COMMUNITY BENEFIT NARRATIVE REPORT

FISCAL YEAR 2015

Holy Cross Germantown Hospital
19801 Observation Drive
Germantown, MD 20876

Submitted December 15, 2015

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, (3) hospital community benefit administration, and (4) community benefit external collaboration to develop and implement community benefit initiatives.

On January 10, 2014, the Center for Medicare and Medicaid Innovation (CMMI) announced its approval of Maryland's historic and groundbreaking proposal to modernize Maryland's all-payer hospital payment system. The model shifts from traditional fee-for-service (FFS) payment towards global budgets and ties growth in per capita hospital spending to growth in the state's overall economy. In addition to hitting aggressive quality targets, this model must save at least $330 million in Medicare spending over the next five years. The HSCRC will monitor progress overtime by measuring quality, patient experience, and cost. In addition, measures of overall population health from the State Health Improvement Process (SHIP) measures will also be monitored (see Attachment A).

To succeed, hospital organizations will need to work in collaboration with other hospital and community based organizations to increase the impact of their efforts in the communities they serve. It is essential that hospital organizations work with community partners to identify and agree upon the top priority areas, and establish common outcome measures to evaluate the impact of these collaborative initiatives. Alignment of the community benefit reporting with these larger delivery reform efforts such as the Maryland all-payer model will support the overall efforts to improve population health and lower cost throughout the system.

For the purposes of this report, and as provided in the Patient Protection and Affordable Care Act ("ACA"), 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), as provided in the ACA, 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 obtains input from persons who represent the broad interests of the community served by the hospital facility, (including working with private and public health organizations, such as: the local health officers, local health improvement coalitions ("LHIC's)[see: http://dhmh.maryland.gov/healthenterprisezones/Documents/Local_Population_Health Improvement_Contacts_4-26-12.pdf] schools, behavioral health organizations, faith based community, social service organizations, and consumers) including a description of when and how the hospital consulted with these persons. 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) Youth Risk Behavior Survey (http://phpa.dhmh.maryland.gov/cdp/SitePages/youth-risk-survey.aspx)
(12) 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;
(13) 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;
(14) Survey of community residents; and
(15) 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, as provided in the ACA, 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, such as how they will collaborate with other hospitals with common or shared CBSAs and other community organizations and groups (including how roles and responsibilities are defined within the collaborations); and
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 acute care hospitals by the HSCRC. (Specialty hospitals should work with the Commission to establish their primary service area for the purpose of this report).

Table I

Bed Designation:

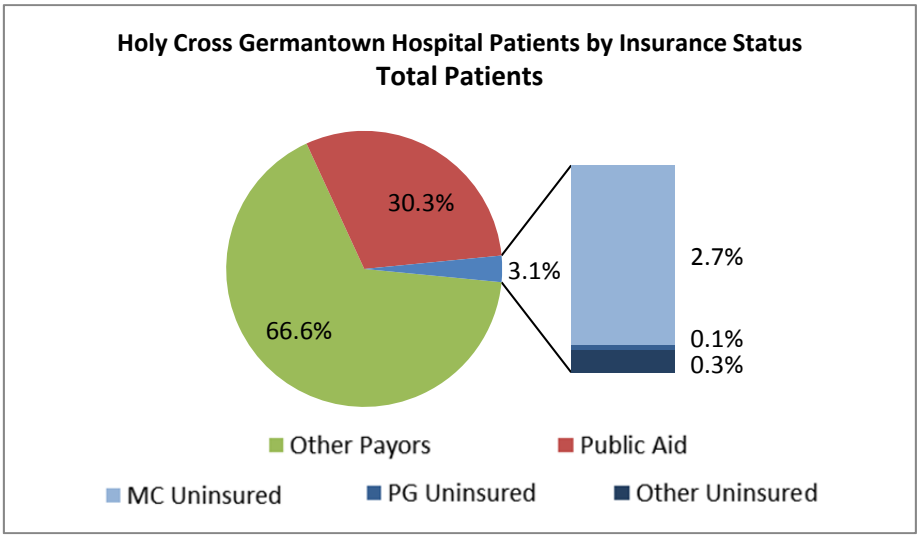
Holy Cross Germantown Hospital		
Type	**Licensed**	**Staffed**
Beds only	93	93
Beds plus NICU Bassinets	101	101

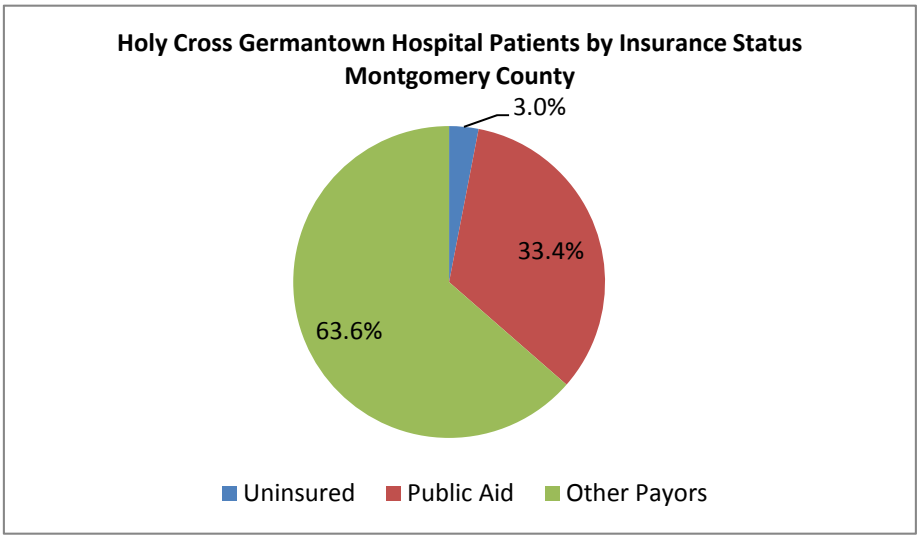
Inpatient Admissions:

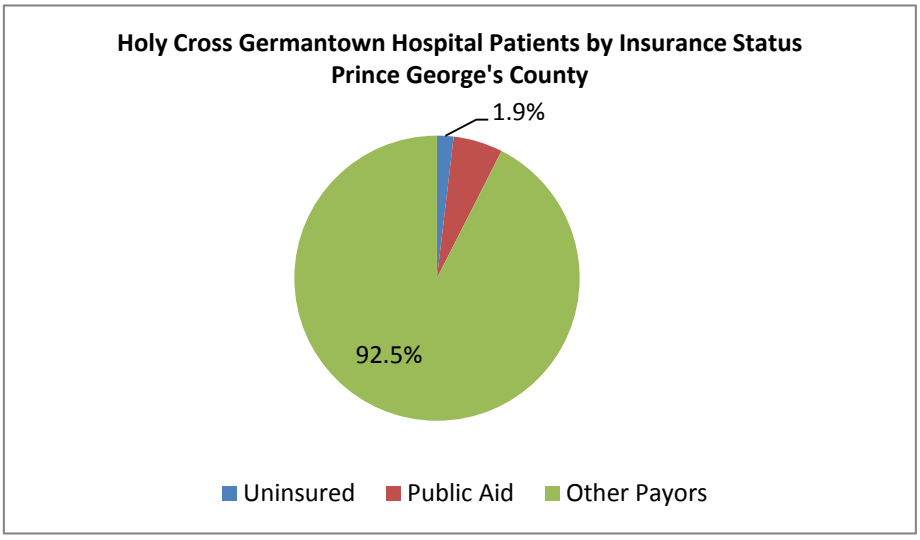
Holy Cross Germantown Hospital			
Montgomery County	**Prince George's County**	**Other**	**Total**
2,671	107	230	3,008

Primary Service Area Zip Codes:	HSCRC data not yet available
All other Maryland Hospitals Sharing Primary Service Area:	HSCRC data not yet available

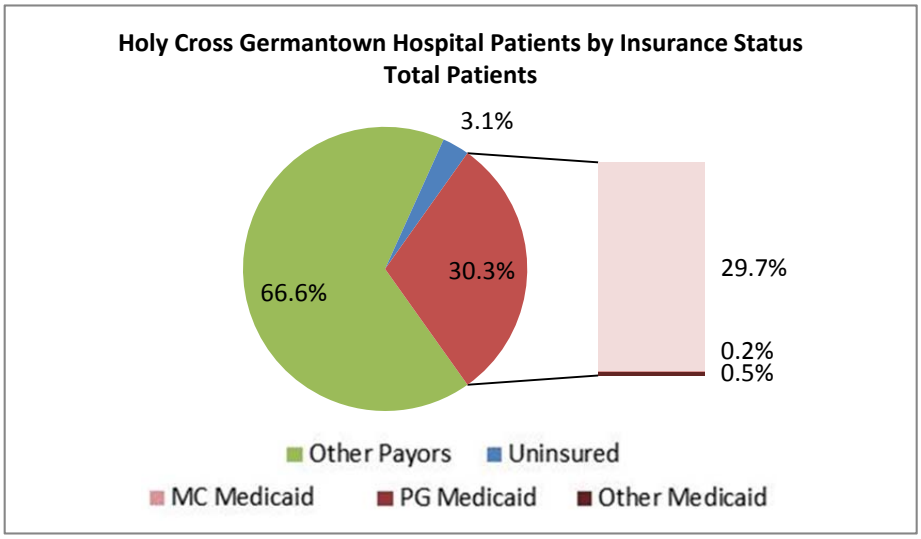
Percentage of Uninsured Patients, by County:

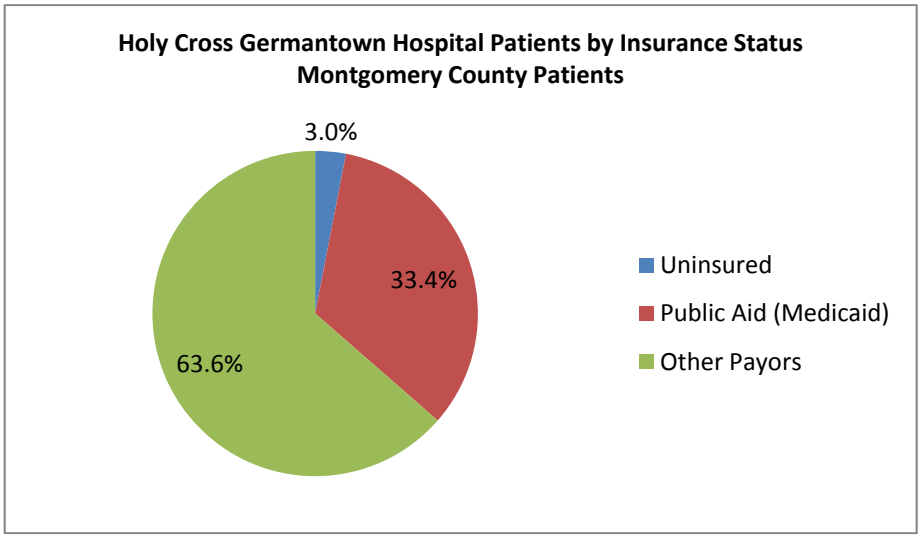


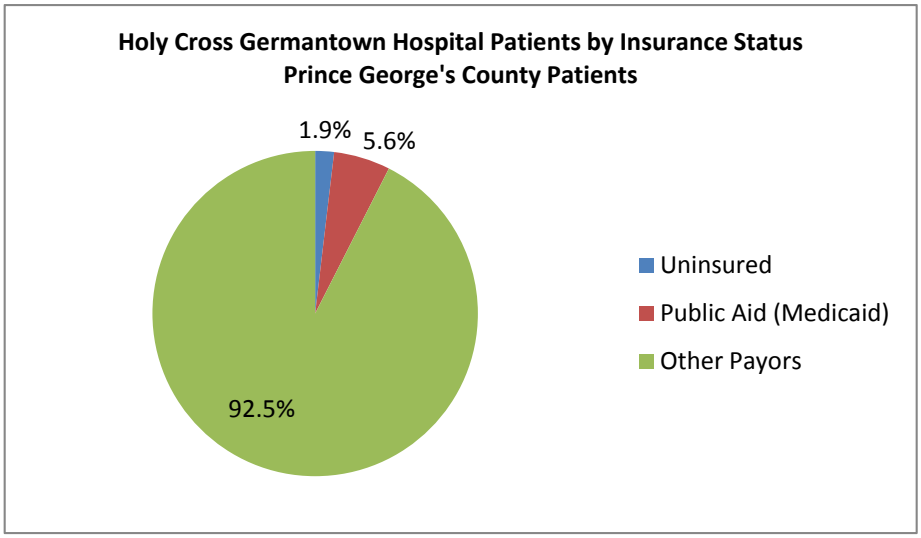




Percentage of Patients who are Medicaid Recipients, by County:







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. Based on findings from the CHNA, provide a list of the Community Benefit Service Area (CBSA) zip codes. These CBSA zip codes should reflect the geographic areas where the most vulnerable populations reside. Describe how the CBSA was determined, (such as highest proportion of uninsured, Medicaid recipients, and super utilizers, i.e. individuals with > 3 hospitalizations in the past year). This information may be copied directly from the section of the CHNA that refers to the description of the Hospital's Community Benefit Community.

Holy Cross Germantown Hospital opened its doors in October 2014 and began serving residents in northern Montgomery County (see Figure 1). An estimated 420,124 people in 17 ZIP Codes make up our total service area, of whom 57.1% are minorities. Our six ZIP code primary service area includes 276,322 people, of whom 60.8% are minorities (see Table 1).

During the last census, Montgomery County became one of only 336 "majority-minority" counties, where the minority population surpasses the white non-Hispanic population, in the country (Montgomery County Planning Department, 2011). The foreign-born population of Montgomery County is also higher than the national average of 12.87% with an average population of 31.85% (Community Commons, 2014). The community we serve remains to be one of the most culturally and ethnically diverse in the nation, challenging the hospital, the county health departments, community-based organizations and other organizations to understand and meet their varied needs.

Race	Primary Service Area (276,322)	Total Service Area (420,124)
White, Non-Hispanic	108,447 (39.2%)	180,361 (42.9%)
Black, Non-Hispanic	49,836 (18.0%)	64,640 (15.4%)
Hispanic	59,862 (21.7%)	83,451 (19.9%)
Asian/Pacific Islander, Non-Hispanic	48,351 (17.5%)	77,260 (18.4%)
All Others	9,826 (3.6%)	14,412 (3.4%)

Table 1: Demographic breakdown of Holy Cross Germantown Hospital's service area by race and ethnicity. Source: © 2013 The Nielsen Company, © 2013 Truven Health Analytics Inc.

