COMMUNITY BENEFIT NARRATIVE REPORT

FISCAL YEAR 2010

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

Submitted December 9, 2010

BACKGROUND

The Health Services Cost Review Commission's (HSCRC or Commission) 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's response to the legislation was to establish a reporting system for hospitals to report their community benefits activities. The guidelines and inventory spreadsheet rely in large part on the VHA, CHA, and Lyon software community benefits reporting experience, which was then tailored to fit Maryland's unique regulated environment. The narrative requirement is intended to strengthen and supplement the qualitative and quantitative information that hospitals have reported in the past. The narrative is focused on (1) how hospitals determined the needs of the communities they serve, (2) initiatives undertaken to address those needs, and (3) evaluations undertaken regarding the effectiveness of the initiatives.

Narrative Report:

1. What is the licensed bed designation and number of inpatient admissions for this fiscal year at your facility?

   During fiscal year 2010 there were 450 licensed beds and 32,953 inpatient admissions.

2. Describe the community your organization serves. The narrative should address the following topics: (The items below are based on ***IRS Schedule H, Part VI, Question 4***).

- Describe the geographic community or communities the organization serves;

  Holy Cross Hospital primarily serves the residents of two racially and ethnically diverse Maryland counties, Montgomery County and Prince George's County, for a combined total population of approximately 1.8 million (U.S. Census Bureau, 2008 projections).
  While we draw patients from both Montgomery (58 percent) and Prince George's Counties (25 percent), we draw 83 percent of our discharges from a defined market area with four sub-areas. Our core market is defined as 12 contiguous ZIP Codes in Montgomery County from which we draw 42 percent of our discharges. An adjacent geographic area in Northern Prince George's Counties adds another 14 percent of our discharges. Together, these comprise our primary service area for 56 percent of our discharges. Our secondary service area is made up of two other areas in northern and western Montgomery County (referral area) and southern Prince George's county (referral area). We draw the remaining 17 percent of our discharges from outside this four-market area.

Sources: Patient Care Analyst data, Microsoft Mappoint for the map

HCH Patient Origin

- **Core (42%)**
- **Northern Prince George's (14%)**
- **Prince George's Referral (11%)**
- **Montgomery Referral (16%)**

In addition to identifying our community in geographic terms, Holy Cross identifies specific population groups (e.g., seniors, pregnant women without health insurance, uninsured adults, uninsured women who need mammograms, racial, ethnic and linguistic minorities).

- Describe significant demographic characteristics that are relevant to the needs that the hospital seeks to meet (e.g., population, average income, percentages of community households with incomes below the federal poverty guidelines, percentage of the hospital's patients who are uninsured or Medicaid recipients, [concentrations of vulnerable populations] and life expectancy or mortality rates);

Race	Four Market Area (1.5 Million)	Core Market (331,102)
White-Non-Hispanic	570,000 (38%)	129,130 (39%)
Black Non-Hispanic	510,000 (34%)	82,776 (25%)
Asian	150,000 (10%)	39,732 (12%)
Hispanic or Latino (any race)	225,000 (15%)	66,220 (20%)
All Others	45,000 (3%)	13,244 (4%)

Holy Cross Hospital serves a large portion of Montgomery and Prince George's Counties residents. An estimated 1.5 million people make up our four market area, of which 62% are minorities. Our 12 ZIP code core market includes 331,102 people, of which 61% are minorities. Due to the large number of federal agencies and contractors, the area generally enjoys low unemployment. However, relatively greater rates of unemployment are experienced among the African American and Latino American populations. Demographic analysis reveals that areas close to Holy Cross Hospital have a large number of persons who are poor, of childbearing age, elderly, racially and ethnically diverse, and have limited English proficiency.

Montgomery County, Maryland's most populous jurisdiction, has a median household income of $93,999 compared to the statewide median household income of $70,005. The county's income level is positively correlated to its level of education; more than half of the county's residents (56.4%) hold a bachelor's degree or higher compared to 35.1% statewide (U.S. Census Bureau, 2006-2008 American Community Survey). Although it is one of the state's most affluent counties in terms of income and education, more than 124,000 individuals are uninsured (SAHIE, 2007).

The community we serve is one of the most culturally and ethnically diverse in the nation, having experienced a demographic shift and a pace of change that comes with being a "gateway suburb." During the last two decades, the county's foreign-born population increased from 12 percent in 1980 to more than 30 percent (Pierce, 2009). Immigrants from all over the world bring a great vitality to our community; at the same time, they challenge the hospital and other local community service providers to understand and meet their varied needs.

Fluency in English is very important when navigating the health care system as well as finding employment. In Montgomery County, the highest rates of linguistic isolation are among Latino Americans and Asian Americans. Forty-six percent of those who are foreign-born speak English less than "very well" (Maryland Department of Planning, Planning Data Services, 2007).

Prince George's County also experienced a large influx of foreign-born residents during the last two decades. The county's foreign-born population as a percent of total population gain from 2000-2007 was the highest in the state at 199.9 percent compared to a state average of 70.7 percent. More than 18 percent of the county's residents are foreign-born, of which 42 percent speak English less than "very well" (Maryland Department of Planning, Planning Data Services, 2009).

Prince George's County, like Montgomery County, is one of the states most populous jurisdictions with a population of more than 825,000 residents and a median household income of $71,242, slightly higher than the state average. Less than one third (30.1 percent) of the county's residents hold a bachelor's degree (U.S. Census Bureau, 2006-2008 American Community Survey) and over 149,000 individuals are uninsured (SAHIE, 2007).

The highest population density between both counties is concentrated near our hospital in Silver Spring, especially on the southern border between Montgomery and Prince George's Counties and in Gaithersburg. Areas to the immediate south and east of Holy Cross Hospital have the lowest median income in the area, and Silver Spring and Gaithersburg are next. Areas in Silver Spring and Gaithersburg have the highest percentages of residents who speak English less than very well.

For many health conditions and negative health behaviors, minorities, especially non-Hispanic blacks, bear a disproportionate burden of disease, injury, death, and disability when compared to their white counterparts (CDC, 2005) and are more likely to be without health insurance than non-Hispanic whites. Minorities also make up a disproportionate number of persons unable to afford health care when needed (Maryland Department of Health and Mental Hygiene, Office of Minority Health and Health Disparities, 2006).

Along with its growth, Montgomery County is also rapidly aging. We face similar dramatic demographic change with the coming unprecedented aging of our county. The population age 65 and older will grow 4.1 percent per year over the next 10 years, eight times faster than the population under age 65 (.5 percent). As a result, the percent of the population age 65 and older will increase from 13 percent to 18 percent (Maryland Department of Planning, Planning Data Services, 2009).

As the senior population increases in Montgomery and Prince George's Counties, the need for senior health services also increases. It is estimated that by the year 2030 the 60+ population in Montgomery and Prince George's Counties will increase by 142% (316,495) and 162% (236,973), respectively (Maryland Department of Planning Population Projections, 2008). Currently, the two counties also have the second and third highest percentage of senior minorities in the state with 24.4 percent residing in Prince George's County and 15.7 percent in Montgomery County.

