Q1.

Introduction:

COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

The Maryland Health Services Cost Review Commission's (HSCRC's or Commission's) Community Benefit Report, required under §19-303 of the Health General Article, Maryland Annotated Code, is the Commission's method of implementing a law that addresses the growing interest in understanding the types and scope of community benefit activities conducted by Maryland's nonprofit hospitals.

The Commission developed a two-part community benefit reporting system that includes an inventory spreadsheet that collects financial and quantitative information and a narrative report to strengthen and supplement the inventory spreadsheet. The guidelines and inventory spreadsheet were guided, in part, by the VHA, CHA, and others' community benefit reporting experience, and was then tailored to fit Maryland's unique regulatory environment. This reporting tool serves as the narrative report. The instructions and process for completing the inventory spreadsheet remain the same as in prior years. The narrative is focused on (1) the general demographics of the hospital community, (2) how hospitals determined the needs of the communities they serve, (3) hospital community benefit administration, and (4) community benefit external collaboration to develop and implement community benefit initiatives.

The Commission moved to an online reporting format beginning with the FY 2018 reports. In this new template, responses are now mandatory unless marked as optional. If you submit a report without responding to each question, your report may be rejected. You would then be required to fill in the missing answers before resubmitting. Questions that require a narrative response have a limit of 20,000 characters. This report need not be completed in one session and can be opened by multiple users.

For technical assistance, contact HCBHelp@hilltop.umbc.edu.

Q2. Section I - General Info Part 1 - Hospital Identification

Q3. Please confirm the information we have on file about your hospital for the fiscal year.

	Is this information correct?		
	Yes	No	If no, please provide the correct information here:
The proper name of your hospital is: Holy Cross Hospital	◉	○	
Your hospital's ID is: 210004	◉	○	
Your hospital is part of the hospital system called Trinity Health.	◉	○	

Q4. The next two questions ask about the area where your hospital directs its community benefit efforts, called the Community Benefit Service Area. You may find these community health statistics useful in preparing your responses.

Q5. (Optional) Please describe any other community health statistics that your hospital uses in its community benefit efforts.

Sources Healthy Montgomery - www.healthymontgomery.org Maternal and Infant Health - Increase percent of mothers receiving early prenatal care - Source: MCDHHS/PHS/Planning & Epidemiology; Maryland DHMH/VSA; 2017, "Reduce the percent of low birth weight infants - Source: MCDHHS/PHS/Planning & Epidemiology; Maryland DHMH/VSA and MD DHMH, 2017", 3 Decrease infant mortality rate - Source: MCDHHS/PHS/Planning & Epidemiology; Maryland DHMH/VSA; CDC/U.S. Census bridged Population Files; 2017. Seniors - Increase life expectancy - Source: Maryland Department of Health and Mental Hygiene; 2015-2017, Decrease fall related deaths - Source: Maryland Department of Health and Mental Hygiene; 2015-2017. Cardiovascular Health - "Decrease heart disease mortality - Source: CDC Interactive Atlas of Heart Disease and Stroke, 2014 - 2016", Decrease stroke mortality - Source: MCDHHS/PHS/Planning & Epidemiology; Maryland DHMH/VSA; CDC/U.S. Census bridged Population Files; 2015-2017, Decrease percent of adults told by health professional they have high blood pressure - Source: Maryland Behavioral Risk Factor Surveillance System; 2017. Obesity - Decrease percent of high school students with no participation in physical activity - Maryland YRBS; 2014, Decrease percent of high school students who are obese - Maryland YRBS; 2014, Increase percent of high school students who drank no soda or pop in the past week - Maryland YRBS; 2014. Diabetes - Decrease number of adults ever being told they have diabetes (exluding gestational) - Source: Maryland Behavioral Risk Factor Surveillance System; 2017, Decrease ER visits for diabetes - Source: MCDHHS/PHS/Planning & Epidemiology; HSCRC; CDC/U.S. Census bridged Population Files; 2015-2017. Behavioral Health - Decrease adolescent and adult illicit drug use in past month (12 or older) - Source: National Survey on Drug Use and Health; 2012-2014, Decrease percent of adults with any mental illness in past year - Source: National Survey on Drug Use and Health; 2012-2014, Decrease mental health related ER visits - Source: Maryland DHMH State Health Improvement Process, 2017, Decrease suicide rate - Source: MCDHHS/PHS/Planning & Epidemiology; Maryland DHMH/VSA; CDC/U.S. Census bridged Population Files; 2013-2017. Cancers - Increase colorectal cancer screening (colonoscopy or sigmoidoscopy) - Source: Maryland Behavioral Risk Factor Surveillance System; 2016, Increase percent of women who have had a Pap in past three years - Source: Maryland Behavioral Risk Factor Surveillance System; 2016, Decrease prostate cancer incidence - Source: National Cancer Institute; 2011-2015, "Decrease breast cancer mortality - Source: Breast Cancer Death Rates for Montgomery and Prince George's County. Source: NCI, 2011 - 2015"

Q6. (Optional) Please attach any files containing community health statistics that your hospital uses in its community benefit efforts.

Community Benefit Workplan Dashboard - FY20_Q4.xlsx
193.1KB
application/vnd.openxmlformats-officedocument.spreadsheetml.sheet

Q7. Section I - General Info Part 2 - Community Benefit Service Area

Q8. Please select the county or counties located in your hospital's CBSA.

- ☐ Allegany County
- ☐ Charles County
- ☑ Prince George's County

- [ ] Anne Arundel County
- [ ] Baltimore City
- [ ] Baltimore County
- [ ] Calvert County
- [ ] Caroline County
- [ ] Carroll County
- [ ] Cecil County
- [ ] Dorchester County
- [ ] Frederick County
- [ ] Garrett County
- [ ] Harford County
- [ ] Howard County
- [ ] Kent County
- [x] Montgomery County
- [ ] Queen Anne's County
- [ ] Somerset County
- [ ] St. Mary's County
- [ ] Talbot County
- [ ] Washington County
- [ ] Wicomico County
- [ ] Worcester County

Q9. Please check all Allegany County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q10. Please check all Anne Arundel County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q11. Please check all Baltimore City ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q12. Please check all Baltimore County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q13. Please check all Calvert County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q14. Please check all Caroline County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q15. Please check all Carroll County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q16. Please check all Cecil County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q17. Please check all Charles County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q18. Please check all Dorchester County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q19. Please check all Frederick County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q20. Please check all Garrett County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q21. Please check all Harford County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q22. Please check all Howard County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q23. Please check all Kent County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q24. Please check all Montgomery County ZIP codes located in your hospital's CBSA.

☐ 20058	☐ 20824	☑ 20850	☐ 20872	☐ 20891	☐ 20907
☐ 20207	☐ 20825	☑ 20851	☑ 20874	☐ 20892	☑ 20910
☑ 20707	☐ 20827	☑ 20852	☐ 20875	☐ 20894	☐ 20911
☐ 20777	☐ 20830	☑ 20853	☑ 20876	☑ 20895	☑ 20912
☐ 20783	☑ 20832	☐ 20854	☑ 20877	☐ 20896	☐ 20913
☐ 20787	☐ 20833	☐ 20855	☑ 20878	☐ 20898	☐ 20914
☐ 20810	☐ 20837	☐ 20857	☑ 20879	☐ 20899	☐ 20915
☐ 20811	☐ 20838	☐ 20859	☐ 20880	☑ 20901	☐ 20916
☐ 20812	☐ 20839	☐ 20860	☐ 20882	☑ 20902	☐ 20918
☑ 20814	☐ 20841	☐ 20861	☐ 20883	☑ 20903	☐ 20993
☑ 20815	☐ 20842	☐ 20862	☐ 20884	☑ 20904	☐ 21770
☑ 20816	☐ 20847	☑ 20866	☐ 20885	☑ 20905	☐ 21771
☑ 20817	☐ 20848	☐ 20868	☑ 20886	☑ 20906	☐ 21797
☐ 20818	☐ 20849	☐ 20871	☐ 20889		

Q25. Please check all Prince George's County ZIP codes located in your hospital's CBSA.

☐ 20233	☑ 20710	☑ 20742	☑ 20772
☐ 20389	☑ 20712	☑ 20743	☐ 20773
☐ 20395	☐ 20715	☐ 20744	☑ 20774
☐ 20588	☑ 20716	☐ 20745	☐ 20775
☐ 20599	☐ 20717	☑ 20746	☑ 20781
☐ 20601	☐ 20718	☑ 20747	☑ 20782
☐ 20607	☑ 20720	☑ 20748	☑ 20783
☐ 20608	☑ 20721	☐ 20749	☑ 20784
☐ 20613	☑ 20722	☐ 20750	☑ 20785
☐ 20616	☐ 20724	☐ 20752	☐ 20790
☐ 20623	☐ 20725	☐ 20753	☐ 20791
☐ 20703	☐ 20726	☐ 20757	☐ 20792
☐ 20704	☐ 20731	☐ 20762	☐ 20799
☑ 20705	☐ 20735	☐ 20768	☐ 20866
☑ 20706	☑ 20737	☑ 20769	☐ 20903
☑ 20707	☐ 20738	☑ 20770	☑ 20904
☑ 20708	☑ 20740	☑ 20771	☑ 20912
☐ 20709	☐ 20741		

Q26. Please check all Queen Anne's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q27. Please check all Somerset County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q28. Please check all St. Mary's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q29. Please check all Talbot County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q30. Please check all Washington County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q31. Please check all Wicomico County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q32. Please check all Worcester County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q33. How did your hospital identify its CBSA?

- [ ] Based on ZIP codes in your Financial Assistance Policy. Please describe.
- [ ] Based on ZIP codes in your global budget revenue agreement. Please describe.
- [x] Based on patterns of utilization. Please describe.

  The CBSA was identified using the top 85% of discharges; the primary CBSA represents 60% of discharges and the remaining discharges were allocated to the secondary CBSA.

- [ ] Other. Please describe.

Q34. (Optional) Is there any other information about your hospital's Community Benefit Service Area that you would like to provide?

Q35. Section I - General Info Part 3 - Other Hospital Info

Q36. Provide a link to your hospital's mission statement.

https://www.holycrosshealth.org/about-us/about-holy-cross-health/mission-and-values

Q37. Is your hospital an academic medical center?

- ( ) Yes
- (•) No

Q38. (Optional) Is there any other information about your hospital that you would like to provide?

Holy Cross Health is a Catholic, not-for-profit health system that serves more than 240,000 individuals each year from Maryland's two largest counties — Montgomery and Prince George's counties. Our community is vibrant, active and diverse, where life is always moving. Holy Cross Health is continuously advancing, too, as a forward-thinking health system committed to helping our community members address their individual needs and goals to achieve a better quality of life. From hospitals and primary care sites to specialty care and wellness programs, Holy Cross Health is accessible throughout the region to meet individuals on their path to good health. Holy Cross Health has been a steward of our diverse community's health for more than 55 years, earning the trust of area residents. Our team of more than 4,100 employees, 1,575 community-based physicians and 425 volunteers works proactively each day to meet the needs of every individual we touch. And our mission and values mean that we uphold this commitment for every person, without regard for ability to pay. During the last five fiscal years, Holy Cross Health has provided more than $295 million in community benefit, including more than $169 million in financial assistance. Holy Cross Health earns numerous national awards, clinical designations and accreditations across a wide range of specialties for providing innovative, high-quality health care services. Holy Cross Health is a regional leader in gynecologic surgery, performing more gynecologic and gynecologic oncology surgeries than any other hospital or health system in Maryland. Holy Cross Hospital is one of the largest single-site hospital providers of obstetric services in the Mid-Atlantic region, delivering more babies than any other hospital in Maryland. Holy Cross Hospital's Neonatal Intensive Care Unit (NICU) cares for more critically ill newborns than any other hospital in Maryland, and the hospital's Emergency Center is one of the 10 largest emergency care providers in the state. Holy Cross Health is the only health care provider in Maryland to receive the Workplace Excellence Seal of Approval Award from the Alliance for Workplace Excellence every year since 1999. With a commitment to education, Holy Cross Health has numerous academic partnerships and Holy Cross Germantown Hospital is the first hospital in the nation located on a community college campus to advance educational training and development. Holy Cross Health is constantly seeking innovative ways to improve health, including investing in technologies that allow people to heal and return to their lives. Holy Cross Health is the only health care system in the region to provide all private patient rooms at Holy Cross Hospital and Holy Cross Germantown Hospital, for improved comfort, safety, and privacy of patients and their families. An innovator in minimally invasive surgery, Holy Cross Hospital was first in Montgomery County to offer robotic surgery with the da Vinci® surgical system in 2008 and in 2017, Holy Cross Germantown Hospital was the first community hospital in Montgomery County to acquire the latest, most advanced da Vinci Xi robotic surgical technology. Holy Cross Health is a leader in caring for vulnerable populations, establishing the nation's first and region's only Seniors Emergency Center at Holy Cross Hospital, which is now a national model. Holy Cross Health is also the only health system in Montgomery County to operate its own health centers to provide affordably priced health care to those in financial need, which now provide more than 41,000 patient visits each year. Holy Cross Hospital has long been a leader in cardiac rhythm management as the first community hospital in Maryland to treat a patient with an implantable cardioverter-defibrillator (ICD), implant a biventricular pacemaker outside a research setting, and offer the world's smallest pacemaker for patients with bradycardia. Each day, Holy Cross Health colleagues work hard to move people's lives forward, by providing a continuum of quality care that touches individuals in many ways — from prevention to primary care, to chronic disease management, to inpatient care, to care at home and support groups, making the right level of care more accessible and more coordinated. The Holy Cross Health system includes: Holy Cross Hospital, one of the largest hospitals in Maryland and home to the nation's first and region's only Seniors Emergency Center. Holy Cross Germantown Hospital, the first hospital in the nation to be located on a community college campus and enhanced by an educational partnership, offering high-quality medical, surgical, obstetric, emergency and behavioral health services to the fastest-growing region in the county. Holy Cross Health Network, which operates Holy Cross Health Centers in Aspen Hill, Gaithersburg, Germantown and Silver Spring; provides primary care at Holy Cross Health Partners at Asbury Methodist Village and in Kensington; offers a wide range of innovative health and wellness programs; and leads partner relationships. Holy Cross Health Foundation is a not-for-profit organization devoted to raising philanthropic funds to support the mission of Holy Cross Health and to improve the health of the community. Holy Cross Health is a member of Trinity Health of Livonia, Mich., one of the largest multi-institutional Catholic health care delivery systems in the country, serving diverse communities that include more than 30 million people across 22 states. Holy Cross Health also is a member of the American Hospital Association, the Maryland Hospital Association and the Catholic Health Association.

Q39. (Optional) Please upload any supplemental information that you would like to provide.

HCH-2020 ANNUAL REPORT-FINAL.pdf
7MB
application/pdf

Q40. Section II - CHNA Part 1 - Timing & Format

Q41.
Within the past three fiscal years, has your hospital conducted a CHNA that conforms to IRS requirements?

- (●) Yes
- ( ) No

Q42. Please explain why your hospital has not conducted a CHNA that conforms to IRS requirements, as well as your hospital's plan and timeframe for completing a CHNA.

This question was not displayed to the respondent.

Q43. When was your hospital's most recent CHNA completed? (MM/DD/YYYY)

10/17/2019

Q44. Please provide a link to your hospital's most recently completed CHNA.

https://www.holycrosshealth.org/assets/documents/community_involvement/holy-cross-hospital-community-health-needs-assesssment-fiscal-year-2020

Q45. Did you make your CHNA available in other formats, languages, or media?

- (●) Yes
- ( ) No

Q46. Please describe the other formats in which you made your CHNA available.

Print

Q47. Section II - CHNA Part 2 - Internal Participants

Q48. Please use the table below to tell us about the internal participants involved in your most recent CHNA.

	CHNA Activities										
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of 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 (explain)	Other - If you selected "Other (explain)," please type your expla below:
CB/ Community Health/Population Health Director (facility level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
CB/ Community Health/ Population Health Director (system level)	☐	☐	☐	☑	☑	☑	☑	☑	☐	☐	
Senior Executives (CEO, CFO, VP, etc.) (facility level)	☐	☐	☐	☐	☐	☐	☑	☐	☐	☐	
Senior Executives (CEO, CFO, VP, etc.) (system level)	☐	☐	☑	☑	☐	☐	☑	☐	☐	☐	
Board of Directors or Board Committee (facility level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Board of Directors or Board Committee (system level)	☐	☐	☐	☐	☐	☐	☑	☐	☐	☐	
Clinical Leadership (facility level)	☐	☐	☐	☐	☐	☐	☑	☐	☐	☐	
Clinical Leadership (system level)	☐	☐	☐	☐	☐	☐	☑	☐	☐	☐	
Population Health Staff (facility level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of 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 (explain)	Other - If you selected "Other (explain)," please type your expla below:
Population Health Staff (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of 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 (explain)	Other - If you selected "Other (explain)," please type your expla below:
Community Benefit staff (facility level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of 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 (explain)	Other - If you selected "Other (explain)," please type your expla below:
Community Benefit staff (system level)	☐	☐	☐	☑	☑	☑	☑	☑	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of 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 (explain)	Other - If you selected "Other (explain)," please type your expla below:
Physician(s)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of 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 (explain)	Other - If you selected "Other (explain)," please type your expla below:
Nurse(s)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of 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 (explain)	Other - If you selected "Other (explain)," please type your expla below:
Social Workers	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of 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 (explain)	Other - If you selected "Other (explain)," please type your expla below:
Community Benefit Task Force	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of 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 (explain)	Other - If you selected "Other (explain)," please type your expla below:
Hospital Advisory Board	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of 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 (explain)	Other - If you selected "Other (explain)," please type your expla below:
Other (specify)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of 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 (explain)	Other - If you selected "Other (explain)," please type your expla below:

Q49. Section II - CHNA Part 2 - External Participants

Q50. Please use the table below to tell us about the external participants involved in your most recent CHNA.

