# COMMUNITY BENEFIT NARRATIVE

FISCAL YEAR 2017

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

Submitted December 15, 2017

## 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.

As provided by federal regulation (26 CFR §1.501(r)—3(b)(6)) and for purposes of this report, a **COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)** report is a written document that has been adopted for the hospital facility by the organization's governing body (or an authorized body of the governing body), and includes:

(A) A definition of the community served by the hospital facility and a description of how the community was determined;

(B) A description of the process and methods used to conduct the CHNA;

(C) A description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves;

(D) A prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in

identifying certain health needs as significant; and prioritizing those significant health needs;

(E) A description of the resources potentially available to address the significant health needs identified through the CHNA; and

(F) An evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital facility's prior CHNA(s).

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 & Roadmaps (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;
(15) Use of data or statistics compiled by county, state, or federal governments such as Community Health Improvement Navigator (http://www.cdc.gov/chinav/); and
(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 address health needs identified by the CHNA.

Required by federal regulations, the **IMPLEMENTATION STRATEGY** is a written plan that is adopted by the hospital organization's governing body or by an authorized body thereof, and:

With respect to each significant health need identified through the CHNA, either—
(i) Describes how the hospital facility plans to address the health need; or
(ii) Identifies the health need as one the hospital facility does not intend to address and explains why the hospital facility does not intend to address it.

**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 total number of licensed beds

   b. Inpatient Admissions: The number of inpatient admissions for the FY being reported;

   c. Primary Service Area (PSA) zip codes;

   d. Listing of all other Maryland hospitals sharing your PSA;

   e. The percentage of the hospital's uninsured patients by county. (Please provide the source for this data, e.g., "review of hospital discharge data");

   f. The percentage of the hospital's patients who are Medicaid recipients. (Please provide the source for this data (e.g., "review of hospital discharge data.")

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

Table I

a. Bed Designation:

| Type | Licensed |
|---|---|
| Adult Beds | 409 |
| Newborn Bassinets | 113 |
| NICU Bassinets | 46 |
| **Total** | **568** |

b. Inpatient Admissions:

35,977

c. 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 |

d. 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 |

| | |
|---|---|
| e., f., and g. Percentage of Hospital's Uninsured, Medicaid, and Medicare Patients: | <table><tr><th>Patient Type</th><th>Percent</th></tr><tr><td>Uninsured</td><td>35%</td></tr><tr><td>Medicaid</td><td>21%</td></tr><tr><td>Medicare</td><td>17%</td></tr></table><br>Source: Business Objects – Payor Report, 2017 |

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 (including but not necessarily limited to medically underserved, low-income, and minority populations) reside.

        (iii) A description of how the organization identified its CBSA, (such as highest proportion of uninsured, Medicaid recipients, and super utilizers, e.g., 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).

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/Pages/home.aspx);

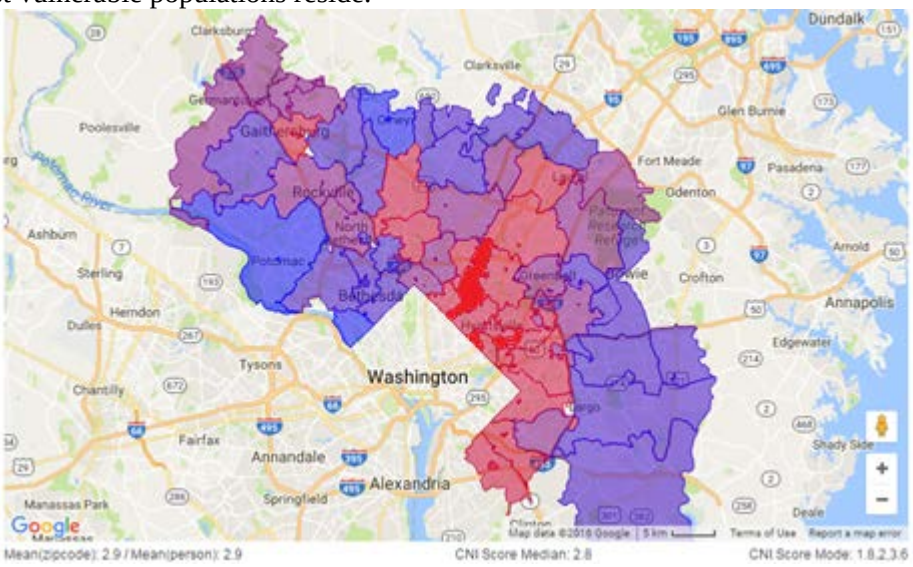
The Maryland Plan to Eliminate Minority Health Disparities (2010-2014) (http://dhmh.maryland.gov/mhhd/Documents/Maryland_Health_Disparities_Plan_of_Action_6.10.10.pdf);

The Maryland Chart Book 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)

**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, 2017

<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>$104,180</td><td>$126,315</td></tr></table></td><td>© 2017 The Nielsen Company, © 2017 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>12.8%</td><td>10.1%</td></tr></table></td><td>© 2017 The Nielsen Company, © 2017 Thomson Reuters. All Rights Reserved<br><br>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>8.5%</td><td>11.3%</td></tr></table></td><td>U.S. Census Bureau, 2015 Small Area Health Insurance Estimates, 2017</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>13.4%<br>(182,719 recipients)</td><td>16.2%<br>(221,509 recipients)</td></tr></table></td><td>Maryland Medicaid eHealth Statistics, 2017</td></tr>
<tr><td>Life Expectancy by County within the CBSA (including by race and ethnicity where data are available).<br>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>82.7</td></tr><tr><td>All Races</td><td>84.6</td></tr></table><br><table><tr><th>Prince George’s</th><th>Years</th></tr><tr><td>White</td><td>80.5</td></tr><tr><td>Black</td><td>79.3</td></tr><tr><td>All Races</td><td>79.9</td></tr></table></td><td>2015 Maryland Vital Statistics Annual Report, 2017</td></tr>
</table>

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

## Montgomery

All Cause: 6,018

*All sexes, races, ethnicities, and ages combined*

| Cause | Rank | Rate |
|---|---|---|
| Malignant Neoplasms | 1 | 1,434 |
| Diseases of the Heart | 2 | 1,434 |
| Cerebrovascular Disease | 3 | 297 |
| Accidents | 4 | 208 |
| Chronic Lower Respiratory Disease | 5 | 203 |

