UNIVERSITY of MARYLAND
REHABILITATION &
ORTHOPAEDIC INSTITUTE

The University of Maryland Rehabilitation & Orthopaedic Institute Community Benefit Report

FY 2014

I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS:

Please list the following information in Table I below. For the purposes of this section, "primary services area" means the Maryland postal ZIP code areas from which the first 60 percent of a hospital's patient discharges originate during the most recent 12 month period available, where the discharges from each ZIP code are ordered from largest to smallest number of discharges. This information will be provided to all hospitals by the HSCRC.

Bed Designation:	Inpatient Admissions:	Primary Service Area Zip Codes:	All other Maryland Hospitals Sharing Primary Service Area:	Percentage of Uninsured Patients, by County:	Percentage of Patients who are Medicaid Recipients, by County:
Total Beds: 144 Progressive Care Unit: 10 ICU: 5 Inpatient Rehabilitation: Stroke: 28 beds Traumatic Brain Injury: 37 beds Spinal Cord & Multi-Trauma Injury: 32 beds Comprehensive Medical Rehabilitation: 32 beds	3602	21228 21229 21227 21207 21044 21042 21216 21043 21061 21045 21122 21215 21223 21075 21217 21244 21225 21060 21230 21201 21157 21133 21234 21046 21784 20723 21144 21158 21208 21117 21090 21093 21206 21146 21136 21239	St. Agnes St. Agnes St. Agnes St. Agnes Howard Co Gen Howard Co Gen Howard Co Gen Howard Co Gen MD General Sinai BWMC Carroll Hospital UMMC BWMC Howard Co Gen Harbor Hospital Northwest Hosp Northwest Hosp Carroll Hospital Sinai Franklin Square Northwest BWMC Sinai Howard Co Gen Harbor Hospital JH Bayview BWMC Northwest Laurel Regional BWMC	Allegany 12% Anne Arundel 9% Baltimore 11% Baltimore City 15% Calvert 8% Caroline 15% Carroll 8% Cecil 10% Charles 9% Dorchester 14% Frederick 10% Garrett 14% Harford 9% Howard 8% Kent 14% Montgomery 13% Prince George's 16% Queen Anne's 10% Somerset 14% St. Mary's 9% Talbot 13% Washington 12% Wicomico 14% Worcester 14%	Allegany 0.0% Anne Arundel 10.1% Baltimore 10.7% Baltimore City 24.8% Calvert 20.0% Caroline 28.6% Carroll 7.1% Cecil 42.1% Charles 26.9% Dorchester 20.0% Frederick 13.0% Garrett 0.0% Harford 18.9% Howard 3.0% Kent 14.3% Montgomery 30.0% Prince Georges 21.8% Queen Anne 8.7% Somerset 100.0% St. Mary's 12.5% Talbot 11.1% Wicomico 27.3% Worcester 30.0% Washington 30.0% Unidentified MD 18.2% Washington DC 66.7% W. Virginia 10.0% Delaware 33.3% Pennsylvania 5.9% Virginia 0.0% Other State 3.1%

For purposes of reporting on your community benefit activities, please provide the following information:

Describe in detail the community or communities the organization serves:

The University of Maryland Rehabilitation & Orthopaedic Institute (UM Rehab & Ortho) is the largest inpatient rehabilitation specialty hospital located in Maryland. Formerly known also as Kernan Orthopaedics and Rehabilitation, the hospital is Baltimore's original orthopaedic and rehabilitation specialty hospital and is a committed provider of a full array of rehabilitation programs and specialty surgery--primarily orthopaedics. A member of the University of Maryland Medical System (UMMS) and affiliated with the University of Maryland School of Medicine, the hospital has been serving patients who are residents of the State of Maryland and the surrounding Baltimore metropolitan area for over 118 years.

UM Rehab & Ortho at a Glance (FY 2014)

144 Rehabilitation, Chronic and Acute Care Beds
6 Operating Rooms
3,602admissions, 2,572orthopaedic surgeries
Ambulatory Visits - 67,676
Medical Staff – 250

- 237 Physicians representing 44 specialties
  - 180 University of Maryland School of Medicine Facility
  - 57 Community physicians
- 25 Mid-Level Providers
- 29 Dentists

642 Full and Part-Time Staff

44% nursing positions
20% Therapy positions
36% All other positions

Located in the Forest Park/Gwynns Falls community in southwest Baltimore City, and the Gwynn Oak/Woodlawn area in western Baltimore County, UM Rehab & Ortho is accessible to patients residing in Baltimore City, Anne Arundel, Baltimore, and Howard counties.

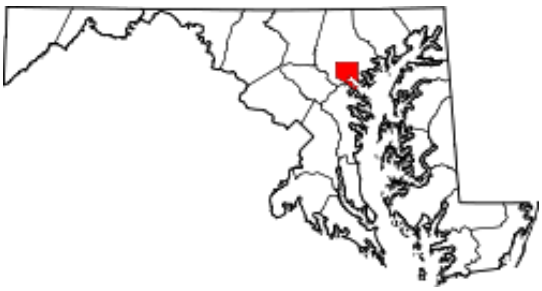
Approximately 14 percent of UM Rehab & Ortho patients are admitted to the hospital for elective orthopaedic surgical procedures. Patients requiring rehabilitative care comprise the other 86 percent of admissions and are patients who are transferred to UM Rehab & Ortho from acute care hospitals that are located throughout the state of Maryland. During FY 2014, 33 percent of Baltimore City patients requiring rehabilitative care were treated at UM Rehab & Ortho. Statewide, 28 percent of those needing post-acute rehabilitation were cared for at UM Rehab & Ortho.

As the largest provider of acute spinal cord injury rehabilitation in the State of Maryland, UM Rehab & Ortho treated approximately 50 percent of central Maryland's spinal cord injury patients and 38 percent of spinal cord injury patients statewide. The largest provider of acute traumatic brain injury rehabilitation in the State of Maryland, UM Rehab & Ortho treated 66 percent of those patient in central Maryland, and 61 percent statewide.

The following information details the areas UM Rehab & Ortho serves --Baltimore City, Anne Arundel, Baltimore, and Howard counties. For purposes of this report, UM Rehab & Ortho's CBSA could be considered the following zip codes, by city and county:

Baltimore City	**Baltimore County**	**Anne Arundel County**		**Howard County**
21201	21144	21043	21207	21208
21202	21061	21044	21215	21117
21217	21122	21045	21209	21228
21216	21060	21075		21229

Baltimore City, Maryland



Baltimore city consists of nine geographical regions: Northern, Northwestern, Northeastern, Western, Central, Eastern, Southern, Southwestern, and Southeastern. The West Baltimore community is nearest to UM Rehab & Ortho Institute, and consists of the Northwestern, Western, and Southwestern districts. The Northwestern district, bounded by the Baltimore County line on its northern and western boundaries, Gwynns Falls Parkway on the south and Pimlico Road on the East, is home to Pimlico Race Course, where the Preakness Stakes takes place each May, and is primarily residential.

The Western district, located west of the main commercial district downtown, is the heart of West Baltimore, bounded by Gwynns Falls Parkway, Fremont Avenue, and Baltimore Street. Coppin State University, Mondawmin Mall, and Edmondson Village, all located within this district, have been historic cultural and economic centers of the city's African American community

The Southwestern district is bounded by Baltimore County to the west, Baltimore Street to the north, and the downtown area to the east. Economic and demographic characteristics of Southwestern district vary.

emographics

According to the *2010 U.S. Census*, the latest data available, there were 621,342 people residing in Baltimore, an increase of .01% since 2010. According to the *2010 U.S. Census*, 29.6% of the population was non-Hispanic White, 63.7% non-Hispanic Black or African American, 0.4% non-Hispanic American Indian and Alaska Native, 2.3% non-Hispanic Asian, 0% from some other race (non-Hispanic) and 2.1% of two or more races (non-Hispanic). 4.2% of Baltimore's population was of Hispanic, Latino, or Spanish origin. In the 1990s, the US Census reported that Baltimore ranked as one of the largest population losers alongside Detroit and Washington D.C., losing over 84,000 residents between 1990 and 2000.

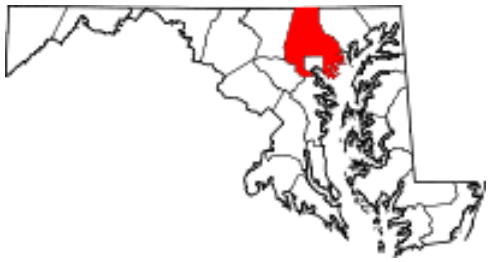
The same report also estimated these people lived in a total of 294,579 housing units. Age ranges were 22.4% under 18 years old, 11.8% at age 65 or older, and 65.8% from 18 to 64 years old. The city's estimated 2009 population of 637,418 was 53.4% female.

A statistical abstract prepared by the U.S. Census Bureau estimated the median income for a household in the city during 2009 at $38,458, with 20.9% of the population below the poverty line.