	CHNA Activities									
	N/A - Person or Organization was not involved	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 (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other Hospitals -- Please list the hospitals here: Suburban Hospital, Medstar Montgomery Medical Center, Adventist Healthcare	☐	☐	☑	☐	☑	☑	☑	☐	☐	
	N/A - Person or Organization was not involved	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 (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Local Health Department -- Please list the Local Health Departments here: Montgomery County Department of Health	☐	☐	☑	☑	☑	☑	☑	☑	☐	
	N/A - Person or Organization was not involved	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 (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Local Health Improvement Coalition -- Please list the LHICs here: Healthy Montgomery	☐	☐	☑	☑	☑	☑	☑	☐	☐	
	N/A - Person or Organization was not involved	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 (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Health	☐	☐	☐	☐	☐	☐	☐	☑	☐	
	N/A - Person or Organization was not involved	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 (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Human Resources	☐	☐	☐	☐	☐	☐	☐	☑	☐	
	N/A - Person or Organization was not involved	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 (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Natural Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	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 (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of the Environment	☐	☐	☐	☐	☐	☐	☐	☑	☐	
	N/A - Person or Organization was not involved	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 (explain)	Other - If you selected "Other (explain)," please type your explanation below:

	N/A - Person or Organization was not involved	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 (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Transportation	☐	☐	☐	☐	☐	☐	☐	☑	☐	
Maryland Department of Education	☐	☐	☐	☐	☐	☐	☐	☑	☐	
Area Agency on Aging -- Please list the agencies here: Montgomery County Area Agency on Aging	☐	☐	☐	☐	☐	☐	☐	☑	☐	
Local Govt. Organizations -- Please list the organizations here: Montgomery County (MC) Council, MC Commission on Health, MC Department of Planning, MC Commission on People with Disabilities, Asian American Health Initiative, Latino Health Initiative, African American Health Program, MC Recreation Department	☐	☐	☑	☑	☑	☑	☑	☐	☐	
Faith-Based Organizations	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - K-12 -- Please list the schools here: Montgomery County Public School System	☐	☐	☐	☐	☐	☐	☐	☑	☐	
School - Colleges and/or Universities -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School of Public Health -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Medical School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not involved	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 (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Nursing School -- Please list the schools here: Georgetown School of Nursing	☐	☐	☐	☐	☐	☐	☐	☐	☐	
School - Dental School -- Please list the schools here:	☐	☐	☑	☑	☐	☑	☐	☐	☐	
School - Pharmacy School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Behavioral Health Organizations -- Please list the organizations here: EveryMind	☐	☐	☑	☑	☐	☑	☑	☐	☐	
Social Service Organizations -- Please list the organizations here: ICF International, Primary Care Coalition of Montgomery County	☐	☐	☑	☑	☑	☑	☑	☐	☐	
Post-Acute Care Facilities -- please list the facilities here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Community/Neighborhood Organizations -- Please list the organizations here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Consumer/Public Advocacy Organizations -- Please list the organizations here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Other -- If any other people or organizations were involved, please list them here: Holy Cross Health External Review Committee	☐	☐	☐	☐	☐	☑	☑	☐	☐	

Q51. Section II - CHNA Part 3 - Follow-up

Q52. Has your hospital adopted an implementation strategy following its most recent CHNA, as required by the IRS?

- (●) Yes
- ( ) No

Q53. Please enter the date on which the implementation strategy was approved by your hospital's governing body.

10/17/2019

Q54. Please provide a link to your hospital's CHNA implementation strategy.

https://www.holycrosshealth.org/assets/documents/community_involvement/holy-cross-hospital-implementation-strategy_2020-2022

Q55. Please explain why your hospital has not adopted an implementation strategy. Please include whether the hospital has a plan and/or a timeframe for an implementation strategy.

This question was not displayed to the respondent.

Q56. Please select the health needs identified in your most recent CHNA. Select all that apply even if a need was not addressed by a reported initiative.

- [x] Access to Health Services: Health Insurance
- [ ] Access to Health Services: Practicing PCPs
- [x] Access to Health Services: Regular PCP Visits
- [ ] Access to Health Services: ED Wait Times
- [ ] Access to Health Services: Outpatient Services
- [ ] Adolescent Health
- [ ] Arthritis, Osteoporosis, and Chronic Back Conditions
- [x] Behavioral Health, including Mental Health and/or Substance Abuse
- [x] Cancer
- [ ] Children's Health
- [ ] Chronic Kidney Disease
- [ ] Community Unity
- [ ] Dementias, Including Alzheimer's Disease
- [x] Diabetes
- [ ] Disability and Health
- [ ] Educational and Community-Based Programs
- [ ] Environmental Health
- [ ] Family Planning
- [ ] Food Safety
- [ ] Global Health
- [ ] Health Communication and Health Information Technology
- [ ] Health Literacy
- [ ] Health-Related Quality of Life & Well-Being
- [x] Heart Disease and Stroke
- [ ] HIV
- [ ] Immunization and Infectious Diseases
- [ ] Injury Prevention
- [ ] Lesbian, Gay, Bisexual, and Transgender Health
- [x] Maternal & Infant Health
- [x] Nutrition and Weight Status
- [x] Older Adults
- [ ] Oral Health
- [x] Physical Activity
- [ ] Respiratory Diseases
- [ ] Sexually Transmitted Diseases
- [ ] Sleep Health
- [ ] Telehealth
- [ ] Tobacco Use
- [ ] Violence Prevention
- [ ] Vision
- [ ] Wound Care
- [x] Housing & Homelessness
- [x] Transportation
- [ ] Unemployment & Poverty
- [x] Other Social Determinants of Health
- [x] Other (specify) Human Trafficking

Q57. Please describe how the needs and priorities identified in your most recent CHNA compare with those identified in your previous CHNA.

Since 2009, Healthy Montgomery, the Montgomery County hospital systems, and other non-profit organizations have been implementing programs and services to address the unmet needs identified through the community health improvement process. Below is a compilation of progress made on the Healthy Montgomery core measures. Are We Making Progress? Among the 37 Healthy Montgomery core measures 22 are improving, 14 are worsening, and one could not be assessed since it has had no further updates after its baseline. More information on Healthy Montgomery core measures can be found at www.healthymontgomery.org. Among the two Holy Cross Health Core measures for seniors, both are improving. In comparison to 2014, Adults 65+ have seen an increase in the number of seniors receiving an influenza and/or pneumonia vaccine. As of 2016, 65.3% of Montgomery County seniors received an influenza vaccine, and 76.3% received a pneumonia vaccine (compared to 62.6% and 73.8% in 2014, respectively). Additionally, the number of deaths from falls for seniors has decreased from 6.9 per 100,000 (2013-15) to 6.5 per 100,000 (2014-16). Are We Achieving Health Equity? Progress toward achieving health equity, defined as everyone having the opportunity to attain their highest level of health, can be measured through reduction in health disparities across racial/ethnic subgroups. Of the 34 measures that could be evaluated based on differences across racial/ethnic subgroups, 31 measures had results for White residents, 32 measures had results for African American/Black residents, 26 measures had results for Asian/Pacific Islander residents, and 31 measures had results for Hispanic residents. Results showed Black/African American residents experiencing a widening disparity 38% of the time, the highest proportion of measures across all racial/ethnic groups. Black/African American residents also had the highest proportion of core measures with results that showed their disparity was narrowing at 63% (Healthy Montgomery, 2016).

Q58. (Optional) Please use the box below to provide any other information about your CHNA that you wish to share.

Holy Cross Health has been conducting needs assessments for almost 20 years and identifies unmet community health care needs in a variety of ways. We collaborate with other healthcare providers to support Healthy Montgomery, Montgomery County's community health improvement process. We seek expert guidance from a panel of external participants with expertise in public health and the needs of our community and gather first-hand information from community members through community conversations conducted by Holy Cross Health and community conversations conducted by Healthy Montgomery and the Montgomery County Department of Health and Human Services. We review other available reports and needs assessments and use them as reference tools to identify unmet needs in various populations. We also use the Community Need Index to geographically identify high need communities that would benefit from our programs and services and use internal data sources to conduct an extensive analysis of demographics, health indicators and other determinants of health for the communities we serve.

Q59. (Optional) Please attach any files containing information regarding your CHNA that you wish to share.

Q60. Section III - CB Administration Part 1 - Internal Participants

Q61. Please use the table below to tell us about how internal staff members were involved in your hospital's community benefit activities during the fiscal year.

	Activities										
	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 initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
CB/ Community Health/Population Health Director (facility level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	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 initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
CB/ Community Health/ Population Health Director (system level)	☐	☐	☑	☑	☑	☐	☐	☐	☑	☐	
	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 initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Senior Executives (CEO, CFO, VP, etc.) (facility level)	☐	☐	☐	☐	☐	☐	☑	☐	☐	☐	
	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 initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Senior Executives (CEO, CFO, VP, etc.) (system level)	☐	☐	☑	☑	☑	☐	☑	☐	☑	☐	
	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 initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Board of Directors or Board Committee (facility level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	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 initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Board of Directors or Board Committee (system level)	☐	☐	☑	☐	☐	☐	☐	☐	☐	☐	
	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 initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Clinical Leadership (facility level)	☐	☐	☑	☐	☐	☐	☐	☐	☐	☐	
	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 initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Clinical Leadership (system level)	☐	☐	☑	☐	☐	☐	☐	☐	☐	☐	
	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 initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Population Health Staff (facility level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	

	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 initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Population Health Staff (system level)	☐	☐	☐	☑	☑	☐	☑	☑	☑	☐	
	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 initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Community Benefit staff (facility level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	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 initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Community Benefit staff (system level)	☐	☐	☐	☐	☑	☐	☐	☐	☐	☐	
	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 initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Physician(s)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	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 initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Nurse(s)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	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 initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Social Workers	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	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 initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Community Benefit Task Force	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	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 initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Hospital Advisory Board	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	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 initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other (specify)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	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 initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:

Q62. Section III - CB Administration Part 1 - External Participants

Q63. Please use the table below to tell us about the external participants involved in your hospital's community benefit activities during the fiscal year.

	Activities

	N/A - Person or Organization was not involved	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 (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other Hospitals -- Please list the hospitals here: Suburban Hospital, Medstar Montgomery General Hospital, Adventist Health Care	☐	☐	☐	☐	☐	☐	☑	☐	☐	
	N/A - Person or Organization was not involved	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 (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Local Health Department -- Please list the Local Health Departments here: Montgomery Department of Health and Human Services	☐	☐	☐	☐	☑	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	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 (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Local Health Improvement Coalition -- Please list the LHICs here: Healthy Montgomery	☐	☑	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	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 (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Health	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	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 (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Human Resources	☐	☐	☐	☐	☑	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	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 (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Natural Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	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 (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of the Environment	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	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 (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Transportation	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	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 (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Education	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	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 (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Area Agency on Aging -- Please list the agencies here: Montgomery County Area Agency on Aging	☐	☐	☐	☐	☑	☐	☑	☐	☐	
	N/A - Person or Organization was not involved	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 (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Local Govt. Organizations -- Please list the organizations here: See CHNA Implementation Strategy Annual Report (attached)	☐	☐	☐	☐	☐	☐	☑	☐	☐	

	N/A - Person or Organization was not involved	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 (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Faith-Based Organizations	☐	☐	☐	☐	☐	☐	☑	☐	☐	

	N/A - Person or Organization was not involved	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 (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - K-12 -- Please list the schools here: Montgomery County Public School System	☐	☐	☐	☐	☐	☐	☑	☐	☐	

	N/A - Person or Organization was not involved	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 (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Colleges and/or Universities -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not involved	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 (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School of Public Health -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not involved	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 (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Medical School -- Please list the schools here: George Washington University School of Medicine	☐	☐	☐	☐	☐	☑	☐	☐	☐	

	N/A - Person or Organization was not involved	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 (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Nursing School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not involved	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 (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Dental School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not involved	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 (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Pharmacy School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not involved	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 (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Behavioral Health Organizations -- Please list the organizations here: EveryMind	☐	☐	☐	☐	☐	☐	☑	☐	☐	

	N/A - Person or Organization was not involved	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 (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Social Service Organizations -- Please list the organizations here: See CHNA Implementation Strategy Annual Report (attached)	☐	☐	☐	☐	☐	☐	☑	☐	☐	

	N/A - Person or Organization was not involved	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 (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Post-Acute Care Facilities -- please list the facilities here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not involved	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 (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Community/Neighborhood Organizations -- Please list the organizations here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Consumer/Public Advocacy Organizations -- Please list the organizations here: American Cancer Society Cancer Action Network	☐	☐	☐	☐	☐	☐	☑	☐	☐	
Other -- If any other people or organizations were involved, please list them here:	☐	☐	☐	☐	☐	☐	☐	☐	☐	

Q64. Section III - CB Administration Part 2 - Process & Governance

Q65. Does your hospital conduct an internal audit of the annual community benefit financial spreadsheet? Select all that apply.

- ☐ Yes, by the hospital's staff
- ☐ Yes, by the hospital system's staff
- ☑ Yes, by a third-party auditor
- ☐ No

Q66. Does your hospital conduct an internal audit of the community benefit narrative?

- ◉ Yes
- ○ No

Q67. Please describe the community benefit narrative audit process.

The HSCRC narrative is included in the annual community benefit plan and undergo a series of internal reviews prior to the final review and approval made by the Holy Cross Health Board of Directors. The annual community benefit plan was written by the community benefit officer and reviewed by the President, Holy Cross Health Network. The community benefit plan was then reviewed by the CEO Review Committee on Community Benefit and Population Health, followed by review and approval by the Mission and Population Health Committee of the Board of Directors. If the Mission and Population Health Committee of the Board of Directors approves the report, it is then recommended for approval by the full Holy Cross Health Board of Directors.

Q68. Does the hospital's board review and approve the annual community benefit financial spreadsheet?

- ◉ Yes
- ○ No

Q69. Please explain:

This question was not displayed to the respondent.

Q70. Does the hospital's board review and approve the annual community benefit narrative report?

- ◉ Yes
- ○ No

Q71. Please explain:

This question was not displayed to the respondent.

Q72. Does your hospital include community benefit planning and investments in its internal strategic plan?

- (●) Yes
- ( ) No

Q73. Please describe how community benefit planning and investments are included in your hospital's internal strategic plan.

We fully integrate our commitment to community service into our management and governance structures as well as our strategic and operational plans and we are rigorous in monitoring and evaluating our progress. We focus our community benefit activity at the intersection of documented unmet community health needs and Holy Cross Health's organizational strengths and mission commitments. Our community benefit plan is closely aligned with Holy Cross Health's population health management plan and complements our other key planning documents including the budget, the human resources plan and the quality plan. Our annual planning of community benefit programs is guided by the strategic plan. Holy Cross Health's fiscal 2019-2022 strategic plan identifies six three strategic principles that frame our response to the evolving environment. P - People Centered Care: Providing innovative patient care, excellent care delivery and improved clinical outcomes E - Engaged Colleagues: Attracting, developing, and retaining exceptional and committed colleagues. O - Operational Excellence: Ensuring efficient and effective care delivery P - Physician Collaboration: Engaging physicians for mutual benefit in activities that attract patients and better manage care L - Leadership Nationally and Locally: Improving the health and well-being of our community through innovation and expanding expertise E - Effective Stewardship: Stewarding our resources to best manage revenue and expenses.

Q74. (Optional) If available, please provide a link to your hospital's strategic plan.

https://www.holycrosshealth.org/about-us/about-holy-cross-health/strategic-plan

Q75. (Optional) Is there any other information about your hospital's community benefit administration and external collaboration that you would like to provide?

