COMMUNITY BENEFIT NARRATIVE REPORT

FISCAL YEAR 2014

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

Submitted December 15, 2014

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 its mandate to oversee the legislation was to establish a reporting system for hospitals to report their community benefits activities. 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 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) the general demographics of the hospital community, (2) how hospitals determined the needs of the communities they serve, and (3) hospital community benefit administration.

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

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

The written document (CHNA) must include the following:

A description of the community served by the hospital and how it was determined;

A description of the process and methods used to conduct the assessment, including a description of the sources and dates of the data and other information used in the assessment and the analytical methods applied to identify community health needs. It should also describe information gaps that impact the hospital organization's ability to assess the health needs of the community served by the hospital facility. If a hospital collaborates with other organizations in conducting a CHNA the report should identify all of the organizations with which the hospital organization collaborated. If a hospital organization contracts with one or more third parties to assist in conducting the CHNA, the report should also disclose the identity and qualifications of such third parties;

A description of how the hospital organization took into account input from persons who represent the broad interests of the community served by the hospital facility, including a description of when and how the hospital consulted with these persons (whether through meetings, focus groups, interviews, surveys, written correspondence, etc.). If the hospital organization takes into account input from an organization, the written report should identify the organization and provide the name and title of at least one individual in such organizations with whom the hospital organization consulted. In addition, the report must identify any individual providing input who has special knowledge of or expertise in public health by name, title, and affiliation and provide a brief description of the

individual's special knowledge or expertise. The report must identify any individual providing input who is a "leader" or "representative" of certain populations (i.e., healthcare consumer advocates, nonprofit organizations, academic experts, local government officials, community-based organizations, health care providers, community health centers, low-income persons, minority groups, or those with chronic disease needs, private businesses, and health insurance and managed care organizations);
A prioritized description of all the community health needs identified through the CHNA, as well as a description of the process and criteria used in prioritizing such health needs; and
A description of the existing health care facilities and other resources within the community available to meet the community health needs identified through the CHNA.

Examples of sources of data available to develop a CHNA include, but are not limited to:

(1) Maryland Department of Health and Mental Hygiene's State Health Improvement Process (SHIP)(http://dhmh.maryland.gov/ship/);
(2) SHIP's CountyHealth Profiles 2012 (http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx);
(3) the Maryland ChartBook of Minority Health and Minority Health Disparities (http://dhmh.maryland.gov/mhhd/Documents/2ndResource_2009.pdf);
(4) Consultation with leaders, community members, nonprofit organizations, local health officers, or local health care providers;
(5) Local Health Departments;
(6) County Health Rankings (http://www.countyhealthrankings.org);
(7) Healthy Communities Network (http://www.healthycommunitiesinstitute.com/index.html);
(8) Health Plan ratings from MHCC (http://mhcc.maryland.gov/hmo);
(9) Healthy People 2020 (http://www.cdc.gov/nchs/healthy_people/hp2010.htm);
(10) Behavioral Risk Factor Surveillance System (http://www.cdc.gov/BRFSS);
(11) Focused consultations with community groups or leaders such as superintendent of schools, county commissioners, non-profit organizations, local health providers, and members of the business community;
(12) For baseline information, a CHNA developed by the state or local health department, or a collaborative CHNA involving the hospital; Analysis of utilization patterns in the hospital to identify unmet needs;
(13) Survey of community residents; and
(14) Use of data or statistics compiled by county, state, or federal governments.

In order to meet the requirement of the CHNA for any taxable year, the hospital facility must make the CHNA widely available to the Public and adopt an implementation strategy to meet the health needs identified by the CHNA by the end of the same taxable year.

The IMPLEMENTATION STRATEGY must:

a. Be approved by an authorized governing body of the hospital organization;
b. Describe how the hospital facility plans to meet the health need; or
c. Identify the health need as one the hospital facility does not intend to meet and explain why it does not intend to meet the health need.

Reporting Requirements

I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS:

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

Table I

Bed Designation:	443		
Inpatient Admissions:	35,701		
Primary Service Area ZIP Codes:	*20705* *20706* *20707* *20774* *20782* *20783* *20852*	*20853* *20874* *20877* *20886* *20895* *20901* *20902*	*20903* *20904* *20906* *20910* *20912*
All Other Maryland Hospitals Sharing Primary Service Area:	Anne Arundel Medical Center - 20774 Doctor's Community Hospital - 20706, 20774 Johns Hopkins Hospital - 20707, 20904 Laurel Regional Hospital - 20705, 20706, 20707, 20708, 20904 MedStar Montgomery Medical Center - 20853, 20902, 20904, 20906 Prince George's Hospital Center - 20706, 20774 Shady Grove Adventist Hospital - 20852, 20874, 20877, 20886 Suburban Hospital - 20852, 20874, 20895, 20902, 20906		

	UM Rehabilitation & Orthopaedic Institute - 20707 Washington Adventist Hospital - 20705, 20782, 20783, 20901, 20902, 20903, 20904, 20906, 20910, 20912
Percentage of Uninsured Patients, by County:	Montgomery County: 2.39% Prince George's County: 1.07%
Percentage of Patients who are Medicaid Recipients, by County:	Montgomery County: 17.68% Prince George's County: 7.60%

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

a. Describe in detail the community or communities the organization serves. (For the purposes of the questions below, this will be considered the hospital's Community Benefit Service Area – "CBSA". This service area may differ from your primary service area on page 1.) This information may be copied directly from the section of the CHNA that refers to the description of the Hospital's Community Benefit Community.

The Community We Serve *(excerpt from Holy Cross Hospital's CHNA, Fiscal Year 2012)*

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 percent are minorities. Our 12 ZIP code core market includes 339,489 people, of which 61 percent are minorities (see Figure 1).

Race	Four Market Area (1.5 Million)	Core Market (339,489)
White-Non-Hispanic	586,451 (38.4%)	131,225 (38.7%)
Black Non-Hispanic	502,823 (32.9%)	84,163 (24.8%)
Asian/Pacific Islander	151,230 (9.9%)	41,308 (12.2%)
Hispanic	241,125 (15.8%)	71,004 (20.9%)
All Others	45,893 (3.0%)	11,789 (3.5%)

Figure 1. Demographic breakdown of HCH market area by race

We draw 83 percent of our discharges from a defined market area with four sub-areas within Montgomery and Prince George's Counties (see Figure 2). Seventeen percent of our discharges come from outside this four-market area. Our core market is defined as 12 contiguous ZIP Codes in Montgomery County from which we draw 42 percent of our discharges. We draw 69 percent of our inpatient and outpatients from Montgomery County.

HCH Percent Distribution of Patient Discharges

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

Figure 2. HCH Four market area

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." Montgomery County is one of only 336 "majority-minority" counties in the country. During the last two decades, the county's foreign-born population increased from 12 percent in 1980 to more than 30 percent.[1] 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.

Montgomery County, Maryland's most populous jurisdiction, with a population of 971,777, has a median household income of $94,420 compared to the statewide median household income of $69,272. The county's income level is positively correlated to its level of education; more than half of the county's residents (56.3%) hold a bachelor's degree or higher compared to 35.7% statewide (U.S. Census Bureau, 2009 American Community Survey).

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

[1] Neal Peirce, "Outreach to immigrants: A suburb's exciting new way," *The Washington Post* May 17, 2009, from http://www.postwritersgroup.com/archives/peir090517.htm.

African American and Latino American populations. During the last two decades, minorities have become the majority – today 49 percent of the county's residents are non-Hispanic whites, down from 60 percent in 2000 and 72 percent a decade before that (Morella & Keating, 2011). Despite its relative wealth in terms of income, education and support for public services, more than 123,000 adults are uninsured (SAHIE, 2007).

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 863,420 residents and a median household income of $69,947, slightly higher than the state average (see figure 3). Less than one third (29.2 percent) of the county's residents hold a bachelor's degree or higher (U.S. Census Bureau, 2009 American Community Survey) and over 149,000 individuals are uninsured (SAHIE, 2007).

Despite the relative affluence of our local community, disparities exist. For example, in Montgomery County, key minority populations average lower median income than the income level determined for self-sufficiency. In Prince George's County, relatively high income levels do not help lower the African American infant mortality rate.

b. In Table II, describe significant demographic characteristics and social determinants that are relevant to the needs of the community and *include the source of the information in each response*. For purposes of this section, social determinants are factors that contribute to a person's current state of health. They may be biological, socioeconomic, psychosocial, behavioral, or social in nature. (Examples: gender, age, alcohol use, income, housing, access to quality health care, education and environment, having or not having health insurance.) (Add rows in the table for other characteristics and determinants as necessary).

Some statistics may be accessed from the Maryland State Health Improvement Process, (http://dhmh.maryland.gov/ship/) and its Area Health Profiles 2013, (http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx), the Maryland Vital Statistics Administration (http://dhmh.maryland.gov/vsa/SitePages/reports.aspx), The Maryland Plan to Eliminate Minority Health Disparities (2010-2014) (http://dhmh.maryland.gov/mhhd/Documents/Maryland_Health_Disparities_Plan_ of_ Action_6.10.10.pdf), the Maryland ChartBook of Minority Health and Minority
Health Disparities, 2nd Edition (http://dhmh.maryland.gov/mhhd/Documents/Maryland%20Health%20Disparities%2 0Data%20Chartbook%202012%20corrected%202013%2002%2022%2011%20A M.p df)

Table II

Community Benefit Service Area (CBSA) Target Population (target population, by sex, race, ethnicity and average age):

	CBSA Area
2013 Total Population	1,697,055
Total Male Population	814,955
Total Female Population	882,100
Females, Child Bearing Age (15-44)	355,546

RACE/ETHNICITY

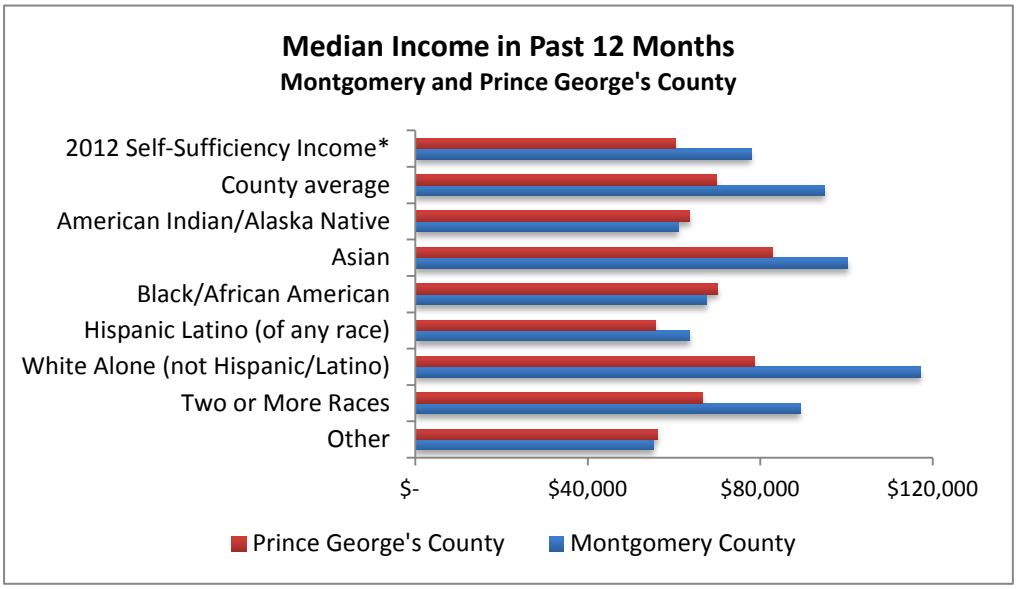
	Race/Ethnicity Distribution		
Race/Ethnicity	**2013 Pop**	**% of Total**	**USA % of Total**
White Non-Hispanic	533,623	31.4%	62.3%
Black Non-Hispanic	625,033	36.8%	12.3%
Hispanic	319,042	18.8%	17.3%
Asian & Pacific Is. Non-Hispanic	169,507	10.0%	5.1%
All Others	49,850	2.9%	2.9%
Total	**1,697,055**	**100.0%**	**100.0%**

POPULATION DISTRIBUTION

	Age Distribution		
Age Group	**2013 Pop**	**% of Total**	**USA 2011 % of Total**
0-14	332,878	19.6%	346,608
15-17	69,543	4.1%	70,526
18-24	158,441	9.3%	158,381
25-34	237,528	14.0%	229,064
35-54	488,554	28.8%	487,504
55-64	208,298	12.3%	236,039
65+	201,813	11.9%	249,008
Total	**1,585,117**	**100.0%**	**1,636,341**

Median Household Income within the CBSA :

AVERAGE HOUSEHOLD INCOME	
CBSA Area	**USA**
$113,630	$69,637



Median household income by race for Montgomery and Prince George's County. Source: U.S. Census Bureau, 2012 ACS, 1-year estimates; The Self-Sufficiency Standard for Maryland, 2012. *Annual self-sufficiency standard for one adult, one preschooler, and one school-age child.