3. Identification of Community Needs:

   a. Describe the process(s) your hospital used for identifying the health needs in your community, including when it was most recently done (*based on* ***IRS Schedule H, Part IV, Question 2).***

      The following are <u>examples</u> of how community health needs <u>might have been</u> identified:

      - Used formal needs assessment developed by the state or local health department. If so, indicate the most recent year;
      - Formal needs assessment was done by the hospital. If so, indicate the most recent year and the methods used;
      - Did formal collaborative needs assessment involving the hospital. If so, indicate the most recent year, the collaborating organizations, and methods used;
      - Analyzed utilization patterns in the hospital to identify unmet needs;
      - Surveyed community residents, and if so, indicate the date of the survey;
      - Used data or statistics compiled by county, state, or federal government;
      - Consulted with leaders, community members, nonprofit organizations, local health officers, or local health care providers (indicate who was consulted, when, and how many meetings occurred, etc.);

To identify unmet community health needs, the hospital draws on the knowledge and experience of local public health officials and community public health professionals in an external review process, participates in the local health department's planning process and county's needs assessment, and uses data analysis and population demographics to develop programs and initiatives that promote access and improve the health status of the community.

External review. Since 2005, and every year since, Holy Cross Hospital has invited input and obtained advice from a group of 5-10 external participants, including the public health officer and the department director of Montgomery County Department of Health and Human Services, and a variety of individuals from Montgomery and Prince George's Counties, other local and state governmental agencies, community-based organizations, foundations, churches, colleges, coalitions, and associations. These participants are

experts in a range of areas including public health, minority populations and disparities in health care, social determinants of health, health and social services.

This external group reviews our community benefit plan, annual work plan, foundation/key background material, and data supplements to advise us on priority needs and the direction to take for the next year. In addition, during 2010 we asked the group to help us think through our longer-term strategies through 2014 as part of our overall strategic planning process and we shared our fiscal 2007-2010 strategic plan as context. The group's input helps to ensure that we have identified and responded to the most pressing community health care needs.

Participation. We participate in our local health department's periodic planning processes, including strategic planning (the County's current strategic plan is 2006-2011) and *Healthy Montgomery: Community Health Improvement Process* (CHIP). The hospital (along with all other hospitals in the County) is a participant and financial supporter of CHIP *Healthy Montgomery*. We have assigned a senior executive to participate on the steering committee of that effort. *Healthy Montgomery* will implement an ongoing process to gather information and inventory current needs assessments and resources, conduct a comprehensive county-wide needs assessment, collect local data, set priorities, and evaluate, develop and implement improvement plans and monitor the achievement of improvements in community health. We expect the needs assessment phase to occur in 2011.

We also identify unmet community health needs by participating in community coalitions, partnerships, boards, committees, commissions, advisory groups, and panels. The vice president of community health is currently serving a three year term as chair of Montgomery County's Commission on Health.

Our ethnic health promoters and community outreach workers spend time as community participants in the communities where they live and bring back first-hand knowledge of community needs.

Data analysis. On a quarterly basis, the hospital analyzes internal patient surveys and publicly available data on the market including demographics and health services utilization. Local needs assessments and reports, such as the latest Montgomery County Department of Health and Human Services Strategic Plan 2006-2011 and the Community Needs Index developed by Catholic Healthcare West and the Healthcare Business of Thomson Reuters, are used as they became available to determine the types and locations of community benefit programs to implement.

Within each ZIP code, we analyze aggregated data to assess the barriers to health care and the contribution to health disparities of indicators for income, education, culture/language, insurance and housing status.

As available, we use a range of other specific needs assessments and reports to identify unmet needs, especially for ethnic, racial, and linguistic minorities, seniors, and women and children. Our work is built on past available needs assessments, and we use these documents as reference tools, including the following key resources that became available more recently:

- African American Health Program Strategic Plan Toward Health Equity, 2009-2014;
- Blueprint for Latino Health in Montgomery County, Maryland, 2008-2012;
- Asian American Health Priorities, A Study of Montgomery County, Maryland, Strengths, Needs, and Opportunities for Action, 2008.
- Fetal/Infant Mortality Review & Community Action Team FY2009 Annual Update
- Montgomery County Local Public Health Assessment Performance Assessment, Summary Report of Findings, 2009
- Montgomery County Commission on Aging Annual Report 2008
- Chair's Report, Public Health Services, to the Montgomery County Commission on Health, 2008, 2009 and 2010
- Latino Health Initiative Annual Report, Educating, Mobilizing and Empowering our Latino Community, Fiscal Year 2007
- The Children's Agenda 2007 Data Book, Montgomery County Collaboration Council for Children, Youth and Families
- Partnering Toward a Healthier Future 2007 Progress Report, Eliminating Health Disparities in Frederick, Montgomery and Prince George's Counties in Maryland, Center on Health Disparities, Adventist Health Care
- The Maryland Comprehensive Cancer Control Plan, Executive Summary 2004-2008
- Governor's Commission on Hispanic Affairs 2007 Annual Report
- Federal Interagency Forum on Aging-Related Statistics, "Older Americans 2008, Key Indicators of Well-Being"
- Healthy Women, Healthy Babies, An Issue Brief from the Trust for America's Health
- The State of Health Care Quality 2007, National Committee for Quality Assurance, Washington, D.C.
- Montgomery County Government, Department of Health and Human Services FY08 Annual Report, "Building a Healthy, Safe and Strong Community – One Person At A Time"

Using the Community Needs Index (CNI), Holy Cross Hospital gathers vital socio-economic and demographic factors to support internal decision-making for resource allocation and to determine the geographic location of new programs to meet emerging needs. For each ZIP Code, the Community Needs Index methodology aggregates five socioeconomic indicators/barriers to healthcare access that are known to contribute to health disparity.

The indicators are related to income (percentage of households over age 65 below the poverty line; percentage of families with children under 18 below the poverty line; percentage of single female families with children under 18 below the poverty line), education (percentage of population over 25 without a high school diploma), culture (percentage of population that is minority including Hispanic/Latino ethnicity; percentage of population over age five that speaks English poorly or not at all), insurance (percentage of population in the labor force, aged 16 or more, without employment; percentage of population without health insurance), and housing (percentage of households renting their home).

We use the CNI methodology to identify communities of high need and direct a range of community health and faith community outreach efforts to these areas. For example, we used the Community Needs Index methodology to locate our second primary care health center for uninsured adults in the second most needy ZIP code in Montgomery County. The opening of this second health center was the most significant addition to Holy Cross Hospital's community benefit activities during fiscal 2009, a year of the greatest economic downturn in decades, and the use of the Community Needs Index methodology helped us to meet the most pressing needs.

