</b>	<b>2,101</b>	<b>1,491</b>								<b>137</b>	<b>95.05%</b> average

### Attachment III – FY 2012 Charity Care Funding

Hospital Name	Charity Care Amount in Rates
Anne Arundel General Hospital	\$5,206,067
Atlantic General Hospital	\$2,264,700
Baltimore Washington Medical Center	\$16503446
Bon Secours Hospital	\$9795025
Calvert Memorial Hospital	\$6664934
Carroll County General Hospital	\$2746949
Chester River Hospital Center	\$3912152
Civista Medical Center	\$1181238
Doctors Community Hospital	\$2829144
Fort Washington Medical Center	\$757342
Franklin Square Hospital	\$10797365
Frederick Memorial Hospital	\$6490078
Garrett County Memorial Hospital	\$1604497
GBMC	\$5213991
Good Samaritan Hospital	\$5999510
Harbor Hospital Center	\$6471202
Holy Cross Hospital of Silver Spring	\$15044747
Howard County General Hospital	\$5609577
JH Bayview Med. Center	\$20745506
Johns Hopkins Hospital	\$43890516
Kernan	\$3140091
Laurel Regional Hospital	\$5671640
Maryland General Hospital	\$13947538
McCready Foundation, Inc.	\$693472
Mercy Medical Center, Inc.	\$13390926
Montgomery General Hospital	\$5305444
Northwest Hospital Center, Inc.	\$3060288
Peninsula Regional Medical Center	\$9437294
Prince Georges Hospital	\$20958375
Shady Grove Adventist Hospital	\$8201074
Shore Health - Easton	\$8247229
Shore Health-Dorchester General Hospital	\$3622344
Sinai Hospital	\$15601781
Southern Maryland Hospital	\$2570082
St. Agnes Hospital	\$17112323
St. Joseph Hospital	\$3977318
St. Mary's Hospital	\$4846542
Suburban Hospital	\$4178750
UCH - Harford Memorial Hospital	\$2316181
UCH - Upper Chesapeake Medical Center	\$4533271
Union Hospital of Cecil County	\$2389187
Union Memorial Hospital	\$10343262
University of Maryland	\$82640596
Washington Adventist Hospital	\$3430042
Meritus Medical Center	\$10280147
Western Maryland Regional Medical Center	\$8385701
<b>Total</b>	<b>\$442,008,884</b>



### Attachment IV - FY 2012 DME Funding

Hospital Name	DME Amount in Rates
Anne Arundel	0
Atlantic General	0
Baltimore Washington	\$422,195
Bon Secours	0
Calvert Memorial	0
Carroll Hospital	0
Chester River	0
Civista	0
Doctors	0
Fort Washington	0
Franklin Square	\$7,881,364
Frederick Memorial	0
Garrett County	0
GBMC	\$5,100,873
Good Samaritan	\$5,293,171
Harbor Hospital	\$5,003,909
Holy Cross	\$2,305,891
Howard County	0
JH Bayview	\$20,845,900
Johns Hopkins	\$97,729,397
Kernan	\$3,487,392
Laurel Regional	0
Maryland General	\$4,510,915
McCready	0
Mercy	\$4,668,533
Meritus Medical Center	0
Montgomery General	0
Northwest	0
Peninsula	0
Prince George's	\$3,573,290
Shady Grove	0
Shore Health - Easton	0
Shore Health -Dorchester	0
Sinai	\$14,750,170
Southern Maryland	0
St Agnes	\$6,533,721
St Joseph	0
St Mary's	0
Suburban	\$133,905
UCH-Harford	0
UCH-Upper Chesapeake	0
Union Cecil County	0
Union Memorial	\$11,630,868
University of Maryland	\$78,475,050
Washington Adventist	0
Western Maryland Regional Medical Center	0
<b>Total</b>	<b>\$272,346,544</b>

## Attachment V - FY 2012 Nurse Support I Funding

Hospital Name	NSP I Amount in Rates
Anne Arundel	\$415,890
Atlantic General	\$80,500
Baltimore Washington	\$320,000
Bon Secours	\$121,320
Calvert Memorial	\$100,697
Carroll Hospital	\$202,238
Chester River	\$55,440
Civista	\$111,481
Doctors	\$196,074
Fort Washington	\$44,747
Franklin Square	\$422,965
Frederick Memorial	\$282,475
Garrett County	\$32,853
GBMC	\$412,551
Good Samaritan	\$294,819
Harbor Hospital	\$115,642
Holy Cross	\$411,325
Howard County	\$130,590
JH Bayview	\$518,108
Johns Hopkins	\$1,709,103
Kernan	\$101,537
Laurel Regional	\$102,787
Maryland General	\$178,831
McCready	0
Mercy	\$349,266
Meritus Medical Center	\$234,800
Montgomery General	\$148,815
Northwest	\$214,481
Peninsula	\$50,000
Prince George's	\$251,597
Shady Grove	\$335,000
Shore Health - Easton	\$160,769
Shore Health -Dorchester	\$51,961
Sinai	\$619,723
Southern Maryland	\$223,251
St Agnes	\$357,504
St Joseph	\$333,978
St Mary's	\$125,978
Suburban	\$234,114
UCH-Harford	\$83,045
UCH-Upper Chesapeake	\$166,089
Union Cecil County	\$126,899
Union Memorial	\$399,909
University of Maryland	\$1,013,735
Washington Adventist	\$265,356
Western Maryland Regional Medical Center	\$151,442
<b>Total</b>	<b>\$12,259,686</b>