COMMUNITY BENEFIT NARRATIVE REPORT

FISCAL YEAR 2016

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

Submitted December 15, 2016

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 regulatory 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 meeting aggressive quality targets, the Model requires the State to 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 in this new environment, 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 operations, activities, and investments 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 (LHICs) 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) the Maryland ChartBook of Minority Health and Minority Health Disparities (http://dhmh.maryland.gov/mhhd/Documents/2ndResource_2009.pdf);
(3) Consultation with leaders, community members, nonprofit organizations, local health officers, or local health care providers;
(4) Local Health Departments;
(5) County Health Rankings (http://www.countyhealthrankings.org);
(6) Healthy Communities Network (http://www.healthycommunitiesinstitute.com/index.html);
(7) Health Plan ratings from MHCC (http://mhcc.maryland.gov/hmo);
(8) Healthy People 2020 (http://www.cdc.gov/nchs/healthy_people/hp2010.htm);
(9) CDC Behavioral Risk Factor Surveillance System (http://www.cdc.gov/BRFSS);
(10) CDC Community Health Status Indicators (http://wwwn.cdc.gov/communityhealth)

(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 such as Community Health Improvement Navigator (http://www.cdc.gov/chinav/)
(16) CRISP Reporting Services

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.

HSCRC Community Benefit 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).
    a. Bed Designation – The number of licensed Beds;
    b. Inpatient Admissions: The number of inpatient admissions for the FY being reported;
    c. Primary Service Area Zip Codes;
    d. List all other Maryland hospitals sharing your primary service area;
    e. The percentage of the hospital's uninsured patients by county. (please provide the source for this data, i.e. review of hospital discharge data);
    f. The percentage of the hospital's patients who are Medicaid recipients. (Please provide the source for this data, i.e. review of hospital discharge data, etc.).

g. The percentage of the Hospital's patients who are Medicare Beneficiaries. (Please provide the source for this data, i.e. review of hospital discharge data, etc.)

Table I

Bed Designation:

Type	Licensed
Adult Beds	423
Newborn Bassinets	113
NICU Bassinets	46
Total	**582**

Inpatient Admissions:

35,206

Primary Service Area Zip Codes:

ZIP Code	City
20904	Silver Spring
20906	Silver Spring
20902	Silver Spring
20910	Silver Spring
20901	Silver Spring
20783	Hyattsville
20903	Silver Spring
20705	Beltsville
20853	Rockville
20706	Lanham
20912	Takoma Park

ZIP Code	City
20895	Kensington
20774	Upper Marlboro
20782	Hyattsville
20785	Hyattsville
20877	Gaithersburg
20874	Germantown
20708	Laurel
20852	Rockville
20707	Laurel
20784	Hyattsville

All other Maryland Hospitals Sharing Primary Service Area:

PSA ZIP Codes	Hospitals Sharing PSA
20904	Washington Adventist Hospital, Medstar Montgomery Medical Center, Suburban Hospital, Laurel Regional Hospital
20906	Washington Adventist Hospital, Medstar Montgomery Medical Center, Suburban Hospital, Union of Cecil County
20902	Washington Adventist Hospital, Medstar Montgomery Medical Center, Suburban Hospital, Union of Cecil County
20910	Washington Adventist Hospital
20901	Washington Adventist Hospital
20783	Washington Adventist Hospital
20903	Washington Adventist Hospital
20705	Washington Adventist Hospital, Laurel Regional Hospital
20853	Medstar Montgomery Medical Center, Suburban Hospital
20706	Prince George's Hospital Center, Doctor's Community Hospital, Laurel Regional Hospital
20912	Prince George's Hospital Center, Doctor's Community Hospital, Laurel Regional Hospital
20895	Prince George's Hospital Center, Doctor's Community Hospital, Laurel Regional Hospital
20774	Prince George's Hospital Center, Doctor's Community Hospital, Laurel Regional Hospital
20782	Prince George's Hospital Center, Doctor's Community Hospital, Laurel Regional Hospital
20785	Prince George's Hospital Center, Doctor's Community Hospital, Laurel Regional Hospital
20877	Prince George's Hospital Center, Doctor's Community Hospital, Laurel Regional Hospital
20874	Suburban Hospital, Union of Cecil County, Shady Grove Adventist Hospital
20708	Suburban Hospital, Union of Cecil County, Shady Grove Adventist Hospital
20852	Suburban Hospital, Union of Cecil County, Shady Grove Adventist Hospital
20707	John Hopkins Hospital, Union of Cecil County, Laurel Regional Hospital
20784	Prince George's Hospital Center, Doctor's Community Hospital

Percentage of Hospital's Uninsured Patients:

Patient Type	Percent
Inpatients Uninsured	3.6%
Outpatients Uninsured	32.1%
Total Uninsured	**26.5%**

Percentage of the Hospital's Patients who are Medicaid Recipients:

Patient Type	Percent
Inpatients Medicaid	30.1%
Outpatients Medicaid	21.3%
Total Medicaid	**23.0%**

Percentage of the Hospital's Patients who are Medicare beneficiaries:

Patient Type	Percent
Inpatients Medicare	24.5%
Outpatients Medicare	16.1%
Total Medicare	**17.8%**

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

a. Use Table II to provide a detailed description of the Community Benefit Service Area (CBSA), reflecting the community or communities the organization serves. The description should include (but should not be limited to):

(i) A list of the zip codes included in the organization's CBSA, and

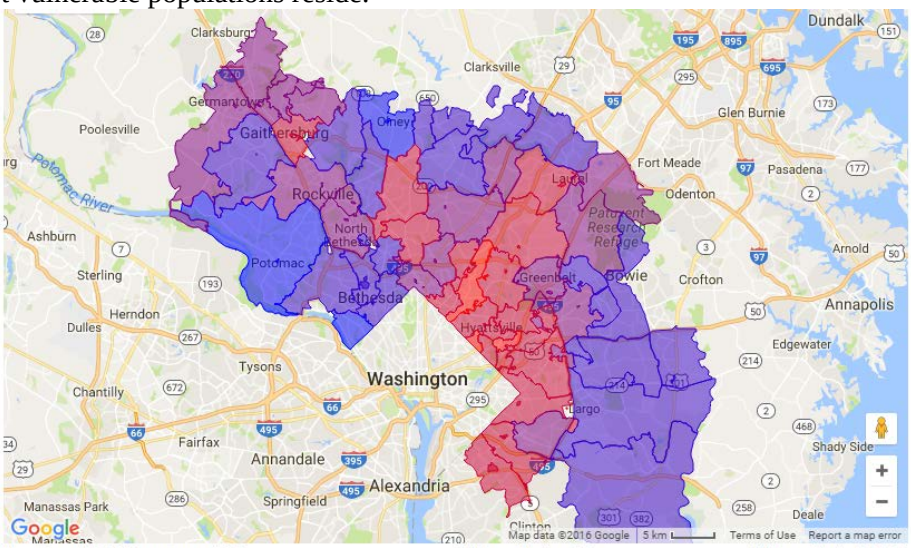
(ii) An indication of which zip codes within the CBSA include geographic areas where the most vulnerable populations reside.

(iii) Describe how the organization identified its CBSA, (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 community definition section of the organization's federally-required CHNA Report (26 CFR § 1.501(r)–3).

Some statistics may be accessed from the Maryland State Health Improvement Process, (http://dhmh.maryland.gov/ship/). 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) Community Health Status Indicators (http://wwwn.cdc.gov/communityhealth)

Table II

Demographic Characteristic: Zip Codes included in the organization's CBSA, indicating which include geographic areas where the most vulnerable populations reside.



Mean(zipcode): 2.9 / Mean(person): 2.9 CNI Score Median: 2.8 CNI Score Mode: 1.8,2,3.6

Lowest Need — Highest Need

1 - 1.7 Lowest | 1.8 - 2.5 2nd Lowest | 2.6 - 3.3 Mid | 3.4 - 4.1 2nd Highest | 4.2 - 5 Highest

Primary CBSA		
Zip	City	County
20904	Silver Spring	Montgomery
20902	Silver Spring	Montgomery
20906	Silver Spring	Montgomery
20910	Silver Spring	Montgomery
20901	Silver Spring	Montgomery
20903	Silver Spring	Montgomery
20783	Hyattsville	Prince George's
20853	Rockville	Montgomery
20705	Beltsville	Prince George's
20895	Kensington	Montgomery
20912	Takoma Park	Montgomery
20707	Laurel	Prince George's
20852	Rockville	Montgomery
20905	Silver Spring	Montgomery
20782	Hyattsville	Prince George's
20866	Burtonsville	Montgomery
20770	Greenbelt	Prince George's
20740	College Park	Prince George's
20851	Rockville	Montgomery
20742	College Park	Prince George's
20868	Spencerville	Montgomery

Secondary CBSA					
ZIP	City	County	Zip	City	County
20874	Germantown	Montgomery	20817	Bethesda	Montgomery
20850	Rockville	Montgomery	20737	Riverdale	Prince George's
20743	Capitol Heights	Prince George's	20876	Germantown	Montgomery
20785	Hyattsville	Prince George's	20716	Bowie	Prince George's
20878	Gaithersburg	Montgomery	20832	Olney	Montgomery
20706	Lanham	Prince George's	20720	Bowie	Prince George's
20774	Upper Marlboro	Prince George's	20724	Laurel	Anne Arundel
20747	District Heights	Prince George's	20815	Chevy Chase	Montgomery
20877	Gaithersburg	Montgomery	20781	Hyattsville	Prince George's
20772	Upper Marlboro	Prince George's	20710	Bladensburg	Prince George's
20748	Temple Hills	Prince George's	20855	Derwood	Montgomery
20854	Potomac	Montgomery	20769	Glenn Dale	Prince George's
20886	Montgomery Village	Montgomery	20712	Mount Rainier	Prince George's
20784	Hyattsville	Prince George's	20722	Brentwood	Prince George's
20746	Suitland	Prince George's	20816	Bethesda	Montgomery
20708	Laurel	Prince George's	20860	Sandy Spring	Montgomery
20723	Laurel	Howard	20759	Fulton	Howard
20814	Bethesda	Montgomery	20861	Ashton	Montgomery
20721	Bowie	Prince George's	20771	Greenbelt	Prince George's
20879	Gaithersburg	Montgomery			

Source: Our primary CBSA service area is derived from the Maryland ZIP code areas from which the top 60% of our FY13 discharges originated. The next 15% contribute to our secondary CBSA service area. Community Need Index provided by Dignity Health, 2016

<table>
<tr><th>Demographic Characteristic</th><th>Description</th><th>Source</th></tr>
<tr><td>Median Household Income within the CBSA</td><td><table><tr><th>Primary CBSA</th><th>Secondary CBSA</th></tr><tr><td>$101,465</td><td>$121,463</td></tr></table></td><td>© 2015 The Nielsen Company, © 2015 Thomson Reuters. All Rights Reserved</td></tr>
<tr><td>Percentage of households with incomes below the federal poverty guidelines within the CBSA</td><td><table><tr><th colspan="2">Household Income < $25,000</th></tr><tr><th>Primary CBSA</th><th>Secondary CBSA</th></tr><tr><td>11.2%</td><td>10.6%</td></tr></table></td><td>© 2015 The Nielsen Company, © 2015 Thomson Reuters. All Rights Reserved

Federal poverty guidelines < $24,300 for a family of four. Source: U.S. Centers for Medicare & Medicaid Services.</td></tr>
<tr><td>For the counties within the CBSA, what is the percentage of uninsured for each county? This information may be available using the following links: http://www.census.gov/hhes/www/hlthins/data/acs/aff.html; http://planning.maryland.gov/msdc/American_Community_Survey/2009ACS.shtml</td><td><table><tr><th>Montgomery</th><th>Prince George's</th></tr><tr><td>10.0%</td><td>13.6%</td></tr></table></td><td>U.S. Census Bureau, Small Area Health Insurance Estimates, 2016</td></tr>
<tr><td>Percentage of Medicaid recipients by County within the CBSA.</td><td><table><tr><th>Montgomery</th><th>Prince George's</th></tr><tr><td>14.1%
(142,054 recipients)</td><td>20.5%
(181,375 recipients)</td></tr></table></td><td>Maryland Medicaid eHealth Statistics, Maryland Department of Health and Mental Hygiene, 2016; U.S. Census Bureau, Population Division, 5-year estimates 2010-2014</td></tr>
<tr><td>Life Expectancy by County within the CBSA (including by race and ethnicity where data are available).
See SHIP website: http://dhmh.maryland.gov/ship/SitePages/Home.aspx and county profiles: http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx</td><td><table><tr><th>Montgomery</th><th>Years</th></tr><tr><td>White</td><td>84.4</td></tr><tr><td>Black</td><td>82.5</td></tr><tr><td>All Races</td><td>84.6</td></tr></table>
<table><tr><th>Prince George’s</th><th>Years</th></tr><tr><td>White</td><td>80.7</td></tr><tr><td>Black</td><td>79.3</td></tr><tr><td>All Races</td><td>80.0</td></tr></table></td><td>Maryland Vital Statistics Annual Report, 2014</td></tr>
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Mortality Rates by County within the CBSA (including by race and ethnicity where data are available).