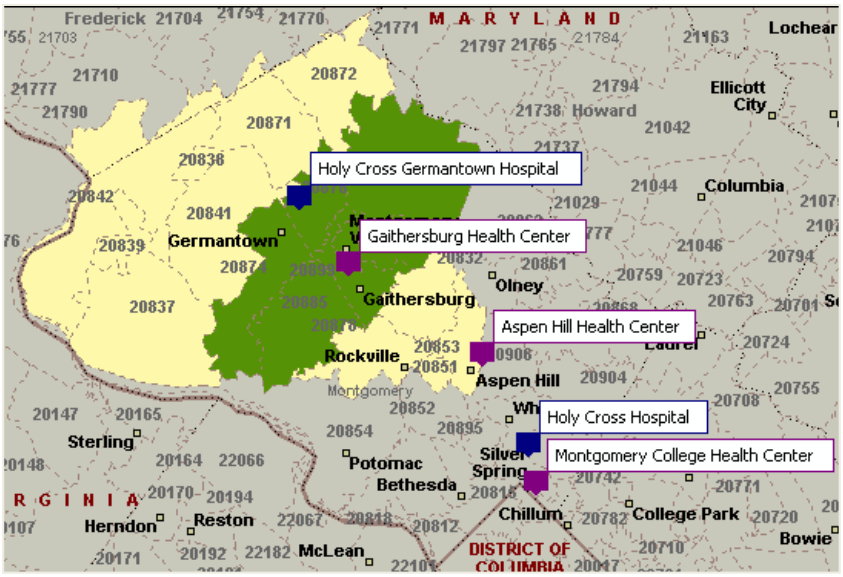


Figure 1: Primary and secondary service area of Holy Cross Germantown Hospital.

Fluency in English is very important when navigating the health care system as well as finding employment. Montgomery County has one of the highest shares of foreign-born residents in Maryland (see Figure 2). Foreign-born residents account for 72.6% of the county's population increase between 2000 and 2012 (Montgomery County

Circuit Court, 2013). More than 328,000, or nearly one third, of Montgomery County residents are foreign-born. Approximately 40% of those foreign-born speak English less than "very well" (U.S. Census Bureau, 2012) and 7.8% of the population aged five and over are linguistically isolated (Community Commons, 2014). The highest rates of linguistic isolation are among Latino Americans and Asian Americans.

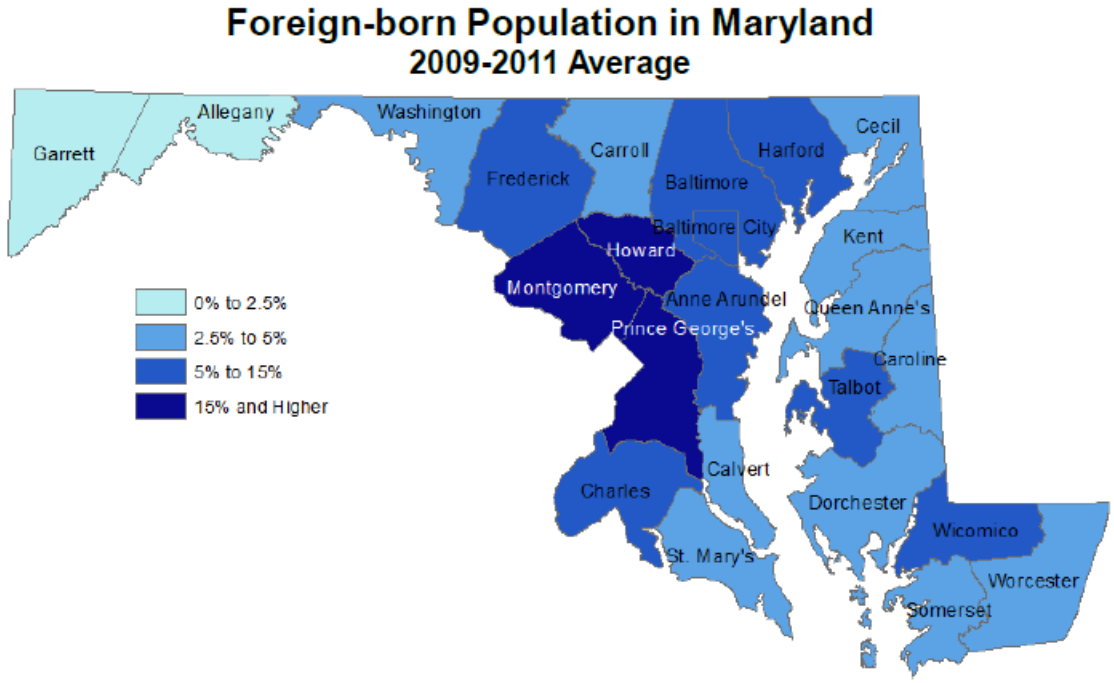


Figure 2: Maryland foreign-born population distribution by county. The foreign-born population includes anyone who was not a U.S. citizen or a U.S. national at birth. Prepared by Maryland Department of Legislative Services, 2013. Source: U.S. Census Bureau.

Montgomery County is also rapidly aging. The population aged 65+ is estimated to increase from 119,769 in 2010 to 243,940 in 2040, more than doubling. As a result, the percentage of the population age 65 and older will increase from 12.3% to 16.8%. Increasing the need for senior services such has housing and health care.

Holy Cross Germantown Hospital Community Benefit Service Area		
ZIP Code	**City**	**Primary or Secondary Service Area**
20874	Germantown	PSA
20876	Germantown	PSA
20877	Gaithersburg	PSA
20878	Gaithersburg	PSA
20879	Gaithersburg	PSA
20886	Montgomery Village	PSA
20837	Poolesville	SSA
20838	Barnesville	SSA
20839	Bealsville	SSA
20841	Boyds	SSA
20842	Dickerson	SSA
20850	Rockville	SSA
20851	Rockville	SSA
20853	Rockville	SSA
20855	Derwood	SSA
20871	Clarksburg	SSA
20872	Damascus	SSA

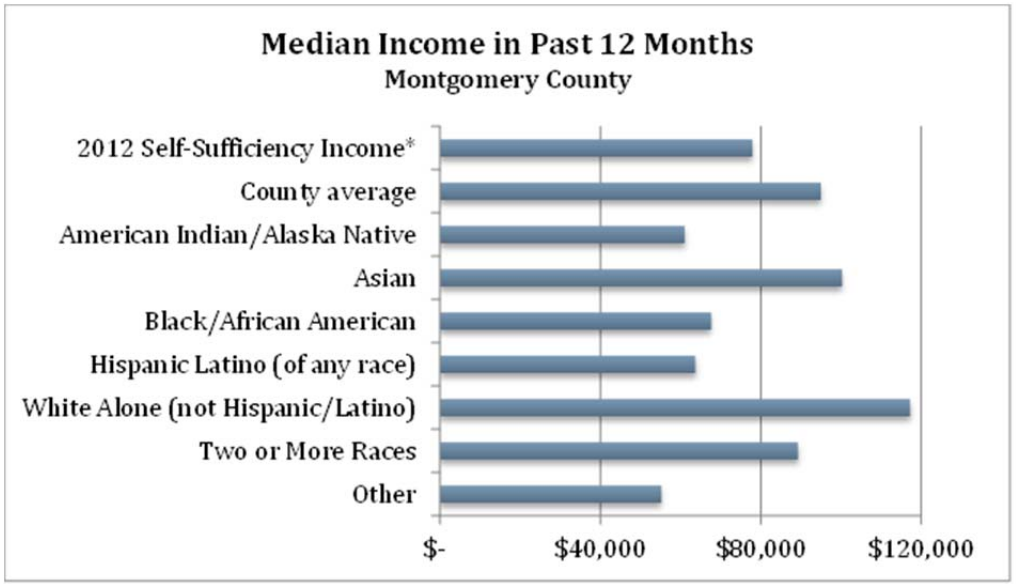
b. In Table II, describe the population within the CBSA, including significant demographic characteristics and social determinants that are relevant to the needs of the community and ***include the source of the information in each response***. For purposes of this section, social determinants are factors 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, transportation, education and healthy 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%20Data%20Chartbook%202012%20corrected%202013%2002%2022%2011%20AM.pdf), The Maryland State Department of Education (The Maryland Report Card) (http://www.mdreportcard.org) Direct link to data– (http://www.mdreportcard.org/downloadindex.aspx?K=99AAAA)

Table II

Median Household Income within the CBSA

Average Household Income			
Total CBSA	**Primary CBSA**	**Secondary CBSA**	**USA**
$127,344	$122,153	$138,378	$74,165



Median household income by race. Source: U.S. Census Bureau, American Community Survey, 1-year estimates, 2012; 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 = 8.8%**

Household Income Distribution

	Income Distribution		
2015 Household Income	**HH Count**	**% of Total**	**USA % of Total**
<$15K	7,138	4.8%	12.7%
$15-25K	5,911	4.0%	10.8%
$25-50K	19,467	13.1%	23.9%
$50-75K	22,453	15.2%	17.8%
$75-100K	19,111	12.9%	12.0%
Over $100K	74,107	50.0%	22.8%
Total	**148,187**	**100.0%**	**100.0%**

Please estimate the percentage of uninsured people by County within the CBSA.

Montgomery
5.0%

Source: Truven Health Analytics, 2015; Insurance Coverage Estimates, 2015; The Nielson Company, 2015; and Community Need Index, 2015

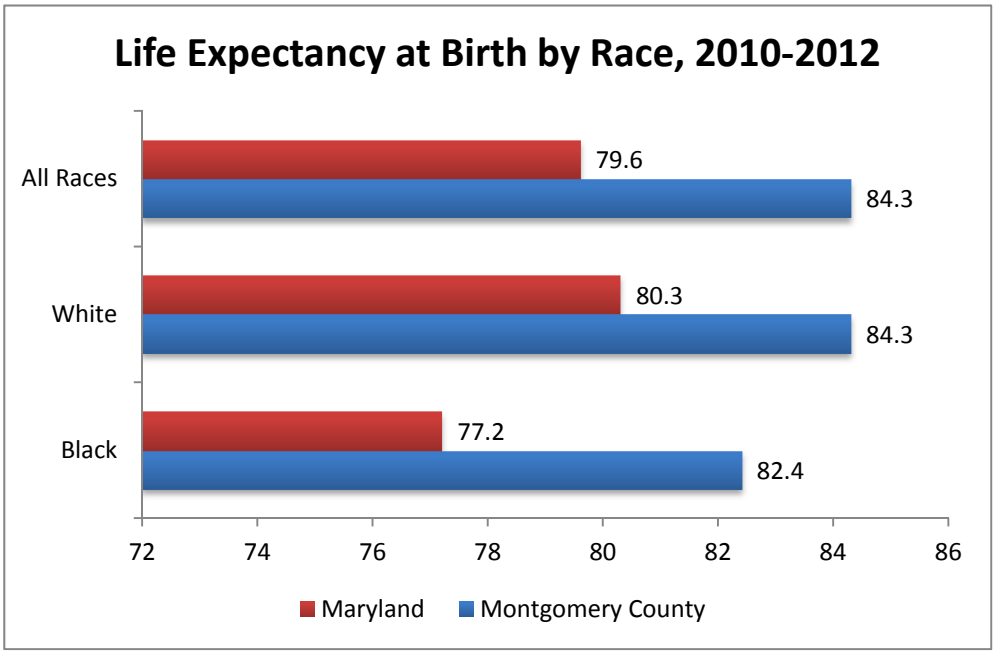
Percentage of Medicaid recipients by County within the CBSA.

Montgomery
12.8% (131,871 recipients)

Source: Maryland Medicaid eHealth Statistics, Maryland Department of Health and Mental Hygiene, 2015; U.S. Census Bureau, Population Division, 2014

Life Expectancy by County within the CBSA (including by race and ethnicity where data are available).

Montgomery
84.3 years



Source: Maryland Vital Statistics Annual Report, 2013

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

Montgomery

All Cause: 5,756

All sexes, races, ethnicities, and ages combined

Cause	Rank	Rate
Malignant Neoplasms	1	1,403
Diseases of the Heart	2	1,314
Cerebrovascular Disease	3	298
Chronic Lower Respiratory Disease	4	216
Accidents	5	180

Montgomery

Females

All Cause: 3,060

All races, ethnicities, and ages combined

Cause	Rank	Rate
Malignant Neoplasms	1	742
Diseases of the Heart	2	667
Cerebrovascular Disease	3	182
Chronic Lower Respiratory Disease	4	122
Alzheimer's Disease	5	96

Montgomery

Males

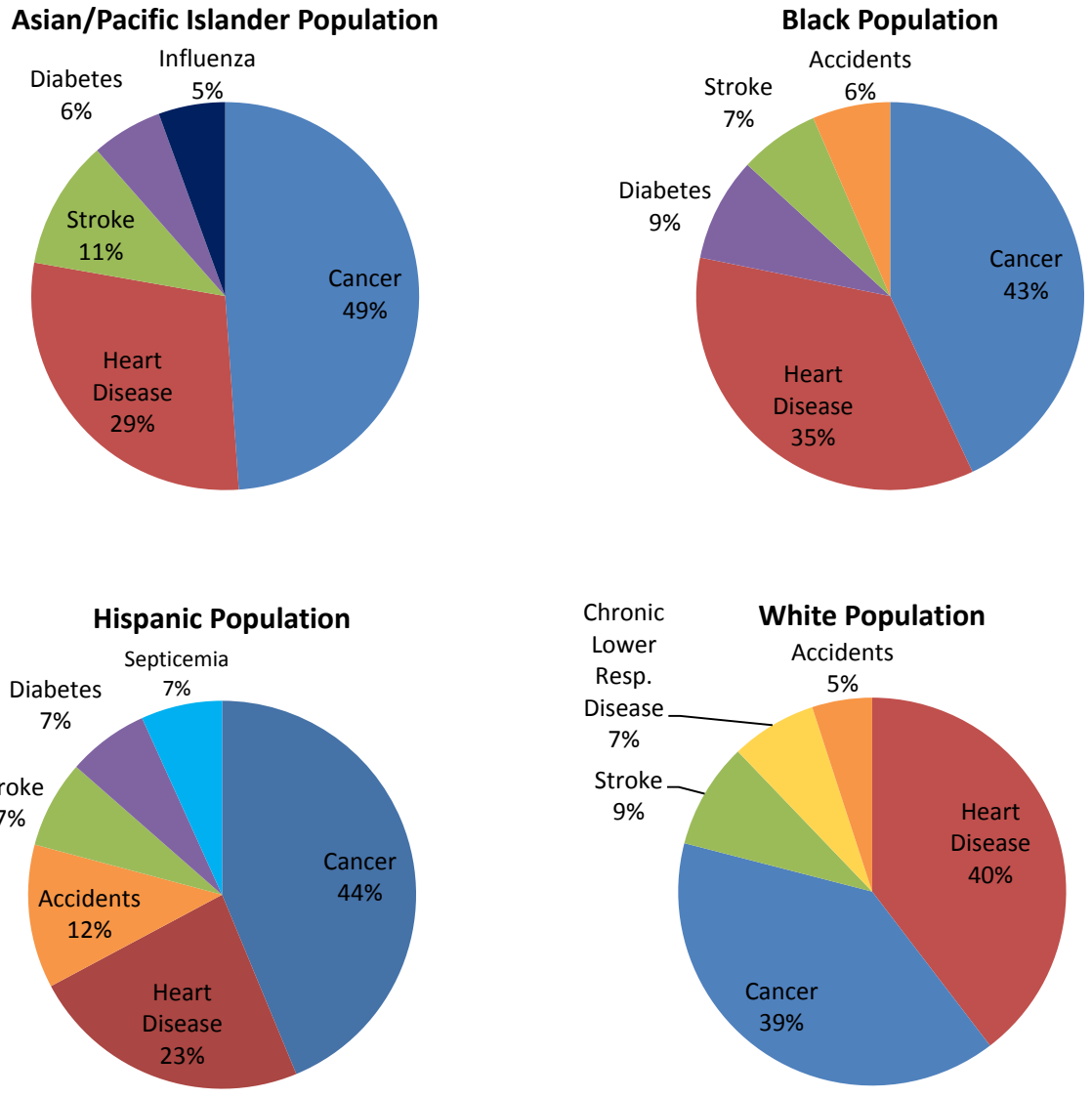
All Cause: 2,696

All races, ethnicities, and ages combined

Cause	Rank	Rate
Diseases of the Heart	1	647
Malignant Neoplasms	2	661
Accidents	3	122
Cerebrovascular Disease	4	116
Chronic Lower Respiratory Disease	5	94