Percentage of households with incomes below the federal poverty guidelines within the CBSA: **<25K = 11.7%**

HOUSEHOLD INCOME DISTRIBUTION

	Income Distribution		
2011 Household Income	**HH Count**	**% of Total**	**USA % of Total**
<$15K	39,346	6.4%	13.8%
$15-25K	32,391	5.3%	11.6%
$25-50K	108,128	17.6%	25.3%
$50-75K	108,862	17.7%	18.1%
$75-100K	83,216	13.6%	11.7%
Over $100K	242,030	39.4%	19.5%
Total	**613,973**	**100.0%**	**100.0%**

Please estimate the percentage of uninsured people by county within the CBSA:

PERCENT UNINSURED BY COUNTY	
Montgomery	**Prince George's**
11.9%	15.6%

Subject	Montgomery County			Prince George's County		
	Total Population	Number Uninsured	Percent Uninsured	Total Population	Number Uninsured	Percent Uninsured
	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate
Total civilian noninstitutionalized population	**996,434**	**118,148**	**11.9%**	**873,778**	**135,901**	**15.6%**
AGE						
Under 18 years	236,131	8,329	3.5%	202,963	10,851	5.3%
18 to 64 years	634,147	106,263	16.8%	582,675	123,015	21.1%
65 years and older	126,156	3,556	2.8%	88,140	2,035	2.3%
19 to 25 years	75,605	17,509	23.2%	102,140	25,154	24.6%
SEX						
Male	478,852	61,544	12.9%	419,161	75,746	18.1%
Female	517,582	56,604	10.9%	454,617	60,155	13.2%
RACE AND HISPANIC OR LATINO ORIGIN						
One Race						
White alone	564,888	39,444	7.0%	177,280	32,131	18.1%
Black or African American alone	169,892	27,261	16.0%	554,989	57,426	10.3%
American Indian and Alaska Native alone	3,225	618	19.2%	2,752	465	16.9%
Asian alone	143,372	16,540	11.5%	36,766	6,400	17.4%
Native Hawaiian and Other Pacific Islander alone	N	N	N	N	N	N
Some other race alone	71,432	30,116	42.2%	76,478	36,718	48.0%
Two or more races	43,213	4,169	9.6%	25,336	2,761	10.9%
White alone, not Hispanic or Latino	475,039	18,503	3.9%	127,482	10,466	8.2%
Hispanic or Latino (of any race)	179,219	54,886	30.6%	138,089	60,132	43.5%
NATIVITY AND CITIZENSHIP STATUS						
Native born	669,722	32,321	4.8%	690,866	59,206	8.6%
Foreign born	326,712	85,827	26.3%	182,912	76,695	41.9%
Naturalized	159,501	19,589	12.3%	72,522	12,088	16.7%
Not a citizen	167,211	66,238	39.6%	110,390	64,607	58.5%

Source: U.S. Census Bureau, 2012 American Community Survey; N = number of sample cases is too small to display.

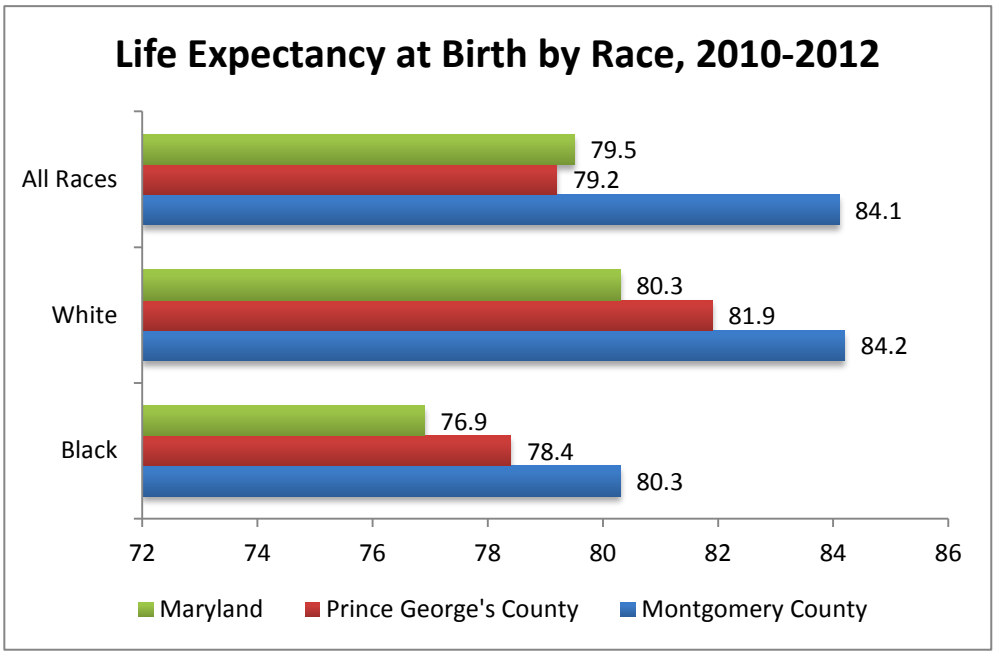
Percentage of Medicaid recipients by county within the CBSA:

PERCENTAGE OF MEDICAID RECIPIENTS BY COUNTY	
Montgomery	**Prince George's**
14.1% (141,675 recipients)	21.3% (187,615 recipients)

Source: Maryland Medicaid eHealth Statistics, Maryland Department of Health and Mental Hygiene, 2014; Population Data from U.S. Census Bureau, 2012 American Community Survey; DP05

Life expectancy by county within the CBSA (including by race and ethnicity where data are available):

LIFE EXPECTANCY BY COUNTY	
Montgomery	**Prince George's**
84.1 years	79.2 years



Source: Maryland Vital Statistics Annual Report, 2012

Mortality Rates by County within the CBSA (including by race and ethnicity where data are available):

Montgomery County

All Cause: 5,731

All sexes, races, ethnicities, and ages combined

Cause	Rank	Rate
Malignant Neoplasms	1	1,390
Diseases of the Heart	2	1,357
Cerebrovascular Disease	3	303
Chronic Lower Respiratory Disease	4	189
Accidents	5	178

Prince George's County

All Cause: 5,029

All sexes, races, ethnicities, and ages combined

Cause	Rank	Rate
Diseases of the Heart	1	1,286
Malignant Neoplasms	2	1,221
Cerebrovascular Disease	3	228
Accidents	4	198
Diabetes Mellitus	5	194

Montgomery County

Females

All Cause: 3,007

All races, ethnicities, and ages combined

Cause	Rank	Rate
Malignant Neoplasms	1	735
Diseases of the Heart	2	679
Cerebrovascular Disease	3	187
Chronic Lower Respiratory Disease	4	107
Alzheimer's Disease	5	104

Prince George's County

Females

All Cause: 2,460

All races, ethnicities, and ages combined

Cause	Rank	Rate
Diseases of the Heart	1	635
Malignant Neoplasms	2	609
Cerebrovascular Disease	3	116
Diabetes Mellitus	4	94
Chronic Lower Respiratory Disease	5	72

Montgomery County

Males

All Cause: 2,724

All races, ethnicities, and ages combined

Cause	Rank	Rate
Diseases of the Heart	1	678
Malignant Neoplasms	2	655
Cerebrovascular Disease	3	116
Chronic Lower Respiratory Disease	4	105
Accidents	5	82

Prince George's County

Males

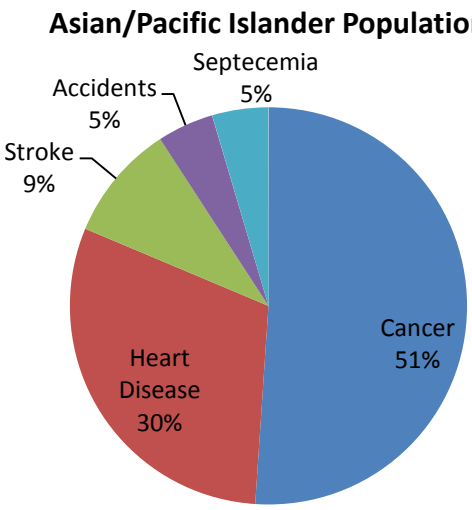
All Cause: 2,569

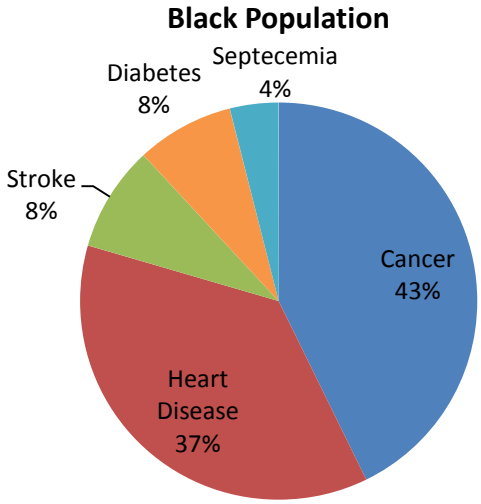
All races, ethnicities, and ages combined

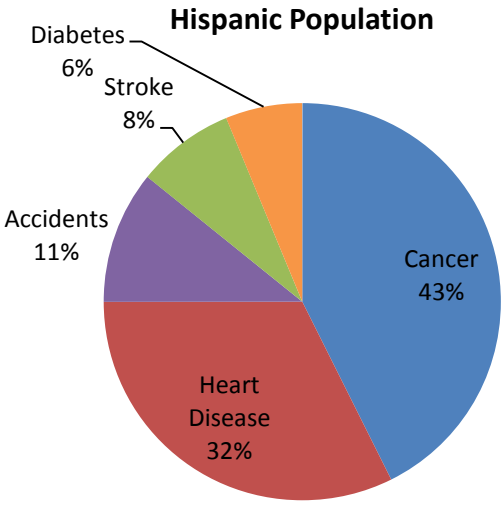
Cause	Rank	Rate
Diseases of the Heart	1	651
Malignant Neoplasms	2	612
Accidents	3	135
Cerebrovascular Disease	4	112
Diabetes Mellitus	5	100

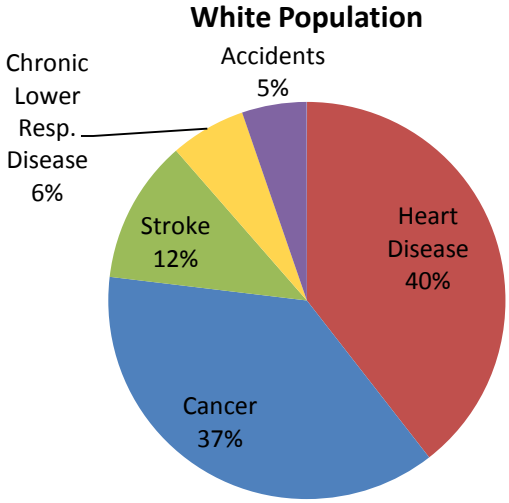
Source: Maryland Vital Statistics Annual Report, 2012

Cause of Death by Race/Ethnicity
Montgomery County



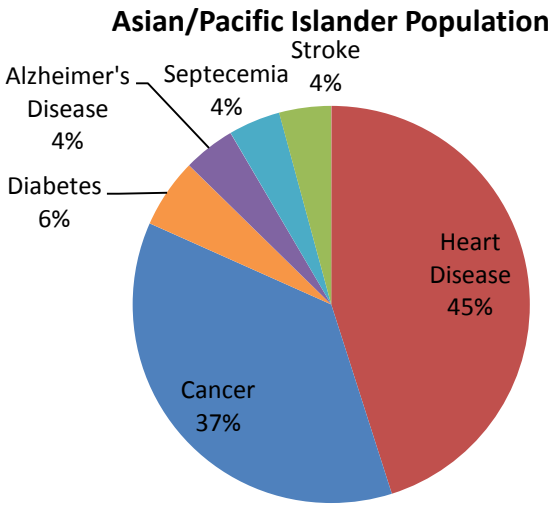


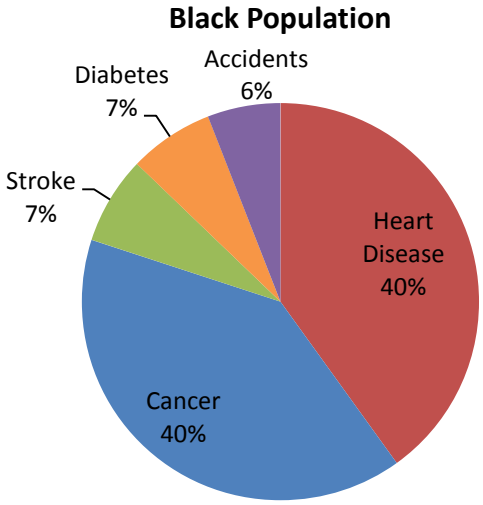


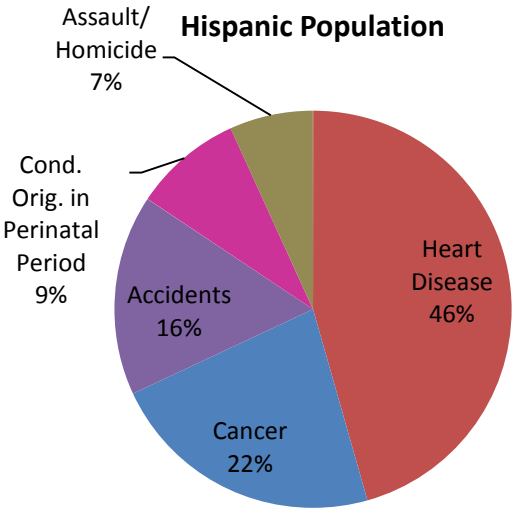


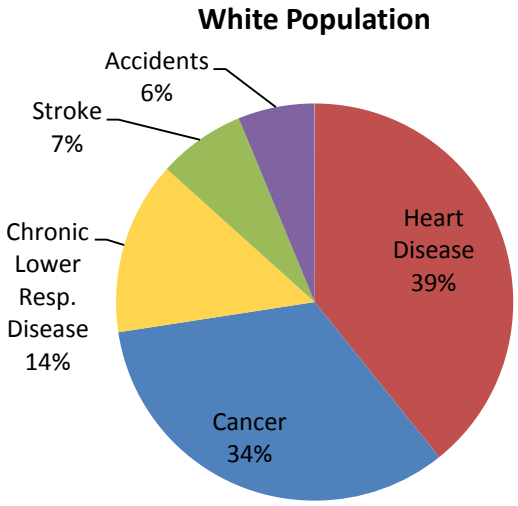
Source: Maryland Vital Statistics Annual Report, 2012

Cause of Death by Race/Ethnicity
Prince George's County









Source: Maryland Vital Statistics Annual Report, 2012

Access to healthy food, transportation and education, housing quality and exposure to environmental factors that negatively affect health status by County within the CBSA. (to the extent information is available from local or county jurisdictions such as the local health officer, local county officials, or other resources) See SHIP website for social and physical environmental data and county profiles for primary service area information: http://dhmh.maryland.gov/ship/SitePages/measures.aspx

Access to Healthy Food:

GROCERY STORES* PER 100,000 RESIDENTS

Montgomery	Prince George's	Maryland	United States
21.2	19.11	20.82	21.14

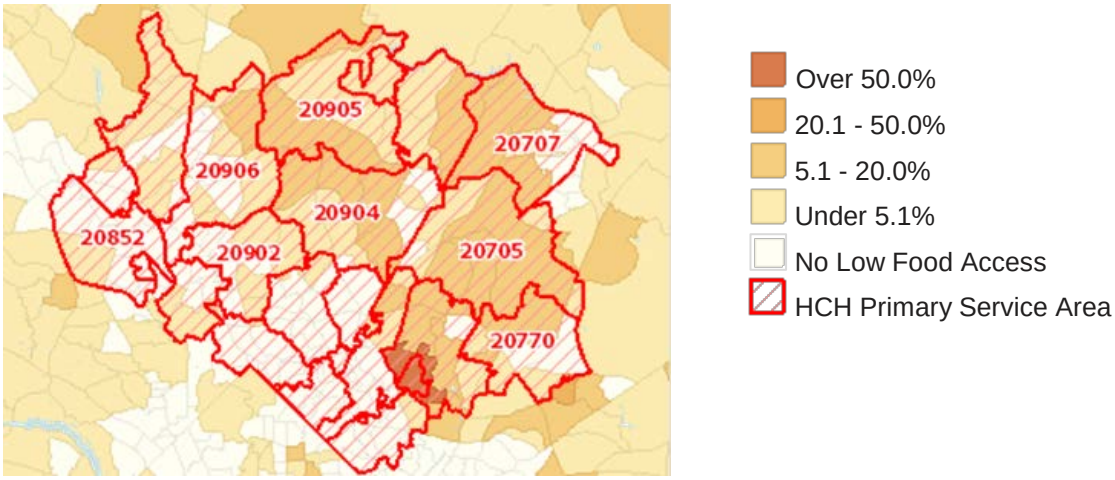
* Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry. Convenience stores and large general merchandise stores that also retail food are excluded. Source: US Census Bureau, County Business Patterns: 2012. Additional data analysis by CARES. Community Commons, 2014.