Montgomery

All Cause: 5,730

All sexes, races, ethnicities, and ages combined

Cause	Rank	Rate
Malignant Neoplasms	1	1,351
Diseases of the Heart	2	1,312
Cerebrovascular Disease	3	292
Accidents	4	199
Chronic Lower Respiratory Disease	5	194

Prince George's

All Cause: 5,369

All sexes, races, ethnicities, and ages combined

Cause	Rank	Rate
Malignant Neoplasms	1	1,349
Diseases of the Heart	2	1,300
Cerebrovascular Disease	3	279
Diabetes Mellitus	4	240
Accidents	5	198

Montgomery

Females

All Cause: 2,988

All races, ethnicities, and ages combined

Cause	Rank	Rate
Malignant Neoplasms	1	703
Diseases of the Heart	2	634
Cerebrovascular Disease	3	182
Chronic Lower Respiratory Disease	4	113
Alzheimer's Disease	5	108

Prince George's

Females

All Cause: 2,624

All races, ethnicities, and ages combined

Cause	Rank	Rate
Malignant Neoplasms	1	683
Diseases of the Heart	2	605
Cerebrovascular Disease	3	153
Diabetes Mellitus	4	109
Chronic Lower Respiratory Disease	5	85

Montgomery

Males

All Cause: 2,742

All races, ethnicities, and ages combined

Cause	Rank	Rate
Diseases of the Heart	1	678
Malignant Neoplasms	2	648
Accidents	3	121
Cerebrovascular Disease	4	110
Influenza and Pneumonia	5	88

Prince George's

Males

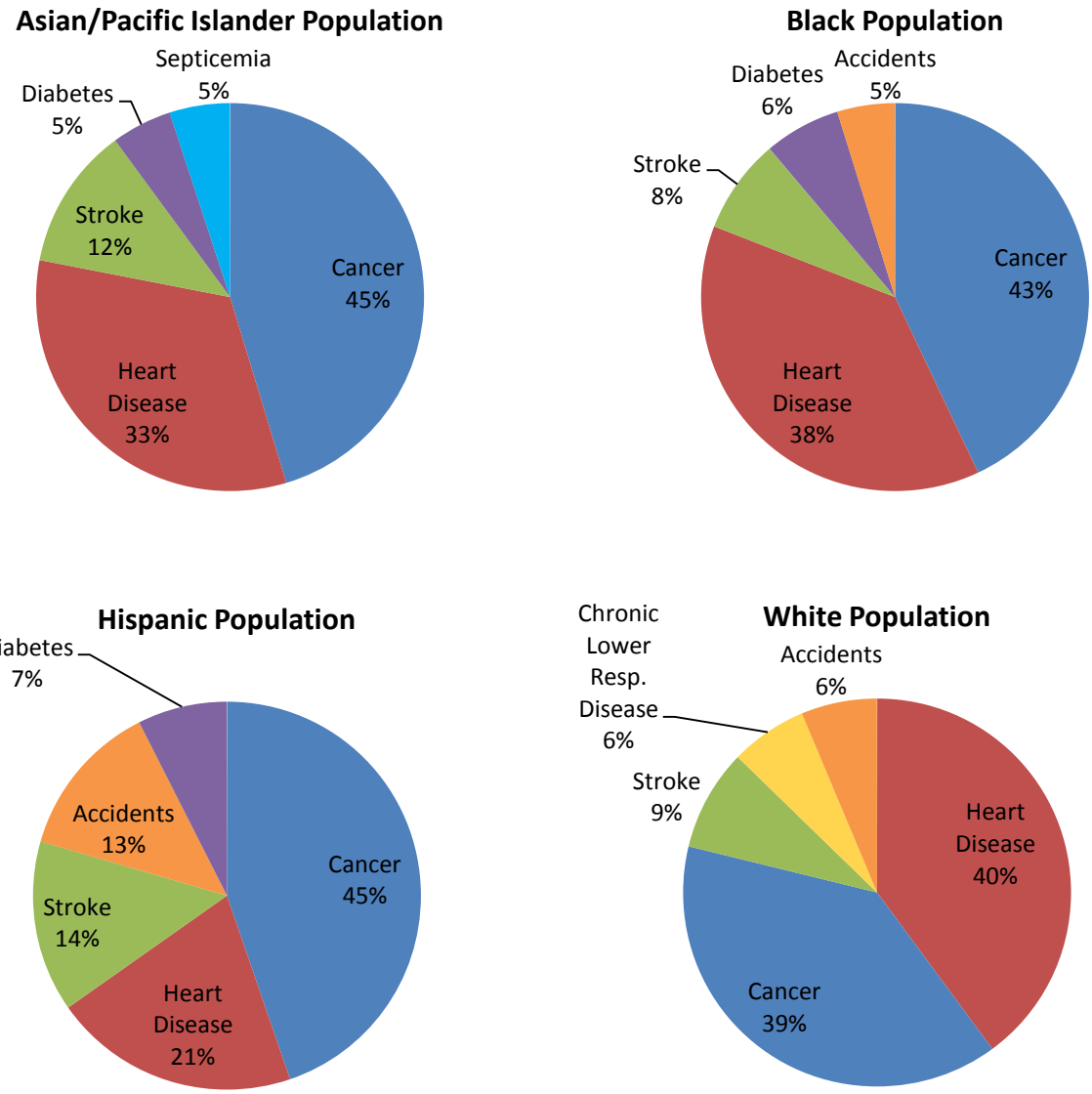
All Cause: 2,745

All races, ethnicities, and ages combined

Cause	Rank	Rate
Diseases of the Heart	1	695
Malignant Neoplasms	2	666
Accidents	3	133
Diabetes Mellitus	4	131
Cerebrovascular Disease	5	126

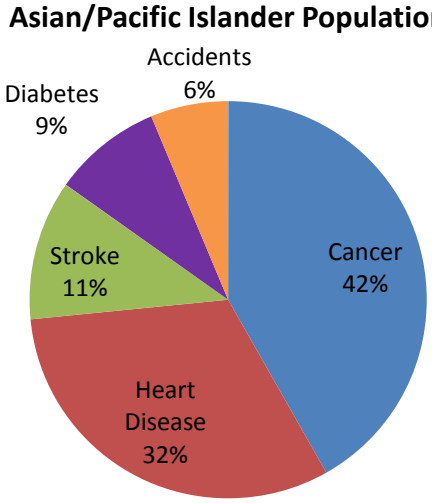
Source: Maryland Vital Statistics Jurisdiction Data, Montgomery and Prince George's Counties, 2014

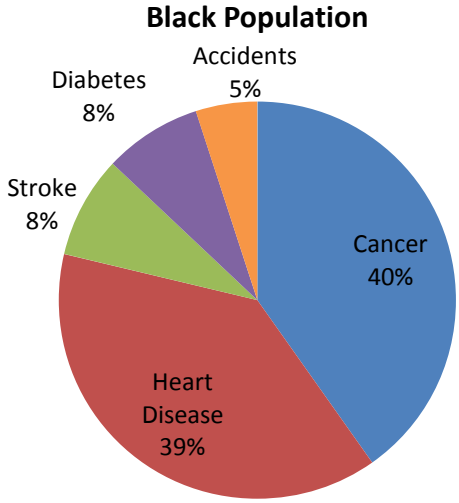
Cause of Death by Race/Ethnicity
Montgomery County

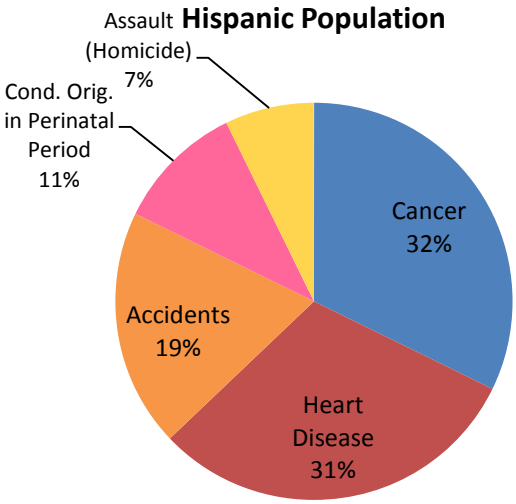


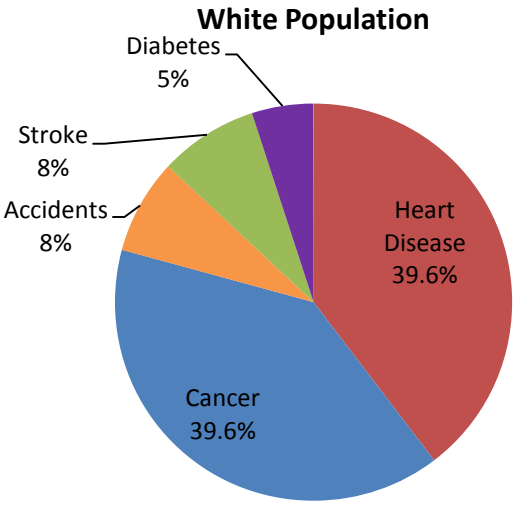
Source: Maryland Vital Statistics Jurisdiction Data, Montgomery and Prince George's Counties, 2014

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









Source: Maryland Vital Statistics Jurisdiction Data, Montgomery and Prince George's Counties, 2014

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

Access to Healthy Food:

Grocery Stores* per 100,000 residents

CBSA	Montgomery	Prince George's	Maryland	United States
19.8	21.1	18.4	21.5	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, 2016

SNAP-Authorized Retailers, Rate per 100,000 Population

CBSA	Montgomery	Prince George's	Maryland	United States
47.7	37.6	59.4	70.9	82.9

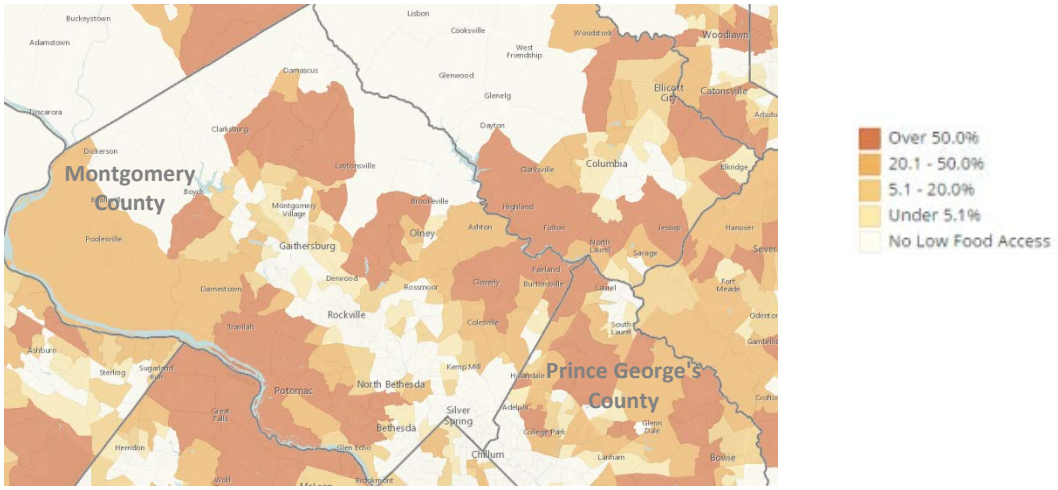
Source: US Department of Agriculture, Food and Nutrition Service, USDA - SNAP Retailer Locator. Additional data analysis by CARES. 2016. Source geography: Tract, Community Commons, 2016.

