maryland
health services
cost review commission

Maryland Hospital Community Benefit Report: FY 2021

December 2022

P: 410.764.2605 ● 4160 Patterson Avenue | Baltimore, MD 21215 ● hscrc.maryland.gov

maryland
health services
cost review commission

Table of Contents

maryland
health services
cost review commission

List of Abbreviations

ACA	Affordable Care Act
CBR	Community Benefit Report
CBSA	Community Benefit Service Area
CHNA	Community Health Needs Assessment
DME	Direct Medical Education
ED	Emergency Department
FPL	Federal Poverty Level
FY	Fiscal Year
GBR	Global Budget Revenue
HSCRC	Health Services Cost Review Commission
IRS	Internal Revenue Service
LHIC	Local Health Improvement Collaboratives
NSPI	Nurse Support Program I
PSA	Primary Service Area
SIHIS	Statewide Integrated Health Improvement Strategy
UCC	Uncompensated Care

Introduction

The term community benefit refers to initiatives, activities, and investments undertaken by tax-exempt hospitals to improve the health of the communities they serve. Maryland law defines community benefit as a planned, organized, and measured activity that is intended to meet identified community health needs within a service area.[1] Examples of community benefit activities can include the following:

- Community health services
- Health professional education
- Research
- Financial contributions
- Community-building activities, including partnerships with community–based organizations
- Charity care
- Mission-driven health services

In 2001, the Maryland General Assembly passed House Bill 15,[2] which required the Maryland Health Services Cost Review Commission (HSCRC or Commission) to collect community benefit information from individual hospitals and compile it into a statewide, publicly available Community Benefit Report (CBR). In response to this legislative mandate, the HSCRC initiated a community benefit reporting system for Maryland's nonprofit hospitals that included two components. The first component, the *Community Benefit Collection Tool*, is a spreadsheet that inventories community benefit expenses in specific categories defined by the HSCRC's *Community Benefit Reporting Guidelines and Standard Definitions*. These categories are similar—but not identical—to the federal community benefit reporting categories found in Part I of the Internal Revenue Service (IRS) Form 990, Schedule H.[3] The second component of Maryland's reporting system is the CBR narrative report.

In 2020, the Maryland General Assembly passed HB 1169/SB 774, which required the HSCRC to update the community benefit reporting guidelines to address the growing interest in understanding the types and scope of community benefit activities conducted by Maryland's nonprofit hospitals in relation to community health needs assessments (CHNAs).[4] This bill required the HSCRC to establish a Community Benefit Reporting Workgroup and adopt regulations recommended by the Workgroup regarding community benefit reporting. The bill also modified the definition of community benefit and expanded the list of items that hospitals must include in their CBRs.

[1] MD. CODE. ANN., Health-Gen. § 19-303(a)(3).
[2] H.D. 15, 2001 Gen. Assem., 415th Sess. (Md. 2001).
[3] https://www.irs.gov/pub/irs-pdf/f990sh.pdf
[4] S. 774, 2020 Leg., 441st Sess. (Md. 2020).

This summary report provides background information on hospital community benefits and the history of CBRs in Maryland, summarizes the community benefit narrative and financial reports for fiscal year (FY) 2021, and concludes with a summary of data reports from the past 10 years.

Background

Federal Requirements

The Internal Revenue Code defines tax-exempt organizations as those that are organized and operated exclusively for specific religious, charitable, scientific, and educational purposes.[5] Nonprofit hospitals are generally exempt from federal income and unemployment taxes, as well as state and local income, property, and sales taxes. In addition, nonprofit hospitals may raise funds through tax-deductible donations and tax-exempt bond financing.

Originally, the IRS considered hospitals to be "charitable" if they provided charity care to the extent that they were financially able to do so.[6] However, in 1969, the IRS issued Revenue Ruling 69-545, which modified the "charitable" standard to focus on "community benefits" rather than "charity care."[7] Under this IRS ruling, nonprofit hospitals must provide benefits to the community in order to be considered charitable. This ruling created the "community benefit standard," which is necessary for hospitals to qualify for tax-exemption.

The Affordable Care Act (ACA) created additional requirements for hospitals to maintain tax-exempt status. Every §501(c)(3) hospital—whether independent or part of a hospital system—must conduct a CHNA at least once every three years to maintain its tax-exempt status and avoid an annual penalty of up to $50,000.[8] A CHNA is a written document developed for a hospital facility that includes a description of the community served, the process used to conduct the assessment, identification of any persons with whom the hospital collaborated on the assessment, and the health needs identified through the assessment process. CHNAs must incorporate input from individuals who represent the broad interests of the communities served, and hospitals must make them widely available to the public.[9] CHNAs must include an implementation strategy that describes how the hospital plans to meet the community's health needs, as well as a description of what the hospital has historically done to address its community's needs.[10] Further, the hospital must identify any needs that have not been met and explain why they were not addressed. Tax-exempt hospitals must report this information on Schedule H of IRS Form 990.

[5] 26 U.S.C. § 501(c)(3).
[6] Rev. Ruling 56-185, 1956-1 C.B. 202.
[7] Rev. Ruling 69-545, 1969-2 C.B. 117.
[8] 26 U.S.C. § 501(r)(3); 26 U.S.C. § 4959.
[9] 26 U.S.C. § 501(r)(3)(B).
[10] 26 U.S.C. § 501(r)(3)(A).

Maryland Requirements

The Maryland General Assembly adopted the Maryland CBR process in 2001,[11] and the first data collection period was FY 2004. Maryland law requires hospitals to include the following information in their CBRs:

- The hospital's mission statement
- A list of the hospital's activities to address the identified community health needs
- The costs of each community benefit activity
- A description of how each of the listed activities addresses the community health needs of the hospital's community
- A description of efforts taken to evaluate the effectiveness of each community benefit activity
- A description of gaps in the availability of providers to serve the community
- A description of the hospital's efforts to track and reduce health disparities in the community
- A list of the unmet community health needs identified in the most recent community health needs assessment
- A list of tax exemptions the hospital claimed during the immediately preceding taxable year[12]

This FY 2021 report represents the HSCRC's 18th year of reporting on Maryland hospital community benefit data.

Updates to Maryland's Reporting Instructions

In response to HB 1169/SB 774 passed during the 2020 legislative session, the HSCRC made changes to reporting instructions. Among other items, hospitals will be required to:

1. Report on initiatives that directly address needs identified in the CHNA
2. Within the financial report, separately itemize all physician subsidies claimed by type and specialty
3. List the types of tax exemptions claimed
4. Self-assess the level of community engagement in the CHNA process

Understanding that hospitals need time to implement these changes, items 1 and 4 above were made optional for FY 2021 reporting but will be mandatory and published in the FY 2022 report. Three hospitals completed this optional reporting in FY 2021.

[11] MD. CODE. ANN., Health-Gen. § 19-303.
[12] MD. CODE. ANN., Health-Gen. § 19-303(c)(4).

Narrative Reports

This section of the document summarizes the findings of the FY 2021 narrative reports by major report section.

Hospitals Submitting Reports

The HSCRC received 48 CBR narratives from all 51 hospitals in FY 2021. This is because the University of Maryland Medical System submits a single CBR for three of its hospitals on the Eastern Shore and another CBR for two of its hospitals in Harford County. Table 1 summarizes the hospitals submitting CBRs by hospital system.

Table 1. Maryland Hospitals that Submitted CBRs in FY 2021, by System

Adventist HealthCare	**Luminis Health**
Adventist HealthCare Fort Washington Medical Center	Anne Arundel Medical Center
Adventist HealthCare Rehabilitation	Doctors Community Hospital
Adventist HealthCare Shady Grove Medical Center	McNew Family Health Center
Adventist HealthCare White Oak Medical Center	**MedStar Health**
Ascension	MedStar Franklin Square Medical Center
Saint Agnes Healthcare, Inc.	MedStar Good Samaritan Hospital
Christiana Care Health System, Inc.	MedStar Harbor Hospital
Christiana Care, Union Hospital	MedStar Montgomery Medical Center
Independent Hospitals	MedStar Southern Maryland Hospital Center
Atlantic General Hospital	MedStar St. Mary's Hospital
CalvertHealth Medical Center	MedStar Union Memorial Hospital
Frederick Health Hospital	**TidalHealth**
Greater Baltimore Medical Center	TidalHealth McCready Pavilion**
Mercy Medical Center	TidalHealth Peninsula Regional
Meritus Medical Center	**Trinity Health**
Sheppard Pratt	Holy Cross Germantown Hospital
Johns Hopkins Heath System	Holy Cross Hospital
Howard County General Hospital	**University of Maryland Medical System**
Johns Hopkins Bayview Medical Center	UM Baltimore Washington Medical Center
Johns Hopkins Hospital	UM Capital Region Health
Suburban Hospital	UM Charles Regional Medical Center
Jointly Owned Hospitals	UM Rehabilitation & Orthopaedic Institute
Mt. Washington Pediatric Hospital*	UM Shore Regional Health
LifeBridge Health	UM St. Joseph Medical Center
Carroll Hospital Center	UM Upper Chesapeake Health
Grace Medical Center	UMMC Midtown Campus
Levindale Hebrew Geriatric Ctr. & Hospital of Balt.	University of Maryland Medical Center
Northwest Hospital Center, Inc.	**UPMC**
Sinai Hospital of Baltimore, Inc.	UPMC Western Maryland
	WVU Medical System
	Garrett Regional Medical Center

*Mt. Washington Pediatric is jointly owned by the University of Maryland Medical System and Johns Hopkins.
**TidalHealth McCready Pavilion is no longer a designated hospital, instead functioning as a Freestanding Medical Facility that is a department of TidalHealth Peninsula Regional.

Section I. General Hospital Demographics and Characteristics

Section I of the report collects demographic and other characteristics of the hospital and its service area.

Hospital-Specific Demographics

The first section of the CBR narrative collects information on hospital utilization statistics (Table 2). Overall, there were 475,985 inpatient admissions.

Table 2. Hospital Bed Designation, Inpatient Admissions, and Patient Insurance Status, FY 2021

Hospital Name	Inpatient Admissions
Adventist HealthCare	
Adventist HealthCare Fort Washington Medical Center	1,666
Adventist HealthCare Rehabilitation	0[13]
Adventist HealthCare Shady Grove Medical Center	17,229
Adventist HealthCare White Oak Medical Center	8,952
Ascension	
Saint Agnes Healthcare, Inc.	12,754
Christiana Care Health Services, Inc.	
Christiana Care, Union Hospital	4,516
Independent Hospitals	
Atlantic General Hospital	2,720
CalvertHealth Medical Center	5,210
Frederick Health Hospital	14,176
Greater Baltimore Medical Center	14,547
Mercy Medical Center	10,770
Meritus Medical Center	14,415
Sheppard Pratt	6,677
Johns Hopkins Health System	
Howard County General Hospital	14,224
Johns Hopkins Bayview Medical Center	17,066
Suburban Hospital	11,186

[13] HSCRC did not have admissions data for Adventist HealthCare Rehabilitation.

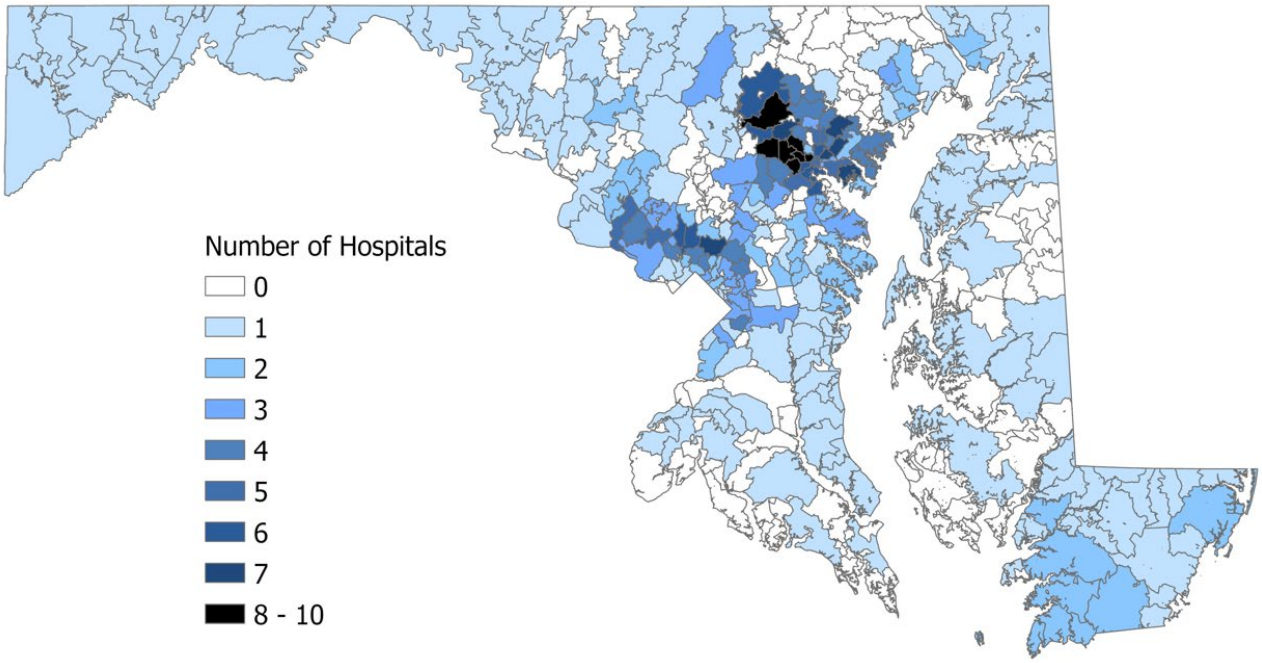
Hospital Name	Inpatient Admissions
Johns Hopkins Hospital	37,436
Jointly Owned Hospitals	
Mt. Washington Pediatric Hospital	542
LifeBridge Health	
Carroll Hospital	7,994
Grace Medical Center	222
Levindale Hebrew Geriatric Center and Hospital of Baltimore, Inc.	1,522
Northwest Hospital Center, Inc.	7,525
Sinai Hospital of Baltimore, Inc.	15,626
Luminis Health	
Anne Arundel Medical Center	23,542
Doctors Community Hospital	9,746
McNew Family Health Center	741
MedStar Health	
MedStar Franklin Square Medical Center	17,446
Medstar Good Samaritan Hospital	8,421
Medstar Harbor Hospital	6,722
MedStar Montgomery Medical Center	4,981
MedStar Southern Maryland Hospital Center	9,800
MedStar St. Mary's Hospital	6,555
MedStar Union Memorial Hospital	9,696
TidalHealth	
TidalHealth McCready Pavilion	0
TidalHealth Peninsula Regional	13,823
Trinity Health	
Holy Cross Germantown Hospital	5,598
Holy Cross Hospital	22,637
University of Maryland	
UM Baltimore Washington Medical Center	16,802
UM Capital Region Health	9,879
UM Charles Regional Medical Center	5,510
UM Rehabilitation & Orthopaedic Institute	1,946
UM Shore Regional Health – Easton	5,155
UM Shore Regional Health – Dorchester	824
UM Shore Regional Health – Chester River	540
UM St. Joseph Medical Center	12,868

Hospital Name	Inpatient Admissions
UM Upper Chesapeake Health – Harford Memorial Hospital	4,148
UM Upper Chesapeake Health – Upper Chesapeake Medical Center	11,387
UMMC Midtown Campus	4,701
University of Maryland Medical Center	24,575
UPMC	
UPMC Western Maryland	9,538
WVU Medical System	
Garrett County Memorial Hospital, DBA Garrett Regional Medical Center	1,429
Total	**475,985**

Primary Service Area

Each hospital has a primary service area (PSA), as defined in its global budget revenue (GBR) agreement.[14] Figure 1 displays a map of Maryland's ZIP codes. Each ZIP code has a color indicating how many hospitals claim that area in their PSAs.