SNAP-Authorized Retailers, Rate per 100,000 Population

Montgomery	Prince George's	Maryland	United States
34.06	54.9	64.66	78.44

Source: US Department of Agriculture, Food and Nutrition Service, USDA - SNAP Retailer Locator: 2014. Additional data analysis by CARES. Community Commons, 2014.

Low Income Population with Low Food Access, Percent by Tact



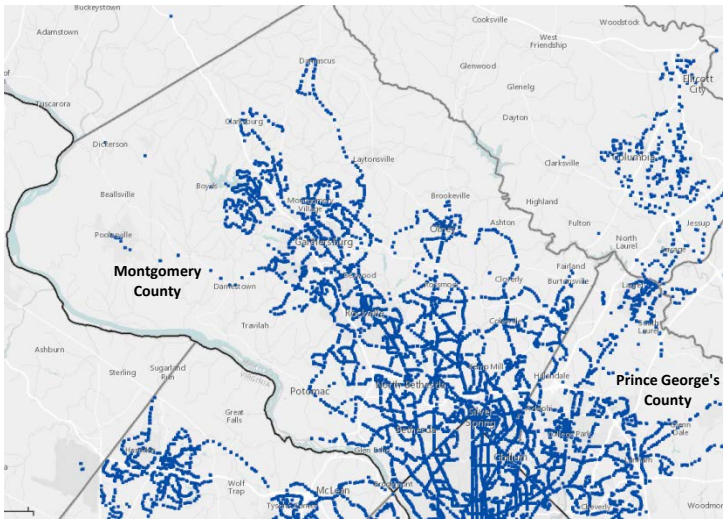
Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas: 2010. Community Commons, 2014

Transportation:

Use of Public Transportation			
Montgomery	**Prince George's**	**Maryland**	**United States**
15.39%	17.44%	8.83%	4.98%

Source: US Census Bureau, American Community Survey: 2008-12. Community Commons, 2014.

Transit Stops and Stations by Location



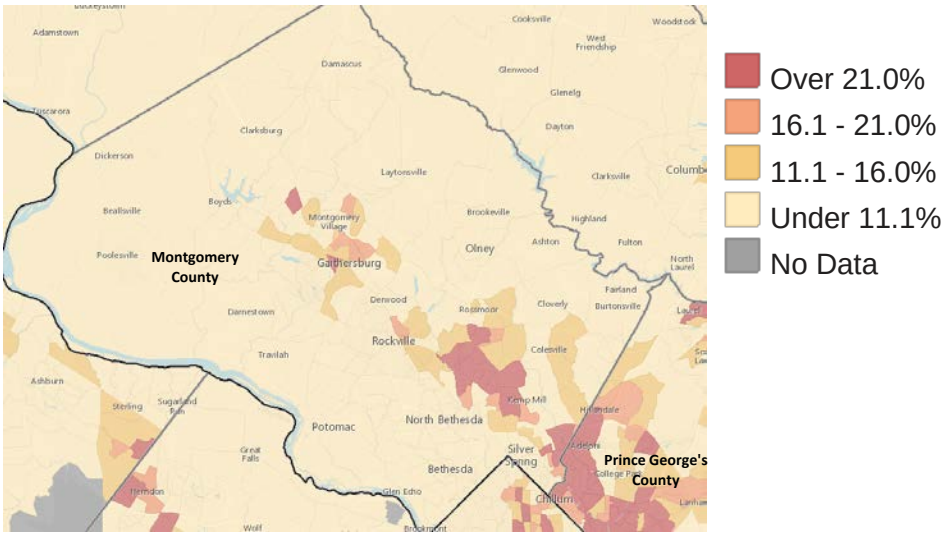
Source: Environmental Protection Agency, EPA Smart Location Database: 2013, Community Commons, 2014.

Education:

Population Aged 25+ with No High School Diploma			
Montgomery	**Prince George's**	**Maryland**	**United States**
8.96%	14.45%	11.50%	14.28%

Source: US Census Bureau, American Community Survey: 2008-12. Source geography: Community Commons, 2014

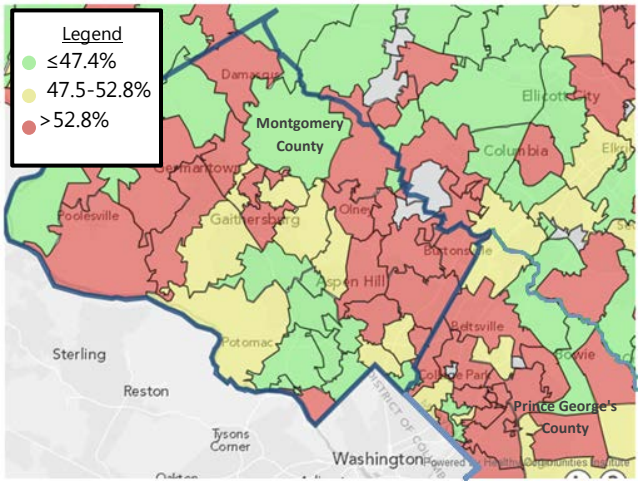
Population with No High School Diploma, Percent by Tract, ACS 2008-12



Source: US Census Bureau, American Community Survey: 2008-12, Community Commons, 2014

Housing Quality:

Percentage of Renters Spending more than 30% of Income on Rent, by ZIP Code



Source: American Communities Survey, 2008-2012; Healthy Communities Institute.

Environmental Factors:

Percentage of Days Exceeding Emission Standards for Ozone (O3) Levels*, Population Adjusted Average

Montgomery	Prince George's	Maryland	United States
1.25%	1.29%	1.02%	.47%

*National Ambient Air Quality Standard = 75 parts per billion
Source: Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network: 2008. Community Commons, 2014

Percentage of Days Exceeding the Particulate Matter 2.5* Standards, Population Adjusted Average

Montgomery	Prince George's	Maryland	United States
1.25%	1.29%	1.02%	.47%

*National Ambient Air Quality Standard = 35 micrograms per cubic meter
Source: Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network: 2008. Community Commons, 2014

Available detail on race, ethnicity, and language within CBSA. See SHIP County profiles for demographic information of Maryland jurisdictions.

Demographics	Montgomery County	Prince George's County	Maryland
Total Population*	971,777	863,420	5,773,552
Age*, %			
Under 5 Years	6.6%	6.8%	6.3%
Under 18 Years	24.0%	23.9%	23.4%
65 Years and Older	12.3%	2.9%	12.3%
Race/Ethnicity, %*			
White	57.5%	19.2%	58.2%
Black	17.2%	64.5%	29.4%
Native American	00.4%	0.5%	0.4%
Asian	13.9%	4.1%	5.5%
Hispanic or Latino origin	17.0%	14.90%	8.20%
Median Household Income**	$92,451	$70,384	$70,017
Households in Poverty**, %	6.3%	7.2%	8.6%
Pop. 25+ Without H.S. Diploma**, %	9.6%	14.6%	12.1%
Pop. 25+ With Bachelor's Degree or Above**, %	56.2%	28.8%	35.6%
Language other than English spoken at home, pct age 5+***	37.5%	19.6%	15.9%

Sources: *U.S. Census (2010), **American Community Survey (2008-2010), ***American Community Survey (2006-2010)

Other: SHIP Baseline Measures

	Obj #	SHIP Measure (County Baseline Source)	Montgomery County Baseline	Prince George's County Baseline	Maryland Baseline	National Baseline	County by Race/ Ethnicity*	Maryland Target 2014	% Diff from Maryland Baseline	% Diff from National Baseline
Healthy Babies	1	Life expectancy at birth (VSA 2009)	83.8	77.5	78.6	77.9		82.5	6.6	7.6
	2	Infant Mortality Rate per 1,000 births(VSA 2007-2009)	5.7	10.4	7.2	6.7	White/NH-4.9 Black-11.3 Asian- 4.4 Hispanic-2.6	6.6	20.8	14.9
	3	Percentage of births that are LBW (VSA 2007-2009)	8.00%	10.60%	9.20%			8.50%		
	4	Rate of SUIDs (includes deaths attributed to Sudden Infant Death Syndrome (SIDS), Accidental Suffocation and Strangulation in Bed (ASSB) and deaths of unknown cause) per 1,000 births (VSA 2005-2009)	0.5	0.9	1	0.9		0.89	54.6	49.6
	6	Percentage of births where mother received first trimester prenatal care (VSA 2007-2009)	82.80%	67.00%	80.20%			84.20%		
Healthy Social Environments	7	Rate of indicated non-fatal child maltreatment cases reported to social services per 1,000 children under age 18 (Dept of Human Resources FY2010)	3.2	3.6	5	9.4		4.8	35.6	65.7
	8	Rate of suicides per 100,000 population (VSA 2007-2009)	7.1	6.3	9.6	11.3		9.1	25.9	37
	9	Rate of deaths associated with fatal crashes wheredriver had alcohol involvement per 100 million Vehicle Miles of Travel (SHA 2009)	***, 11 (Count only)	0.3	0.27	0.4		0.27	N/A	N/A
	10	Percentage of children who enter kindergarten ready to learn (MSDE 2010-2011)	74.00%	79.00%	81.00%	N/A		85.00%	-8.6	N/A
	11	Percentage of students who graduate high school four years after entering 9th grade (MSDE 2010)	85.00%	73.30%	80.70%			84.70%		
	12	Rate ED visits related to domestic violence/abuse per 100,000 population (HSCRC 2010)	30.7 ##	62.7 ##	69.6	N/A		66	55.9	N/A
Safe Physical Environments	13	Rate of new (incident) cases of elevated blood lead level in children under 6 per 100,000 (MDE 2009)	28.7	74.6	79.1	N/A		39.6	68.8	N/A
	14	Rate of deaths associated with falls per 100,000 population (VSA 2007-2009)	7.7	4.6	7.3	7		6.9	-5.1	-9.6
	15	Rate of pedestrian injuries (SHA 2007-2009)	44.2	47.8	39	22.6		29.7	-13.3	-95.6
	16	Rate of Salmonella infections per 100,000 (IDEHA 2010)	13.7	11.7	18.8	15.2		12.7	27.1	9.87
	17	Rate of ED visits for asthma per 100,000 population (HSCRC 2010)	406.0 ##	717.0 ##	850			671		
	18	Percentage of census tracts with food deserts (USDA 2000)	1.10%	13.6%	5.80%	10.00%		5.50%	81	89
	19	Number of days per year the AQI exceeded 100; not all counties are measured for AQI (EPA 2008)	5	N/A	8.4	11		8	40.5	54.5
Infectious Disease	20	Rate of new (incident) cases of HIV in persons age 13 and older per 100,000 (IDEHA 2009)	18.8	56.4	32	N/A		30.4	41.2	N/A
	21	Rate of Chlamydia infection for all ages per 100,000 (IDEHA 2009)	198.2	631	416.7	N/A	White- 101.6 Black-410.2 Asian- 50.9 Hispanic- 246.2 (all ages)	N/A	52.4	N/A
	24	Percentage of adults who have had a flu shot in last year (BRFSS 2008-2010)	49.20%	33.90%	43.00%	25.00%	White/NH-55.2% Black- 37.3% Hispanic- 40.2%	61.50%	14.4	96.8
Chronic Disease	25	Rate of heart disease deaths per 100,000 population (age adjusted) (VSA 2007-2009)	130.2	224.2	194			173.4		
	26	Rate of cancer deaths per 100,000 population (age adjusted) (VSA 2007-2009)	130.1	173.8	177.7			169.2		
	27	Rate of ED visits for diabetes per 100,000 population (HSCRC 2010)	168.8 ##	308.4 ##	347.2			330		
	28	Rate of ED visits for hypertension per 100,000 population (HSCRC 2010)	123.3 ##	257.7 ##	237.9			225		
	29	Rate of drug-induced deaths per 100,000 population (VSA 2007-2009)	5.9	6.1	13.4	12.6		12.4	56	53.2
	30	Percentage of adults who are at a healthy weight (not overweight or obese) (BRFSS 2008-2010)	47.70%	28.60%	34.00%	30.80%		35.70%		
	31	Percentage of youth (ages 12-19) who are obese (MYTS 2008)	8.40%	17.90%	11.90%			11.30%		
	32	Percentage of adults who currently smoke (BRFSS 2008-2010)	7.80%	20.60%	15.20%			13.50%		
	33	Percentage of high school students (9-12 grade) that have used any tobacco product in the past 30 days (MYTS 2010)	19.20%	26.00%	24.80%			22.30%		
	34	Rate of ED visits for a behavioral health condition per 100,000 population (HSCRC 2010)	741.2 ##	713.1 ##	1,206.30			1,146.00		
	35	Rate of hospital admissions related to dementia/ Alzheimer's per 100,000 population (HSCRC 2010)	9.4	11.5 ##	17.3	N/A		16.4	45.9	N/A
Healthcare Access	36	Percentage of civilian, non-institutionalized 18-64 yr olds with any type of health insurance (BRFSS 2008-2010)	87.60%	82.20%	86.50%			90.90%		
	38	Percentage of children 4-20 yrs enrolled in Medicaid that received a dental service in the past year (Medicaid CY2009)	66.80%	57.80%	59.00%			62.00%		
	39	Percentage of people who reported there was a time in the last 12 months they could not afford to see a doctor (BRFSS 2008-2010)	11.00%	15.80%	12.00%			11.40%		

Figures in Red/Green represent when the county baseline is worse/better than the sate and national baselines.
Three-year rolling averages are presented for many of the measures as a means to display more stable data (less year-to-year variation) while showing change over time. Data details for figures found in "National Baseline" and "Maryland Baseline" columns can be found on the Maryland SHIP webpage under MEASURES at http://dhmh.maryland.gov/ship/measures.html.