People QuickFacts	Baltimore	Maryland
Population, 2012 estimate	621,342	5,884,563
Population, 2010 (April 1) estimates base	620,961	5,773,552
Population, percent change, April 1, 2010 to July 1, 2012	0.1%	1.9%
Population, 2010	620,961	5,773,552
Persons under 5 years, percent, 2010	6.6%	6.3%
Persons under 18 years, percent, 2010	21.5%	23.4%
Persons 65 years and over, percent, 2010	11.7%	12.3%
Female persons, percent, 2010	52.9%	51.6%
White alone, percent, 2010 (a)	29.6%	58.2%
Black or African American alone, percent, 2010 (a)	63.7%	29.4%
American Indian and Alaska Native alone, percent, 2010 (a)	0.4%	0.4%
Asian alone, percent, 2010 (a)	2.3%	5.5%
Native Hawaiian and Other Pacific Islander alone, percent, 2010 (a)	Z	0.1%
Two or More Races, percent, 2010	2.1%	2.9%
Hispanic or Latino, percent, 2010 (b)	4.2%	8.2%
White alone, not Hispanic or Latino, percent, 2010	28.0%	54.7%
Living in same house 1 year & over, percent, 2007-2011	82.7%	86.4%
Foreign born persons, percent, 2007-2011	7.2%	13.5%
Language other than English spoken at home, percent age 5+, 2007-2011	8.9%	16.2%
High school graduate or higher, percent of persons age 25+, 2007-2011	78.5%	88.2%
Bachelor's degree or higher, percent of persons age 25+, 2007-2011	25.8%	36.1%
Veterans, 2007-2011	38,704	443,652
Mean travel time to work (minutes), workers age 16+, 2007-2011	29.6	31.7
Housing units, 2010	296,685	2,378,814
Homeownership rate, 2007-2011	49.5%	68.7%
Housing units in multi-unit structures, percent, 2007-2011	32.8%	25.4%
Median value of owner-occupied housing units, 2007-2011	$163,700	$319,800
Households, 2007-2011	238,959	2,128,377
Persons per household, 2007-2011	2.50	2.63
Per capita money income in the past 12 months (2011 dollars), 2007-2011	$23,853	$35,751
Median household income, 2007-2011	$40,100	$72,419
Persons below poverty level, percent, 2007-2011	22.4%	9.0%

Source: US Census Bureau Quick Facts 2010

Baltimore County, Maryland



A part of the Baltimore-Washington Metropolitan area, Baltimore County is located in the northern part of the state of Maryland. In 2010, the county's population was 805,029. Comprised of approximately 598 square miles, Baltimore County does not have any incorporated cities or towns and is divided into council districts. UM Rehab & Ortho is located on the southwestern border of district 4 (Randallstown/Woodlawn/Security) of the county and Baltimore City.

Demographics

According to the *2010 Census QuickFacts*, the latest data available, the population and demographics of Baltimore County were as follows:

White persons comprised 64.8 percent of the population, with Black persons accounting for 27 percent of the county's population. American Indian and Alaska Native persons made up .04 percent of the population, Asian population comprised 5.4 percent, with Native Hawaiian and other Pacific Islander at .01 percent. Persons reporting two or more races made up percent of Baltimore County's population, persons of Hispanic or Latino origin, totaled 4.6 percent. The percent of White persons, not Hispanic was 61.4 percent.

There were 315.127 households out of which 30.20% had children under the age of 18 living with them, 49.40% were married couples living together, 12.80% had a female householder with no husband present, and 33.80% were non-families. 27.30% of all households were made up of individuals and 10.10% had someone living alone who was 65 years of age or older. The average household size was and the average family size was 3.00.

In the county the population was spread out with 23.60% under the age of 18, 8.50% from 18 to 24, 29.80% from 25 to 44, 23.40% from 45 to 64, and 14.60% who were 65 years of age or older. The median age was 38 years. For every 100 females there were 90.00 males. For every 100 females age 18 and over, there were 86.00 males.

The median income for a household in the county was $65,411.00, and the median income for a family was $59,998. Males had a median income of $41,048 versus $31,426 for females. The per capita income for the county was $34,304.0. About 8.2% of the population was below the poverty line, including 7.20% of those under age 18 and 6.50% of those aged 65 or over.

People QuickFacts	Baltimore County	Maryland
Population, 2012 estimate	817,455	5,884,563
Population, 2010 (April 1) estimates base	805,029	5,773,552
Population, percent change, April 1, 2010 to July 1, 2012	1.5%	1.9%
Population, 2010	805,029	5,773,552
Persons under 5 years, percent, 2012	6.0%	6.2%
Persons under 18 years, percent, 2012	21.7%	22.8%
Persons 65 years and over, percent, 2012	15.1%	13.0%
Female persons, percent, 2012	52.7%	51.6%
White alone, percent, 2012 (a)	64.8%	60.8%
Black or African American alone, percent, 2012 (a)	27.0%	30.0%
American Indian and Alaska Native alone, percent, 2012 (a)	0.4%	0.5%
Asian alone, percent, 2012 (a)	5.4%	6.0%
Native Hawaiian and Other Pacific Islander alone, percent, 2012 (a)	0.1%	0.1%
Two or More Races, percent, 2012	2.2%	2.5%
Hispanic or Latino, percent, 2012 (b)	4.6%	8.7%
White alone, not Hispanic or Latino, percent, 2012	61.4%	53.9%
Living in same house 1 year & over, percent, 2007-2011	87.5%	86.4%
Foreign born persons, percent, 2007-2011	10.7%	13.5%
Language other than English spoken at home, percent age 5+, 2007-2011	12.6%	16.2%
High school graduate or higher, percent of persons age 25+, 2007-2011	89.2%	88.2%
Bachelor's degree or higher, percent of persons age 25+, 2007-2011	35.2%	36.1%
Veterans, 2007-2011	60,413	443,652
Mean travel time to work (minutes), workers age 16+, 2007-2011	28.2	31.7
Housing units, 2011	336,939	2,391,350
Homeownership rate, 2007-2011	67.0%	68.7%
Housing units in multi-unit structures, percent, 2007-2011	28.2%	25.4%
Median value of owner-occupied housing units, 2007-2011	$269,400	$319,800
Households, 2007-2011	315,127	2,128,377
Persons per household, 2007-2011	2.48	2.63
Per capita money income in the past 12 months (2011 dollars), 2007-2011	$34,304	$35,751
Median household income, 2007-2011	$65,411	$72,419
Persons below poverty level, percent, 2007-2011	8.2%	9.0%

Source: US Census Bureau Quick Facts 2010

Howard County, Maryland

Howard County is located in the central part of the Maryland, between Baltimore and Washington, D.C. It is considered part of the Baltimore-Washington Metropolitan Area.

According to the *2010 U.S. Census*, the latest data available, its population was 299,430. Its county seat is Ellicott City. The center of population of Maryland is located on the county line between Howard County and Anne Arundel County, in the unincorporated town of Jessup.

Due to the proximity of Howard County's population centers to Baltimore, the county has traditionally been considered a part of the Baltimore Metropolitan Area. Recent development in the south of the county has led to some realignment towards the Washington, D.C. media and employment markets. The county is also home to Columbia, a major planned community of 100,000 founded by developer James Rouse in 1967.

Howard County is frequently cited for its affluence, quality of life, and excellent schools. For 2011, it was ranked the fifth wealthiest county by median household income in the United States by the U.S. Census Bureau. Many of the most affluent communities in the Baltimore-Washington Metropolitan Area, such as Clarksville, Glenelg, Glenwood and West Friendship, are located along the Route 32 corridor in Howard County. The main population center of Columbia/Ellicott City was named 2nd among *Money* magazine's 2010 survey of "America's Best Places to Live." Howard County's schools frequently rank first in Maryland as measured by standardized test scores and graduation rates.

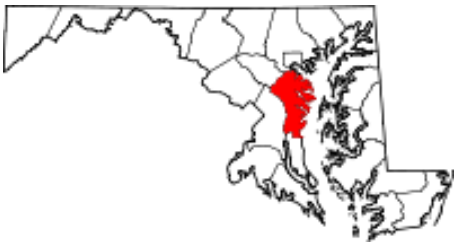
Demographics

According to the *2010 U.S. Census*, the latest data available, white persons comprised 62.3 percent of the population of Howard County. Black persons made up 18.1 percent. Asian person were 15.7 percent of the population, and American Indian or Alaska Natives were 0.4 percent of the population, persons reporting two or more races comprised 3.6 percent of the county's population, and persons of Hispanic or Latino origin totaled 6.2 percent of the population. There were no reported Native Hawaiian or Pacific Islanders. Median household income was reported at $105,692 and the number of people living below the poverty level was 4.5 percent.

People QuickFacts	Howard County	Maryland
Population, 2012 estimate	299,430	5,884,563
Population, 2010 (April 1) estimates base	287,085	5,773,552
Population, percent change, April 1, 2010 to July 1, 2012	4.3%	1.9%
Population, 2010	287,085	5,773,552
Persons under 5 years, percent, 2012	5.9%	6.2%
Persons under 18 years, percent, 2012	24.9%	22.8%
Persons 65 years and over, percent, 2012	11.2%	13.0%
Female persons, percent, 2012	50.9%	51.6%
White alone, percent, 2012 (a)	62.3%	60.8%
Black or African American alone, percent, 2012 (a)	18.1%	30.0%
American Indian and Alaska Native alone, percent, 2012 (a)	0.4%	0.5%
Asian alone, percent, 2012 (a)	15.7%	6.0%
Native Hawaiian and Other Pacific Islander alone, percent, 2012 (a)	0.1%	0.1%
Two or More Races, percent, 2012	3.4%	2.5%
Hispanic or Latino, percent, 2012 (b)	6.2%	8.7%
White alone, not Hispanic or Latino, percent, 2012	57.6%	53.9%
Living in same house 1 year & over, percent, 2007-2011	87.3%	86.4%
Foreign born persons, percent, 2007-2011	17.6%	13.5%
Language other than English spoken at home, percent age 5+, 2007-2011	21.9%	16.2%
High school graduate or higher, percent of persons age 25+, 2007-2011	94.9%	88.2%
Bachelor's degree or higher, percent of persons age 25+, 2007-2011	58.7%	36.1%
Veterans, 2007-2011	19,117	443,652
Mean travel time to work (minutes), workers age 16+, 2007-2011	30.6	31.7
Housing units, 2011	111,200	2,391,350
Homeownership rate, 2007-2011	74.2%	68.7%
Housing units in multi-unit structures, percent, 2007-2011	24.9%	25.4%
Median value of owner-occupied housing units, 2007-2011	$447,000	$319,800
Households, 2007-2011	103,547	2,128,377
Persons per household, 2007-2011	2.71	2.63
Per capita money income in the past 12 months (2011 dollars), 2007-2011	$46,594	$35,751
Median household income, 2007-2011	$105,692	$72,419
Persons below poverty level, percent, 2007-2011	4.5%	9.0%

Source: US Census Bureau Quick Facts 2010

Anne Arundel County, Maryland



Anne Arundel County is located in the state of Maryland. According to the *2010 U.S. Census*, the latest data available its population was 550,488. The county forms part of the Baltimore-Washington metropolitan area. The following information provides demographic data pertaining to Anne Arundel County.