Figure 1. Number of Hospitals Claiming the ZIP Code in Their PSAs, FY 2021*



*: Does not include Luminis Health J. Kent McNew Family Medical Center.

Community Benefit Service Area

The CBR also collects the ZIP codes included in each hospital's community benefit service area (CBSA). Each hospital defines its own CBSA and must disclose the methodology behind this definition in both their CBRs and federally mandated CHNAs.[15] Table 3 summarizes the methods reported by Maryland hospitals. The most common method was based on patterns of service utilization, such as percentages of hospital discharges and emergency department (ED) visits. In general, the other methods that hospitals reported were based on proximity to the facility, social

[14] The exception is the specialty hospitals that do not have GBRs. For these hospitals, the ZIP codes that account for 60 percent of discharges are reported.
[15] 26 CFR § 1.501(r)-3(b).

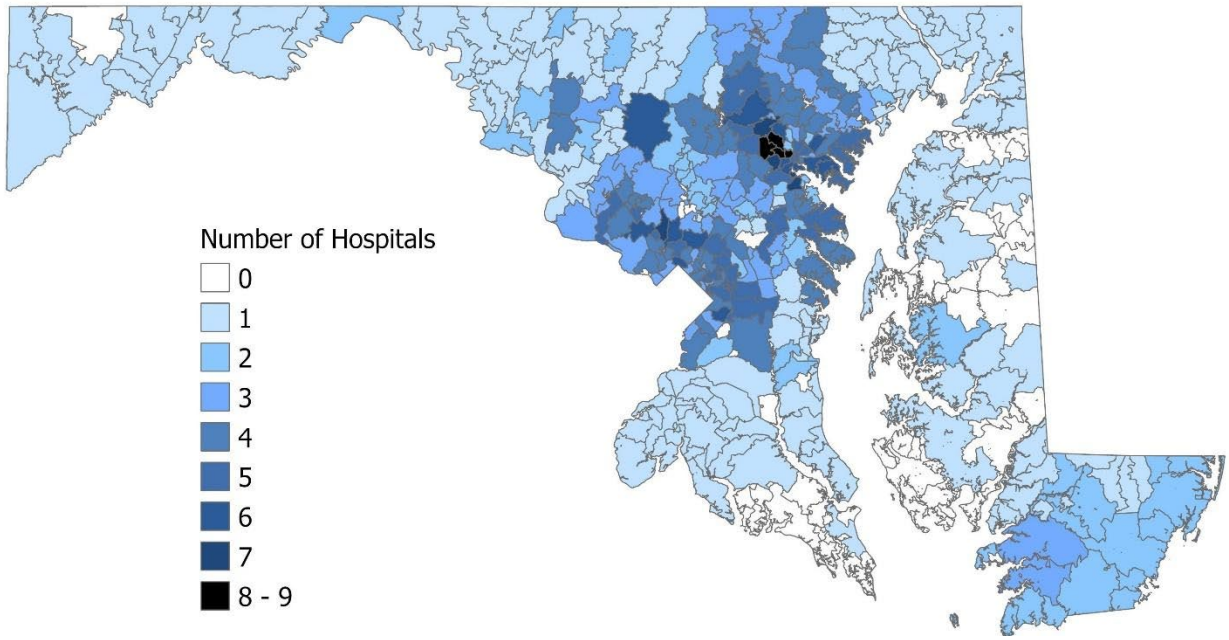
determinants of health indicators, and the proportion of residents who were medically underserved or uninsured/underinsured. Nine hospitals based their CBSAs on the PSAs described above.

Table 3. Methods Used by Hospitals to Identify their CBSAs, FY 2021

CBSA Identification Method	Number of Hospitals
Based on ZIP Codes in Financial Assistance Policy	4
Based on ZIP Codes in their Global Budget Revenue Agreement	9
Based on Patterns of Utilization	33
Other Method	25

Figure 2 displays the number of hospitals claiming each ZIP code in their CBSAs. A total of 93 ZIP codes—those that appear white on the map—are not a part of any hospital's CBSA. This is a slight increase over FY 2020, which identified 91 ZIP codes that were not covered. Four ZIP codes in Baltimore City/County—those that appear black on the map—are part of eight or more hospitals' CBSAs. Although hospital CBSAs and PSAs overlap to some degree, there are differences in the footprint of the CBSAs and PSAs. Please note that there is no requirement for CBSAs and PSAs to overlap. Please also note that hospitals may include out-of-state ZIP codes in their CBSA, but these are not displayed below.

Figure 2. Number of Hospitals Claiming the ZIP Code in Their CBSAs, FY 2021



Other Demographic Characteristics of Service Areas

Hospitals report details about the communities located in their CBSAs. Because most of the required measures in this section of the report are not available at the ZIP code level, they are reported at the county level. Table 4 displays examples of the county-level demographic measures required in the CBR. Because hospitals vary in their approaches to describing their service areas, the data in Table 4 were retrieved independently. See Appendix A for other community health data sources reported by hospitals.

The following measures were derived from the five-year (2016-2020) average estimates of the U.S. Census Bureau's American Community Survey: median household income, percentage of families below the federal poverty level (FPL), percentage uninsured, percentage with public health insurance, mean travel time to work, percentage that speak a language other than English at home, percentage by racial categories, and percentage by ethnicity categories. The life expectancy three-year average (2018-2020) and the crude death rate (2020) measures were derived from the Maryland Department of Health's Vital Statistics Administration.

maryland health services cost review commission

Table 4. Community Statistics by County

County	# of Hospitals w/ CBSAs in that County	Median Household Income	% Below FPL	% Uninsured	% Public Health Insurance	% Medicaid	Mean Travel Time to Work (mins)	% Speak Language Other than English at Home	Race: % White	Race: % Black	Ethnicity: % Hispanic or Latino	Life Expectancy	Crude Death Rate (per 100,000)
Maryland		87,063	5.9	5.9	32.7	25.2	33.0	19.0	58.0	32.1	10.3	78.6	992.0
Allegany	1	49,449	10.1	4.5	46.9	34.6	22.4	3.7	90.1	9.8	1.9	75.5	1664.4
Anne Arundel	8	103,225	3.8	4.3	28.0	18.4	31.2	11.7	75.7	19.3	8.0	79.0	862.8
Baltimore	11	78,724	6.1	5.3	33.9	26.4	29.8	14.6	61.8	31.2	5.6	77.5	1199.9
Baltimore City	16	52,164	15.0	6.0	45.5	46.6	31.1	9.9	32.3	64.1	5.4	71.8	1330.1
Calvert	1	112,696	2.9	3.3	26.9	17.4	42.2	4.5	84.5	14.5	4.1	79.4	881.0
Caroline	1	59,042	9.5	6.2	47.4	38.8	32.7	8.4	82.0	15.9	7.5	76.2	1218.2
Carroll	3	99,569	3.0	3.2	27.1	15.0	36.1	5.2	92.9	4.9	3.7	78.4	1089.3
Cecil	1	79,415	6.4	4.2	36.6	27.7	30.6	6.2	90.0	8.7	4.6	75.1	1179.7
Charles	1	103,678	4.5	4.2	28.5	22.2	45.4	8.3	46.1	51.5	6.1	77.9	873.3
Dorchester	1	52,799	10.9	4.9	52.6	43.0	27.3	6.3	69.5	29.9	5.8	75.7	1400.2
Frederick	5	100,685	4.4	4.5	27.7	17.5	35.4	14.4	83.3	11.9	10.0	80.1	836.9
Garrett	1	54,542	6.1	6.4	44.4	31.9	23.7	2.5	97.9	1.6	1.2	77.7	1528.5
Harford	2	94,003	4.2	3.3	29.7	19.5	32.7	7.3	81.0	15.9	4.7	78.5	1002.7
Howard	3	124,042	3.6	3.7	24.0	15.8	31.1	25.9	59.5	21.6	7.0	82.7	632.8
Kent	1	60,208	6.0	4.1	45.4	27.6	28.2	5.7	82.5	15.9	4.5	78.0	1683.0
Montgomery	9	111,812	4.4	6.8	27.4	20.0	34.4	40.9	56.3	20.7	19.5	84.2	728.9
Prince George's	7	86,994	5.6	10.3	32.6	26.7	37.0	27.8	18.8	64.7	18.8	78.4	925.1
Queen Anne's	2	96,467	3.1	4.3	33.7	18.3	36.0	5.3	91.3	7.3	4.1	79.8	901.0
Saint Mary's	1	95,864	6.7	4.7	29.5	21.7	31.7	7.1	81.5	16.6	5.3	78.2	882.4
Somerset	3	44,980	15.1	5.2	51.1	38.6	24.2	4.7	56.3	44.6	3.7	75.7	1379.0

County	# of Hospitals w/ CBSAs in that County	Median Household Income	% Below FPL	% Uninsured	% Public Health Insurance	% Medicaid	Mean Travel Time to Work (mins)	% Speak Language Other than English at Home	Race: % White	Race: % Black	Ethnicity: % Hispanic or Latino	Life Expectancy	Crude Death Rate (per 100,000)
Talbot	2	73,102	5.5	4.1	45.8	24.3	27.4	7.9	85.9	13.7	6.9	79.4	1490.3
Washington	1	63,510	8.8	5.2	40.5	31.6	30.2	7.4	85.8	13.8	5.4	75.9	1302.1
Wicomico	2	60,366	8.9	6.7	44.1	36.7	22.0	10.9	68.5	28.4	5.4	76.1	1154.9
Worcester	2	65,396	6.3	5.4	47.3	27.4	24.1	6.7	85.2	14.2	3.6	79.9	1414.0
Source	[16]	[17]	[18]	[19]	[20]	[21]	[22]	[23]	[24]	[25]	[26]	[27]	[28]

[16] As reported by hospitals in their FY 2021 Community Benefit Narrative Reports.
[17] American Community Survey 5-Year Estimates 2016 – 2020, Selected Economic Characteristics, Median Household Income (Dollars), https://data.census.gov/cedsci/.
[18] American Community Survey 5-Year Estimates 2016 – 2020, Selected Economic Characteristics, Percentage of Families and People Whose Income in the Past 12 Months is Below the Federal Poverty Level – All Families.
[19] American Community Survey 5-Year Estimates 2016 – 2020, Selected Economic Characteristics, Health Insurance Coverage (Civilian Noninstitutionalized Population) – No Health Insurance Coverage.
[20] American Community Survey 5-Year Estimates 2016 – 2020, Selected Economic Characteristics, Health Insurance Coverage (Civilian Noninstitutionalized Population) – With Public Coverage.
[21] 2020 Census (denominator) and The Maryland Medicaid Dataport, the Hilltop Institute (numerator).
[22] American Community Survey 5-Year Estimates 2016 – 2020, Selected Economic Characteristics, Commuting to Work – Mean Travel Time to Work (Minutes).
[23] American Community Survey 5-Year Estimates 2016 – 2020, Language Spoken at Home, Population 5 Years and Over, Speak a Language Other Than English.
[24] American Community Survey 5-Year Estimates 2016 – 2020, ACS Demographic and Housing Estimates, Race alone or in combination with one or more other races - Total Population – White.
[25] American Community Survey 5-Year Estimates 2016 – 2020, ACS Demographic and Housing Estimates, Race alone or in combination with one or more other races - Total Population – Black or African American.
[26] American Community Survey 5-Year Estimates 2016 – 2020, ACS Demographic and Housing Estimates, Hispanic or Latino and race - Total Population - Hispanic or Latino (of any race).
[27] Maryland Department of Health and Mental Hygiene Vital Statistics Report: 2020, Table 7. Life Expectancy at Birth by Race, Region, and Political Subdivision, Maryland, 2018 – 2020.
[28] Maryland Department of Health and Mental Hygiene Vital Statistics Report: 2020, Table 39A. Crude Death Rates by Race, Hispanic Origin of Mother, Region, and Political Subdivision, Maryland, 2020.

Section II. Community Health Needs Assessment

Section II of the CBR narrative asks hospitals whether they conducted a CHNA, when they last conducted it, and whether they adopted an implementation strategy. All hospitals reported conducting CHNAs that conform to the IRS definition within the past three fiscal years as well as adopting an implementation strategy. See Appendix B for the dates in which hospitals conducted their last CHNAs. These dates ranged from June 2018 to June 2021.

This section also asks the hospitals to report on the internal and external participants involved in the CHNA process, including their corresponding roles. Table 5 shows the number of hospitals that reported collaborating with one of several types of external organizations. Only 17 hospitals partnered with local health improvement collaboratives (LHICs) in their most recent CHNA efforts, a significant reduction from what was reported in FY 2020. See Appendices C, D, and E for more detail on the internal and external participants in development of the hospitals' CHNAs.