We used the CNI to determine the location of new sites for Senior Fit, a free 45-minute multi-component exercise class for adults age 55 and older to place the evidence-based exercise class in an area with the greatest need. The Ethnic Health Promoters also used the CNI to promote health screening and education events as well as determine locations to provide outreach and education through one-on-one encounters and small group settings.

b. In seeking information about community health needs, did you consult with the local health department?

Yes, since 2005, and every year thereafter, we have invited input and obtained advice from a group of 5-10 external participants, including the department director and the public health officer of Montgomery County Department of Health and Human Services, and a variety of individuals from Montgomery and Prince George's Counties, other local and state governmental agencies, community-based organizations, foundations, churches, colleges, coalitions, and associations. These participants are experts in a range of areas including public health, minority populations and disparities in care, social determinants of health, health and social services. In addition, we maintain ongoing communications with local health department officials.

This external group reviews our community benefit plan, annual work plan, foundation/key background material, and data supplements to advise us on priority needs

and the direction to take for the next year. In addition during 2010, we asked the group to help us think through our longer-term strategies through 2014 as part of our overall strategic planning process, and we shared our fiscal 2007-2010 strategic plan as context. The group's input helps to ensure that we have identified and respond to the most pressing community health care needs.

4. Please list the major needs identified through the process explained in question #3.

County overall. The external review of our community benefit and annual work plan to respond to community health needs was held in June 2010 at Holy Cross Hospital had both a long-term focus through 2014 and a fiscal 2011 focus. Participants advised us to focus on the following areas in the coming year(s):

- Add greater variety to partnerships, including housing, transportation and education
- Support the County's efforts toward integrated eligibility or single-door access and more coordination with social services, especially at our health centers
- Participate in school-based health centers
- Develop home and community-based care to address chronic needs of seniors after discharge from the hospital
- Participate in the County's Community Health Improvement Process (CHIP) (Healthy Montgomery)
- Incorporate workforce issues into community benefit activities
- Explore ethnic health promoter approach to seniors outreach
- Explore medical home concept
- Address the intersection of health and mental health needs.

Two strategic goals and several pertinent initiatives were identified for a healthy community by Montgomery County's Department of Health and Human Services in its latest Strategic Plan 2006-2011: increase access to quality health care and improve the public's health. Several identified initiatives tie closely to Holy Cross Hospital's strengths including those related to Montgomery Cares, enrollment in public programs, partnerships, public education on key public health issues, elimination of racial and ethnic disparities by targeting diseases/disorders with high incidence in specific populations and by providing consistently high quality services to all racial and ethnic groups, and reducing the incidence, morbidity, and mortality related to chronic diseases/disorders, including obesity.

The field of community health and health reform now places more emphasis on the contribution of social forces to individual health and has moved away from conceptualizing health in terms of the absence of specific diseases in favor of a wellness approach. There is growing awareness of the critical role that can be played by linguistic

sensitivity and cultural competence in reducing disparities in health care. This broader perspective of social complexity informs county priorities.

Identified needs of racial and ethnic populations. We have gathered information about the needs of various racial and ethnic groups. High level identified needs show some similar and different needs.

African American. The African American Health Program of the Department of Health and Human Services identified key health disparities in its Strategic Plan 2009-2014: infant mortality, diabetes, HIV/AIDS and cancer. The County has also identified hypertension, arthritis, asthma, allergies, and depression as health conditions/problems for African Americans, along with the effects of smoking.

African and Caribbean Immigrants. Key health conditions/problems identified in this population are hypertension, allergies, malaria, arthritis and diabetes.

Latino Americans. Health conditions/problems identified by the County for Latinos are: asthma, chronic obstructive pulmonary disease, HIV/AIDS, obesity, suicide, liver disease, tuberculosis, diabetes, depression, anxiety, and post-traumatic stress disorder (family isolation, war in country of origin), and poor acculturation linked to poor health.

Asian-Americans. The Asian American Health Initiative identified the top three health concerns as cardiovascular disease related conditions, diabetes, and mental health. Weight concerns, cancer, arthritis, smoking, osteoporosis and hepatitis B followed next.

<u>Response to Unmet Community Health Care Needs</u>

Demographic and socioeconomic analysis reveals particular areas that have a large number of people who are poor, of child-bearing age, elderly, racially and ethnically diverse, and of limited English speaking ability. We focus our community benefit activities on the most vulnerable and underserved individuals and families, including women/children, seniors and racial, ethnic and linguistic minorities.

To select outreach priorities, Holy Cross links community healthcare needs to our mission and strategic priorities. We developed a set of principles to help determine our highest priorities and guide our decision-making about community benefit:

- Meet Holy Cross Hospital's overall commitment to access to care and identified community need
  - Access, especially for vulnerable and underserved populations (racial and ethnic population subgroups; uninsured residents; and primary care access, especially for chronic conditions including diabetes and heart failure)

  - Outreach to targeted populations (especially for cancer prevention in African American, African/Caribbean American, Latino American, Asian American and Native American populations)
  - Demonstrated improvements in health status (reduction in infant mortality, reduction in percentage of children and adults with obesity, reduction in rate of breast cancer deaths and reduction in preventable hospital admissions for chronic disease)
  - Ongoing learning and sharing of new knowledge (public education)
- Meet Holy Cross Hospital's strategic focus and identified community need
  - Women/children (particularly infant mortality and obesity)
  - Seniors (particularly cardiovascular disease, diabetes, and obesity)
  - Cancer (particularly breast cancer)
- Be focused on the primary service area (which includes especially needy areas close to the hospital in Montgomery and Prince George's Counties)
- Take prudent risks and ensure sound financial stewardship and sustainability
- Have measurable outcomes and be integrated with planning and budgeting
- Reflect partnership.
- Be the Montgomery County leader

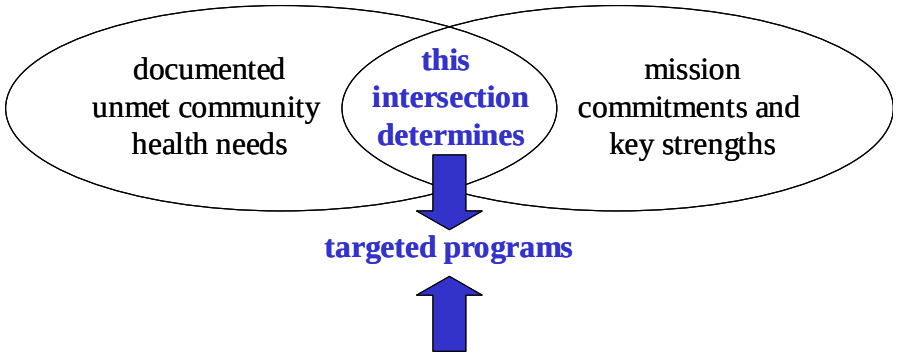
Several key departments within Holy Cross Hospital are specifically organized to respond to community need, including the HCH Health Centers in Gaithersburg and Silver Spring, OB/GYN Clinic, Faith Community Nursing, and the Community Health Division that includes Medical Adult Day Care, Community and Minority Health, Perinatal Education, Senior Source and Community Fitness.