Source: Maryland Vital Statistics Annual Report, 2013

Cause of Death by Race/Ethnicity
Montgomery County



Source: Maryland Vital Statistics Annual Report, 2013

Access to healthy food, transportation and education, housing quality and exposure to environmental factors that negatively affect health status by Count within the CBSA. (to the extent information is available from local or jurisdictions such as the local health officer, local officials, or other resources)

Access to Healthy Food:

Grocery Stores* per 100,000 residents		
Montgomery	**Maryland**	**United States**
21.10	21.48	21.2

* 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. Additional data analysis by CARES, 2013. Source geography: County. Community Commons, 2015

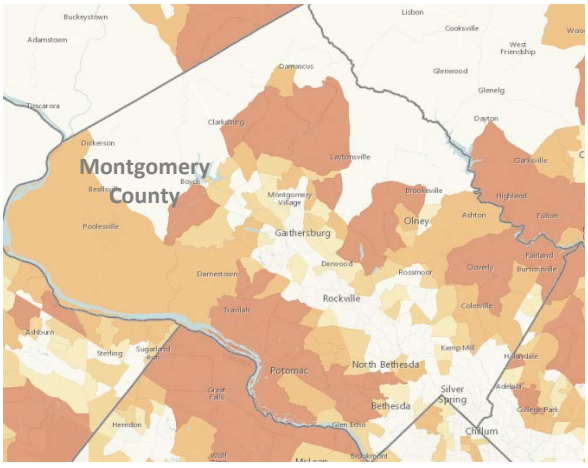
SNAP-Authorized Retailers, Rate per 100,000 Population		
Montgomery	**Maryland**	**United States**
34.06	64.66	78.44

Source: US Department of Agriculture, Food and Nutrition Service, USDA - SNAP Retailer Locator. Additional data analysis by CARES. 2014. Source geography: Tract, Community Commons, 2015.

WIC-Authorized Retailers, Rate per 100,000 Population		
Montgomery	**Maryland**	**United States**
8.99	14.6	15.6

Source: US Department of Agriculture, Economic Research Service, USDA - Food Environment Atlas. 2011. Source geography: County, Community Commons, 2015

Population Living in Census Tracts Designated as Food Deserts*



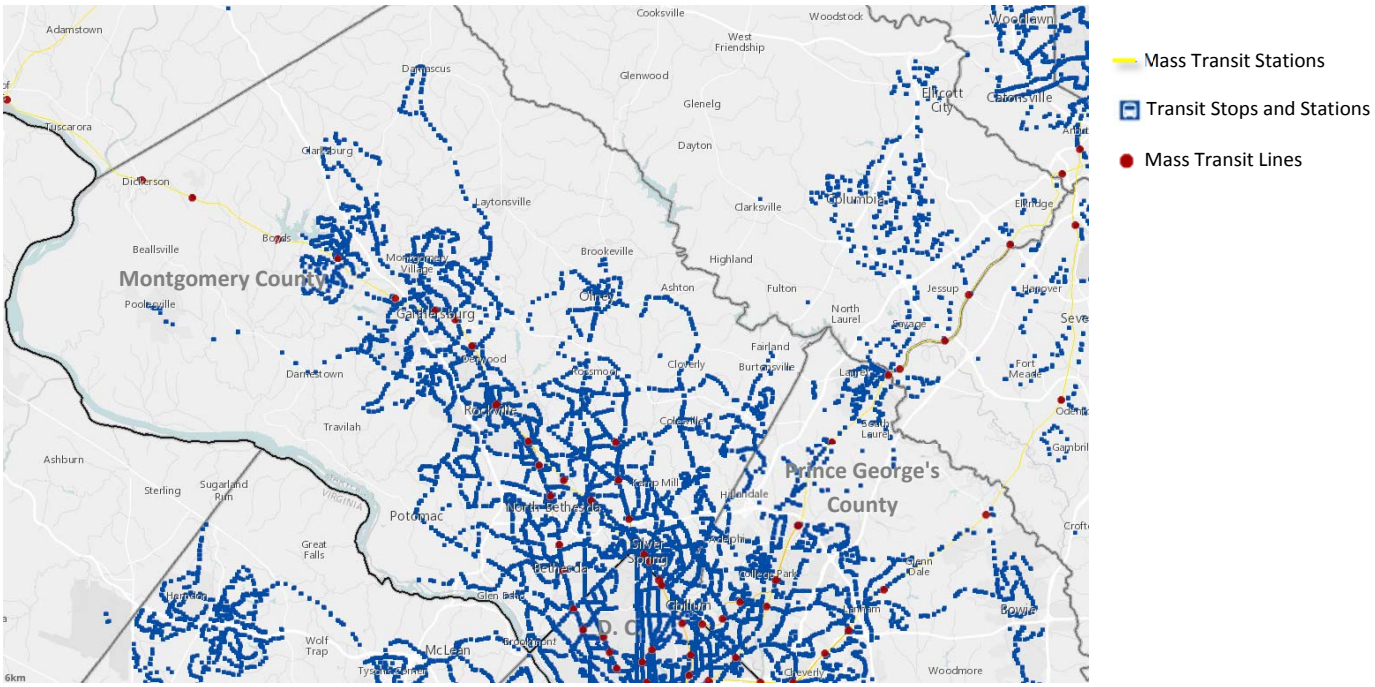
*USDA, Treasury and HHS have defined a food desert as a census tract with a substantial share of residents who live in low-income areas that have low levels of access to a grocery store or healthy, affordable food retail outlet. In urban areas designated as food deserts at least 500 persons and/or at least 33% of the census tract's population live more than one mile from a supermarket or large grocery store. Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2010. Source geography: Tract, Community Commons, 2015

Transportation:

Use of Public Transportation		
Montgomery	**Maryland**	**United States**
15.44%	8.86%	5.01%

Data Source: US Census Bureau, American Community Survey. 2009-13. Source geography: Tract; Community Commons, 2015

Transit Stops and Stations by Location



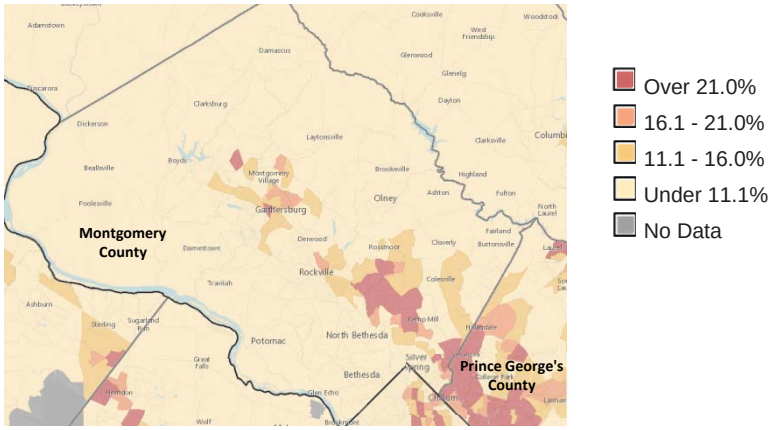
Source: Environmental Protection Agency, EPA Smart Location Database, 2013; National Transit Authority, 2013, 2014; Community Commons, 2015.

Education:

Population Aged 25+ with No High School Diploma		
Montgomery	**Maryland**	**United States**
8.96%	11.50%	14.28%

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

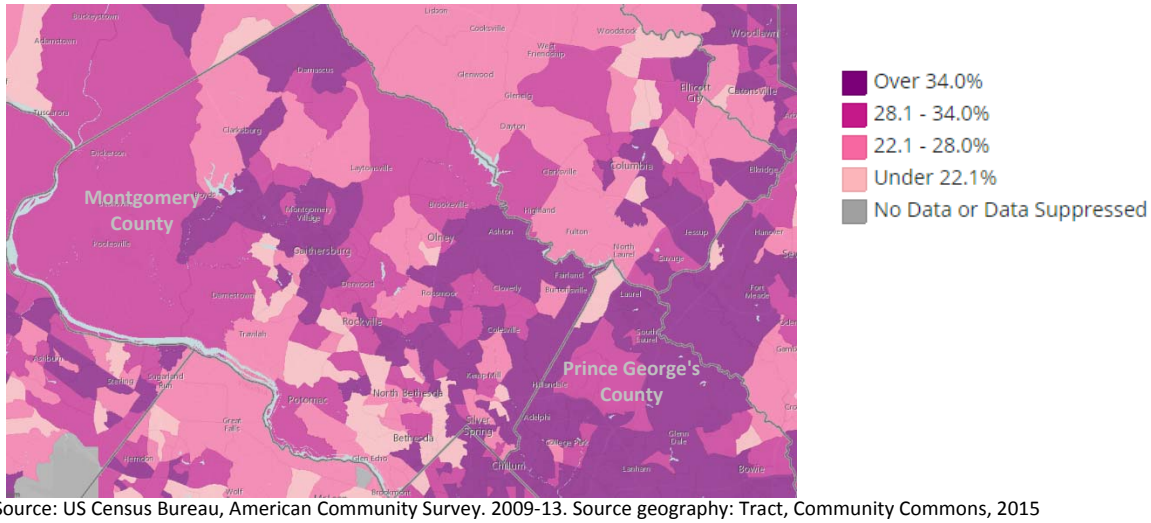
Population with No High School Diploma, Percent by Tract, ACS 2008-12



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

Housing Quality:

Substandard Housing Units



Source: US Census Bureau, American Community Survey. 2009-13. Source geography: Tract, Community Commons, 2015

Percent of Substandard* Housing Units		
Montgomery	**Maryland**	**United States**
35.71%	36.26%	36.11%

Substandard is defined as owner- and renter-occupied housing units having at least one of the following conditions: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) with 1.01 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 30 percent, and 5) gross rent as a percentage of household income greater than 30 percent . Source: US Census Bureau, American Community Survey. 2009-13. Source geography: Tract, Community Commons, 2015

Percent of Households where Housing Costs Exceed 30% of Household Income		
Montgomery	**Maryland**	**United States**
36.01%	36.72%	35.47%

Source: US Census Bureau, American Community Survey. 2009-13. Source geography: Tract, Community Commons, 2015

Percent of Overcrowded Housing (Over 1 Person/Room)		
Montgomery	**Maryland**	**United States**
4.13%	3.05%	4.21%

Source: US Census Bureau, American Community Survey. 2008-12. Source geography: Tract, Community Commons, 2015

Environmental Factors:

Recreation and Fitness Facilities Per 100,000 Population		
Montgomery	**Maryland**	**United States**
15.44	11.1	9.72

Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2013. Source geography: County, Community Commons, 2015

Beer Liquor and Wine Stores Per 100,000 Population		
Montgomery	**Maryland**	**United States**
14.1	20.59	10.48

Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2013. Source geography: County, Community Commons, 2015

Percentage of Days Exceeding Emission Standards for Ozone (O3) Levels*, Population Adjusted Average		
Montgomery	**Maryland**	**United States**
1.25%	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. Source geography: Tract, Community Commons, 2015

Percentage of Days Exceeding the Particulate Matter 2.5* Standards, Population Adjusted Average		
Montgomery	**Maryland**	**United States**
.56%	.62%	1.19%

*National Ambient Air Quality Standard = 35 micrograms per cubic meter

Source: Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network: 2008. Source geography: Tract Community Commons, 2015

Available detail on race, ethnicity, and language within CBSA.
See SHIP profiles for demographic information of Maryland jurisdictions.
http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx

Demographics	Montgomery County	Maryland
Total Population	1,016,677	5,928,814
Age, %		
Under 5 Years	6.5%	6.2%
5 to 19 Years	19.3%	19.2%
20 to 64 Years	60.9%	61.2%
65 to 74 Years	7.4%	7.7%
75 to 84 Years	3.9%	3.9%
85 Years and Over	2.1%	1.8%
Race/Ethnicity, %		
White	55.5%	57.6%
Black	17.5%	29.6%
American Indian and Alaska Native	0.2%	0.3%
Asian	14.4%	6.0%
Hispanic or Latino origin	18.3%	9.0%
Median Household Income	$98,326	$72,483
Households in Poverty, %	4.8%	7.1%
Pop. 25+ Without H.S. Diploma, %	8.7%	10.9%
Pop. 25+ With Bachelor's Degree or Above, %	56.4%	37.4%
Language other than English Spoken at Home, % age 5+	39.7%	17.0%