Table 5. Number of Hospitals that Collaborated with Selected Types of External Organizations for Their Most Recent CHNA

Collaborator Type	Number of Hospitals	% of Hospitals
Post-Acute Care Organizations	6	13%
Local Health Departments	20	42%
Local Health Improvement Collaboratives	17	35%
Other Hospitals	18	38%
Behavioral Health Organizations	17	35%

Section III. Community Benefit Administration

This section of the narrative CBR requires hospitals to report on the process of determining which needs in the community would be addressed through community benefit activities. Hospitals also must report on the internal participants involved in community benefit activities and their corresponding roles. Table 6 presents some highlights, and Appendices C and F provide full detail. Of note, around 96 percent of hospitals employed population health staff.

Table 6. Number of Hospitals Reporting Staff in the Following Categories

Staff Category	Number of Hospitals	% of Hospitals
Population Health Staff	46	96%
Community Benefit Staff	41	85%
Community Benefit/Pop Health Director	46	96%

Since reporting related to CHNA external partners was optional in FY 2021, these results should be interpreted with caution.

Internal Audit and Board Review

This part of the report addresses whether the hospital conducted an internal audit of the CBR financial spreadsheet and narrative. Table 7 shows that 47 out of 48 hospitals conducted some kind of audit of the financial spreadsheet. Audits were most frequently performed by hospital or system staff. These figures are similar to what was reported in FY 2020.

Table 7. Hospital Audits of CBR Financial Spreadsheet

	Number of Hospitals	
Audit Type	**Yes**	**No**
Hospital Staff	42	6
System Staff	37	11
Third-Party	12	36
No Audit	1	47
Two or More Audit Types	36	12
Three or More Audit Types	8	40

This section also addresses whether the hospital board reviews and approves the CBR spreadsheet and narrative. Table 8 shows that most hospital boards review and approve the CBR. Of the hospitals that reported that they did not submit their reports for board review, their rationale was largely related to timing issues or because the board had delegated this authority to executive staff. For example, several hospitals reported that their board meets only twice per year and did not have the opportunity to review before the report deadline. These responses were very similar to what was reported in FY 2020.

Table 8. Hospital Board Review of the CBR

	Number of Hospitals	
Board Review	**Yes**	**No**
Spreadsheet	39	9
Narrative	39	9

This section also asks if community benefit investments were incorporated into the major strategies of the Hospital Strategic Transformation Plan. Table 9 shows that most hospitals indicated that community benefit investments were a part of their Strategic Transformation Plan.

Table 9. Community Benefit Investments in Hospital Strategic Transformation Plan

Community Benefit Investments in Strategic Transformation Plan	Number of Hospitals
Yes	43
No	5

Section IV. Hospital Community Benefit Program and Initiatives

The CBR asks hospitals to describe the community benefit initiatives undertaken to address CHNA-identified needs in the community. Table 10 summarizes the most commonly identified needs among all hospitals. A full accounting of all CHNA-identified community health needs is available in Appendix G.

Table 10. Top 5 CHNA-Identified Community Health Needs

CHNA-Identified Community Health Need	Number of Hospitals
Health Conditions - Mental Health and Mental Disorders	46
Health Conditions - Diabetes	39
Health Conditions - Heart Disease and Stroke	35
Social Determinants of Health - Health Care Access and Quality	35
Health Conditions - Cancer	33

Table 11 summarizes the CHNA-identified community health needs most commonly addressed by a hospital initiative in FY 2021. Appendix G shows the number of hospitals reporting initiatives to address all CHNA-identified community health needs.

Table 11. Top 5 CHNA-Identified Community Health Needs Addressed

CHNA-Identified Community Health Need	Number of Hospitals
Health Conditions - Mental Health and Mental Disorders	25
Social Determinants of Health - Health Care Access and Quality	23
Health Conditions - Diabetes	21
Health Conditions - Heart Disease and Stroke	19
Health Conditions - Addiction	19

Since initiative reporting was optional in FY 2021, these results should be interpreted with caution.

Community Benefit Operations/Activities Related to State Initiatives

Hospitals were asked how their community benefit operations/activities worked toward the state's initiatives for improvement in population health, as identified by the Statewide Integrated Health Improvement Strategy (SIHIS). The SIHIS provides a framework for accountability, local action, and public engagement to advance the health of Maryland residents. In the context of the state's Total Cost of Care Model, hospitals are tasked with improving quality, including decreasing readmissions and hospital-acquired conditions. Of the 48 hospitals, 43 reported that their community benefit activities addressed at least one SIHIS goal. Table 12 presents the number of hospitals that addressed at least one goal under each SIHIS category. Because hospitals targeted their community benefit initiatives to address community health needs identified in their CHNAs, the SIHIS goals selected tended to be those that were in alignment with hospital CHNAs. Reducing the mean BMI for Maryland residents, related to diabetes, was the SIHIS goal most addressed by hospitals' community benefit activities. Decreasing asthma-related ED visits for children was the SIHIS goal that was least commonly addressed.

Table 12. Number of Hospitals with CB Activities Addressing SIHIS Goals, FY 2021

SIHIS Goal	Number of Hospitals in Alignment
Diabetes – Reduce the mean BMI for Maryland residents	39
Opioid Use Disorder – Improve overdose mortality	33
Maternal and Child Health – Reduce severe maternal morbidity rate	18
Maternal and Child Health – Decrease asthma-related emergency department visit rates for children aged 2-17	11

Section V. Physician Gaps in Availability

Maryland law requires hospitals to provide a written description of gaps in the availability of specialist providers to serve their uninsured populations.[29] Each hospital uses its own criteria to determine what constitutes a physician gap. Table 13 shows the gaps in availability that were identified by the hospitals and the number of hospitals that reported each gap. The most frequently reported gap was Internal Medicine (reported by 22 hospitals), followed by Emergency Medicine, Obstetrics & Gynecology, Pediatrics, Psychiatry, and other specialties. Six hospitals reported no gaps. Seven hospitals did not fully and accurately complete this section of the narrative report and

[29] MD. CODE. ANN., Health-Gen. § 19-303(c)(4)(vi).

were excluded from this table. See the mission-driven services section of the financial report summary for a related discussion.

Table 13. Gaps in Physician Availability

Physician Specialty Gap	Number of Hospitals
No gaps	6
Internal Medicine	22
Emergency Medicine	20
Obstetrics & Gynecology	19
Pediatrics	19
Psychiatry	19
Other	19
Surgery	18
Anesthesiology	17
Cardiology	14
Endocrinology, Diabetes & Metabolism	12
Neurology	12
Oncology-Cancer	12
Orthopedics	11
Family Practice/General Practice	10
Radiology	10
Urology	9
Neurological Surgery	8
Ophthalmology	8
Otolaryngology	8
Pathology	3
Plastic Surgery	3
Geriatrics	2
Physical Medicine & Rehabilitation	2
Preventive Medicine	2
Allergy & Immunology	1
Medical Genetics	1
Dermatology	0

Section VI. Financial Assistance Policies

Finally, the narrative section of the CBR requires hospitals to submit information about their financial assistance policies. Maryland law established the requirements for hospitals to provide free or reduced cost care as part of their financial assistance policies as follows:[30]

- Hospitals must provide free, medically necessary care to patients with family income at or below 200 percent of the FPL.[31] Twenty hospitals reported a more generous threshold.
- Hospitals must provide reduced-cost, medically necessary care to patients with family income between 200 and 300 percent of the FPL.[32] Forty-four hospitals reported a more generous threshold.[33]
- Hospitals must provide reduced-cost, medically necessary care to patients with family income below 500 percent of the FPL who have a financial hardship, which is referred to as the financial hardship policy.[34] In order to qualify as having a financial hardship, the medical debt incurred by a family over a 12-month period must exceed 25 percent of the family's income.[35] Seven hospitals reported a more generous threshold.

Staff noted variation among the hospitals in the content and format of their financial assistance policy documents.

Section VII. Tax Exemptions

Newly required under HB 1169/SB 774 of 2020, hospitals reported on the types of tax exemptions claimed. Table 14 shows the number of hospitals that reported claiming each type of tax exemption. Hospitals that selected "Other" indicated that they also claimed an exemption from the federal unemployment insurance tax (FUTA). One hospital reported claiming some exemptions from some property taxes depending on usage but not from all local property taxes.

Table 14. Tax Exemptions

Tax Exemption	Number of Hospitals
Federal corporate income tax	47
State corporate income tax	47
State sales tax	45
Local property tax (real and personal)	44
Other (describe)	6

[30] MD. CODE. ANN., Health-Gen. § 19-214.1; COMAR 10.37.10.26.
[31] MD. CODE. ANN., Health-Gen. § 19-214.1(b)(2)(i); COMAR 10.37.10.26(A-2)(2)(a)(i).
[32] COMAR 10.37.10.26(A-2)(2)(a)(ii).
[33] For this analysis, the FAPs of hospitals at which patients receive free care up to 300% FPL, making the guidelines for reduced-cost care without financial hardship inapplicable, were counted as more generous than Maryland law requires for both the "free care" and "reduced-cost care" (without financial hardship) items.
[34] COMAR 10.37.10.26(A-2)(3).
[35] COMAR 10.37.10.26(A-2)(1)(b)(i).

Financial Reports

The CBR financial reports collect information about staff hours, the number of encounters, and direct and indirect costs of community benefits, categorized by type of community benefit activity. The reporting period for these financial data is July 1, 2020, through June 30, 2021. Hospitals were instructed to use data from audited financial statements to calculate the cost of each of the community benefit categories contained in the CBR financial reports and to limit reporting to only those hospital services reported on the IRS 990 schedule H. Fifty-one hospitals submitted individual financial reports.

FY 2021 Financial Reporting Highlights

Table 15 presents a statewide summary of community benefit expenditures for FY 2021. Maryland hospitals provided roughly $1.95 billion in total community benefit activities (before adjusting for rate support) in FY 2021—a total that is slightly higher than FY 2020 ($1.94 billion). The FY 2021 total includes: net community benefit expenses of $703 million in mission-driven health care services (subsidized health services), $644 million in health professions education, $330 million in charity care, $148 million in community health services, $56 million in Medicaid deficit assessment costs, $26 million in community building activities, $16 million in financial contributions, $14 million in research activities, $14 million in community benefit operations, and $1 million in foundation-funded community benefits. 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.

Table 15. Total Community Benefits, FY 2021

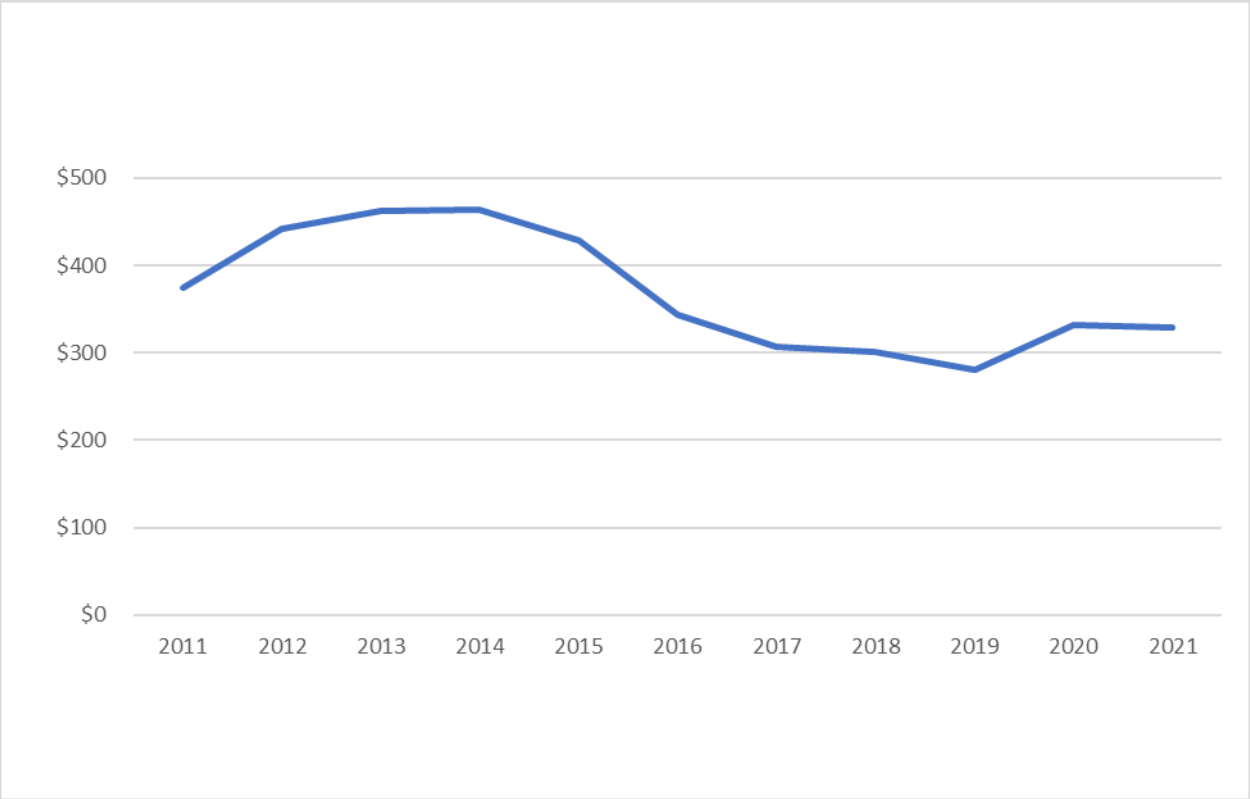
Community Benefit Category	Net Community Benefit Expense	Percent of Total CB Expenditures	Net Community Benefit Expense Less Hospital-reported Rate Support	Percent of Total CB Expenditures w/o Rate Support
Unreimbursed Medicaid Cost	$55,638,248	2.85%	$55,638,248	4.62%
Community Health Services	$147,560,517	7.56%	$136,149,801	11.32%
Health Professions Education	$644,376,489	33.00%	$235,701,245	19.59%
Mission Driven Health Services	$703,102,308	36.01%	$703,102,308	58.44%
Research	$13,834,648	0.71%	$13,834,648	1.15%
Financial Contributions	$16,296,497	0.83%	$16,296,497	1.35%

Community Benefit Category	Net Community Benefit Expense	Percent of Total CB Expenditures	Net Community Benefit Expense Less Hospital-reported Rate Support	Percent of Total CB Expenditures w/o Rate Support
Community Building	$25,945,729	1.33%	$25,945,729	2.16%
Community Benefit Operations	$14,494,733	0.74%	$14,494,733	1.20%
Foundation	$1,334,192	0.07%	$1,334,192	0.11%
Charity Care	$329,992,676	16.90%	$581,306	0.05%
Total	**$1,952,576,038**	**100%**	**$1,203,078,708**	**100%**

In Maryland, some activities that are considered community benefit are built into the rates for which all hospitals are reimbursed by all payers, including the costs of uncompensated care (including charity care), graduate medical education, the nurse support programs, and the regional partnership catalyst grants. These costs are essentially "passed through" to the payers of hospital care. To comply with IRS Form 990 and avoid accounting confusion among programs that are not funded by hospital rate setting, the HSCRC requests that hospitals exclude from their reports all revenue that is included in rates as offsetting revenue on the CBR worksheet. Appendix I details the amounts that were included in rates and funded by all payers for charity care, direct graduate medical education, and nurse support programs in FY 2021. *New to this year's report, please note that the nurse support program II and the regional catalyst grants are counted as rate support, so the rate support adjustments are higher in FY 2021 compared with prior years.*

Figure 3 shows the rate support for charity care from FY 2011 through FY 2021. This decreased slightly in FY 2021 after an increase in FY 2020 followed several years of decreases in the wake of ACA implementation. See Appendix H for more details on the charity care methodology.