Holy Cross Health has been conducting needs assessments for nearly 20 years and identifies unmet community health care needs in our community in a variety of ways. One way we identify community need is by collaborating with other healthcare providers to support Healthy Montgomery, Montgomery County's Community Health Improvement Process and Local Health Improvement Coalition. Healthy Montgomery is under the leadership of the Healthy Montgomery Steering Committee, which includes the planners, policy makers, health and social service providers, and community members listed below. It is an ongoing process that includes periodic needs assessments, identification of indicators to monitor for improvement, selection of health priorities, development and implementation of improvement plans and monitoring of the resulting achievements. The Holy Cross Health Network leads the development of the community benefit plan, including the development and analysis of the community health needs assessment. The interdepartmental CEO Review Committee on Community Benefit and Population Health provides guidance and expectations, including the annual implementation work plan, and monitors progress toward goals and targets on a quarterly basis. In addition to providing guidance and expectations, the CEO Review Committee on Community Benefit and Population Health also prioritizes the unmet needs identified in the community health needs assessment. Each member rates each priority on the following criteria: severity of the need, feasibility of our organization to address the need, and the potential each need has for achievable and measurable outcomes. Each need is also scored on its prevalence in the population served. The scores are then added together and ranked from highest to lowest score. The priority with the highest score is the highest ranked priority.

Q76. (Optional) Please attach any files containing information regarding your hospital's community benefit administration and external collaboration.

Q77. Based on the implementation strategy developed through the CHNA process, please describe *three* ongoing, multi-year programs and initiatives undertaken by your hospital to address community health needs during the fiscal year.

Q78. Section IV - CB Initiatives Part 1 - Initiative 1

Q79. Name of initiative.

Holy Cross Health Maternity Partnership

Q80. Does this initiative address a community health need that was identified in your most recently completed CHNA?

- (●) Yes
- ( ) No

Q81. In your most recently completed CHNA, the following community health needs were identified:
Access to Health Services: Health Insurance, Access to Health Services: Regular PCP Visits, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Heart Disease and Stroke, Maternal & Infant Health, Nutrition and Weight Status, Older Adults, Physical Activity, Housing & Homelessness, Transportation, Other Social Determinants of Health, Other (specify)
Other: Human Trafficking

Using the checkboxes below, select the needs that appear in the list above that were addressed by this initiative.

- [ ] Access to Health Services: Health Insurance
- [ ] Access to Health Services: Practicing PCPs
- [ ] Access to Health Services: Regular PCP Visits
- [ ] Access to Health Services: ED Wait Times
- [ ] Heart Disease and Stroke
- [ ] HIV
- [ ] Immunization and Infectious Diseases
- [ ] Injury Prevention

- [ ] Access to Health Services: Outpatient Services
- [ ] Adolescent Health
- [ ] Arthritis, Osteoporosis, and Chronic Back Conditions
- [ ] Behavioral Health, including Mental Health and/or Substance Abuse
- [ ] Cancer
- [ ] Children's Health
- [ ] Chronic Kidney Disease
- [ ] Community Unity
- [ ] Dementias, including Alzheimer's Disease
- [ ] Diabetes
- [ ] Disability and Health
- [ ] Educational and Community-Based Programs
- [ ] Environmental Health
- [ ] Family Planning
- [ ] Food Safety
- [ ] Global Health
- [ ] Health Communication and Health Information Technology
- [ ] Health Literacy
- [ ] Health-Related Quality of Life & Well-Being
- [ ] Lesbian, Gay, Bisexual, and Transgender Health
- [x] Maternal and Infant Health
- [ ] Nutrition and Weight Status
- [ ] Older Adults
- [ ] Oral Health
- [ ] Physical Activity
- [ ] Respiratory Diseases
- [ ] Sexually Transmitted Diseases
- [ ] Sleep Health
- [ ] Telehealth
- [ ] Tobacco Use
- [ ] Violence Prevention
- [ ] Vision
- [ ] Wound Care
- [ ] Housing & Homelessness
- [ ] Transportation
- [ ] Unemployment & Poverty
- [ ] Other Social Determinants of Health
- [ ] Other (specify)

Q82. When did this initiative begin?

07/01/1999

Q83. Does this initiative have an anticipated end date?

- ( ) No, the initiative has no anticipated end date.
- ( ) The initiative will end on a specific end date. Please specify the date.
- (•) The initiative will end when a community or population health measure reaches a target value. Please describe.

The program will offer services to low-income, pregnant women who lack health insurance and do not qualify for federal, state or county health plans until there is no longer a need.

- ( ) The initiative will end when a clinical measure in the hospital reaches a target value. Please describe.
- ( ) The initiative will end when external grant money to support the initiative runs out. Please explain.
- ( ) The initiative will end when a contract or agreement with a partner expires. Please explain.
- ( ) Other. Please explain.

Q84. Please describe the population this initiative targets (e.g. diagnosis, age, insurance status, etc.).

The target population is low-income, pregnant women who lack health insurance and do not qualify for federal, state or county health plans.

Q85. Enter the estimated number of people this initiative targets.

1012

Q86. How many people did this initiative reach during the fiscal year?

518

Q87. What category(ies) of intervention best fits this initiative? Select all that apply.

- [ ] Chronic condition-based intervention: treatment intervention
- [ ] Chronic condition-based intervention: prevention intervention
- [ ] Acute condition-based intervention: treatment intervention
- [ ] Acute condition-based intervention: prevention intervention
- [ ] Condition-agnostic treatment intervention
- [ ] Social determinants of health intervention
- [ ] Community engagement intervention
- [x] Other. Please specify.

Prenatal care-based intervention: treatment intervention

Q88. Did you work with other individuals, groups, or organizations to deliver this initiative?

- (•) Yes. Please describe who was involved in this initiative.

Montgomery County Maternity Partnership

- ( ) No.

Q89. Please describe the primary objective of the initiative.

To offer prenatal services to low-income, pregnant women who lack health insurance.

Q90. Please describe how the initiative is delivered.

The program provides prenatal care, routine laboratory tests, prenatal classes, and a dental screening by a dental hygienist, if referred.

Q91. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- [x] Count of participants/encounters: number enrolled, number babies delivered
- [ ] Other process/implementation measures (e.g. number of items distributed)
- [ ] Surveys of participants
- [x] Biophysical health indicators: low birthweight
- [ ] Assessment of environmental change
- [ ] Impact on policy change
- [ ] Effects on healthcare utilization or cost

- [ ] Assessment of workforce development
- [ ] Other

Q92. Please describe any observed outcome(s) of the initiative (i.e., not *intended* outcomes).

The Holy Cross Health Maternity Partnership delivered 1001 babies with a low birth weight (less than 2500 gms) rate of 1.9%.

Q93. Please describe how the outcome(s) of the initiative addresses community health needs.

The outcomes of the initiative addresses the Maternal and Infant Health priority of the needs assessment by providing prenatal care to uninsured women.

Q94. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

$789,431 (cost) $252,450 (offsetting revenue)

Q95. (Optional) Supplemental information for this initiative.

Q96. Section IV - CB Initiatives Part 2 - Initiative 2

Q97. Name of initiative.

Senior Fit

Q98. Does this initiative address a need identified in your most recently completed CHNA?

- (•) Yes
- ( ) No

Q99. In your most recently completed CHNA, the following community health needs were identified:
Access to Health Services: Health Insurance, Access to Health Services: Regular PCP Visits, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Heart Disease and Stroke, Maternal & Infant Health, Nutrition and Weight Status, Older Adults, Physical Activity, Housing & Homelessness, Transportation, Other Social Determinants of Health, Other (specify)
Other: Human Trafficking

Using the checkboxes below, select the needs that appear in the list above that were addressed by this initiative.

- [ ] Access to Health Services: Health Insurance
- [ ] Access to Health Services: Practicing PCPs
- [ ] Access to Health Services: Regular PCP Visits
- [ ] Access to Health Services: ED Wait Times
- [ ] Access to Health Services: Outpatient Services
- [ ] Adolescent Health
- [ ] Arthritis, Osteoporosis, and Chronic Back Conditions
- [ ] Behavioral Health, including Mental Health and/or Substance Abuse
- [ ] Cancer
- [ ] Children's Health
- [ ] Chronic Kidney Disease
- [ ] Community Unity
- [ ] Dementias, including Alzheimer's Disease
- [x] Heart Disease and Stroke
- [ ] HIV
- [ ] Immunization and Infectious Diseases
- [ ] Injury Prevention
- [ ] Lesbian, Gay, Bisexual, and Transgender Health
- [ ] Maternal and Infant Health
- [ ] Nutrition and Weight Status
- [x] Older Adults
- [ ] Oral Health
- [x] Physical Activity
- [ ] Respiratory Diseases
- [ ] Sexually Transmitted Diseases
- [ ] Sleep Health

- [ ] Diabetes
- [ ] Disability and Health
- [ ] Educational and Community-Based Programs
- [ ] Environmental Health
- [ ] Family Planning
- [ ] Food Safety
- [ ] Global Health
- [ ] Health Communication and Health Information Technology
- [ ] Health Literacy
- [ ] Health-Related Quality of Life & Well-Being
- [ ] Telehealth
- [ ] Tobacco Use
- [ ] Violence Prevention
- [ ] Vision
- [ ] Wound Care
- [ ] Housing & Homelessness
- [ ] Transportation
- [ ] Unemployment & Poverty
- [ ] Other Social Determinants of Health
- [ ] Other (specify)

Q100. When did this initiative begin?

07/01/1995

Q101. Does this initiative have an anticipated end date?

- ( ) No, the initiative does not have an anticipated end date.
- ( ) The initiative will end on a specific end date. Please specify the date.
- ( ) The initiative will end when a community or population health measure reaches a target value. Please describe.
- ( ) The initiative will end when a clinical measure in the hospital reaches a target value. Please describe.
- ( ) The initiative will end when external grant money to support the initiative runs out. Please explain.
- ( ) The initiative will end when a contract or agreement with a partner expires. Please explain.
- (•) Other. Please explain.

This initiative will continue as long as there are operating and grant funds to support the program

Q102. Please describe the population this initiative targets (e.g. diagnosis, age, insurance status, etc.).

Senior Fit targets Montgomery County and Prince George's County residents who are 55 years of age and older. It is a minority majority program that serves a diverse population and makes physical activity accessible for older adults

Q103. Enter the estimated number of people this initiative targets.

1271

Q104. How many people did this initiative reach during the fiscal year?

979

Q105. What category(ies) of intervention best fits this initiative? Select all that apply.

- [ ] Chronic condition-based intervention: treatment intervention
- [x] Chronic condition-based intervention: prevention intervention
- [ ] Acute condition-based intervention: treatment intervention
- [ ] Acute condition-based intervention: prevention intervention
- [ ] Condition-agnostic treatment intervention
- [ ] Social determinants of health intervention
- [ ] Community engagement intervention
- [ ] Other. Please specify.

Q106. Did you work with other individuals, groups, or organizations to deliver this initiative?

- (•) Yes. Please describe who was involved in this initiative.

  Kaiser Permanente of the Mid-Atlantic States, National Lutheran Communities & Services, Montgomery County Department of Recreation, Maryland National Capital Park and Planning Commission, Faith-Based Organizations and Retirement Communities

- ( ) No.

Q107. Please describe the primary objective of the initiative.

To provide fitness classes for older adults to minimize symptoms of chronic disease and enhance self-management, improve strength and flexibility, cardiovascular endurance and balance

Q108. Please describe how the initiative is delivered.

Senior Fit is a free, 45-minute exercise class that has 69 classes offered at 24 community based sites each week, serving more than 1,200 seniors 55 and older throughout Montgomery and Prince George's counties. In March 2020, in response to the pandemic, all classes switched to a virtual format, with an average of 4,000 encounters a month.

Q109. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- [x] Count of participants/encounters: encounters
- [x] Other process/implementation measures (e.g. number of items distributed): number of sites
- [x] Surveys of participants: annual survey
- [ ] Biophysical health indicators:
- [ ] Assessment of environmental change:
- [ ] Impact on policy change:
- [ ] Effects on healthcare utilization or cost:
- [ ] Assessment of workforce development:
- [x] Other: fitness assessment

Q110. Please describe any observed outcome(s) of the initiative (i.e., not *intended* outcomes).

In FY15, 647 participants took the Rikli and Jones Senior Fitness Test, an evidence-based functional fitness test that measures upper body strength (arm curl), lower body strength (chair stand) speed and agility (8 foot up and go) and upper body flexibility (back scratch). A total of 87% of participants scored above standard on all four tests. The area which needed the most improvement was upper body flexibility, where 12% of participants were identified as "at risk" for range of motion in the upper body. In FY17, 900 participants completed the qualitative evaluation, 82% reported an improvement in blood pressure, 81% reported weight loss, 74% reported an improvement in cholesterol level, and 67% reported an improvement in glucose level (HbA1c). The top four chronic diseases among participants were hypertension (43%), arthritis (37%), osteoporosis (23%), diabetes (15%); 1.3% of participants reported having had an emergency room visit in the past 12 months and 9.7% had a hospital admission with an average length of stay of 2.4 nights. Evaluation measures include # of classes, # of encounters, self-reported health improvement, and evidence-based fitness test measures.

Q111. Please describe how the outcome(s) of the initiative addresses community health needs.

Senior Fit decreases isolation and increases physical activity in older adults.

Q112. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

$99,573 (costs) $40,000 (grant funds)

Q113. (Optional) Supplemental information for this initiative.

Q114. Section IV - CB Initiatives Part 3 - Initiative 3

Q115. Name of initiative.

Diabetes Prevention Program

Q116. Does this initiative address a need identified in your most recently completed CHNA?

- (●) Yes
- ( ) No

Q117. In your most recently completed CHNA, the following community health needs were identified:
Access to Health Services: Health Insurance, Access to Health Services: Regular PCP Visits, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Heart Disease and Stroke, Maternal & Infant Health, Nutrition and Weight Status, Older Adults, Physical Activity, Housing & Homelessness, Transportation, Other Social Determinants of Health, Other (specify)
Other: Human Trafficking

Using the checkboxes below, select the needs that appear in the list above that were addressed by this initiative.

- [ ] Access to Health Services: Health Insurance
- [ ] Access to Health Services: Practicing PCPs
- [ ] Access to Health Services: Regular PCP Visits
- [ ] Access to Health Services: ED Wait Times
- [ ] Access to Health Services: Outpatient Services
- [ ] Adolescent Health
- [ ] Arthritis, Osteoporosis, and Chronic Back Conditions
- [ ] Behavioral Health, including Mental Health and/or Substance Abuse
- [ ] Cancer
- [ ] Children's Health
- [ ] Chronic Kidney Disease
- [ ] Community Unity
- [ ] Dementias, including Alzheimer's Disease
- [x] Diabetes
- [ ] Disability and Health
- [ ] Educational and Community-Based Programs
- [ ] Environmental Health
- [ ] Family Planning
- [ ] Food Safety
- [ ] Global Health
- [ ] Health Communication and Health Information Technology
- [ ] Heart Disease and Stroke
- [ ] HIV
- [ ] Immunization and Infectious Diseases
- [ ] Injury Prevention
- [ ] Lesbian, Gay, Bisexual, and Transgender Health
- [ ] Maternal and Infant Health
- [ ] Nutrition and Weight Status
- [ ] Older Adults
- [ ] Oral Health
- [x] Physical Activity
- [ ] Respiratory Diseases
- [ ] Sexually Transmitted Diseases
- [ ] Sleep Health
- [ ] Telehealth
- [ ] Tobacco Use
- [ ] Violence Prevention
- [ ] Vision
- [ ] Wound Care
- [ ] Housing & Homelessness
- [ ] Transportation
- [ ] Unemployment & Poverty

- [ ] Health Literacy
- [ ] Other Social Determinants of Health
- [ ] Health-Related Quality of Life & Well-Being
- [ ] Other (specify)

Q118. When did this initiative begin?

07/01/2010

Q119. Does this initiative have an anticipated end date?

- (•) No, the initiative does not have an anticipated end date.
- ( ) The initiative will end on a specific end date. Please specify the date.
- ( ) The initiative will end when a community or population health measure reaches a target value. Please describe.
- ( ) The initiative will end when a clinical measure in the hospital reaches a target value. Please describe.
- ( ) The initiative will end when external grant money to support the initiative runs out. Please explain.
- ( ) The initiative will end when a contract or agreement with a partner expires. Please explain.
- ( ) Other. Please explain.

Q120. Please describe the population this initiative targets (e.g. diagnosis, age, insurance status, etc.).

Adults at risk for developing type II diabetes

Q121. Enter the estimated number of people this initiative targets.

100

Q122. How many people did this initiative reach during the fiscal year?

54

Q123. What category(ies) of intervention best fits this initiative? Select all that apply.

- [ ] Chronic condition-based intervention: treatment intervention
- [x] Chronic condition-based intervention: prevention intervention
- [ ] Acute condition-based intervention: treatment intervention
- [ ] Acute condition-based intervention: prevention intervention

- [ ] Condition-agnostic treatment intervention
- [ ] Social determinants of health intervention
- [ ] Community engagement intervention
- [ ] Other. Please specify.

Q124. Did you work with other individuals, groups, or organizations to deliver this initiative?

- (•) Yes. Please describe who was involved in this initiative.

  Montgomery County Department of Health and Human Services

- ( ) No.

Q125. Please describe the primary objective of the initiative.

To prevent diabetes among people at high-risk for diabetes or who have prediabetes by helping them to increase their physical activity, improve their eating habits, and reduce their weight.

Q126. Please describe how the initiative is delivered.