Only visits made by Maryland residents to Maryland hospitals were used for the analysis; visits made by Maryland residents to out-of-state hospitals were not included. Actual rates are likely to be higher.

* Race/ethnicity definitions based on the sources of data used. Hispanic origin can be from any race; White/NH denotes those who are both White and of Non-Hispanic origin.

***Rates based on counts less than 20 are not shown due to instability.

^ Maryland baseline value for Objective #36 - Proportion of persons with health insurance -- has been adjusted to allow for comparison with county level data.

Percent difference formula: $\frac{x\ county - x\ state}{x\ state} \times 100$

II. COMMUNITY HEALTH NEEDS ASSESSMENT

1. Has your hospital conducted a Community Health Needs Assessment that conforms to the IRS definition detailed on pages 4-5 within the past three fiscal years?

   _X_ Yes
   ____No

   Provide date here. 10 /27 / 11 (mm/dd/yy)

   If you answered yes to this question, provide a link to the document here.

   http://www.holycrosshealth.org/documents/community_involvement/HCH_CommunityHealthNeedsAssessment_FY13.pdf

2. Has your hospital adopted an implementation strategy that conforms to the definition detailed on page 5?

   _X_ Yes Enter date approved by governing body here: 10/27 /11 (mm/dd/yy)
   ___No

   If you answered yes to this question, provide the link to the document here.
   http://www.holycrosshealth.org/documents/community_involvement/HCH_CommunityBenefitImplementationStrategy_FY13.pdf

III. COMMUNITY BENEFIT ADMINISTRATION

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

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

      _X_ Yes
      ___No

   b. What stakeholders in the hospital are involved in your hospital community benefit process/structure to implement and deliver community benefit activities? (Please place a check next to any individual/group involved in the structure of the CB process and provide additional information if necessary):

      i. Senior Leadership

         1. _X_ CEO, Holy Cross Health

2. __X__ CFO, Holy Cross Health
3. __X__ Other (Chief Strategy Officer, Holy Cross Health; Chief Mission Officer, Holy Cross Health; Chief Executive and Governance Operations, Holy Cross Health; Vice President, Community Health, Holy Cross Health; President, Holy Cross Hospital; Vice President, Revenue Cycle Management, Holy Cross Health; President, Holy Cross Health Network; Vice President, Operations, Holy Cross Health Network)

ii. Clinical Leadership

1. __X__ Physician (Medical Director, Community Care Delivery, Holy Cross Health Network)
2. __X__ Nurse (Chief Nursing Officer, Holy Cross Hospital; Senior Director, Women's and Children's Services, Holy Cross Hospital; Directors, HC Health Centers at Silver Spring, Gaithersburg and Aspen Hill, Holy Cross Health Network)
3. ___Social Worker
4. ___Other (please specify)

iii. Community Benefit Department/Team

1. __X__ Individual (1.0 FTE)
2. ___Committee (please list members)
3. ___Other (please describe)

The CEO Review Committee on Community Benefit meets quarterly made up of all individuals listed above. Community Benefit Operations is administered by the Community Benefit Officer with oversight from the President, Holy Cross Health Network.

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

Spreadsheet __X__ yes _____no
Narrative __X__ yes _____no
In addition, it undergoes an external audit as part of the audited financials

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

Spreadsheet __X__ yes _____no
Narrative __X__ yes _____no

If you answered no to this question, please explain why.

IV. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES
This Information should come from the implementation strategy developed through the CHNA process.

1. Please use Table III (see attachment)or, as an alternative, use Table IIIA, to provide a clear and concise description of the primary needs identified in the CHNA, the principal objective of each initiative and how the results will be measured, time allocated to each initiative, key partners in the planning and implementation of each initiative, measured outcomes of each initiative, whether each initiative will be continued based on the measured outcomes, and the current FY costs associated with each initiative. Use at least one page for each initiative (at 10 point type). Please be sure these initiatives occurred in the FY in which you are reporting.
   Please see attached examples of how to report.

For example: for each principal initiative, provide the following:

a. Identified need: This includes the community needs identified by the CHNA. ***Include any measurable disparities and poor health status of racial and ethnic minority groups***.

b. Name of Initiative: insert name of initiative.

c. Primary Objective of the Initiative: This is a detailed description of the initiative, how it is intended to address the identified need, and the metrics that will be used to evaluate the results (Use several pages if necessary)

d. Single or Multi-Year Plan: Will the initiative span more than one year? What is the time period for the initiative?

e. Key Partners in Development/Implementation: Name the partners (community members and/or hospitals) involved in the development/implementation of the initiative. Be sure to include hospitals with which your hospital is collaborating on this initiative.

f. How were the outcomes of the initiative evaluated?

g. Outcome: What were the results of the initiative in addressing the identified community health need, such as a reduction or improvement in rate? (Use data to support the outcomes reported). How are these outcomes tied to the objectives identified in item C?

h. Continuation of Initiative: Will the initiative be continued based on the outcome?

i. Expense: A. What were the hospital's costs associated with this initiative? The amount reported should include the dollars, in-kind-donations, or grants associated with the fiscal year being reported. B. Of the total costs associated with the initiative, what, if any, amount was provided through a restricted grant or donation?

Identified Need Maternal and Infant Health (Priority #1) – viewed through the lens of unhealthy behaviors and health inequities	The health and well-being of women, infants and children determines the health of the next generation and can help predict future public health challenges for families, communities and the health care system (U.S. Department of Health and Human Services, 2010). The rates of low-birth-weight (LBW) and very low-birth-weight (VLBW) births in Montgomery and Prince George's County are highest among African American/Black births. Although Montgomery County met the Healthy People 2020 LBW target of 7.8% in 2007, the percent of LBW births increased in 2009 to 8.2%. The percent of VLBW births remained at 1.4%, which equals the Healthy People 2020 target. Montgomery County has an infant death rate that is comparable to the median value (5.5 deaths per 1,000 live births) of all 24 Maryland jurisdictions. While the overall County infant mortality rate meets the Healthy People 2020 target of 6.0 per 1,000 live births, the African American/Black infant mortality rate is almost double the county rate at 10.7 deaths per 1,000 live births. Teen mothers and mothers under 25 years of age are most likely not to have entered care within their first trimester. In Montgomery County, only 67% of Hispanic/Latino mothers and 76.2% of African American/Black mothers entered care in their first trimester in 2009, both below the Healthy People 2020 target of 77.9%.
Hospital Initiative	Community United for at Term Infants and Education (CUTIE)
Primary Objective	Decrease infant mortality in minority women/teens in Montgomery county by • Helping women to be and stay healthy before becoming pregnant • Supporting women during pregnancy to reduce the chance of premature birth or low birth weight babies • Supporting families for the first year of the baby's life
Single or Multi-Year Initiative Time Period	Multi-year program
Key Partners in Development and/or Implementation	Maryland Department of Health and Mental Hygiene, Office of Minority Health and Health Disparities, Montgomery County African American Health Program, Montgomery County Fetal Infant Mortality Review Community Action Team, and Interagency Coalition for Adolescent Pregnancy

How were the outcomes evaluated?	Process: • Number of women enrolled o Number of teens and minority adult women enrolled • Number of adult childbirth sessions held • Number of teen prenatal classes held with follow-up events • Number of educational encounters Impact: • Number of babies delivered • Number of babies born greater than 37 weeks and greater than 2500 grams	

Outcomes (Include process and impact measures)	Process:
	• 49 women enrolled (40 remained active in the program)
	  o 25 Teens (8-African American/Black, 16-Latina, 1-Asian American)
	  o 17 Adult African American/Blacks
	• 2 adult childbirth sessions held with 62 participants
	• 5 teen prenatal classes held with 5 follow-up events for teens (78 participants)
	• 21 events educational events in the community and 14 community outreach events in the community (health fairs) with 2,170 encounters
	Impact:
	• 33 babies delivered (7 were still pregnant at the end of FY14)
	• 4 of the 33 babies were preterm/low birth weight (12%)	

Continuation of Initiative	Yes	
A. Total Cost of Initiative for Current Fiscal Year B. What amount is Restricted Grants/Direct offsetting revenue	A. Total Cost of Initiative $105,115	B. Direct offsetting revenue from Restricted Grants $77,778

Identified Need Cardiovascular Health (Priority #2) – viewed through the lens of unhealthy behaviors	The senior population of both Montgomery and Prince George's Counties is growing more than 4% per year (compared to less than 1% per year for the younger population). Seniors use hospital days at a rate six times higher than those <65. The aging population affects every aspect of society, with the largest effects occurring in public health, social services, and health care systems (Centers for Disease Control and Prevention, 2013). Two out of every three older Americans have multiple chronic conditions and experience disproportionate rates of heart disease, cancer, diabetes, congestive heart failure, arthritis and dementia (including Alzheimer's) (Centers for Disease Control and Prevention, 2013). The leading cause of death in the Montgomery and Prince George's County population aged 65 and over is heart disease.
Hospital Initiative	Senior Fit
Primary Objective	To provide age appropriate exercise classes to minimize symptoms of chronic disease and improve strength, flexibility and cardiovascular endurance and encourage self-management. • To improve the health of older adults in our community by offering free, accessible exercise classes designed to increase strength and flexibility. • To reduce the pain level of people with chronic illness and pain. • To teach self-management skills related to physical activity. • To improve socialization of participants and reduce social isolation. • To build a referral network among physicians, nurses, community center staff and allied health professionals.
Single or Multi-Year Initiative Time Period	Multi-Year, in operation since 1995
Key Partners in Development and/or Implementation	Holy Cross Health, Kaiser Permanente of the Mid-Atlantic States, Montgomery County Department of Recreation (community and senior centers), Maryland National Capital Park and Planning Commission (community and senior centers), Faith-Based Organizations, Retirement Communities, Montgomery County Housing Opportunities Commission

How were the outcomes evaluated?	*Process* - Number of participants enrolled, number of classes held, average daily attendance, number of encounters, average age of participants, Community Need Index score of participants, and demographic information *Impact* Participants complete the evidence-based Rikli and Jones Senior Fitness Test twice a year to measure functional fitness by assessing: upper body strength (arm curl), lower body strength (chair stand), upper body flexibility (back scratch) and speed and agility (8-foot up and go).
Outcomes (Include process and impact measures)	*Process* - 2,801 enrolled participants - 68 weekly classes held at 23 sites with average daily attendance of 1,016 - 109,474 encounters during FY14 - Approximately 50% participants are aged 70 - 79 - Weighted Community Need Index score for all participants is 2.85. - 79% Female, 21% Male - 19% Asian American, 20% Black/African American, 3% Hispanic/Latino American, 56% White Non-Hispanic, 2% other *Impact* The April 2012 results showed: - 742 participants completed the test - 86% scored above or within standard on all of the tests - Results strongly indicate participants have the ability to maintain an independent lifestyle. Results from the FY13 qualitative evaluation showed: - 22% (172) of the 780 respondents reported that they participate in Senior Fit because it was recommended by their physician - 92% reported improved strength - 94% reported better flexibility - 75% reported a decrease in pain. - 89% reported improvement in balance - 85% reported improvement in ability to handle activities of daily living Information on health care utilization: - 70% visited a physician in the past 3 months (planned visit). - 5% were treated at an emergency room in the past 3 months (unplanned provider visit) - 2% stayed in the hospital overnight or longer in the past 3 months - 9% were admitted to a hospital in calendar year 2012 The three most common chronic diseases among participants were

	hypertension (44%), arthritis/rheumatic disease (36%) and osteopenia/osteoporosis (27%).	
Continuation of Initiative	Yes	
A. Total Cost of Initiative for Current Fiscal Year B. What amount is Restricted Grants/Direct offsetting revenue	C. Total Cost of Initiative $378,291	D. Direct offsetting revenue from Restricted Grants $105,932

Identified Need Cardiovascular health (Priority #2) and Diabetes (Priority #4)– viewed through the lens of unhealthy behaviors	Together, heart disease and stroke are among the most widespread and costly health problems facing the Nation today, they are also among the most preventable (U.S. Department of Health and Human Services, 2010). In Montgomery and Prince George's Counties heart disease is the leading cause of death and stroke is the third leading cause of death. Heart disease is the leading cause of death for African American/Black, Hispanic/Latino American and White residents and is the second leading cause of death among Asian and Pacific Islander residents. African American/Black residents die from stroke at a rate that is 15% (34.4 deaths per 100,000 population) higher than White residents (29.8 per 100,000 population) and more than double the rate experienced by Hispanic/Latino residents (14.5 per 100,000 population). Men are disproportionately affected by heart disease mortality with a death rate that is more than 50% higher than it is for women. (167.5 deaths per 100,000 population vs. 106.2 per 100,000 population, respectively). African Americans/Blacks are also disproportionately affected by heart disease mortality. The mortality rate for African Americans/Blacks (159.5 per 100,000 population) is three times the rate Hispanic/Latino American residents (53.9 per 100,000 population) and more than doubles the Asians and Pacific Islanders rate (71.7 per 100,000 population). Diabetes Mellitus affects an estimated 23.6 million people in the United States and is the 7th leading cause of death (CDC, 2008) It is the ninth leading cause of death in Montgomery County and the fourth leading cause of death in Prince George's County (Maryland Vital Statistics, 2009). Diabetes can lower life expectancy by up to 15 years and increases the risk of heart disease by 2 to 4 times. It is also the leading cause of kidney failure, lower limb amputations and adult-onset blindness (U.S. Department of Health and Human Services, 2010). Further analysis of Montgomery County data reveals that it is the fourth leading cause of death among African Americans/Blacks, fifth leading cause of death among Hispanics/Latinos, and sixth leading cause of death among Asians and Pacific Islanders (DHHS, 2011). African American/Blacks also die from diabetes more often when compared to the overall county (see Figure 6). The mortality rate (28.8/100,000) for African American/Black residents is more than twice the overall county rate (12.7/100,000). Among African American/Black women, diabetes is the third leading cause of death. The overall mortality rate for Prince George's County is 31.4/100,000.