People QuickFacts	Anne Arundel County	Maryland
Population, 2012 estimate	550,488	5,884,563
Population, 2010 (April 1) estimates base	537,656	5,773,552
Population, percent change, April 1, 2010 to July 1, 2012	2.4%	1.9%
Population, 2010	537,656	5,773,552
Persons under 5 years, percent, 2012	6.3%	6.2%
Persons under 18 years, percent, 2012	22.8%	22.8%
Persons 65 years and over, percent, 2012	12.7%	13.0%
Female persons, percent, 2012	50.5%	51.6%
White alone, percent, 2012 (a)	76.9%	60.8%
Black or African American alone, percent, 2012 (a)	16.1%	30.0%
American Indian and Alaska Native alone, percent, 2012 (a)	0.4%	0.5%
Asian alone, percent, 2012 (a)	3.7%	6.0%
Native Hawaiian and Other Pacific Islander alone, percent, 2012 (a)	0.1%	0.1%
Two or More Races, percent, 2012	2.8%	2.5%
Hispanic or Latino, percent, 2012 (b)	6.6%	8.7%
White alone, not Hispanic or Latino, percent, 2012	71.5%	53.9%
Living in same house 1 year & over, percent, 2007-2011	86.6%	86.4%
Foreign born persons, percent, 2007-2011	7.7%	13.5%
Language other than English spoken at home, percent age 5+, 2007-2011	10.1%	16.2%
High school graduate or higher, percent of persons age 25+, 2007-2011	90.4%	88.2%
Bachelor's degree or higher, percent of persons age 25+, 2007-2011	36.3%	36.1%
Veterans, 2007-2011	56,554	443,652
Mean travel time to work (minutes), workers age 16+, 2007-2011	29.2	31.7
Housing units, 2011	214,520	2,391,350
Homeownership rate, 2007-2011	74.9%	68.7%
Housing units in multi-unit structures, percent, 2007-2011	17.3%	25.4%
Median value of owner-occupied housing units, 2007-2011	$361,700	$319,800
Households, 2007-2011	197,348	2,128,377
Persons per household, 2007-2011	2.61	2.63
Per capita money income in the past 12 months (2011 dollars), 2007-2011	$39,857	$35,751
Median household income, 2007-2011	$85,690	$72,419
Persons below poverty level, percent, 2007-2011	5.5%	9.0%

Demographics

White persons comprised 76.9 percent of the county's population. Black persons totaled 16.1percent. American Indian and Alaska Natives made up 0.4 percent of the county's population, while Asian persons totaled 3.7 percent, native Hawaiian and other Pacific Islanders made up 0.1 percent. Those reporting two or more races totaled 2.8 percent and those reporting Hispanic or Latino origin made up 6.6percent of the population. Median household income of Anne Arundel County residents was reported at $85,690. Persons living below the poverty level were 5.5 percent.

In Table II, describe significant demographic characteristics and social determinants that are relevant to the needs of the community and include the source of the information.

Table II

Community Benefit Service Area(CBSA) Target Population (target population, by sex, race, and average age)	**Baltimore City** 621,342 Male 47.1 % Female 52.9% White, Not Hispanic (NH) 28.2% Black, NH 63.6% Hispanic 4.4% Asian, NH 2.5% American Indian, NH 0.4% Other, NH 0.1% Median Age: 34.2 **Anne Arundel County** 550,448 Male 49.4%; Female 50.6% White, Not Hispanic (NH) 71.5% Black, NH 15.0% Hispanic 6.6% Asian, NH 3.6% American Indian, NH 0.2% Other, NH 3.1% Median Age: 38.6 **Baltimore County** 817, 455 Male 47.3% Female 52.7% White, Not Hispanic (NH) 61.4% Black, NH 27% Hispanic 4.6% Asian, NH 5.4% American Indian, NH 0.4% Other, NH 0.1% Median Age: 39.2 **Howard County** 299, 430 Male 49.1 Female 50.9

	White, Not Hispanic (NH) 57.6 Black, NH 18.1 Hispanic 6.2 Asian, NH 15.7 American Indian, NH 0.4 Other, NH 0.1 Median Age: 38.9
Median Household Income within the CBSA	Baltimore City – $40,100.00 Anne Arundel County – $85,690.00 Baltimore County – $65,411.00 Howard County - $105,692.00 *Source: US Census 2010*
Percentage of households with incomes below the federal poverty guidelines within the CBSA	Baltimore City – 23.4 % Anne Arundel County – 5.9% Baltimore County – 8.5% Howard County – 4.4 % *Source: 2012 American Community Survey- US Census*
Please estimate the percentage of uninsured people by County within the CBSA	Maryland Medical Insurance Statistics In 2012, Marylanders lacked health insurance placing the state 19th out of the 50 states. *Source: America's Health Rankings 2012* Maryland uninsured residents – 10 % Total Maryland HMO enrollment – 1, 742, 980 Avg. annual employee premium in MD employer-sponsored plan (after employer contribution:) $1115 Avg. MD hospital cost per inpatient day (before insurance) - $2,485 *Source: Kaiser Family Foundation 2013* Civilian non-institutionalized population Baltimore City: 14.5% Anne Arundel County: 8.5% Baltimore County: 10.2% Howard County: 8.2 % *Source: 2010 American Community Survey- US Census*

<table>
<tr><td>Percentage of Medicaid recipients by County within the CBSA.</td><td>Baltimore City - 14.6%
Anne Arundel County – 8%
Baltimore County – 21.9%
Howard County – 6.6%

Source: Maryland Department of Mental Health and Hygiene</td></tr>
<tr><td>Life Expectancy by County within the CBSA (including by race and ethnicity (data not available.)</td><td>Maryland Life Expectancy 78.09
Females
Baltimore – 76.5
Anne Arundel County – 80.7
Baltimore County – 80.6
Howard County – 83
Males
Baltimore – 67.8
Anne Arundel County – 75.9
Baltimore County – 75.5
Howard County – 79.8
Source: worldlifeexpectancy.com

Life Expectancy by Race and Sex for State of Maryland:
Black Females 80.4 Black Males 73.8
White Females 82.5 White Males 78.3

Source: Maryland Vital Statistics 2013</td></tr>
<tr><td>Mortality Rates by County within the CBSA (including by race and ethnicity where data are available.)</td><td>Anne Arundel County: Ranks 8th out of 24 Maryland jurisdictions.
Baltimore City: Ranks 24th out of 24 Maryland jurisdictions.
Baltimore County: Ranks 14th out of 24 Maryland jurisdictions.
Howard County: Ranks 2nd out of 24 Maryland jurisdictions.

Source: countyhealthrankings.org 2013</td></tr>
<tr><td>Access to healthy food, transportation and education, housing quality and exposure to environmental factors that negatively affect health status by County within the CBSA. (to the extent information is available from local or county jurisdictions such as the local health officer, local county officials, or other resources)

See SHIP website for social and physical environmental data and county profiles for primary service area information:</td><td>The rankings are based on health outcomes (mortality and morbidity), health factors (health behaviors, clinical care, social and economic factors, and physical environment as well as and policies and programs. We have included in table format information for both health outcomes and health factors related to our community outreach goals have highlighted several areas.

<table>
<tr><th>Health Outcomes</th><th>Baltimore City</th><th>Baltimore Co.</th><th>Anne Arundel Co.</th><th>Howard Co.</th></tr>
<tr><td>Mortality</td><td>24</td><td>14</td><td>8</td><td>2</td></tr>
<tr><td>Morbidity</td><td>24</td><td>15</td><td>10</td><td>1</td></tr>
</table>

<table>
<tr><th>Health Factors</th><th>Baltimore City</th><th>Baltimore Co.</th><th>Anne Arundel Co.</th><th>Howard Co.</th></tr>
<tr><td>Health Behaviors</td><td>24</td><td>6</td><td>5</td><td>2</td></tr>
<tr><td>Clinical Care</td><td>21</td><td>9</td><td>11</td><td>1</td></tr>
<tr><td>Social & Economic</td><td>24</td><td>12</td><td>8</td><td>1</td></tr>
<tr><td>Physical Environment</td><td>19</td><td>15</td><td>9</td><td>6</td></tr>
</table>

Diet and exercise which included adult obesity and physical inactivity. Adult obesity the national benchmark is 25%, Maryland overall percentage of obese adults is 28%. Adult obesity by county is as</td></tr>
</table>

http://dhmh.maryland.gov/ship/SitePages/measures.aspx

follows: Anne Arundel County 28%, Baltimore City 31%, Baltimore County 27% and Howard County are 25%. Physical Inactivity the national benchmark is 21%, Maryland overall percentage of physical inactivity is 24%. Physical inactivity by county is as follows: Anne Arundel County 20%, Baltimore City 31%, Baltimore County 28% and Howard County are 18%.