This FREE Diabetes Prevention Program runs for a period of 12 months. This 12-month lifestyle modification program offers nutritional guidance, exercise sessions and support to help prevent or delay diabetes onset. Throughout the program, a trained Lifestyle Coach will give participants the help and support they need to make and sustain lifestyle changes to prevent or delay the onset of type 2 diabetes. Participants receive tools to help them monitor activity patterns, eating habits and physical activity to assist them in achieving success.

Q127. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- [x] Count of participants/encounters: participants, encounters
- [x] Other process/implementation measures (e.g. number of items distributed): class attendance
- [ ] Surveys of participants:
- [x] Biophysical health indicators: body weight
- [ ] Assessment of environmental change:
- [ ] Impact on policy change:
- [ ] Effects on healthcare utilization or cost:
- [ ] Assessment of workforce development:
- [x] Other: weightloss, minutes of physical activity

Q128. Please describe any observed outcome(s) of the initiative (i.e., not *intended* outcomes).

In FY20, 5.29% of participants lost 5% or more of their body weight at twelve months, 99.18% documented physical activity minutes, and 96.61% documented their weight.

Q129. Please describe how the outcome(s) of the initiative addresses community health needs.

This initiative is designed to prevent diabetes in those at high-risk for being diagnosed with the disease.

Q130. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

$52,258

Q131. (Optional) Supplemental information for this initiative.

Q132. Section IV - CB Initiatives Part 4 - Other Initiative Info

Q133. Additional information about initiatives.

Q134. (Optional) If you wish, you may upload a document describing your community benefit initiatives in more detail, or provide descriptions of additional initiatives your hospital undertook during the fiscal year. These need not be multi-year, ongoing initiatives.

Q135. Were all the needs identified in your most recently completed CHNA addressed by an initiative of your hospital?

- (●) Yes
- ( ) No

Q136.

In your most recently completed CHNA, the following community health needs were identified:
Access to Health Services: Health Insurance, Access to Health Services: Regular PCP Visits, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Heart Disease and Stroke, Maternal & Infant Health, Nutrition and Weight Status, Older Adults, Physical Activity, Housing & Homelessness, Transportation, Other Social Determinants of Health, Other (specify) Other: Human Trafficking

Using the checkboxes below, select the needs that appear in the list above that were NOT addressed by your community benefit initiatives.

This question was not displayed to the respondent.

Q137. Why were these needs unaddressed?

This question was not displayed to the respondent.

Q138. Do any of the hospital's community benefit operations/activities align with the State Health Improvement Process (SHIP)? Specifically, do any activities or initiatives correspond to a SHIP measure within the following categories?

See the SHIP website for more information and a list of the measures:
https://pophealth.health.maryland.gov/Pages/SHIP-Lite-Home.aspx

	Select Yes or No	
	Yes	No
Healthy Beginnings - includes measures such as babies with low birth weight, early prenatal care, and teen birth rate	(●)	( )
Healthy Living - includes measures such as adolescents who use tobacco products and life expectancy	(●)	( )
Healthy Communities - includes measures such as domestic violence and suicide rate	(●)	( )
Access to Health Care - includes measures such as adolescents who received a wellness checkup in the last year and persons with a usual primary care provider	(●)	( )
Quality Preventive Care - includes measures such as annual season influenza vaccinations and emergency department visit rate due to asthma	(●)	( )

Q139. (Optional) Did your hospital's initiatives in FY 2018 address other, non-SHIP, state health goals? If so, tell us about them below.

Q140. Section V - Physician Gaps & Subsidies

Q141. As required under HG §19-303, please select all of the gaps in physician availability in your hospital's CBSA. Select all that apply.

- [ ] No gaps
- [ ] Primary care
- [x] Mental health
- [ ] Substance abuse/detoxification
- [ ] Internal medicine
- [x] Dermatology
- [x] Dental
- [x] Neurosurgery/neurology
- [ ] General surgery
- [x] Orthopedic specialties
- [ ] Obstetrics
- [ ] Otolaryngology
- [x] Other. Please specify. Cardiology, pulmonology, infectious disease, oncology, hematology, medical imaging, laboratory

Q142. 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.

Hospital-Based Physicians	To provide 24/7/365 care to patients requiring emergency services, anesthesia, medical imaging, obstetrics, and neonatology, including those without the ability to pay
Non-Resident House Staff and Hospitalists	To provide 24/7/365 care to medical patients at the hospital, including those without the ability to pay
Coverage of Emergency Department Call	To provide 24/7/365 care to patients with emergency needs at the hospital, including those without the ability to pay
Physician Provision of Financial Assistance	
Physician Recruitment to Meet Community Need	To provide the services of physicians in specialities where there is a shortage of that service in our community
Other (provide detail of any subsidy not listed above)	
Other (provide detail of any subsidy not listed above)	
Other (provide detail of any subsidy not listed above)	

Q143. (Optional) Is there any other information about physician gaps that you would like to provide?

Q144. (Optional) Please attach any files containing further information regarding physician gaps at your hospital.

Q145. Section VI - Financial Assistance Policy (FAP)

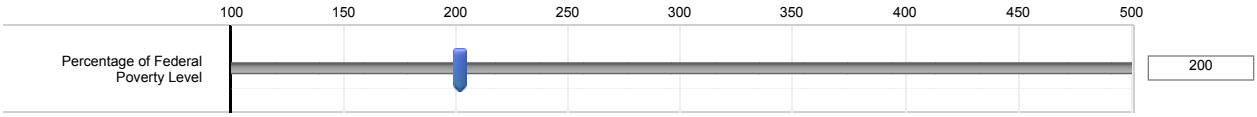
Q146. Upload a copy of your hospital's financial assistance policy.

patient-financial-assistance-policy-english_sept-2020.pdf
222.3KB
application/pdf

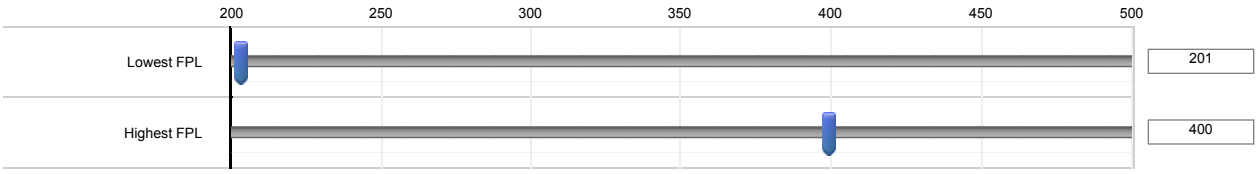
Q147. Upload a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e).

financial-assistance-patient-information-sheet-english-9-29-20.pdf
187.1KB
application/pdf

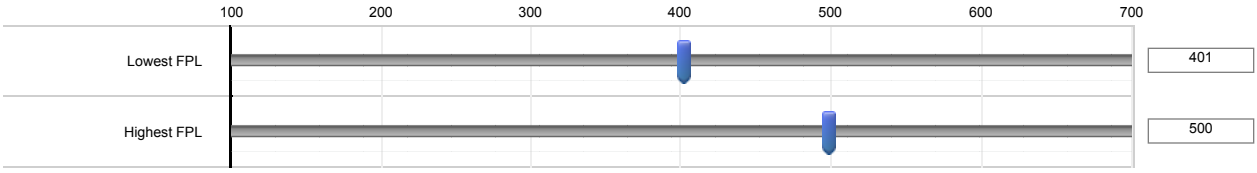
Q148. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(i) to provide free medically necessary care to patients with family income at or below 200 percent of the federal poverty level (FPL). Please select the percentage of FPL below which your hospital's FAP offers free care.



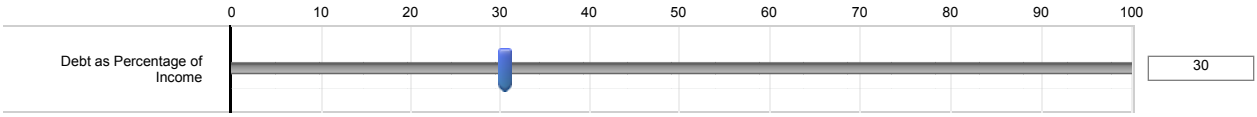
Q149. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(ii) to provide reduced-cost, medically necessary care to low-income patients with family income between 200 and 300 percent of the federal poverty level. Please select the range of the percentage of FPL for which your hospital's FAP offers reduced-cost care.



Q150. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(3) to provide reduced-cost, medically necessary care to patients with family income below 500 percent of the federal poverty level who have a financial hardship. Financial hardship is defined as a medical debt, incurred by a family over a 12-month period that exceeds 25 percent of family income. Please select the range of the percentage of FPL for which your hospital's FAP offers reduced-cost care for financial hardship. Please select the threshold for the percentage of medical debt that exceeds a household's income and qualifies as financial hardship.



Q151. Please select the threshold for the percentage of medical debt that exceeds a household's income and qualifies as financial hardship.



Q152. Has your FAP changed within the last year? If so, please describe the change.

- (●) No, the FAP has not changed.
- ( ) Yes, the FAP has changed. Please describe: [ ]

Q153. (Optional) Is there any other information about your hospital's FAP that you would like to provide?

[ ]

Q154. (Optional) Please attach any files containing further information about your hospital's FAP.

hch_healthfirstpatientloanprogram.pdf
355.7KB
application/pdf

Q155. Summary & Report Submission

Q156.

Attention Hospital Staff! IMPORTANT!

You have reached the end of the questions, but you are not quite finished. Your narrative has not yet been fully submitted. Once you proceed to the next screen using the right arrow button below, you cannot go backward. You cannot change any of your answers if you proceed beyond this screen.

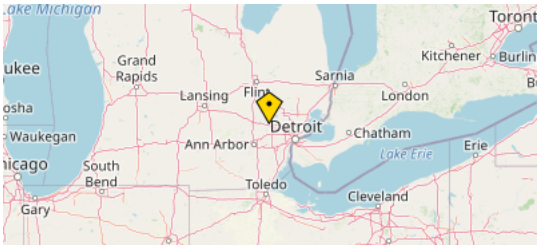
We strongly urge you to contact us at hcbhelp@hilltop.umbc.edu to request a copy of your answers. We will happily send you a pdf copy of your narrative that you can share with your leadership, Board, or other interested parties. If you need to make any corrections or change any of your answers, you can use the Table of Contents feature to navigate to the appropriate section of the narrative.

Once you are fully confident that your answers are final, return to this screen then click the right arrow button below to officially submit your narrative.

Location Data

Location: (42.498596191406, -83.479202270508)

Source: GeoIP Estimation



From: Monika Clark Driver
To: Hilltop HCB Help Account
Subject: RE: Clarification Required - Holy Cross Hospital
Date: Tuesday, May 25, 2021 12:59:45 PM

Report This Email

Good afternoon,

Please find responses below. Let me know if you need additional clarification.

Thank you,

Monika

Monika Driver, MPH
Community Benefit Supervisor
t. 301.754.8406
a. 10720 Columbia Pike, Ste. 333D | Silver Spring, MD | 20901
e. driverm@holycrosshealth.org
w. www.holycrosshealth.org

From: Hilltop HCB Help Account <hcbhelp@hilltop.umbc.edu>
Sent: Friday, May 21, 2021 8:37 AM
To: Hilltop HCB Help Account <hcbhelp@hilltop.umbc.edu>; Monika Clark Driver <driverm@holycrosshealth.org>
Subject: [External] Clarification Required - Holy Cross Hospital

Warning: This email originated from the Internet!

DO NOT CLICK links if the sender is unknown, and NEVER provide your password.

Thank you for submitting the FY 2020 Hospital Community Benefit Narrative report for Holy Cross Hospital. In reviewing the narrative, we encountered a few items that require clarification:

- In Question 50 on page 10 of the attached, Georgetown School of Nursing is reported as an external CHNA participant, but their role is not specified. Please clarify their involvement in your most recent CHNA.
  - Should indicate "Participated in the development of the CHNA Process, Advised on CHNA Best Practices, and Participated in identifying priority health needs"
- In Question 50 on page 10, a dental school is identified as an external CHNA participant, but the name of the school is not reported. Please name the dental school(s) that participated in your most recently completed CHNA.
  - Should indicate "N/A – Person or organization was not involved"
- In Question 63 on page 14, no response is provided regarding the Maryland Department of Health's involvement in your hospital's community benefit activities. Please clarify whether and how the Maryland Department of Health contributed to your hospital's community benefit activities during the fiscal year.
  - Should indicate "Providing funding for CB activities"
- In Question 83 on page 18, it is reported that the "Holy Cross Health Maternity Partnership" initiative will end when "there is no longer a need" for it. Please describe the "community or population health measure" the hospital will use to determine that there is no longer a need.
  - The program endpoint measurement is when all pregnant women in Montgomery County are able to acquire health insurance through employers, federal, state, or county programs for prenatal care.
- In Question 108 on page 22, it is reported that the "Senior Fit" initiative serves more than

1,200 seniors ages 55 and older in Montgomery and Prince George's Counties. Reviewers noted that 1,271 people were members of the target population in question 103. Please clarify the number of seniors actually reached by the initiative.
    - For FY20, the program targets an estimated 1271 seniors, of that we actually reached 979 (Q104). Q108 reflects the population reached as a whole, in both our Silver Spring and Germantown service areas, of more than 1200.
- The answers to Questions 120 and 121 on page 24 do not match. If the initiative targets only 100 people as stated in question 121, please provide an explanation in question 120 of how the hospital arrived at that figure.
    - Due to current available funding and financial demands of the program, we are only able to target 100 adults in a fiscal year in this service area.
- In Question 128 on page 25, reviewers noted that, given the number of persons reached by the initiative, 54 people, the outcome stating that 5.29% of participants lost 5% or more of their body weight at twelve months would equal 2.86 participants. Please clarify.
    - The statement should read "In FY19, 16.6% of participants reached lost 5% or more of their body weight at 12 months…"

Please provide your clarifying answers as a response to this message.

Confidentiality Notice:
This e-mail, including any attachments is the property of Trinity Health and is intended for the sole use of the intended recipient(s). It may contain information that is privileged and confidential. Any unauthorized review, use, disclosure, or distribution is prohibited. If you are not the intended recipient, please delete this message, and reply to the sender regarding the error in a separate email.

Maternal and Infant Health

FY2020			
Goal	Annual Target	YTD Target	YTD Actual
Maternity Partnership Admissions	1,012	1,012	**879**
Maternity Partnership % Low-birth weight infants	8.5%	8.5%	**1.9%**
Perinatal Class Encounters	8,000	8,000	**4,821**
Holy Cross Germantown Health Center Newborn visits	75	75	**90**

Seniors

FY2020			
Goal	Annual Target	YTD Target	YTD Actual
Senior Source Encounters (excluding Senior Fit)	13,303	13,303	**12,188**
Fall Assessments BioSway/Biodex, Get Up & Go, Chair Stand and Gait & Balance	328	328	**414**
Falls Risk Screening	76	76	**56**
Average MADC daily census	28	28	**27**

Cardiovascular Health

FY2020			
Goal	Annual Target	YTD Target	YTD Actual
CHW Cardiovascular Education Encounters	300	300	**869**
Average Senior Fit Weekly Participants	1271	1271	**1,991**
Percent of health center patients with diagnosis of HTN with good blood pressure control	80%	80%	**45.0%**

CHNA Impact Measures	Baseline	Target	MC Actual	
Increase percent of mothers receiving early prenatal care*	63.1%	66.9%	**70.9%**	↑
Reduce the percent of low birth weight infants*	8.2%	8.0%	**7.5%**	↓
Decrease infant mortality rate*	5.5	6.3	**4.6**	↓

CHNA Impact Measures	Baseline	Target	MC Actual	
Increase average life expectancy*	84.1	79.8	**84.8**	=
Decrease fall-related deaths*	7.1	7.7	**7.3**	↑

CHNA Impact Measures	Baseline	Target	MC Actual	
Decrease heart disease mortality*	136.4	166.3	**104.5**	↓
Decrease stroke mortality†	30.1	34.8	**24.5**	↓
Decrease percent of adults told by health professional they have high blood	21.6%	26.9%	**36.0%**	↑

CHNA Impact Measures	Baseline	Target	PGC Actual	
Increase percent of mothers receiving early prenatal care*	54.0%	66.9%	**54.7%**	↑
Reduce the percent of low birth weight infants*	10.0%	8.0%	**9.8%**	↑
Decrease infant mortality rate*	8.6	6.3	**8.2**	↓

CHNA Impact Measures	Baseline	Target	PGC Actual	
Increase average life expectancy*	79.2	79.8	**79.1**	↓
Decrease fall-related deaths*	6.4	7.7	**7.7**	↑

CHNA Impact Measures	Baseline	Target	PGC Actual	
Decrease heart disease mortality*	191.2	166.3	**178.1**	↑
Decrease stroke mortality†	35.2	34.8	**41.6**	↑
Decrease percent of adults told by health professional they have high blood pressure†	36.3%	26.9%	**31.9%**	↓

* MD SHIP Target
† HP 2020 Target

Δ Median or mean value for all counties in the state
◊ Represents the top 50th percentile of all MD