Hospital Initiative	Chronic Disease Self-Management Program
Primary Objective	To enable participants to build self-confidence and assume a major role in maintaining their health and managing their chronic health conditions. As measured by: • Increases in healthy behaviors (i.e., exercise and cognitive symptom management techniques, such as relaxation) • Positive change in health status (less pain and fatigue) • Positive change in self-esteem (less worry and health distress) • Increased self-efficacy • Better communications with health providers • Fewer emergency room and unplanned provider visits unplanned visits to physicians
Single or Multi-Year Initiative Time Period	Multi-year program
Key Partners in Development and/or Implementation	Holy Cross Health, Montgomery County Department of Health and Human Services, Maryland Department on Aging and Holy Cross Health Foundation
How were the outcomes evaluated?	Pre- and post-tests are completed for each 6-week workshop
Outcomes (Include process and impact measures)	**Process** - 6 workshops were held in FY14 - 95 participants - 35 completers - 277 encounters - Average age of participants: 72 - 40% Non-Hispanic White, 12% Black/African American and 48% Asian American - Peer leaders who took the update training: 15 - ZIP codes for sites: 20874, 20878, 20879, 20904 - Master trainers for program: 3 **Impact (evidence-based program):** - Increased exercise - Better coping strategies and symptom management - Better communication with their physicians - Improvement in self-rated health, disability, social and role activities, and health distress - More energy and less fatigue

	- Decreased disability - Fewer physician visits and hospitalizations After 2 years: - No further increase in disability - Reduced health distress - Fewer visits to physicians and emergency rooms - Increased self-efficacy. Holy Cross Health received two recognition awards at the Maryland Department of Aging's 2014 Evidence-Based Academy *for Reach to Diverse Communities* and *Highest Average Number of Participants Per Workshop*.	
Continuation of Initiative	Yes	
A. Total Cost of Initiative for Current Fiscal Year B. What amount is Restricted Grants/Direct offsetting revenue	E. Total Cost of Initiative $58,849	F. Direct offsetting revenue from Restricted Grants $1,100

Identified Need Obesity (Priority #3) – viewed through the lens of unhealthy behaviors and health inequities	During the past twenty years, obesity rates have increased in the United States; doubling for adults and tripling for children. More than 50% of Montgomery County residents and more than 70% of Prince George's County residents are overweight or obese (BRFSS, 2012). Obesity affects all populations, regardless of age, sex, race, ethnicity and socioeconomic status (U.S. Department of Health and Human Services, 2010), however, disparities do exist and rates are affected by race/ethnicity, sex and age. In Prince George's County seven out of ten Hispanic adults and African American/Black adults are either overweight or obese. In both counties, obesity levels are lowest among the Asian/Pacific Islander adults and highest among African American/Black and Hispanic adults. Fruit and vegetable consumption is an indicator of health because unhealthy eating habits can lead to obesity, diabetes and other health issues. Approximately 70% of Montgomery County adults and approximately 68% of Prince George's County adults consume less than five servings of fruits and vegetables each day.
Hospital Initiative	Kids Fit
Primary Objective	Increase awareness of healthy behaviors and provide exercise classes to prevent or decrease obesity in children aged 6-12.
Single or Multi-Year Initiative Time Period	Multi-Year, in operation since 2006
Key Partners in Development and/or Implementation	Holy Cross Health, Montgomery County Housing Opportunities Commission sites: Georgian Court, Olney Towne Center, Shady Grove Center, Stewartown Homes, and The Willows
How were the outcomes evaluated?	<u>Process</u> • Number of children enrolled • Number of classes held • Number of sites • Number of encounters • Demographic information of participants • Information on healthy lifestyle is provided • Nutritious snack provided • President's Challenge exercises are reviewed and teamwork skills are practiced regularly.

	Impact Evidence-based President's Challenge Fitness test is administered twice a year. The assessment evaluates upper body strength (push-ups), core strength (curl ups), lower body flexibility (sit and reach) and speed and agility (shuttle run).	
Outcomes (Include process and impact measures)	Process • 120 enrolled participants • 6 weekly classes held at 5 sites • 5,248 encounters for FY14 • Age of participants: 6 - 12 • Majority of participants are Black/African American and Hispanic/Latino American • Healthy lifestyle information provided at all classes • Nutritious snack provided Impact 70% of participants completed the President's Challenge Test. Scores for girls improved by 14% on the shuttle run and 22% on push-ups in FY14. Scores for girls declined by 4% on curl ups and 5% on the sit and reach. Scores for boys improved by 5% on the shuttle run and 6% on push-ups, and remained the same for curl-ups and the sit and reach.	
Continuation of Initiative	Yes	
A. Total Cost of Initiative for Current Fiscal Year B. What amount is Restricted Grants/Direct offsetting revenue	G. Total Cost of Initiative $51,049	H. Direct offsetting revenue from Restricted Grants $0

Identified Need Cancer (Priority #5) – viewed through the lenses of lack of access and health inequities	Incidence and death rates for all cancers have been declining due to advances in research, detection and treatment, yet cancer remains a leading cause of death in the United States (U.S. Department of Health and Human Services, 2010). In 2012, it was the leading cause of death in Montgomery County and the second leading cause of death in Prince George's County (Vital Statistics, 2012). In Montgomery County, cancer surpassed heart disease as the leading cause of death in African Americans/Blacks, Hispanics and Asians and Pacific Islanders. The burden of battling cancers within our community varies; with disparities clearly present (DHHS, 2011). For example, in Montgomery County the breast cancer incidence rate for White women is higher than for African American/Black women, however, the death rate for African American/Black women is more than 50% higher.
Hospital Initiative	Mammogram Assistance Program Services (MAPS)
Primary Objective	To reduce breast healthcare disparities in low-income, medically underserved, uninsured racial and ethnic women and men. • To provide high quality, culturally competent outreach and education to 5,000 individuals annually. • To provide early detection of breast cancer by screening 500 individuals annually. • To provide high quality, culturally competent and comprehensive breast health care navigation and case management services to an estimated 100 uninsured or underinsured racial and ethnic women annually
Single or Multi-Year Initiative Time Period	Single-Year FY2014
Key Partners in Development and/or Implementation	Holy Cross Health, Diagnostic Medical Imaging, PA, Holy Cross Health Centers: Aspen Hill, Gaithersburg and Silver Spring, People's Community Wellness Center, and Proyecto Salud, Wheaton
How were the outcomes evaluated?	*Process* • Average time from diagnosis to treatment • Number of participants with abnormal findings who received case management and navigation services • Number of participants educated on breast cancer and the

	importance of early detection. • Success rate in linking low-income eligible participants with symptoms to the State of Maryland Breast and Cervical Cancer Diagnosis and Treatment Program for annual medical expense coverage. *Impact* Number of mammograms (screening and diagnostic), breast ultrasounds, surgical referrals and diagnosed cancers	
Outcomes (Include process and impact measures)	*Process* • Average time from diagnosis to treatment is three weeks. • Case management and navigation services were provided for 82 participants with abnormal findings. • 6,864 participants were educated on breast cancer and the importance of early detection. • Achieved 100% success rate in linking low-income eligible participants with symptoms to the State of Maryland Breast and Cervical Cancer Diagnosis and Treatment Program for annual medical expense coverage. *Impact* • 726 mammograms (509 screening, 217 diagnostic), • 93 breast ultrasounds, • 85 surgical referrals and • 3 diagnosed breast cancers	
Continuation of Initiative	Dependent on Grant Funding	
A. Total Cost of Initiative for Current Fiscal Year B. What amount is Restricted Grants/Direct offsetting revenue	I. Total Cost of Initiative $104,449	J. Direct offsetting revenue from Restricted Grants $61,622

Identified Need Addressing the lenses of lack of access and health inequities	Despite the median income of both Montgomery and Prince George's Counties being well above the national average, many residents are without health insurance. Barriers like lack of health insurance and the high cost of medical care decrease access to quality health care and can lead to unmet health needs. This includes delays in receiving appropriate care, inability to get preventive services, and potentially preventable hospitalizations thus increasing mortality and morbidity (HHS, 2010). Approximately 10% of Montgomery County residents and 15% of Prince George's County residents were without health insurance; however, racial disparities exist in both counties (see figure 4). Hispanics are more than five times as likely to be without health insurance in Montgomery County and more than two and a half times as likely in Prince George's County when compared to their White counterparts. Almost 65% of the Montgomery County uninsured population and almost 60% of the Prince George's County uninsured population come from households with combined incomes of less than $75,000 annually. Montgomery County has the largest number of non-citizen residents (64,000) with no health insurance among all the jurisdictions in Maryland with 38% of the State's 170,000 non-citizen residents with no health insurance (Healthy Montgomery, 2011). In addition to high rates of uninsured, one in every five adults (18-44 years), one in every four Hispanic/Latino adults, one in every six African American/Black adults, and one in every six adult males living in Montgomery County reported they were unable to see a doctor in the past year because they could not afford it (Healthy Montgomery, 2011). Almost all Community Conversation groups ranked affordable/accessible health care as a priority. Concerns about poverty, employment, income and transportation created anxiety about health care access.
Hospital Initiative	Transitional Care Program
Primary Objective	Overarching Objective: To prevent hospital readmission within 30 days upon discharge from the hospital to home. To link established and new (never have been seen at our health centers) uninsured patients to primary care at one of our three health centers.

	• To facilitate the coordination of care by a certified health coach to ensure health center follow-up, patient education, accessible medication and medication management, and transportation assistance to provider appointments • To link the patient to self-care management programs.
Single or Multi-Year Initiative Time Period	Multi-year program
Key Partners in Development and/or Implementation	Holy Cross Health, Community Health, Montgomery Cares, Holy Cross Hospital Health Centers in Silver Spring, Aspen Hill and Gaithersburg
How were the outcomes evaluated?	<u>Process</u> • Number of uninsured discharges who met program criteria (not: obstetrical, pediatric, skilled care, palliative care, hospice, or admitted to another facility) • Number of established HCH Health Center patients • Number of new HCH Health Center patients • Number who received follow-up care outside of HCH or with no confirmed follow-up care • Percent of successful telephone contacts • Number of confirmed appointments within first week of discharge or as directed by the discharge instructions • Percent of appointments kept overall <u>Impact</u> • Readmission rate
Outcomes (Include process and impact measures)	<u>Process</u> • 1,710 out of 2,008 uninsured discharges met program criteria (not: obstetrical, pediatric, skilled care, palliative care, hospice, or admitted to another facility) • 416 (24.3%) established HCH Health Center patients • 529 (30.9%) new HCH Health Center patients • 766 (44.8%) received follow-up care outside of HCH or with no confirmed follow-up care • 1,377 (80.5%) successful telephone contacts • 1,304 (904 at Holy Cross health centers) have confirmed appointments within first week of discharge or as directed by the discharge instructions

	• 92% of appointments kept overall (1198/1304) <u>Impact</u> • TCP program readmission rate of successful contacts = 8.3% • TCP program readmission rate of unsuccessful contacts = 21.0% • Total uninsured readmission rate = 9.8%	
Continuation of Initiative	Yes	
A. Total Cost of Initiative for Current Fiscal Year B. What amount is Restricted Grants/Direct offsetting revenue	K. Total Cost of Initiative $ 175,345	L. Direct offsetting revenue from Restricted Grants $0

2. Were there any primary community health needs that were identified through the CHNA that were not addressed by the hospital? If so, why not? (Examples include other social issues related to health status, such as unemployment, illiteracy, the fact that another nearby hospital is focusing on an identified community need, or lack of resources related to prioritization and planning.) This information may be copied directly from the CHNA that refers to community health needs identified but unmet.

   Healthy Montgomery, the health improvement process for Montgomery County organized a steering committee of representatives from county government agencies, county boards, committees and commissions, non-profit organizations, local health providers, and hospitals. The steering committee used data collected from 100 indicators to determine the most pressing needs of the county. These data are organized into 13 categories: access to health services; cancer; diabetes; exercise, nutrition and weight (obesity); heart disease and stroke; maternal, fetal and infant health; family planning; immunizations and infectious disease; mental health and mental disorders; respiratory diseases; substance abuse and illicit drug use; wellness and lifestyle; and prevention and safety.

   The Healthy Montgomery steering committee conducted a priority setting process and identified six priority community needs based on three lenses, unhealthy behaviors, lack of access and health inequities; six categories emerged as top priorities. The top priorities selected are behavioral health, cancers, cardiovascular health, diabetes, maternal and infant health, and obesity. We took this information and juxtaposed our strengths with the identified needs and incorporated five of the six top priorities into our community benefit plan and chose to add access to health services as a top priority for hospital programming. The top priorities of the hospital are access to health services, cancer, diabetes, obesity, cardiovascular health, and maternal and infant health.

   We recognize that we cannot pursue all of the identified health needs and that choices need to be made. We made choices using a rigorous process to ensure that documented unmet community health needs intersect with our mission commitments and key clinical strengths (see figure 1). At this time, behavioral health has not been incorporated into our community benefit plan because it is not a key clinical strength of the hospital and we do not have the infrastructure needed to sustain programs that would make an impact in this area. Although we currently cannot sustain programs aimed to improve the behavioral health of the county, Holy Cross will continue to participate in the ongoing needs assessment process to determine how we can play a role in improving outcomes in this area.