Source: U.S. Census Bureau, 2013 American Community Survey

Other: Maryland SHIP Indicators for Montgomery

Focus Area	Indicator	Area	Value	Change	Goal met?
Healthy Beginnings	Infant death rate	Montgomery	4.7	-0.4	Yes
	Babies with Low birth weight	Montgomery	7.5	0.1	Yes
	Sudden unexpected infant de..	Montgomery	0.4	0.0	Yes
	Teen birth rate	Montgomery	12.8	-0.7	Yes
	Early prenatal care	Montgomery	63.1	0.4	No
	Students entering kindergarte..	Montgomery	81.0	1.0	No
	High school graduation rate	Montgomery	89.7	1.4	No
	Children receiving blood lead ..	Montgomery	69.9	-0.3	Yes
Healthy Living	Adults who are a healthy weig..	Montgomery	44.2	-0.7	Yes
	Children and adolescents who..	Montgomery	7.1	-1.6	Yes
	Adults who currently smoke	Montgomery	8.2	0.7	Yes
	Adolescents who use tobacco ..	Montgomery	12.1	-7.1	Yes
	HIV incidence rate	Montgomery	23.5	-0.9	Yes
	Chlamydia infection rate	Montgomery	262.6	-8.6	Yes
	Life expectancy	Montgomery	84.3	0.2	Yes
	Increase physical activity	Montgomery	52.8	-1.8	Yes
Healthy Communities	Child maltreatment rate	Montgomery	4.8	-0.7	Yes
	Suicide rate	Montgomery	7.3	0.3	Yes
	Domestic Violence	Montgomery	140.7	27.5	Yes
	Children with elevated blood l..	Montgomery	0.1	0.0	Yes
	Fall-related death rate	Montgomery	7.5	0.4	Yes
	Pedestrian injury rate on publi..	Montgomery	41.3	5.7	No
	Affordable Housing	Montgomery	32.3	-9.0	No
Access to Health Care	Adolescents who received a w..	Montgomery	63.1	2.5	Yes
	Children receiving dental care ..	Montgomery	70.9	2.5	Yes
	Persons with a usual primary ..	Montgomery	74.9	-5.6	No
	Uninsured ED Visits	Montgomery	13.8	-2.4	Yes
Quality Preventive Care	Age-adjusted mortality rate fro..	Montgomery	124.6	-2.1	Yes
	Emergency Department visit r..	Montgomery	95.0	-7.8	Yes
	Emergency Department visit r..	Montgomery	141.0	-8.1	Yes
	Drug-induced death rate	Montgomery	5.1	0.4	Yes
	Emergency Department Visits ..	Montgomery	1791.7	264.1	Yes
	Hospitalization rate related to ..	Montgomery	142.7	-10.4	Yes
	Annual season influenza vacci..	Montgomery	48.7	5.6	No
	Emergency department visit r..	Montgomery	36.3	-0.4	Yes
	Age-adjusted mortality rate fro..	Montgomery	114.6	-5.1	Yes
	Emergency Department Visits ..	Montgomery	618.9	34.7	Yes
	Emergency department visit r..	Montgomery	239.2	-5.0	Yes

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?

   __✓__ Yes
   ____ No

   Provide date here. 11 / 05 / 14 (mm/dd/yy)

   If you answered yes to this question, provide a link to the document here. (Please note: this may be the same document used in the prior year report).

   http://www.holycrosshealth.org/documents/community_involvement/FY15HolyCrossGermantownHospitalCHNA.pdf

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

   __✓__ Yes Enter date approved by governing body here: 11 / 05 / 14 (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/CHNAImplementationStrategy-HCGH.pdf

II. 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? **(Please note: these are no longer check the blank questions only. A narrative portion is now required for each section of question b,)**

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

      __✓__ Yes
      ____ No

      If yes, please provide a description of how the CB planning fits into the hospital's strategic plan, and provide the section of the strategic plan that applies to CB.

We fully integrate our commitment to community service into our management and governance structures as well as our strategic and operational plans and we are rigorous in monitoring and evaluating our progress. We focus our community benefit activity at the intersection of documented unmet community health needs and Holy Cross Health's organizational strengths and mission commitments. Our community benefit plan is closely aligned with Holy Cross Health's population health management plan

and complements our other key planning documents including the budget, the human resources plan and the quality plan.

Our annual planning of community benefit programs is guided by the strategic plan. Holy Cross Health's fiscal 2015-2018 strategic plan identifies three strategic principles that frame our response to the evolving environment. The first and third principles align most directly to our work in community benefit.

- Attract more people, serve everyone
- Manage quality, costs and revenue effectively
- Improve and sustain individual and community health through innovation, alignment and partnership

These principles provide a context for the plan's seven strategic actions, including the following one specifically focused on community benefit.

- Improve the health status of our community, particularly those most at risk, by targeting identified community health needs:
  - Provide health services and care coordination to people who lack insurance
  - Address outcome disparities by linking underserved populations to services and self-care programs
  - Lead in community health improvement through education, advocacy, innovation and resource commitment

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 describe the role each plays in the planning process (additional positions may be added as necessary)

i. Senior Leadership

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

The Holy Cross Health Network leads the development of the community benefit plan, including the development and analysis of the community health needs assessment. The interdepartmental CEO Review Committee on Community Benefit and Population Health provides guidance and expectations, including the annual implementation work plan, and monitors progress toward goals and targets on a quarterly basis. Members of the CEO Review Committee on Community Benefit and Population Health include all senior leadership positions listed above and the clinical leadership included in part ii of question IIb.

In addition to providing guidance and expectations, the CEO Review Committee on Community Benefit and Population Health also prioritizes the unmet needs identified in the community health needs assessment. Each member rates each priority on the following criteria: severity of the need, feasibility of

our organization to address the need, and the potential each need has for achievable and measurable outcomes. Each need is also scored on its prevalence in the population served. The scores are then added together and ranked from highest to lowest score. The priority with the highest score is the highest ranked priority.

ii. Clinical Leadership

1. ✓ Physician (Medical Director, Community Care Delivery, Holy Cross Health Network)
2. ✓ 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)

The clinical leadership positions listed above are members of the CEO Review Committee on Community Benefit and Population Health. Like the senior leadership positions, clinical leadership provides guidance and expectations for the community benefit plan, including the annual implementation work plan, and monitors progress toward goals and targets on a quarterly basis. Clinical leadership also assists in prioritizing the needs identified in the community health needs assessment.

iii. Community Benefit Operations

1. ✓ Individual (Community Benefit Officer, 1.0 FTE)
2. ___Committee (please list members)
3. ___Department (please list staff)
4. ___Task Force (please list members)
5. ✓ Other (Vice President, Community Health, Holy Cross Health Network (1.0 FTE); Vice President, Operations, Holy Cross Health Network (0.8 FTE)

Briefly describe the role of each CB Operations member and their function within the hospital's CB activities planning and reporting process.

The Community Benefit Officer is responsible for overseeing Holy Cross Health's community benefit program. This role requires identifying community needs, developing and monitoring a plan responsive to those needs, reporting community benefit activity, and serving as an internal and external expert resource regarding community benefit ensuring that Holy Cross Health's community benefit program is aligned with community needs and priorities and that all regulatory state and federal guidelines are met.

The Vice President, Community Health plans, develops, implements, monitors and evaluates Holy Cross Health's community health programs responsive to community needs and provides leadership to designated departments dedicated to community benefit: community health, community and minority outreach, perinatal education, senior source, and medical adult day care. The Vice President, Community Health is responsible for linking our delivery system of care/health centers to a broad range of health education and screening programs that help manage and prevent chronic disease and provide early disease detection and wellness to improve the health of the community served by Holy Cross Health.

The Vice President, Operations, Holy Cross Health Network is responsible for the overall administrative leadership of the community care delivery network of health centers for the underinsured/underinsured. Health centers are located in Silver Spring, Gaithersburg, Aspen Hill and Germantown. The Vice President, Operations, Holy Cross Health Network plans and organizes operational and administrative systems to ensure that effective services occur in the health centers and are provided to the community to increase access to quality, affordable care.

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

Spreadsheet	✓ yes	_____no
Narrative	✓ yes	_____no

If yes, describe the details of the audit/review process (who does the review? Who signs off on the review?)

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

The spreadsheet undergoes an additional internal review. An internal audit is conducted by Deloitte and Touche each year. In addition to the financial and accounting audit, Deloitte audits the community benefit programs entered into the Community Benefit Inventory for Social Accountability (CBISA) tracking software. Programs are selected at random and the accounts and records are examined and verified for accurateness. At the completion of the community benefit audit a summary of the HSCRC spreadsheet is included in the organization's audited financials. The spreadsheet is then added to the annual community benefit plan and undergoes the process outlined above.

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

Spreadsheet	✓ yes	_____no
Narrative	✓ yes	_____no

Once recommended for approval by the Mission and Population Health Committee of the Board of Directors, the community benefit plan, which includes the HSCRC narrative and spreadsheet, is then submitted to the full Holy Cross Health Board of Directors for approval.

If no, please explain why.

III. COMMUNITY BENEFIT EXTERNAL COLLABORATION

External collaborations are highly structured and effective partnerships with relevant community stakeholders aimed at collectively solving the complex health and social problems that result in health inequities. Maryland hospital organizations should demonstrate that they are engaging partners to move toward specific and rigorous processes aimed at generating improved population health. Collaborations of this nature have specific conditions that together lead to meaningful results, including: a common agenda that addresses shared priorities, a shared defined target population, shared processes and outcomes, measurement, mutually reinforcing evidence based activities, continuous communication and quality improvement, and a backbone organization designated to engage and coordinate partners.

a. Does the hospital organization engage in external collaboration with the following partners:

- ✓ Other hospital organizations
- ✓ Local Health Department
- ✓ Local health improvement coalitions (LHICs)
- ✓ Schools
- ✓ Behavioral health organizations
- ✓ Faith based community organizations
- ✓ Social service organizations

b. Use the table below to list the meaningful, core partners with whom the hospital organization collaborated to conduct the CHNA. Provide a brief description of collaborative activities with each partner (please add as many rows to the table as necessary to be complete)

Holy Cross Health has been conducting needs assessments for more than 15 years and identifies unmet community health care needs in our community in a variety of ways. One way we identify community need is by collaborating with other healthcare providers to support Healthy Montgomery, Montgomery County's Community Health Improvement Process and Local Health Improvement Coalition.

Healthy Montgomery is under the leadership of the Healthy Montgomery Steering Committee, which includes the planners, policy makers, health and social service providers, and community members listed below. It is an ongoing process that includes periodic needs assessments, identification of indicators to monitor for improvement, selection of health priorities, development and implementation of improvement plans and monitoring of the resulting achievements.

Healthy Montgomery Steering Committee Members

Organization	Name of Key Collaborator	Title	Collaboration Description
Montgomery County Council	Mr. George Leventhal	Councilmember	Co-Chair
Vice President	Ms. Sharan London	ICF International	Co-Chair
Montgomery County Department of Health and Human Services	Ms. Uma Ahluwalia	Director	Member
Public Health Foundation Montgomery County Commission on Health	Mr. Ron Bialek	President Member	Member
MedStar Montgomery Medical Center	Ms. Gina Cook	Marketing, Communications Manager	Member
Kaiser Permanente	Ms. Tanya Edelin	Sr. Project Manager for Community Benefit	Member
Holy Cross Health	Ms. Wendy Friar	Vice President, Community Health	Member
Garvey Associates	Dr. Carol Garvey	Vice President for Health Policy	Member
Primary Care Coalition of Montgomery County	Leslie Graham	President & Chief Executive Officer	Member
Family Services, Inc.	Mr. Thomas Harr	Executive Director	Member
Commission on Aging	Dr. Samuel P. Korper	Member	Member
Montgomery County Department of Planning	Ms. Amy Lindsey	Senior Planner	Member
Ronald D. Paul Companies	Ms. Kathy McCallum	Controller	Member
Carefirst Blue Cross Blue Shield African American Health Program	Ms. Beatrice Miller	Sr. Regional Care Coordinator Member	Member
Commission on People with Disabilities	Dr. Seth Morgan, Physician	Member	Member
Asian American Health Initiative	Dr. Nguyen Nguyen	Member	Member
Proyecto Salud Health Center Latino Health Initiative	Dr. Cesar Palacios	Executive Director Member	Member
Montgomery County Recreation Department	Dr. Joanne Roberts	Program Manager	Member
Suburban Hospital	Ms. Monique Sanfuentes	Director, Community Health and Wellness,	Member
Georgetown University School of Nursing and Health Studies	Dr. Michael Stoto	Professor	Member
Montgomery County Department of Health and Human Services	Dr. Ulder J. Tillman	Officer and Chief, Public Health Services	Member
Center for Health Equity & Wellness, Adventist HealthCare	Dr. Deidre Washington	Research Associate	Member
Commission on Veterans Affairs	Ms. Marie Wood	Member	Member
Montgomery County Public Schools	Dr. Andrew Zuckerman	Chief of Staff	Member

c. Is there a member of the hospital organization that is co-chairing the Local Health Improvement Coalition (LHIC) in the jurisdictions where the hospital organization is targeting community benefit dollars?

___ yes ✓ no

d. Is there a member of the hospital organization that attends or is a member of the LHIC in the jurisdictions where the hospital organization is targeting community benefit dollars?

✓ yes ___no

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, to provide a clear and concise description of the primary needs identified in the CHNA, the principal objective of each evidence based initiative and how the results will be measured (what are the short-term, mid-term and long-term measures? Are they aligned with measures such as SHIP and all-payer model monitoring measures?), 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 example of how to report.

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

a. 1. 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. Include the collaborative process used to identify common priority areas and alignment with other public and private organizations.
2. Please indicate whether the need was identified through the most recent CHNA process.

b. Name of Hospital Initiative: insert name of hospital initiative. These initiatives should be evidence informed or evidence based. (Evidence based initiatives may be found on the CDC's website using the following link: http://www.thecommunityguide.org/)
(Evidence based clinical practice guidelines may be found through the AHRQ website using the following link: www.guideline.gov/index.aspx)

c. Total number of people within the target population (how many people in the target area are affected by the particular disease being addressed by the initiative)?

d. Total number of people reached by the initiative (how many people in the target population were served by the initiative)?

e. 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.

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

g. Key Collaborators in Delivery: Name the partners (community members and/or hospitals) involved in the delivery of the initiative.

h. Impact/Outcome of Hospital Initiative: Initiatives should have measurable health outcomes. The hospital initiative should be in collaboration with community partners, have a shared target population and common priority areas.