↑↓ Positive change from baseline
↑↓ Negative change from baseline

Summary of Holy Cross Health's Significant Community Benefit Programming in Response to Identified Unmet Health Care Needs: Fiscal 2018, Q2

= No Change

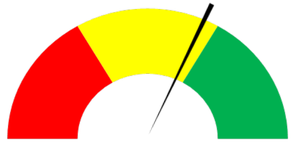
Obesity

FY2020			
Goal	Annual Target	YTD Target	YTD Actual
Average Kids Fit Participants per Month	17	17	**14**
Number of Kids Fit participants taking Presidential Challenge Test	150	150	No Data
% of Health Ctr patients diagnosed w/ high/low BMI w/ documented follow-up plan	70%	70%	**61.1%**

CHNA Impact Measures	Baseline	Target	MC Actual	
Decrease percent of high students with no participation in physical activityΔ	16.5%	18.0%	**17.6%**	↑
Decrease percent of students who are obese*	8.7%	10.7%	**7.5%**	=
Increase percent of students who drank no soda or pop in the past weekΔ	33.0%	28.4%	**34.2%**	↑

CHNA Impact Measures	Baseline	Target	PGC Actual	
Decrease percent of students with no participation in physical activityΔ	23.2%	18.0%	**25.6%**	↑
Decrease percent of students who are obese*	13.7%	10.7%	**15.1%**	↓
Increase percent of students who drank no soda or pop in the past weekΔ	28.0%	28.4%	**27.7%**	=

Diabetes



FY2020			
Goal	Annual Target	YTD Target	YTD Actual
Number enrolled in Diabetes Prevention Program (DPP)	90	90	**49**
Average number of DPP sessions attended per quarter	3	3	**5**
DPP average % weight loss at 6 months	5%	5%	**5.7%**
% of Health Ctr patients w/ diabetes (type 1 & 2) with most recent HbA1c > 9.0% or was missing a result	20%	20%	**52.1%**

CHNA Impact Measures	Baseline	Target	MC Actual	
Decrease number of adults ever being told they have diabetes (exluding gestational)◊	5.1%	10.2%	**7.0%**	↑
Decrease ER visits for diabetes*	102.8	186.3	**127.9**	↑

CHNA Impact Measures	Baseline	Target	PGC Actual	
Decrease number of adults ever being told they have diabetes (exluding gestational)◊	13.5%	10.2%	**12.3%**	↑
Decrease ER visits for diabetes*	280.5	186.3	**229.2**	↑

Behavioral Health

FY2020			
Goal	Annual Target	YTD Target	YTD Actual
% of health ctr patients receiving depression screening during primary care visit	96.9%	96.9%	**88.9%**
Nexus Montgomery ACT Team Census	100	100	**82**
Crisis House Admissions	228	228	**351**

CHNA Impact Measures	Baseline	Target	MC Actual	
Decrease adolescent and adult illicit drug use in past month (12 or older)†	6.1%	9.7%	**8.9%**	=
Decrease percent of adults with any mental illness in past yearΔ	16.8%	16.8%	**16.2%**	↓
Decrease mental health related ER visits*	1,528	3,153	**2,312**	↑
Decrease suicide rate*	6.5	9.0	**7.3**	↑

CHNA Impact Measures	Baseline	Target	PGC Actual	
Decrease adolescent and adult illicit drug use in past month (12 or older)†	7.1%	9.7%	**10.5%**	=
Decrease percent of adults with any mental illness in past yearΔ	15.8%	16.8%	**15.9%**	=
Decrease mental health related ER visits*	2,722	3,153	**1,956**	↑
Decrease suicide rate*	5.7	9.0	**5.7**	=

Cancers

FY2020			
Goal	Annual Target	YTD Target	YTD Actual
Number of MAPS mammograms	352	352	**577**
CHW Cancer Education Encounters	1500	1500	**2587**
% of Health Center patients receiving Tobacco Screening	90.0%	90.0%	**98.9%**

CHNA Impact Measures	Baseline	Target	MC Actual	
Increase colorectal cancer screening (colonoscopy or sigmoidoscopy)◊	72.9%	73.0%	**74.2%**	↑
Increase percent of women who have had a Pap in past three years◊	83.0%	93.0%	**94.4%**	↑
Decrease prostate cancer incidence◊	159.3	135.0	**111.4**	↓
Decrease breast cancer mortality†	19.8	20.7	**23.7**	↑

CHNA Impact Measures	Baseline	Target	PGC Actual	
Increase colorectal cancer screening (colonoscopy or sigmoidoscopy)◊	71.7%	73.0%	**72.4%**	↓
Increase percent of women who have had a Pap in past three years◊	82.0%	93.0%	**93.2%**	↑
Decrease prostate cancer incidence◊	183.3	135.0	**147.00**	↓
Decrease breast cancer mortality†	28.2	20.7	**25.8**	↓

Summary of Holy Cross Health's Significant Community Benefit Programming in Response to Identified Unmet Health Care Needs: Fiscal 2018, Q2

LEADING
INNOVATING
SERVING

THROUGH A TIME OF CRISIS

2020 Annual Report

HOLY CROSS HEALTH
A Member of Trinity Health

Moving Life Ahead℠

IN A TIME OF CRISIS

From the start of our 2020 fiscal year in July 2019, Holy Cross Health served as we always have – helping tens of thousands of people across our community, including those who are most vulnerable, live their healthiest lives by providing the highest quality health care and wellness resources.

When the coronavirus pandemic struck in March 2020, Holy Cross Health was prepared to be a leader in the response. With our depth of expertise in special pathogens, Holy Cross Health became the leading community-based health system serving those needing inpatient care related to COVID-19. Our leadership extended beyond our hospital walls to our participation in groundbreaking clinical trials, the creation of safe, home-based virtual care options and classes for community members, and our timely communication of essential information to the public.

Our spirits and the continuity of our award-winning health care are unbroken. We continue to build for the future with hope, adapting and expanding our services and facilities to meet our community's growing needs.

ABOUT HOLY CROSS HEALTH

Holy Cross Health is a Catholic, not-for-profit, people-centered health system that serves the two most populous counties in Maryland, Montgomery and Prince George's, with a commitment to being the most trusted provider of health care services in the area. Founded in 1963 by the Sisters of the Holy Cross, Holy Cross Health is a member of Trinity Health of Livonia, Michigan. Holy Cross Hospital, in Silver Spring, is one of the largest hospitals in Maryland, and Holy Cross Germantown Hospital is the first hospital in the nation on a community college campus, enhanced by an educational partnership. The Holy Cross Health Network operates primary care practices and affordable health centers, and offers a wide range of innovative, community-based health and wellness programs. Specialty care, home care and hospice services round out Holy Cross Health's high-quality and coordinated continuum of care that aims to improve health and move life ahead for individuals and populations in the communities served. In fiscal 2020, Holy Cross Health contributed nearly 10% of its $602 million in revenue to community benefit activities that meet community needs and improve access to health.

OUR MISSION

We, Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

OUR CORE VALUES

Reverence We honor the sacredness and dignity of every person.

Commitment to Those Who Are Poor We stand with and serve those who are poor, especially those most vulnerable.

Safety We embrace a culture that prevents harm and nurtures a healing, safe environment for all.

Justice We foster right relationships to promote the common good, including sustainability of Earth.

Stewardship We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.

Integrity We are faithful to who we say we are.

TRINITY HEALTH

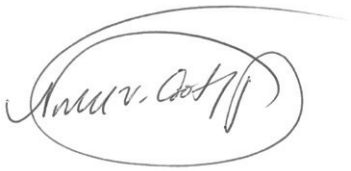
Trinity Health is one of the largest multi-institutional Catholic health care delivery systems in the nation, serving diverse communities that include more than 30 million people across 22 states. Trinity Health includes 94 hospitals, as well as 122 continuing care programs that include Program of All-Inclusive Care for the Elderly (PACE), senior living facilities, and home care and hospice services.

HOLY CROSS HEALTH IS HERE FOR OUR COMMUNITY — LEADING, INNOVATING, SERVING

This year marked Holy Cross Health's 58th year of service in this richly diverse and dynamic community. Together we faced COVID-19 head on, met with each other in new ways, and became united by hope as we persevered. As the Sisters of the Holy Cross, the founders of our ministry, have always said, *"See a need – meet a need."* We at Holy Cross Health carry these words with us daily in a spirit of service to everyone whose lives we are privileged to touch, and in our commitment to expand our services to best meet your needs. Even during the pandemic, this focus has allowed us to grow to an organization of more than $600 million in revenue while investing $54,778,629 in a variety of activities that benefit the most vulnerable in our community.

In this year of emergency response and transformation, our more than 6,000 colleagues, medical staff members and care partners came together to fight COVID-19. I am grateful to every staff member and first responder who has served heroically during this crisis. By adapting our care delivery in response to urgent safety concerns, we added more points of access and new ways to interact with and care for individuals and the community. While meeting each successive challenge, we were uplifted by messages of thanks from our community, and by generous donations of meals for sustenance and much-needed protective equipment. Words cannot express the pride I feel that, through it all, we provided care in more than 328,000 individual visits, including welcoming more than 10,000 new lives into the world.

Looking forward, we embrace the lessons of this past year with awe and humility. We will continue to innovate, bringing integrated care and new services to more locations throughout our community. These are challenging times. Thank you for entrusting Holy Cross Health with your health needs as we continue on this journey together.



Norvell V. Coots, MD
President and Chief Executive Officer
Holy Cross Health

FY 2020* AT A GLANCE

OUR COMMUNITY IMPACT

This year's figures reflect the central role Holy Cross Health plays in the well-being of our entire community. Even as a pandemic challenged us to find new ways to serve both emerging and ongoing needs, Holy Cross Health, as always, rose to the challenge.

*July 1, 2019 through June 30, 2020

OUR PEOPLE

4,047 COLLEAGUES

2,430 MEDICAL STAFF

251 VOLUNTEERS

BY THE NUMBERS

FISCAL 2020

$601,657,186 TOTAL REVENUE

70 COMMUNITY HEALTH PROGRAMS WEEKLY

9 PRIMARY & SPECIALIZED CARE SITES

2 HOSPITALS WITH 514 LICENSED HOSPITAL BEDS AND NEONATAL BASSINETS

PATIENT VISITS

134,390 OUTPATIENT VISITS

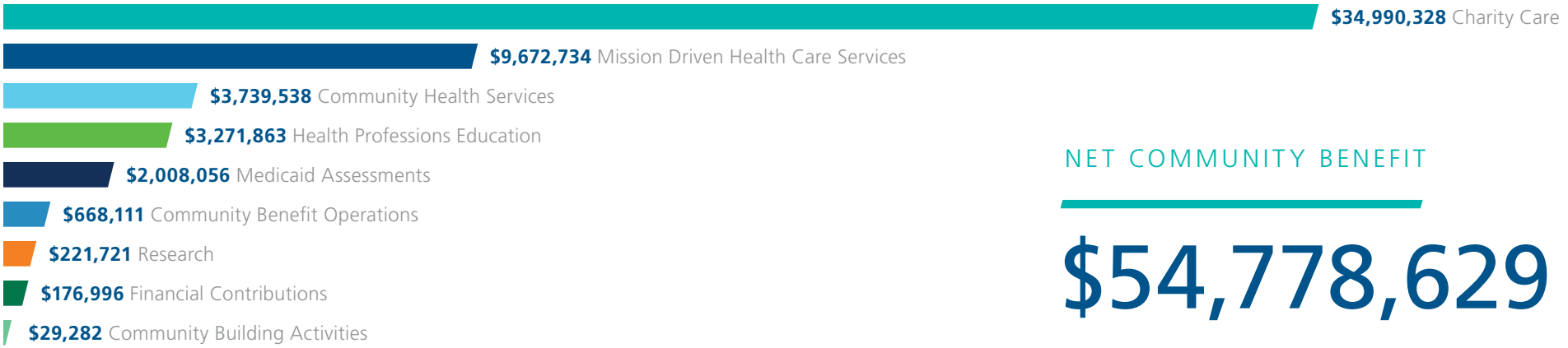
34,280 INPATIENT DISCHARGES (EXCLUDES HEALTHY NEWBORNS)

93,198 EMERGENCY CENTER VISITS

10,457 SURGERIES

52,981 HEALTH CENTER & PHYSICIAN PRACTICE VISITS

10,478 BIRTHS



NET COMMUNITY BENEFIT

$54,778,629

STANDING STRONG TOGETHER

A TEAM APPROACH TO PATIENT CARE

Lourdes Nuñez and Sarah McKechnie were with José Mercado when he took his first steps with his new prosthesis. (Photo taken prior to COVID-19.)

José Mercado had tried to manage his diabetes. But when his construction job ended, he had no insurance, and could not afford to refill his medication or see a doctor about a growing sore on his foot. When his foot pain became unbearable, José went to Holy Cross Hospital's Emergency Department. Within hours, he had surgery to amputate his leg below the knee. José was devastated. "I was without hope. All I wanted to do was to be able to work again," he said.

While in Holy Cross Hospital, José met diabetes educator Eva Gonzalez, RN, who knew that his recovery would be difficult, physically and emotionally. Eva brought in Lourdes Nuñez, RN, diabetes educator, and Sarah McKechnie, manager, Disease Management Services, to explore resources at Holy Cross and reach out to their connections in the community that could help José return to work and regain his life. One of those community connections was Medical Center Orthotics and Prosthetics (MCOP), which generously offered to create a prosthetic leg for José as one of the pro bono prostheses they offer each year.

After his stay at a rehab facility, Lourdes coordinated José's follow-up appointments and communicated with the care team at Holy Cross Health Center in Aspen Hill, which provided physical therapy, diabetes management, nutrition resources, and transportation assistance to José – all part of Holy Cross Health's community benefit program.

When José was fitted with his new prosthetic leg at MCOP, "Lourdes and I were there to see him take his first steps using the parallel bars," said Sarah. "We knew this was a miracle we would always remember."

Within five months of his surgery, José became so adept with his prothesis that he was able to return to work. His diabetes continues to be well managed by his Holy Cross Health team.

"Little by little I am able to do everything I could before, even laying floors," said José. "I am so thankful."

> *"It takes a team working together to be successful. We were able to involve many departments in José's care — to treat the whole person, so he could return to his normal activities in the best shape possible."*
>
> — Sarah McKechnie, Manager, Disease Management Services

ADDRESSING SYSTEMIC DISPARITIES IN HEALTH CARE ACCESS

At Holy Cross Health, providing care for people facing barriers to their health and well-being is more than a heartfelt commitment. It defines us. Holy Cross Health's extensive community benefit programs are offered at no or low cost, and four Health Centers provide care to the uninsured or underinsured.

With the pandemic disproportionately affecting the health and livelihoods of our most vulnerable communities, Holy Cross Health's community benefit activities have become more important than ever.

- **Disease management,** fitness and other self-care programs
- **Screening and referrals** to assist patients and community members with social needs such as housing and food insecurity
- **Flu vaccination** clinics
- **Distribution of blood pressure monitors** and other equipment to monitor chronic conditions at home
- **Financial Assistance Program** for necessary hospital services
- **Providing essential care:** primary, urgent and emergent

DELIVERING SERVICES IN THE HOME

As soon as COVID-19 arrived, Holy Cross Health began adapting its programs for safe, at-home participation. New virtual versions of classes and services began to take place in living rooms and kitchens throughout our community — and a new generation of telehealth systems, including face-to-face video visits, began conveniently connecting patients with doctors and other care providers. These innovations are helping people across the region maintain their health and well-being, get timely care for medical issues, and feel less isolated along the way.

- **Virtual health care.** Patients are now able to seek medical care through face-to-face video visits so they can address health issues safely, conveniently and without delay.
- **Virtual programs.** Multiple fitness and disease management programs, as well as support groups, have transitioned from in-person to in-home.
- **Instructor training** helps leaders modify their programs for interactive, at-home participation.
- **Videos and other new tools** enhance the effectiveness of distance training and education.

Internal medicine physician, Erik Rivera, MD, conducts a video visit with his patient, Vilma Velasquez.

INNOVATIVE SURGICAL SOLUTIONS: SPINE

BACK TO AN ACTIVE LIFE

By the time Shelley Fig met with Philip Schneider, MD, medical director of the Spine Center at Holy Cross Hospital, she had tried just about every non-surgical remedy there is for her increasingly painful and debilitating back issues. None had worked. Dr. Schneider, though, was confident surgery could help. "The first thing he said was, 'I do this daily and I'm going to fix you,'" Shelley remembered. "And he was right. He has fixed my problem."

Dr. Schneider found that Shelley's years of back pain, as well as numbness and loss of reflex in her legs, stemmed from misaligned bones (spondylolisthesis) and a narrowed spinal canal (spinal stenosis) that caused pinched spinal nerves. Surgery could correct all. "We had two goals," he said. "Decrease the pain and increase functional activity."

The surgery was complex. Dr. Schneider performed a laminectomy for the narrowed spinal canal, a spinal fusion from vertebrae L4 to S1, and even removed an unexpected benign cyst. Helping him at every turn were two highly advanced pieces of surgical technology. Holy Cross Hospital's new O-arm CT scanner provides real-time 3D images of the surgical site during surgery, and StealthStation™ surgical navigation precisely guides each action the surgeon takes.