The Community Health Division provides health screenings, health and wellness education, chronic disease self-management and prevention programs, fitness classes, and support groups with a concentrated focus on eliminating health disparities in Montgomery and Prince George's Counties. The division continuously develops, implements and evaluates outreach programs and activities that promote health education, chronic disease self-management and prevention and wellness based on requests for programming and community need.

The changing needs of the senior population prompted Holy Cross Hospital to create an environment that will meet the change in population demographics for this target group. In November 2009, the Seniors Emergency Center opened its doors and Holy Cross Hospital became the first hospital in the nation to create an emergency room specifically tailored to serve a growing senior population. The six-bay Holy Cross Hospital Seniors Emergency Center is a separate, enclosed area of the main Emergency Center and provides safe, efficient emergency services designed to meet the complex needs of non-acute elderly patients and those who care for them.

In summary, our activities focus primarily on positively impacting the health of our community with programs that are evidenced-based, culturally and linguistically tailored to meet the unmet needs of women, infants, seniors, and racial and ethnic minorities.

Our overall approach to responding to unmet health needs is depicted in the diagram below.



5. Who was involved in the decision making process of determining which needs in the community would be addressed through community benefits activities of your hospital?

   Holy Cross Hospital's interdepartmental leadership, executive management, and its board of trustees plan, monitor and evaluate the hospital's community benefit efforts. Initiatives are thoughtfully planned to ensure that links exist between the hospital's clinical expertise and unmet community needs.

   The hospital's annual operating plan has specific organizational targets for key elements of community benefit. The annual hospital budgeting process also includes designated operating expenditures for several departments dedicated to community benefit: community and minority health, faith community nursing, perinatal education, obstetrics/gynecology clinic, the health centers in Silver Spring and Gaithersburg, community fitness, senior source, and medical adult day care.

   The interdepartmental CEO Review Committee on Community Benefit develops the community benefit plan, including the annual work plan. The work plans describe the goals and objectives the hospital expects to meet during the fiscal year.

The full board of trustees annually approves the community benefit plan including the annual work plan and the Mission and Strategy Committee of the Board of Trustees provides quarterly governance oversight for the strategic plan, the master facility plan, the human resources plan, and the community benefit plan. A set of overall community benefit performance indicators selected by the Mission and Strategy Committee are shared with the full board on a quarterly basis. Performance indicators have been implemented for multiple community benefit programs including financial assistance; number of new admissions to the Maternity Partnership Program, a program to provide prenatal care to uninsured, mostly undocumented residents of Montgomery County; number of high risk deliveries in the Maternity Partnership program; number of visits to the health centers; ten chronic disease indicators for diabetes patients at the health centers; and ten chronic disease indicators for heart failure patients at the health centers.

Once a year, an external group of community leaders (including the local public health officer and director of the health department in Montgomery County) is invited to review the annual community benefit plan and our progress to help us determine our direction for the next year.

6. Do any major Community Benefit program initiatives address the needs listed in #4, and if so, how?

Summary of Significant Community Benefit Programming in Response to Identified Unmet Health Care Needs

Community	Holy Cross Hospital			
Identified Needs	**Mission**	**Strategic Priorities**	**Response to Community Need**	**Method of Evaluation**
Prenatal care, especially for undocumented individuals with no other source of care	Access for underserved, vulnerable	Women and children	Ob/gyn clinic; Maternity Partnership program; perinatal community education classes; home care follow up for babies discharged from neonatal intensive care unit	# of admissions to Maternity Partnership; % low birth weight; reduction in infant mortality
Reduce incidence of chronic disease (especially diabetes and hypertension in African Americans, Latino Americans, and Asian Americans)	Outreach that improves health status and access for underserved, vulnerable	Availability of emergency services; Avoidance of preventable readmissions	Health centers in Silver Spring and Gaithersburg; Chronic disease self management program	# of visits; progress on 10 diabetes and 10 heart failure indicators; reduction in hospital admissions and readmissions
Cancer prevention, especially in African Americans and Asian Americans	Outreach that improves health status and access for underserved, vulnerable	Cancer; Women and children	Breast education; Self examination; Screening; Mammograms; Navigation; Biopsy; Ultrasound; Surgery	# of mammograms; # of breast cancers found; decrease in breast cancer morbidity and mortality rates
Cardiovascular disease	Outreach that improves health status and access for vulnerable	Seniors	Senior Fit	Semi-annual fitness assessments
Obesity, especially in Latino Americans and African Americans	Outreach that improves health status and access for underserved, vulnerable	Women and children	Kids Fit	Semi-annual fitness assessments; President's Test
Increase public education on key public health issues	Outreach that improves health status and sharing of new knowledge		Faith community nursing; senior source; minority and community outreach	

7. Please provide a description of any efforts taken to evaluate or assess the effectiveness of major Community Benefit program initiatives.

   For example: for each major initiative where data is available, provide the following:

   a. Name of initiative:

   b. Year of evaluation:

   c. Nature of the evaluation: (i.e., what output or outcome measures were used);

   d. Result of the evaluation (was the program changed, discontinued, etc.); or

   e. If no evaluation has been done, does the hospital intend to undertake any evaluations in the future and if so, when?

   Periodically, the hospital reviews community benefit programming. For example, during fiscal 2010 programs were reviewed against an "evaluation matrix" with relevant criteria to help with decisions to expand, maintain or harvest the programming, including tie to overall organizational community benefit goal and local community needs assessment priority, cost of program, number of individuals served, and impact measures. The matrix helps us determine the success and continuation of each program.

   Program One

   a. Name of initiative: Senior Initiative: *Senior Fit*, a free 45-minute multi-component, evidence-based cardiovascular exercise class for adults age 55 and older. The program focuses on increasing strength, cardiovascular endurance, flexibility and balance. *Senior Fit* is offered in partnership with Kaiser Permanente, the Montgomery County Department of Recreation and Maryland National Capital Parks and Planning and decreases risks for cardiovascular disease and diabetes in the senior population. A total of 3,218 seniors have participated in Senior Fit from the time it was founded in 1997. In FY10, Senior Fit had an unduplicated enrollment of 2,194 seniors. Each week at 19 sites, 56 classes were held, with a total of 74,607 encounters.

   b. Year of evaluation: 2010 Senior Fit Assessments (Rikli and Jones, 2001)

   c. Nature of the evaluation: The evidence-based Rikli and Jones Senior Fitness assessment Tool (2001) is unique because it measures physiologic parameters using functional movement tasks, such as standing, bending, lifting, reaching and walking. The tool assesses changes in the participants. The biannual Holy Cross Hospital *Senior Fit* assessments include the chair stand (measures lower body strength), arm

curl (measures upper body strength), back scratch, (measures flexibility) and the 8-foot up and go test (measures agility and balance).