- What were the measurable results of the initiative?
- For example, provide statistics, such as the number of people served, number of visits, and/or quantifiable improvements in health status.

i. Evaluation of Outcome: To what degree did the initiative address the identified community health need, such as a reduction or improvement in the health indicator? Please provide baseline data when available. To what extent do the measurable results indicate that the objectives of the initiative were met? There should be short-term, mid-term, and long-term population health targets for each measurable outcome that are monitored and tracked by the hospital organization in collaboration with community partners with common priority areas. These measures should link to the overall population health priorities such as SHIP measures and the all-payer model monitoring measures. They should be reported regularly to the collaborating partners.

j. Continuation of Initiative: What gaps/barriers have been identified and how did the hospital work to address these challenges within the community? Will the initiative be continued based on the outcome? What is the mechanism to scale up successful initiatives for a greater impact in the community?

k. 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?

a. 1. Identified Need 2. Was this identified through the CHNA process?	1. Maternal and Infant Health (Priority #1) – viewed through the lens of unhealthy behaviors and health inequities. Between 2009 and 2012 Montgomery County's low birth-weight (LBW) percentage dropped from 8.2% to 7.4%. Overall it is below the Healthy People 2020 target of 7.8%. However, the rate for African American/Black births is above the target, especially for 18-19 year old women. The percentage of very low birth-weight (VLBW) births has remained constant at 1.4%, which equals the Healthy People 2020 target. The LBW births in Prince George's County have also declined from 11.2% in 2009 to 10.0% in 2012. The VLBW births rose slightly from 2.4% in 2009 to 2.5% in 2012 (Maryland DHMH, 2012) Babies born to mothers who do not receive prenatal care are three times more likely to be born at a low birth weight and five times more likely to die when compared to mothers who do receive prenatal care. Teen mothers and mothers under 25 years of age are most likely not to have entered care within their first trimester. Only 69.6% of Montgomery County teen mothers and 54.2% of Prince George's County teen mothers entered care in their first trimester in 2009, both counties are below the Healthy People 2020 target of 77.9%. 2. Yes, this was identified through the CHNA process.
b. Hospital Initiative	Community United for at Term Infants and Education (CUTIE)
c. Total Number of People Within the Target Population	In Montgomery County, 202,547 women are between the ages of 15-44; 41,767 (20.6%) are African American/Black and 43,169 (21.3%) are Hispanic or Latina. In Prince George's County, 194,124 women are between the ages of 15-44; 125,233 (64.5%) are African American/Black and 33,306 (17.2%) are Hispanic or Latina (U.S. Census Bureau, 2013 American Community Survey).
d. Total Number of People Reached by the Initiative Within the Target Population	120 women enrolled in the program (74 African American/Black, 41 Hispanic, 2 Asian American, 2 White and one other minority). CUTIE had 3,234 educational encounters at adult and teen childbirth and prenatal classes, follow-up events, and community outreach events.
e. Primary Objective of the Initiative	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
f. Single or Multi-Year Initiative – Time Period	Multi-year
g. Key Collaborators in Delivery of the Initiative	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
h. Impact/Outcome of Hospital Initiative?	Of the 120 women enrolled in the program, 92 women gave birth with seven (7.6%) preterm deliveries (under 37 weeks) and six (6.5%) low birth weight (under 2,500 grams) deliveries. The low-birthweight percentage of the program participants was lower than that of both Montgomery and Prince George's County, suggesting that the program had an impact on decreasing low-birthweight of participants.

i. Evaluation of Outcomes	The low-birthweight percentage of Montgomery County rose slightly from 7.4% in 2012 to 7.5% in 2013. Prince George's County low-birthweight continued to decline from 10.0% in 2012 to 9.4% in 2013 (Maryland, DHMH Vital Statistics Administration, 2015).	
j. Continuation of Initiative	Limited, state funding for the full CUTIE program was discontinued in FY15. However, women who were enrolled in CUTIE prior to June 2015 will continue to be followed until their baby's first birthday. Teen pregnancy classes will continue to be offered, including follow-up through the baby's first birthday.	
k. Total Cost of Initiative for Current Fiscal Year and What amount is Restricted Grants/Direct offsetting revenue	A. Total Cost of Initiative $187,136	B. Direct offsetting revenue from Restricted Grants $85,916

a. 1. Identified Need 2. Was this identified through the CHNA process?	1. Seniors - (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). 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) Deaths from accidents are the 10th leading cause of death in Montgomery County and the 9th leading cause of death in Prince George's County for seniors. Between 2000 and 2010 falls accounted for 65.3% of deaths from accidents in Montgomery County with 54.7% of falls occurring in residents 85 and over and 46.6% of the deaths from accidents in Prince George's County with almost equal amounts of fall deaths occurring in residents aged 75-84 and 85 and over 2. Yes, this was identified through the CHNA process.
b. Hospital Initiative	Falls Prevention Programs
c. Total Number of People Within the Target Population	Approximately 136,235 (13%) of Montgomery County residents and 96,129 (11%) of Prince George's County residents are aged 65 or over.
d. Total Number of People Reached by the Initiative Within the Target Population	During FY15, falls prevention programs enrolled 186 and had 583 encounters.
e. Primary Objective of the Initiative	To increase awareness about fall risk factors among older adults and to improve the balance of seniors at-risk for falls.
f. Single or Multi-Year Initiative – Time Period	Multi-year
g. Key Collaborators in Delivery of the Initiative	Montgomery County Dept. of Health & Human Services, The Village at Rockville, Asbury Methodist Village

h. Impact/Outcome of Hospital Initiative?	During FY15, 60 older adults completed a falls risk assessment that increases awareness of personal falls risk and 151 older adults completed the Biodex Balance Testing to increase awareness of sensory systems used to maintain balance.	
i. Evaluation of Outcomes	According to the Maryland State Health Improvement Process data, falls related deaths for both Montgomery and Prince George's County have increased. Since 2012, the death rate has increased by 0.4 for Montgomery County and .1 for Prince George's County. Suggesting an increased need for more falls related prevention programs.	
j. Continuation of Initiative	Yes	
k. Total Cost of Initiative for Current Fiscal Year and What amount is Restricted Grants/Direct offsetting revenue	A. Total Cost of Initiative $23,786	B. Direct offsetting revenue from Restricted Grants $0

a. 1. Identified Need 2. Was this identified through the CHNA process?	1. Cardiovascular Health (Priority #3) - 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. Two out of every three older Americans have multiple chronic conditions and experience disproportionate rates of heart disease (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. 2. Yes, this was identified through the CHNA process.
b. Hospital Initiative	Senior Fit
c. Total Number of People Within the Target Population	Approximately 136,235 (13%) of Montgomery County residents and 96,129 (11%) of Prince George's County residents are aged 65 or over (U.S. Census Bureau, 2013 American Community Survey).
d. Total Number of People Reached by the Initiative Within the Target Population	In FY15, Senior Fit held 2,958 classes at geographically accessible locations in Montgomery and Prince George's County. The, 45-minute exercise program had an average weekly unduplicated attendance of 1,230 participants and had 113,048 encounters for the year.
e. Primary Objective of the Initiative	To provide age appropriate exercise classes to minimize symptoms of chronic disease and improve strength, flexibility and cardiovascular endurance and encourage self-management.
f. Single or Multi-Year Initiative – Time Period	Multi-Year

g. Key Collaborators in Delivery of the Initiative	Partners include National Lutheran Communities & Services, Kaiser Permanente of the Mid-Atlantic States, Montgomery County Department of Recreation, Maryland-National Capital Park and Planning Commission, Faith-Based Organizations, Retirement Communities, and Montgomery County Housing Opportunities Commission	
h. Impact/Outcome of Hospital Initiative?	The FY14, fitness assessments results found 86% percent of participants perform "above standard" on three of four tests (lower body strength, speed/agility, and upper body strength). On all four tests, we found an increase in those who performed "above standard" and on three of the four tests we saw a decrease in those who scored "below standard," which demonstrates an improvement in functional ability; indicating that participants have the ability to maintain an independent lifestyle.	
i. Evaluation of Outcomes	Quality Preventive Care Indicators for heart disease from Maryland's State Health Improvement Process show a reduction in the age-adjusted mortality rate from heart disease for both Montgomery and Prince George's County. From the period of 2010-2012 to the period to 2011-2013, the mortality rate for Montgomery County fell 5.1 points from 119.7 to 114.6 and the rate for Prince George's County fell 11.2 points from 191.2 to 180.0.	
j. Continuation of Initiative	Yes	
k. Total Cost of Initiative for Current Fiscal Year and What amount is Restricted Grants/Direct offsetting revenue	A. Total Cost of Initiative $426,608	B. Direct offsetting revenue from Restricted Grants $108,025

a. 1. Identified Need 2. Was this identified through the CHNA process?	1. Obesity - (Priority #4) – 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, and race, however, disparities do exist and rates are disproportionately affected by race/ethnicity, sex and age and socioeconomic status. 2. Yes, this was identified through the CHNA process.
b. Hospital Initiative	Kids Fit
c. Total Number of People Within the Target Population	Approximately 8.4% of Montgomery County adolescents 15.4% of Prince George's County adolescents are obese. More than 16,000 children in Montgomery County and more than 19,000 in Prince George's County are living below the poverty level (U.S. Census Bureau, 2006-2010 American Community Survey).
d. Total Number of People Reached by the Initiative Within the Target Population	In FY15, Kids Fit held 53 classes at Housing Opportunities Commission locations throughout Montgomery County. This one-hour, interactive exercise and nutrition program had an average class attendance of 17 participants and had 5,018 encounters for the year.

e. Primary Objective of the Initiative	To improve fitness, team work, and knowledge of healthy lifestyle choices among children aged 6 – 12 residing in HOC properties.	
f. Single or Multi-Year Initiative – Time Period	Multi-Year	
g. Key Collaborators in Delivery of the Initiative	Montgomery County Housing Opportunities Commission sites: Georgian Court, Olney Towne Center, Shady Grove Center, Stewartown Homes, and The Willows	
h. Impact/Outcome of Hospital Initiative?	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.	
i. Evaluation of Outcomes	Overall obesity rates for Montgomery and Prince George's Counties have declined since 2010. In Montgomery County 7.1% of adolescents in 2013 were obese compared to 8.7% in 2010. In Prince George's County 13.7% of adolescents in 2013 were obese compared to 15.0% in 2010 (Maryland Youth Risk Behavior Survey, 2013).	
j. Continuation of Initiative	Yes	
k. Total Cost of Initiative for Current Fiscal Year and What amount is Restricted Grants/Direct offsetting revenue	A. Total Cost of Initiative $62,005	B. Direct offsetting revenue from Restricted Grants $0

a. 1. Identified Need 2. Was this identified through the CHNA process?	1. Diabetes - (Priority #5) – viewed through the lens of unhealthy behaviors. In 2012, diabetes was the seventh leading cause of death in Montgomery County and the fifth leading cause of death in Prince George's County (Maryland, DHMH Vital Statistics Administration, 2015). Diabetes can lower life expectancy by up to 15 years and increases the risk of heart disease by 2 to 4 times. 2. Yes, this was identified through the CHNA process.
b. Hospital Initiative	Chronic Disease Self-Management Program
c. Total Number of People Within the Target Population	Approximately 71,167 (7%) Montgomery County adults and 92,568 (10.4%) Prince George's County adults have diabetes.
d. Total Number of People Reached by the Initiative Within the Target Population	In FY15, 105 participants were enrolled in CDSMP with 369 encounters. Forty-six participants had diabetes and 59 had hypertension.
e. Primary Objective of the Initiative	Improve self-management skills of people with diabetes and other chronic illnesses.
f. Single or Multi-Year Initiative – Time Period	Multi-Year
g. Key Collaborators in Delivery of	Montgomery County Department of Health and Human Services, Maryland

the Initiative	Department on Aging, and Holy Cross Health Foundation	
h. Impact/Outcome of Hospital Initiative?	Pre- and post-tests were completed for each 6-week workshop. After completing this evidence-based program, studies show that participants should have: - Increased exercise - Better coping strategies and symptom management - Better communication with their physicians - Improved self-rated health, disability, social and role activities, and health distress - More energy and feel less fatigue - Decreased disability - Fewer physician visits and hospitalizations After 2 years studies showed that participants have: - No further increase in disability - Reduced health distress - Fewer visits to physicians and emergency rooms - Increased self-efficacy	
i. Evaluation of Outcomes	Emergency Department Visit Rate Due To Diabetes decreased in Montgomery County in 2014. Rates declined from 102.8 per 100,000 population in 2013 to 95.0. Rates for Prince George's County rose slightly from 167.6 in 2013 to 169.0 in 2014. Rates for both Counties are below the Maryland SHIP target of 186.3 (Maryland Health Services Cost Review Commission (HSCRC), Research Level Statewide Outpatient Data Files, 2015)	
j. Continuation of Initiative	Yes	
k. Total Cost of Initiative for Current Fiscal Year and What amount is Restricted Grants/Direct offsetting revenue	A. Total Cost of Initiative $33,797	B. Direct offsetting revenue from Restricted Grants $7,258

a. 1. Identified Need 2. Was this identified through the CHNA process?	1. Behavioral Health - (Priority #6) – viewed through the lens of unhealthy behaviors and health inequities. In Montgomery and Prince George's Counties 20.0% and 25.2% of the population, respectively, said that they experienced more than two days of poor mental health in the past month 2. Yes, this was identified through the CHNA process.
b. Hospital Initiative	Linking INdividuals to Community Services (LINCS)
c. Total Number of People Within the Target Population	Approximately 115,823 people reside in ZIP Codes 20902 and 20906, the target area of the LINCS program (U.S. Census Bureau, 2013 American Community Survey).

d. Total Number of People Reached by the Initiative Within the Target Population	5,884 unduplicated persons were reached through the LINCS program.	
e. Primary Objective of the Initiative	To reduce emergency room utilization and hospitalization by addressing social determinants of health by linking individuals residing along the "Georgia Avenue Corridor" to primary care, social services and behavioral health services to help prevent disease and maintain or improve health status.	
f. Single or Multi-Year Initiative – Time Period	Multi-Year	
g. Key Collaborators in Delivery of the Initiative	Primary Care Coalition, The Morris & Gwendolyn Cafritz Foundation	
h. Impact/Outcome of Hospital Initiative?	In collaboration with the LINCS program, Community Health Workers trained in Mental Health First Aid, made 42 behavioral health referrals to care managers. The majority of outreach participants who were eligible for behavioral health referrals declined the referral. Indicating that more education and outreach is needed to decrease the stigma around behavioral health.	
i. Evaluation of Outcomes	The percentage of adults in Montgomery County who stated that they experienced more than two days of poor mental health in the past month rose from 20.0% in 2012 to 22.2% in 2013 (BRFSS, 2013).	
j. Continuation of Initiative	Yes	
k. Total Cost of Initiative for Current Fiscal Year and What amount is Restricted Grants/Direct offsetting revenue	C. Total Cost of Initiative $181,957	D. Direct offsetting revenue from Restricted Grants $20,111

a. 1. Identified Need 2. Was this identified through the CHNA process?	1. Cancer - (Priority #7) – viewed through the lens of unhealthy behaviors, lack of access and health inequities. 2. Yes, this was identified through the CHNA process.
b. Hospital Initiative	Mammogram Assistance Program Services - Community Health Worker Outreach
c. Total Number of People Within the Target Population	There are 18,338 women aged 35 and over living below the poverty level in Montgomery County and 18,584 women 35 and over living below the poverty level in Prince George's County (U.S. Census Bureau, 2013 American Community Survey).
d. Total Number of People Reached by the Initiative Within the Target Population	MAPS had 6,659 participants

e. Primary Objective of the Initiative	To increase breast cancer early detection by providing breast cancer education, information on breast self-exams and referrals to mammogram services for uninsured/underinsured women in Montgomery and Prince George's County	
f. Single or Multi-Year Initiative – Time Period	Multi-Year	
g. Key Collaborators in Delivery of the Initiative	Mobile Medical Care, Susan G. Komen for the Cure	
h. Impact/Outcome of Hospital Initiative?	A total of 6,659 participants were educated about breast cancer and the importance of early detection and treatment and were empowered to take action in their breast health. CHWs provided referrals during outreach and of the referrals provided 544 received free mammograms (341 screening, 203 diagnostic), 108 breast ultrasounds were made, 44 surgical referrals and two breast cancers were diagnosed.	
i. Evaluation of Outcomes	According to the Maryland State Health Improvement Process data, the overall age-adjusted mortality rate from cancer has decreased for both Montgomery and Prince George's Counties. From 2010-2012, the mortality rate was 126.7 and 165.0 for Montgomery County and Prince George's County, respectively. During 2011-2013, the rate fell 2.1 points to 124.6 for Montgomery County and 7.3 points for Prince George's County. The age-adjusted mortality rate for all cancers has been on a steady decline for both Counties since 2008.	
j. Continuation of Initiative	Yes	
k. Total Cost of Initiative for Current Fiscal Year and What amount is Restricted Grants/Direct offsetting revenue	A. Total Cost of Initiative $10,762	B. Direct offsetting revenue from Restricted Grants $10,010

2. Were there any primary community health needs 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.

No, all primary health needs identified through the CHNA were addressed by the hospital.