Access to Care we examined access to dentists. The ratio of population to dentist in Maryland 1,587:1 The ratio of dentist by county: Anne Arundel County 1,687:1, Baltimore City 2,282:1, Baltimore County 1,525:1 and Howard County is 1,447:1

(Physical) Built Environment we looked at access to recreational facilities, limited access to healthy foods and fast food restaurants.

	Maryland	Baltimore City	Baltimore County	Anne Arundel County	Howard County
Access to physical activity	11	6	15	14	16
Limited Access to food	4%	1%	4%	5%	2%
Access to fast food restaurants	60%	65%	65%	59%	58%

Access to transportation – Baltimore City, Baltimore County and Anne Arundel County residents have access to a variety of transportation options. Bus routes, Metro, light rail and taxi cabs are widely available. Many of UM Rehab & Ortho's patients take advantage of MTA's Mobility, busses and taxis that can accommodate wheelchairs. Mobility/Paratransit service is for citizens who are unable to use Local Bus, Metro/Subway or Light Rail service. Mobility/Paratransit service is provided by the MTA via contracts with Veolia Transportation and MV Transportation. Bus Route #15 serves UM Rehab & Ortho's surrounding communities of Forest Park, Walbrook, Rosemont, Downtown, as well as the western portions of Baltimore County of Security Square/Westview; Route #77 reaches downtown and western Baltimore County/City communities such as Security, Westview, Arbutus. The numbers 17 and 14 stretch into northern Anne Arundel County, although UM Rehab & Ortho can be reached throughout Anne Arundel and portions of north and west Baltimore County via the light rail and metro.

Howard County has fewer mass transit options. One transit option, other than hiring a taxi cab, is the Baltimore Commuter Bus Service. This group provides express transit service connecting suburban residential areas that include Columbia, Bel Air, Havre De Grace, and Laurel to downtown Baltimore. There are five Commuter Bus routes that operate to the Baltimore region, making 42 daily trips.

Source: MTA Maryland

Education
The following represents percentage of high school graduates in each of the CBSA counties:
Anne Arundel – 82%
Baltimore City – 61%
Baltimore County -80%
Howard County – 89%
Source: County Health Rankings and Roadmaps 2012

Environmental Factors
Air Pollution – Ozone Days
Anne Arundel – 14
Baltimore City – 18
Baltimore County – 22
Howard County – 15

Source: County Health Rankings and Roadmaps 2012

Available detail on race, ethnicity, and language within CBSA:

Non Hispanic and Hispanic Population by Race for Maryland's Jurisdictions, April 1, 2010								
	Total Population		White Alone		Black or African American Alone		American Indian and Alaska Native Alone	
State/Region/Jurisdiction	Non-Hispanic Total	Hispanic Total	Non- Hispanic Whitle Alone	Hispanic White Alone	Non-Hispanic Black or African American Alone	Hispanic Black or African American Alone	Non-Hispanic American Indian and Alaska Native Alone	Hispanic American Indian and Alaska Native Alone
Maryland	**5,302,920**	**470,632**	**3,157,958**	**201,326**	**1,674,229**	**26,069**	**13,815**	**6,605**
Baltimore Region	**2,540,389**	**122,302**	**1,584,466**	**57,573**	**766,383**	**9,198**	**6,665**	**1,713**
Anne Arundel	504,754	32,902	389,386	16,070	81,819	1,665	1,365	300
Baltimore County	771,294	33,735	504,556	15,629	206,913	2,825	2,107	518
Howard	270,356	16,729	169,972	8,551	49,150	1,038	511	355
Baltimore City	595,001	25,960	1,741,200	9,710	392,938	2,843	1,884	386
	Asian		Native Hawaiian and		Some Other Race Alone		Two Or More Races	
State/Region/Jurisdiction	Non-Hispanic Asian Alone	Hispanic Asian Alone	Non- Hispanic Native Hawaiian and Other Pacific Islander Alone	Hispanic Native Hawaiian and Other Pacific Islander Alone	Non-Hispanic Some Other Race Alone	Some Other Race Alone	Non-Hispanic Two or More Races	Hispanic Two or More Races
Maryland	**316,694**	**2,159**	**2,412**	**745**	**11,972**	**194,860**	**125,840**	**38,868**
Baltimore Region								
Anne Arundel	**121,693**	**749**	**1,162**	**293**	**4,443**	**41,529**	**55,587**	**11,247**
Baltimore County	18,154	198	392	92	880	11,762	12,758	2,815
Howard	39,865	212	255	64	1,445	11,356	16,153	3,131
Baltimore City	41,101	120	105	18	746	4,963	8,771	1,684
	14,397	151	192	82	942	10,361	10,528	2,427
Source: US Census Bureau, 2010 Census PL94-171 release.								
Prepared by the Maryland Department of Planning, Projections and Data Analysis/State Data Center, February, 2011.								

I. COMMUNITY HEALTH NEEDS ASSESSMENT

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.

For the purposes of this report, the IRS defines a CHNA as a:

> Written document developed for a hospital facility that includes a description of the community served by the hospital facility: the process used to conduct the assessment including how the hospital took into account input from community members and public health experts; identification of any persons with whom the hospital has worked on the assessment; and the health needs identified through the assessment process.

Description of the process used to conduct the assessment;

The Community Health Needs Assessment for the UM Rehab & Ortho was conducted through meetings with health care leaders, faith-based leaders, discussions with area health care stakeholders, and surveys with community residents, hospital visitors and community health fair attendees. Secondary data was used in conjunction with other University of Maryland Medical System (UMMS) Baltimore City hospitals including UMMC, UM Midtown Campus and Mt. Washington Pediatric hospitals. This information was reviewed and compared with statistics available through the State of Maryland's Health Improvement Plan, State of Maryland Department of Health and Mental Hygiene data, Baltimore City Health Department Healthy Baltimore 2015, Healthy People 2020 and American Community Survey data.

Description of whom the hospital has worked;

UM Rehab & Ortho has worked with a variety of group to gather information in order to compile the hospital's Community Health Needs Assessment (CHNA). Information on area health needs was obtained through community meetings with the Baltimore City Health Department Neighborhood Health Initiative, The University of Maryland Medical System Community Health Outreach and Advocacy, UMMS Community Needs Survey, and a meeting with Baltimore City community group stakeholders. UMMS created the University of Maryland Community Health Outreach and Advocacy team that meets bi-monthly to address the health care needs of the West Baltimore community. The group is comprised of community outreach management and staff, social workers, directors, vice presidents, and physicians from UMMS system hospitals. UM Rehab & Ortho, in partnership with UMMS, is a major participant and sponsor in major annual outreach efforts, and sees firsthand the needs of its patient community. In addition to UM Rehab & Ortho's participation in UMMS events, additional community outreach initiatives, involving partnerships with both local education and community groups, as well as organizations with specific ties to the disabled community, and the disabilities treated at UM Rehab & Ortho. These groups include:

Community Groups
Franklintown Community Association
Greater Catonsville Chamber of Commerce
Security-Woodlawn Business Association
Gwynns Falls Trail Council
Dickeyville Community Association
Baltimore Metro RedLine
Baltimore County Department of Aging

Schools
Baltimore City Schools
Baltimore County Schools
Howard County Schools

Corporate/Non-Profit Groups

Baltimore Municipal Golf Corporation
Baltimore City Department of Parks & Rec.
Howard County Youth Programs
The Brain Injury Association of Maryland
Arthritis Foundation of Maryland
Baltimore Adaptive Recreation and Sports
Multiple Sclerosis Society of Maryland
Maryland Amputee Association
TKF Foundation
Baltimore County Department of Aging
American Red Cross
American Heart Association
United Way of Central Maryland
Christopher Reeves Foundation

A description of how the hospital took into account input from community members and public health experts;

Stakeholders included experts from the following organizations:

American Heart Association
American Diabetes Association
American Asthma Association
American Cancer Society
American Red Cross
Brain Injury Association of Maryland
Baltimore Adapted Recreation and Sports
Coalition to End Childhood Lead Poisoning
B'More Healthy Babies
Baltimore Healthy Start, Inc.
Baltimore City Head Start Program
Sisters Together Reaching (HIV/AIDS)
Baltimore City Fire Department
Baltimore City Police Department
US against MS
Donate Life

Leaders from the above organizations expressed through roundtable discussion, areas that they felt are important to the community, and needed to be addressed. UMMS outreach team members took note of those items and a discussion followed to address what could occur within the scope of the healthcare. Additionally community leaders from the surrounding Baltimore City neighborhoods to UM Rehab & Ortho Hospital (Beechfield/Ten Hills/West Hills/Edmonson Village/Forest Park/Walbrook) attended meetings conducted by the Baltimore City Health Department as a part of its Healthy Baltimore 2015 study. These community members discussed their ideas of what were issues within the community. A survey was also taken to gain input as to what needs the community felt were important. Additionally data was obtained from Healthy People 2020, the Maryland DHMH's State Health Improvement Plan (SHIP), Baltimore City Health Department's 2011 Neighborhood Profiles and Healthy Baltimore 2015 and included to provide national and local context, data, as well as direction for the assessment.