## Prince George's

All Cause: 5,730

*All sexes, races, ethnicities, and ages combined*

| Cause | Rank | Rate |
|---|---|---|
| Diseases of the Heart | 1 | 1,435 |
| Malignant Neoplasms | 2 | 1,336 |
| Cerebrovascular Disease | 3 | 304 |
| Accidents | 4 | 226 |
| Diabetes Mellitus | 5 | 212 |

## Montgomery

*Females*

All Cause: 3,212

*All races, ethnicities, and ages combined*

| Cause | Rank | Rate |
|---|---|---|
| Malignant Neoplasms | 1 | 758 |
| Diseases of the Heart | 2 | 682 |
| Cerebrovascular Disease | 3 | 189 |
| Chronic Lower Respiratory Disease | 4 | 123 |
| Alzheimer's Disease | 5 | 116 |

## Prince George's

*Females*

All Cause: 2,824

*All races, ethnicities, and ages combined*

| Cause | Rank | Rate |
|---|---|---|
| Malignant Neoplasms | 1 | 688 |
| Diseases of the Heart | 2 | 648 |
| Cerebrovascular Disease | 3 | 162 |
| Diabetes Mellitus | 4 | 99 |
| Chronic Lower Respiratory Disease | 5 | 91 |

## Montgomery

*Males*

All Cause: 2,806

*All races, ethnicities, and ages combined*

| Cause | Rank | Rate |
|---|---|---|
| Malignant Neoplasms | 1 | 676 |
| Diseases of the Heart | 2 | 661 |
| Accidents | 3 | 119 |
| Cerebrovascular Disease | 4 | 108 |
| Influenza and Pneumonia | 5 | 82 |

## Prince George's

*Males*

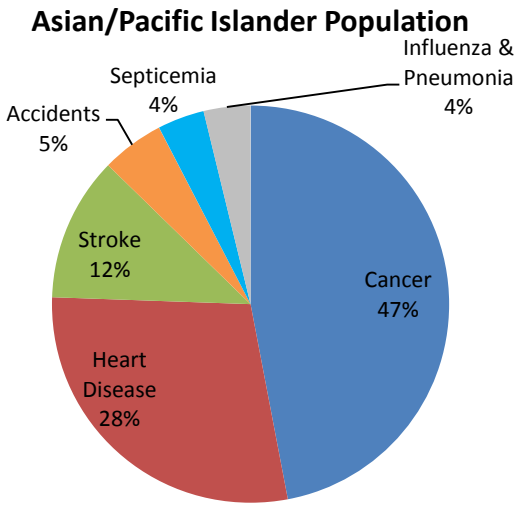
All Cause: 2,906

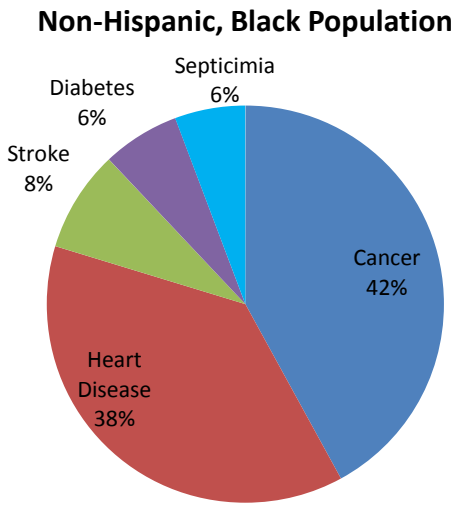
*All races, ethnicities, and ages combined*

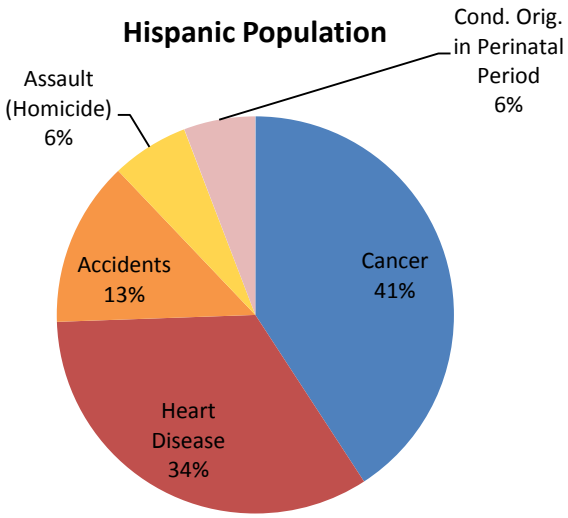
| Cause | Rank | Rate |
|---|---|---|
| Diseases of the Heart | 1 | 787 |
| Malignant Neoplasms | 2 | 648 |
| Accidents | 3 | 145 |
| Cerebrovascular Disease | 4 | 113 |
| Diabetes Mellitus | 5 | 142 |

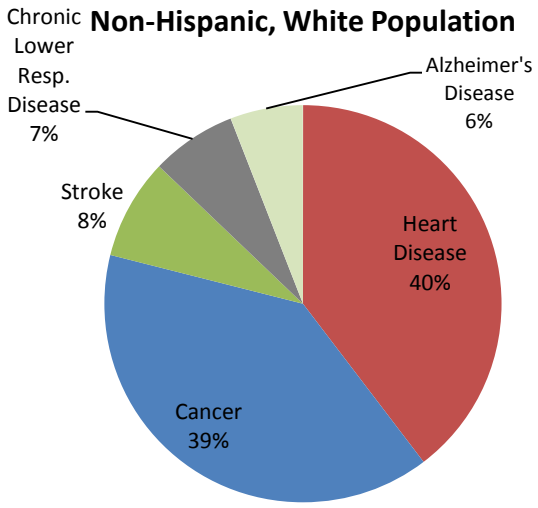
Source: 2015 Maryland Vital Statistics Jurisdiction Data, Montgomery and Prince George's Counties, 2017