d. Result of the evaluation: Fitness Assessment Results

A comparison of two annual fitness assessments (October 2009 and March 2010), with a matched data sample of 365 seniors (282 women and 83 men, ages range from 60-94 years), found the following: an increase in those that performed "above standard" was demonstrated in all four tests: *Chair Stand*, 20% increase, (75%, 259), Arm *Curl*, 5% increase, (91%, 319), *8-Ft Up-And-Go,* 16% increase (80% 282) and *Back Scratch,* 2% increase, (35%, 124).
The previous semiannual fitness assessments, with a matched data sample of 354 seniors (277 women and 77 men, ages range from 60-94 years) found the following: an increase in those that performed "above standard" was demonstrated in three of the four tests: *Chair Stand* 13% increase, (66%, 219), Arm *Curl* 6% increase, (87%, 294), *Back Scratch* 6% increase, (36%, 120). A 6% decrease occurred in those who performed "above standard" in the *8-Ft Up-and-Go* (5%, 15).
The Senior Fitness Test is conducted on a biannual basis. More than 13 years of data have been collected, including samples of matched data for biannual comparison for participant progress and/or health maintenance. This data is also used to evaluate instructor performance and demonstrate effectiveness to support program growth across Montgomery County. The success of the program has resulted in a national rollout of *Senior Fit* programs within the Trinity Health system. In October of 2008, *Senior Fit* received an "Excellence and Innovation Award" from Trinity Health for rapid replication of the program.

Program Two

a. Name of initiative: Maternal and Child Health Initiative: *Kids Fit*. In partnership with the Housing Opportunities Commission of Montgomery County, Holy Cross Hospital provides *Kids Fit*, a free multi-component exercise class that is specially designed to decrease childhood obesity for children ages 6 – 12. A one-hour class that meets twice per week includes tips on healthy lifestyle, an evidence-based exercise program, and a nutritious snack. A total of 125 children are enrolled in the program at five sites.

b. Year of evaluation: Kids Fit: December 2008 and June 2009

c. Nature of the evaluation: The biannual fitness assessments take place every fall and spring and utilize the evidence-based President's Challenge program. The results are scored using norms for age and sex.

d. Result of the evaluation: Fitness Assessment Results; December 2008 compared with June 2009.

Comparative data was available for a total of 51 participants, 26 girls and 25 boys. The average scores for girls declined by 20% in the push up test, declined by 8% on the curl up test and declined by 5% on the shuttle run. Results on the sit and reach stayed the same. The average scores for boys declined 4% in the push-up test, remained the same for curl-ups, improved by 3% in the shuttle run and improved by 4% in the sit and reach.

Results from the testing showed a need for increased activity in the areas of speed and agility (cardiovascular exercise), abdominal strength (core conditioning) strength training and flexibility (stretching) for the girls. Priorities for the boys include increased cardiovascular training and strength training work.

Program Three

a. Name of initiative: Chronic Disease Self-Management Initiative: Diabetes Prevention Program

The Diabetes Prevention Program is an NIH replicated evidence-based program that is designed to help the pre-diabetic make lifestyle changes, which include weight loss and exercise, to prevent or delay the onset of diabetes or cardiovascular disease. This free twelve-week classroom program is followed by nine months of support. Blood tests that document pre-diabetes, or blood pressure or cholesterol elevations that indicate risk for cardiovascular disease are required for inclusion.

b. Year of evaluation: Outcome measurements: July 2009 – June 2010

c. Nature of the evaluation: Monitoring the following:

1.) Class attendance
2.) Weight control
3.) Exercise regimen
4.) HgbA1c (HgbA1c >6 = pre-diabetic)
5.) Lipid profile

d. Result of the evaluation: Outcome measurements are as follows

1. Class attendance
   - 94 individuals began and 74 completed the four classes offered in FY10
   - 82% attended at least 75% of classes
   - 45% attended 100% of classes
2. Weight Control
   - Weight loss was achieved by 95.5% of attendees
   - 19% met the 7% weight loss goal
   - 35% met the 5% weight loss goal
3. Exercise regimen
   - 90% increased their exercise level from pre-program levels
   - 54% met the program exercise goal (at least 150 minutes/week)
4. HgbA1c

- HgbA1c levels improved in 90% of participants
- HbgA1c levels declined in 4% but not high enough for diabetes
- One person's HbgA1c level rose over 6.5% (diabetes range)

5. Lipid profile
   - Lipid levels improved in 71% of participants

Program Four

a. Name of initiative: Medical Adult Day Care

b. Year of evaluation(s): Fiscal Year 2010

c. Nature of the evaluation(s): (i.e., what output or outcome measures were used);

1. State Inspections/Surveys (Quality) - Office of Health Care Quality (OHCQ)-March 2010 Review: To determine the center's compliance with the COMAR Regulations 10.12.04 Day Care for the Elderly and Adults with a Medical Disability. Survey activities included a tour of the center; review of participant records; review of personnel records; observations of participant care; staff practices; meal service; activities; and a review of policy and procedures, written contracts, transportation records, in-service training, and fire drills.

2. The Division of Community Long Term Care (DCLTC)/Medicaid Program-December 2009 Review: To determine Holy Cross Hospital Medical Adult Day Center's (HCH-MADC) compliance with Medical Day Care Services Waiver regulations, review the quality of the service provided to participants and to assure the integrity of the program. Survey activities included a review of participant records and participant interviews designed to assess the participant's satisfaction with the delivery of service and quality of care provided.

3. Satisfaction Surveys –January 2010 (Satisfaction): Each January the medical adult day center mails a satisfaction survey to center participants or their caregivers (1 per participant) to gain feedback about the center's services.

4. Number of participants discharged to an institution: Tracks number of participants transferred to long-term institutions to determine if attendance at the center can postpone or prevent unnecessary institutionalization

d. Result of the evaluation(s) (was the program changed, discontinued, etc.);

1. State Inspection Survey: Changes made as a result of the OHCQ inspection:

   - Use of pre-planned menus that include portion sizes and therapeutic diet extensions

- Use of hair restraints during food preparation
- Provision of alternate meals that meet nutritional requirements when a main meal component is declined
- General criteria for each of the therapeutic diets was identified and a policy was written that defines what diets the center provides and what the criteria are for each of the diets
- All food containers will be checked to assure appropriate temperature prior to serving including chilled fruits

2. DCLTC Inspection: Changes as a result of the DCLTC inspection: During the onsite audit, three of the five participants who were selected for review were available for an interview. Overall, the participants were satisfied with the services offered by HCH-MADC and no quality of care issues were reported during the interview.

   The center also implemented the following as a result of the survey:

   - Development and use of a form with participant and staff signatures verifying participation in the review and development of service plans and care plans
   - Modifications to the center's discharge policy and discharge summaries

3. Satisfaction Survey: Results of the 2010 ADC Participant/Caregiver Satisfaction Surveys were overwhelmingly positive with nursing services, social work services and staff interaction rating highest. One hundred percent of respondents rated "overall satisfaction level" with HCH-MADC as a 4 or 5 on a 1-5 point scale with 5 being the most satisfied. Ninety-three percent of respondents indicated they would recommend HCH-ADC to others. No respondents indicated they would not recommend HCH-MADC. Entertainers/Presenters, Volunteer Support and Transportation Services rated the lowest.