A description of the community served:

UM Rehab & Ortho serves a diverse community, both in terms of diagnosis, as well as location. As a rehabilitation specialty hospital, adult patients are treated for a variety of musculoskeletal issues such as total joint replacement and sports medicine, and rehabilitation

issues such as brain injury, spinal cord injury, stroke, and pain management. These patients primarily come from the previously described areas of Anne Arundel, Baltimore and Howard counties, and Baltimore City.

A description of the health needs identified through the assessment process:

Chronic Disease: Obesity – Increase the proportion of adults who are at a healthy weight and reduce deaths from heart disease, diabetes, high blood pressure, and other cardiac issues.
Chronic Disease: Obesity - Reduce the proportion of children and adolescents who are considered obese.
Healthcare Access- Reduce the proportion of individuals who are unable to afford to see a doctor.
Healthcare Access Dental - Increase the proportion of children and adolescents who receive dental care.

A description of the existing health care facilities and other resources within the community available to meet the community health needs identified:

American Heart Association
American Diabetes Association
American Asthma Association
American Cancer Society
American Red Cross
Brain Injury Association of Maryland
Baltimore Adapted Recreation and Sports
US against MS
Coalition to End Childhood Lead Poisoning
Donate Life

B'More Healthy Babies
Baltimore Healthy Start, Inc.
Baltimore City Head Start Program
Sisters Together and Reaching (HIV/AIDS)
Baltimore City Fire Department
Baltimore City Police Department
Baltimore City Health Department's 2011 Neighborhood Profiles
Healthy People 2020
Maryland DHMH's State Health Improvement Plan (SHIP)
Social Determinants of Health (SDoH) Needs

A description of the Implementation Strategy:

The following information highlights the initiatives UM Rehab & Ortho has undertaken to meet the major health needs pertinent to UM Rehab & Ortho's specialty patient population and identified in Healthy Baltimore 2015, Maryland's State Health Improvement Plan (SHIP) and in the UMMS market research survey. These initiatives have also been identified in UM Rehab & Ortho's 2012 Community Health Needs Assessment. Detail is available on Table III.

Chronic Disease: Heart Disease– Reduce deaths from heart disease.

Initiative 1 – Adapted Sports Festival was created to help disabled adults fight obesity and heart disease, diabetes; we also offer wheelchair rugby, wheelchair basketball clinics; adapted golf.

Chronic Disease: Obesity – Reduce the proportion of children and adolescents who are considered obese

Initiative 2 – Promoting Physical Activity in High Schools through Sports

Healthcare Access – Reduce the proportion of individuals who are unable to afford to see a doctor

Initiative 3 – Support Groups/Patient Education

Healthcare Access - Increase the proportion of children and adolescents who receive dental care

Initiative 4 – Dental Care for those in Need

I. Has your hospital conducted a Community Health Needs Assessment that conforms to the IRS definition within the past three fiscal years?

X Yes
_____ No

Provide date here. 06 / 25 / 2012 (mm/dd/yy)

If you answered yes to this question, provide a link to the document here.
http://www.umrehabortho.org/about/community-health-needs-assessment.htm

II. Has your hospital adopted an implementation strategy that conforms to the IRS definition?

__X_ Yes
_____No

If you answered yes to this question, provide the link to the document here:
http://www.umrehabortho.org/about/community-health-needs-assessment.htm

III. COMMUNITY BENEFIT ADMINISTRATION

1. Please answer the following questions below regarding the decision making process of determining which needs in the community would be addressed through community benefits activities of your hospital?

a. Is Community Benefits planning part of your hospital's strategic plan?
__X_ Yes
_____No

b. What stakeholders in the hospital are involved in your hospital community benefit process/structure to implement and deliver community benefit activities?

i. Senior Leadership

1. _x__CEO
2. _x__CFO
3. ___Other (please specify)

ii. Clinical Leadership

1. ___Physician
2. ___Nurse
3. ___Social Worker
4. _x_Other (please specify) As a specialty hospital, UM Rehab & Ortho utilizes occupational therapists, physical therapists, recreational therapists, athletic trainers in the majority of its community outreach activities.

iii. Community Benefit Department/Team

1. ____ Individual (please specify FTE)
2. _x __Committee (please list members) Cynthia A. Kelleher, Sr. Director of Business Development and Marketing, Susan Kirby, Director of Service Excellence and Volunteer Services, John Bielawski, Director of Outreach.
3. ___Other (please describe)

c. Is there an internal audit (i.e., an internal review conducted at the hospital) of the Community Benefit report?

Spreadsheet	___x__yes	_____no
Narrative	__x___yes	_____no

d. Does the hospital's Board review and approve the completed FY Community Benefit report that is submitted to the HSCRC?

Spreadsheet	_x__ yes	___no
Narrative	_x__yes	___no

IV. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

1. Please use Table III (see attachment) to provide a clear and concise description of the needs identified in the process described above, the initiative undertaken to address the identified need, the amount of time allocated to the initiative, the key partners involved in the planning and implementation of the initiative, the date and outcome of any evaluation of the initiative, and whether the initiative will be continued. Use at least one page for each initiative (at 10 point type).

   Please see attached (Table III) for UM Rehab & Ortho information.

Table III

Initiative 1

Identified Need **- Chronic Disease: Obesity – Increase the proportion of adults who are at a healthy weight and reduce death from heart disease. Decrease risk of stroke, diabetes; reduce death from heart disease.**
Obesity rates among disabled adults are nearly 58 % higher than adults without disabilities.
2012 Behavioral Risk Factor Surveillance System, CDC.

Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Metric that will be used to evaluate the results/Evaluation dates	Outcome/ How were the outcomes evaluated	Continuation of Initiative	Cost of initiative for current FY?

Adapted Sports Festival	**To encourage disabled community members to participate in sports and to keep as physically fit as possible, in order to reduce obesity and other health risk factors.** Sufficient evidence now exists to recommend that adults with disabilities should also get regular physical activity. The Adapted Sports Festival helps to meet SHIP Vision Areas 5: - Chronic Disease #25 – Reduce deaths from heart disease. Opportunities to participate in hand cycling, bocce ball, wheelchair basketball, a wheelchair slalom course, scuba diving, adapted golf and quad rugby.	Multi-year With a desire to help improve the quality of life of its patient population, UM Rehab & Ortho organized and hosted its fifth annual Adapted Sports Festival September 7, 2013 All day event that occurs 10 a.m. – 4 p.m.	Baltimore Adaptive Recreation and Sports (BARS) Forest Park Golf Course Brain Injury Association	Participant Feedback from Staff, Volunteers and Disabled Community Members at the Adapted Sports Festival 2013	*Process* Evaluations by participants (via survey) requested that UM Rehab & Ortho keep providing opportunities for sports/activities for people with disabilities. *Impact* Approximately 125 community members participated in the adapted sports events.	This event marked the fifth year of the initiative. Will continue indefinitely. Current and former patients, as well as individuals with disabilities living in the community, attended the event and were encouraged to participate in a range of recreational activities. All activities were supervised by trained staff, taking into account individual needs and abilities. Equipment was adapted as necessary and patients were encouraged to utilize newly developed skills and techniques acquired through rehabilitation.	Approximately $6,000 for equipment $ 20.698.00in staffing costs. Total: $26,698.00

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Table III

Initiative 2

Identified Need **- Chronic Disease: Obesity - Reduce the proportion of children and adolescents who are considered obese.** Studies show that regular physical activity reduces risk of depression, diabetes, heart disease, high blood pressure, obesity, stroke, and certain kinds of cancer. Yet, the 2008 Physical Activity Guidelines Advisory Committee notes that data from various national surveillance programs consistently show most adults and youth in the U.S. do not meet current physical activity recommendations, --45% to 50% of adults and 35.8% of high school students say they get the recommended amounts of moderate to vigorous physical activity.

Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Metric that will be used to evaluate the results/Evaluation dates	Outcome/ How were the outcomes evaluated	Continuation of Initiative	Cost of initiative

Promoting Physical Activity in High Schools Through Sports	**To provide sports physicals and care to high school students who participate in sports activities. Studies show that keeping active in sports enables many students to ward off obesity and to set a course for a life time of physical fitness.** Many high school students in the Baltimore and Howard County communities do not have a primary care physician and some do not have the resources to see a doctor to obtain a physical in order to participate in sports. The athletic trainers at UM Rehab & Ortho, as well as many of the sports medicine physicians, donate their time each summer to provide an opportunity for students to see a physician at their school and obtain a free physical in order to participate in athletics—an opportunity for many of these students to remain active in order to reduce obesity. Additionally, the physicians and /or residents in the sports medicine program donate their time to attend athletic contests as team physicians for various schools.	Multi-Year Event occurs over several Saturdays during the early summer – June/July	Baltimore County Private School: Mt. deSales Howard County Schools: Howard High School, Mt. Hebron High School, Glenelg High School, Altholton High School.	Feedback from the High School Athletic Director /Yearly	*Process* Parents and students request that they can bring/arrange for their students to attend these low cost or free physicals. Many of these students do not have a physician or are seen by one on a regular basis. *Impact* 148 students screened.	Continuing	5,180.00108 hours.

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Table III

Initiative 3

***Identified need* -Healthcare Access - Reduce the proportion of individuals who are unable to afford to see a doctor**

Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Metric that will be used to evaluate the results/Evaluation dates	Outcome/ How were the outcomes evaluated	Continuation of Initiative	Cost of initiative for current FY?