# Cause of Death by Race/Ethnicity
# Montgomery County



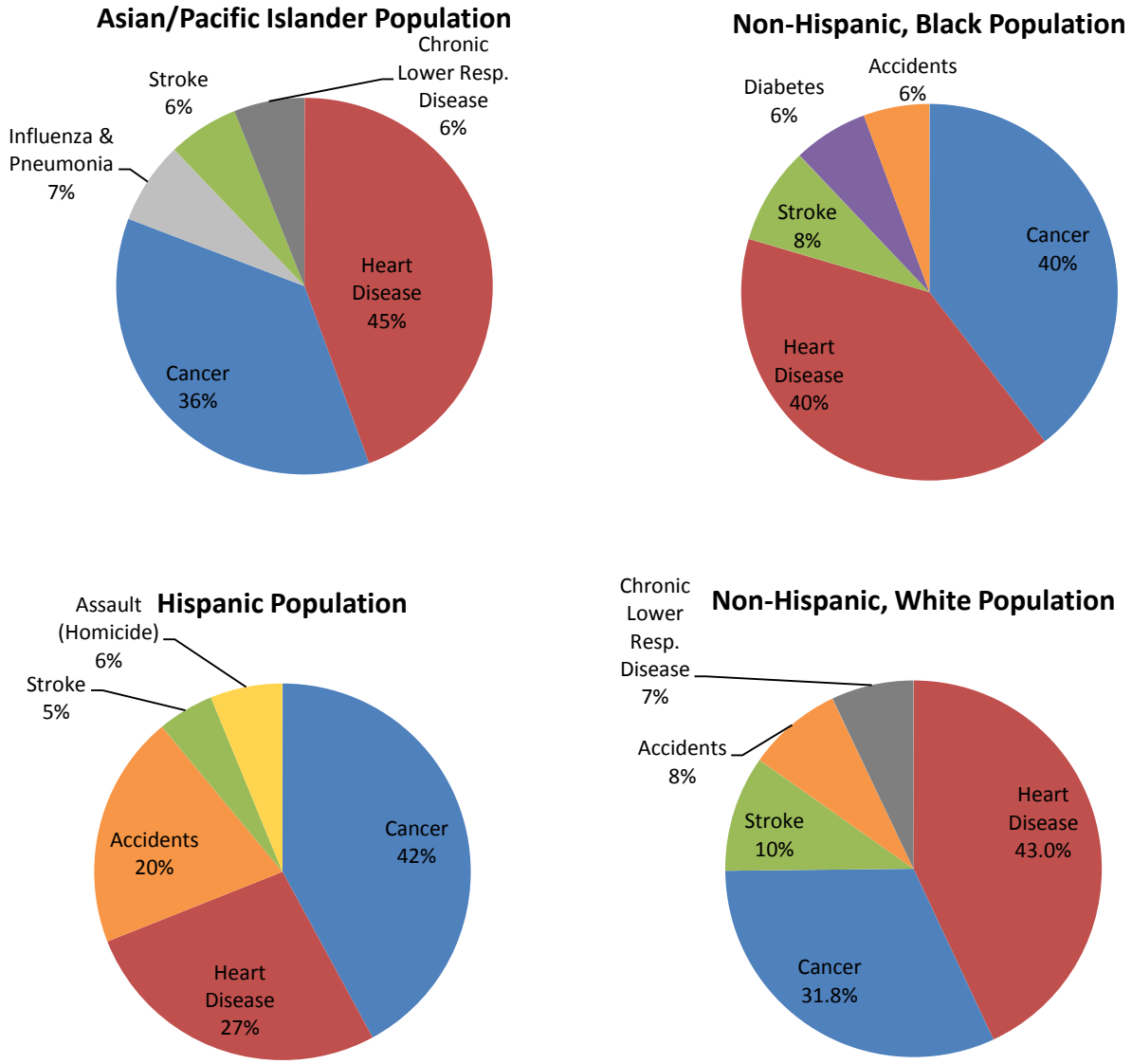




Source: 2015 Maryland Vital Statistics Jurisdiction Data, Montgomery and Prince George's Counties, 2017

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




Source: 2015 Maryland Vital Statistics Jurisdiction Data, Montgomery and Prince George's Counties, 2017

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 |
|---|---|---|---|---|
| 19.7 | 21.1 | 18.3 | 21.4 | 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, 2015. 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, 2017.

**Food Access – Low Income & Low Food Access**

| CBSA | Montgomery | Prince George's | Maryland | United States |
|---|---|---|---|---|
| 15.8% | 12.2% | 17.5% | 15.9% | 18.9% |

Percent low income population with low food access. Low food access for urban areas is defined by more than one mile to supermarket or large grocery store. Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2015. Source geography: Tract, Community Commons, 2017.

**Food Insecurity Rate**

| CBSA | Montgomery | Prince George's | Maryland | United States |
|---|---|---|---|---|
| 10.6% | 7.0% | 15.5% | 12.7% | 14.9% |