   The following were implemented as a result of the survey:

   - Use of Metro Access' on-line transportation trip scheduler
   - Worked to get participants EZ Pay for transportation services
   - Added more variety to activity programs
   - Added more fruit for snacks
   - Enhanced the weekly creative expression program

4. Number of participants discharged to an institution: The majority of participants meet medical criteria for nursing home care, however during FY2010, only 1 participant transferred to a nursing facility for long-term residential care. And 5 participants transferred to assisted living facilities. This data indicates participation in HCH-MADC postpones and prevents unnecessary institutionalization.

e. Future evaluations

1. Add questions to the 2011 Satisfaction Survey that relate to the goals of the center. For example, Does HCH-MADC provide quality care? And does attendance at HCH-MADC help you feel more socially connected?

2. Complete the Mini-Mental Status Exam on an annual basis for participants with dementia to assess maintenance or improved level of (cognitive) function.

3. Complete upper and lower body strength assessments on a bi-annual basis to assess maintenance or improved level of (physical) function.

Program Five:

a. Name of initiative: Holy Cross Hospital Health Centers Diabetes Chronic Disease Outcomes. The Holy Cross Hospital Health Centers, located in Gaithersburg and Silver Spring, are primary care medical centers providing affordably priced health care services to uninsured adults at least 18 years of age. The Diabetes Chronic Disease Outcomes track and measure changes in the clinical outcomes of diabetic patients at both clinics to integrate and improve care for chronic disease conditions for the poor, underserved and vulnerable communities.

b. Year of evaluation: FY2010

c. Nature of the evaluation: Number of clinical outcomes met or exceeded per quarter; to be considered a best practice within our own health system seven out of ten indicators must be met.

- Clinical Outcome Measures include:
  1. Diabetic Retinal Exam occurs within one year of the diabetic visit. Target > = 71%
  2. Microalbumin Screening Test occurs within one year of the diabetic visit. Target > = 84%
  3. Foot Exam occurs within one year of the diabetic visit. Target > = 71%
  4. Blood Pressure Test is conducted every diabetic visit. Target > = 95%

5. Blood Pressure < 130/80 is monitored for systolic pressure less than 130 and diastolic pressure less than 80 at every diabetic visit. Target > = 68%
6. LDL Test occurs (either during an inpatient or outpatient setting) within one year of the diabetic visit. Target > = 88%
7. LDL < 100 is measured within one year of the diabetic visit. The LDL lab results can only come from persons who had a LDL test, not from persons with just a diabetic visit. Target > = 53%
8. Hemoglobin (HbA1c) Test occurs (either during an inpatient or outpatient setting) within six months of the diabetic visit. Target > = 93%
9. HBA1c < 7.0% occurs (either during an inpatient or outpatient setting) within six months of the diabetic visit. The HbA1c lab results can only come from persons who had an HbA1c test, not from persons with just a diabetic visit. Target > = 40%
10. HBA1c > 9.0% occurs (either an inpatient or outpatient setting) within three months of the diabetic visit. The HbA1c lab results can only come from persons who had an HbA1c test, not from persons with just a diabetic visit. Target < 21%

d. Results of the evaluation:

The Holy Cross Hospital Health Centers achieved seven out of ten indicators at the Silver Spring clinic (best practice status) and five out of ten indicators at the Gaithersburg clinic.

Program Six:

a. Name of initiative: Maternity Partnership. The HCH Obstetric/Gynecologic Clinic (OB/GYN Clinic) serves as the referral center for patients of the Montgomery County Maternity Partnership, a program that provides prenatal care to uninsured, mostly undocumented residents of Montgomery County. The clinic provides both routine obstetrical care (prenatal and postpartum) and specialized care for high-risk pregnancies.

b. Year of evaluation: FY2010

c. Nature of the evaluation: Rate of low-birth weight newborns (less than 2500g) born to patients in the Maternity Partnership Program as compared to the rest of the hospital and state of Maryland

d. Results of the evaluation:

In FY10, the Maternity Partnership Program had 1,067 newborns and a low-birth weight rate of 7.4% (79 newborns weighed less than 2500g). The Maternity

Partnership low-birth weight rate was less than the rate of HCH (8.9%) and all Maryland Hospitals (8.6%).

Program Seven:

a. Name of initiative: Komen Foundation Community Collaboration to Battle Breast Cancer III (KFCC-BBC III)/Komen Community Assisted Mammogram Program (K-CAMP); also know as Mammogram Assistance Program Services (MAPS)

b. Year of evaluation: FY2010

c. Nature of the evaluation: (i.e., what output or outcome measures were used):

Process evaluation. Data collected and entered into breast care tracking system on outreach activities including the number of persons encountered at health education/awareness events, the number of BSE classes conducted and the number of educational materials disseminated. Demographic information for all individuals receiving clinical care (e.g., number of persons served, their ages and ethnicities), the type of care received (e.g., number of clinical breast exams; types of mammogram [screening or diagnostic]; results of screening; number and results of breast ultrasounds and surgical referrals; stage of disease and referrals to clinical trials are also collected.

Impact evaluation. Conducted focus groups to provide in-depth information on the impact of the services delivered.

d. Result of the evaluation (was the program changed, discontinued, etc.):

We encountered approximately 19,700 persons.

There were 588 encounters for Breast Self Exams (252 lectures, 105 health fairs, 231 one-one), 601 mammograms (370 screening, 231 diagnostic), 111 breast ultrasounds, 38 surgical referrals and 4 breast cancers found.

8. Provide a written description of gaps in the availability of specialist providers, including outpatient specialty care, to serve the uninsured cared for by the hospital.

There is reluctance by independent medical staff members to care for the uninsured, especially by "on call" specialty physicians in the emergency center, despite the fact that the "on call" specialists have agreed to care for the uninsured as part of their hospital privileges. Many of the physicians feel the liability and financial burden of caring for these patients is too great.

Inpatient specialty care is provided by specialty physicians, hospitalists, and other professional staff that provide care in the following specialties: Neurology, cardiology, pulmonary, orthopedics, dermatology, infectious disease, oncology, hematology, medical imaging, laboratory, infusion center, anesthesiology, pre surgical testing, surgery,

obstetrics, gynecology, physical therapy, home care, hospice, patient education, pharmacy, sleep lab, electrocardiogram, and pain management. Gaps will occur when the ratio of uninsured patients to insured patients threatens sustainability.

Uninsured outpatients have access to hospital services but are in need of outside resources for most of their specialty care. Both of the Holy Cross Hospital Health Centers are fortunate to have experienced, full-time physicians that are able to treat and manage many of the patients requiring specialty care. The Holy Cross Hospital Health Centers are able to provide specialty care in neurology, orthopedics, hematology, ophthalmology, and otorhinolaryngology on-site, on a limited basis. These specialists can accommodate the immediate needs of the health centers. Nurses report having a difficult time referring patients for urology.