WIC-Authorized Retailers, Rate per 100,000 Population

Montgomery	Prince George's	Maryland	United States
8.99	15.38	14.6	15.6

Source: US Department of Agriculture, Economic Research Service, USDA - Food Environment Atlas. 2011. Source geography: County, Community Commons, 2016

Population Living in Census Tracts Designated as Food Deserts*



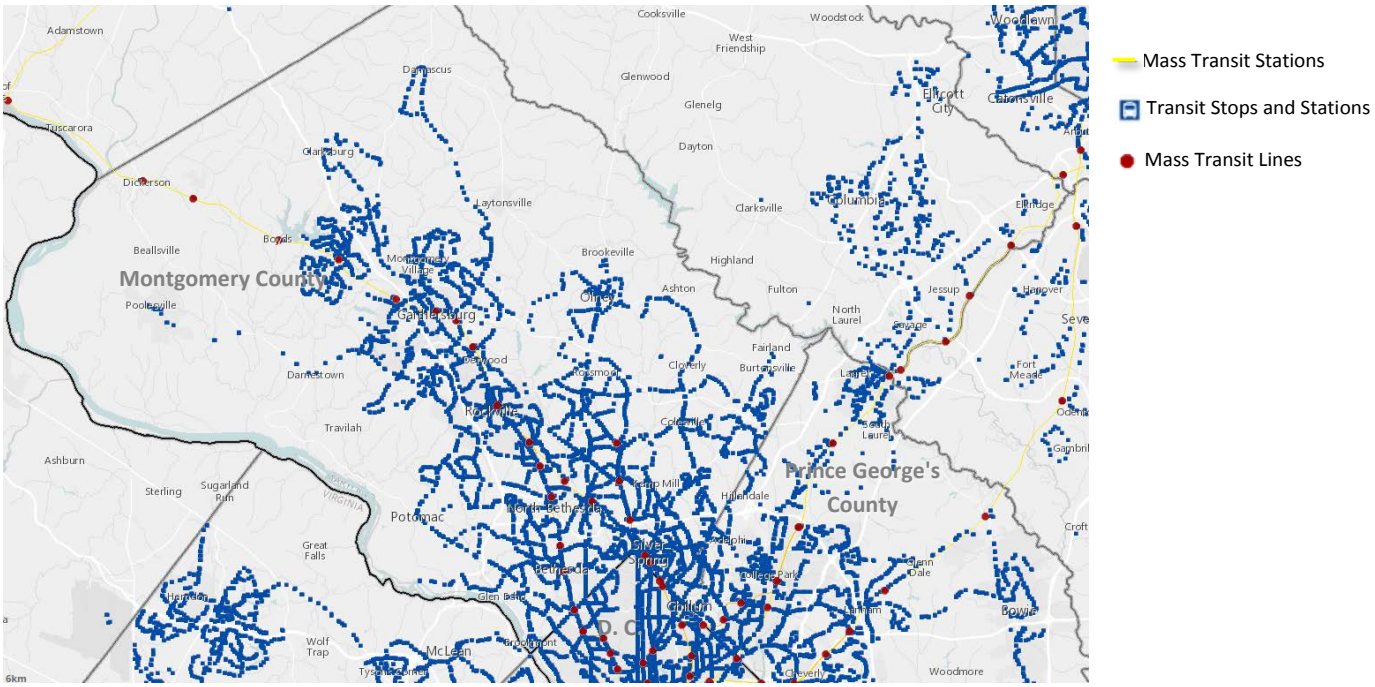
*USDA, Treasury and HHS have defined a food desert as a census tract with a substantial share of residents who live in low-income areas that have low levels of access to a grocery store or healthy, affordable food retail outlet. In urban areas designated as food deserts at least 500 persons and/or at 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, 2016

Transportation:

Use of Public Transportation				
CBSA	**Montgomery**	**Prince George's**	**Maryland**	**United States**
16.7%	15.5%	17.2%	8.9%	5.1%

Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract; Community Commons, 2016

Transit Stops and Stations by Location



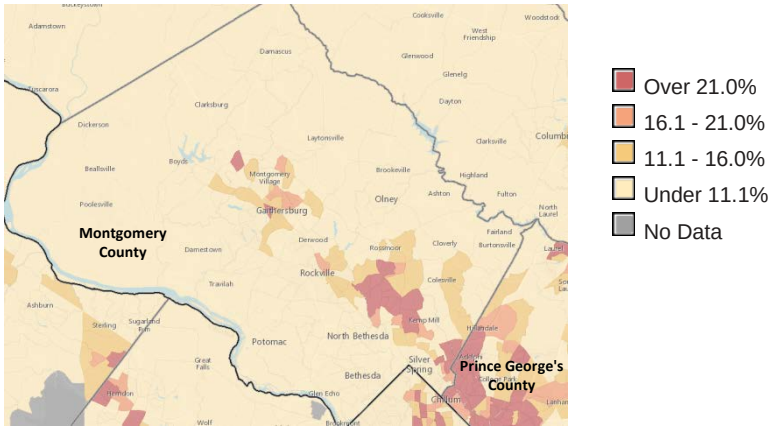
Source: Environmental Protection Agency, EPA Smart Location Database, 2013; National Transit Authority, 2013, 2014; Community Commons, 2016.

Education:

Population Aged 25+ with No High School Diploma				
CBSA	**Montgomery**	**Prince George's**	**Maryland**	**United States**
11.6%	8.7%	14.4%	11.00%	13.7%

Source: US Census Bureau, American Community Survey: 2010-14. Source geography: Community Commons, 2016

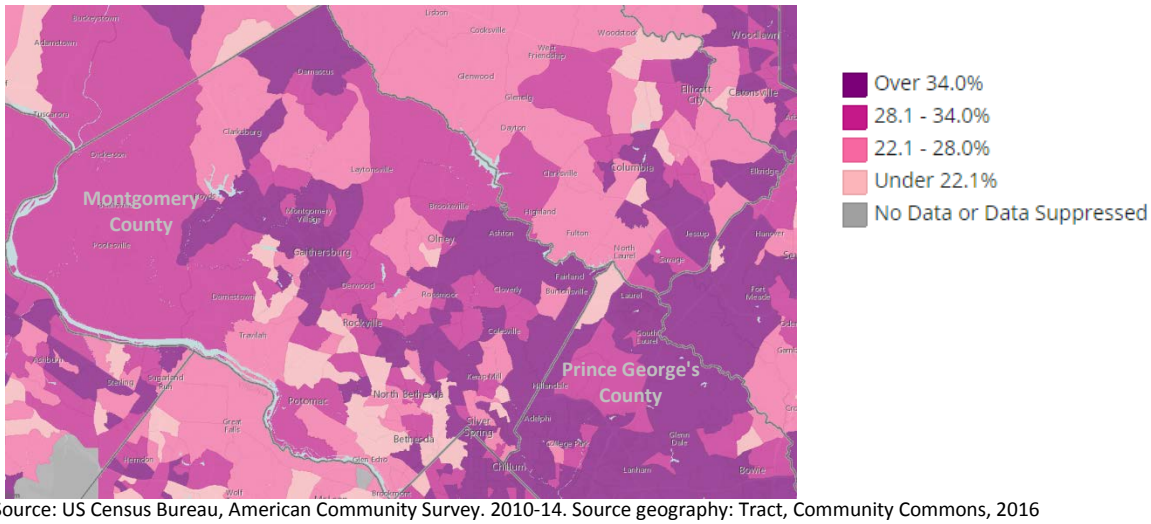
Population with No High School Diploma, Percent by Tract, ACS 2010-14



Source: US Census Bureau, American Community Survey: 2010-14, Community Commons, 2016

Housing Quality:

Substandard Housing Units



Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract, Community Commons, 2016

Percent of Substandard* Housing Units				
CBSA	Montgomery	Prince George's	Maryland	United States
38.8%	35.2%	42.6%	35.5%	35.6%

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. 2010-14. Source geography: Tract, Community Commons, 2016

Percent of Households where Housing Costs Exceed 30% of Household Income				
CBSA	Montgomery	Prince George's	Maryland	United States
38.7%	35.4%	42.4%	35.8%	34.9%

Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract, Community Commons, 2016

	Percent of Overcrowded Housing (Over 1 Person/Room)			
CBSA	Montgomery	Prince George's	Maryland	United States
7.5%	4.4%	16.7%	3.2%	4.3%

Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract, Community Commons, 2016

Environmental Factors:

Recreation and Fitness Facilities Per 100,000 Population

CBSA	Montgomery	Prince George's	Maryland	United States
11.9	15.4	7.2	11.1	9.7

Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2013. Source geography: County, Community Commons, 2016

Beer Liquor and Wine Stores Per 100,000 Population

CBSA	Montgomery	Prince George's	Maryland	United States
15.2	14.1	16.3	20.6	10.5

Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2013. Source geography: County, Community Commons, 2016

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

CBSA	Montgomery	Prince George's	Maryland	United States
2.1%	1.4%	2.8%	2.0%	1.2%

*National Ambient Air Quality Standard = 75 parts per billion
Source: Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network: 2012. Source geography: Tract, Community Commons, 2016

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

CBSA	Montgomery	Prince George's	Maryland	United States
.07%	.13%	0.0%	.02%	.10%

*National Ambient Air Quality Standard = 35 micrograms per cubic meter
Source: Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network: 2012. Source geography: Tract Community Commons, 2016

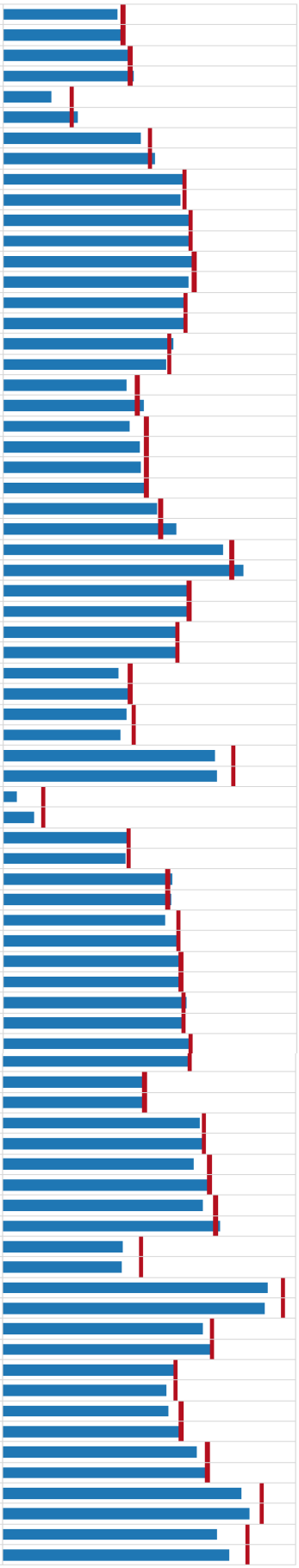
Available detail on race, ethnicity, and language within CBSA.
See SHIP profiles for demographic information of Maryland jurisdictions. http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx

Demographics	Montgomery County	Prince George's County	Maryland
Total Population	1,005,087	863,420	5,887,776
Age, %			
Under 5 Years	6.6%	6.8%	6.3%
5 to 19 Years	19.5%	20.6%	20.0%
20 to 64 Years	61.7%	63.3%	61.3%
65 to 74 Years	6.5%	5.8%	6.7%
75 to 84 Years	3.9%	2.6%	3.9%
85 Years and Over	2.0%	1.0%	1.7%
Race/Ethnicity, %			
White	49.3%	14.9%	54.7%
Black	16.6%	63.5%	29.0%
American Indian and Alaska Native	0.2%	0.2%	0.2%
Asian	13.9%	4.0%	5.5%
Hispanic or Latino origin	17.0%	14.9%	8.2%
Median Household Income	$98,704	$73,856	$74,149
Households in Poverty, %	4.5%	6.9%	6.9%
Pop. 25+ Without H.S. Diploma, %	8.7%	14.4%	11.0%
Pop. 25+ With Bachelor's Degree or Above, %	57.4%	30.4%	37.3%
Language other than English Spoken at Home, % age 5+	39.3%	21.3%	16.9%

Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-year Estimates

Other: Maryland SHIP Indicators for Montgomery and Prince George's County

Focus Area	Indicator	Area	Value	Change	Goal met?
Healthy Beginnings	Infant death rate	Montgomery	4.8	0.1	Yes
		Prince Georges	6.9	-0.9	No
	Babies with Low birth weight	Montgomery	7.7	0.2	Yes
		Prince Georges	9.2	-0.2	No
	Sudden unexpected infant death rate (SUIDs)	Montgomery	0.4	0.0	Yes
		Prince Georges	1.1	-0.2	No
	Teen birth rate	Montgomery	12.3	-0.5	Yes
		Prince Georges	21.3	-2.9	No
	Early prenatal care	Montgomery	68.0	4.9	Yes
		Prince Georges	56.0	1.4	No
	Students entering kindergarten ready to learn	Montgomery	81.0	1.0	No
		Prince Georges	80.0	7.0	No
	High school graduation rate	Montgomery	89.7	1.4	No
		Prince Georges	76.6	2.5	No
	Children receiving blood lead screening	Montgomery	69.9	-0.3	Yes
		Prince Georges	63.3	0.9	No
Healthy Living	Adults who are a healthy weight	Montgomery	42.6	-1.6	Yes
		Prince Georges	31.7	-0.7	No
	Children and adolescents who are obese	Montgomery	7.1	-1.6	Yes
		Prince Georges	13.7	-1.3	No
	Adults who currently smoke	Montgomery	7.9	-0.3	Yes
		Prince Georges	11.8	-2.6	Yes
	Adolescents who use tobacco products	Montgomery	12.1	-7.1	Yes
		Prince Georges	13.3	-10.0	Yes
	HIV incidence rate	Montgomery	21.9	-1.6	Yes
		Prince Georges	48.8	-7.2	No
	Chlamydia infection rate	Montgomery	296.5	33.9	Yes
		Prince Georges	649.0	-3.4	No
	Life expectancy	Montgomery	84.6	0.3	Yes
		Prince Georges	80.0	0.4	Yes
	Increase physical activity	Montgomery	52.8	-1.8	Yes
		Prince Georges	47.4	-5.6	No
Healthy Communities	Child maltreatment rate	Montgomery	5.1	0.3	Yes
		Prince Georges	8.0	0.6	Yes
	Suicide rate	Montgomery	7.0	-0.3	Yes
		Prince Georges	5.7	-0.1	Yes
	Domestic Violence	Montgomery	213.8	73.1	Yes
		Prince Georges	230.3	-49.3	Yes
	Children with elevated blood lead levels	Montgomery	0.1	0.0	Yes
		Prince Georges	0.2	0.1	Yes
	Fall-related death rate	Montgomery	7.1	-0.4	Yes
		Prince Georges	6.7	0.2	Yes
	Pedestrian injury rate on public roads	Montgomery	41.3	5.7	No
		Prince Georges	39.6	2.4	No
	Affordable Housing	Montgomery	31.1	-1.2	No
		Prince Georges	54.2	-4.7	No
Access to Health Care	Adolescents who received a wellness checkup in the last year	Montgomery	63.1	2.5	Yes
		Prince Georges	54.7	4.0	No
	Children receiving dental care in the last year	Montgomery	70.9	2.5	Yes
		Prince Georges	64.0	2.4	No
	Persons with a usual primary care provider	Montgomery	77.9	3.0	No
		Prince Georges	77.0	3.5	No
	Uninsured ED Visits	Montgomery	13.8	-2.4	Yes
		Prince Georges	15.5	-3.5	No
Quality Preventive Care	Age-adjusted mortality rate from cancer	Montgomery	121.7	-2.9	Yes
		Prince Georges	156.5	-1.2	No
	Emergency Department visit rate due to diabetes	Montgomery	95.0	-7.8	Yes
		Prince Georges	169.0	1.4	Yes
	Emergency Department visit rate due to Hypertension	Montgomery	141.0	-8.1	Yes
		Prince Georges	261.7	-22.1	No
	Drug-induced death rate	Montgomery	6.1	1.0	Yes
		Prince Georges	6.0	0.6	Yes
	Emergency Department Visits Related to Mental Health Conditions	Montgomery	1791.7	264.1	Yes
		Prince Georges	1539.3	159.8	Yes
	Hospitalization rate related to Alzheimer's or other dementias	Montgomery	142.7	-10.4	Yes
		Prince Georges	204.8	-49.2	No
	Annual season influenza vaccinations	Montgomery	45.8	-2.9	No
		Prince Georges	34.4	-2.5	No
	Emergency department visit rate due to asthma	Montgomery	36.3	-0.4	Yes
		Prince Georges	52.8	-2.6	Yes
	Age-adjusted mortality rate from heart disease	Montgomery	110.7	-3.9	Yes
		Prince Georges	172.5	-7.5	No
	Emergency Department Visits for Addictions-Related Conditions	Montgomery	618.9	34.7	Yes
		Prince Georges	855.6	31.0	Yes
	Emergency department visit rate for dental care	Montgomery	239.2	-5.0	Yes
		Prince Georges	390.1	-11.7	Yes



In the above chart, Change is from previous reporting period. Blue bar shows the county value and red line shows the MD 2017 Target. Source: Maryland SHIP, 2016

II. COMMUNITY HEALTH NEEDS ASSESSMENT

1. Has your hospital conducted a Community Health Needs Assessment that conforms to the IRS definition detailed on pages 1-2 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/FY15HolyCrossHospitalCHNA.pdf

2. Has your hospital adopted an implementation strategy that conforms to the definition detailed on page 3?

   __✓__ 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-HCH.pdf

III. COMMUNITY BENEFIT ADMINISTRATION

1. Please answer the following questions below regarding the decision making process of determining which needs in the community would be addressed through community benefits activities of your hospital? **(Please note: these are no longer check the blank questions only. A narrative portion is now required for each section of question b.)**

   a. Are Community Benefits planning and investments part of your hospital's internal 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. Population Health Leadership and Staff

1. ____ Population health VP or equivalent (please list)
2. ✓ Other population health staff (Director, Population Health)

Describe the role of population health leaders and staff in the community benefit process. **New Question**

Holy Cross Health's Director, Population Health provides management and leadership for the population health plan. The plan provides a path toward improving the health of our communities, enhancing patients' care, and reducing the rate of increase in per capita costs of care. It is designed to effectively respond to the Affordable Care Act and Maryland's new Medicare waiver, particularly in a growing and aging market. The population health management plan guides the organization's activities that extend beyond the hospital to improve health and better manage utilization through a range of partnerships.

The population health plan is closely aligned with Holy Cross Health's community benefit plan. Our approach is to focus the population health plan on care management activities associated with patients we serve, our payers, our physicians and other community partners. The community benefit plan is focused on the broader community. The population health management plan also complements the organization's other key planning documents including the budget, the human resources plan and the quality plan.

iv. 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.

IV. 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

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	Mr. Ron Bialek	President	Member
Montgomery County Commission on Health		Member	
MedStar Montgomery Medical Center	Ms. Gina Cook	Marketing, Communications Manager	Member
Montgomery County Department of Health and Human Services	Dr. Raymond Crowel	Chief, Behavioral Health and Crisis Services	Member
House of Delegates, Maryland General Assembly	Bonnie Cullison	Delegate	Member
Kaiser Permanente	Ms. Tanya Edelin	Director, Reporting and Compliance, Community Benefit	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
Commission on Aging	Dr. Samuel P. Korper	Member	Member
Montgomery County Department of Planning	Ms. Amy Lindsey	Senior Planner	Member
Holy Cross Health	Ms. Kimberley McBride	Community Benefit Officer	Member
Ronald D. Paul Companies	Ms. Kathy McCallum	Controller	Member
Carefirst Blue Cross Blue Shield	Ms. Beatrice Miller	Sr. Regional Care Coordinator	Member
African American Health Program		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	Dr. Cesar Palacios	Executive Director	Member
Latino Health Initiative		Member	
Montgomery County Public Schools	Dr. Chrisandra Richardson	Associate Superintendent	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

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

V. 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 links: http://www.thecommunityguide.org/ or http://www.cdc.gov/chinav/)
(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? (please be sure to include the actual dates, or at least a specific year in which the initiative was in place)

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 access to care, unhealthy behaviors, and health inequities. Mothers who lack prenatal care are three times more likely to deliver low-birth-weight babies and their infants are five times more likely to die when compared to mothers who do receive prenatal care (Health Resources and Services Administration, 2016). Increasing the number of women who receive prenatal care, and who do so early in their pregnancies (within the first trimester), can improve birth outcomes and reduce the likelihood of complications during pregnancy and childbirth. Teen mothers and Hispanic women are most likely not to have entered care within their first trimester. In 2014, only 21.4% of Montgomery County teen mothers under the age of 18 and 34.4% of Prince George's County teen mothers under the age of 18 entered care in their first trimester and 47.4% of Hispanic mothers in Montgomery County and 42.1% in Prince George's County received prenatal care in their first trimester. 2. Yes, this was identified through the CHNA process.	
b. Hospital Initiative	Holy Cross Health Maternity Partnership	
c. Total Number of People Within the Target Population	In Montgomery County, 202,547 women are between the ages of 15-44; 43,169 (21.3%) are Hispanic or Latina. In Prince George's County, 194,124 women are between the ages of 15-44; 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	Holy Cross Health had 1,214 maternity partnership admissions during FY16.	
e. Primary Objective of the Initiative	To offer prenatal services to low-income, pregnant women who lack health insurance. The program provides prenatal care, routine laboratory tests, prenatal classes, and a dental screening by a dental hygienist, if referred.	
f. Single or Multi-Year Initiative – Time Period	Multi-year	
g. Key Collaborators in Delivery of the Initiative	Montgomery County Department of Health and Human Services,	
h. Impact/Outcome of Hospital Initiative?	In FY16, there were 1,214 new OB patients enrolled in the Maternity Partnership program and there were 1,033 Maternity Partnership deliveries at Holy Cross Hospital and Holy Cross Germantown Hospital. Of the 1,033 babies delivered, 12 (1.2%) were considered to be of low birth weight (under 2,500 grams). 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 7.5% in 2013 to 7.7% in 2014. Prince George's County low-birthweight continued to decline from 9.4% in 2013 to 9.2% in 2014 (Maryland, DHMH Vital Statistics Administration, 2016).	
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	B. Direct offsetting revenue/ Restricted Grants