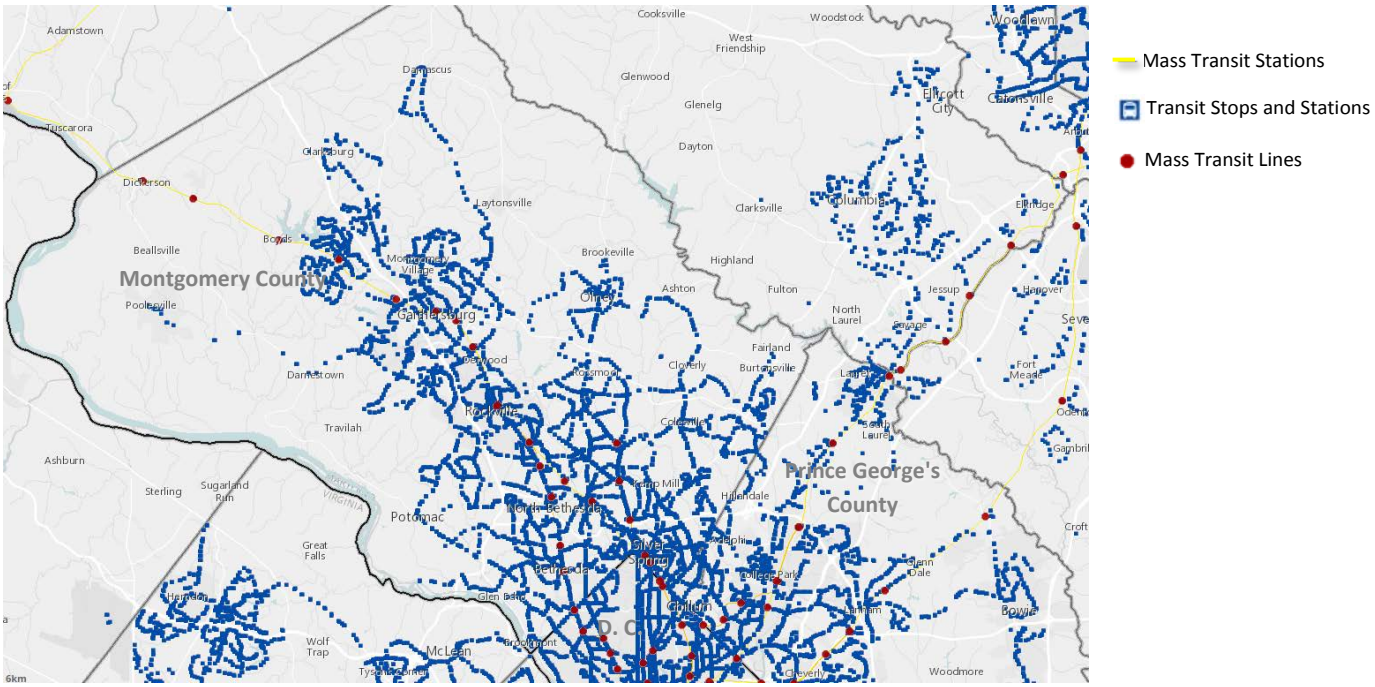
Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food. Data Source: Feeding America. 2014. Source geography: County, Community Commons, 2017.

## Transportation:

| Use of Public Transportation | | | | |
|---|---|---|---|---|
| **CBSA** | **Montgomery** | **Prince George's** | **Maryland** | **United States** |
| 16.8% | 15.8% | 17.2% | 9.0% | 5.1% |

Data Source: US Census Bureau, American Community Survey. 2011-15. Source geography: Tract; Community Commons, 2017

### Transit Stops and Stations by Location



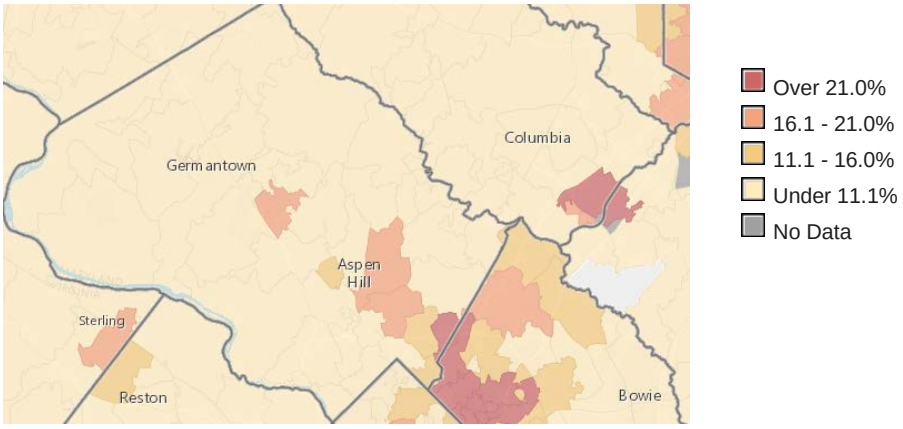

Source: Environmental Protection Agency, EPA Smart Location Database, 2013; National Transit Authority, 2013, 2014; Community Commons, 2017.

**Education:**

| Population Aged 25+ with No High School Diploma | | | | |
|---|---|---|---|---|
| **CBSA** | **Montgomery** | **Prince George's** | **Maryland** | **United States** |
| 11.7% | 8.8% | 14.4% | 10.6% | 13.4% |

Source: US Census Bureau, American Community Survey: 2011-15. Source geography: Community Commons, 2017

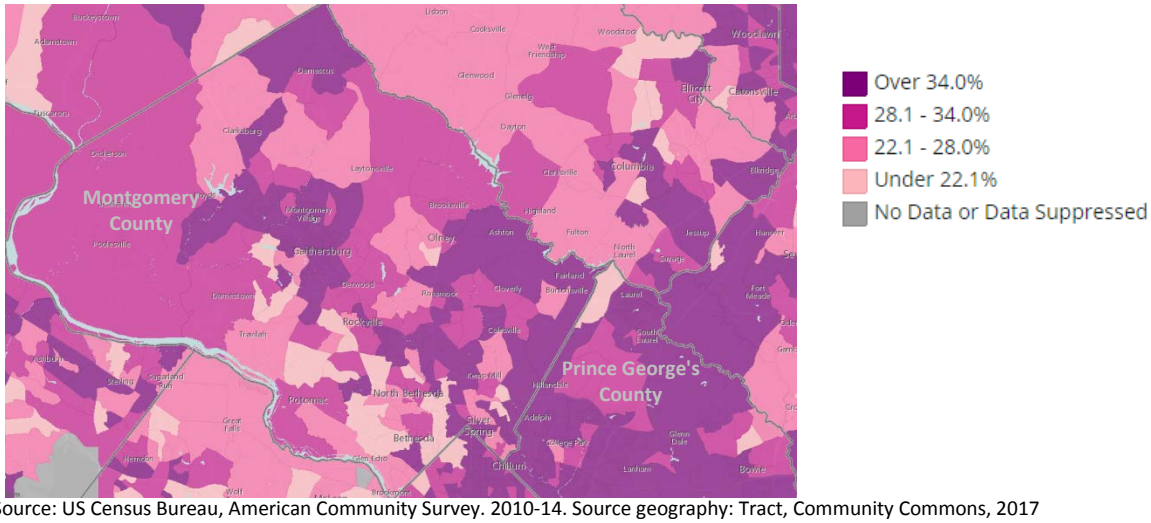
**Population with No High School Diploma, Percent by Tract, ACS 2010-14**




Source: US Census Bureau, American Community Survey: 2011-15, Community Commons, 2017

## Housing Quality:

### Substandard Housing Units




Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract, Community Commons, 2017