9. If you list physician subsidies in your data, please provide detail.

In order to meet the needs of the uninsured/underinsured population, Holy Cross Hospital has approximately 100 physician contracts for the provision of on-call clinical services as needed. These services are provided on a 24-hour/7-day a week basis, operate on a negative margin and are frequently used by the uninsured/underinsured population. If subsidies were discontinued, the following services would not be available and patients would need to be transported to other facilities or have unmet needs:

Category One: Hospital-based physician subsidies with whom the hospital has an exclusive contract and/or subsidy in order to retain services that represent a community benefit

- We provide a $414,296.06 subsidy to anesthesiology to bring in a 3rd (or more) anesthesiologist in off hours. This is required in part because of our very large maternity partnership program that serves uninsured, pregnant women and our very busy emergency department.

Category Two: Non-Resident house staff and hospitalists

- The hospital contracts/employs non-resident house staff and hospitalists to provide inpatient services, including night coverage to admit and cover uninsured/underinsured population. In FY10, Holy Cross Hospital provided a net benefit of $1,296,297.59.
- The hospital contracts/employs pediatric hospitalists to meet the inpatient need of uninsured/underinsured infants and children. In FY10, Holy Cross Hospital provided a net benefit of $1,591,238.39.

Category Three: Coverage of Emergency Department call

- The hospital contracts with individual physicians and physician groups to ensure the needs of the uninsured/underinsured population are met by providing subsidies for the coverage of emergency department calls. In FY10, Holy Cross Hospital provided a net benefit of $2,505,265.46 to ensure emergency coverage in the following areas:
    - General Surgery, Orthopedic Surgery, Neurology/Stroke Care, Neurosurgery, ENT, Oral Surgery, Interventional Cardiology, Plastic Surgery, Urology, Ophthalmology, Vascular Surgery, Thoracic Surgery, Psychiatry and Anesthesiology

Category Four: Physician provision of financial assistance to encourage alignment with hospital financial assistance policies

- No subsidies provided; however, funds for hospital based departments are impacted by our requirement that all hospital based physicians and on-call physicians follow the hospital's charity care policy.

Category Five: Recruitment of physicians to meet community need as shown by a hospital's medical staff development plan

- No subsidies provided

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To Be Attached as Appendices:
Describe your Charity Care policy (taken from IRS Schedule H, Part VI, Question 3):

Appendix 1

a. Describe how the hospital informs patients and persons who would otherwise be billed for services about their eligibility for assistance under federal, state, or local government programs or under the hospital's charity care policy (label appendix 1).

For ***example***, state whether the hospital:

- Posts its charity care policy, or a summary thereof, and financial assistance contact information in admissions areas, emergency rooms, and other areas of facilities in which eligible patients are likely to present;
- Provides a copy of the policy, or a summary thereof, and financial assistance contact information to patients or their families as part of the intake process;
- Provides a copy of the policy, or summary thereof, and financial assistance contact information to patients with discharge materials;
- Includes the policy, or a summary thereof, along with financial assistance contact information, in patient bills; and/or
- Discusses with patients or their families the availability of various government benefits, such as Medicaid or state programs, and assists patients with qualification for such programs, where applicable.

Appendix 1

Charity Care Policy Description

All Holy Cross Hospital registration, financial counseling and customer service staff members are trained to be familiar with the availability of financial assistance and the criteria for such assistance.

In addition:

- The financial assistance application and information about the program are prominently displayed in all registration areas, the emergency center and each cashier's office. The information available is offered in both English and Spanish, the predominant languages in our patient population at Holy Cross Hospital.
- Material describing the financial assistance program and an application are to be given or sent to all patients who request this information.
- Staff is responsible for being particularly alert to those who are registered as self-pay patients and provide them with information on how to contact a financial counselor or provide them financial assistance information. All financial assistance applicants are screened for eligibility for federal, state or other local programs before financial assistance is offered.
- All financial counselors are bilingual (English/Spanish).
- The financial assistance application is accessible through the hospital's external website
- Notice of financial assistance availability is indicated on all hospital billing statements
- Holy Cross Hospital uses Ethnic Health Promoters that inform community members about our financial assistance policy on a one-on-one basis or in group settings where people gather in the community (e.g., hair salons, churches, community centers).
- A written notice is published annually in local newspapers in English and Spanish typically during national Cover the Uninsured Week to advise the public of our financial assistance policy.

The Holy Cross Hospital financial assistance policy provides systematic and equitable clinical services to those who have medical need and lack adequate resources to pay for services. In FY10, Holy Cross Hospital provided $16.4 million in financial assistance. Individuals who are uninsured are able to obtain primary health care services at two Holy Cross Hospital health centers located in Silver Spring and Gaithersburg, Maryland. The health centers provide a convenient option for uninsured residents in need of high quality, discounted medical care. In FY10, health center visits nearly doubled, increasing from 8,954 in FY09 to 16,705 and exceeding our target of 15,000 by 11 percent. Financial assistance also increased 32 percent from $12.4 million to $16.4 million and exceeded our budget of $10.1 million. The financial assistance and health center utilization is expected to rise again in FY11, due to the slow

economy and its effect on individuals finding themselves uninsured, possibly for the first time. We plan to open a third health center in the Wheaton or Aspen Hill area in 2011.

b. Include a copy of your hospital's charity care policy (label appendix 2).

Appendix 2

Title: **Patient Financial Assistance for indigent patients**

Purpose: It is part of the Holy Cross Hospital mission to make necessary medical care available to those in our community who are in need regardless of their ability to pay. The Hospital maintains a formal financial assistance program to equitably and efficiently provide access for those who cannot 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 Hospital therefore has a dual responsibility to cover those in need while ensuring 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 free or discounted medical 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 the hospital documents the financial assistance provided to these patients so that their eligibility for the assistance is appropriately demonstrated.
- Protect a minimal level of each patient's assets from hospital collection.

Applies to: All Financial Counselors and Revenue Cycle Personnel

Policy Overview: Patient Financial Assistance at Holy Cross: In those cases where patients have fully cooperated with and availed themselves of all programs for medical coverage (including Medicare, Medicaid, commercial insurances, workers compensation, and other state and

local programs) and do not have sufficient income or assets to pay for their care, the financial assistance policy of the Hospital applies in two ways - each of which has its own application and documentation requirements.

- **Holy Cross provides assistance for patients who have a current or anticipated need for significant inpatient or outpatient medical care. Significant services are defined as services whose total is expected to exceed $5,000.** This assistance requires completion of a full application and provision of 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.