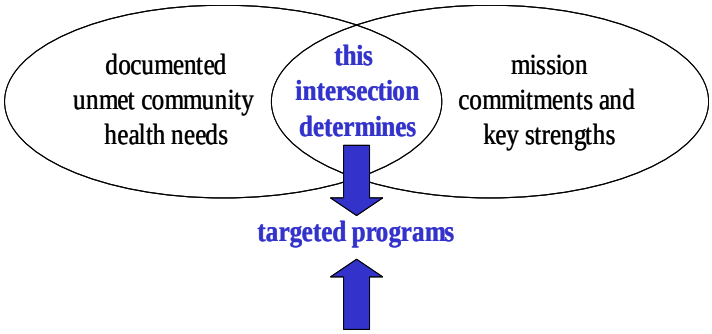


Figure 1: How HCH aligns targeted programs with the mission and strengths of the hospital and unmet community needs.

V. PHYSICIANS

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

Providing care for uninsured patients is challenging for many of the independent medical staff members, especially by "on call" specialty physicians in the emergency center who 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. All three of the Holy Cross Health Centers, the only safety net clinics in the county operated by a hospital, are fortunate to have experienced, full-time physicians who are able to treat and manage many of the patients requiring specialty care. The Holy Cross 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 also report having a difficult time referring patients for urology.

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

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 which the hospital has an exclusive contract and/or subsidy in order to retain services that represent a community benefit

• We provide a $270,502 subsidy to anesthesiology to bring in a third (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 that drives off-hours demand for specialty care, disproportionately by uninsured patients.

Category Two: Non-Resident house staff and hospitalists

• The hospital contracts/employs non-resident house staff and hospitalists and medical directors to provide inpatient services, including night coverage to admit and cover the uninsured/underinsured population. In FY14, Holy Cross Hospital provided a net benefit of $4,435,434.

• The hospital contracts/employs pediatric hospitalists to meet the inpatient need of uninsured/underinsured infants and children. In FY14, Holy Cross Hospital provided a net benefit of $1,860,402.

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 FY14, Holy Cross Hospital provided a net benefit of $2,909,411 to ensure medical directors and emergency coverage in the following specialty 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 additional subsidies provided beyond those described above, however, all hospital based contracted 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

VI. APPENDICES

To Be Attached as Appendices:

1. Describe your Financial Assistance Policy (FAP):
    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 FAP. (label appendix I)

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

    - Prepares its FAP, or a summary thereof (i.e., according to National CLAS Standards):
        - in a culturally sensitive manner,
        - at a reading comprehension level appropriate to the CBSA's population, and
        - in non-English languages that are prevalent in the CBSA.
    - posts its FAP, 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 FAP, 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 FAP, or summary thereof, and financial assistance contact information to patients with discharge materials;
    - includes the FAP, 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.

    b. Include a copy of your hospital's FAP (label appendix II).
    c. Include a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e) Please be sure it conforms to the instructions provided in accordance with Health-General §19-214.1(e). Link to instructions: http://www.hscrc.state.md.us/documents/Hospitals/DataReporting/FormsReportingModules/MD_HospPatientInfo/PatientInfoSheetGuidelines.doc (label appendix III).

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

Appendix I. Financial Assistance 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 community-based culturally competent 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 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 FY14, Holy Cross Hospital provided $30.7 million in financial assistance. Individuals who are uninsured are able to obtain primary health care services at three Holy Cross Hospital health centers located in Silver Spring, Gaithersburg and Aspen Hill, Maryland. The health centers provide a convenient option for uninsured residents in need of high quality, discounted medical care. In FY14, health center visits increased 1.3 percent from 29,817 in FY13 to 30,192 and exceeding our target of 30,086 by 0.3 percent. Financial assistance also increased 14.6 percent from $26.8 million to $30.7 million and exceeded our budget of $25.5 million.

Appendix II. Financial Assistance Policy

HOLY CROSS HOSPITAL

Patient Financial Assistance

Owner/Dept: JULIE KEESE, VP Revenue Cycle Management/ Office of CFO	**Date approved: 08/01/2013**
Approved by: Ann Gillis (Chief Financial Officer), JULIE KEESE (VP Revenue Cycle Management), Kevin Sexton (President and CEO of Holy Cross Health), Rachel Callahan (Chief Mission Officer, Holy Cross Health), Roseanne Pajka (Chief, Executive and Governance Operations - Holy Cross Health), YANCY PHILLIPS (Chief Quality Officer)	**Next Review Date:** 08/01/2015
Affected Departments: Finance, Legal Services, Office of CFO, Patient Accounting	

Purpose

It is part of the Holy Cross Health mission to make medically necessary care available to those in our community 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 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 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 the hospital 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 under this policy.
- Provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility for financial assistance under this policy.

Applies to:

- Financial counseling and revenue cycle staff
- Hospital professional service providers
- Hospital contracted physicians

Policy Overview

The Holy Cross Hospital 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 as patients 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 Hospital's financial assistance policy is comprised of the following programs – each of which may have its own application and/or documentation requirements:

- **Scheduled Financial Assistance Program:** Holy Cross makes available financial assistance 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 Medicaid or CHIP, who are beneficiaries of the means-tested social services programs listed below are eligible for free 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 lunch program;
    - Supplemental Nutritional Assistance Program (SNAP);
    - Low-income-household energy assistance program;
    - Primary Adult Care Program (PAC) until such time as inpatient benefits are added to the PAC benefit package;
    - Women, Infants and Children (WIC)

  - 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 standard financial assistance application and provision of supporting documentation.

- Services provided to uninsured patients within the Holy Cross Health Centers and the Obstetrics and Gynecology Clinic. 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.

- Non-covered medically necessary services provided to patients qualifying for public assistance programs.

- **Medical Financial Hardship Program:** Holy Cross also makes available financial assistance to eligible or "medically indigent" patients who demonstrate a financial hardship as a result of medical debt. 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 Holy Cross Hospital.

  If a patient meets the eligibility requirements of more than one of the programs listed above, the Hospital shall apply the reduction in charges that is most favorable to the patient. If reduced-cost care is approved for a patient, the maximum patient payment for care will not exceed the charge minus the hospital mark-up.

  The documentation requirements and processes used for each financial assistance program are listed in the financial assistance and billing 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 charges for medically necessary patient services that are rendered at facilities operated solely by Holy Cross Health; i.e., inpatient, outpatient, emergency center, clinic, and 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), 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.

Services Not Covered

Services not covered by this financial assistance policy are:

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

  Exception: Holy Cross recognizes that not all patients are able to provide complete financial and/or social information and may elect to approve financial support based on available information 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.

Patient Eligibility Requirements

Holy Cross provides assistance to Maryland residents and patients who present with an urgent, emergent or life-threatening condition whose income is less than 300% of the federal poverty level and whose monetary assets (assets that are convertible to cash excluding up to $150,000 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. Holy Cross

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.

Any individual may make a request to reconsider the level of reduced-cost care approved or denial of free or reduced-cost by the Hospital for the individual. In such cases, requests are to be made to the financial counseling manager who will consider the total financial circumstances of the individual including outstanding balances owed to the Hospital, debt and medical requirements as well as the individual'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 Quality Officer and the Vice President, Revenue Cycle Management) 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 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 250% of the poverty level, and 30% assistance from 251% to 300% of the federal poverty level. For those patients who demonstrate a medical financial hardship, a minimum of 30% assistance may be provided from 301% to 500% of the federal poverty level. The Hospital'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 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. 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	The financial assistance program is publicized to patients of Holy Cross Hospital to whom it may apply. The information will be made available via the following methodologies: 1) A plain language summary of the Hospital's financial assistance policy, financial assistance applications, and the Hospital patient information sheet will be prominently displayed in all hospital registration and cashier areas, the hospital main lobby and cafeteria, the emergency center, and health center campuses in English, Spanish and in the predominant languages represented by our patient population as defined by applicable regulations. All documents can also be accessed, viewed, downloaded and printed from the hospital's external website. 2) Notice of financial assistance availability is indicated on all hospital billing statements along with a reference to the external website and phone number where inquiries can be made. 3) All self-pay patients are advised of the existence of the financial assistance program during the pre-registration and registration process. 4) 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. 5) A notice will be published each year in a newspaper of wide circulation in the primary service area of the hospital.
Related Documents	▪ Billing and Collection of Patient Payment Obligations Policy
References	▪ Trinity Health. "Billing, Collection and Support for Patients with Payment Obligations", Trinity Health system policy 6-11-1, February 28, 2013. ▪ Federal Poverty Guidelines, HHS Federal Register
Questions and More Information	Contact the financial counseling department at extension 7195 or the financial counseling manager at extension 7155 with questions and for more information.
Policy Modifications	The Holy Cross Health Board of Trustees 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 Regional Executive Team and the Holy Cross Health Board of Trustees on July 25, 2013

Appendix III. Patient Information Sheet

HOLY CROSS HOSPITAL

1500 Forest Glen Road
Silver Spring, MD
20910-1484
Phone: (301) 754-7195
www.holycrosshealth.org

PATIENT INFORMATION SHEET

Holy Cross Hospital is committed to being the most trusted provider of healthcare in our community. That involves a commitment to provide accessible services to individuals who are uninsured or underinsured and do not have the resources to pay for necessary care. In addition, Holy Cross Hospital provides urgent or emergent care to all patients regardless of ability to pay.

Our Financial Assistance Program

Holy Cross Hospital provides substantial financial assistance to low-income patients who do not qualify for public programs such as Medicaid, MCHIP, MHIP, etc. or have insurance that does not cover medically necessary care. For qualifying patients, our program covers 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. Qualifying patients must make less than 300% of the federal poverty level. Income limits vary by family size. In addition, qualifying patients must demonstrate less than $10,000 of net assets for an individual or less than $25,000 in net assets for a family. Once granted, the eligibility applies to all medically necessary services not covered by other programs unless the patient becomes eligible for coverage under public programs during this time.

Holy Cross Hospital offers financial assistance for individuals whom qualify under specific means-tested County, Local and State programs. These programs include Household with Children in the National School Lunch, Food Stamps or Supplemental Nutritional Assistance, Maryland Energy Assistance, Primary Adult Care, and Women, Infant and Children Programs. Additionally, Medical Financial Hardship assistance is also available if you have Holy Cross debt greater than 25% of your family income (not including co-insurance, co-payments, hospital based physician bills, and/or deductibles).

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 request an application from any of our registration representatives or contact our financial counseling office at **301-754-7195**. The application can also be accessed through our website at www.holycrosshealth.org on our "For Patients & Visitors" 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:

- 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 if they have the ability to pay.
- 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.

Hospital 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 make an online payment using a major credit card by visiting our website at www.holycrosshealth.org.

Refer to "Our Financial Assistance Program" section for financial assistance contact information.

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.

Eligibility is based on medical conditions, 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	**Local Office** 1301 Piccard Dr., 2nd Fl. Rockville, MD 20852 Phone: 240-777-4600	**Local Office** 12900 Middlebrook Rd., 2nd Fl. Germantown, MD 20874 Phone: 240-777-3420	**Local Office** 6505 Belcrest Rd. Hyattsville, MD 20782 Phone: 301-209-5000
Service Eligibility Unit 8630 Fenton Street, 10th Fl. Silver Spring, MD 20910 Phone: 240-777-3066	**Service Eligibility Unit** 1335 Piccard Dr., 1st Fl. Rockville, MD 20852 Phone: 240-777-3120	**Service Eligibility Unit** 12900 Middlebrook Rd., 2nd Germantown, MD 20874 Phone: 240-777-3591	

Physician Services

Holy Cross Hospital does not employ the physicians who practice at the hospital, so each physician group that provided services to you will bill you separately for their services.

Appendix IV. Mission, Vision and Value Statement

Mission Statement

We, Holy Cross Health and CHE Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities. We carry out this mission in our communities through our commitment to be the most trusted provider of health care services.

Vision Statement

Working with physicians, other providers and insurers, and staffed by an engaged workforce committed to excellence, Holy cross Health will develop a sustainable regional health system that is chosen most often by people in our area to effectively provide and manage their care and assist them in improving their health.

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
- ***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

2014 COMMUNITY REPORT

HOLY CROSS HEALTH

Mission

We, Holy Cross Health and Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities. We carry out this mission in our communities through our commitment to be the most trusted provider of health care services.

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Winter 2015

Meeting community need is at the core of Holy Cross Health. Since first opening our doors more than 50 years ago, we have demonstrated this commitment time and again, always working toward ever-increasing responsiveness to the people we serve.

Last year, however, was exceptional. Through a combination of innovation, planning, partnership, fundraising and a careful stewardship of the resources entrusted to us, our capacity for meeting the community's health care needs and improving health for all reached new heights.

Nowhere is this more apparent than in our most visible accomplishment—the opening of Holy Cross Germantown Hospital. With this new facility, we have expanded our comprehensive system of connected hospitals, health centers, primary care sites, and community outreach and education programs for residents in Montgomery and Prince George's counties.

Our larger capacity has led to greater contributions to our community's health and well-being. As a Catholic, not-for-profit health system, we embrace our responsibility to reinvest earnings into sustainable community benefit programs, and especially, into safety-net activities that ensure access to health care, regardless of a patient's ability to pay. In fiscal 2014 alone, Holy Cross Health provided more than $56 million in community benefit, including an all-time high of $30 million in free or reduced-cost services to those facing financial barriers to care.

This year, Holy Cross Health's dedication to improving health and serving all in our area will extend even further. In January, we opened a new primary care practice at Asbury Methodist Village in Gaithersburg. Later in the year, we will open a new health center in Germantown—our fourth—to bring affordable primary care closer to home for those facing financial barriers. And, in the fall, the opening of Holy Cross Hospital's new patient care building will transform the hospital into an all-private-room facility, improving the comfort, convenience and care for all patients.

All of these endeavors are undertaken on behalf of—and in partnership with—the community we serve. Our success would not be possible without the dedication of our physicians, employees, volunteers and generous donors to our ongoing Capital Campaign, who have enabled us to grow our committment to the health and wellness of the people in our region.

As you review this report, you will see the power of Holy Cross Health's commitment to our neighbors and how it changes people's lives. It's the embodiment of our mission to be the most trusted provider of health care services.

Kevin J. Sexton
President and Chief Executive Officer
Holy Cross Health

This past year was a historic one for Holy Cross Health. Highlights include the grand opening of Holy Cross Germantown Hospital and multiple awards for Holy Cross Hospital—well known throughout the community for quality and expertise since 1963.