**Percent of Substandard* Housing Units**

| CBSA | Montgomery | Prince George's | Maryland | United States |
|---|---|---|---|---|
| 37.7% | 34.3% | 41.1% | 34.6% | 34.7% |

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. 2011-15. Source geography: Tract, Community Commons, 2017

**Percent of Households where Housing Costs Exceed 30% of Household Income**

| CBSA | Montgomery | Prince George's | Maryland | United States |
|---|---|---|---|---|
| 37.4% | 34.3% | 40.8% | 34.8% | 33.9% |

Source: US Census Bureau, American Community Survey. 2011-15. Source geography: Tract, Community Commons, 2017

**Percent of Overcrowded Housing (Over 1 Person/Room)**

| CBSA | Montgomery | Prince George's | Maryland | United States |
|---|---|---|---|---|
| 8.0% | 4.6% | 18.1% | 3.4% | 4.3% |

Source: US Census Bureau, American Community Survey. 2011-15. Source geography: Tract, Community Commons, 2017

## Environmental Factors:

**Recreation and Fitness Facilities Per 100,000 Population**

| CBSA | Montgomery | Prince George's | Maryland | United States |
|---|---|---|---|---|
| 12.1 | 16.0 | 7.1 | 11.5 | 10.5 |

Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2015. Source geography: County, Community Commons, 2017

**Beer Liquor and Wine Stores Per 100,000 Population**

| Montgomery | Prince George's | Maryland | United States |
|---|---|---|---|
| 14.6 | 17.0 | 20.8 | 10.8 |

Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2015. Source geography: County, Community Commons, 2017

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

| CBSA | Montgomery | Prince George's | Maryland | United States |
|---|---|---|---|---|
| 2.0% | 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, 2017

**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, 2017

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

| Vision Area | SHIP Objectives | Target | MC | PG |
|---|---|---|---|---|
| Healthy Beginnings | Reduce infant deaths | 6.3 | 5.3 | 8.9 |
| | Reduce low birth weight (LBW) & very low birth weight (VLBW) | 8.0% | 7.1% | 9.1% |
| | Reduce sudden unexpected infant deaths (SUIDs) | .86 | .38 | 1.08 |
| | Reduce teen birth rate | 17.8 | 11.6 | 21.1 |
| | Increase the proportion of pregnant women starting prenatal care in the first trimester | 66.9% | 68.3% | 56.4% |
| | Increase the proportion of students who enter kindergarten ready to learn | N/A | 49% | 38% |
| | Increase the proportion of students who graduate high school | 95% | 89.4% | 78.8% |
| | Increase proportion of children receiving blood lead screening | 69.5% | 68.8% | 59.9% |
| Healthy Living | Increase the proportion of adults who are at a healthy weight | 36.6% | 47.1% | 34.4% |
| | Reduce the proportion of children and adolescents who are considered obese | 10.7% | 7.5% | 15.1% |
| | Reduce the proportion of adults who are current smokers | 15.5% | 10.5% | 10.1% |
| | Reduce the proportion of youths who use any kind of tobacco product | 15.2% | 11.1% | 13.3% |
| | Reduce new HIV infections rate among adults and adolescents | 26.7 | 20.4 | 55.6 |
| | Reduce Chlamydia trachomatis infections among young people | 431 | 324.6 | 665 |
| | Increase life expectancy | 79.8 | 84.6 | 79.9 |
| | Increase physical activity | 50.4% | 56.8% | 52.6% |
| Healthy Communities | Reduce child maltreatment | N/A | 3.8 | 5.2 |
| | Reduce the suicide rate | 9.0 | 7.0 | 5.7 |
| | Reduce domestic violence rate | 445 | 213.8 | 230.3 |
| | Reduce blood lead levels in children | 0.28% | 0.2% | 0.3% |
| | Decrease fall-related death rate | 7.7 | 7.1 | 6.7 |
| | Reduce pedestrian injury rate on public roads | 35.6 | 41.4 | 39.8 |
| | Increase proportion of affordable housing | 54.4% | 34.3% | 55.2% |
| Access to Health Care | Increase the proportion of adolescents who have an annual wellness checkup | 57.4% | 64.0% | 56.4% |
| | Increase the proportion of children and adolescents who receive dental care | 64.6% | 72.2% | 65.2% |
| | Increase proportion of persons with a usual primary care provider | 83.9% | 86.7% | 83.9% |
| | Decrease proportion of uninsured emergency department visits | 14.7% | 14.0% | 15.9% |
| Quality Preventive Care | Reduce the overall cancer death rate | 147.4 | 121.7 | 156.5 |
| | Reduce diabetes-related emergency department visits | 186.3 | 95 | 169 |
| | Reduce hypertension-related emergency department visits | 234 | 141 | 261.7 |
| | Reduce drug-induced deaths | 12.6 | 6.1 | 6.0 |
| | Reduce the number of emergency department visits related to behavioral health conditions | 3152.6 | 1791.7 | 1539.3 |
| | Reduce the proportion of hospitalizations related to Alzheimer's disease and other dementias | 199.4 | 142.7 | 204.8 |
| | Increase vaccination coverage for recommended vaccines among young children | 72% | 76.8%* | 76.8%* |
| | Increase the percentage of people vaccinated annually against seasonal influenza | 49.1% | 50.7% | 32.9% |
| | Reduce hospital emergency department visits from asthma | 62.5 | 36.3 | 52.8 |
| | Reduce deaths from heart disease | 166.3 | 110.7 | 172.5 |
| | Decrease emergency department visit rate for addictions-related conditions | 1400.9 | 618.9 | 855.6 |
| | Decrease emergency department visit rate for dental care | 792.8 | 239.2 | 390.1 |

Source: Maryland State Health Improvement Plan, 2017

## 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. 10 / 13 / 16 (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/FY17CHNA_HolyCrossHospital.pdf

2. Has your hospital adopted an implementation strategy that conforms to the IRS requirements detailed on pages 3-4?

   ✓ Yes Enter date approved by governing body/authorized body thereof here: 10 / 12 / 17 (mm/dd/yy)

   ____ No If you answered yes to this question, provide the link to the document here: http://www.holycrosshealth.org/documents/community_involvement/HCH_2018-2020_ImplementationStrategy.pdf

## III. COMMUNITY BENEFIT ADMINISTRATION

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

   a. Are Community Benefits planning and investments part of your hospital's internal strategic plan?