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 FY 16, falls prevention programs enrolled 111 community members and had 675 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	
h. Impact/Outcome of Hospital Initiative?	During FY16, 81 older adults completed a falls risk assessment which increases awareness of personal falls risk. The assessment includes the use of the Biodex Balance Testing device to increase awareness of sensory systems used to maintain balance, and the Berg Balance Test which is administered by HCH physical therapists. 74 older adults completed fall prevention interventions including exercise and behavior modification (managing fear of falling as a risk factor)	
i. Evaluation of Outcomes	According to the Maryland State Health Improvement Process data from the last reporting period, falls related deaths for Montgomery County increased to 7.1 from 7.5 and increased slightly in Prince George's County from 6.5 to 6.7 per 100,000 population.	
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 $24,156	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 FY16, a total of 2,821 Senior Fit classes were held at geographically accessible locations in Montgomery and Prince George's County. The average weekly unduplicated attendance was 1,213 participants and total encounters for the year were 122,495.	
e. Primary Objective of the Initiative	To provide fitness classes designed for older adults to minimize symptoms of chronic disease and enhance self-management, improve strength, flexibility, cardiovascular endurance and balance. The program also enhances participant socialization.	
f. Single or Multi-Year Initiative – Time Period	Multi-Year	
g. Key Collaborators in Delivery of the Initiative	Partners include Kaiser Permanente of the Mid-Atlantic States, National Lutheran Communities & Services, Montgomery County Department of Recreation, Maryland National Capital Park and Planning Commission, Faith-Based Organizations and Retirement Communities.	
h. Impact/Outcome of Hospital Initiative?	In FY15, 647 participants took the Rikli and Jones Senior Fitness Test, an evidence-based functional fitness test that measures upper body strength (arm curl), lower body strength (chair stand) speed and agility (8 foot up and go) and upper body flexibility (back scratch). A total of 87% of participants scored above standard on all four tests. The area which needed the most improvement was upper body flexibility, where 12% of participants were identified as "at risk" for range of motion in the upper body. In addition to the 932 participants who completed the qualitative evaluation, 92% reported and improvement in handling activities of daily living, 85% reported a decrease in pain, 97% reported improved balance, 99% reported improved flexibility and 100% reported that they thought that the instructors were well informed about exercise.	
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 2011-2013 to the period to 2012-2014, the mortality rate for Montgomery County fell 3.9 points from 114.6 to 110.7 and the rate for Prince George's County fell 7.5 points from 180.0 to 172.5.	
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 $219,690	B. Direct offsetting revenue from Restricted Grants $75,000

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 7.1% of Montgomery County adolescents and 13.7% of Prince George's County adolescents are obese. Almost 20,000 children in Montgomery County and almost 26,000 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 FY16 a total of 244 Kid's Fit classes were held at four Housing Opportunities sites in Montgomery County. This one-hour physical activity and nutrition program had an average class attendance of 17 and 4,672 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, Shady Grove Apts., Stewartown Homes and The Willows.	
h. Impact/Outcome of Hospital Initiative?	In FY15, a total of 72 children took the President's Challenge test in the fall and 83 took the test in the spring. Scores for girls improved by 2% – 8% in all test areas (Shuttle Run, Push-Ups, Curl-Ups, Sit and Reach). Boys scores declined by 3% in the Shuttle Run and 6% in Push-Ups and improved by 6% on the Curl-Up test and 1% on the Sit and Reach. An important part of the program is teamwork and participation in regular exercise. Several participants are participating in school sports for the first time.	
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 $20,429	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 2014, diabetes was the ninth leading cause of death in Montgomery County and the fourth leading cause of death in Prince George's County (Maryland, DHMH Vital Statistics Administration, 2016). 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	Diabetes Prevention Program
c. Total Number of People Within the Target Population	Approximately 7% of Montgomery County adults and 11.5% of Prince George's County adults have diabetes.
d. Total Number of People Reached by the Initiative Within the Target Population	During FY16, the Diabetes Prevention Program enrolled 155 community members and had 1,145 encounters.
e. Primary Objective of the Initiative	• Lose 5%-7% of body weight through health eating • Build up to engaging in 150 minutes of brisk physical activity each week by the end of the 16 week core instruction sessions
f. Single or Multi-Year Initiative – Time Period	Multi-Year
g. Key Collaborators in Delivery of the Initiative	• U.S. Centers for Disease Control • University of Pittsburgh
h. Impact/Outcome of Hospital Initiative?	• Data not available until September
i. Evaluation of Outcomes	The percentage of adults diagnosed with diabetes has decreased in both Montgomery and Prince George's Counties. From 2013 to 2014 rates decreased from 8.6% in 7.0% in Montgomery County and from 12.0% to 11.5% in Prince George's County (Maryland Behavioral Risk Factor Surveillance System, 2014).
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 $85,355	B. Direct offsetting revenue from Restricted Grants $0

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 19.6% and 20.7% of the population, respectively, said that they experienced more than two days of poor mental health in the past month (Maryland BRFSS, 2014). 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	3,435 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	HC Health Centers, MCDHHS, Primary Care Coalition	
h. Impact/Outcome of Hospital Initiative?	In collaboration with the LINCS program, Community Health Workers trained in Mental Health First Aid, made 65 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 decreased from 22.2% in 2013 to 19.6% in 2014 (Maryland BRFSS, 2014).	
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 $101,549	D. Direct offsetting revenue from Restricted Grants $0

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 40,233 women aged 18-64 living below the poverty level in Montgomery County and 52,251 women aged 18-64 living below the poverty level in Prince George's County (U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates).	
d. Total Number of People Reached by the Initiative Within the Target Population	MAPS had 10,771 education encounters	
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	HC Health Centers, Mobile Medical Care, Susan G. Komen for the Cure, Diagnostic Medical Imaging, Primary Care Coalition, People's Community Wellness Center (PCWC)	
h. Impact/Outcome of Hospital Initiative?	A total of 10,771 participants were educated about breast cancer and the importance of early detection and treatment and were empowered to take action in their breast health. Through referrals received by partnering community clinics (HC Health Centers, PCWC), 562 community members received free mammograms (339 screening, 223 diagnostic), 138 received breast ultrasounds, 46 received surgical referrals; no cancers were found.	
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 2012-2014, the rate fell 2.1 points to 124.6 for Montgomery County and 8.5 points to 156.5 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 $103,434	B. Direct offsetting revenue from Restricted Grants $68,969

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)

MARYLAND STATE HEALTH IMPROVEMENT PROCESS (SHIP) http://dhmh.maryland.gov/ship/SitePages/Home.aspx
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 Maryland's SHIP 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
- 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.

VI. 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 general surgery, gynecology, breast surgery, endocrinology, pulmonology, orthopedics, hematology, and ophthalmology, 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 has employed a referral specialist who works 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. This additional resource minimizes 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 use Table IV to 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.

Table IV – Physician Subsidies

Category of Subsidy	**Explanation of Need for Service**
Hospital-Based physicians	Provide support for care of uninsured and charity care patients; and for provision of services on a 24/7 basis.
Non-Resident House Staff and Hospitalists	Provide support for care of uninsured and charity care patients; and for provision of services in-house on a 24/7 basis.
Coverage of Emergency Department Call	Provide support for care of uninsured and charity care patients; and for provision of services in-house on a 24/7 basis
Physician Provision of Financial Assistance	N/A
Physician Recruitment to Meet Community Need	Recruitment support to provide services otherwise unavailable to our community
Other – (provide detail of any subsidy not listed above – add more rows if needed)	N/A

VII. 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
- besides English, in what language(s) is the Patient Information sheet available;

- 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, follows CLAS Standards, and is 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 FY16, Holy Cross Hospital provided $ $33.5 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 18,675 people during FY16, including 276 patients enrolled into Medicaid at our health centers and 2,210 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 Aspen Hill, Gaithersburg, Germantown, and Silver Spring, Maryland. The health centers provide a convenient option for uninsured residents in need of high quality, discounted medical care. In FY16, the health centers had 37,128 visits, providing affordably priced primary health care services to more than 10,000 patients who are uninsured or enrolled in Medicaid.

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.

HOLY CROSS HEALTH

Holy Cross Health: Patient Financial Assistance

Owner/Dept: JEFFREY KARNS, VP Revenue Cycle Operations/ Office of Chief Financial Officer	**Date approved: October 13, 2016**
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: To be determined**
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 Holy Cross Health documents the financial assistance provided to these patients so that their eligibility for the assistance is appropriately demonstrated.
- Protect a stated level of each patient's assets when determining their eligibility for financial assistance 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:

- Services, locations and facilities listed in Covered Services section
-

Policy Overview

The Holy Cross Health patient financial assistance policy applies in those cases where patients do not have sufficient income or assets to pay for their care and fulfill their obligation to cooperate with and avail themselves of all programs for medical coverage (including Medicare, Medicaid, commercial insurances, workers compensation, and other state and local programs). The financial assistance policy is comprised of the following programs – each of which may have its own application and/or documentation requirements:

- **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 Uniform Financial Assistance Application and provision of supporting documentation.

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

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

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

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

- **Medical Financial Hardship Program:** Holy Cross Health also makes available financial assistance to "medically indigent" patients who demonstrate a financial hardship as a result of medical debt. 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, Holy Cross Health will apply the reduction in charges that is most favorable to the patient. If reduced-cost care is approved for a patient, the maximum patient payment for care will not exceed the charges minus the hospital mark-up.

Within two business days of the receipt of a patient request for financial assistance, a preliminary eligibility determination will be made. Final determination is subject to validation of the information on the Uniform Financial Assistance Application. Holy Cross Health will require from patients or their guardians only those documents required to validate information provided on the application.

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

Amount Generally Billed (AGB)

An individual who is eligible for assistance under this policy for emergency or other medically necessary care will never be charged more than the amounts generally billed (AGB) to an individual who is not eligible for assistance. The charges to which a discount will apply are set by the State of Maryland's rate regulation agency (HSCRC) and are the same for all payers (i.e. commercial insurers, Medicare, Medicaid or self-pay).

Covered Services

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

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 Clinics 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 (except for the contracted providers described above) or charges from facilities in which Holy Cross Health has less than full ownership.
- Cosmetic, convenience, and/or other medical services, which are not medically necessary. Medical necessity will be determined by the Holy Cross Health consistent with regulatory requirements after consultation with the patient's physician and must be determined prior to the provision of any non-emergent service.
- Services for patients who do not cooperate fully to obtain coverage for their services from County, State, Federal, or other assistance programs for which 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 that are convertible to cash do not exceed $10,000 as an individual or $25,000 within a family. Monetary assets that are convertible to cash exclude up to $150,000 of equity in their primary residence, business use vehicles, personal tools used in their trade or business, personal use property, ~~and~~ deferred retirement plan assets, financial awards received from non-medical catastrophic emergencies, irrevocable trusts for burial purposes, prepaid funeral plans, and government administered college savings plans. 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.

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

In any case where the patient's statements to obtain financial assistance are

determined to be materially false, all financial assistance that was based on the false statements or documents will be rescinded, and any balances due will be processed through the normal collection processes.

The scheduled financial assistance program provides free medically necessary care to those most in need – patients who have income equal to or less than 200% of the federal poverty level. It also provides for a 60% reduction in charges for those whose income is between 201% and 300% of the poverty level, and 30% assistance from 301% to 400% of the federal poverty level. For those patients who demonstrate a medical financial hardship, a minimum of 30% assistance 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.