Figure 3. Rate Support for Charity Care (in millions), FY 2011-FY 2021



Another social cost funded through 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 (i.e., direct medical education, or DME), which include the residents' and interns' wages and benefits, faculty supervisory expenses, and allocated overhead. The HSCRC's annual cost report quantifies the DME costs of physician training programs at Maryland hospitals. In FY 2021, DME costs totaled $374 million.

The HSCRC's Nurse Support Program I (NSP I) and NSP II are aimed at addressing the short- and long-term nursing shortage affecting Maryland hospitals. In FY 2021, the HSCRC provided $18 million in hospital rate adjustments for the NSP I and $17 million for the NSP II. See Appendix I for detailed information about funding provided to specific hospitals.

When the reported community benefit costs for Maryland hospitals were offset by rate support, the net community benefits provided in FY 2021 were about $1.2 billion, or 7.4 percent of total hospital operating expenses. This is similar to the $1.2 billion in net benefits provided in FY 2020, which totaled 7.2 percent of hospital operating expenses.

Table 16 presents expenditures for health professional education by activity. As with prior years, the education of physicians and medical students made up the majority of expenses, totaling

$569.6 million. The second highest category was the education of nurses and nursing students, totaling $40.6 million. The education of other health professionals totaled $25.7 million.

Table 16. Health Professions Education Activities and Costs, FY 2021

Health Professions Education	Net Community Benefit with Indirect Cost
Physicians and Medical Students	$569,607,102
Nurses and Nursing Students	$40,571,665
Other Health Professionals	$25,744,142
Scholarships and Funding for Professional Education	$4,760,602
Other	$3,319,298
Total	**$643,822,809**

Table 17 presents expenditures for community health services by activity. As with prior years, health care support services comprised the largest portion of expenses in the category of community health services, totaling $62.7 million. Community health education was the second highest category, totaling $25.8 million, and community-based clinical services were the third highest, totaling $15.6 million. For additional detail, see Appendix J.

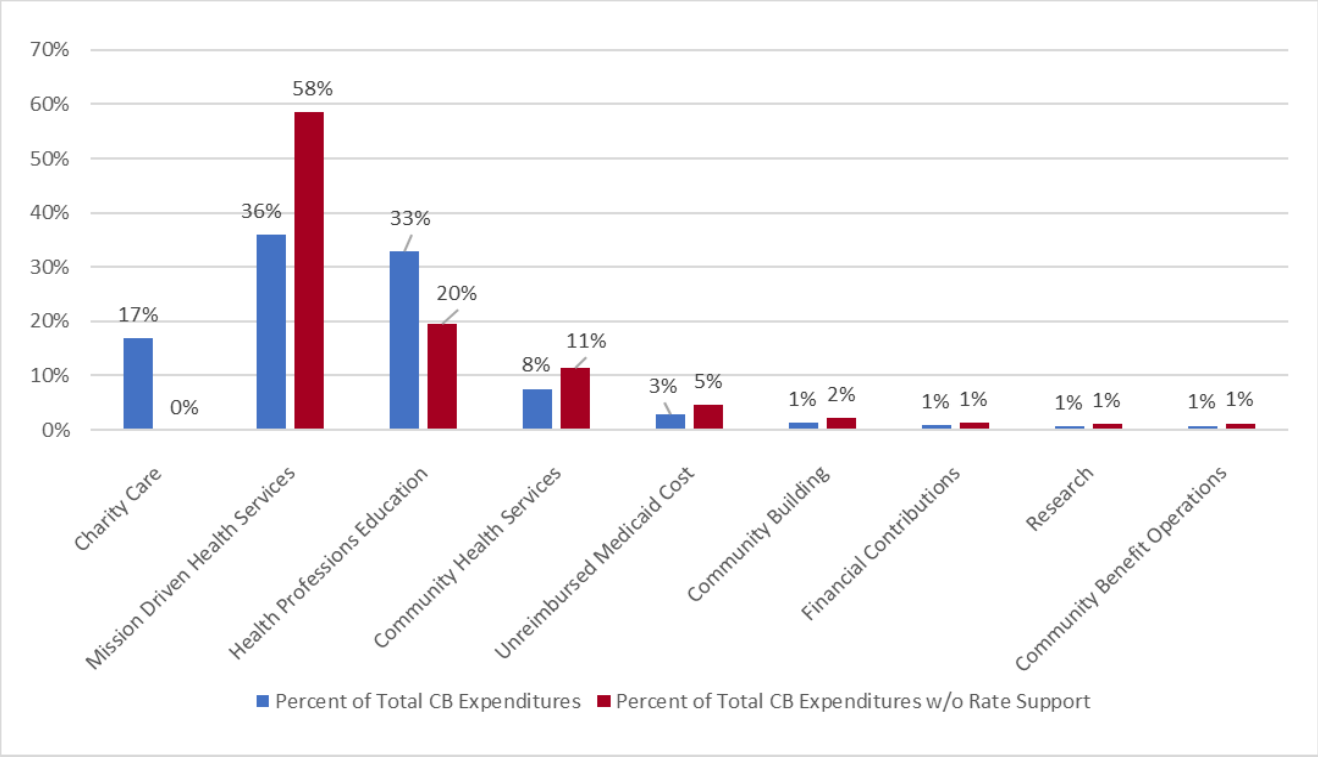
Table 17. Community Health Services Activities and Costs, FY 2021

Community Health Services	Net Community Benefit with Indirect Cost
Community Health Education	$25,833,662
Support Groups	$4,601,521
Self-Help	$931,651
Community-Based Clinical Services	$15,593,667
Screenings	$3,275,382
One-Time/Occasionally Held Clinics	$692,083
Free Clinics	$13,593,461
Mobile Units	$325,069
Health Care Support Services	$62,706,553
Other	$14,285,590
Total	**$141,838,639**

Accounting for rate support significantly affects the distribution of expenses by category. Figure 4 shows expenditures for each community benefit category as a percentage of total expenditures. Mission-driven health services, health professions education, and charity care represented the majority of the expenses, at 36 percent, 33 percent, and 17 percent, respectively. Figure 4 also shows the percentage of expenditures by category without rate support, which changed the distribution: mission-driven health services remained the category with the highest percentage of

expenditures, at 58 percent, followed by health professions education at 20 percent, and community health services at 11 percent.

Figure 4. Percentage of Community Benefit Expenditures by Category with and without Rate Support, FY 2021



Appendix K compares hospitals in terms of the total amount of community benefits reported and the amount of community benefits recovered through HSCRC-approved rate supports (i.e., charity care, direct medical education, and nurse support) or as revenue from billable services. The HSCRC continues to encourage hospitals to incorporate community benefit operations into their overall strategic planning.

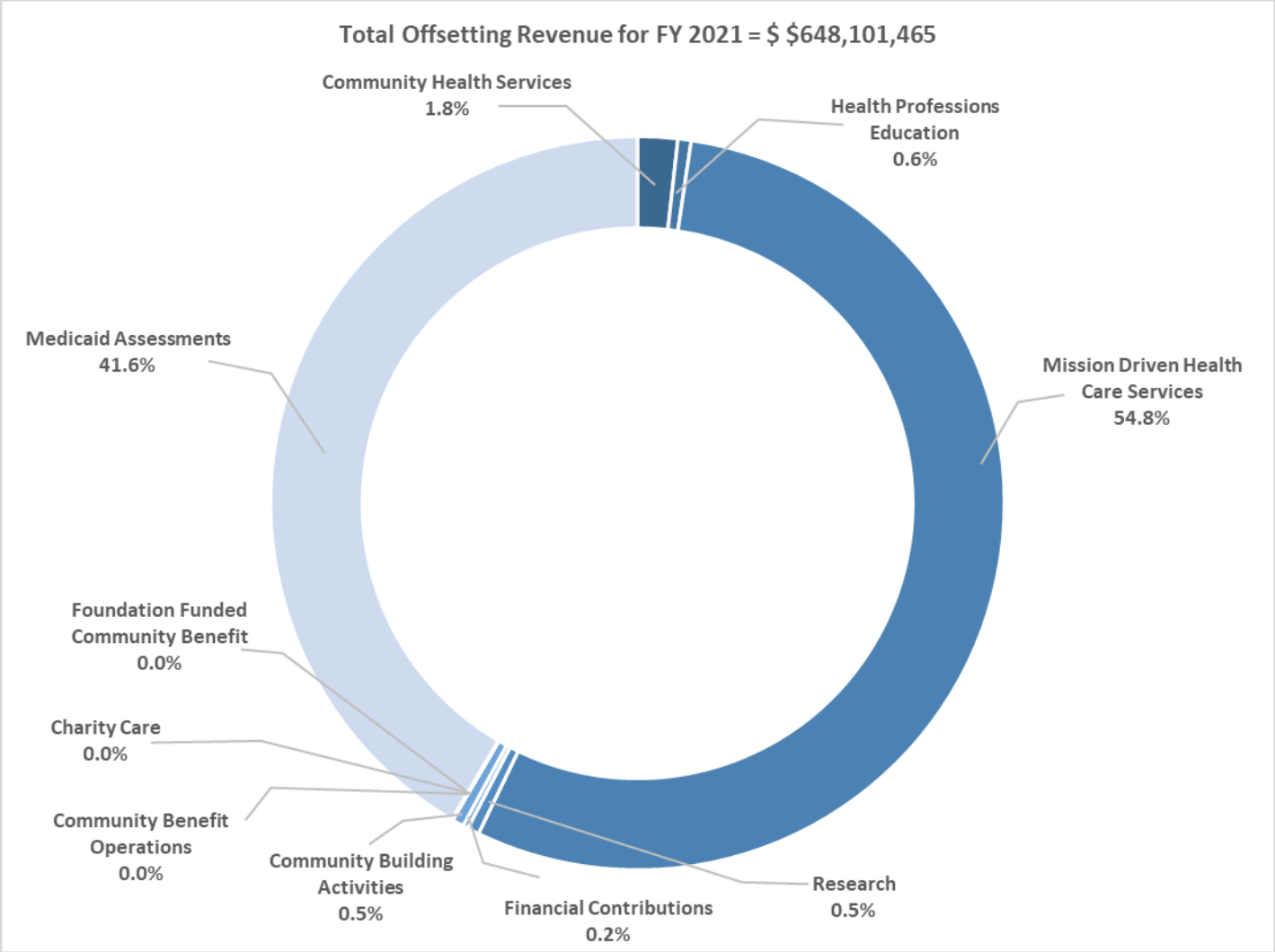
The total amount of net community benefit expenditures without rate support as a percentage of total operating expenses ranged from 0.6 to 21.4 percent, with an average of 6.6 percent, which was slightly lower than the average of 7.8 percent in FY 2020. Ten hospitals reported providing benefits in excess of 10 percent of their operating expenses, compared with eleven hospitals in FY 2020.

Mission-Driven Services and Offsetting Revenue

The instructions for the financial report require hospitals to report offsetting revenue for their community benefit activities, which is defined as any revenue generated by the activity or program, such as payment for services provided to program patients, restricted grants, or

contributions used to provide a community benefit. Figure 5 presents the total FY 2021 offsetting revenue by community benefit category. The largest components of offsetting revenue were mission-driven health care services (54.8 percent) and the Medicaid deficit assessment (41.6 percent). Last year, these two categories accounted for 56.6 percent and 39.5 percent of offsetting revenue, respectively. Other categories had minimal offsetting revenue. Please note that the Medicaid deficit assessment is a broad-based uniform assessment to hospital rates that is set by the Maryland General Assembly. The hospitals pay this assessment, but a portion of it is reimbursed back to the hospital through all-payer rates, which is then reported as offsetting revenue. Therefore, the offsetting revenue reported for the Medicaid deficit assessment is different from the offsetting revenue reported for other community benefit categories.

Figure 5. Sources of Offsetting Revenue for Maryland Hospitals, FY 2021



Mission-driven health services accounted for the majority of offsetting revenues. By definition, mission-driven services are intended to be services provided to the community that are not expected to result in revenue. Rather, hospitals undertake these services as a direct result of their community or mission driven initiatives, or because the services would otherwise not be provided in the community. Table 18 presents offsetting revenue for mission-driven services by hospital. The hospitals are sorted in increasing order of the proportion of reported expenditures offset by revenue. Twelve hospitals did not report any offsetting revenue from mission-driven health services. Seven hospitals reported offsetting revenue for 50 percent or more of their mission-driven expenditures.