      ✓ Yes
      ____ No

      If yes, please provide a specific description of how CB planning fits into the hospital's strategic plan. If this is a publicly available document, please provide a link here and indicate which sections apply 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 within 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; Vice President, Reimbursement and Accounting, 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)

Describe the role of Senior Leadership.

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 (Chief Quality Officer, Holy Cross Health)
2. ✓ Nurse (Chief Nursing Officer, Holy Cross Hospital)
3. __ Social Worker
4. __ Other (please specify)

Describe the role of Clinical Leadership
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.

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. ✓ 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. 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.

e. Are Community Benefit investments incorporated into the major strategies of your Hospital Strategic Transformation Plan?

✓ Yes __ No

If yes, please list these strategies and indicate how the Community Benefit investments will be utilized in support of the strategy.

Holy Cross Health's Strategic Transformation Plan supports the intentions of the Affordable Care Act and aligns closely with Maryland State Health goals, including actions surrounding care integration, chronic disease support, primary care support, care management for highly complex needy patients, integration of community resources and social determinants of health, and clinical consolidation and modernization to improve quality and efficiency. The plan flows from Holy Cross Health's strategic plan (mentioned in III.1.a above) and pays special attention to at-risk populations, specifically seniors and the undocumented. The transformation plan consists of five strategic elements, three of the five elements have community benefit investments incorporated into each one. The community benefit investments included in the Holy Cross Health Strategic Transformation Plan are as follows:

**Strategic Element 1: Primary Care Support**

Health Centers:

Holy Cross Health Centers in Aspen Hill, Germantown, Gaithersburg, and Silver Spring serve uninsured and Medicaid patients. They provide primary care services for adults and children, some specialty consults, and behavioral health services outside of the rate-regulated environment. Together, these health centers treated nearly 9,000 patients in FY 2015. Of the patients currently seen in our Health Centers, 84% are uninsured, 83% reside in Montgomery County, 65% are female and 55% are Latino, and over 50% are between the ages of 30-50. This population averages 3.6 visits per patient per year. These are visits that, in the absence of the health centers, would likely occur in a hospital emergency department.

Ob/Gyn Care:

Our Ob/Gyn clinics located at Holy Cross Hospital and Holy Cross Germantown Hospital provide primary maternity and gynecological care to over a thousand women every year. They produce extremely low rates of low birthweight babies and related NICU care.

**Strategic Element 3: Care Transition Programs**

Care Transition programs begin in the inpatient setting. They involve linking the patient with the best program for their needs. We believe the care transition programs will result in lower rates of initial hospitalization and readmissions. Both are goals of the Maryland all-payer program. This is a continual and evolving process, both in the inpatient setting and in our focused transitional setting.

Post-discharge calls:

All medical-surgical patients who are discharged to home receive a series of three phone calls to ensure they understand their discharge instructions, have their medications, have received any ordered equipment or home health services, and have planned for or received follow up physician care. Any concerns identified during these calls are escalated to a nurse who can intervene to provide information or resolve a problem. Given the barriers that uninsured patients face we have dedicated staff specifically to providing follow up calls both to uninsured inpatients and emergency patients and to connect emergency patients to primary care at one of our four health centers if they do not already have a medical home.

With these calls we can be more involved in ensuring that whatever barriers may exist to accessing necessary medications, services or follow up care can be addressed. This can include making appointments and providing transportation vouchers.

**Strategic Element 4: Provider Supported Self-Care**

This strategic initiative recognizes the critical role that individuals play in managing their own health and utilization. Rather than doing things to people or for people, we work with people in the hospital and in the community to improve capacity to effectively manage their own health. There are four significant components to this work: community outreach, community health programming, the Medical Adult Day Center and Caregiver Resource Center, and support for advance care planning.

Community Outreach

Holy Cross Health has community health workers who work in underserved communities to provide health information and referrals to our health centers as well as service such as employment support, notice of food banks or other services that can help individuals address social determinants of health. One full-time community health worker is focused particularly on the Georgia Avenue corridor between Silver Spring and Aspen Hill where we had identified a high number of repeat emergency visits in ZIP codes with a high score on the Community Need Index. In addition to providing health information and referrals, our community health workers have supported insurance enrollment, providing information or referral to more than 10,000 people last year to help eligible individuals secure more reliable access to care through insurance coverage. Going forward, we hope to also support education for newly insured residents on how to utilize their newfound insurance. We have previously worked with the Primary Care Coalition to jointly secure funding and will continue to look for other opportunities.

Community Health Programs

Holy Cross Health's community health programming engages individuals in managing their own health. For example, each week 1,200 individuals participate in Senior Fit exercise classes offered free of charge by Holy Cross Health at 23 sites around the region. In annual assessments, we see a high percentage of participants improving strength, flexibility as well as their sense of well-being. Other valuable self-care programs include Living Well: Chronic Disease Self-Management Program, Diabetes Prevention and Diabetes Self-Management, Pulmonary Maintenance, Falls Prevention, Memory Academy, Better Bones, Heart Failure Management, Kids Fit and Kids Shape. We also offer multiple other exercise and intellectual engagement programs offered at Senior Source, our center for active aging and at multiple community locations. Many of our evidence-based self-management programs adhere to strict curriculum requirements that can be difficult for participants. We intend to develop alternatives that may be more flexible and offer more opportunity for virtual participation in education, chat rooms and support groups. We will also be working to increase referrals to the program from our hospitals, health centers, and transitional care programs to complement the clinical services we provide.

Medical Adult Day Center / Caregiver Resources

Holy Cross Health's Medical Adult Day Center provides a safe, medically supervised, engaging setting for vulnerable adults, particularly those with dementia. It can be a valuable resource for families to help seniors remain in the community rather than becoming institutionalized. The Caregiver Resource Center, which is affiliated with the Medical Adult Day Center, provides information, referrals and numerous support groups to help people manage the responsibilities and challenges of caregiving. In 2014, the center’s work in helping participants preserve function and cope with symptoms of dementia made it the first such center in all of Maryland to earn recognition for excellence in care by the Alzheimer’s Foundation of America. We would like to continue to expand and support this center and evaluate the potential value in opening more, or collaborating with senior living communities to provide similar services for county residents not yet ready for or able to afford a senior living community.