Patients with family income up to 200% of the Federal Poverty Income Guidelines will be eligible for financial assistance for co-pay and deductible amounts provided that there is no conflict with contractual arrangements with the patient's insurer or enrollment in a Montgomery County program.

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

Notice of Financial Assistance

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.

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

Related Documents

- Billing and Collection of Patient Payment Obligations Policy

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References

- Trinity Health. "Financial Assistance Policy", Trinity Health system policy URO-02-12-06 , February 12, 2016 .
- 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 October 13, 2016.

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 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.

Holy Cross Health's team will achieve this trust through:

- Innovative, high-quality and safe health care services for all in partnership with our physicians and others
- Accessibility of services to our most vulnerable and underserved populations
- Outreach that responds to community health need and improves health status
- Ongoing learning and sharing of new knowledge
- Our friendly, caring spirit

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

2016
COMMUNITY
REPORT

Where Care Meets Commitment

HOLY CROSS HEALTH

Holy Cross Health Connects Care With Commitment

"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."

— HOLY CROSS HEALTH MISSION

A commitment to making high-quality health care accessible across our community has always been at the core of Holy Cross Health. This defining value has been with us since our beginning and continues to shape our growth. Today, Holy Cross Health is commited to programs, services and sites that deliver quality care, especially to those who are most vulnerable, due to age, language, culture or finances. Thanks to innovation and solid management, care essential for a healthy, productive life is within reach for more people.

Inside:

FROM PRESIDENT AND CEO

Norvell V. Coots, MD

January 2017

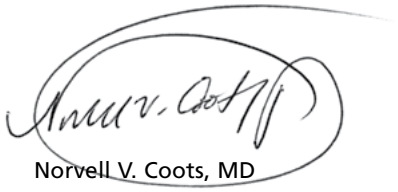
Since joining Holy Cross Health in August 2016 I have devoted some thinking to what "community benefit" fully means. "Community benefit," I believe, represents and quantifies one of the most distinctive ways Holy Cross Health provides value to the community. As a Catholic, not-for-profit system, Holy Cross actively embraces all of our community's residents, explores their health and wellness needs, and applies both innovation and compassion to help all, including our most vulnerable community members.

Our mission-powered commitment is a prime reason I chose to join Holy Cross Health as president and CEO. I now have the privilege of sharing that in fiscal 2016, Holy Cross Health provided $59 million in community benefit, including $36 million in free or reduced-cost services to those facing financial barriers to care. Additionally, generous supporters contributed more than $20 million to our Capital Campaign, which helps fund our new and renovated hospitals in order to improve access to care.

In the pages that follow, you'll read about the impact that our commitment has had on individual lives, including the youngest, oldest and most financially challenged in our community. These examples illustrate on a personal level the extent to which our mission translates into action. You'll also find further statistical detail of our year's community benefit activity.

Holy Cross Health now encompasses two connected, advanced-care hospitals; four strategically located health centers; two primary health care sites; specialized care centers; more than 50 different types of health and wellness classes; and dozens of faith-community nursing programs. Our growth is the product of decades of visionary leadership and effective stewardship of Holy Cross Health's resources. Because of this growth, we are now able to bring high-quality health care to more members of our community.

We continue to be inspired by the commitment of the Sisters of the Holy Cross who founded Holy Cross more than 50 years ago. Holy Cross Health's people and partners transform lives and possibilities daily by focusing first on the needs of those we serve. I look forward to the years ahead, as our thriving, integrated Holy Cross Health system continues to epitomize the meeting of care and commitment.



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

Our thanks to the extraordinary physicians, employees, volunteers, partners and donors whose dedicated support has brought Holy Cross Health to this moment … and makes our continuing success possible.

A Commitment Everyone Can Count On

Holy Cross Health is guided by our faith-based mission and our focus on anticipating and proactively meeting the diverse health care needs of the communities we serve. We will continue our legacy of success by providing the highest quality of care to our patients, delivering the greatest benefit to our community, performing well fiscally and engaging and retaining an exceptional workforce.

This vision is manifested in Holy Cross Health's three strategic principles.

Manage quality, cost and revenue effectively

Attract more people, serve everyone

Improve individual and community health through innovation, alignment and partnership

$515* MILLION
REVENUE

$20 MILLION
RAISED THROUGH CAPITAL CAMPAIGN

570*
LICENSED HOSPITAL BEDS

15
HOLY CROSS HEALTH HOSPITAL AND SPECIALIZED CARE SITES

4,200
EMPLOYEES

248,340*
TOTAL PATIENTS
(excludes healthy newborns)

212,630*
OUTPATIENT VISITS
(includes Emergency Center visits)

108,213*
EMERGENCY CENTER VISITS

35,710*
INPATIENT DISCHARGES
(excludes healthy newborns)

$4 MILLION
HSCRC** RATE ADJUSTMENT FOR ACHIEVING QUALITY METRICS

$59 MILLION
IN COMMUNITY BENEFIT

1,425
PHYSICIANS

550
VOLUNTEERS

9,703*
BIRTHS

37,128*
HEALTH CENTER VISITS

403,515*
TOTAL COMMUNITY BENEFIT ENCOUNTERS

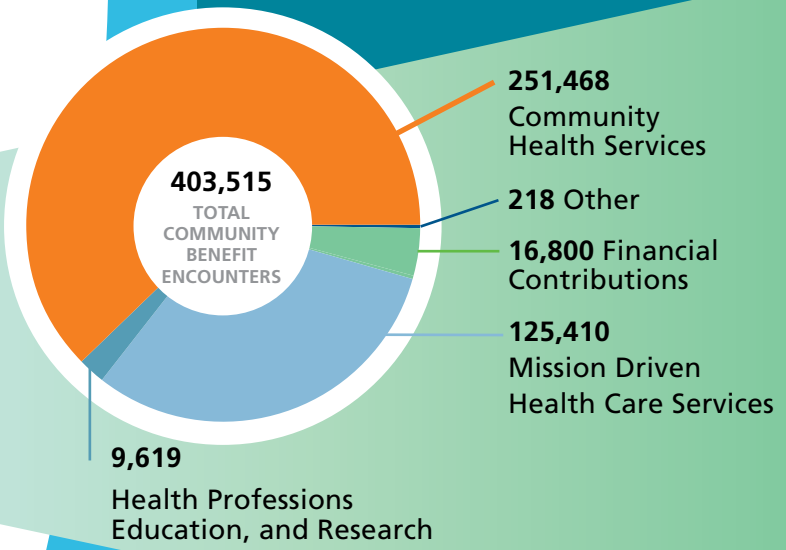
*Fiscal 2016 statistics **Health Services Cost Review Commission

NET COMMUNITY BENEFIT

Charity Care	$35,845,648
Mission Driven Health Care Services	$11,838,512
Community Health Services	$4,940,299
Health Professions Education	$3,070,454
Medicaid Assessments	$1,934,672
Community Benefit Operations	$889,859
Research	$205,277
Financial Contributions	$178,364
Community Building Activities	$75,580

TOTAL COMMUNITY BENEFIT

$58,978,665



High-Quality Care for Moms and Babies in Need

Ana Sofia grins a hello, her eyes beaming above healthy plump cheeks. The four-month-old is thriving, the happy outcome of months of prenatal care provided to her mother Rosa Pineda at the OB/GYN clinic at Holy Cross Germantown Hospital. The clinic, as well as the OB/GYN clinic at Holy Cross Hospital in Silver Spring, helps uninsured women such as Rosa increase the chances of a healthy newborn, regardless of the mother's ability to pay. The clinic's high-quality maternity services include prenatal care, the baby's delivery and follow-up care.

"As soon as I learned I could get free prenatal care from a Holy Cross OB/GYN clinic, I signed up," Rosa said. "I knew it was important for the baby's development and for my own health." Months before her due date, the OB/GYN clinic at Holy Cross Germantown Hospital got Rosa started on prenatal vitamins and improved her nutrition. "They encouraged me to eat more fruits, vegetables and fish, and they monitored my baby's growth. I am very grateful for their care."

Rosa, who speaks Spanish, particularly appreciated the ease of communications with the bilingual staff. "I always knew that whenever I had questions, I could call and get answers." When the time for the baby's birth arrived, Rosa felt confident. "I received excellent medical attention. I knew that with the help of God and the excellent care I was receiving, everything would be okay."

And it was. Ana Sofia arrived in June 2016, a healthy 7.7 pounds. Yet this was only the beginning of Holy Cross Health's commitment to mother and newborn. Holy Cross Health's extensive support for women includes prenatal and infant-care classes in English and Spanish, and regular follow-up examinations. Ana herself soon received a home visit by a Holy Cross Health nurse who stopped by to confirm the baby's weight gain, and within days of her birth, Ana began regular pediatric visits at the Holy Cross Health Center in Germantown. Ana's older brothers and sisters also receive care at the same health center. Today, Holy Cross Health's services for those in need benefit the entire family — which makes everyone, not only Ana, smile.

A COMMITMENT TO ROSA AND HER BABY

"As soon as I learned I could get free prenatal care from a Holy Cross OB/GYN Clinic, I signed up."

— **ROSA PINEDA**

(SHOWN HERE WITH HER DAUGHTER ANA SOFIA)

Leading the Way

Holy Cross Health is the leading provider of prenatal, obstetric and gynecologic services for uninsured women in Montgomery County who may not otherwise have access to high-quality care

Holy Cross Health's OB/GYN Clinics

Holy Cross Health is the leading provider of prenatal, obstetric and gynecologic services for uninsured women in Montgomery County, where 17 percent of women between the ages of 18 and 44 are uninsured. Since 2000, our two OB/GYN clinics, at Holy Cross Hospital and Holy Cross Germantown Hospital, have served more than 22,000 uninsured women.

Maternity Partnership Program

Holy Cross Health's two OB/GYN clinics care for women in need as part of the Maternity Partnership program, a collaboration with the Montgomery County Department of Health and Human Services. Through the program, women without health insurance are able to receive prenatal care, obtain routine laboratory tests related to their pregnancy, and participate in prenatal classes.

Health Center Care for Children

The Holy Cross Health Center in Germantown expands our commitment to serving uninsured and Medicaid-insured area residents. Our newest health center, it provides pediatric and family services as well as care for adults. Newborns, particularly those delivered at either of our hospitals, can seamlessly begin their care within days of leaving the hospital. The health center staff is bilingual in English and Spanish, and interpreters are available for other languages.

A HISTORY OF CARING
for All Mothers and Babies

1963
Holy Cross Hospital opens and commits to providing prenatal, obstetric and gynecologic care to all women regardless of their ability to pay

1983
In its first two decades, Holy Cross Hospital welcomes more than 66,000 babies into the world

1999
Participation in Montgomery County's Maternity Partnership Program dramatically grows our commitment to OB/GYN care and to providing every uninsured woman in the county with high-quality prenatal care

2014
Holy Cross Germantown Hospital opens and along with it a second OB/GYN clinic to serve women who face financial barriers to care

2015
The Holy Cross Health Center in Germantown opens as our first health center to offer pediatric care in addition to adult services

Fitness for Seniors at Nearby Locations

A COMMITMENT TO SAM

"I like that Holy Cross cares for people in the community outside of its hospitals."