2014 Highlights

Holy Cross Hospital

As one of the largest hospitals in Maryland, Holy Cross Hospital offers a full range of inpatient and outpatient health care services, with specialized expertise in women and infant services, senior services, surgery, neuroscience and cancer.

Holy Cross Hospital's new seven-story, 150-bed patient care building (shown left) is the centerpiece of the hospital's latest expansion and modernization project. The project, scheduled for completion in the fall of 2015, will ensure that all patients throughout the hospital have a private room and includes renovations to the surgical areas of the existing hospital.

AWARDS AND RECOGNITIONS FOR HOLY CROSS HOSPITAL

BEST HOSPITALS

Ranked as one of the best hospitals in the Washington, D.C., area for 2014-15 by U.S. News & World Report

Top Performer on Quality by The Joint Commission—Four Years in a Row

EXCELLENCE AWARD

2014 Excellence Award for Quality Improvement in Hospitals from the Delmarva Foundation for Medical Care—Four Years in a Row

Holy Cross Germantown Hospital

On October 1, 2014, Holy Cross Germantown Hospital opened as the first new hospital in Montgomery County in 35 years. This new critical health care resource provides high-quality health services to those living in the fastest-growing region in the county, creates jobs and develops training opportunities for future health care workers. Holy Cross Germantown Hospital has all private rooms and offers emergency, medical, surgical, obstetric and psychiatric care to meet a full range of community needs.

The Campaign for Holy Cross

Both the new Holy Cross Germantown Hospital and the soon-to-open patient care building at Holy Cross Hospital are beneficiaries of the Holy Cross Health Foundation's current Capital Campaign. Thanks to generous and widespread community support, the campaign is well on the way toward achieving its $25 million goal, with more than half that amount already in hand. Every gift brings us closer to realizing our vision of improving health and serving all members of our community. More information is available at HolyCrossHealth.org/foundation.

Holy Cross Health is a leader in providing innovative and quality health care, upholding its commitment to being the most trusted provider of health care services in the area.

AWARDS FOR HOLY CROSS HEALTH

Stroke Program awarded the American Heart Association's Gold Plus Award

Center of Excellence in Minimally Invasive Gynecology by the AAGL and Surgical Review Corporation

Workplace Excellence Seal of Approval—15 Years in a Row

Holy Cross Medical Adult Day Center earned the status of an Alzheimer's Foundation of America Excellence in Dementia Care Program of Distinction

SERVING

Holy Cross Health's three primary care health centers delivered services worth approximately $2.8 million through 30,192 patient visits during fiscal 2014.

SUCCEEDING

Holy Cross Health's community health workers and outreach staff provided information to 13,261 people and referred 2,772 people for enrollment in Medicaid or Qualified Health Plans.

STRENGTHENING HEALTH

Holy Cross Health Center services include: primary care, screenings, chronic disease management, behavioral health, preventive care, health education and follow-up care for emergency room and hospital visits.

In 2013, after receiving emergency care at Holy Cross Hospital related to diabetes, staff members referred Linda Vidal-Flores to the Holy Cross Health Center in Silver Spring. Now the 55-year-old Hyattsville resident—shown here with internal medicine specialist Ronald J. Hong, MD—receives regular care and also attends diabetes classes at the Aspen Hill site, saying the health centers have "really helped me a lot."

Holy Cross Health Centers

Serving the Underserved

Despite the advent of the Affordable Care Act, thousands of area residents still face barriers to health care. So Holy Cross Health continues to offer many programs designed to improve access to high-quality health care for all, with funding from Holy Cross Health, our community partners and philanthropic support.

It's an initiative Holy Cross first embarked upon in 2004 with the opening of its first health center for adults facing barriers to affordable primary care and services. A decade later, the concept has grown into a network of three centers in Silver Spring, Aspen Hill and Gaithersburg, all operating at capacity, with a new health center scheduled to open in Germantown in 2015.

To actively seek out those who could benefit, we use a variety of approaches, including community health workers to recruit underserved neighbors into care and Emergency Department staff to identify patients without a medical home.

Transitional Care Program

"Patients who lack insurance may also lack the other resources they need, such as follow-up care and support after hospitalization," says Elise C. Riley, MD, FACP, medical director for the Holy Cross Health Centers. "As a result, many often end up back in the hospital less than a month after initial discharge."

One way to find those falling through the cracks is to identify inpatients who may need special attention once they're back home. So in 2010, Holy Cross Health launched its Transitional Care Program to help uninsured patients comply with discharge instructions.

Each month, program supervisor Martha Piedrasanta, RD, MPH, or her staff call each of the 140 to 150 new patients during their first week home. In the process, they review care plans, determine medication adherence, verify understanding and confirm a follow-up physician visit. If the patient lacks a regular health care provider, program staff will set up an appointment at the Holy Cross Health Center nearest to the patient.

"The message is clear: After you leave the hospital, we still care about what happens to you," says Martha.

That sentiment is getting through and getting results.

"Of all new health center patients each year," she continues, "approximately 60 percent are introduced through the Transitional Care Program."

Creating Links to Community Services

Earlier this year, Holy Cross Health launched a new program to reduce the hurdles so many low-income people face when trying to access health care. Linking INdividuals to Community Services (LINCS) addresses the social factors that can get in the way of good health.

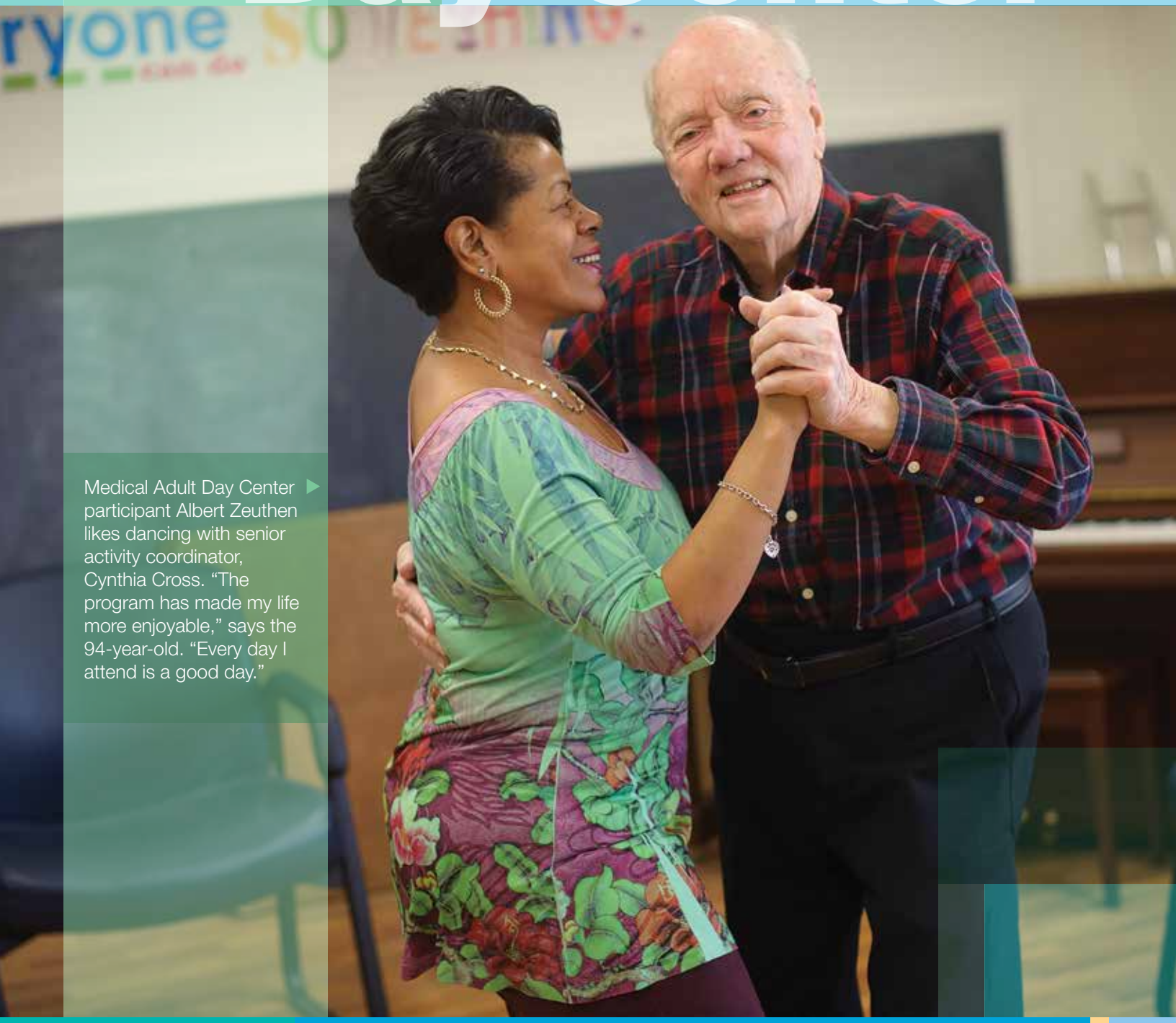
A program coordinator at the Holy Cross Health Center in Aspen Hill helps existing patients access the full continuum of social services available. To raise awareness within the broader target area—the Georgia Avenue corridor spanning Wheaton to Aspen Hill—the LINCS coordinator is assisted by Holy Cross Health's established cadre of community health workers.

"During its first six months, LINCS recorded approximately 6,800 encounters in its targeted area with community members who may often face cultural and socio-economic barriers to good health," explains Shelly Tang, manager, Minority and Community Outreach, Holy Cross Health.

That includes introducing potential clients to Holy Cross Health services, food banks and other resources; calling and making appointments; and even helping with transportation. "We're doing what it takes to get people to have a healthier tomorrow," adds Shelly.

▲ "We're helping nearly 500 people annually establish a medical home and receive care on a regular basis, often for the first time," says Martha Piedrasanta, RD, MPH, program supervisor, Transitional Care Program.

Medical Adult Day Center



Medical Adult Day Center participant Albert Zeuthen likes dancing with senior activity coordinator, Cynthia Cross. “The program has made my life more enjoyable,” says the 94-year-old. “Every day I attend is a good day.”

Affordable Daytime Care for Adults

The moment she stepped inside Holy Cross Health's Medical Adult Day Center, Laurie Mical had a good feeling. The principal for a special education school, accustomed to adolescents with emotional and behavioral problems, was hunting for the right place for her 90-year-old father with problems of his own: memory loss. In the Holy Cross Medical Adult Day Center staff, she recognized kindred souls.

So Laurie convinced her father—Al Zeuthen, once an internationally renowned engineer—to try out the center for a few days. Hooked immediately, he started attending daily. Four years later, both remain happy with their choice and, especially, the results.

With oversight from a medical director, the Medical Adult Day Center provides a safe, supportive environment for adult daily care—and a viable alternative to nursing home residential care. Seniors can continue to live at home and spend their days in a structured, senior-focused activity center, while giving caregivers needed respite.

"My father just loves it there," Laurie says. "He's always talking about how friendly the staff is, and what fun he has. Thanks to the center, he once again has something to look forward to and a reason to get out of bed every day."

Her comments are typical of other adult children, spouses and family members, grateful for a stimulating and structured environment for loved ones 18 and older who cannot be home alone. It's a vital community service that the center has performed continuously since its opening in 1982 as one of the first adult day centers in the nation.

Today, it is also one of the most recognized and respected. This past June, the center became the first medical adult day center in Maryland named as an *Excellence in Care Dementia Program of Distinction* by the Alzheimer's Foundation of America, and a model of care from coast to coast.

Open from 8 a.m. to 5:30 p.m. five days a week, the Medical Adult Day Center offers seated chair exercises, entertainment, interactive programs and other social, recreational and rehabilitative activities ranging from therapy dog visits to sing-alongs. On-site registered nurses ensure participants take daily medications as prescribed and otherwise follow care instructions.

Yet one of the center's chief hallmarks may also be the most intangible.

"I think that our warm and welcoming atmosphere distinguishes us from similar centers," says nursing care supervisor, Meg McKenna, RN. "Because we're relatively small—no more than 30 participants at a time—we can fully engage each individual for a more rewarding, personal experience."

Josephine Khan can attest to that. She enrolled her bright, good-natured son Hakim when he was only 18 and already showing signs of a degenerative neurological disorder that would claim his life at 30. He joyously attended for over four years, decades ago, until his condition dramatically deteriorated. His mother still remains grateful for the respite, support and companionship both Hakim—and she—found at the center, where she's still in touch and philanthropically supportive of its work, through general donations.

Laurie Mical agrees. "The staff is top-notch, treating everyone with dignity and respect at all times. Thanks to Holy Cross Health for making sure a program of this caliber can exist."

"The Medical Adult Day Center was excellent, exactly what my son needed," says Josephine Kahn. "I have warm memories of the place, people and programs."

SERVING

In fiscal year 2014, Holy Cross Health Medical Adult Day Center's community benefit was more than $511,000, providing support and services to members of the community in need of adult daily care. Private support also helps cover costs for those unable to pay.

SUCCEEDING

In 2014, the center's work in helping participants preserve function and cope with symptoms of dementia made it the first such center in all of Maryland to earn recognition for excellence in care by the Alzheimer's Foundation of America.

STRENGTHENING HEALTH

The center actively engages participants—mentally, physically and socially—for health stimulation, prolonging quality of life. On-site health care professionals further assure a safe and secure environment.

SERVING

Holy Cross Health offers a wide range of free and low-cost community-based health care services and outreach programs that respond to community health needs and improve health status. These programs and services are available at multiple, convenient community locations throughout Montgomery and Prince George's counties, through Holy Cross Health's underwriting and community contributions.

SUCCEEDING

In 2014, more than 228,000 community members participated in a self-care program or service offered through Holy Cross Health's Community Health department, Senior Source and others.

STRENGTHENING HEALTH

Our community health programs include: physical activities, health screenings, vaccinations, seminars and lectures, chronic disease prevention and management, wellness and education, and support groups.

Self-care Programs

"It is often challenging to find time to exercise," explains Marilee Tollefson, "but Senior Fit is easily accessible at many locations—and there is no cost."

Improving Health and Well-being

Holy Cross Health's commitment to strengthening and supporting the health and wellness of our community runs deep. From childbirth and parenting education to yoga and zumba classes…from providing flu and pneumonia vaccinations to teaching first aid and CPR, we offer programming for adults of all ages. True to our mission, however, the needs of special populations receive heightened attention.