Advanced Care Planning

In the coming year Holy Cross intends to expand its outreach to promote awareness and support community engagement regarding end of life care planning. Our goal is to provide culturally competent tools to support individuals' conversations with their families to identify their care priorities and their preferences. By working through our faith community nursing relationships, engaging residents of senior living communities, and through broad community promotion we hope to normalize such conversations and promote them as an empowering path toward self-care.

## 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

✓ Post-acute care facilities

b. Use the table below to list the meaningful, core partners with whom the hospital organization collaborated to conduct a CHNA. Provide a brief description of collaborative activities indicating the roles and responsibilities of each partner and indicating the approximate time period during which collaborative activities occurred (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 |
| Executive Director | Ms. Jackie DeCarlo | Manna Food Center | Co-Chair |
| Montgomery County Department of Health and Human Services | Ms. Uma Ahluwalia | Director | Member |
| AmeriGroup | Ms. Marcia Alphonso | Network Consultant | Member |
| Montgomery County Public Schools | Dr. Jonathan Brice | Associate Superintendent | 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 Benefits | Member |
| Montgomery County Collaboration Council for Children, Youth, and Families | Dr. Carol Garvey | Member | Member |
| Primary Care Coalition of Montgomery County | Ms. Leslie Graham | President & Chief Executive Officer | Member |
| Public Health Foundation | Dr. Michelle Hawkins | Member, Commission on Health | Member |
| Montgomery County Department of Planning | Ms. Amy Lindsey | Senior Planner | Member |
| Adventist HealthCare | Dr. Marilyn Dabady Lynk | Executive Director | Member |
| MedStar Montgomery Medical Center | Ms. Dairy Marroquin | Community Outreach Coordinator | Member |
| Holy Cross Health | Ms. Kimberley McBride | Community Benefit Officer | Member |
| EveryMind | Ms. Kathy McCallum | Member | Member |
| Ronald D. Paul Companies | | Controller | |
| African American Health Program | Ms. Beatrice Miller | Member | Member |
| Carefirst Blue Cross Blue Shield | | Sr. Regional Care Coordinator | |
| Montgomery Parks | Ms. Rachel Newhouse | Park Planner Coordinator | Member |
| Asian American Health Initiative | Dr. Nguyen Nguyen | Member | Member |
| Montgomery County Department of Transportation (MCDOT) | Mr. Samuel Oji | Senior Planning Specialist | 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 | Dr. Michael Stoto | Professor | Member |
| Montgomery County Department of Health and Human Services | Dr. Ulder J. Tillman | Officer and Chief, Public Health Services | Member |
| Department of Housing and Community Affairs (DHCA) | Ms. Myriam Torrico | Community Program Manager | Member |

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

___ yes ✓ no

If the response to the question above is yes, please list the counties for which a member of the hospital organization co-chairs the LHIC.

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

✓ yes ___no

If the response to the question above is yes, please list the counties in which a member of the hospital organization attends meetings or is a member of the LHIC.

Montgomery County

## V. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

Please use Table III to provide a clear and concise description of the primary need identified for inclusion in this report, 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.

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

a. 1. Identified need: This may have been identified through a CHNA, a documented request from a public health agency or community group, or other generally accepted practice for developing community benefit programs. Include any measurable disparities and poor health status of racial and ethnic minority groups. Include a description of the collaborative process used to identify common priority areas and alignment with other public and private organizations.

   2. Please indicate how the community's need for the initiative was identified.

b. Name of Hospital Initiative: insert name of hospital initiative. These initiatives should be evidence informed or evidence based. (Evidence based community health improvement initiatives may be found on the CDC's website using the following links: http://www.thecommunityguide.org/ or http://www.cdc.gov/chinav/), or from the County Health Rankings and Roadmaps website, here: http://tinyurl.com/mmea7nw.
   (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 or other negative health factor 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,

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. For collaborating organizations, please provide the name and title of at least one individual representing the organization for purposes of the collaboration.

h. Impact of Hospital Initiative: Initiatives should have measurable health outcomes and link to overall population health priorities such as SHIP measures and the all-payer model monitoring measures.

   Describe here the measure(s)/health indicator(s) that the hospital will use to evaluate the initiative's impact. The hospital shall evaluate the initiative's impact by reporting (in item "i. Evaluation of Outcome"):

   (i) Statistical evidence of measurable improvement in health status of the target population. If the hospital is unable to provide statistical evidence of measurable improvement in health status of the target population, then it may substitute:

(ii) Statistical evidence of measureable improvement in the health status of individuals served by the initiative. If the hospital is unable to provide statistical evidence of measureable improvement in the health status of individuals served by the initiative, then it may substitute:

(iii) The number of people served by the initiative.

Please include short-term, mid-term, and long-term population health targets for each measure/health indicator. These should be monitored and tracked by the hospital organization, preferably in collaboration with appropriate community partners.

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? To what extent do the measurable results indicate that the objectives of the initiative were met? (Please refer to the short-term, mid-term, and long-term population health targets listed by the hospital in response to item h, above, and provide baseline data when available.)

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? If not, why? 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, and grants associated with the fiscal year being reported.
B. Of the total costs associated with the initiative, what amount, if any, was provided through a restricted grant or donation?

| | | |
|---|---|---|
| a. 1. Identified Need<br><br>2. Please indicate how the community's need for the initiative was identified. | 1. Maternal and Infant Health (Priority #1) – viewed through the lens of access to care, unhealthy behaviors, and health inequities.<br>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.<br><br>In 2014, only 68.3% of Montgomery County mothers and 56.4% of Prince George's County mothers 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.<br><br>2. This need was a documented request from the Montgomery County DHHS and it was identified through the CHNA process and is in alignment with the priorities of Healthy Montgomery. | |
| 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 1,082 maternity partnership admissions during FY17. | |
| 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 (Uma Ahluwalia, Director at Montgomery County Department of Health and Human Services) | |
| h. Impact/Outcome of Hospital Initiative? | In FY17, there were 646 new OB patients enrolled in the Maternity Partnership program at Holy Cross Hospital, 53% entered care during their first trimester. During FY17 there were 671 deliveries and 19 (2.8%) were considered to be of low birth weight (under 2,500 grams). The low-birthweight percentage of the program participants was significantly lower than that of both Montgomery and Prince George's County, suggesting that the program had an impact on decreasing low-birthweight of participants. Evaluation measures include # of admissions to MP, % MP patients receiving early prenatal care, % low birth weight deliveries, and reduction in infant mortality. | |
| 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). The infant mortality rate of both Montgomery and Prince George' s County is on the decline. | |
| j. Continuation of Initiative | Yes, there is still an identified gap in prenatal care services available to uninsured women, the hospital is addressing this gap by working with Montgomery County to identify pregnant, uninsured women and get them into prenatal care. | |
| k. Total Cost of Initiative for Current Fiscal Year and What amount is Restricted Grants/Direct offsetting revenue | A. Total Cost of Initiative<br>$555,714 | B. Direct offsetting revenue/ Restricted Grants<br>$290,700 |