Table 18. Mission-Driven Health Services Expenditure and Offsetting Revenue among Maryland Hospitals, FY 2021

Hospital Name	Total Expenditure	Offsetting Revenue and Rate Support	Proportion of Total Expenditure Offset by Revenue and Rate Support	Net Community Benefit
Meritus Medical Center	$85,331,375	$40,549,051	47.5%	$44,782,325
Univ. of Maryland Medical Center	$24,923,248	$9,987,519	40.1%	$14,935,729
Univ. of Maryland Capital Region Medical Center	$54,720,768	$12,811,724	23.4%	$41,909,044
Holy Cross Hospital	$9,308,178	$1,023,924	11.0%	$8,284,254
Frederick Memorial Hospital	$15,336,911	$125,069	0.8%	$15,211,842
Univ. of Maryland Harford Memorial Hospital	$3,698,023	$1,045,671	28.3%	$2,652,352
Mercy Medical Center, Inc.	$21,711,159	$700,208	3.2%	$21,010,951
The Johns Hopkins Hospital	$13,417,980	$504,928	3.8%	$12,913,052
Univ. of Maryland Shore Medical Center at Dorchester	$7,243,072	$0	0.0%	$7,243,072
Ascension Saint Agnes Hospital	$30,794,570	$15,253,412	49.5%	$15,541,158
Sinai Hospital of Baltimore	$34,903,414	$8,860,372	25.4%	$26,043,042
Grace Medical Hospital	$11,245,499	$6,439,640	57.3%	$4,805,859
MedStar Franklin Square Hospital	$34,953,780	$18,721,494	53.6%	$16,232,286
Adventist White Oak Hospital	$35,880,458	$19,268,622	53.7%	$16,611,836
Garrett Regional Hospital	$9,939,579	$3,045,264	30.6%	$6,894,315
MedStar Montgomery General Hospital	$11,427,263	$8,315,136	72.8%	$3,112,127
TidalHealth Peninsula Regional Medical Center	$23,574,697	$12,694,920	53.8%	$10,879,777
Suburban Hospital	$16,113,928	$620,108	3.8%	$15,493,820
Anne Arundel General Hospital	$37,187,135	$0	0.0%	$37,187,135
MedStar Union Memorial Hospital	$7,538,794	$3,460,111	45.9%	$4,078,683
UPMC Western Maryland Hospital	$93,970,345	$44,098,271	46.9%	$49,872,074
MedStar St. Marys Hospital	$14,131,037	$4,413,996	31.2%	$9,717,041
Johns Hopkins Bayview Med. Center	$8,579,886	$1,091,043	12.7%	$7,488,843

Hospital Name	Total Expenditure	Offsetting Revenue and Rate Support	Proportion of Total Expenditure Offset by Revenue and Rate Support	Net Community Benefit
Univ. of Maryland Shore Medical Center at Chestertown	$9,524,532	$0	0.0%	$9,524,532
ChristianaCare, Union Hospital	$19,707,732	$9,037,022	45.9%	$10,670,710
Carroll Hospital Center	$12,132,057	$36,235	0.3%	$12,095,822
MedStar Harbor Hospital Center	$20,318,099	$9,499,418	46.8%	$10,818,681
Univ. of Maryland Charles Regional Medical Center	$16,472,957	$5,612,902	34.1%	$10,860,055
Univ. of Maryland Shore Medical Center at Easton	$24,234,642	$0	0.0%	$24,234,642
Univ. of Maryland Medical Center Midtown Campus	$22,593,449	$3,367,952	14.9%	$19,225,497
CalvertHealth Medical Center	$17,700,917	$2,151,022	12.2%	$15,549,895
Northwest Hospital	$13,023,115	$3,860,564	29.6%	$9,162,551
Univ. of Maryland Baltimore Washington Medical Center	$25,141,622	$14,405,920	57.3%	$10,735,702
Greater Baltimore Medical Center	$127,870,204	$77,664,643	60.7%	$50,205,561
TidalHealth McCready Pavilion	$49,994	$0	0.0%	$49,994
Howard County General Hospital	$16,164,087	$0	0.0%	$16,164,087
Univ. of Maryland Upper Chesepeake Medical Center	$8,265,189	$2,439,898	29.5%	$5,825,291
Doctors Community Hospital	$9,144,918	$0	0.0%	$9,144,918
MedStar Good Samaritan Hospital	$12,312,058	$4,875,724	39.6%	$7,436,334
Adventist Shady Grove Medical Center	$15,617,469	$403,023	2.6%	$15,214,446
Univ. of Maryland Rehabilitation & Orthopaedic Institute	$3,233,065	$801,401	24.8%	$2,431,664
Adventist Fort Washington Medical Center	$1,045,707	$0	0.0%	$1,045,707
Atlantic General Hospital	$390,073	$68,527	17.6%	$321,546
MedStar Southern Maryland Hospital	$14,608,279	$6,477,917	44.3%	$8,130,362
Univ. of Maryland St. Josephs Medical Center	$37,685,478	$0	0.0%	$37,685,478
Levindale Hebrew Geriatric Center & Hospital	$592,620	$49,395	8.3%	$543,225
Holy Cross Germantown Hospital	$2,979,709	$0	0.0%	$2,979,709
Mt. Washington Peds	$831,564	$271,393	32.6%	$560,171
Sheppard & Enoch Pratt Hospital	$19,331,839	$1,443,918	7.5%	$17,887,921
J. Kent McNew Family Medical Center	$227,088	$0	0.0%	$227,088
Adventist Rehabilitation	$1,132,052	$0	0.0%	$1,132,052
Total	**$1,058,261,615**	**$355,497,356**	**33.6%**	**$702,764,259**

FY 2004 – FY 2021 18-Year Summary

FY 2021 marks the 18th year since the inception of the CBR. In FY 2004, community benefit expenses represented $586.5 million, or 6.9 percent of hospitals' operating expenses. In FY 2021, these expenses represented roughly $1.95 billion, or 10.7 percent of operating expenses. Figures 6 and 7 show the trend of community benefit expenses with and without rate support. On average, approximately 50 percent of expenses were reimbursed through the rate-setting system.

Figure 6. FY 2011 – FY 2021 Community Benefit Expenses with and without Rate Support (in millions)

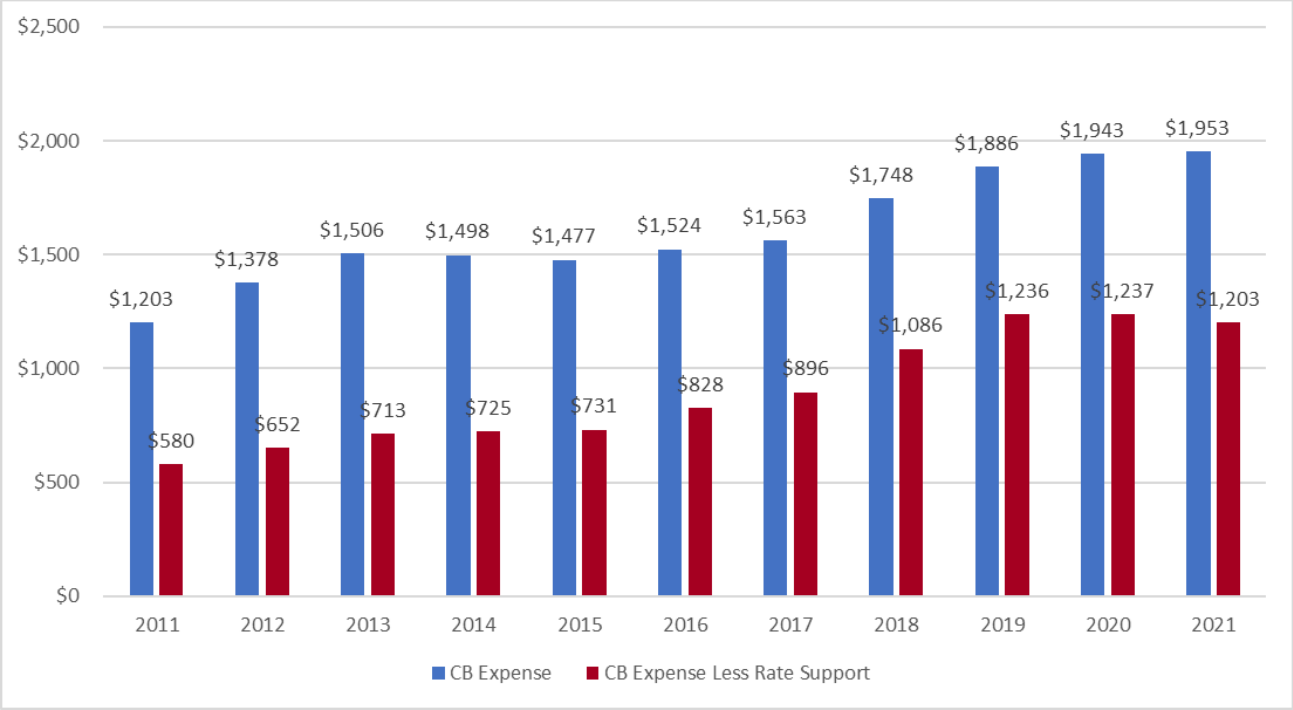
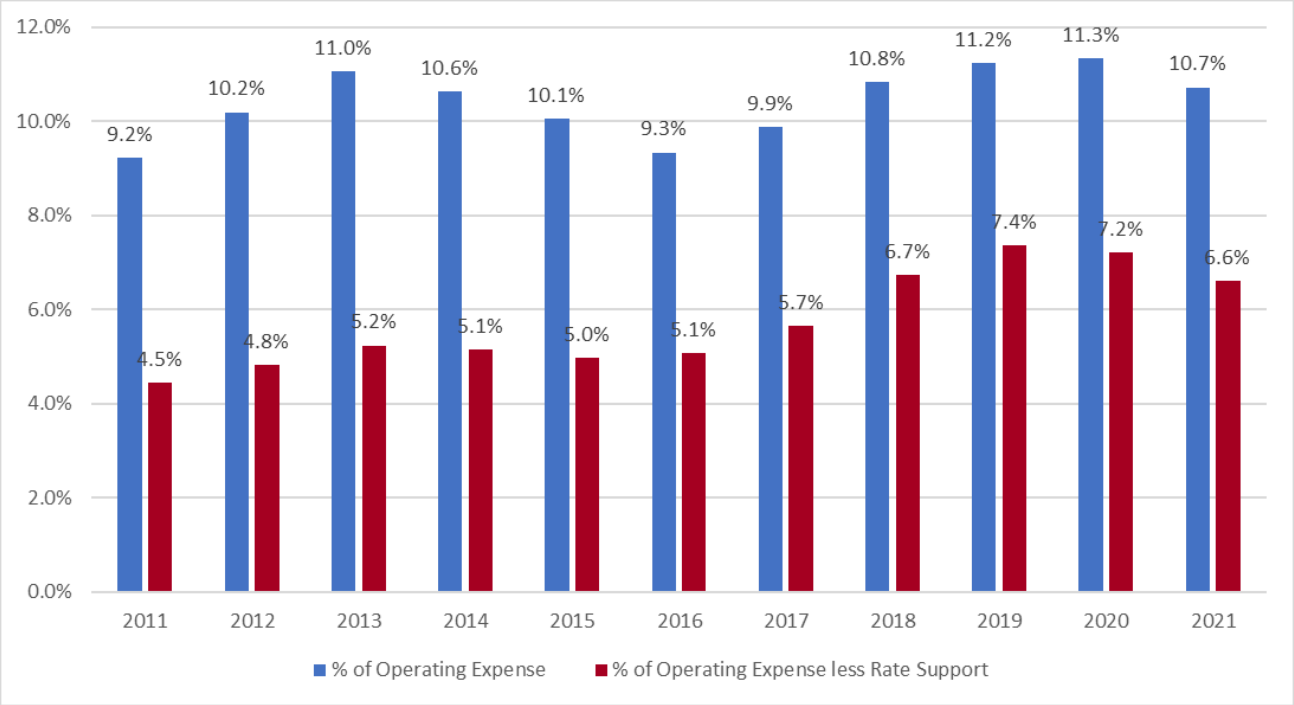


Figure 7. FY 2011 – FY 2021 Community Benefit Expenses as a Percentage of Operating Expenses with and without Rate Support



Conclusion

In summary, all 51 Maryland hospitals submitted FY 2021 CBRs, showing over $1.9 billion in community benefit expenditures, slightly higher than in FY 2020. The distribution of expenditures across community benefit categories remained similar to prior years, with mission-driven services accounting for the majority of expenditures. Overall, expenditures as a percentage of operating expenses decreased from 11.3 percent in FY 2020 to 10.7% in FY 2021. After accounting for rate support, expenditures as a percentage of operating expenses slightly decreased from 7.2 percent to 6.6 percent (driven by accounting for additional types of rate support this year).

The narrative portion of the CBR provides the HSCRC with richer detail on hospital community benefit and CHNA activities beyond what is included in the financial report. The hospitals continued to be very responsive to using the reporting tool, and all hospitals successfully submitted their reports online. Encouraging findings of the review include a senior-level commitment to community benefit activities and community engagement. For example, 96 percent of hospitals employed a population health director, and most reported that these staff members were involved in selecting the community health needs to target and in developing community benefit initiatives. Eighty-seven percent of hospitals employ staff dedicated to community benefit. Most hospitals (over 80 percent) report having initiative targeting the SIHIS diabetes goals.

The review also identified the following areas for improvement:

- Staff continued to note variation in the format and content of the hospitals' financial assistance policy documents. Standardization of these documents could provide greater clarity for consumers.
- Hospitals historically took inconsistent approaches to reporting offsetting revenue and physician subsidies within mission-driven health services. While hospitals demonstrated improvement in reporting physician subsidies in the new line-item format, discussion with hospitals indicated that more clarity and guidance is needed to ensure consistent reporting across hospitals.

Commissioners may expect next year's report to include new data on community benefit expenditures that tie directly to CHNA-identified needs.