That includes those living with serious chronic conditions and the largest, fastest-growing demographic group in Montgomery County: older adults. In response, Holy Cross Health offers a wide variety of free or low-cost programs to prevent disease and disability, promote self-care and disease management, and enhance quality of life.

Exercising Body and Brain

Studies show that older individuals who engage in regular physical activity can slow aging, prevent injury, and improve health and strength. In 1995, Holy Cross Health took that message to heart, launching Senior Fit, which is now the area's largest organized physical activity program for those 55 and older.

Over the years, Senior Fit has grown from a single site to 24 with the opening of its latest location in Rockville. Altogether, the free programs welcomed 600 new members for a total of 2,844 enrollees, accounting for 109,576 encounters during 2014—a 7 percent increase over the previous year.

"Senior Fit enriches the lives of participants by helping them maintain healthy bodies and a positive outlook," says Sarah McKechnie, manager of the Community Fitness department.

Like a Senior Fit for the mind, Holy Cross Health's Memory Academy also concentrates on exercises, but for the aging brain rather than the body. The evidenced-based model—developed by the University of California, Los Angeles—teaches participants challenging mental exercises and practical activities designed to maintain or improve recall. Offered at 14 different area sites for a nominal charge, the Memory Academy has helped more than 1,000 area individuals since 2008.

Keeping Disease and Disability at Bay

Another focus for Holy Cross Health is the prevention or management of chronic conditions that can drastically affect life and its quality. Chief among them is diabetes: a major problem in our area and one with serious, yet often preventable, consequences.

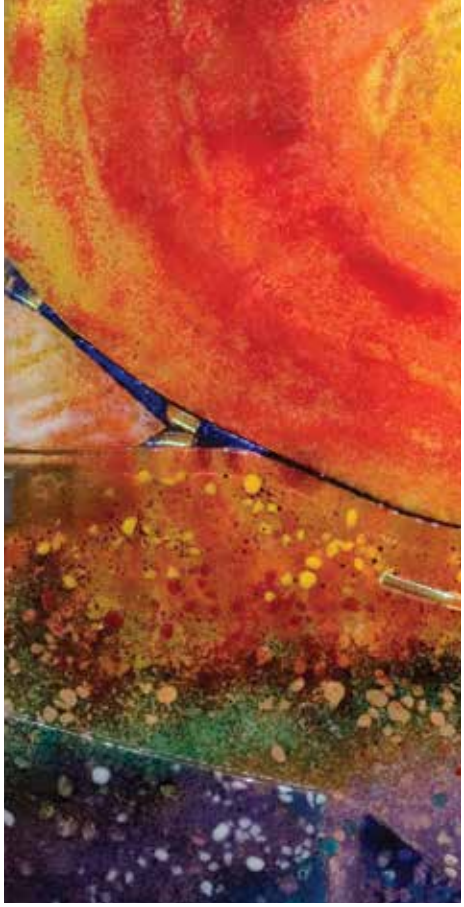
▲ Louise Harrison stands on the state-of-the-art Biodex Balance System, which measures gait and balance to assess the risk for falling.

To address that need, Holy Cross Health offers programs throughout the area and at Senior Source, its award-winning center for active adults 55 and older. There, a comprehensive 16-week Diabetes Prevention Program helps high-risk participants modify their lifestyles, with a special focus on healthy eating and being active. The primary objective: decrease participants' weight by 5 to 7 percent, thereby lowering the primary indicator for developing diabetes, body mass index.

It works. In fiscal year 2014, 97 percent of the 31 participants who completed the program lost weight, thereby delaying or possibly even preventing the onset of diabetes. The free program's evidenced-based curriculum and demonstrated success have been recognized by the Centers for Disease Control and Prevention as an effective type 2 diabetes prevention lifestyle intervention.

Likewise, the Falls Prevention Program aims to combat the facts that one of every three seniors experiences a fall each year and the risk of falling increases with age. To improve balance and strength, while reducing fear of falling, the free program builds awareness; measures gait, agility and other factors; and trains participants.

"It's another example of Holy Cross Health's commitment to help seniors maintain independence and quality of life," says Michelle Blanc, MS, manager, Senior Source. "Participants tell us all the time: 'I don't know any other health system that does so much for older adults.' That's so rewarding to hear."



2015 Holy Cross Health Board of Directors

Holy Cross Health is governed by dedicated, diverse and primarily local leaders who volunteer their time and talents to advance Holy Cross Health's mission to be the most trusted provider of health care services in our area.

Hercules Pinkney, EdD, Chair
Kevin J. Sexton, President and CEO
Edward H. Bersoff, PhD
Theresa V. Brown
Craig Dickman, MD
Lynne Diggs, MD
Daniel S. Flores
Sharon Friedman
Paul T. Kaplun, Esq.
William T. LaFond
Robert Lechleider, MD
Sister Ruth Marie Nickerson, CSC
Mary A. Paterson, RN, PhD
Nora Triola, RN, PhD
Sister Eileen Wrobleski, CSC

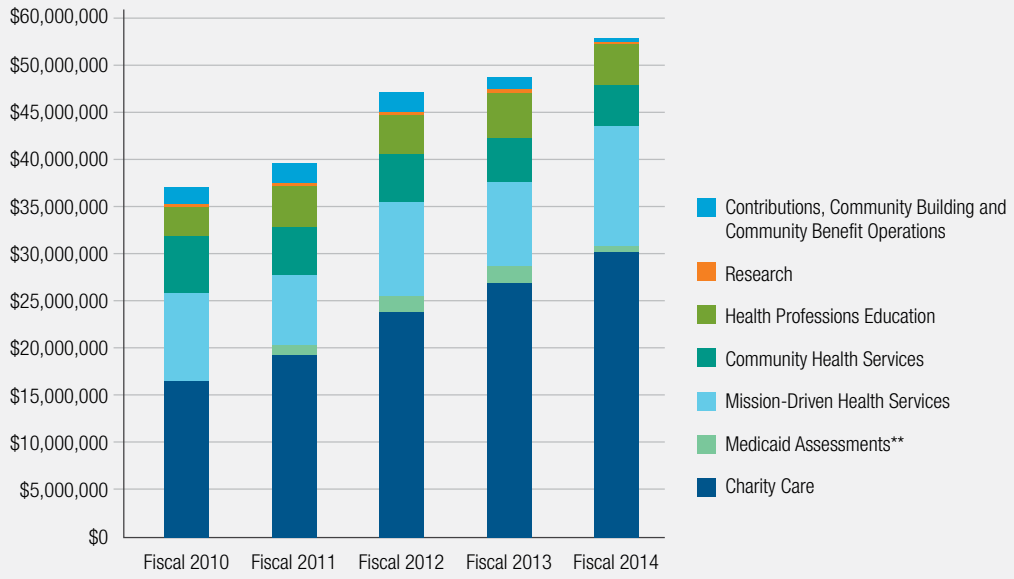
2015 Holy Cross Health Foundation Board of Directors

Equally committed leaders govern the Holy Cross Health Foundation, a 501(c) 3 not-for-profit organization created with the express purpose of raising philanthropic funds to support the mission and operational success of Holy Cross Health.

Edward H. Bersoff, PhD, Chair
Kevin J. Sexton, President and CEO
Rawle Andrews, Jr.
Christopher B. Cowan
Tamara C. Darvish
Daniel S. Flores
Philip Iorianni, MD
Paul T. Kaplun, Esq.
William T. LaFond
Sheela Modin, MD
Vandana Narang
Michael O. Scherr
Vandana Trehan

A Tradition of Meeting the Needs of the Community

In the past five fiscal years, Holy Cross Health has provided more than $228 million in community benefit including more than $116 million in financial assistance.*



*Prepared according to guidelines established by the Maryland Health Services Cost Review Commission.
**Beginning in fiscal 2011, the Maryland Health Services Cost Review Commission required Maryland hospitals to account for Medicaid provider taxes for which hospitals do not receive offsetting revenue.

Holy Cross Health Facts and Figures

538* Licensed Hospital Beds (adult, pediatric & neonatal services)

$515M* Revenue

$14.8M Capital Campaign Funds Raised

3,900 Employees

1,300 Physicians

425 Volunteers

8,877* Births

215,281* Total Patients (excludes healthy newborns)

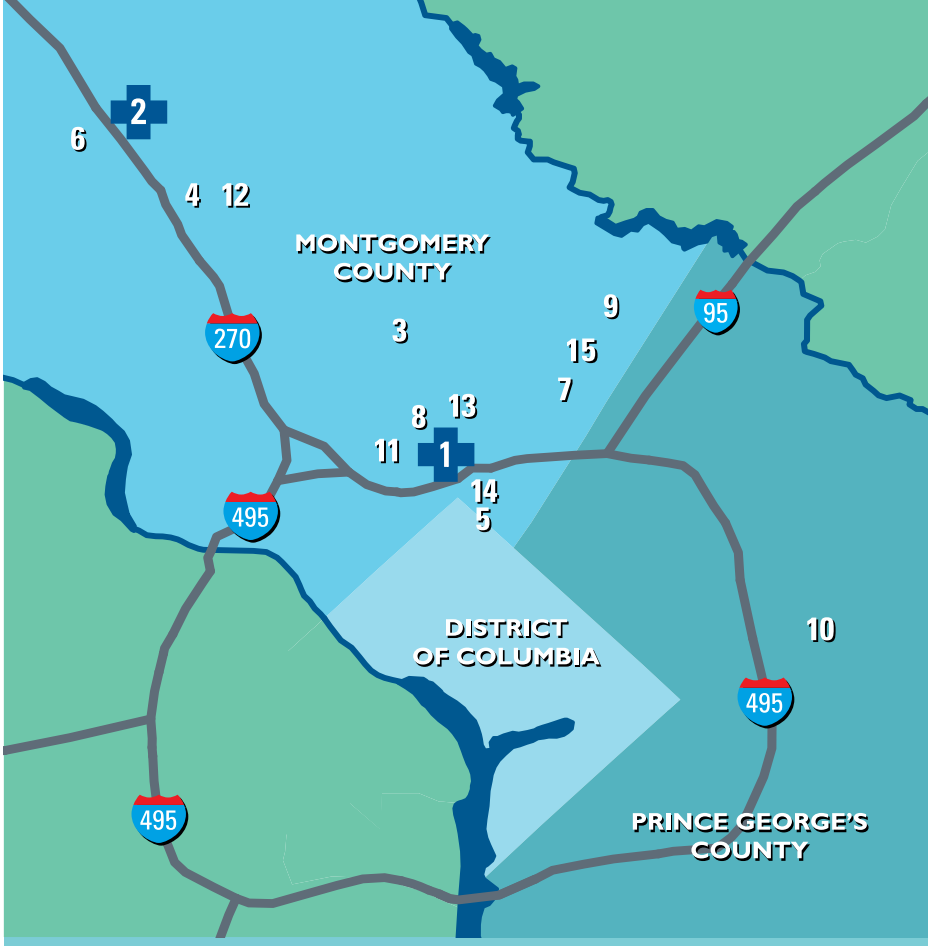
33,647* Inpatient Discharges (excludes healthy newborns)

93,184* Emergency Center Visits

88,450* Other Outpatient Visits

*2014 statistics

Locations



HOSPITALS

1

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

2

Holy Cross Germantown Hospital
19801 Observation Drive
Germantown, MD 20876
301-557-6000

HEALTH CENTERS

3

Holy Cross Health Center in Aspen Hill
13975 Connecticut Avenue
2nd Floor
Aspen Hill, MD 20906
301-557-1950

4

Holy Cross Health Center in Gaithersburg
702 Russell Avenue
Suite 100
Gaithersburg, MD 20877
301-557-1800

5

Holy Cross Health Center in Silver Spring
7987 Georgia Avenue
Silver Spring, MD 20910
301-557-1870

6 OPENING 2015

Holy Cross Health Center in Germantown
12800 Middlebrook Road, Germantown, MD 20874

SPECIALIZED CARE CENTERS AND SERVICES

7

Holy Cross Home Care and Hospice
11800 Tech Road
Silver Spring, MD 20904
301-754-7740

8

Holy Cross Radiation Treatment Center
2121 Medical Park Drive
Suite 4
Silver Spring, MD 20902
301-681-4422

9

Sanctuary at Holy Cross
A Trinity Senior Living Community
3415 Greencastle Road
Burtonsville, MD 20866
301-388-1400

PRIMARY CARE SITES

10

Holy Cross Dialysis Center at Woodmore
11721 Woodmore Road, Suite 190
Mitchellville, MD 20721
301-754-7560

11

Holy Cross Health Partners in Kensington
3720 Farragut Avenue
Kensington, MD 20895
301-949-4242

12

Holy Cross Health Partners at Asbury Methodist Village
201 Russell Avenue
Gaithersburg, MD 20877
301-557-2110

EDUCATION AND WELLNESS CENTERS

13

Holy Cross Resource Center
9805 Dameron Drive
Silver Spring, MD 20902
301-754-7000

14

Holy Cross Senior Source
8580 Second Avenue
Silver Spring, MD 20910
301-754-3404

15

Holy Cross Health Foundation
11801 Tech Road
Silver Spring, MD 20904
301-754-7130

About Holy Cross Health

Holy Cross Health is a Catholic, not-for-profit health system that serves patients through two hospitals, health centers, specialized care centers and innovative community-based services, with the commitment to be the most trusted health care provider in the area. **Holy Cross Hospital**, one of the largest hospitals in Maryland, is home to the nation's first and region's only Seniors Emergency Center and is the only four-time winner of The Joint Commission's highest-quality award in the region. **Holy Cross Germantown Hospital** is the first new hospital in Montgomery County in 35 years, bringing much-needed, high-quality health services to the fastest-growing region in the county. **Holy Cross Health Network** builds and manages relationships with physicians, insurers and other health care organizations; operates Holy Cross Health Centers that provide primary care to low-income individuals; operates Holy Cross Health Partners primary care sites; offers a wide range of health and wellness programs; and oversees Holy Cross Health's community benefit program. **The 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 our communities. 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 nation.

HOLY CROSS HEALTH

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

HolyCrossHealth.org

For more information about Holy Cross Health's community benefit, contact Kimberley McBride, community benefit officer, at 301-754-7149 or mcbrik@holycrosshealth.org.