— **SAM MIRANDA**

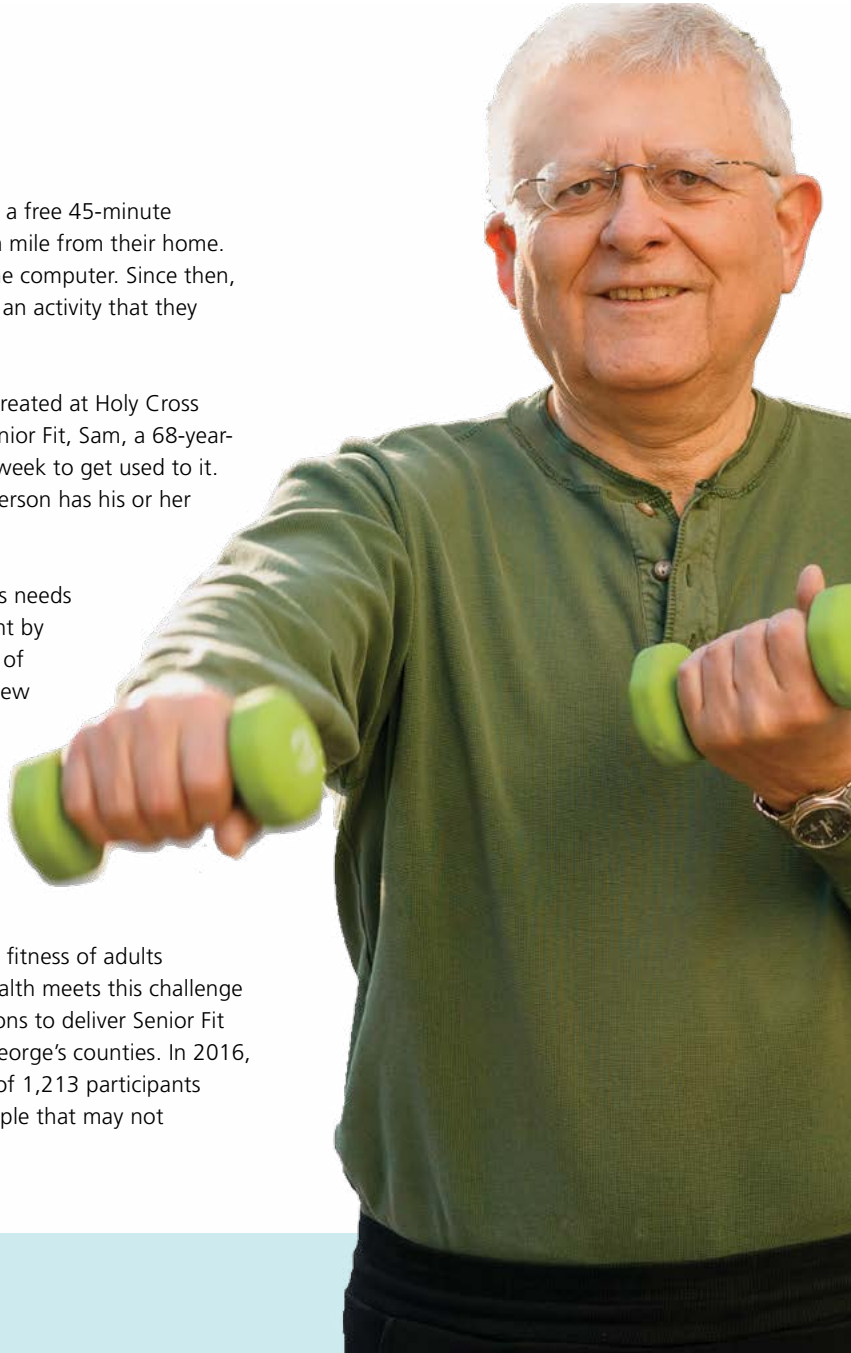
(SHOWN HERE AND WITH HIS WIFE MARY SUE ON PAGE 9)

It was Sam Miranda's wife Mary Sue who got him started with Senior Fit, a free 45-minute exercise program at the Margaret Schweinhaut Senior Center, just over a mile from their home. Mary Sue prodded Sam to become more active and spend less time at the computer. Since then, their free, three-times-a-week Senior Fit class has anchored their calendar, an activity that they schedule around and enjoy together.

Sam was already familiar with Holy Cross Health. He had previously been treated at Holy Cross Hospital twice and was pleased with his care. Once he got started with Senior Fit, Sam, a 68-year-old retired nuclear engineer, never felt out of place. "It took me only one week to get used to it. There are people older, younger, some in better shape than others. Each person has his or her own reason for going."

In fact, creating easy access to fitness for seniors with all varieties of fitness needs and challenges is what Senior Fit is all about. Sam's Senior Fit class is taught by a professional fitness instructor, who keeps the three 15-minute segments of warm-ups, aerobics/strength and stretches fresh by regularly introducing new exercises.

With each week, Sam and Mary Sue are confident they're growing … healthier.



Right in the Neighborhood

Cost-effectively improving the strength, balance, agility and cardiovascular fitness of adults age 55 and older across an aging population is a challenge. Holy Cross Health meets this challenge by partnering with area health, recreation, retirement and faith organizations to deliver Senior Fit classes at geographically accessible locations in Montgomery and Prince George's counties. In 2016, 24 community-based sites hosted 69 ongoing classes, serving an average of 1,213 participants weekly, totaling 122,495 encounters for the year helping to empower people that may not otherwise take action in their fitness.

Staying Active

Senior Fit offers free and convenient exercise classes throughout our region to help prevent or alleviate many of the most pervasive health issues affecting older adults

Good for Our Region

A fiscal 2015 fitness test showed that 87 percent of Senior Fit participants scored above standard on upper and lower body strength, speed and agility, and upper body flexibility. In qualitative self-reporting, 85 percent reported a decrease in pain, 97 percent reported improved balance, and 99 percent reported improved flexibility.

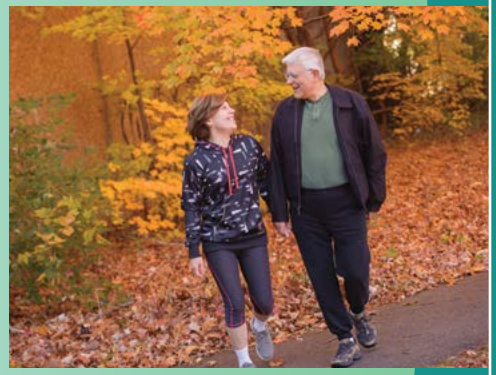
Also for Seniors

Holy Cross Senior Source offers a range of programs for mind as well as body fitness, including falls prevention classes. These classes target factors contributing to falls, which account for 65.3 percent of deaths from accidents in Montgomery County, over half of these in residents ages 85 and over.

Holy Cross Health's Community Health department provides health screenings, vaccinations, seminars, lectures, chronic disease prevention and management, wellness and education, and support groups for seniors.

Partners in Fitness

Holy Cross Health's Senior Fit partners are the National Lutheran Communities and Services, Kaiser Permanente of the Mid-Atlantic States, the Montgomery County Department of Recreation, the Maryland National Capital Parks and Planning Commission, Asbury Methodist Village, and local churches. The Housing Opportunities Commission of Montgomery County, the Maryland Department of Aging, and the Montgomery County Department of Health and Human Services are our partners in Holy Cross Senior Source.



A HISTORY OF FITNESS
for Seniors

1985
Holy Cross begins offering wellness classes to area residents

1995
Senior Fit exercise class is formed to help older adults improve their health

1997
Holy Cross Senior Source opens as a health education and wellness center for older adults

2003
The National Council on Aging identifies Senior Fit as one of the top 10 physical activity programs for older adults in the country

2004
National Council on Aging selects Senior Fit as one of three programs for an impact study on exercise effectiveness in older adults

2015
Senior Fit celebrates its 20th anniversary, and is recognized as the region's largest organized physical activity program for seniors 55 and older

Accessible Primary Care for All in Our Community

Nate Burger's blood pressure might have been dangerously high for decades. Yet because he had been receiving only limited primary care, the threat went undetected—until October 2016, when drooping face muscles brought Nate to the emergency department at Holy Cross Hospital. Nate was diagnosed with mini-strokes called transient ischemic attacks, or TIAs.

Soon after, Nate began receiving "secondary preventive care" at the Holy Cross Health Center in Aspen Hill, which provides affordably priced health care services to those who face financial barriers to accessing care. Prescribed to prevent or make any future incidents less harmful, Nate's treatments were at work when he experienced a stroke in April 2016 and another five months later. Erik Rivera, MD, who has treated Nate throughout, says that, "Because of the medication Nate had been receiving, the strokes involved less area of the brain than they might have. They were less severe."

Nate's mother, Mary Burger, has seen her older son (whom she calls "Chip" as in "chip off the old block") through it all. "If not for Holy Cross' care, and referrals to specialists and therapists, we would have been lost," she says. "We were afraid and knowing that Holy Cross would provide this care made the difference. Relief is putting it mildly."

With both his speech and mobility impaired, Nate has received at-home speech therapy, physical therapy, occupational therapy and nursing care, all through Holy Cross and covered by his Maryland Physicians Care insurance. Their support, Dr. Rivera's care and Nate's hard work have paid off. "Nate has made outstanding progress," says Dr. Rivera, who continues to see Nate regularly. "Before, he would just stare and be unable to respond. Now, he is able to clearly understand both the written and spoken word, and can speak several words."

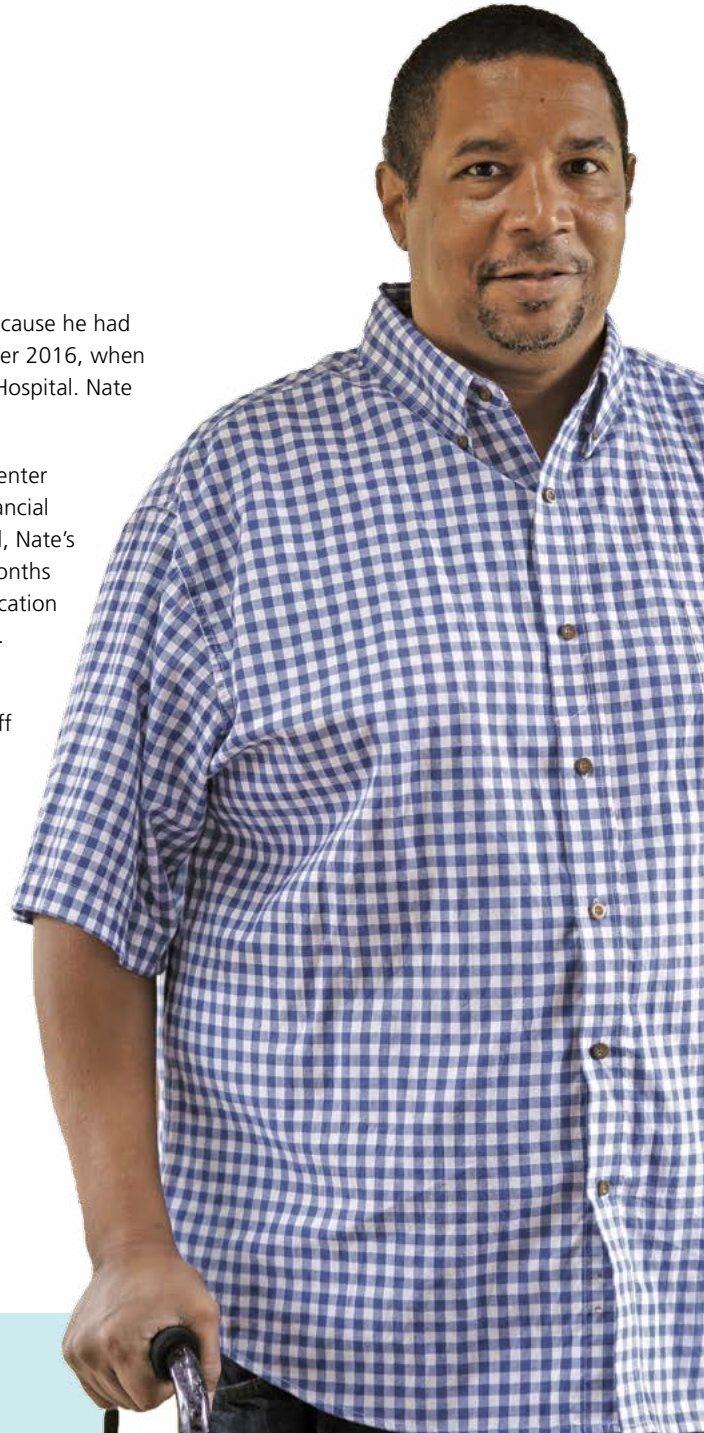
Mary, too, has seen the progress. "We feel fortunate. Chip can eat more regular foods, talks to the therapists and we can travel now, about once a week," she says. "His improvement is a big deal."