Shelley is glad she didn't delay surgery because of the pandemic. "I was in a separate COVID-19-free floor, and everyone diligently followed safety precautions. I felt safe." Three months after surgery, she has less pain and is more active, and is looking forward to a full recovery. "Already I'm doing more on my own," she said. "I'm eternally grateful."

"Holy Cross Health took our capabilities in spine care to a higher level during COVID, managing complex surgery very well in this stressful time — and doing it safely."

— David Gwinn, MD, Subsection Chair, Spine, Holy Cross Germantown Hospital

The Spine Center at Holy Cross Hospital has earned The Joint Commission Gold Seal of Approval® since 2015.

LEADING IN SERVICES OUR COMMUNITY NEEDS MOST

Behavioral Health
Emergency psychiatric care and an Inpatient Behavioral Unit at Holy Cross Germantown Hospital serve a critical community need for mental health services in the upcounty area.

Cancer Services
Providing a full breadth of services from diagnosis and treatment through ongoing care and support. In spring 2022, Holy Cross Health will expand with a comprehensive, community-based cancer center.

Emergency Care
More than 100,000 emergency room visits each year at Holy Cross Hospital and Holy Cross Germantown Hospital. The Emergency Center at Holy Cross Hospital is a designated Cardiac Interventional Center for treating the most severe type of heart attack.

Military and Veterans Health
Primary care providers at Holy Cross Health Partners in Kensington and many colleagues throughout our health system have received cultural competence training to address the specific needs of military service members, veterans and their families.

Neuroscience
Includes the Spine Center, Stroke Center and Epilepsy Center, each recognized for its excellence. All centers provide exceptionally advanced expertise.

Pediatrics
More than 160 affiliated pediatricians and referrals to the best pediatric specialists in the area. Pediatric emergency treatment area at Holy Cross Hospital.

Senior Care
Comprehensive services across the community and at home. Features the nation's first Seniors Emergency Center.

Surgical Services
Recognition-winning programs include robotic surgery, gynecologic surgery (COEMIG), bariatric surgery, brain surgery and spine surgery. Holy Cross Germantown Hospital was the first community hospital in Montgomery County to acquire the latest *da Vinci*® Xi robotic surgery system and the first in Montgomery County to offer the new LINX® procedure for gastric reflux.

Women and Infants Services
Delivering 10,000+ babies each year and providing comprehensive prenatal and perinatal support. Includes Holy Cross Hospital's Level III NICU and Holy Cross Germantown Hospital's Level II NICU.

PATIENT-CENTERED COVID-19 RESPONSE

At the outset of COVID-19, Holy Cross Health fully activated its multi-disciplinary Incident Management Center (IMC). Meeting as often as twice daily, seven days a week, the IMC immediately began a comprehensive coordinated response — initiating the following measures that continue to provide high-quality, safe care for COVID-19 and non-COVID patients alike.

- **Increased** capacity of intensive care and medical-surgical beds in both hospitals to accommodate increased need
- **Established** new, safe visitor protocols
- **Deployed** Communication Ambassadors to assist patients and families to connect through virtual visits when in-person visits were limited
- **Participated** in drug trials to identify effective new treatments for COVID-19
- **Distributed** funds and supplies, some obtained via innovative partnerships

CARE FOR LIFE

SIX YEARS & COUNTING

Betty Serritella with her husband Jim.

There were no symptoms, no reasons for concern. Yet there it was on Betty Serritella's X-ray film: a golf ball-sized mass on her lung.

From that moment on, Betty began a journey that ultimately led to successful cancer treatment and ongoing monitoring by a team of Holy Cross Health specialists. To better understand Betty's cancer, Bryan Steinberg, MD, FACS, FCCP, medical director of Thoracic Surgery at Holy Cross Health, performed an endobronchial ultrasound (EBUS) and an electromagnetic navigational bronchoscopy (ENB). The Holy Cross Health pathologist, radiologist, medical oncologist and Dr. Steinberg then agreed on the tests' findings: the cancer was Advanced Stage IIIA lung cancer.

"The diagnosis felt like a death sentence," Betty said. But Betty, her husband Jim and their new team immediately took action. By the end of this first day together, they began implementing a multi-modality plan that aggressively utilized chemotherapy and radiation therapy ahead of robotic-assisted surgery, followed by final "cleanup" chemotherapy.

As with all cancer patients, the end of Betty's treatment transitioned to a period of hopeful waiting. Had the cancer been eradicated? Would it return? Betty's Holy Cross Health team stayed vigilant, monitoring her health every three months, then six months, now yearly.

Six years out, Betty remains disease-free. And now, Dr. Steinberg reported, "We have even more tools and strategies to work with" should any cancer re-emerge — including new therapies advanced by Holy Cross Health's own cancer research program.

For Betty, having her team stay with her has been meaningful. "I know if I have any problems I can call on them any time of day,"she said. "They've been very supportive, and that's added to my confidence."

> *"Survivor care means we don't quit, we don't give up and we don't forget. If something should come up, we will have a plan to deal with that."*
>
> — Bryan Steinberg, MD, FACS, FCCP, Medical Director, Thoracic Surgery, Holy Cross Health

A NEW ERA OF OUTPATIENT CANCER CARE

When completed in spring 2022, the new Holy Cross Health Cancer Center will redefine care and support for cancer patients and their families, setting a new high standard for how a community health system can help. The Center will bring together in one convenient, local facility a comprehensive array of state-of-the-art outpatient programs and services.

Clinical services
Including Holy Cross Radiation Center, surgical oncology, medical oncology care and outpatient infusion centers.

Support programs
Rehabilitation, palliative care, genetic counseling, nurse navigation, counseling with psychiatric and oncology social workers, health and wellness programs, nutrition education and support groups.

Logistical assistance
Care coordination, insurance counseling, financial navigation, billpayer support and caregiver support.

For more information, or to learn how you can help, see **page 15**.

A ROBUST RESEARCH PROGRAM, NOW MAKING COVID-19 HISTORY

The Holy Cross Research Program was ready to play a critical role in COVID-19 research as soon as the pandemic emerged. Since 1999, its cancer research patient trials have advanced cancer prevention, diagnostics and treatments. Holy Cross Health is looked to for expertise in research due to the significant and market-leading diversity represented in all trials.

In April 2020, Holy Cross Health's long-respected Research Program became one of the first in the nation to conduct trials for COVID-19 treatment. With our expertise in leading community research studies, 55 patients participated in studies of a promising anti-viral medication (Gilead's Remdesivir) and three different anti-inflammatory medications.

The successful outcomes of the program's patients contributed to the FDA's Emergency Use Authorization for Remdesivir in May and to "standard of care" approval in October.

"Our Research Program is our investment in providing patients the very best, highest level care."

— Lyudmila Kalnitskaya, MBA, MS, CCRP, CCRC, Director, Holy Cross Hospital's Clinical Research and Cancer Registry

RECOGNIZED ON EVERY FRONT

PREPARED FOR EVERY MOMENT

In 2020, Holy Cross Health safely continued to provide highly acclaimed clinical care to our community through the COVID-19 crisis, including our nationally recognized cancer, neurosciences, surgical care, women's health and senior care programs.

CLINICAL AWARDS AND RECOGNITIONS

- **2020 America's 250 Best Hospitals Award** from Healthgrades for Holy Cross Hospital, placing it in the top five percent of hospitals nationwide for clinical outcomes; Holy Cross Hospital is one of only five hospitals in Maryland to be recognized with this award for four consecutive years.
- **2020-2021 *U.S. News & World Report*** national rankings of "America's Best Hospitals," ranks Holy Cross Hospital in the top 10 among 64 hospitals evaluated in the state of Maryland (10th tied). The hospital also received a high performing rating in three adult procedures/conditions: congestive heart failure, colon cancer surgery, and chronic obstructive pulmonary disease.
- **2020 Get with the Guidelines®– Stroke Gold Plus Achievement Award with Target: Stroke℠ Honor Roll Elite Plus** for Holy Cross Hospital and Holy Cross Germantown Hospital from the American Heart Association/American Stroke Association

CLINICAL DESIGNATIONS AND ACCREDITATIONS

- **The Joint Commission accreditation** for Holy Cross Hospital and Holy Cross Germantown Hospital, from the main accreditation organization for U.S. hospitals
- **Primary Stroke Center designation** for Holy Cross Germantown Hospital by the Maryland Institute for Emergency Medical Service Systems (MIEMSS)
- **Advanced Primary Stroke Center designation** for Holy Cross Hospital by The Joint Commission and the Maryland Institute for Emergency Medical Services Systems (MIEMSS)
- **Bariatric Surgery Program accreditation as a Comprehensive Center** at Holy Cross Hospital under the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP)
- **Breast Center accreditation** by the American College of Surgeons National Accreditation Program for Breast Centers (NAPBC). Holy Cross Hospital was the first hospital in Montgomery and Prince George's counties to receive this prestigious accreditation.
- **Breast Imaging Center of Excellence (BIOCE)** designation for Holy Cross Hospital by the American College of Radiology
- **Cardiac Interventional Center designation** for Holy Cross Hospital by the Maryland Institute for Emergency Medical Services Systems (MIEMSS) to perform emergency angioplasty for acute heart attacks
- **Center of Excellence in Minimally Invasive Gynecology (COEMIG) designation** for Holy Cross Hospital by the Surgical Review Corporation (SRC)
- **Certification from The Joint Commission for Hip Replacement, Knee Replacement and Spine Surgery**. Holy Cross Hospital was the first hospital in Montgomery County to receive Spine Surgery Certification from The Joint Commission.
- **Comprehensive Community Cancer Program accreditation** at Holy Cross Hospital by the American College of Surgeons Commission on Cancer since 2000
- **Laboratory Services accreditation** by the College of American Pathologists (CAP)
- **Level IIIB Perinatal Referral Center designation** for Holy Cross Hospital by the Maryland Institute for Emergency Medical Services Systems (MIEMSS)

- **Level 3 Epilepsy Center accreditation** for the Epilepsy Monitoring Unit at Holy Cross Hospital by the National Association of Epilepsy Centers (NAEC)
- **Perinatal Diagnostic Center accreditation** at Holy Cross Hospital by the American Institute of Ultrasound in Medicine
- **Radiation Oncology Practice accreditation** for the Radiation Treatment Center by the American College of Radiology

WORKPLACE EXCELLENCE AWARDS FOR HOLY CROSS HEALTH

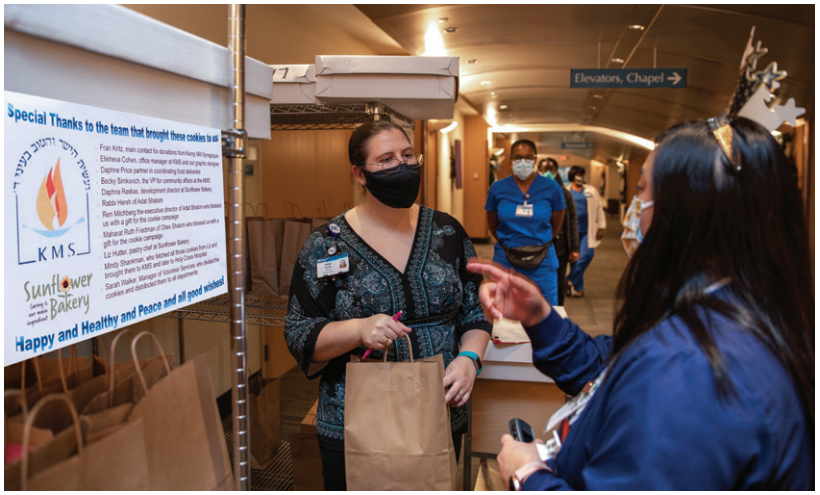
- **2020 Workplace Excellence Seal of Approval Award** from the Alliance for Workplace Excellence, the only health care provider in Maryland to receive this recognition every year since its inception in 1999 (21st consecutive year)
- **2020 Health and Wellness Seal of Approval Award** from the Alliance for Workplace Excellence for the 13th consecutive year
- **2020 EcoLeadership Award** from the Alliance for Workplace Excellence, for the 12th consecutive year since its inception in 2009
- **2020 Diversity Champion Award Winner** from the Alliance for Workplace Excellence for the ninth consecutive year
- **2020 Certificate of Recognition: Best Practices Supporting Workers of All Abilities** from the Alliance for Workplace Excellence for the third year in a row (the award's inaugural year was 2018)
- **2020 Certificate of Recognition: Best Practices Supporting Workers 50+** from the Alliance for Workplace Excellence for the third year in a row (the award's inaugural year was 2018)

HOLY CROSS HEALTH FOUNDATION

Every generous donor helps to transform the lives of all those cared for by Holy Cross Health. Contributions to the Foundation are investments in improving the health of our community through accessible and equitable care, new technologies and innovations, community health and wellness programs, and renovations and new construction.

Please consider making a gift today at ***Giving.HolyCrossHealth.org*** or call 301-577-GIVE (4483) for more information.

DONOR SPOTLIGHT: KEMP MILL SYNAGOGUE'S SUPPORT



Cookies from Sunflower Bakery were given to all Holy Cross Hospital staff on New Year's Eve, thanks to the generous support of Kemp Mill Synagogue. Sarah Walker, manager, Volunteer Services, hands out the treats.

It took only a flyer and an email campaign for the members of Kemp Mill Synagogue to spring into action and raise emergency funding for Holy Cross Hospital's COVID-19 response. The synagogue's 24-Hour Emergency Campaign raised more than $25,000 to help Holy Cross Hospital reconfigure rooms to accommodate COVID-19 patients. Kemp Mill Synagogue member Fran Kritz, who chaired the campaign, said that "aiding the hospital's ability to treat more patients during the pandemic emergency energized us." The campaign is not the first time that Kemp Mill Synagogue has partnered with Holy Cross Health. Members work with the nonprofit group Bikur Cholim of Greater Washington to keep a special kosher pantry at Holy Cross Hospital. During the pandemic, members supported Holy Cross's combination flu clinic and food drive, delivered restaurant meals to staff, and coordinated a monthly pop-up food drive for Holy Cross staff. Additionally, synagogue members raised $6,000 in 24 hours for the Holy Cross Cares Adopt-A-Family effort to help families in the local community during the Christmas 2020 season.

> *"Jewish values require us to aid the sick, strengthen one's community through acts of charity, and show our appreciation to those responding to the needs created by the pandemic. Our membership has been and continues to be very supportive of Holy Cross Hospital. Holy Cross is our community hospital."*
>
> — Larry Lerman, President, Kemp Mill Synagogue

AN OUTPOURING OF SUPPORT THROUGH A TIME OF CRISIS

The generosity of the Holy Cross Health community saved lives in 2020. Financial contributions as well as donations of personal protective equipment (PPE), self-care items and meals for caregivers enabled our heroes to safely care for thousands. Looking ahead, philanthropic support is more critical than ever, as we continue to help those in our community who are most impacted by the pandemic and improve access to cancer care through our new outpatient Holy Cross Health Cancer Center set to open in spring 2022.

THANK YOU

Thank you for the outpouring of generosity to our COVID-19 Response Fund. Our community has donated **$270,900** to our COVID-19 Response Fund, **thousands** of pieces of personal protective equipment (PPE), and **57,000** resilience meals and self-care items.*

*As of December 9, 2020

CANCER IS DIFFICULT. HELP US MAKE IT EASIER.

The new outpatient Holy Cross Health Cancer Center will be a beacon of hope for the community. Our Cancer Center will build upon Holy Cross Health's region-leading inpatient cancer care, ensuring that our patients continue receiving state-of-the-art, academic-level care, all under one roof. So patients will have more strength for their fight.

We invite you to be a part of the journey. Together we will deliver on a promise — a promise of comfort and a promise of care. We promise to listen, to always support health and well-being, and to ease the trying journey. So we can provide for every patient as an individual, every step of the way.

Please visit ***Giving.HolyCrossHealth.org*** or call 301-754-7101 to help us open the doors to our new Cancer Center.

Tyrone Henson champions the Holy Cross Health Foundation in gratitude for the "excellent service" he received as a Holy Cross cancer patient — service he believes contributed to his survival by reducing stress.

"They treated me with utmost respect and genuine care. I do believe that was key to my recovery," Tyrone said.

DONORS

GIVING SOCIETY MEMBERS

The *Giving Society* program recognizes and honors the commitment and lifetime cumulative philanthropy of Holy Cross Health's generous supporters. Their contributions have a direct impact, allowing Holy Cross Health to serve our community members with high-quality care. Thanks to these donors, we can all rely on Holy Cross as our community hospital. From responding to unforeseen events to supporting innovative health and wellness services, Holy Cross Health's *Giving Society* members help take care of our community. Thank you!

In this report, we honor those *Giving Society* members at the $1,000 level and above who have renewed their philanthropic commitment to Holy Cross Health during Fiscal Year 2020 (July 1, 2019 through June 30, 2020). For a full list of *Giving Society* members, please visit ***HolyCrossHealth.org/donate***.