3. How do the hospital's CB operations/activities work toward the State's initiatives for improvement in population health? (see links below for more information on the State's various initiatives)

STATE INNOVATION MODEL (SIM) http://hsia.dhmh.maryland.gov/SitePages/sim.aspx
MARYLAND STATE HEALTH IMPROVEMENT PROCESS (SHIP)
http://dhmh.maryland.gov/ship/SitePages/Home.aspx
HEALTH CARE INNOVATIONS IN MARYLAND

http://www.dhmh.maryland.gov/innovations/SitePages/Home.aspx
MARYLAND ALL-PAYER MODEL http://innovation.cms.gov/initiatives/Maryland-All-Payer-Model/
COMMUNITY HEALTH RESOURCES COMMISSION http://dhmh.maryland.gov/mchrc/sitepages/home.aspx

To select outreach priorities, Holy Cross Health links community healthcare needs to our mission and strategic priorities. We address unmet needs within the context of our overall approach, mission commitments and key clinical strengths and within the overall goals of our community partners and our county, state and federal governments.

The changing health care environment calls for innovative programs that control health care costs while improving quality of care, patient satisfaction and the overall health of populations. Holy Cross Health collaborates with public and private organizations to achieve this goal by developing and implementing programs designed to improve population health. Programs implemented aim to improve access to quality care for underserved community members, decrease hospital utilization, promote chronic disease self-management and prevention, and address social determinants of health and other issues that adversely affect health.

Listed below are a few Holy Cross Health programs that work toward the State's initiatives for improvement in population health:

- Holy Cross Health Centers – located in four geographically accessible areas in Montgomery County, the health centers provide access to quality primary care services for adults and children who are uninsured or have Medicaid
- Aspen Hill Patient Centered Medical Home Model – implemented at one of our health centers to improve patient outcomes and utilization
- Transitional Care Program – to reduce hospital readmissions health coaches contact newly discharged, uninsured hospital patients and confirm that a follow-up physician visit has been scheduled, medications prescribed at discharge have been acquired and are being taken at home, discharge instructions are completely understood, and that the patient recognizes condition-specific warning signs and knows when to call the medical provider
- Emergency Department/Primary Care Connect program – similar to the Transitional Care Program, patient care navigators link uninsured emergency department patients to the Holy Cross Health Centers to increase appropriate follow-up of patients and reduce readmissions and re-visits to the emergency department
- Nexus Montgomery – Holy Cross Health received a grant from the HSCRC, as the lead agency, to establish a Regional Partnership for Health System Transformation. It is working in collaboration with all Montgomery County hospitals, the Primary Care Coalition of Montgomery County and technical experts to develop a model that focuses on improving the health of Medicare beneficiaries and dual eligible seniors, aged 65 and over, residing in senior housing and senior care facilities. The model will embed a nurse/community health worker team within senior living communities to improve management of chronic diseases (including self-management) and reduce inappropriate use of hospital services.
- Linking INdividuals to Community Services – a program that utilizes an outreach coordinator and community health workers to reduce emergency room utilization and hospitalization by addressing social determinants of health by linking individuals residing along the "Georgia Avenue Corridor" to primary care, social services, and behavioral health services to help prevent disease and maintain or improve health status.
- CareLink – Holy Cross Health refers inpatients to CareLink, a program that provides intense care management services following discharge to patients with complex medical and behavioral health needs. This program is partially funded by CHRC.

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.

Emergency and inpatient specialty care is provided by physicians 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 could occur if 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 four of the Holy Cross Health Centers, the only safety net clinics in the county operated by a hospital, are fortunate to have experienced, staff and volunteer 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. To increase Holy Cross Health Center patient access to specialty care, Holy Cross Health will employ a referral specialist who will work in collaboration with the County, other community partners and the health care team, to coordinate and follow-up with patients who have complicated requests for hard to procure specialty care. We anticipate that this additional resource will minimize gaps in specialty care experienced by our health center patients.

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 Health has more than 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 physicians with whom the hospital has an exclusive contract

- We provide a $339,000 subsidy to anesthesiology to bring anesthesiologists in off hours. This is required due to 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 FY15, Holy Cross Germantown Hospital provided a net benefit of $1,395,522.

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 FY15, Holy Cross Hospital provided a net benefit of $855,438 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, and Psychiatry

Category Four: Physician provision of financial assistance to encourage alignment with the 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 financial assistance policy.

Category Five: Physician recruitment to meet community need

- 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. Provide a brief description of how your hospital's FAP has changed since the ACA's Health Care Coverage Expansion Option became effective on January 1, 2014 (label appendix II).
c. Include a copy of your hospital's FAP (label appendix III).
d. 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 IV).

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

Appendix I. Financial Assistance Policy Description

All Holy Cross Health 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 in plain language and offered in both English and Spanish, the predominant languages in our patient population at Holy Cross Health.
- 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 Health uses community-based, culturally competent community health workers 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 Health financial assistance policy provides systematic and equitable clinical services to those who have medical need and lack adequate resources to pay for services. In FY15, Holy Cross Germantown Hospital provided $2.1 million in financial assistance. Holy Cross Health actively supports the expansion of insurance eligibility through the Affordable Care Act and provided Medicaid or Qualified Health Plans information to 19,480 people during FY15, including 130 patients enrolled into Medicaid at our health centers and 2,300 people linked to navigators for enrollment in Medicaid or Qualified Health Plans by our Community Health Workers.

Individuals who are ineligible for Medicaid or Qualified Health Plans are able to obtain primary health care services at four of our health centers located in Silver Spring, Gaithersburg, Aspen Hill and Germantown, Maryland. The health centers provide a convenient option for uninsured residents in need of high quality, discounted medical care. In FY15, the health centers had 31,890 visits, providing affordably priced primary health care services to more than 8,800 patients who are uninsured or enrolled in Medicaid. Fiscal Year 2015 also marked the first year that pediatric services were provided to uninsured/underinsured residents through the opening of the Germantown health center.

Appendix II. FAP changes made in accordance with the ACA's Health Care Coverage Expansion Option

Holy Cross Health continues to actively support the expansion of insurance eligibility through the Affordable Care Act. Financial counselors inform all self-pay patients of Holy Cross Health's financial assistance program and the DECO Recovery Management counselors consult with self-pay patients to determine eligibility for Medicaid or Qualified Health Plans. If deemed eligible, DECO Recovery Management counselors enroll patients into a plan that fits their health care needs.

In response to the ACA's Health Care Coverage Expansion Option that became effective January 1, 2014, Holy Cross Health updated the financial assistance policy to reflect the needs of the community we serve. Many residents in the Holy Cross Health service areas remain uninsured due to ineligibility for Medicaid/Qualified Health Plans or other circumstances. The revised policy expands the income eligibility requirements for the financial assistance program from patients who are below 300% of the federal poverty level and whose assets do not exceed $10,000 for an individual and $25,000 within a family to patients who are below 400% of the federal poverty level with the same asset requirements. The program also expanded its medical financial hardship requirements to include patients with a family income up to 500% of the federal poverty level incurring hospital medical debt that exceeds 20% of family income over a 12-month period, reduced from previous requirements of 25% of family income. The increase in income eligibility will allow Holy Cross Health to further its mission by expanding accessibility of services to our most vulnerable and underserved populations.

Appendix III. Financial Assistance Policy

HOLY CROSS HEALTH

Holy Cross Health: Patient Financial Assistance

Owner/Dept: JEFFREY KARNS, VP Revenue Cycle Operations/ Office of Chief Financial Offi	**Date approved: Not Approved Yet**
Approved by: Anne Gillis (Chief Financial Officer, Holy Cross Health), Annice Cody (President Holy Cross Health Network), Doug Ryder (President, Holy Cross Germantown Hospital), Judith Rogers (President of Holy Cross Hospital)	**Next Review Date:** No Review **Date**
Affected Departments: Finance, Legal Services, Office of CFO, Patient Accounting, Financial Counseling	

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 Health 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 Health patient financial assistance policy applies in those cases where patients do not have sufficient income or assets to pay for their care and fulfill their obligation 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 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;
    - 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.

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

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

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

- **Medical Financial Hardship Program:** Holy Cross Health also makes available financial assistance to "medically indigent" patients who demonstrate a financial hardship as a result of medical debt. This program requires a more extensive documentation process. Reduced-cost financial assistance will remain in effect during the 12-month period after the date the reduced-cost medically necessary care was initially received and will apply to the patient or any immediate family member of the patient living in the same household when seeking subsequent care at a Holy Cross Health facility.

If a patient meets the eligibility requirements of more than one of the programs listed above, 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 Revenue Cycle Management.

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. These facilities include Holy Cross Hospital, Holy Cross Germantown Hospital, Holy Cross Health Centers, and Holy Cross Dialysis Center at Woodmore. It does not apply to services that are operated by a "joint venture" or "affiliate" of Holy Cross Health. Contracted physicians (Emergency Medicine, Anesthesia, Pathology, Radiology, Hospitalists, Intensivists and Neonatalogists) also honor scheduled financial assistance determinations made by Holy Cross Health. 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 Health provides a more cost effective setting for needed services (such as the Obstetrics/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 Health financial assistance program. In these heavily discounted programs, patients are expected to make the minimum co-payments that are required regardless of the level of charity care for which the patient would otherwise be eligible. Those minimum obligations are not then eligible to be further reduced via the scheduled financial assistance policy.

Services Not Covered

Services not covered by this financial assistance policy are:

- Private physician services or charges from facilities in which Holy Cross Health has less than full ownership.
- Cosmetic, convenience, and/or other medical services, which are not medically necessary. Medical necessity will be determined by 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 Health believes they are eligible.

Patient Eligibility Requirements

Holy Cross Health provides various levels of financial assistance to Maryland residents and patients who present with an urgent, emergent or life-threatening condition whose income is less than 400% of the federal poverty level and whose 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 Health will also provide assistance to patients with family income up to 500% of the federal poverty level that demonstrate a financial hardship as a result of incurring hospital medical debt that exceeds 20% 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 care by Holy Cross Health 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 Holy Cross Health, 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 Operations) 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 300% of the poverty level, and 30% assistance from 301% to 400% of the federal poverty level. For those patients who demonstrate a medical financial hardship, a minimum of 30% assistance may be provided from 401% to 500% of the federal poverty level. Holy Cross Health's schedule of financial assistance will change according to the annual update of federal poverty levels published in the HHS Federal Register.

Continuing financial obligation of the patient: Patients who receive partial financial assistance have been determined to be capable of making some payment for their care. Unless a specific patient financial assistance exception request is made and approved, or 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, Holy Cross Health will not pursue a judgment against anyone who has legitimately qualified for any scheduled level of Holy Cross Health financial assistance. Payment plans are also made available to uninsured patients with family income between 200% and 500% of the federal poverty level that request assistance.

Notice of Financial Assistance	The financial assistance program is publicized to patients of Holy Cross Health to whom it may apply. The information will be made available via the following methodologies: 1) A plain language summary of the Holy Cross Health's financial assistance policy, financial assistance applications, and the Hospital patient information sheet is prominently displayed in all registration and cashier areas, the facilities' main lobby, cafeteria and the emergency center, and the health center campuses in English, Spanish and in the predominant languages represented by our patient population as defined by applicable regulations. All documents can also be accessed, viewed, downloaded and printed from Holy Cross Health's external website. 2) Notice of financial assistance availability is indicated on all Holy Cross Health 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 areas of Holy Cross Health.
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 301-754-7195 or the financial counseling manager at extension 301-754-7193 with questions and for more information.
Policy Modifications	The Holy Cross Health Board of Directors must approve modifications to this policy. In addition, this policy will be presented to the Board for review and approval every two years.
Approval	This policy was reviewed and approved by the Holy Cross Health Executive Team and the Holy Cross Health Board of Directors on July 25, 2013

Appendix IV. Patient Information Sheet

Holy Cross Health
Financial Counseling
1500 Forest Glen Road
Silver Spring, MD 20910-1484
Phone: (301) 754-7195
Fax: (301) 754-3227
Hours: 7:30 am – 6:00 pm

PATIENT INFORMATION SHEET

Holy Cross Health is committed to being the most trusted provider of health care services 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 Health provides urgent or emergent care to all patients regardless of ability to pay.

Our Financial Assistance Program

Holy Cross Health provides substantial Financial Assistance to low-income patients who do not qualify for public programs such as Medicaid, MCHP, MHIP, etc. or have insurance that does not cover medically necessary care. For qualifying patients, Holy Cross Health also provides limited coverage to individuals whom demonstrate approval under means-tested social services programs. In addition, 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 Health offers Financial Assistance for individuals who 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, and Women, Infant and Children Program. Additionally, Medical Financial Hardship Assistance is also available if you have Holy Cross Health 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, assets and/or enrollment in means-tested social services programs. For a listing of required documents and further details on how to apply for Financial Assistance, and or the Medical Financial Hardship process, 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" tab and select "For Patient".