Support Groups	To help those experiencing a life-changing event, and/or their loved ones to be able to adapt to their new experience with the aid of support groups. UM Rehab & Ortho provides education, serves as an advocate and supports the disability populations within its continuum of care. During FY 2014, UM Rehab & Ortho provided and facilitated monthly support groups for brain injury, stroke, spinal cord injury, amputee, caregivers', total joint, and trauma survivors' programs. Additionally, clients with multiple sclerosis were served by participating in UM Rehab & Ortho MS (Multiple Sclerosis) Day Program. These groups and classes are free and open to all. In addition to monthly groups UM Rehab & Ortho held an Amputee Walking Clinic.	Multi-year Each group meets monthly or bi-monthly, depending upon needs of the group. Length of meeting varies from 1 – 2 hours	UMMS and other hospitals within the community: Shock Trauma Center, UMMC, Maryland General, BWMC, St. Agnes, Howard County General BARS (Baltimore Adapted Recreation and Sports) WEAN (Women Embracing Abilities Now)	Capture Feedback from patient and families on topics as well as monitor attendance Ongoing	*Process:* Groups conduct surveys annually to determine topics and to assess if information is of benefit to attendees. *Impact:* A total of 1,092 visit to the support groups. A total of 118 attendees at the Walking Clinic	Ongoing. As a specialty hospital, UM Rehab & Ortho provides care to patients who have unique health care needs. In partnership with treating those who have been patients in the stroke, multi-trauma, spinal cord, or traumatic brain injury units, a series of classes and support groups are offered that are open to patients, caregivers and the community. These free classes focus on prevention and wellness, while support groups are specifically tailored to the specialized needs of patients who have undergone a life changing event and rehabilitation process, and would not have access to appropriate providers and caregivers. Physicians, nurses and other caregivers are frequent guest speakers.	$63,578staffing costs. 1,014 staff hours. Donated meeting space for each group. Including full time office space for the Brain Injury Association of Maryland.

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Table III

Initiative 4

***Identified Need* -Increase the proportion of children and adolescents in need who receive dental care.**

Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Metric that will be used to evaluate the results/Evaluation dates	Outcome/ How were the outcomes evaluated	Continuation of Initiative	Cost of initiative for current FY?

Dental Education	To provide education to children and adults who have limited access to oral health care. Staff visits area schools to instruct students on oral care, as well as participate in community health fairs. The dental clinic staff has formed relationships with dental practices throughout Maryland so that all patients have resources to dental carethey need available to them prior to arriving for an appointment.	Multi-year program Provide education at neighboring elementary/middle school each year.	Area Schools, hospitals, primary care and dental practices throughout the State of Maryland that cannot treat special needs children and adults. MCHP program; University of Maryland School of Dentistry	Monitor feedback from area schools /Yearly	*Process* -9467 clinic visits of patients including disabled and /or low income adults and children in FY 2014. 323individuals where given information on dental care.	Yes. Visits to area schools and community groups confirm that many area children do not see a dentist regularly and are uninformed regarding oral care.	$ 1,482.00 11 staff hours

2. Unaddressed Identified Needs

As mentioned in the previous section, cancer, mental health issues, HIV/AIDS, access to health care, STDs, asthma/lung disease and dental health were identified by survey respondents as items requiring more attention. Baltimore City community group stakeholders felt access to care, poverty and mental health issues were unaddressed.

The members of the UMMS Community Health Outreach and Advocacy team will continue to meet and discuss the items that are currently not being addressed by system hospitals and determine if programs and resources can be allocated to assist in those unaddressed areas. Currently areas are being addressed as resources allow. Many of the health needs mentioned in the first paragraph are met through UMMS community outreach efforts, described in the Community Benefits Implementation Plan section.
Available resources to assist in the unaddressed identified needs include:

- Baltimore City Health Department
- Baltimore City Government
- Anne Arundel County Government
- Baltimore County Government
- Howard County Government
- State of Maryland (governmental agencies)
- U.S. Health and Human Services Department
- Housing Office (HUD)

V. PHYSICIANS

As required under HG§19-303, provide a written description of gaps in the availability of specialist providers, including outpatient specialty care, to serve the uninsured cared for by the hospital.

Gap Coverage

The UM Rehab & Ortho is a specialty hospital that offers total joint surgery, non-operative management of back pain, the latest minimally invasive techniques for shoulder surgery, integrative medicine, and leadership in sports medicine and pediatric orthopaedics. The hospital's expert staff treats a full range of rehabilitative issues resulting from stroke, spinal cord injuries, traumatic brain injuries and neurological disorders.

As an orthopaedic and rehabilitation specialty hospital, UM Rehab & Ortho does not have an emergency department. It is classified as a Level IV emergency service facility. Appropriate referral to an acute care facility capable of providing continued emergency services are made if necessary Visitors and outpatients who suffer cardiopulmonary arrest will have emergent care initiated by the code blue team and then will be transported to an emergency room via 911.

All inpatients requiring treatment by the code blue team will be transported, with monitoring, to the Intensive Care Unit at UM Rehab & Ortho at the discretion of the team leader. In consultation, the intensivist and service attending will make the determination regarding patient transport to a tertiary care facility.

UM Rehab & Ortho has a rapid response team that will respond to calls regarding visitors/patients who need emergent care or rapid management outside of the critical care setting. The rapid response team consists of a respiratory therapist, registered nurse, intensivist (day shift only) and hospitalist.

1. If you list Physician Subsidies in your data in category C of the CB Inventory Sheet, please indicate the category of subsidy, and explain why the services would not otherwise be available to meet patient demand. The categories include: Hospital-based physicians with whom the hospital has an exclusive contract; Non-Resident house staff and hospitalists; Coverage of Emergency Department Call; Physician provision of financial assistance to encourage alignment with the hospital financial assistance policies; and Physician recruitment to meet community need.

VI. APPENDICES

Please see attached for the following information on UM Rehab & Ortho:

To Be Attached as Appendices:

Describe your Financial Assistance Policy (FAP):

1. Describe how the hospital informs patients and persons who would otherwise be billed for services about their eligibility for assistance under federal, state, or local government programs or under the hospital's FAP (label appendix I).
2. Include a copy of your hospital's FAP (label appendix II).
3. Include a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e) (label appendix III).
4. Include the hospital's mission, vision, and value statement(s) (label appendix IV).

Appendix I

Financial Assistance Policy (FAP) of The University of Maryland Rehabilitation & Orthopaedic Institute.

University of Maryland Rehabilitation & Orthopaedic Institute, as a part of the University of Maryland Medical System, provides healthcare services to those in need regardless of an individual's ability to pay. Care may be provided without charge, or at a reduced charge, to those who do not have insurance, Medicare/Medical Assistance coverage, and are without the means to pay. An individual's eligibility to receive care without charge, at a reduced charge, or to pay for their care over time is determined on a case by case basis.

Within two days following a patient's request for financial assistance services, application for medical assistance, or both, the hospital makes a determination of probable eligibility.

A large percentage of the UM Rehab & Ortho patients are transferred from the Shock Trauma Center or the University of Maryland Hospital. Those who do not have the ability to pay are never turned away and are helped to find resources to cover the costs of their hospital stay and medications with the assistance of UM Rehab & Ortho's Institute case managers. For patients who require financial assistance, UM Rehab & Ortho Institute has endowment funds available to assist people without resources who may need medical supplies or medications. This assistance is available upon request and is reviewed on a case-by-case basis.

Information regarding the Financial Assistance Policy at UM Rehab & Ortho Institute is posted within the hospital in clinic areas and business areas where eligible patients are likely to be present. Patients also receive individualized help in obtaining services and care should they not have the ability to pay. Information regarding UM Rehab & Ortho Institute financial assistance policy is provided at the time of preadmission or admission to each person who seeks services at the hospital, including the Patient Handbook. UM Rehab & Ortho Institute makes every effort to ensure that information is provided in languages that is understood by the target population of patients utilizing hospital services.

UM Rehab & Ortho Institute makes every effort to make financial assistance information available to our patients including, but not limited to:

- Signage in main admitting areas of the hospital are posted in English and Spanish
- Information sheets explaining financial assistance are made available in all patient care areas in English and Spanish.
- Information sheets are provided to all patients at the time of admission, explaining the process for payment. If payment cannot be made, options are explained to the patient.
- A description of the Financial Assistance Policy is included in the Patient Handbook which is given to all patients admitted to the hospital.

A copy of the Financial Assistance Policy for UM Rehab & Ortho Institute, as well as the information provided to those who make the request for the service follow in Appendices II and III.

Appendix

UNIVERSITY of MARYLAND MEDICAL SYSTEM	**The University of Maryland Medical System Policy & Procedure**	*Policy #:*	TBD
		Effective Date:	02-01-2013
	Subject:	*Page #:*	1 of 8
	FINANCIAL ASSISTANCE	*Supersedes:*	07-01-2012

POLICY

This policy applies to The University of Maryland Medical System (UMMS) following entities:

- University of Maryland Medical Center (UMMC)
- University of Maryland Rehabilitation & Orthopaedic Institute
- University Specialty Hospital (USH)
- University of Maryland St. Joseph Medical Center (UMSJMC)

UMMS is committed to providing financial assistance to persons who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation.

It is the policy of the UMMS Entities to provide Financial Assistance based on indigence or high medical expenses for patients who meet specified financial criteria and request such assistance. The purpose of the following policy statement is to describe how applications for Financial Assistance should be made, the criteria for eligibility, and the steps for processing applications.

UMMS Entities will publish the availability of Financial Assistance on a yearly basis in their local newspapers and will post notices of availability at appropriate intake locations as well as the Billing Office. Notice of availability will also be sent to patients to patient with patient bills. Signage in key patient access areas will be made available. A Patient Billing and Financial Assistance Information Sheet will be provided before discharge and will be available to all patients upon request.