- **Holy Cross also makes available *presumptive financial assistance* for routine outpatient services. Routine outpatient services are defined as services that are not expected to aggregate to $5,000 of charges.** This assistance is based on the same financial assistance eligibility schedule, but normally requires a less extensive documentation process. This program is focused on services provided within Holy Cross Health Centers and the Maternity Clinic as well as Outpatient services provided at the Hospital, Hospice and Home Care services, and the Hospital's Emergency Center. In some cases both the eligibility and documentation requirements will reflect the processes and policies of county or other public programs for financial assistance. ***Should a patient who is granted presumptive status for routine outpatient care have a need for more substantial services or inpatient services, more extensive documentation will be required, and a redetermination of eligibility will be made.*** *The documentation requirements and processes used for each routine area are listed in the billing, financial assistance and collection procedures maintained by the Revenue Cycle Management division.*

Within two business days of the receipt of a completed application for financial assistance, medical assistance or both, a determination

of probable eligibility will be made.

Covered Services: The financial assistance policy applies only to hospital charges for medically necessary patient services that are rendered at facilities operated solely by Holy Cross Hospital; i.e., inpatient, emergency service, clinic, home care, hospice, Health Center. It does not apply to services that are operated by a "joint venture" or "affiliate" of the hospital. Hospital contracted physicians (Emergency Center, Anesthesia, Pathology, Radiology, Hospitalists, Intensivists and Neonatalogists are contracted) also honor scheduled financial assistance determinations made by the hospital. Financial assistance is only applicable when a patient takes advantage of the most appropriate cost effective setting to obtain their care.

Provision of services specifically for the uninsured: In the event that Holy Cross provides a more cost effective setting for needed services (such as the obstetrics and gynecology clinic or the Health Centers for uninsured patients), in cooperation with community groups or contracted physicians, specific financial assistance and payment terms apply that may differ from the general Holy Cross Hospital 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. However, if the total obligation of a patient reaches $5,000 even under these circumstances, a request for an exception may be made.

Services not covered by the financial assistance policy:

1. Private physician services or charges from facilities in which Holy Cross Hospital has less than full ownership.
2. Cosmetic, convenience, and/or other Hospital services, which are not medically necessary. Medical necessity will be determined by the SVP of Medical Affairs after consultation with the patient's physician and must be determined prior to the provision of any non-emergent service.

3. Services for patients who do not cooperate fully to obtain coverage for their services from County, State, Federal, or other assistance programs for which Holy Cross believes they are eligible.

Eligibility: Holy Cross provides assistance for Maryland residents whose income is less than 300% of the federal poverty level and whose assets (excluding up to $50,000 in equity in their primary residence, personal tools used in their trade or business, and deferred retirement plan assets) do not exceed $10,000 as an individual or $25,000 within a family.

In addition, any individual who currently owes $5,000 or more in Holy Cross balances may request an individualized determination of the need for financial assistance from the financial counseling manager. In such cases the total financial circumstances including debt and medical requirements will be considered in addition to the individual's income and assets. The financial counseling manager will assemble the patient's documentation and request and present it to the financial assistance exception committee (comprised of the Vice President, Mission Services, the Chief Financial Officer, and the Senior Vice President, Corporate Development) for consideration.

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 care to those most in need – patients who have income less than 200% of the federal poverty level. It also provide for a 60% reduction in charges for those whose income is between 201% and 250% of the poverty level, and 30% assistance from 251% to 300% of the federal poverty level.

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 hospital 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, the hospital will not pursue a judgment against anyone who has legitimately qualified for any scheduled level of Holy Cross Hospital financial assistance.

Notice of Financial Assistance: The financial assistance program is to be actively publicized to patients of Holy Cross Hospital to whom it may apply. The information will be made available via the following methodologies:

1. Notice of the availability of financial assistance will be posted in the inpatient registration areas (admitting office), all outpatient registration areas (emergency center, ambulatory testing and surgical areas, health centers, and maternity clinic) and the cashier's area (business office).
2. All registration forms, admitting forms, and "self-pay" bills and patient statements will include a notice of the availability of financial assistance with a reference to the web site and a phone number where inquiries can be made.
3. When pre-registrations are completed by phone or Internet, patients will be advised of the existence of the financial assistance program.
4. Information regarding eligibility and an application for financial assistance will be mailed to any patient who requests it at any time – including after referral to collection agencies.
5. A notice will be published each year in a newspaper of wide circulation in the primary service area of the hospital.

This attachment (while referred to in the policy) is not a part of the policy itself and the table will be updated annually within the existing structure as new federal poverty levels are publicized.

Family Size	Federal Poverty Level	Multiple of the Federal Poverty Guideline		
		150%	250%	300%
		100%	**60%**	**30%**
1	**$10,830**	$16,245	$27,075	$32,490
2	**$14,570**	$21,855	$36,425	$43,710
3	**$18,310**	$27,465	$45,775	$54,930
4	**$22,050**	$33,075	$55,125	$66,150
5	**$25,790**	$38,685	$64,475	$75,000
6	**$29,530**	$44,295	$75,000	$75,000
7	**$33,270**	$49,905	$75,000	$75,000
8	**$37,010**	$55,515	$75,000	$75,000
9	**$40,750**	$61,125	$75,000	$75,000
10	**$44,490**	$66,735	$75,000	$75,000

Revised:
07/19/10

$ 10,830 is the FY2010 Poverty level for 1 person

$ 3,740 is the additional amount per person

$ 75,000 is the limit of scheduled financial assistance

2. Describe the hospital's mission, vision, and value statement(s) (label appendix 3).

Appendix 3

Description of Holy Cross Hospital Mission, Vision and Value Statement

When Holy Cross Hospital opened its doors in 1963, it began a tradition of opening doors to health care for our community.

At our founding, the Congregation of the Sisters of the Holy Cross established a commitment to meeting community need and to improving the health of all those we serve, with particular emphasis on accessibility of services to our most poor and vulnerable populations. This commitment is brought to life through our community benefit ministry. Our community benefit efforts include all of the services we provide to community members at no cost or subsidize as part of our mission to be the most trusted provider of health care services in our area.

In meeting this commitment, we focus our efforts on improving health care access. Our proven approach is to systematically identify significant health care needs in our evolving community that are not adequately met because of financial, geographic, racial or cultural barriers. Then we propose and develop innovative solutions to address these needs in ways that can be sustained in the future.

One of our strengths is our ability to collaborate with other organizations to maximize our collective positive impact. We continuously bring together resources toward shared goals by partnering with local, state and federal government agencies; associations; community-based social service organizations; faith communities; charities and others.

a. Attach a copy of the statement (label appendix 4).

Appendix 4

Holy Cross Hospital Mission, Vision and Value Statement

Our Mission

We serve together in Trinity Health, in the spirit of the Gospel, to heal body, mind and spirit, to improve the health of our communities and to steward the resources entrusted to us.

Our Core Values

- Respect
- Social justice
- Compassion
- Care of the poor and underserved
- Excellence

Our Role
Holy Cross Hospital in Silver Spring, Maryland, exists to support the health ministry of Trinity Health and to be the most trusted provider of health care services in our area.

Our health care team will achieve this trust through:

- High-quality, efficient and safe health care services for all in partnership with our physicians and others
- Accessibility of services to our most vulnerable and underserved populations
- Community outreach that improves health status
- Ongoing learning and sharing of new knowledge
- Our friendly, caring spirit