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
- Request a payment plan if the family income is between 200% and 500% of the federal poverty level

Holy Cross Health
Financial Counseling
1500 Forest Glen Road
Silver Spring, MD 20910-1484
Phone: (301) 754-7195
Fax: (301) 754-3227
Hours: 7:30 am – 6:00 pm

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.

Physician Services

Holy Cross Health 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.

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.

	Location	Phone Numbers	Zip Codes
Rockville	**Local Office** 1301 Piccard Dr., 2nd Fl. Rockville, MD 20852 **Service Eligibility Unit** 1335 Piccard Dr., 1st Fl. Rockville, MD 20852	Phone: 240-777-4600 Fax: 240-777-4100 Phone: 240-777-3120 Fax: 240-777-1013	20812, 20813, 20814, 20815, 20816, 20817, 20818, 20824, 20827, 20830, 20832, 20833, 20848, 20849, 20850, 20851, 20852, 20853, 20854, 20856, 20860, 28061, 20862, 20895, 20896, 20902, 20906
Silver Spring	**Local Office** 8818 Georgia Ave., 1st Fl. Silver Spring, MD 20910 **Service Eligibility Unit** 8630 Fenton Street, 10th Fl. Silver Spring, MD 20910	Phone: 240-777-3100 Fax: 240-777-3070 Phone: 240-777-3066 Fax: 240-777-1307	20866, 20868, 20901, 20903, 20904, 20905, 20907, 20910, 20911, 20912, 20914, 20915, 20916, 20918
Germantow	**Local Office** 12900 Middlebrook Rd., 2nd Fl. Germantown, MD 20874 **Service Eligibility Unit** 12900 Middlebrook Rd., 2nd Fl. Germantown, MD 20874	Phone: 240-777-3420 Fax: 240-777-3477 Phone: 240-777-3591 Fax: 240-777-3563	20832, 20837, 20839, 20841, 20842, 20855, 20871, 20872, 20874, 20875, 20876, 20877, 20878, 20879, 20880, 20882, 20884, 20885, 20886, 21771, 20784
PG County	**Local Office** 6505 Belcrest Rd. Hyattsville, MD 20782	Phone: 301-209-5000 Healthline 1-888-561-4049	

Appendix V. Holy Cross Health's Mission, Vision, and Value Statement

Mission and Values

Mission Statement

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.

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

Serving. Succeeding. Improving Health.

COMMUNITY REPORT 2015

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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December 2015

Community is more than a collection of people living in close proximity to one another. True community is as much about spirit as it is about place—where caring people can work together to make a difference in the lives of those around them. For more than 50 years, Holy Cross Health has been a good neighbor, an excellent caregiver, and a trusted partner in health as we strive to meet the needs of our community, improving the health of individuals and families across the region.

We have developed an interconnected network of services and resources to serve everyone, regardless of the severity of their health issues or their financial or insurance status. Through innovation and alignment, we collaborate with organizations who share our objectives, and we work with local and national leaders who share our goals of improving people's health and lives.

In this report we highlight just a few of the thousands of individuals who are changing their lives and their futures with the help of Holy Cross Health. In this era of health care reform, we are continuing to expand the way we care for patients and families—beyond the traditional model of treating illness in the hospital, to a system of integrated community-based services.

Our commitment to providing innovative programs with a powerful impact on our community and its residents has never been stronger. In recent years, Holy Cross Health has invested more than $450 million in the expansion of our facilities, including the opening of Holy Cross Germantown Hospital in 2014 and the historic expansion of Holy Cross Hospital this year. We now operate four health centers focused on those facing financial barriers to care, including our newest health center in Germantown. Our outreach programs continue to expand, and our community fitness programs touch thousands of lives each and every week.

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 is inspired by our mission as a Catholic, not-for-profit system. In fiscal 2015 alone, Holy Cross Health provided more than $61 million in community benefit, including an all-time high of $32 million in free or reduced-cost services to those facing financial barriers to care.

As we look ahead, we do so with much greater capacity to serve the needs of our community. As our communities' health care needs grow and change, we will continue to provide the highest quality care to everyone. This is the same commitment that inspired the Sisters of the Holy Cross to build Holy Cross Hospital, and we call on it to continue our mission to be the area's most trusted health care provider.

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

2015 Highlights

SOUTH BUILDING

Historic Expansion at Holy Cross Hospital

This year marked the most significant expansion for Holy Cross Hospital in our more than 50-year history, as we celebrated the grand opening of the South Building, a new seven-story, 150-bed patient care tower (shown left) on the newly named Kevin J. Sexton Campus. Holy Cross Health is now the only health care system in the region to provide all private patient rooms at Holy Cross Hospital and Holy Cross Germantown Hospital, for improved comfort, safety, and privacy of patients and their families.

"Our historic expansion sets a new standard of care, and showcases Holy Cross Health's continued dedication to anticipating and answering community needs as a trusted partner in health."

Kevin J. Sexton, president and CEO, Holy Cross Health

Fourth Holy Cross Health Center Opens in Germantown

Holy Cross Health opened its fourth primary care health center in Germantown in 2015 to improve access to affordable primary care for those facing financial barriers. The Holy Cross Health Center in Germantown is the first health center to offer pediatric care in addition to adult services, so that families can establish a medical home and get the care they need in one accessible, convenient location for a holistic family care experience.

HOLY CROSS HEALTH CENTER IN GERMANTOWN

A Spirit of Giving

The Holy Cross Health Foundation's Capital Campaign gives everyone the opportunity to support the development of the physical and programmatic resources offered by Holy Cross Health.

People like Emile Foyet have been inspired to give because of Holy Cross Health's commitment to providing access to quality health care for all.

In 2003, Emile—an uninsured political refugee from Cameroon—turned to Holy Cross for treatment of a serious lung infection. Emile was deeply touched by the excellent care he received and the compassionate way he was treated. Emile donated to the Holy Cross Health Foundation the following year—and every year since.

EMILE FOYET

Emile is one of thousands of donors who have helped Holy Cross Health raise more than half of its $25 million goal in its ongoing Capital Campaign. More information is available at **HolyCrossHealth.org/foundation.**

Awards and Recognition for Holy Cross Hospital

Ranked among the **best hospitals** in Maryland and the Washington, D.C., region for 2015–16 by *U.S. News & World Report*

Recognized for **high performance** in neuroscience and heart failure services in the 2015–16 annual ranking by *U.S. News & World Report*

Breast Center granted its second, **three-year accreditation** by the National Accreditation Program for Breast Centers

Hip Replacement, Knee Replacement and Spine Surgery services awarded a **Gold Seal of Approval®** by The Joint Commission

Epilepsy Monitoring Unit recognized as a **Level 4 Epilepsy Center** by the National Association of Epilepsy Centers.

Stroke Program designated as an **Advanced Primary Stroke Center** by the Maryland Institute for Emergency Medical Services Systems, and by The Joint Commission

Recognition for Holy Cross Germantown Hospital

Laboratory is **awarded accreditation** by The College of American Pathologists

Awards for Holy Cross Health

Workplace Excellence Seal of Approval for the 16th year in a row—the only health care provider to be so distinguished continually since 1999

For a full list of awards and designations, visit HolyCrossHealth.org

Providing Access to Care

Montgomery County, one of the richest and healthiest counties in the nation, has many communities and individuals who face financial, cultural or language barriers to accessing quality health care. Even after the passing of the Affordable Care Act, more than 60,000 residents remain uninsured.

Holy Cross Health is a regional leader in creating programs and services to address formidable barriers to care by bringing affordable care closer to children and adults who are uninsured or enrolled in Medicaid.

"Our four health centers located in Silver Spring, Aspen Hill, Gaithersburg and Germantown, have been an important safety net for adults in our region since the first opened in 2004," says Annice Cody, president, Holy Cross Health Network. "Our newest health center in Germantown expands our services to children."

Patients are connected to the care they need through our primary care providers, integrated behavioral health care, access to specialists and coordination with community based services.

Improving Access for Women's Health

Women's health needs are also met by OB/GYN clinics Holy Cross Health operates in each hospital. For women who are uninsured, the clinics provide pre and post-natal care, including care for high-risk pregnancies. They also serve as a referral site for specialty gynecological care.

To prevent, diagnose and treat breast cancer, Holy Cross Health operates the Mammogram Assistance Program (MAPS), which provides breast health education, early breast cancer screenings and treatment for underserved residents of Montgomery and Prince George's counties. With support from community partners such as the Maryland Soccer Foundation, which hosts an annual Discovery Cup Tournament to raise money for MAPS, the program has educated more than 192,000 community members on the importance of breast health; screened approximately 6,500 adults for breast cancer; and detected at least 52 incidences of breast cancer since its inception more than 10 years ago.

Primary Care for All

Last May, when a work accident left Franklin Zenteno with a fractured wrist, he came to the Holy Cross Health Center in Germantown after being turned away from another health care provider because he was uninsured.

"I feared my hand would not work again, but I was treated very well at the center and my wrist is much better. I am happy to have the health center for my primary care now also."

Franklin Zenteno (shown here with Elizabeth Giese, MD, Holy Cross Health Center in Germantown)

Serving

Overcoming Barriers to Behavioral Health

Holy Cross Health Centers offer community access to behavioral health services, often overlooked or unavailable for distressed populations, who are at-risk for mental health issues such as depression or anxiety due to social and economic concerns.

Incoming patients are screened for mental health concerns, and an on-site counselor is available to offer support. There are also regular meetings with a psychiatrist to facilitate medication if needed.

Holy Cross served 765 unique patients with behavioral health services in 2015 at centers in Silver Spring, Aspen Hill (shown above), and Gaithersburg.

"This is a unique and very successful model of care for mental health issues, reaching those who otherwise might not get help," said Elise Riley, MD, medical director, Community Care Delivery, Holy Cross Health Network.

Family Services at Germantown Health Center

The new Holy Cross Health Center, which opened in May, in Germantown represents an important step forward in accommodating entire families. Family care providers are on-site to treat adult and pediatric patients so that a true family-centered medical home can be developed for better and more consistent care in one convenient location.

Nathalie Biyo, mother of four children under 18, said she was very happy to hear that the Holy Cross Health Center in Germantown offered pediatric services in addition to adult primary care. She brought her children to the center for the first time in May, when her daughter suffered a sore throat, and said they were treated very well.

Nathalie and her family are insured through Maryland Physicians Care, the fourth largest Medicaid-managed care organization in Maryland, which is partially owned by Holy Cross Health. Her husband, Auguste, had previously received care from Holy Cross Health Center in Silver Spring.

"It is hard to find a family doctor these days, where we can all go to one place and get good medical care, so I am very glad the health center is here, and so convenient to my home. I plan to take all of the kids there"

Nathalie Biyo (shown below, second from the right, with her family)

Serving

Holy Cross Health Centers provide primary care, screenings, chronic disease management, behavioral health, preventive care, health education and follow-up care for emergency department and inpatient visits.

Succeeding

In fiscal 2015, Holy Cross Health's four primary care health centers provided 31,890 patient visits to 8,824 unique patients. More than 61 percent of the patients utilizing the health centers were returning for ongoing services.

Improving Health

Since 2001, Holy Cross Health has provided prenatal care to more than 21,000 women in need through the Maternity Partnership Program.

Supporting Self Care

Holy Cross Health's community health department offers a wide variety of programs to help community members prevent or manage chronic diseases such as diabetes, heart and lung diseases, and others.

Holy Cross Health has developed a number of programs to help those with chronic illness live well despite their health problems. Classes in disease management and exercise are available for people coping with long-term chronic medical conditions, such as high blood pressure, diabetes, arthritis, asthma and others. Classes focus on illness management and teach participants how to take control of their own health.

"Evidence suggests that self-management of chronic diseases and other long-term conditions could make those living with the conditions feel better, reduce their risk for hospitalization and emergency department visits, and even lower their medical costs," said Sarah McKechnie, manager, Community Fitness.

"Our doctors and nurses provide assessment, education and a specialized care plan for our patients with diabetes and cardiovascular disease."

Elise C. Riley, MD, FACP, medical director for the Holy Cross Health Centers (shown left)

Preventing Disease and Disability

The prevention or management of chronic conditions can drastically affect life and its quality. Chief among these chronic conditions is diabetes; a major problem in our area and one with serious, yet often preventable, consequences.

Holy Cross Health offers programs throughout the area to address this need. Our comprehensive 16-week Diabetes Prevention Program helps high-risk participants modify their lifestyles, with a special focus on healthy eating and being active.

Likewise, our Falls Prevention Program aims to improve balance and strength, while reducing the fear of falling. This free program builds awareness; measures gait, agility and other factors; and trains participants in fall avoidance techniques.

Succeeding

"In addition to the physical benefits, the group is unbelievably supportive of one another. They lift each other up."

Kim Crilly, RN, MS, coordinator, Pulmonary Maintenance Program, Community Fitness (shown above)

Serving

Holy Cross Health's community health programs include: physical activities, health screenings, vaccinations, seminars and lectures, chronic disease prevention and management, wellness and education, and support groups.

Succeeding

In 2015, community members had 23,394 encounters through participation in Holy Cross Health's self-care programs.

Improving Health

The Pulmonary Maintenance Program teaches participants how to improve their energy level, understand symptoms, and self-manage their oxygen levels and blood pressure. It also reduces social isolation and improves mental health and acuity.

Breathing Easier with Pulmonary Maintenance

An important program for those with lung conditions is the Pulmonary Maintenance Program, where patients are referred for long-term participation once they have successfully completed the Pulmonary Rehabilitation Program at Holy Cross Hospital.

The Pulmonary Maintenance Program is always filled to capacity, as participants remain in the twice-weekly, medically supervised fitness program for years.

"Our classes are filled and people are very motivated to work hard, because they realize that exercise and fitness are vital to managing their condition," says Kim Crilly, RN, MS, coordinator, Pulmonary Maintenance Program, Community Fitness.

Eugene Davis, 77, was diagnosed in 2009 with idiopathic pulmonary fibrosis (IPF), a chronic and progressive lung disease. After five years and two rounds of Pulmonary Rehabilitation at Holy Cross Hospital, Gene was transitioned a year ago into the Holy Cross Pulmonary Maintenance Program for physical and psychological support managing his IPF and preserving his lung function. Gene says he rarely misses a twice weekly session, and he plans to stay in the program as long as he is able to do so.