The Holy Cross Health Foundation is a 501(c)(3) tax-exempt charitable organization (Federal Tax ID no. 20-8428450) devoted to raising philanthropic funds to support the mission of Holy Cross Health.

1963 BENEFACTORS SOCIETY

($1,000,000 AND HIGHER)

Friends of Holy Cross Health - Auxiliary of Holy Cross Hospital
Kaiser Permanente of the Mid-Atlantic States
The Whiting-Turner Contracting Company

NEW INNOVATIONS SOCIETY

($100,000 – $999,999)

Anonymous
Archdiocese of Washington
Associates in Radiation Medicine
Bank of America
CareFirst BlueCross BlueShield
Community Neonatal Associates
Diagnostic Medical Imaging, P.A. (Drs. Hwang, Karr, Moshyedi, Narang, Pandit, Wisotsky and Zucker)
EMJAY Engineering and Construction Co., Inc.
Gallagher, Evelius & Jones LLP
Hughes Network Systems, LLC, an EchoStar Company
The J. Willard and Alice S. Marriott Foundation
John and Amy Mewhiney Cancer Foundation
Leach Wallace Associates/Member of WSP
Medical & Dental Staff of Holy Cross Hospital
The Nora Roberts Foundation
Pathology Associates of Silver Spring
Michael and Janet Scherr
Kevin J. Sexton and Mary DuBois Sexton
Sisters of the Holy Cross, Inc.
US Acute Care Solutions
Gary and June Vogan

CAREGIVERS SOCIETY

($10,000 – $99,999)

Ada Harris Maley Memorial Fund
Glenn and Phyllis Anderson
Anderson & Quinn, LLC
Anonymous
Aronson Foundation, Inc.
Bill and Joanne Aschenbach and Family
Associates in Cardiology, P.A.
AstraZeneca
Rick and Kathleen Bailey
Berkeley Research Group, LLC
Rainer and Beverley Bosselmann
Ann Burke, MD and Jim Burke
Linda Burrell, MD
The Butz Foundation
Cadia Healthcare
Eileen Cahill
Cardiac Associates, P.C.
Marcia Y. Carroll
The Charles and Margaret Levin Family Foundation Inc.
Annice Cody and Peter Braverman
Colonial Parking, Inc.
Patrick and Heidi Connolly
Van Coots, MD and Claudia Coots
Marlin G. Curameng, RN
Louis A. Damiano, MD and Anna Morretti
James Del Vecchio, MD and Pamela Del Vecchio
Craig A. Dickman, MD and Bonnie Dickman
Lynne D. Diggs, MD and Gary N. Bell
Elizabeth and Sean Dooley
EagleBank
Kristin and Richard Feliciano
Kashif A. Firozvi, MD
Fitzgerald Auto Malls
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Maryland Physicians Care
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Montgomery Laborist Services, LLC (Drs. Ashkin, Block, Brooks, Khoury, Robertson-Hackney and Simmons)
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National Capital Neurosurgery
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Ori and Galia Reiss
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Barry N. Rosenbaum, MD
Linda P. Rough and Family
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Joseph and Mary Seidel
Elizabeth A. Simpson
SunTrust Bank
Peter Tallerico
Lisa Tenney, RN
Sherri Thompson-Brusca and John Brusca
Unilever UK Limited
United Therapeutics Corporation
Craig Walton and Dawn Walton, MD
Raymond and Mary Whalen
Whiteford Taylor Preston
Carolyn J. Williams
Diana Wu

During the last five years of her life, my wife was a patient at Holy Cross Hospital many times. I was very impressed by the compassion the emergency room and ICU staff always showed her. Making jewelry is my way of giving something back to the staff at Holy Cross. A nurse wearing one of my bracelets can look at it and know, 'Someone made this for me.'"

— Art Garroway, who donated 155 handmade bracelets to Holy Cross Hospital in memory of his wife

HEALING HANDS SOCIETY

($1,000 – $9,999)

2Kids2Bucks2Care
7 River Systems
Arnold Able
Dexter J. Acdal-Sanchez
Meryl Adler-Waak
Americans Help Fight COVID-19
Dinesh S. Amin
The Angels Garden, LLC
Anonymous
Victor Anyaso
Linda M. Arnold
Valerie Asher, MD
Marjorie R. Aug
Philip J. Avner
Cheryl A. Aylesworth, MD and David Popp
John Baltosiewich
Grant and Jan Barber
Geoffrey and Jocelyn Barker
Robert J. Baumgartner, MD
Nathan and Jackie Beach
Elizabeth Begley, RN and Timothy Begley
James D. Bentley, PhD
Harvey J. Berger
Benjamin and Natasha Berman
David A. Bianchi, MD and Glenette Bianchi
Karen Billingslea and Winford Hooker
Robert G. Brewer
Scot P. Brown
Katherine A. Butler, RN
Joseph T. Butz
Capital Women's Care - Division 55 (Drs. Ashkin, Footer, Masiky and Poshni)
Renwu Chen, MD
Children's Health and Education Charitable Foundation
Mei F. Chin
Chinese Club of Leisure World MD
Eleanor N. Chiogioji
Marlene and Salvatore Cianci
Anton and Debra Cohen
John and Sheila Compton
Ricardo Cook, MD and Lisa Nguyen, MD
Copper By Art
Daniel and Barbara Cox
James A. Cutlip
Mitchell E. Davis, MD
Timothy and Marcia Denny
Harry Dornbrand
Jim and Colleen Duerr
EJM Dental Studio, Elsie Joel-Morse, DDS
Kimberly A. Elliott, RN
Richard and Jane Esper
The Honorable Gail H. Ewing
FA Sunday Morning Support Group
FA Thursday Night Support Group
Fannie Mae Foundation
Shawn Ferry
First Savings Mortgage
Christopher and Leslie Flynn
Folger Nolan Fleming Douglas
Food Addicts In Recovery Anonymous
Steven Fowler
William C. Frederick, RN
Friedman Family Fund
Samir Garcia and Deniz Tolu
T P Gaske
Georgetown Preparatory School
Global Alliant Inc.
Kristin E. Goen
Scott and Nellie Goen
Ira and Robin Gold
Goldman Sachs Group, Inc.
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Gregory G. Greer
Nancy J. Groves
Harbor Freight Tools Store 177
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Martin J. Kaplitt, MD and Jane Kaplitt
James and Maureen Kearney
John F. Keiser, Jr. and Zorina W. Keiser
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Manish and Preeti Kochar
Joseph Koss
John and Barbara Krouse
Paula Lautzenheiser
Ung Le
John and Linda Lehner
Jonathan D. Loo
Xiaodong Luo
Maker Nexus
Rami Makhoul, MD and Peggy Makhoul
Paul and Ruth Manchester
Maryland ENT Associates
Masks for the Vulnerable
Gregory Mathews, MD and Lisa Mathews
Timothy K. Maugel
David and Lois McGinnis
Sarah B. McKechnie
Holley Meers, MD
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Lillian Metzger
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Cuong B. Nguyen
Kwame and Maya Nimo
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Marc and Lesley Potash
Progress in N.A.
Carol A. Randolph
Jacqueline S. Raskin-Burns
Red Maple Asian Restaurant
Benjamin and Trillium Rose
Lawrence N. Rosenblum
Ed and Eve Rothenberg
Thomas and Cathy Russo
SAI
Claudia R. Schreiber
David and Linda Schultz
Marcus and Carmen Shipley
Nikki Silverman
Tajinder K. Singh, RN
Richard and Margaret Smallwood
Spring Garden Restaurant
Stein Mitchell Beato & Missner LLP
Bryan Steinberg, MD and Ilene Steinberg
Ron and Connie Stimpert
Strategic Staffing Solutions
Sunday Morning FA AWOL Meeting
James and Denise Swink
Helen Grace V. Tagunicar, RN
Myron E. Taylor
Huyanh T. Ton, MD
Tuesday Night FA AWOL Meeting
Barbara Turner
UBS Financial Services, Inc.
Universal Health Network LLC
Shirley A. Van Milder, MD
Isabelle Von Kohorn, MD and Josh Rising, MD
Meredith and Henry Von Kohorn
Frances S. Walter
Walter and Sarah Diener Foundation, Inc.
Matthew and Carrie Ward
Washington DC Area Intergroup of Overeaters
Jean E. Weiss
Josh and Kate Wellner
Wendy L. Whittemore
Bernhard L. Wiedermann
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Henry S. Willner, MD
Lloyd and Brenda Wright
James Xu, MD
Alexander and Laura Zukiwski

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QUALITY HEALTH CARE

CLOSE TO HOME & IN THE HOME

Holy Cross Health is at work here...

1. Holy Cross Hospital, Silver Spring
2. Holy Cross Germantown Hospital
3. Holy Cross Health Center in Aspen Hill
4. Holy Cross Health Center in Gaithersburg
5. Holy Cross Health Center in Germantown
6. Holy Cross Health Center in Silver Spring
7. Holy Cross Health Partners at Asbury Methodist Village, Gaithersburg
8. Holy Cross Health Partners in Kensington
9. Holy Cross Resource Center, Silver Spring
10. Holy Cross Senior Wellness Center, Silver Spring *(coming in 2022)*
11. Holy Cross Dialysis Center at Woodmore, Mitchellville
12. Holy Cross Home Care and Hospice (Trinity Health At Home), Silver Spring
13. Holy Cross Radiation Treatment Center, Silver Spring

Community Health Programs *(currently virtual)*

... and through Holy Cross Health virtual care, on your phone or device

HOLY CROSS HEALTH
A Member of Trinity Health

Holy Cross Health
1500 Forest Glen Road
Silver Spring, MD 20910
301-754-7000

HolyCrossHealth.org

Holy Cross Health: Patient Financial Assistance

Owner/Dept: Julie Keese, VP Revenue Mgmt/ Office of Chief Financial Officer	**Date approved: 09/29/2020**
Approved by: Anne Gillis (RHM Chief Financial Officer), Annice Cody (President Holy Cross Health Network), Doug Ryder (RHM President), Louis Damiano (RHM President)	**Next Review Date: 09/29/2022**
Affected Departments: Collections, Emergency Registration, Financial Counseling, HCH Ob-Gyn Clinic, HCHC Aspen Hill, HCHC Gaithersburg, HCHC Germantown, HCHC Silver Spring, Insurance Billing, Legal Services, Office of the CFO, Patient Access Services, Patient Accounting, Patient Registration, Pre-Arrival Services	

Purpose

Holy Cross Health's mission includes ensuring the availability of medically necessary care to patients in the communities it serves who are in need regardless of their ability to pay. Since all care has associated cost, any "free" or "discounted" service provided through this program results in that cost being passed on to other patients and their payers. Holy Cross Health therefore has a dual responsibility to cover those in need while ensuring it can pursue its mission and that the cost of care is not unfairly transferred to individuals, third party payers and the community in general.

It is the purpose of this policy to:

- Ensure a consistent, efficient and equitable process to provide, consistent with all applicable law, free or reduced-cost medically necessary services to patients who reside in the state of Maryland or who present with an urgent, emergent or life-threatening condition and do not have the ability to pay.
- Ensure regulatory agencies and the community at large that Holy Cross Health documents the financial assistance provided to these patients so that their eligibility for the assistance is appropriately demonstrated.
- Protect a stated level of each patient's assets when determining their eligibility for financial assistance.
- Provide care, without discrimination, for emergency medical conditions to individuals regardless of their eligibility for financial assistance.

Applies to:

Services, locations and facilities listed in the Covered Services section.

Policy Overview

The Holy Cross Health patient financial assistance policy applies in those cases where patients do not have sufficient income or assets to pay for their care and fulfill their obligation to cooperate with and avail themselves of all programs for medical coverage (including Medicare, Medicaid, commercial insurances, workers' compensation, and other state and local programs). The financial assistance policy is comprised of the following programs, each of which may have its own application and/or documentation requirements. If a patient meets the eligibility requirements of more than one of the programs listed below, Holy Cross Health will apply the reduction in charges that is most favorable to the patient.

- **Scheduled Financial Assistance Program:** Holy Cross makes available financial assistance, consistent with this policy and applicable law, to eligible patients who have a current or anticipated need for inpatient or outpatient medical care. This assistance requires completion of an application and provision of supporting documentation. Once approved, such financial assistance remains in effect for a period of six months after the determination unless the patient's financial circumstances change or they become eligible for coverage through insurance or available public programs during this time.

- **Presumptive Financial Assistance Program:** Holy Cross makes available presumptive financial assistance to eligible patients as follows:

    - Patients, unless otherwise eligible for the Maryland Medical Assistance Program (Medicaid) or Maryland Children's Health Program (CHIP), who are beneficiaries of the social services programs listed below are eligible for free medically necessary care, provided that the patient submits proof of enrollment within 30 days unless a 30-day extension is requested. Assistance will remain in effect as long as the patient is an active beneficiary of one of the programs below:
        - Households with children in the free or reduced-cost meal program;
        - Supplemental Nutritional Assistance Program (SNAP);
        - Maryland Energy Assistance Program;
        - Special Supplemental Food Program for Women, Infants and Children (WIC);
        - Any other social service program as determined by the Maryland Department of Health (DOH) and the Health Services Cost Review Commission (HSCRC).

    - Patients who are beneficiaries of the Montgomery County programs listed below are eligible for 60% financial assistance, provided that the patient submits proof of enrollment within 30 days unless a 30-day extension is requested. Assistance will remain in effect as long as the patient is an active beneficiary of one of the programs below:
        - Montgomery Cares;

- Project Access;
- Care for Kids

Note: Patients in these County programs may also be eligible and evaluated for 100% financial assistance based upon completion of a Uniform Financial Assistance Application and provision of supporting documentation.

- Deceased patients with no known estate, patients who are homeless, unemployed, had their debts discharged by bankruptcy and members of religious organizations who have taken a vow of poverty and have no resources individually or through the religious order.

- Uninsured patients receiving services at Holy Cross Health Centers and/or the Obstetrics/Gynecology Clinics. In some cases, both the eligibility and documentation requirements will reflect the processes and policies of County or other public programs for financial assistance. This assistance is based on the same financial assistance eligibility schedule, but normally requires a less extensive documentation process. In accordance with County policy, patients are expected to make the minimum required co-payments and/or contractual payments regardless of the level of charity care for which the patient would otherwise be eligible.

- Patients qualifying for public assistance programs who receive non-covered medically necessary services.

Holy Cross Health recognizes that not all patients are able to provide complete financial and/or social information and Holy Cross Health may elect to approve financial support based on available information, including third-party, predictive modeling software, prior to referring an outstanding balance to an external collection agency to ensure those patients who cannot afford to pay for care are appropriately identified regardless of documentation provided.

- **Medical Financial Hardship Program:** Holy Cross Health also makes available financial assistance to “medically indigent” patients who demonstrate a financial hardship as a result of medical debt. "Financial hardship" means medical debt, incurred by a family over a 12-month period, that exceeds 25% of family income. "Medical debt" means out-of-pocket expenses, excluding co-payments, coinsurance, and deductibles, for medical costs billed by a hospital. This program requires a more extensive documentation process. Reduced-cost financial assistance will remain in effect during the 12-month period after the date the reduced-cost medically necessary care was initially received and will apply to the patient or any

immediate family member of the patient living in the same household when seeking subsequent care at a Holy Cross Health facility.

- **Timeframes:** Within two business days of the receipt of a patient request for financial assistance, a preliminary eligibility determination will be made. When a patient submits a completed application for financial assistance, Holy Cross Health will determine the patient's eligibility under this policy within 14 days and will suspend any billing or collections actions while eligibility is being determined. Final determination is subject to validation of the information on the Uniform Financial Assistance Application. Holy Cross Health will require from patients or their guardians only those documents required to validate information provided on the application.

The documentation requirements and processes used for each financial assistance program are listed in this policy and the Uniform Financial Assistance Application and accompanying instructions.

Amount Generally Billed (AGB)

An individual who is eligible for assistance under this policy for emergency or other medically necessary care will never be charged more than the amounts generally billed (AGB) to an individual who has insurance coverage for such care. We determine the AGB using the Medicare prospective method as permitted under Federal Internal Revenue Code (IRC) section 501(r) regulations and this provides the reduction in charges that is most favorable to the patient eligible for assistance under this policy.

The charges to which a discount will apply are set by the State of Maryland's Health Services Cost Review Commission (HSCRC) and are the same for all payers (i.e. commercial insurers, Medicare, Medicaid or self-pay). Holy Cross's AGB is 92.3% of charges which represents the amount Medicare would allow for the care. This includes both the amount Medicare would pay and the amount, if any, the individual is personally responsible for paying in the form of co-payments, coinsurance and deductibles.

Covered Services

The financial assistance policy applies only to charges for medically necessary patient services that are rendered at facilities operated solely by Holy Cross Health. These facilities include Holy Cross Hospital, Holy Cross Germantown Hospital, Holy Cross Health Centers, Holy Cross Health Partners and Holy Cross Dialysis Center at Woodmore. It does not apply to services that are operated by a "joint venture," "affiliate," or other non-controlled entity in which Holy Cross Health participates. Hospital-based contracted physicians (Emergency Medicine, Anesthesia, Pathology, Radiology, Hospitalists, Intensivists, Surgicalists, and Neonatologists) also honor scheduled financial assistance determinations made by Holy Cross Health.