Appendix A. Community Health Measures Reported by Hospitals

In addition to the measures reported in Table 4 of the main body of this report, hospitals reported using a number of other sources of community health data, including the following:

- Baltimore Neighborhood Indicators Alliance
- CareFirst Community Health and Social Impact
- CDC Chronic Disease Calculator
- CDC Interactive Atlas of Heart Disease and Stroke
- CDC Wonder Database
- Conduent - Healthy Communities Institute
- County and Local Health Departments' Community Health Statistics
- Chesapeake Regional Information System for our Patients (CRISP)
- Cigarette Restitution Fund Program – Cancer in Maryland Report
- Feeding America
- Focus Groups and Interviews
- Local Police and Public School Systems Data
- Maryland Behavioral Risk Factor Surveillance System
- Maryland Department of Health and Mental Hygiene
- Maryland Health Services Cost Review Commission
- Maryland Hospital Association
- Maryland Office of Minority Health and Health Disparities
- Maryland Physician Workforce Study
- Maryland Sexually Transmitted Infections Program
- Maryland State Health Improvement Plan (SHIP)
- Maryland Vital Statistics
- Maryland Youth Risk Behavior Survey
- Metropolitan Washington Council of Governments (COG) Health Officials Committee
- Meritus Health Cancer Registry Report
- National Cancer Institute
- National Survey on Drug Use and Health
- Nielsen/Claritas
- Robert Wood Johnson Foundation – County Health Rankings
- United Way – United for ALICE (Asset Limited, Income Constrained, Employed)
- University of Wisconsin School of Medicine and Public Health – Neighborhood Atlas
- U.S. Census Bureau - American Community Survey
- U.S. Department of Health and Human Services – Healthy People 2030

- U.S. Health Resources and Services Administration

Appendix B. CHNA Schedules

Hospital	Date Most Recent CHNA was Completed
UM Charles Regional Medical Center	Jun-18
Doctors Community Hospital	Apr-19
McNew Family Health Center	May-19
Howard County General Hospital	May-19
Frederick Health Hospital	May-19
Sheppard Pratt	May-19
Meritus Medical Center	May-19
Atlantic General Hospital	May-19
Adventist HealthCare Fort Washington Medical Center	May-19
UM Shore Regional Health	May-19
Anne Arundel Medical Center	May-19
ChristianaCare, Union Hospital	Jun-19
Suburban Hospital	Jun-19
UM Capital Region Health	Jun-19
TidalHealth Peninsula Regional	Jun-19
UM Baltimore Washington Medical Center	Jun-19
TidalHealth McCready Pavilion	Jun-19
Garrett County Memorial Hospital, DBA Garrett Regional Medical Center	Aug-19
Holy Cross Germantown Hospital	Oct-19
Holy Cross Hospital	Oct-19
Adventist HealthCare Rehabilitation	Dec-19
Adventist HealthCare Shady Grove Medical Center	Dec-19
Adventist HealthCare White Oak Medical Center	Dec-19
Grace Medical Center	Jun-20
UPMC Western Maryland	Jun-20
CalvertHealth Medical Center	July-20
Johns Hopkins Bayview Medical Center	May-21
Greater Baltimore Medical Center	May-21
UM Rehabilitation & Orthopaedic Institute	May-21
Mt. Washington Pediatric Hospital	May-21

Hospital	Date Most Recent CHNA was Completed
Levindale Hebrew Geriatric Center and Hospital of Baltimore, Inc.	Jun-21
Northwest Hospital Center, Inc.	Jun-21
Sinai Hospital of Baltimore, Inc.	Jun-21
Carroll Hospital Center	Jun-21
UM Upper Chesapeake Health	Jun-21
University of Maryland Medical Center	Jun-21
UMMC Midtown Campus	Jun-21
Mercy Medical Center	Jun-21
Johns Hopkins Hospital	Jun-21
Saint Agnes Healthcare, Inc.	Jun-21
MedStar Harbor Hospital	Jun-21
MedStar Good Samaritan Hospital	Jun-21
MedStar Franklin Square Medical Center	Jun-21
MedStar Union Memorial Hospital	Jun-21
MedStar St. Mary's Hospital	Jun-21
MedStar Southern Maryland Hospital Center	Jun-21
MedStar Montgomery Medical Center	Jun-21
UM St. Joseph Medical Center	Jun-21

*Data Source: As reported by hospitals on their FY 2021 CBRs.

maryland health services cost review commission

Appendix C. CHNA Internal Participants and Their Roles

CHNA Participant Category	N/A - Person or Organization was not Involved	N/A - Position or Department Does Not Exist	Member of CHNA Committee	Participated in the Development of the CHNA Process	Advised on CHNA Best Practices	Participated in Primary Data Collection	Participated in Identifying Priority Health Needs	Participated in Identifying Community Resources to Meet Health Needs	Provided Secondary Health Data	Other
CB/ Community Health/Population Health Director (facility level)	4	13	31	30	28	26	31	30	18	3
CB/ Community Health/ Population Health Director (system level)	6	10	24	27	29	24	27	26	20	5
Senior Executives (CEO, CFO, VP, etc.) (facility level)	3	0	33	31	25	13	38	20	5	6
Senior Executives (CEO, CFO, VP, etc.) (system level)	3	9	15	22	24	12	20	12	3	5
Board of Directors or Board Committee (facility level)	10	2	12	13	15	3	15	11	2	12
Board of Directors or Board Committee (system level)	11	9	1	9	13	0	12	4	1	9
Clinical Leadership (facility level)	5	0	29	23	27	18	41	32	11	2
Clinical Leadership (system level)	12	9	16	18	20	6	24	18	3	3
Population Health Staff (facility level)	7	10	27	21	18	17	29	29	21	2
Population Health Staff (system level)	13	9	21	24	21	20	24	21	17	4
Community Benefit staff (facility level)	3	12	32	31	30	27	33	30	30	2
Community Benefit staff (system level)	8	14	20	24	24	20	22	20	18	8
Physician(s)	3	0	25	18	19	15	39	29	7	2
Nurse(s)	7	0	26	22	20	17	37	33	7	1
Social Workers	9	0	21	15	17	17	33	33	6	1
Hospital Advisory Board	8	17	11	12	13	8	21	16	4	2

CHNA Participant Category	N/A - Person or Organization was not Involved	N/A - Position or Department Does Not Exist	Member of CHNA Committee	Participated in the Development of the CHNA Process	Advised on CHNA Best Practices	Participated in Primary Data Collection	Participated in Identifying Priority Health Needs	Participated in Identifying Community Resources to Meet Health Needs	Provided Secondary Health Data	Other
Other (specify)	8	1	4	4	6	6	6	6	1	2

maryland
health services
cost review commission

Appendix D. CHNA External Participants and Their Level of Community Engagement During the CHNA Process

CHNA Participant Category	Level of Community Engagement					
	Informed - To provide the community with balanced & objective info to assist in understanding the problem, alternatives, opportunities and/or solutions	**Consulted -** To obtain community feedback on analysis, alternatives and/or solutions	**Involved -** To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	**Collaborated -** To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	**Delegated -** To place the decision- making in the hands of the community	**Community Driven/Led** - To support the actions of community initiated, driven and/or led processes
Other Hospitals	13	15	14	15	6	7
Local Health Department	18	16	14	15	5	8
Local Health Improvement Coalition	14	15	10	12	5	5
Maryland Department of Health	12	7	2	1	0	0
Other State Agencies	4	4	2	1	0	0
Local Govt. Organizations	10	11	5	1	1	1
Faith-Based Organizations	15	15	10	7	0	2
School - K-12	13	11	7	4	0	1
School - Colleges, Universities, Professional Schools	12	11	4	3	0	0
Behavioral Health Organizations	14	16	8	5	3	3
Social Service Organizations	10	10	5	6	0	0
Post-Acute Care Facilities	5	6	2	0	0	0
Community/Neighborhood Organizations	12	14	8	1	0	2

CHNA Participant Category	Level of Community Engagement					
	Informed - To provide the community with balanced & objective info to assist in understanding the problem, alternatives, opportunities and/or solutions	**Consulted** - To obtain community feedback on analysis, alternatives and/or solutions	**Involved** - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	**Collaborated** - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	**Delegated** - To place the decision- making in the hands of the community	**Community Driven/Led** - To support the actions of community initiated, driven and/or led processes
Consumer/Public Advocacy Organizations	6	6	5	2	1	1
Other	10	12	6	3	1	1

maryland health services cost review commission

Appendix E. CHNA External Participants and the Recommended CHNA Practices They Engaged in

CHNA Participant Category	Recommended Practices							
	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
Other Hospitals	16	16	16	16	15	13	11	6
Local Health Department	17	14	15	15	13	12	12	11
Local Health Improvement Coalition	14	9	7	13	9	10	8	8
Maryland Department of Health	2	0	3	0	0	1	0	1
Other State Agencies	2	1	3	1	1	1	2	2
Local Govt. Organizations	7	5	1	8	1	2	3	4
Faith-Based Organizations	8	6	2	11	2	7	3	2
School - K-12	9	7	4	8	2	2	4	3
School - Colleges, Universities, Professional Schools	7	5	4	6	1	0	3	1
Behavioral Health Organizations	13	8	5	13	6	8	8	6
Social Service Organizations	10	6	3	9	5	4	4	3
Post-Acute Care Facilities	3	3	1	3	0	1	2	1
Community/Neighborhood Organizations	9	8	2	10	4	5	4	4
Consumer/Public Advocacy Organizations	4	3	2	2	3	2	0	2
Other	5	6	2	8	3	2	2	1

maryland
health services
cost review commission

Appendix F. Community Benefit Internal Participants and Their Roles

Participant Category	N/A - Person or Organization was not Involved	N/A - Position or Department Does Not Exist	Selecting Health Needs That Will Be Targeted	Selecting the Initiatives That Will Be Supported	Determining How to Evaluate the Impact of Initiatives	Providing Funding for CB Activities	Allocating Budgets for Individual Initiatives	Delivering CB Initiatives	Evaluating the Outcome of CB Initiatives	Other
CB/ Community Health/Population Health Director (facility level)	3	12	31	33	33	19	29	30	30	2
CB/ Community Health/ Population Health Director (system level)	8	9	30	29	31	16	20	19	29	3
Senior Executives (CEO, CFO, VP, etc.) (facility level)	4	0	40	40	25	39	35	8	21	0
Senior Executives (CEO, CFO, VP, etc.) (system level)	11	8	20	21	19	20	21	10	18	4
Board of Directors or Board Committee (facility level)	10	2	15	20	6	7	9	2	12	4
Board of Directors or Board Committee (system level)	15	8	12	11	1	3	1	0	4	2
Clinical Leadership (facility level)	4	0	38	28	25	8	9	22	24	1
Clinical Leadership (system level)	13	8	22	21	11	5	7	3	11	0
Population Health Staff (facility level)	3	10	25	24	32	11	12	31	32	0
Population Health Staff (system level)	18	8	18	17	17	7	10	18	20	0
Community Benefit staff (facility level)	4	13	22	23	25	9	13	27	29	1
Community Benefit staff (system level)	8	13	15	15	25	2	3	14	23	4
Physician(s)	11	0	25	23	15	3	3	24	18	5
Nurse(s)	10	0	23	22	19	6	6	28	22	1
Social Workers	17	0	18	17	13	4	4	24	17	2
Hospital Advisory Board	14	17	15	7	5	2	3	3	10	2
Other (specify)	11	0	7	7	9	4	4	8	8	1

Appendix G. FY 2021 CHNA-Identified Community Health Needs and Initiatives to Address

CHNA-Identified Community Health Need	Number of Hospitals Identifying Need	Number of Hospitals Addressing Need
Health Conditions - Mental Health and Mental Disorders	46	25
Health Conditions - Diabetes	39	21
Social Determinants of Health - Health Care Access and Quality	35	23
Health Conditions - Heart Disease and Stroke	35	19
Health Conditions - Cancer	33	16
Health Behaviors - Nutrition and Healthy Eating	31	12
Health Conditions - Overweight and Obesity	31	9
Health Behaviors - Physical Activity	28	6
Health Behaviors - Drug and Alcohol Use	27	6
Health Conditions - Addiction	26	19
Health Behaviors - Preventive Care	26	14
Populations - Older Adults	26	5
Settings and Systems - Health Insurance	25	6
Settings and Systems - Transportation	24	14
Health Behaviors - Tobacco Use	23	3
Health Behaviors - Health Communication	21	6
Settings and Systems - Health Care	21	6
Social Determinants of Health - Social and Community Context	20	5
Settings and Systems - Community	20	0
Social Determinants of Health - Economic Stability	19	12
Health Behaviors - Vaccination	18	11
Settings and Systems - Housing and Homes	18	10
Other	18	9
Populations - Women	18	5
Health Behaviors - Violence Prevention	17	8
Populations - Children	17	3
Populations - Adolescents	16	2
Populations - Infants	16	2
Settings and Systems - Hospital and Emergency Services	15	5
Health Conditions - Pregnancy and Childbirth	14	5
Populations - Men	12	7
Populations - Workforce	12	6

CHNA-Identified Community Health Need	Number of Hospitals Identifying Need	Number of Hospitals Addressing Need
Social Determinants of Health - Neighborhood and Built Environment	12	6
Settings and Systems - Schools	12	3
Health Conditions - Infectious Disease	11	5
Populations - Parents or Caregivers	11	2
Social Determinants of Health - Education Access and Quality	11	2
Health Conditions - Respiratory Disease	11	1
Health Conditions - Sexually Transmitted Infections	10	3
Health Conditions - Oral Conditions	10	1
Health Conditions - Chronic Pain	8	2
Health Behaviors - Child and Adolescent Development	8	2
Populations - People with Disabilities	8	2
Health Behaviors - Injury Prevention	7	2
Populations - LGBT	6	4
Health Conditions - Dementias	5	0
Health Conditions - Osteoporosis	5	0
Settings and Systems - Workplace	5	0
Health Conditions - Arthritis	4	0
Health Conditions - Chronic Kidney Disease	4	0
Health Behaviors - Family Planning	4	0
Settings and Systems - Environmental Health	4	0
Settings and Systems - Public Health Infrastructure	4	0
Health Conditions - Blood Disorders	3	0
Settings and Systems - Health IT	3	0
Health Conditions - Health Care-Associated Infections	2	0
Health Behaviors - Emergency Preparedness	2	0
Settings and Systems - Health Policy	2	0
Health Conditions - Sensory or Communication Disorders	1	0
Health Behaviors - Sleep	1	0
Health Conditions - Foodborne Illness	0	0
Health Behaviors - Safe Food Handling	0	0
Settings and Systems - Global Health	0	0

*Data Source: As reported by hospitals on their FY 2021 CBRs.