"We learn a lot about how to use the exercise equipment to maintain our condition, and keep in shape. But the best part is the camaraderie and the inspiration you get from other people in the program. There is one lady in the class who is in her 90s—her spirit and determination are very inspiring to me." Gene Davis (shown above)

Encouraging Fitness for All

Regular exercise and physical conditioning are proven to prevent or alleviate many of the most pervasive health issues facing the individuals and communities we serve—including obesity, cardiovascular disease, diabetes and age-related conditions.

"Our goal is to improve health not only now, but for generations to come." Sarah McKechnie, manager, Community Fitness

Holy Cross Health has responded to our communities' needs for fitness with an extensive network of free or low-cost community health programs offered in convenient locations throughout Montgomery and Prince George's counties, more than 30 of which promote fitness and physical activity for residents of all ages.

From yoga for expectant mothers, to Better Bones, an exercise class focused on reducing osteoporosis and bone loss in seniors, Holy Cross offers an extensive variety of programs to address specialized health needs, target at-risk populations, and provide opportunities to more effectively manage chronic illness.

"Our fitness programs are based on a philosophy of teaching self-management for health, even for the youngest participants," explained McKechnie.

Improving Health at Every Age

Thousands of participants across the region receive physical and emotional support, as well as health education and more, from two popular Holy Cross Health fitness programs: Kid's Fit (see page 11) and Senior Fit.

Celebrating its 20th anniversary this year, Senior Fit has become the region's largest organized physical activity program for seniors 55 and older. This 45-minute exercise class has grown to 69 classes offered at 24 community based sites each week, serving an average of 1,230 participants weekly.

Holy Cross Health has forged important community partnerships with Kaiser Permanente of the Mid-Atlantic States, National Lutheran Communities & Services, Montgomery County Department of Recreation, the Maryland-National Capital Park and Planning Commission, Asbury Methodist Village and local churches to ensure that Senior Fit continues to provide both recreational and social benefits to the community.

Keith Federman is an instructor for Senior Fit and Kid's Fit classes, and sees a tremendous benefit from regular physical exercise and social interaction for both age groups.

"We have some seniors who never miss a class, even into their 90s," said Keith, who has taught classes since 2006.

"I was depressed before I started Senior Fit. Now I feel much better and more relaxed. I push myself to come to class and I never miss a class, even when I don't feel like coming."

Chetna Shukla, Senior Fit participant (shown right)

Improving Health

"You have to move your body or your muscles will atrophy. When I miss a class, I can tell."

Seda Gelman, Senior Fit participant (shown above)

Serving

In fiscal 2015, Kid's Fit held 287 classes at Housing Opportunities Commission locations throughout Montgomery County, for a total of 5,018 encounters for the year. Senior Fit held 2,958 classes for a total of 113,048 encounters for the year.

Succeeding

More than 70 percent of Kid's Fit participants completed the President's Challenge Test, with improvement in scores for both girls and boys. Approximately 86 percent of Senior Fit participants performed "above standard" on recent fitness assessments testing strength and agility.

Improving Health

The rate of obesity in Montgomery and Prince George's counties for adolescents has declined since 2010. For seniors, a 2015 survey of Senior Fit participants found that 99 percent experienced improved flexibility, while 97 percent reported improved balance.

"I have made a lot of new friends, and I like coming to Kid's Fit after school. I know that it is important to be active—your heart needs to wake up, and your brain needs to wake up too. That's what happens when you exercise."

Jonathon (shown below with his sister, Sarah, and Kid's Fit instructor, Keith Federman)

Exercising Young Bodies and Minds

Kid's Fit, offered in partnership with the Housing Opportunities Commission of Montgomery County, provides free exercise, healthy snacks, and nutrition and fitness education to children ages 6 to 12 in four Housing Opportunities Commission sites, including Georgian Court, Stewartown Homes, Shady Grove and The Willows. The program is held twice weekly for an hour after school.

Jenny Bermudez, mother of two Kid's Fit participants, is grateful for a safe and positive after-school atmosphere for her son Jonathon and daughter Sarah while she is working. "If it wasn't for Kid's Fit they would be sitting home and watching TV, or running around with their friends," said Jenny. "My son has been going for six years and he loves it, and now his sister loves it too."

In addition to improving physical fitness and reducing childhood obesity, Kid's Fit stresses the importance of teamwork and good sportsmanship, as well as perseverance in reaching goals. "We can count their push-ups or track how fast they can run a mile, but the real success I see over and over again is how much the children grow and develop as a result of the classes," said Keith Federman.

Boards of Directors

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

Sr. Ruth Marie Nickerson, CSC, Vice Chair

Lynne Diggs, MD, Secretary

Paul T. Kaplun, Esq., Treasurer

Kevin J. Sexton, President and CEO Holy Cross Health

Edward H. Bersoff, PhD

Theresa V. Brown

Craig Dickman, MD

Daniel S. Flores

Sharon Friedman

William T. LaFond

Robert Lechleider, MD

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

Michael O. Scherr, Secretary/ Treasurer

Kevin J. Sexton, President and CEO Holy Cross Health

Rawle Andrews, Jr.

Tamara C. Darvish

Daniel S. Flores

Peter C. Forster

Paul T. Kaplun, Esq.

Thomas J. McElroy

Sheela Modin, MD

Vandana Narang

Corrine Parver

Vandana Trehan

Holy Cross Health By the Numbers

538* LICENSED HOSPITAL BEDS *(adult, pediatric & neonatal services)*

$472M* REVENUE

$16.3M CAPITAL CAMPAIGN FUNDS RAISED

4,270	1,975	520
EMPLOYEES	PHYSCIANS	VOLUNTEERS

8,913* BIRTHS

232,547* TOTAL PATIENTS *(excludes healthy newborns)*

34,932* INPATIENT DISCHARGES *(excludes healthy newborns)*

103,719* EMERGENCY CENTER VISITS

93,896* OTHER OUTPATIENT VISITS

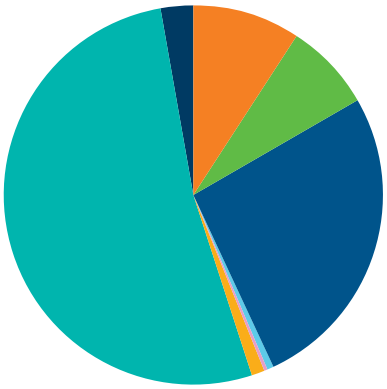
*Fiscal 2015 statistics

2015 Community Benefit

Highlights of Fiscal 2015 Quantifiable Community Benefits*

In fiscal 2015**, Holy Cross Health provided more than $61 million in community benefit including more than $32 million in financial assistance.

TOTAL ENCOUNTERS **333,956**



TOTAL HOSPITAL COMMUNITY BENEFIT **$61,619,939***

COMMUNITY HEALTH SERVICES
249,991 encounters
$5,748,077 benefit

HEALTH PROFESSIONS EDUCATION
11,059 encounters
$4,523,859 benefit

MISSION DRIVEN HEALTH CARE SERVICES
54,794 encounters
$16,384,684 benefit

RESEARCH
1,202 encounters
$301,205 benefit

FINANCIAL CONTRIBUTIONS
16,800 encounters
$125,712 benefit

COMMUNITY BUILDING ACTIVITIES
32 encounters
$56,490 benefit

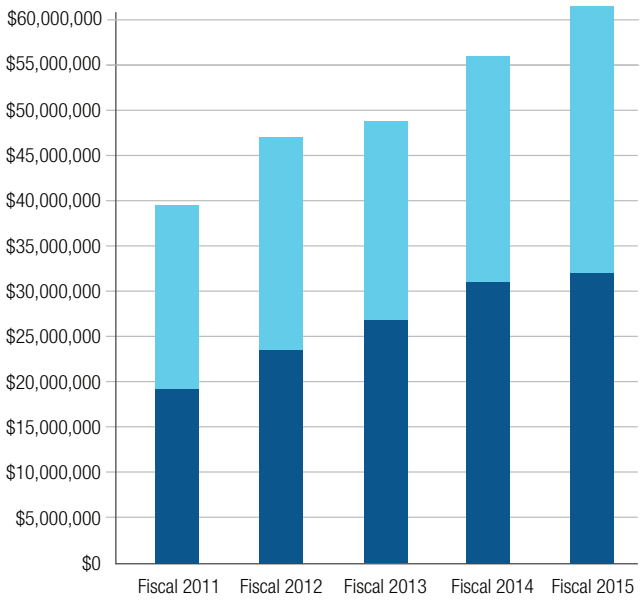
COMMUNITY BENEFIT OPERATIONS
78 encounters
$754,408 benefit

CHARITY CARE
$32,033,374 benefit

MEDICAID ASSESSMENTS**
$1,692,130 benefit

*Prepared according to guidelines establisehd by the Maryland Health Services Cost Review Commission.

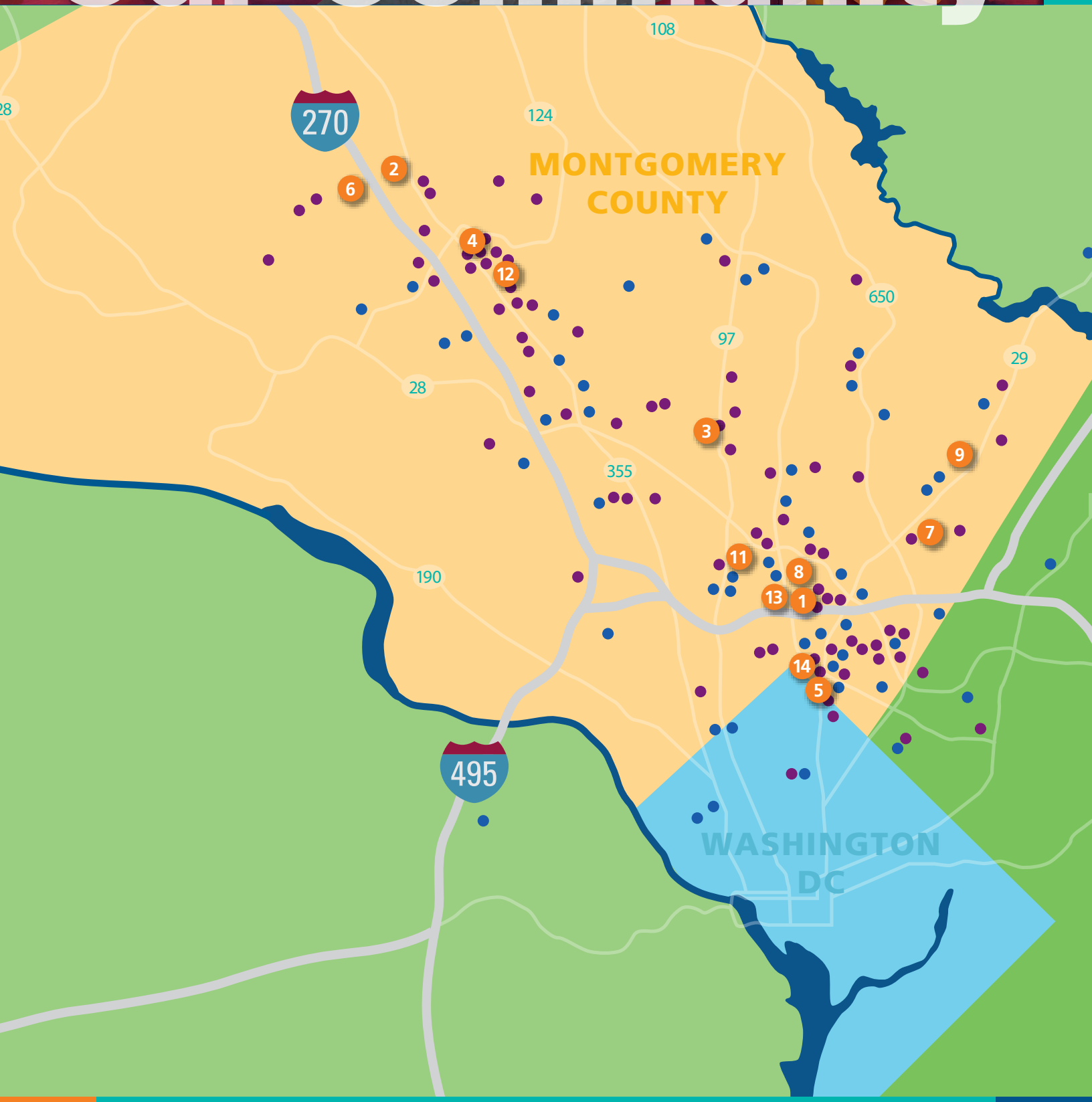
**Beginning in fiscal 2011, the Maryland Health Services Cost Review Commission required Maryland hospitals to account for Medicaid provider taxes for which hospitals do not receive offsetting revenue.



A Tradition of Meeting the Needs of the Community

In the past five years, Holy Cross Health has provided more than $252 million in **community benefit** including more than $132 million in **charity care**.

Serving Our Community



Holy Cross Health Locations

About Holy Cross Health

We are a health care system of connected hospitals, health centers, primary care sites and innovative community outreach and education programs that are working together to provide much-needed, high-quality health care to our entire community. 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 the community.

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
   Aspen Hill, MD 20906
   301-557-1950

4. **Holy Cross Health Center in Gaithersburg**
   702 Russell Avenue
   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. **Holy Cross Health Center in Germantown**
   12800 Middlebrook Road
   Suite 206
   Germantown, MD 20874
   301-557-2140

Specialized Care Centers and Services

7. **Holy Cross Home Care and Hospice**
   A Trinity Senior Living Community
   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

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

Primary Care Sites

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

● Community Health Programs

Holy Cross Health offers more than 50 community health programs including fitness classes, support groups and self-care management. These low cost or free programs are offered to the public at more than 140 locations.

● Faith Community Nurse Programs

Holy Cross Health partners with more than 50 religious communities throughout the area to support the Faith Community Nurse Program. Holy Cross Health assists faith community nurses and health ministry teams in educating, empowering and equipping members of their faith communities in the pursuit of health, healing and wholeness.

HolyCrossHealth.org

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 outreach and education programs, with the commitment to be the most trusted health care provider in the area.

Holy Cross Hospital is one of the largest hospitals in Maryland.

Holy Cross Germantown Hospital, opened in 2014, brings much-needed, high quality health services to the fastest-growing region in the Montgomery County.

Holy Cross Health Network builds and manages relationships with physicians, insurers and other health care organizations; operates health centers for low-income individuals and primary care sites; offers a wide range of health and wellness programs; and oversees Holy Cross Health's community benefit program.

Holy Cross Health is a member of Trinity Health of Livonia, Michigan, one of the largest multi-institutional Catholic health care delivery systems in the nation.

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.

To learn more about how we are meeting the complex health care needs of our diverse community, visit **HolyCrossHealth.org.**

HOLY CROSS HEALTH

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

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

HolyCrossHealth.org