A COMMITMENT TO NATE

"The care Chip has received at the Holy Cross Health Center in Aspen Hill has been crucial. I can't imagine what his life would be like without it. There would be no improvement. We would just be sitting on the porch."

— **MARY BURGER**

(MOTHER OF NATE BURGER, WHOM SHE CALLS CHIP. NATE IS SHOWN HERE AND WITH HIS MOTHER ON PAGE 11)



Improving Health

Holy Cross Health cares for those in our community who may not otherwise have access to the high-quality, cost-effective care they need

Four Health Centers

Holy Cross Health is the only health system in Montgomery County operating its own health centers for providing affordably priced health care to those in financial need. The four primary care health centers serve community members who are uninsured or are enrolled in Maryland Medicaid or the Maryland Children's Health Program (MCHP). The 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. Our diverse staff includes individuals who can communicate in English, Spanish and French, and interpretation services are available for other languages. In fiscal 2016, the health centers logged 37,128 patient visits and served 10,000 individuals.

Maryland Physicians Care

Maryland Physicians Care is another way that Holy Cross Health helps those area residents in financial need. Founded in 1996, Maryland Physicians Care is a Maryland Medicaid managed care organization jointly owned by Holy Cross Health and three other health systems. It is among the largest Medicaid managed health care organizations in Maryland, currently administering health care services for approximately 200,000 enrollees, helping qualifying Maryland Medicaid members make good decisions about their health and receive quality health care services through its network of providers.

A HISTORY OF CARING
for the Vulnerable

1963
Holy Cross Hospital opens with a commitment by its founders, the Sisters of the Holy Cross, to provide health care access to all regardless of ability to pay

2004
Holy Cross Health Center in Silver Spring becomes Montgomery County's first hospital-sponsored health center for uninsured adults in Montgomery County

2009
A second Holy Cross Health Center opens in Gaithersburg, an area of need

2012
A third Holy Cross Health Center opens in Aspen Hill, another area of need

2015
Holy Cross Health Center in Germantown opens, becoming Holy Cross Health's fourth health center and the first to offer pediatric as well as adult care

When Care Meets Commitment, Recognition and Community Engagement Grow

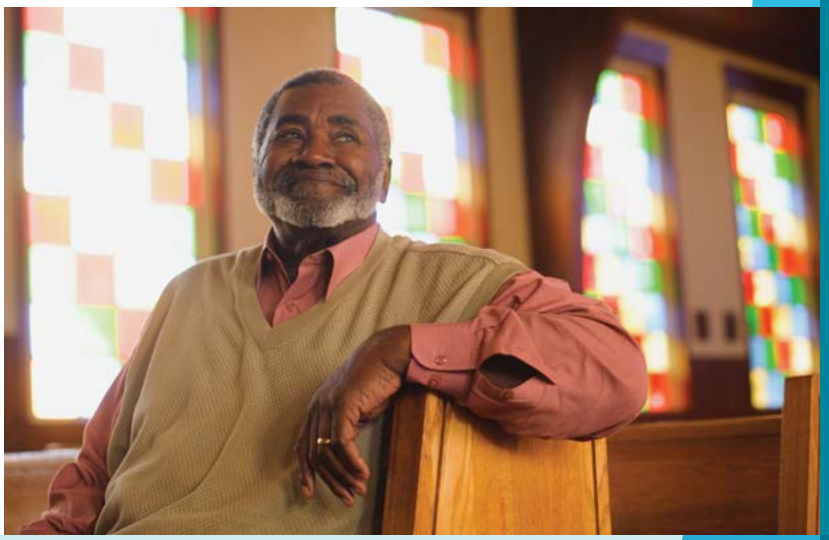
When visionary individuals and groups, both within Holy Cross Health and throughout our community, work together to innovate for high-quality and safe health care services, we can improve the lives of individuals and transform communities. In 2016, these collaborative efforts have resulted in numerous achievements and partnership activities.

Achievements

- Holy Cross Health receives the *Workplace Excellence Seal of Approval Award* from the Alliance for Workplace Excellence, the 17th consecutive year
- Holy Cross Health establishes the Holy Cross Hospital Quality Council and the Holy Cross Germantown Hospital Quality Council for community member input on quality and safety matters
- Holy Cross Hospital earns the American Heart Association/American Stroke Association's *Stroke Gold Plus Quality Achievement Award with Target: Stroke Honor Roll* for the Get With The Guidelines® Stroke program
- Holy Cross Germantown Hospital receives the American Association of Community Colleges' prestigious award of excellence, Outstanding College/ Corporate Partnership, for its partnership with Montgomery College
- Holy Cross Hospital achieves the *Blue Distinction Center+ Certification* for Joint and Spine Centers
- Holy Cross Hospital is a teaching hospital and hosts medical and surgical physician residents and students in the fields of medicine, physician assistant, nursing and other health care professions
- Holy Cross Health increases its minimum wage to $15 per hour to reflect the dignity of work and cost of living in the community

Partnership Highlights

- A collaboration of all Montgomery County hospitals, the Nexus Montgomery Regional Partnership, receives $7.6 million to invest in reducing avoidable hospital utilization and promoting health among seniors, the medically frail, those with severe behavioral health conditions, and those without eligibility for health insurance
- The Holy Cross Health Network, in partnership with the Institute for Public Health Innovation and Healthy Montgomery, receives a Transforming Communities Initiative grant from Trinity Health for up to $2.5 million over five years to address obesity and tobacco cessation
- Holy Cross Health's Faith Community Nurse program increases its partnerships to include 65 religious communities in the region to support faith community nurses and health ministry teams in educating, empowering and equipping members of their communities in the pursuit of health, healing and wholeness
- Expanding on our long-standing, multidimensional partnership, Holy Cross Health and Montgomery College re-commit to our relationship to focus on mutual priorities, students and the community
- Holy Cross Health provides financial support and leadership to Montgomery County's community health improvement process, Healthy Montgomery, which is an ongoing multifaceted effort to achieve optimal health and well-being for all Montgomery County residents
- The Kevin J. Sexton Fund to Increase Access and Improve Community Health, established this year, enhances services to vulnerable persons and improves their health. Donated funds, including a $1 million gift from Kaiser Permanante in 2016, provide direct financial support to Holy Cross Health's four health centers for primary care, two centers for obstetrics and gynecology care, and community programs



Holy Cross Health Board of Directors

Holy Cross Health and our entire community are fortunate to have the leadership of exceptional volunteers who generously apply their experience, abilities and heartfelt values to help every corner of our health system be *the* place where care meets commitment.

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This is *Where* Care Meets Commitment

Holy Cross Health is a health care system of connected hospitals, health centers, primary care sites, education and wellness centers, innovative community health programs, and specialized care sites and services that work together to provide much needed, high-quality health care to our entire community.

Holy Cross Germantown Hospital

Holy Cross Hospital

Leading Area Hospitals

1 **Holy Cross Hospital** is one of the largest hospitals in Maryland
2 **Holy Cross Germantown Hospital**, opened in 2014, brings much needed, high-quality health services to the fastest-growing region in Montgomery County

Holy Cross Health Network

The Holy Cross Health Network builds and manages relationships with physicians, insurers and other health care organizations; offers the public a wide range of health and wellness programs; and oversees the Holy Cross Health community benefit program. It operates:

Health Centers for Low-Income Individuals

3 **Holy Cross Health Center** in Aspen Hill
4 **Holy Cross Health Center** in Gaithersburg
5 **Holy Cross Health Center** in Silver Spring
6 **Holy Cross Health Center** in Germantown

Primary Care Sites

7 **Holy Cross Health Partners** in Kensington
8 **Holy Cross Health Partners** at Asbury Methodist Village, Gaithersburg

Education and Wellness Centers

9 **Holy Cross Resource Center**, Silver Spring
10 **Holy Cross Senior Source**, Silver Spring

Community Health Programs

More than 50 low-cost or free fitness, support group and self-care management programs offered at more than 140 locations.

Faith Community Nurse Programs

Providing assistance to programs based in more than 65 area religious communities.

Sites and Services

11 **Holy Cross Home Care and Hospice** (*Trinity Home Health Services*)
12 **Holy Cross Radiation Treatment Center**, Silver Spring
13 **Sanctuary at Holy Cross** (*Trinity Health Senior Communities*), Burtonsville
14 **Holy Cross Dialysis Center at Woodmore**, Mitchellville
15 **The Blue Door Pharmacy, in Partnerhsip with Holy Cross Health**

For the addresses of these Holy Cross Health facilities, please visit **HolyCrossHealth.org**.

A Commitment, Shared

The Holy Cross Health Foundation is a 501(c) (3) not-for-profit organization devoted to raising philanthropic funds to support the mission of Holy Cross Health and improve the health of our communities.

Holy Cross Health Foundation Board of Directors

The Holy Cross Health Foundation raises philanthropic funds to support the mission and operational success of Holy Cross Health and is governed by the following committed leaders:

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When Holy Cross Health's caring spirit is shared by many, we can together provide the quality health care that everyone in our community deserves.

The Impact of Donors

From 2012 to 2016, generous donors helped expand access to health care services dramatically throughout the region by contributing a combined $20 million to the Capital Campaign. By supporting the development of Holy Cross Germantown Hospital, the historic expansion of Holy Cross Hospital, and the opening of a fourth Holy Cross Health Center in Germantown, our supporters compassionately helped ensure that the health care needs of the community can be met both now and in the future.

Philanthropic contributions to Holy Cross Health also improve the health of individuals and the community in other critical ways that will continue to be of great need and importance, including educating nursing staff, purchasing new medical equipment, and caring for the most vulnerable among us through care centers and programs like those featured in this report. By furthering the delivery of health care to those who otherwise could not access it themselves, we are together helping to prevent severe conditions from developing or worsening, and compassionately leading the way to a more vibrant community overall, a better life times thousands.

Giving Society Members

The Giving Societies program recognizes and honors the commitment and lifetime cumulative philanthropy of generous supporters who make the gift of quality health care through Holy Cross Health. All donors, no matter when they have given, are society members for life. In this Community Report, we honor our dedicated donors who have continued their support to Holy Cross Health from July 1, 2015, through September 15, 2016.

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Marye and Ernest's Spirit of Giving

In addition to the great care my husband and I have received at Holy Cross Hospital over the years, we think it is important to support the many improvements to the hospital. This is why we give to the Holy Cross Health Foundation.

— **ERNEST HARLEY AND MARYE WELLS-HARLEY** OF SILVER SPRING

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For a list of these Giving Society Members, visit **HolyCrossHealth.org/Foundation**

Dr. Narang's Spirit of Giving

I give to the Holy Cross Health Foundation because it is another way I can help to make an impact on other important programs and services beyond my field of radiology.

— **ANIL NARANG, DO**, DIAGNOSTIC MEDICAL IMAGING PA

HOLY CROSS HEALTH

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