Provision of services specifically for the uninsured: To ensure appropriate stewardship of its resources, in the event Holy Cross Health provides a more cost-effective setting for medically needed services (such as its Obstetrics/Gynecology Clinics or the Health Centers), which may include cooperation with community groups or contracted physicians, specific financial assistance and payment terms apply that may differ from the general Holy Cross Health financial assistance program. In these heavily discounted programs, patients are expected to make the minimum co-payments that are required regardless of the level of charity care for which the patient would otherwise be eligible. Those minimum obligations are not then eligible to be further reduced via the scheduled financial assistance policy.

Services Not Covered

Services not covered by this financial assistance policy are:

- Private physician services (except for the contracted providers described above) or charges from facilities in which Holy Cross Health has less than full ownership.
- Cosmetic, convenience, and/or other medical services which are not medically necessary. Medical necessity will be determined by Holy Cross Health consistent with all applicable regulatory requirements after consultation with the patient's physician and must be determined prior to the provision of any non-emergent service.
- Services for patients who decline to cooperate reasonably with the documentation requirements of this policy, or to obtain coverage for their services from County, State, Federal, or other assistance programs for which they are eligible.

Note: A comprehensive list of providers who participate and do not participate in the Holy Cross Health financial assistance program can be found on Holy Cross Health's external website and is made available upon request.

Patient Eligibility Requirements

Holy Cross Health provides various levels of financial assistance to Maryland residents and patients who present with an urgent, emergent or life-threatening condition whose income is less than 400% of the federal poverty level and whose cumulative household monetary assets that are convertible to cash do not exceed $10,000 as an individual or $25,000 within a family. Holy Cross Health will also provide assistance to patients with family income up to 500% of the federal poverty level that demonstrate a financial hardship as a result of incurring hospital medical debt that exceeds 25% of family income over a 12-month period. Monetary assets that are convertible to cash that will be excluded from consideration in all instances in calculating eligibility are:

- At a minimum, the first $10,000 of monetary assets;
- A safe harbor equity of $150,000 in a primary residence;
- Retirement assets that the Internal Revenue Service has granted preferential tax treatment as a retirement account, including deferred-compensation plans qualified under the Internal Revenue Code or nonqualified deferred-compensation plans;
- One motor vehicle used for the transportation needs of the patient or any family member of the patient;
- Any resources excluded in determining financial eligibility under the Medical Assistance Program under the Social Security Act; and
- Prepaid higher education funds in a Maryland 529 Program account or other government administered college savings plan.

Monetary assets excluded from the determination of eligibility for free and reduced-cost care under this policy shall be adjusted annually for inflation in accordance with the Consumer Price Index.

In determining the family income of a patient (and otherwise for purposes of this policy as applied to a family), Holy Cross Health will include in the household size, at a minimum: the patient and patient's spouse, regardless of tax filing status; biological children, adopted children, and/or stepchildren; and anyone for whom the patient claims a personal exemption in a federal or state tax return. If the patient is a child, the family/household size will include: the biological parents, adopted parents, stepparents or guardians; biological siblings, adopted siblings or stepsiblings; and anyone for whom the patient's parents or guardians claim a personal exemption in a federal or state tax return.

Holy Cross Health does not use a patient's citizenship or immigration status as an eligibility requirement for financial assistance or withhold financial assistance or deny a patient's application for financial assistance on the basis of race, color, religion, ancestry or national origin, sex, age, marital status, sexual orientation, gender identity, genetic information, or on the basis of disability.

Any patient or the patient's authorized representative may make a request to reconsider the level of reduced-cost care approved or denial of free or reduced-cost care by Holy Cross Health for the patient. In such cases, requests are to be made to the financial counseling manager who will consider the total financial circumstances of the patient including outstanding balances owed to Holy Cross Health, debt and medical requirements, as well as the patient's income and assets. The financial counseling manager will assemble the patient's request and documentation and present it to the financial assistance exception committee (comprised of the Chief Mission Officer, Chief Financial Officer, Chief Clinical Officer and Vice President, Revenue Management) for consideration. The financial counseling manager will also notify the patient or the patient's authorized representative of the availability of the Maryland Health Education and Advocacy Unit (HEAU) to assist in filing and mediating a reconsideration request and will provide the patient or the patient's authorized representative all contact information for the HEAU including the address, phone number, facsimile number, e-mail address, mailing address, and the website.

If an application is received within 240 days of the first post-discharge billing statement, and the account is with a collection agency, the agency will be notified to suspend all Extraordinary Collection Actions (ECA) until the application and all appeal rights have been processed.

In any case where the patient's statements to obtain financial assistance are determined to be materially false, all financial assistance that was based on the false statements or documents will be rescinded, and any balances due will be processed through the normal collection processes.

The scheduled financial assistance program provides free medically necessary care to those most in need – patients who have income equal to or less than 200% of the federal poverty level. It also provides for a 60% reduction in charges for those whose income is between 201% and 300% of the poverty level, and 30% assistance from 301% to 400% of the federal poverty level. For those patients who demonstrate a medical financial hardship, a minimum of 30% assistance is available from 401% to 500% of the federal poverty level. Patient co-pay, deductible and coinsurance amounts are also eligible for financial assistance based on the sliding scale above provided that there is no conflict with contractual arrangements with the patient's insurer or enrollment in a Montgomery County program.

Holy Cross Health's schedule of financial assistance will change according to the annual update of federal poverty levels published in the HHS Federal Register.

Continuing financial obligation of the patient: Patients who receive partial financial assistance have been determined to be capable of making some payment for their care. Unless a specific patient financial assistance exception request is made and approved, or Holy Cross Health management formally adopts a procedure that exempts collection processes for particular services, patients are expected to pay the amount of the reduced balance. In cases other than the above, any patient who fails to pay their reduced share of the account in question will have that account processed through our normal collection procedures, including the use of outside agencies and credit reporting. However, Holy Cross Health will not pursue a judgment against anyone who has legitimately qualified for any scheduled level of Holy Cross Health financial assistance. Payment plans are also made available to uninsured patients with family income between 200% and 500% of the federal poverty level that request assistance.

Notice of Financial Assistance

Holy Cross Health provides notice of this policy to the patient, the patient's family, or the patient's authorized representative in multiple ways, as described below, and in all instances, consistent with applicable law, before discharging the patient and in each communication to the patient regarding the hospital bill. The information will be made available via the following methodologies:

1) A simplified language summary of Holy Cross Health's financial assistance policy, financial assistance applications, and the Hospital Information Sheet is prominently displayed in all registration and cashier areas, the facilities' main lobby, cafeteria and the emergency center, and the health center campuses in English, Spanish and in the predominant languages represented by our patient population as required by then-applicable regulations. All documents can also be accessed, viewed, downloaded and printed from Holy Cross Health's external website.

2) Notice of financial assistance availability is indicated on the Patient Consent to Conditions of Treatment form and on all Holy Cross Health billing statements along with a reference to the external website and phone number where inquiries can be made.
3) The Hospital Information Sheet is provided to the patient, the patient's family, or the patient's authorized representative before discharge, with the hospital bill, on request and in each written communication to the patient regarding collection of the hospital bill.
4) All self-pay patients are advised of the existence of the financial assistance program during the pre-registration and registration process.
5) Information regarding eligibility and applications for financial assistance will be mailed to any patient who requests it at any time – including after referral to collection agencies.
6) A notice will be published each year in a newspaper of wide circulation in the primary service areas of Holy Cross Health.

The actions that Holy Cross Health may take in the event of nonpayment are described in a separate policy entitled "Billing and Collection of Patient Payment Obligations". A copy of the policy is available through our financial counseling department upon request.

Related Documents

- Billing and Collection of Patient Payment Obligations Policy
- Holy Cross Health Financial Assistance Program – Participating Providers
- Holy Cross Health Financial Assistance Program – Non-Participating Providers

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References

- Trinity Health. Trinity Health Finance Policy No. 1, "Financial Assistance to Patients", September 27, 2017.
- Federal Poverty Guidelines, HHS Federal Register
- Code of Maryland Regulations (COMAR) 10.37.10.26A and 10.24.10.04
- Patient Protection and Affordable Care Act: Statutory Section 501(r)
- Maryland Code Annotated, Health-General Article § 19-214.1

Questions and More Information

Contact the financial counseling department at 301-754-7195 or the financial counseling manager at extension 301-754-7193 with questions and for more information.

Policy Modifications

The Holy Cross Health Board of Directors must approve modifications to this policy. In addition, this policy will be presented to the Board for review and approval every two years.

Approval This policy was reviewed and approved by the Holy Cross Health Executive Team and on behalf of the full Holy Cross Health Board of Directors by the Executive and Governance Committee of the Board on September 29, 2020.

HOLY CROSS HEALTH
A Member of Trinity Health

PATIENT INFORMATION SHEET

Financial Assistance Program

Holy Cross Health's patient financial assistance policy applies in those cases where patients do not have enough income or assets to pay for their care and do not qualify for programs that provide medical coverage such as Medicare, Medicaid, commercial insurances, workers' compensation, and other state and local programs. Co-pay, deductible and coinsurance amounts for insured patients may also be eligible for financial assistance. For qualifying patients, our program covers a percentage of all medically necessary services charged and billed by the hospital and our hospital-based physicians, such as emergency physicians, radiologists, pathologists, hospitalists, anesthesiologists and neonatologists.

Eligibility for our financial assistance program is determined on an individual basis, evaluating both income and assets. Patients whose income is less than 400% of the federal poverty level and whose net assets do not exceed $10,000 as an individual or $25,000 as a family may qualify. Patients with family income up to 500% of the federal poverty level that demonstrate a financial hardship as a result of medical debt may also qualify. Once granted, financial assistance remains in effect for a period of 6 months and applies to all medically necessary services not covered by other programs unless the patient becomes eligible for coverage under public programs during this time.

In order to evaluate eligibility, documentation must be provided to verify income and assets. For a listing of required documents and further details on how to apply for financial assistance, please contact our financial counseling office at Holy Cross Hospital (301-754-7195) or Holy Cross Germantown Hospital (301-557-6195). The application can also be accessed through our website at www.holycrosshealth.org on our "For Patients" page.

Patient's Rights and Obligations

Maryland law requires that each hospital notify patients of their right to receive assistance in paying their hospital bill. Maryland law also requires that each hospital notify patients of their obligation to pay the hospital bill and provide complete and accurate information to the hospital in the timeframes specified.

Patients' have the **Right** to:

- Request and receive a written estimate of total charges for hospital non-emergency services, procedures, and supplies that are reasonably expected to be provided and billed for by the hospital.
- Apply for financial assistance and if criteria are met, receive assistance from the hospital in paying their bill.
- Contact the hospital to request an explanation of their hospital bill and an itemization of services received.
- Contact the hospital for assistance if they feel they have been wrongly referred to a collection agency.

Patients are **Obligated** to:

- Pay the hospital bill in a timely manner.
- Contact the hospital immediately if the patient cannot afford to pay the bill in full and seek assistance in resolving their outstanding balance.
- Provide accurate and complete information to the hospital regarding insurance coverage prior to or at the time of service and upon request.

- Contact the hospital promptly to provide updated/corrected information if their financial position changes.

Holy Cross Health Contact Information

If you have questions about your bill, would like to request an itemized statement or to pay or establish payment arrangements for your bill, please contact a customer service representative at 301-754-7680, Monday through Friday, between 9:00 a.m. to 4:00 p.m. For your convenience, you may also make an online payment using a major credit card by visiting our website at www.holycrosshealth.org.

Applying for the Maryland Medical Assistance Program

For assistance in determining whether you qualify for Medicaid or other available programs, please contact one of the numbers below or visit the Maryland Department of Health and Mental Hygiene at www.dhmh.state.md.us/gethealthcare for more information. On-site representatives (DECO) are also available by calling 301-754-7628.

Medicaid eligibility is based on medical condition, economic situation, citizenship, age and family size.

Silver Spring	Rockville	Germantown	Prince Georges Co.
Local Office 8818 Georgia Ave., 1st Fl. Silver Spring, MD 20910 Phone: 240-777-3100 Fax: 240-777-3070 **Service Eligibility Unit** 8630 Fenton Street, 10th Fl. Silver Spring, MD 20910 Phone: 240-777-3066 Fax: 240-777-1307	**Local Office** 1301 Piccard Dr., 2nd Fl. Rockville, MD 20852 **Phone**: 240-777-4600 Fax: 240-777-4100 **Service Eligibility Unit** 1335 Piccard Dr., 1st Fl. Rockville, MD 20852 Phone: 240-777-3120 Fax: 240-777-1013	**Local Office** 12900 Middlebrook Rd., 2nd Fl. Germantown, MD 20874 Phone: 240-777-3420 Fax: 240-777-3477 **Service Eligibility Unit** 12900 Middlebrook Rd., 2nd Germantown, MD 20874 Phone: 240-777-3591 Fax: 240-777-3563	**Local Office** 6505 Belcrest Rd. Hyattsville, MD 20782 Phone: 301-209-5000

Physician Services

Holy Cross Hospital and Holy Cross Germantown Hospital do not employ the physicians who practice at the hospital. Physician services you receive will be billed to you separately.

Outpatient Facility Fee

Holy Cross Hospital and Holy Cross Germantown Hospital are permitted to and may charge patient's a facility fee for the use of facilities, clinics, supplies, equipment, and non-physician services provided in certain outpatient areas within the hospital.

The HealthFirst Program

- Low Monthly Payments
- No Pre-Payment Penalties
- No Credit Check
- 0% Annual Percentage Rate (APR)
- Late Fee: $0.00
- Extension Fee: $0.00

Pay for the Care You Need

Don't let medical expenses like deductibles and out-of-pocket balances stop you from getting the medical treatment you need but can't afford.

With a HealthFirst payment plan, you can make monthly payments within your budget over a longer period of time.

To learn more about your financing options, please contact:

Holy Cross Health
(301) 754-7680

Holy Cross Hospital
1500 Forest Glen Road
Silver Spring, MD 20910

Holy Cross Germantown Hospital
19801 Observation Drive
Germantown, MD 20876

Or go online to www.healthfirstfinancial.com and click "Get Started."

What does HealthFirst Financial, LLC do?

HealthFirst Financial, LLC (HealthFirst) offers a long term payment solution to patients who need a simple and convenient way to pay their medical expenses.

HealthFirst partners with healthcare professionals nationwide.

You may also contact a HealthFirst representative directly at:

(888) 394-3133
www.healthfirstfinancial.com

HealthFirst Financial, LLC is licensed thorugh the National Mortgage Licensing System (License # 938410) and with the California Department of Business Oversight (CFL # 603K662).

HealthFirst Financial

A Plan For Every Patient

Monthly Payments You Can Afford

HOLY CROSS HEALTH

Affordable monthly payments in minutes

Holy Cross Health
(301) 754-7680

Holy Cross Hospital
1500 Forest Glen Road
Silver Spring, MD 20910

Holy Cross Germantown Hospital
19801 Observation Drive
Germantown, MD 20876

How do I qualify?

Your healthcare provider must accept HealthFirst as a form of payment.

There is no credit check to qualify for HealthFirst. HealthFirst requires that you can afford minimum payments and that you verbally agree to the Account Opening Terms and Conditions.

What will my monthly payment be?

A minimum monthly payment of $25 is required on most balances. Depending on the size of your account, the minimum payment may be more. See the sample monthly payment amounts on the table to the right.

Can I combine multiple bills?

Yes. Your household can combine multiple charges from a single provider into one HealthFirst account so you only have one monthly payment.

Call to find out more about HealthFirst and whether you qualify.

Please have the following information before you begin:

- Full name: first, middle, last
- Date of birth
- The phone number HealthFirst may use to contact you
- Address
- Amount requested for your potential loan
- Your preferred date to pay your loan each month

What will my monthly payment be?

Below is an example of what your monthly payment could be with HealthFirst*:

Amount Financed	12 Months 0% APR	24 Months 0% APR	36 Months 0% APR	48 Months 0% APR	60 Months 0% APR
$100	$25.00	$25.00	$25.00	$25.00	$25.00
$500	$41.67	$25.00	$25.00	$25.00	$25.00
$1,000	$83.33	$41.67	$27.77	$25.00	$25.00
$1,500	$125.00	$62.50	$41.67	$31.25	$25.00
$2,000	$166.67	$83.33	$55.56	$41.67	$33.33
$3,000	$250.00	$125.00	$83.33	$62.50	$50.00
$4,000	$333.33	$166.67	$111.11	$83.33	$66.67
$5,000	$416.67	$208.33	$138.89	$104.17	$83.33

*This table is an example and may not reflect your specific situation. A $25 minimum monthly payment is required.

APR is equal to or less than 0% Late Fees: $0.00 Extension Fees: $0.00 No Balloon Payments