Appendix H. Charity Care Methodology

The purpose of this appendix is to explain why the charity care amounts reported by hospitals in their community benefit reports may not match the charity care amounts applied in their global budgets for the same year. The charity care amounts in rates are part of the HSCRC's uncompensated care (UCC) policy, which is a prospective policy applied at the beginning of the rate year. In contrast, the amounts reported by hospitals in their community benefit report retrospective.

The HSCRC applies the following procedures to calculate the charity care dollar amount to subtract from total dollars provided by hospitals in the statewide Community Benefit Report.

Step 1

Determine the amount of uncompensated care that was projected for each hospital for the fiscal year being reported (in this case, the FY 2021 Community Benefit Report) based on the policy approved by the Commission for the beginning of the rate year (also FY 2021).

- The HSCRC uses a logistic regression to predict actual hospital uncompensated care costs in a given year (FY 2021).
- The uncompensated care logistic regression model predicts a patient's likelihood of having UCC based on payer type, the location of service (i.e., inpatient, ED, and other outpatient), and the Area Deprivation Index.[36]
    - An expected UCC dollar amount is calculated for every patient encounter.
    - These UCC dollars are then summarized at the hospital level.
    - These summarized UCC dollars are then divided by the hospital's total charges to estimate the hospital's UCC level.
- The hospital's most current fiscal year financially audited UCC levels (FY 2021) are averaged with the hospital's estimated UCC levels from the prior FY (FY 2020) to determine hospital-specific adjustments. These are predicted amounts provided to hospitals to fund the next year's UCC.

Step 2

Retrospectively, determine the actual ratio of charity care to total UCC from the hospital's audited financial statements to determine the rate of charity expense to apply to the predicted UCC amount from the rate year 2021 policy. The resulting charity care amount is the estimated amount provided in rates that will be subtracted from the hospital's community benefit.

Example Johns Hopkins Hospital:

[36] The Area Deprivation Index represents a geographic area-based measure of the socioeconomic deprivation experienced by a neighborhood.

Predicted Value from FY 2016 Estimated UCC Levels	3.60%
FY 2017 Audited Financial UCC Level	2.25%
Predicted 50/50 Average	3.02%

Split between Bad Debt and Charity Care Amounts – FY 2017 Audited Financials

Regulated Gross Patient Revenue	Regulated Total UCC	Regulated Bad Debt	Regulated Charity	Bad Debt	Charity Chare
$2,352,718,900	$61,819,012	$40,121,239	$21,697,773	64.90%	35.10%

Estimate amount of UCC $ provided in rates at the beginning of FY 2017:

FY17 Regulated Gross Patient Revenue ($2,352,718,900) * 3.02% (3.02192482223646%) = $ 71,097,396

Estimate of Charity $ provided in rates at the beginning of FY 2017:

35.10% (35.0988673193289%) * $71,097,396 = $24,954,381.

maryland
health services
cost review commission

Appendix I. FY 2021 Funding for Nurse Support Program I, Nurse Support Program II, Direct Medical Education, Regional Partnership Catalyst Grant Awards, and Charity Care

Hospital Number	Hospital Name	DME	NSP I	NSP II	Regional Partnership Catalyst Grant Program	Charity Care	Total Rate Support
210001	Meritus Medical Center	$3,502,400	$369,067	$369,067	$579,420	$5,964,504	$10,784,458
210002 & 218992	Univ. of Maryland Medical Center	$128,109,107	$1,557,658	$1,557,658	$731,787	$20,877,000	$152,833,210
210003 & 210055	UM Capital Region	$5,333,622	$398,235	$398,235	$1,062,088	$10,022,746	$17,214,927
210004	Holy Cross	$2,432,375	$518,074	$518,074	$368,247	$24,306,972	$28,143,743
210005	Frederick Memorial Hospital	$0	$354,398	$354,398	$431,550	$4,832,900	$5,973,245
210006	Univ. of Maryland Harford Memorial Hospital	$0	$108,110	$108,110	$0	$1,430,000	$1,646,220
210008	Mercy Medical Center, Inc.	$4,893,836	$553,680	$553,680	$76,574	$22,257,214	$28,334,983
210009	Johns Hopkins	$125,062,232	$2,474,648	$2,474,648	$1,679,877	$37,793,300	$169,484,705
210010	Univ. of Maryland Shore Medical Center at Dorchester	$0	$45,197	$45,197	$0	$682,626	$773,019
210011	St. Agnes Hospital	$7,239,785	$430,111	$430,111	$247,549	$15,371,696	$23,719,252
210012	Sinai Hospital	$19,450,628	$790,819	$790,819	$415,927	$3,243,100	$24,691,293
210013	Bon Secours Hospital	$0	$111,845	$111,845	$0	$545,410	$769,100
210015	MedStar Franklin Square Hospital	$10,768,726	$554,969	$554,969	$78,112	$9,875,732	$21,832,507
210016	Washington Adventist Hospital	$0	$302,988	$302,988	$216,030	$11,912,201	$12,734,208
210017	Garrett County Memorial Hospital	$0	$63,470	$63,470	$0	$2,866,760	$2,993,700
210018	MedStar Montgomery General Hospital	$0	$180,055	$180,055	$0	$3,346,776	$3,706,887
210019	Peninsula Regional Medical Center	$0	$455,208	$455,208	$888,956	$12,739,921	$14,539,293
210022	Suburban Hospital Association, Inc.	$531,821	$336,635	$336,635	$338,404	$5,868,370	$7,411,866

Hospital Number	Hospital Name	DME	NSP I	NSP II	Regional Partnership Catalyst Grant Program	Charity Care	Total Rate Support
210023	Anne Arundel General Hospital	$4,368,064	$639,657	$639,657	$0	$3,806,489	$9,453,866
210024	MedStar Union Memorial Hospital	$11,605,786	$420,493	$420,493	$58,690	$7,263,945	$19,769,407
210027	Western Maryland Hospital	$0	$336,124	$336,124	$568,667	$12,026,960	$13,267,874
210028	MedStar St. Marys Hospital	$0	$190,672	$190,672	$82,926	$3,483,120	$3,947,390
210029	Johns Hopkins Bayview Med. Center	$26,222,961	$691,568	$691,568	$486,571	$22,241,000	$50,333,668
210030	Univ. of Maryland Shore Medical Center at Chestertown	$0	$50,208	$50,208	$0	$619,436	$719,852
210032	Union Hospital of Cecil County	$0	$164,258	$164,258	$0	$1,763,814	$2,092,330
210033	Carroll County General Hospital	$0	$233,904	$233,904	$32,599	$857,000	$1,357,407
210034	MedStar Harbor Hospital Center	$2,256,718	$187,756	$187,756	$25,817	$3,598,223	$6,256,270
210035	Univ. of Maryland Charles Regional Medical Center	$0	$155,775	$155,775	$210,154	$1,355,000	$1,876,704
210037	Univ. of Maryland Shore Medical Center at Easton	$0	$231,728	$231,728	$0	$3,056,991	$3,520,447
210038	Univ. of Maryland Medical Center Midtown Campus	$3,690,816	$230,208	$230,208	$540,816	$3,929,000	$8,621,047
210039	Calvert Memorial Hospital	$0	$153,315	$153,315	$0	$3,510,406	$3,817,036
210040	Northwest Hospital Center, Inc.	$0	$271,509	$271,509	$37,508	$1,379,379	$1,959,904
210043	Univ. of Maryland Baltimore Washington Medical Center	$730,773	$448,593	$448,593	$0	$6,901,000	$8,528,959
210044	Greater Baltimore Medical Center	$8,130,176	$477,484	$477,484	$66,712	$4,545,000	$13,696,854
210045	McCready Foundation, Inc.	$0	$16,060	$16,060	$0	$166,400	$198,520
210048	Howard County General Hospital	$0	$307,992	$307,992	$323,489	$5,129,000	$6,068,472
210049	Univ. of Maryland Upper Chesapeake Medical Center	$0	$323,917	$323,917	$0	$3,671,000	$4,318,833
210051	Doctors Community Hospital	$0	$256,445	$256,445	$113,852	$6,776,100	$7,402,843
210056	MedStar Good Samaritan Hospital	$2,953,444	$256,874	$256,874	$37,256	$5,827,941	$9,332,391
210057	Shady Grove Adventist Hospital	$20,870	$470,397	$470,397	$333,748	$7,659,261	$8,954,673
210058	UMROI	$4,095,451	$124,573	$124,573	$0	$1,884,000	$6,228,596
210060	Fort Washington Medical Center	$0	$53,091	$53,091	$149,560	$613,543	$869,284
210061	Atlantic General Hospital	$0	$110,793	$110,793	$296,319	$1,099,600	$1,617,505

Hospital Number	Hospital Name	DME	NSP I	NSP II	Regional Partnership Catalyst Grant Program	Charity Care	Total Rate Support
210062	MedStar Southern Maryland Hospital	$0	$273,965	$273,965	$794,940	$5,579,397	$6,922,268
210063	Univ. of Maryland St. Josephs Medical Center	$0	$389,174	$389,174	$54,168	$6,367,649	$7,200,164
210064	Levindale	$0	$60,471	$60,471	$0	$918,967	$1,039,910
210065	Holy Cross German Town	$0	$111,194	$111,194	$82,403	$4,743,425	$5,048,216
213300	Mt. Washington Peds	$0	$66,002	$0	$0	$33,673	$99,674
214000	Sheppard Pratt	$2,499,790	$159,883	$0	$0	$4,629,793	$7,289,465
214020	J Kent McNew Family Medical Center	$0	$0	$0	$0	$37,632	$37,632
213029	Adventist Rehabilitation	$0	$63,255	$0	$0	$0	$63,255
	Total	**$747,798,761**	**$17,532,501**	**$17,243,362**	**$11,410,716**	**$329,411,371**	**$1,123,396,711**

maryland
health services
cost review commission

Appendix J. FY 2021 Community Benefit Analysis

Hospital Name	Total Hospital Operating Expense	Total Community Benefit Expense Less Hospital-reported Rate Support	Total CB as % of Total Operating Expense	FY 2021 Amount in Rates for Charity Care, DME, NSPI, NSPII, & Regional Partnership Catalyst Grant*	Total Net CB minus Charity Care, DME, NSPI, NSPII, Catalyst Grant in Rates	Total Net CB (minus Charity Care, DME, NSPI, NSPII, Catalyst Grants in Rates) as % of Operating Expense	CB Reported Charity Care
Univ. of Maryland Medical Center	$1,867,360,000	$249,725,986	13.37%	$152,833,210	$96,892,776	5.19%	$20,877,000
The Johns Hopkins Hospital	$2,809,105,000	$309,985,196	11.04%	$169,484,705	$140,500,491	5.00%	$37,794,000
Atlantic General Hospital	$146,641,248	$2,491,086	1.70%	$1,617,505	$873,581	0.60%	$1,217,677
MedStar Union Memorial Hospital	$469,421,642	$38,444,531	8.19%	$19,769,407	$18,675,125	3.98%	$7,263,945
Univ. of Maryland Rehabilitation & Orthopaedic Institute	$111,255,000	$12,054,029	10.83%	$6,228,596	$5,825,434	5.24%	$1,884,000
Levindale Hebrew Geriatric Center & Hospital	$83,280,000	$2,672,482	3.21%	$1,039,910	$1,632,572	1.96%	$1,768,778
Adventist Fort Washington Medical Center	$51,160,794	$1,941,540	3.79%	$869,284	$1,072,256	2.10%	$0
Johns Hopkins Bayview Med. Center	$714,247,000	$94,748,769	13.27%	$50,333,668	$44,415,100	6.22%	$22,241,000

Hospital Name	Total Hospital Operating Expense	Total Community Benefit Expense Less Hospital-reported Rate Support	Total CB as % of Total Operating Expense	FY 2021 Amount in Rates for Charity Care, DME, NSPI, NSPII, & Regional Partnership Catalyst Grant*	Total Net CB minus Charity Care, DME, NSPI, NSPII, Catalyst Grant in Rates	Total Net CB (minus Charity Care, DME, NSPI, NSPII, Catalyst Grants in Rates) as % of Operating Expense	CB Reported Charity Care
MedStar Montgomery General Hospital	$184,307,676	$8,482,621	4.60%	$3,706,887	$4,775,734	2.59%	$3,346,776
Holy Cross Germantown Hospital	$123,537,343	$8,421,562	6.82%	$5,048,216	$3,373,346	2.73%	$4,751,018
Univ. of Maryland Baltimore Washington Medical Center	$434,108,000	$21,922,297	5.05%	$8,528,959	$13,393,339	3.09%	$6,901,000
MedStar Franklin Square Hospital	$613,396,845	$51,424,263	8.38%	$21,832,507	$29,591,756	4.82%	$9,875,732
Mt. Washington Peds	$62,131,847	$2,128,315	3.43%	$99,674	$2,028,641	3.27%	$33,673
MedStar Southern Maryland Hospital	$266,837,862	$16,199,890	6.07%	$6,922,268	$9,277,622	3.48%	$5,579,397
Univ. of Maryland Upper Chesapeake Medical Center	$294,765,774	$14,840,151	5.03%	$4,318,833	$10,521,318	3.57%	$3,671,000
Ascension Saint Agnes Hospital	$462,155,000	$48,049,941	10.40%	$23,719,252	$24,330,689	5.26%	$17,929,501
Sinai Hospital of Baltimore	$852,535,000	$75,918,984	8.91%	$24,691,293	$51,227,690	6.01%	$3,261,955
Holy Cross Hospital	$482,480,260	$48,828,937	10.12%	$28,143,743	$20,685,195	4.29%	$28,661,872
TidalHealth McCready Pavilion	$9,152,200	$554,487	6.06%	$198,520	$355,967	3.89%	$167,600