Financial Assistance may be extended when a review of a patient's individual financial circumstances has been conducted and documented. This should include a review of the patient's existing medical expenses and obligations (including any accounts having gone to bad debt except those accounts that have gone to lawsuit and a judgment has been obtained) and any
projected medical expenses. Financial Assistance Applications may be offered to patients whose accounts are with a collection agency and may apply only to those accounts on which a judgment has not been granted.

UMMS retains the right in its sole discretion to determine a patient's ability to pay. All patients presenting for emergency services will be treated regardless of their ability to pay. For emergent/urgent services, applications to the Financial Clearance Program will be completed, received, and evaluated retrospectively and will not delay patients from receiving care.

University of Maryland St. Joseph Medical Center (UMSJMC) adopted this policy effective June 1, 2013.

PROGRAM ELIGIBILITY

Consistent with their mission to deliver compassionate and high quality healthcare services and to advocate for those who do not have the means to pay for medically necessary care, UMMC, UMSJMC, JLK, and USH hospitals strive to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care.

Specific exclusions to coverage under the Financial Assistance program include the following:

1. Services provided by healthcare providers not affiliated with UMMS hospitals (e.g., durable medical equipment, home health services)
2. Patients whose insurance program or policy denies coverage for services by their insurance company (e.g., HMO, PPO, or Workers Compensation), are not eligible for the Financial Assistance Program.
    a. Generally, the Financial Assistance Program is not available to cover services that are denied by a patient's insurance company; however, exceptions may be made on a case by case basis considering medical and programmatic implications.
3. Unpaid balances resulting from cosmetic or other non-medically necessary services
4. Patient convenience items
5. Patient meals and lodging

Patients may be ineligible for Financial Assistance for the following reasons:

1. Refusal to provide requested documentation or provide incomplete information.
2. Have insurance coverage through an HMO, PPO, Workers Compensation, Medicaid, or other insurance programs that deny access to the Medical Center due to insurance plan restrictions/limits.
3. Failure to pay co-payments as required by the Financial Assistance Program.
4. Failure to keep current on existing payment arrangements with UMMS.
5. Failure to make appropriate arrangements on past payment obligations owed to UMMS (including those patients who were referred to an outside collection agency for a previous debt).
6. Refusal to be screened for other assistance programs prior to submitting an application to the Financial Clearance Program.

7. Refusal to divulge information pertaining to a pending legal liability claim

Patients who become ineligible for the program will be required to pay any open balances and may be submitted to a bad debt service if the balance remains unpaid in the agreed upon time periods.

Patients who indicate they are unemployed and have no insurance coverage shall be required to submit a Financial Assistance Application unless they meet Presumptive Financial Assistance Eligibility criteria. If the patient qualifies for COBRA coverage, patient's financial ability to pay COBRA insurance premiums shall be reviewed by the Financial Counselor/Coordinator and recommendations shall be made to Senior Leadership. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services and for their overall personal health.

Coverage amounts will be calculated based upon 200-300% of income as defined by federal poverty guidelines and follows the sliding scale included in *Attachment A* for a Reduced Cost of Care.

Presumptive Financial Assistance

Patients may also be considered for Presumptive Financial Assistance Eligibility. There are instances when a patient may appear eligible for financial assistance, but there is no financial assistance form on file. There is adequate information provided by the patient or through other sources, which provide sufficient evidence to provide the patient with financial assistance. In the event there is no evidence to support a patient's eligibility for financial assistance, UMMS reserves the right to use outside agencies or information in determining estimated income amounts for the basis of determining financial assistance eligibility and potential reduced care rates. Once determined, due to the inherent nature of presumptive circumstances, the only financial assistance that can be granted is a 100% write-off of the account balance. Presumptive Financial Assistance Eligibility shall only cover the patient's specific date of service. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:

a. Active Medical Assistance pharmacy coverage

b. QMB coverage/ SLMB coverage

c. PAC coverage

d. Homelessness

e. Medical Assistance and Medicaid Managed Care patients for services provided in the ER beyond the coverage of these programs

f. Medical Assistance spend down amounts

g. Eligibility for other state or local assistance programs

h. Patient is deceased with no known estate

i. Patients that are determined to meet eligibility criteria established under former State Only Medical Assistance Program

j. Non-US Citizens deemed non-compliant

k. Non-Eligible Medical Assistance services for Medical Assistance eligible patients

l. Unidentified patients (Doe accounts that we have exhausted all efforts to locate and/or ID)

m. Bankruptcy, by law, as mandated by the federal courts.

Specific services or criteria that are ineligible for Presumptive Financial Assistance include:

a. Purely elective procedures (example – Cosmetic) are not covered under the program.

b. Uninsured patients seen in the Emergency Department under Emergency Petition will not be considered under the presumptive financial assistance program until the Maryland Medicaid Psych program has been billed.

PROCEDURES

1. There are designated persons who will be responsible for taking Financial Assistance applications. These staff can be Financial Counselors, Patient Financial Receivable Coordinators, Customer Service Representatives, etc.
2. Every possible effort will be made to provide financial clearance prior to date of service. Where possible, designated staff will consult via phone or meet with patients who request Financial Assistance to determine if they meet preliminary criteria for assistance.
    a. Staff will complete an eligibility check with the Medicaid program for Self Pay patients to verify whether the patient has current coverage.
    b. Preliminary data will be entered into a third party data exchange system to determine probably eligibility. To facilitate this process each applicant must provide information about family size and income (as defined by Medicaid regulations). To help applicants complete the process, we will provide an application that will let them know what paperwork is required for a final determination of eligibility.
    c. Applications initiated by the patient will be tracked, worked and eligibility determined within the third party data and workflow tool. A letter of final determination will be submitted to each patient that has formally requested financial assistance.
    d. Upon receipt of the patient's application, they will have twenty (20) days to submit the required documentation to be considered for eligibility. If no data is received within the 20 days, a denial letter will be sent notifying that the case is now closed for inactivity and the account will be referred to bad debt collection services if no further communication or data is received from the patient. The patient may re-apply to the program and initiate a new case if the original timeline is not adhered to.
3. There will be one application process for UMMC, UMSJMC, JLK, and USH. The patient is required to provide a completed Financial Assistance Application. In addition, the following may be required:
    a. A copy of their most recent Federal Income Tax Return (if married and filing separately, then also a copy spouse's tax return); proof of disability income (if applicable), proof of social security income (if applicable). If unemployed, reasonable proof of unemployment such as statement from the Office of Unemployment Insurance, a statement from current source of financial support, etc ...
    b. A copy of their most recent pay stubs (if employed) or other evidence of income.
    c. A Medical Assistance Notice of Determination (if applicable).
    d. Copy of their Mortgage or Rent bill (if applicable), or written documentation of their current living/housing situation.
4. A patient can qualify for Financial Assistance either through lack of sufficient insurance or excessive medical expenses. Once a patient has submitted all the required information, the Financial Counselor will review and analyze the application and forward it to the Patient Financial Services Department for final determination of eligibility based on UMMS guidelines.
    a. If the patient's application for Financial Assistance is determined to be complete and appropriate, the Financial
    b. Coordinator will recommend the patient's level of eligibility and forward for a second and final approval.

i) If the patient does qualify for Financial Assistance, the Financial Coordinator will notify clinical staff who may then schedule the patient for the appropriate hospital-based service.

ii) If the patient does not qualify for Financial Assistance, the Financial Coordinator will notify the clinical staff of the determination and the non-emergent/urgent hospital-based services will not be scheduled.

(1) A decision that the patient may not be scheduled for hospital-based, non-emergent/urgent services may be reconsidered by the Financial Clearance Executive Committee, upon the request of a Clinical Chair.

5. Each clinical department has the option to designate certain elective procedures for which no Financial Assistance options will be given.

6. Once a patient is approved for Financial Assistance, Financial Assistance coverage may be effective for the month of determination, up to 3 years prior, and up to six (6) calendar months in to the future. However, there are no limitations on the Financial Assistance eligibility period. Each eligibility period will be determined on a case-by-case basis. If additional healthcare services are provided beyond the approval period, patients must reapply to the program for clearance. In addition, changes to the patient's income, assets, expenses or family status are expected to be communicated to the Financial Assistance Program Department.

7. If a patient is determined to be ineligible, all efforts to collect co-pays, deductibles or a percentage of the expected balance for the service will be made prior to the date of service or may be scheduled for collection on the date of service.

8. A letter of final determination will be submitted to each patient who has formally submitted an application.

9. Refund decisions are based on when the patient was determined unable to pay compared to when the patient payments were made. Refunds may be issued back to the patient for credit balances, due to patient payments, resulted from approved financial assistance on considered balance(s).

10. Patients who have access to other medical care (e.g., primary and secondary insurance coverage or a required service provider, also known as a carve-out), must utilize and exhaust their network benefits before applying for the Financial Assistance Program.

11. The Financial Assistance Program will accept the Faculty Physicians, Inc.'s (FPI) completed financial assistance applications in determining eligibility for the UMMS Financial Assistance program. This includes accepting FPI's application requirements.

12. The Financial Assistance Program will accept all other University of Maryland Medical System hospital's completed financial assistance applications in determining eligibility for the program. This includes accepting each facility's application format.

13. The Financial Assistance Program does not cover Supervised Living Accommodations and meals while a patient is in the Day Program.

14. Where there is a compelling educational and/or humanitarian benefit, Clinical staff may request that the Financial Clearance Executive Committee consider exceptions to the Financial Assistance Program guidelines, on a case-by-case basis, for Financial Assistance approval.

    a. Faculty requesting Financial Clearance/Assistance on an exception basis must submit appropriate justification to the Financial Clearance Executive Committee in advance of the patient receiving services.

    b. The Chief Medical Officer will notify the attending physician and the Financial Assistance staff of the Financial Clearance Executive Committee determination.