Hospital Name	Total Hospital Operating Expense	Total Community Benefit Expense Less Hospital-reported Rate Support	Total CB as % of Total Operating Expense	FY 2021 Amount in Rates for Charity Care, DME, NSPI, NSPII, & Regional Partnership Catalyst Grant*	Total Net CB minus Charity Care, DME, NSPI, NSPII, Catalyst Grant in Rates	Total Net CB (minus Charity Care, DME, NSPI, NSPII, Catalyst Grants in Rates) as % of Operating Expense	CB Reported Charity Care
Adventist Rehabilitation	$52,271,127	$2,098,748	4.02%	$63,255	$2,035,494	3.89%	$242,956
MedStar Good Samaritan Hospital	$292,805,277	$23,836,233	8.14%	$9,332,391	$14,503,842	4.95%	$5,827,941
TidalHealth Peninsula Regional Medical Center	$423,885,800	$35,598,165	8.40%	$14,539,293	$21,058,872	4.97%	$13,233,221
Univ. of Maryland Harford Memorial Hospital	$98,857,946	$6,391,324	6.47%	$1,646,220	$4,745,104	4.80%	$1,430,047
Adventist White Oak Hospital	$297,894,224	$28,026,737	9.41%	$12,734,208	$15,292,529	5.13%	$2,682,922
Northwest Hospital	$276,365,800	$16,410,328	5.94%	$1,959,904	$14,450,423	5.23%	$1,379,300
Frederick Memorial Hospital	$383,617,000	$26,845,083	7.00%	$5,973,245	$20,871,837	5.44%	$5,525,800
Adventist Shady Grove Medical Center	$408,846,144	$32,342,997	7.91%	$8,954,673	$23,388,324	5.72%	$6,258,689
Doctors Community Hospital	$240,162,000	$21,356,973	8.89%	$7,402,843	$13,954,130	5.81%	$6,776,100
ChristianaCare, Union Hospital	$181,465,929	$14,800,262	8.16%	$2,092,330	$12,707,932	7.00%	$1,763,814
MedStar Harbor Hospital Center	$207,141,258	$23,082,210	11.14%	$6,256,270	$16,825,940	8.12%	$3,598,223

Hospital Name	Total Hospital Operating Expense	Total Community Benefit Expense Less Hospital-reported Rate Support	Total CB as % of Total Operating Expense	FY 2021 Amount in Rates for Charity Care, DME, NSPI, NSPII, & Regional Partnership Catalyst Grant*	Total Net CB minus Charity Care, DME, NSPI, NSPII, Catalyst Grant in Rates	Total Net CB (minus Charity Care, DME, NSPI, NSPII, Catalyst Grants in Rates) as % of Operating Expense	CB Reported Charity Care
MedStar St. Marys Hospital	$176,289,631	$16,652,258	9.45%	$3,947,390	$12,704,868	7.21%	$3,589,292
Suburban Hospital	$335,865,000	$33,706,779	10.04%	$7,411,866	$26,294,914	7.83%	$5,868,000
Greater Baltimore Medical Center	$557,120,000	$65,221,016	11.71%	$13,696,854	$51,524,162	9.25%	$4,777,000
Univ. of Maryland Medical Center Midtown Campus	$245,964,000	$31,818,707	12.94%	$8,621,047	$23,197,660	9.43%	$3,929,000
Sheppard & Enoch Pratt Hospital	$210,491,083	$26,809,550	12.74%	$7,289,465	$19,520,085	9.27%	$4,629,793
Grace Medical Hospital	$66,425,000	$6,147,417	9.25%	$769,100	$5,378,317	8.10%	$545,277
Carroll Hospital Center	$219,612,494	$19,301,414	8.79%	$1,357,407	$17,944,006	8.17%	$856,982
Mercy Medical Center, Inc.	$527,348,607	$78,594,888	14.90%	$28,334,983	$50,259,905	9.53%	$22,257,214
Howard County General Hospital	$280,849,000	$30,491,290	10.86%	$6,068,472	$24,422,818	8.70%	$5,128,938
Anne Arundel General Hospital	$600,619,000	$67,118,054	11.17%	$9,453,866	$57,664,187	9.60%	$3,806,489
Univ. of Maryland Charles Regional Medical Center	$138,614,740	$15,366,360	11.09%	$1,876,704	$13,489,656	9.73%	$1,355,034

Hospital Name	Total Hospital Operating Expense	Total Community Benefit Expense Less Hospital-reported Rate Support	Total CB as % of Total Operating Expense	FY 2021 Amount in Rates for Charity Care, DME, NSPI, NSPII, & Regional Partnership Catalyst Grant*	Total Net CB minus Charity Care, DME, NSPI, NSPII, Catalyst Grant in Rates	Total Net CB (minus Charity Care, DME, NSPI, NSPII, Catalyst Grants in Rates) as % of Operating Expense	CB Reported Charity Care
J. Kent McNew Family Medical Center	$8,462,000	$940,375	11.11%	$37,632	$902,743	10.67%	$37,632
Meritus Medical Center	$417,623,284	$59,137,484	14.16%	$10,784,458	$48,353,027	11.58%	$6,062,105
Univ. of Maryland Capital Region Medical Center	$348,047,000	$60,253,322	17.31%	$17,214,927	$43,038,395	12.37%	$9,544,000
Univ. of Maryland Shore Medical Center at Easton	$219,817,000	$29,468,359	13.41%	$3,520,447	$25,947,911	11.80%	$3,380,000
Univ. of Maryland St. Joseph Medical Center	$353,751,000	$51,032,616	14.43%	$7,200,164	$43,832,453	12.39%	$6,890,000
CalvertHealth Medical Center	$143,031,020	$21,626,250	15.12%	$3,817,036	$17,809,213	12.45%	$3,510,458
Garrett Regional Hospital	$61,545,442	$11,025,424	17.91%	$2,993,700	$8,031,724	13.05%	$2,721,400
UPMC Western Maryland Hospital	$331,929,405	$69,562,821	20.96%	$13,267,874	$56,294,947	16.96%	$14,029,126
Univ. of Maryland Shore Medical Center at Chestertown	$46,947,000	$10,508,243	22.38%	$719,852	$9,788,391	20.85%	$629,000
Univ. of Maryland Shore Medical Center at Dorchester	$34,558,000	$8,169,284	23.64%	$773,019	$7,396,265	21.40%	$501,000

Hospital Name	Total Hospital Operating Expense	Total Community Benefit Expense Less Hospital-reported Rate Support	Total CB as % of Total Operating Expense	FY 2021 Amount in Rates for Charity Care, DME, NSPI, NSPII, & Regional Partnership Catalyst Grant*	Total Net CB minus Charity Care, DME, NSPI, NSPII, Catalyst Grant in Rates	Total Net CB (minus Charity Care, DME, NSPI, NSPII, Catalyst Grants in Rates) as % of Operating Expense	CB Reported Charity Care
All Hospitals	$18,226,100,702	$1,952,576,037	10.71%	$749,497,330	$1,203,078,707	6.60%	$329,992,676

maryland
health services
cost review commission

Appendix K. FY 2021 Hospital Community Benefit Aggregate Data

	Type of Activity	Direct Cost	Indirect Cost	HSCRC Grant/Rate Support	Offsetting Revenue	Net Community Benefit with Indirect Cost	Net Community Benefit without Indirect Cost
Unreimbursed Medicaid Costs							
T99	**Medicaid Assessments**	**$324,933,118**			**$269,294,870**	**$55,638,248**	**$55,638,248**
Community Health Services							
A10	Community Health Education	$18,141,133	$9,100,381	$136,262	$1,271,590	$25,833,662	$16,733,281
A11	Support Groups	$2,935,572	$2,138,791	$471,112	$1,730	$4,601,521	$2,462,730
A12	Self-Help	$651,372	$352,541		$72,261	$931,651	$579,111
A20	Community-Based Clinical Services	$14,211,423	$5,968,771	$579,280	$4,007,247	$15,593,667	$9,624,896
A21	Screenings	$2,575,696	$1,650,733		$951,047	$3,275,382	$1,624,649
A22	One-Time/Occasionally Held Clinics	$808,369	$136,706		$252,992	$692,083	$555,377
A23	Free Clinics	$10,966,734	$2,627,221		$494	$13,593,461	$10,966,240
A24	Mobile Units	$1,186,718	$453,864		$1,315,513	$325,069	($128,795)
A30	Health Care Support Services	$47,619,715	$19,972,607	$1,568,178	$3,317,592	$62,706,553	$42,733,946
A40	Other	$11,329,168	$6,121,751	$2,967,046	$198,283	$14,285,590	$8,163,839
A99	**Total**	**$110,425,900**	**$48,523,365**	**$5,721,878**	**$11,388,748**	**$141,838,639**	**$93,315,274**
Health Professions Education							
B1	Physicians/Medical Students	$375,662,840	$197,265,566	$553,680	$2,767,624	$569,607,102	$372,341,536
B2	Nurses/Nursing Students	$25,667,173	$15,106,675		$202,182	$40,571,665	$25,464,990
B3	Other Health Professionals	$16,655,503	$9,209,002		$120,363	$25,744,142	$16,535,140
B4	Scholarships/Funding for Professional Education	$3,143,919	$1,616,683			$4,760,602	$3,143,919
B50	Other	$2,304,870	$1,519,725		$685,296	$3,139,298	$1,619,573

	Type of Activity	Direct Cost	Indirect Cost	HSCRC Grant/Rate Support	Offsetting Revenue	Net Community Benefit with Indirect Cost	Net Community Benefit without Indirect Cost
B99	**Total**	**$423,434,304**	**$224,717,651**	**$553,680**	**$3,775,466**	**$643,822,809**	**$419,105,158**
Mission-Driven Health Services							
	Mission-Driven Health Services Total	**$917,250,601**	**$141,011,014**	**$338,049**	**$355,159,307**	**$702,764,259**	**$561,753,245**
Research							
D1	Clinical Research	$9,133,413	$4,008,918		$3,085,010	$10,057,321	$6,048,403
D2	Community Health Research	$2,896,439	$857,758		$312,658	$3,441,538	$2,583,781
D3	Other	$190,681	$145,108			$335,789	$190,681
D99	**Total**	**$12,220,533**	**$5,011,783**		**$3,397,668**	**$13,834,648**	**$8,822,865**
Financial Contributions							
E1	Cash Donations	$7,691,208	$1,860		$200	$7,691,008	$7,689,148
E2	Grants	$3,607,150	$5,374	$242,596	$1,438,597	$1,925,958	$1,920,584
E3	In-Kind Donations	$3,170,720	$28,858		$32,932	$3,137,788	$3,108,930
E4	Cost of Fundraising for Community Programs	$3,299,148				$3,299,148	$3,299,148
E99	**Total**	**$17,768,226**	**$36,092**	**$242,596**	**$1,471,729**	**$16,053,901**	**$16,017,809**
Community-Building Activities							
F1	Physical Improvements/Housing	$1,137,733	$143,396		$82,281	$1,198,849	$1,055,452
F2	Economic Development	$623,850	$20,707			$644,557	$623,850
F3	Support System Enhancements	$7,765,875	$4,452,619		$1,360,007	$10,858,487	$6,405,868
F4	Environmental Improvements	$767,634	$416,261		$1,560	$1,182,335	$766,074
F5	Leadership Development/Training for Community Members	$131,331	$90,331			$221,662	$131,331
F6	Coalition Building	$3,302,944	$1,858,806		$1,321,107	$3,840,643	$1,981,837
F7	Community Health Improvement Advocacy	$1,258,485	$271,860		$2,436	$1,527,909	$1,256,049

	Type of Activity	Direct Cost	Indirect Cost	HSCRC Grant/Rate Support	Offsetting Revenue	Net Community Benefit with Indirect Cost	Net Community Benefit without Indirect Cost
F8	Workforce Enhancement	$3,308,479	$1,662,358		$566,935	$4,403,902	$2,741,544
F9	Other	$1,354,739	$712,648			$2,067,387	$1,354,739
	Total	**$19,651,069**	**$9,628,986**		**$3,334,326**	**$25,945,729**	**$16,316,743**
Community Benefit Operations							
G1	Dedicated Staff	$6,037,915	$3,308,983	$179,230	$40,258	$9,127,410	$5,818,427
G2	Community health/health assets assessments	$1,709,394	$1,201,367		$17,016	$2,893,746	$1,692,378
G3	Other Resources	$1,757,046	$537,302			$2,294,348	$1,757,046
G99	**Total**	**$9,504,355**	**$5,047,652**	**$179,230**	**$57,274**	**$14,315,503**	**$9,267,851**
Charity Care							
	Total Charity Care						**$329,992,676**
Foundation-Funded Community Benefits							
J1	Community Services	$740,578	$6,695		$47,077	$700,196	$693,501
J2	Community Building	$808,997			$175,000	$633,997	$633,997
J3	Other	$0			$0	$0	$0
J99	**Total**	**$1,549,574**	**$6,695**		**$222,077**	**$1,334,192**	**$1,327,497**
Total Hospital Community Benefits							
A	Community Health Services	$110,425,900	$48,523,365	$5,721,878	$11,388,748	$141,838,639	$93,315,274
B	Health Professions Education	$423,434,304	$224,717,651	$553,680	$3,775,466	$643,822,809	$419,105,158
C	Mission Driven Health Care Services	$917,250,601	$141,011,014	$338,049	$355,159,307	$702,764,259	$561,753,245
D	Research	$12,220,533	$5,011,783		$3,397,668	$13,834,648	$8,822,865
E	Financial Contributions	$17,768,226	$36,092	$242,596	$1,471,729	$16,053,901	$16,053,901
F	Community Building Activities	$19,651,069	$9,628,986		$3,334,326	$25,945,729	$16,316,743
G	Community Benefit Operations	$9,504,355	$5,047,652	$179,230	$57,274	$14,315,503	$9,267,851
H	Charity Care	$329,992,676				$329,992,676	$329,992,676

	Type of Activity	Direct Cost	Indirect Cost	HSCRC Grant/Rate Support	Offsetting Revenue	Net Community Benefit with Indirect Cost	Net Community Benefit without Indirect Cost
J	Foundation Funded Community Benefit	$1,549,574	$6,695		$222,077	$1,334,192	$1,327,497
T99	Medicaid Assessments	$324,933,118			$269,294,870	$55,638,248	$55,638,248
K99	**Total Hospital Community Benefit**	**$2,166,730,356**	**$433,983,239**	**$7,035,433**	**$648,101,465**	**$1,945,540,605**	**$1,511,593,458**
	Total Operating Expenses	**$18,226,100,702**					
	% Operating Expenses w/ Indirect Costs	**10.67%**					
	% Operating Expenses w/ o Indirect Costs	**8.29%**					