Financial Hardship

The amount of uninsured medical costs incurred at either UMMC, UMSJMC, JLK, or USH will be considered in determining a patient's eligibility for the Financial Assistance Program. The following guidelines are outlined as a separate, supplemental determination of Financial Assistance, known as Financial Hardship. Financial Hardship will be offered to all patients who apply for Financial Assistance.

Medical Financial Hardship Assistance is available for patients who otherwise do not qualify for Financial Assistance under the primary guidelines of this policy, but for whom:

1) Their medical debt incurred at our either UMMC, UMSJMC, JLK, or USH exceeds 25% of the Family Annual Household Income, which is creating Medical Financial Hardship; and
2) Who meet the income standards for this level of Assistance.

For the patients who are eligible for both, the Reduced Cost Care under the primary Financial Assistance criteria and also under the Financial Hardship Assistance criteria, UMMC, UMSJMC, JLK, and USH will grant the reduction in charges that are most favorable to the patient.

Financial Hardship is defined as facility charges incurred here at either UMMC, UMSJMC, JLK, or USH for medically necessary treatment by a family household over a twelve (12) month period that exceeds 25% of that family's annual income.

Medical Debt is defined as out of pocket expenses for the facility charges incurred here at UMMC, UMSJMC, JLK, or USH for medically necessary treatment.

Once a patient is approved for Financial Hardship Assistance, coverage will be effective starting the month of the first qualifying date of service and up to the following twelve (12) calendar months from the application evaluation completion date. Each patient will be evaluated on a case-by-case basis for the eligibility time frame according to their spell of illness/episode of care. It will cover the patient and the immediate family members living in the household for the approved reduced cost and eligibility period for medically necessary treatment. Coverage shall not apply to elective or cosmetic procedures. However, the patient or guarantor must notify the hospital of their eligibility at the time of registration or admission. In order to continue in the program after the expiration of each eligibility approval period, each patient must reapply to be reconsidered. In addition, patients who have been approved for the program must inform the hospitals of any changes in income, assets, expenses, or family (household) status within 30 days of such change(s).

All other eligibility, ineligibility, and procedures for the primary Financial Assistance program criteria apply for the Financial Hardship Assistance criteria, unless otherwise stated above.

Asset Consideration

Assets are generally not considered as part of Financial Assistance eligibility determination unless they are deemed substantial enough to cover all or part of the patient responsibility without causing undue hardship. Individual patient financial situations, such as the ability to replenish the asset and future income potential are taken into consideration whenever assets are considered in the evaluation process.

1. Under the current legislation, the following assets are exempt from consideration:
    a. The first $10,000.00 of monetary assets for individuals, and the first $25,000.00 of monetary assets for household families.

b. Up to $150,000.00 in primary residence equity.

c. Retirement assets, regardless of balance, to which the IRS has granted preferential tax treatment as a retirement account, including but not limited to, deferred compensation plans qualified under the IRS code or nonqualified deferred compensation plans. Generally, this consists of plans that are tax exempt and/or have penalties for early withdrawal.

Appeals

- Patients whose financial assistance applications are denied have the option to appeal the decision.
- Appeals can be initiated verbally or written.
- Patients are encouraged to submit additional supporting documentation justifying why the denial should be overturned.
- Appeals are documented within the third party data and workflow tool. They are then reviewed by the next level of management above the representative who denied the original application.
- If the first level of appeal does not result in the denial being overturned, patients have the option of escalating to the next level of management for additional reconsideration.
- The escalation can progress up to the Chief Financial Officer who will render a final decision.
- A letter of final determination will be submitted to each patient who has formally submitted an appeal.

Judgments

If a patient is later found to be eligible for Financial Assistance after a judgment has been obtained or the debt submitted to a credit reporting agency, UMMC, UMSJMC, JLK, or USH shall seek to vacate the judgment and/or strike the adverse credit information.

UNIVERSITY of MARYLAND
REHABILITATION &
ORTHOPAEDIC INSTITUTE

Appendix III

MARYLAND HOSPITAL PATIENT INFORMATION SHEET

Hospital Financial Assistance Policy

University of Maryland Rehabilitation and Orthopaedic Institute provides healthcare services to those in need regardless of an individual's ability to pay. Care may be provided without charge, or at a reduced charge to those who do not have insurance, Medicare/Medical Assistance coverage, and are without the means to pay. Eligibility to receive care without charge, at a reduced charge, or to pay for their care over time is determined on a case by case basis. If you are unable to pay for medical care, you may qualify for Free or Reduced Cost Medically Necessary Care if you have no other insurance options or sources of payment including Medical Assistance, litigation or third-party liability.

University of Maryland Rehabilitation and Orthopaedic Institute meets or exceeds the legal requirements by providing financial assistance to those individuals in households below 200% of the federal poverty level and reduced cost-care up to 300% of the federal poverty level.

Patients' Rights

University of Maryland Rehabilitation and Orthopaedic Institute will work with their uninsured patients to gain an understanding of each patient's financial resources.

- They will provide assistance with enrollment in publicly-funded entitlement programs (e.g. Medical Assistance) or other considerations of funding that may be available from other charitable organizations.
- If you do not qualify for Medical Assistance, or financial assistance, you may be eligible for an extended payment plan for your hospital medical bills.
- If you believe you have wrongfully referred to a collection agency, you have the right to contact the hospital to request assistance. (See contact information below).

Patients' Obligations

University of Maryland Rehabilitation and Orthopaedic Institute believes that its patients have personal responsibilities related to the financial aspects of their healthcare needs. Our patients are expected to:

- Cooperate at all times by providing complete and accurate insurance & financial information.
- Provide requested data to complete Medical Assistance applications in a timely manner.
- Maintain compliance with established payment plan terms.
- Notify us timely at the number listed below of any changes in circumstances.

Contacts:

Call 410-821-4140 or toll free 1-877-632-4909 with questions concerning:

- Your hospital bill
- Your rights and obligations with regards to your hospital bill
- How to apply for Maryland Medical Assistance
- How to apply for free or reduced cost care

For information about Maryland Medical Assistance

Contact your local department of Social Services

1-800-332-6347 TTY 1-800-925-4434

Or visit: www.dhr.state.md.us

Physician charges are not included in hospitals bills and are billed separately

Appendix IV

University of Maryland Rehabilitation & Orthopaedic Institute Mission and Vision Statements

Mission

University of Maryland Rehabilitation & Orthopaedic Institute delivers innovative high quality, cost effective rehabilitation and surgical services to the community and region. We provide:

- An interdisciplinary continuum of care including inpatient and outpatient surgery, rehabilitation and additional services as required.
- A proactive environment for patient safety, implementing improvements as patient safety risks are identified.
- A site for public and professional health care education and research.

Vision

University of Maryland Rehabilitation & Orthopaedic Institute‘s vision is to be widely recognized as an integral component of the University of Maryland Medical System in its role as:

- A regional hospital specializing in the provision of acute, chronic and outpatient rehabilitation services.
- A regional hospital specializing in the provision of a full array of orthopaedic services for adults and children.
- A high quality provider of specialized medical/surgical programs.

Values

- Quality and Compassionate care
- Excellence in Service
- Respect for the individual
- Patient Safety
- Quality in Research and Education
- Cost Effectiveness

ATTACHMENT A

Sliding Scale – Reduced Cost of Care

HHS 2014 Poverty Guidelines		Poverty Level Up to 200% Pt Resp 0%	S L I D I N G S C A L E	Poverty Level Pt Resp 10%	Poverty Level Pt Resp 20%	Poverty Level Pt Resp 30%	Poverty Level Pt Resp 40%	Poverty Level Pt Resp 50%	Poverty Level Pt Resp 60%	Poverty Level Pt Resp 70%	Poverty Level Pt Resp 80%	Poverty Level Pt Resp 90%
HH	100% FPL	100% Charity		90% Charity	80% Charity	70% Charity	60% Charity	50% Charity	40% Charity	30% Charity	20% Charity	10% Charity
Size	Max	Max		Max	Max	Max	Max	Max	Max	Max	Max	Max
1	**11,670.00**	**23,340.00**		24,507.00	25,674.00	26,841.00	28,008.00	29,175.00	30,342.00	31,509.00	32,676.00	35,009.00
2	**15,730.00**	**31,460.00**		33,033.00	34,606.00	36,179.00	37,752.00	39,325.00	40,898.00	42,471.00	44,044.00	47,189.00
3	**19,790.00**	**39,580.00**		41,559.00	43,538.00	45,517.00	47,496.00	49,475.00	51,454.00	53,433.00	55,412.00	59,369.00
4	**23,850.00**	**47,700.00**		50,085.00	52,470.00	54,855.00	57,240.00	59,625.00	62,010.00	64,395.00	66,780.00	71,549.00
5	**27,910.00**	**55,820.00**		58,611.00	61,402.00	64,193.00	66,984.00	69,775.00	72,566.00	75,357.00	78,148.00	83,729.00
6	**31,970.00**	**63,940.00**		67,137.00	70,334.00	73,531.00	76,728.00	79,925.00	83,122.00	86,319.00	89,516.00	95,909.00
7	**36,030.00**	**72,060.00**		75,663.00	79,266.00	82,869.00	86,472.00	90,075.00	93,678.00	97,281.00	100,884.00	108,089.00
8	**40,090.00**	**80,180.00**		84,189.00	88,198.00	92,207.00	96,216.00	100,225.00	104,234.00	108,243.00	112,252.00	120,269.00