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| a. 1. Identified Need<br><br>2. Please indicate how the community's need for the initiative was identified. | 1. Seniors - (Priority #2) – viewed through the lens of unhealthy behaviors.<br>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)<br>Deaths from accidents are the 4th leading cause of death in Montgomery County and the 5th leading cause of death in Prince George's County for seniors (Maryland Vital Statistics, 2017). 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<br>2. This need was identified through the CHNA process and is in alignment with the priorities of Healthy Montgomery. | |
| 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 FY17, falls prevention programs enrolled 466 community members and had 794 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 Villages at Rockville | |
| h. Impact/Outcome of Hospital Initiative? | During FY17, 306 older adults completed a falls risk assessment and screenings 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; participants saw a 4% improvement in gait and balance and 74 older adults completed fall prevention interventions including exercise and behavior modification (managing fear of falling as a risk factor). Evaluation measures include # of encounters, falls assessments, and gait and balance scores | |
| i. Evaluation of Outcomes | According to the Maryland State Health Improvement Process data from the last reporting period, falls related deaths for Montgomery County decreased 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, and we are looking at possibilities for expansion | |
| k. Total Cost of Initiative for Current Fiscal Year and What amount is Restricted Grants/Direct offsetting revenue | A. Total Cost of Initiative<br>$21,463 | B. Direct offsetting revenue from Restricted Grants<br>$0 |

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| a. 1. Identified Need<br><br>2. Please indicate how the community's need for the initiative was identified. | 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.<br><br>2. This need was identified through the CHNA process and is in alignment with the priorities of Healthy Montgomery. |
| b. Hospital Initiative | Senior Fit |
| c. Total Number of People Within the Target Population | Approximately 151,596 (14.5%) of Montgomery County residents and 111,784 (12.3%) of Prince George's County residents are aged 65 or over (U.S. Census Bureau, Population Division, 2017). |
| d. Total Number of People Reached by the Initiative Within the Target Population | Senior Fit is the largest chronic disease management program offered by Holy Cross Health with more than 3,000 enrolled participants and 72 classes offered each week at 25 facilities. It is minority majority program that serves a diverse population and makes physical activity accessible to people age 55+ on an ongoing basis and free of charge. Senior Fit classes are well-attended with a total 132,753 encounters in FY17. The average weekly unduplicated attendance was 1,342 participants. |
| 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.<br><br>In FY17, 900 participants completed the qualitative evaluation, 82% reported an improvement in blood pressure, 81% reported weight loss, 74% reported an improvement in cholesterol level, and 67% reported an improvement in glucose level (HbA1c). The top four chronic diseases among participants were hypertension (43%), arthritis (37%), osteoporosis (23%), diabetes (15%); 1.3% of participants reported having had an emergency room visit in the past 12 months and 9.7% had a hospital admission with an average length of stay of 2.4 nights. Evaluation measures include # of classes, # of encounters, self-reported health improvement, and evidence-based fitness test measures. |

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| 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, senior fit is a robust, well attended exercise program for Montgomery and Prince George's County seniors. We will continue to offer the program and continue to look for funding for expansion. | |
| k. Total Cost of Initiative for Current Fiscal Year and What amount is Restricted Grants/Direct offsetting revenue | A. Total Cost of Initiative $162,400 | B. Direct offsetting revenue from Restricted Grants $0 |

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| a. 1. Identified Need<br><br>2. Please indicate how the community's need for the initiative was identified. | 1. Obesity - (Priority #4) – viewed through the lens of unhealthy behaviors and health inequities.<br>During the past twenty years, obesity rates have increased in the United States; doubling for adults and tripling for children. More than 52.9% of Montgomery County residents and more than 65.6% of Prince George's County residents are overweight or obese (BRFSS, 2015). 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.<br><br>2. This need was identified through the CHNA process and is in alignment with the priorities of Healthy Montgomery. | |
| b. Hospital Initiative | Kids Fit | |
| c. Total Number of People Within the Target Population | Approximately 7.5% of Montgomery County adolescents and 15.1% of Prince George's County adolescents are obese (2014 YRBS, 2017). Obesity rates are higher among low-income residents, in Montgomery County 20.1% of low-income preschoolers are obese and 17.1% of low-income preschoolers in Prince George's County (Food Environment Atlas, U.S. Department of Agriculture, 2015). | |
| d. Total Number of People Reached by the Initiative Within the Target Population | In FY17 a total of 336 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 5,727 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 FY17, a total of 164 children took the President's Challenge test. An analysis that was conducted in 2015 showed 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. | |
| i. Evaluation of Outcomes | Overall obesity rates reported on the 2014 YRBS survey for Montgomery and Prince George's Counties have increased slightly when compared to the previous year. In Montgomery County 7.5% of adolescents are obese compared to 7.1% in 2013. In Prince George's County 15.1% of adolescents are obese compared to 13.7% in 2013 (Maryland Youth Risk Behavior Survey, 2014). Evaluation measures include # classes, # encounters, average # participants, and President's Challenge fitness test results. | |
| 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<br>$8,330 | B. Direct offsetting revenue from Restricted Grants<br>$0 |

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| a. 1. Identified Need<br><br>2. Please indicate how the community's need for the initiative was identified. | 1. Diabetes - (Priority #5) – viewed through the lens of unhealthy behaviors.<br>In 2015, 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, 2017). Diabetes can lower life expectancy by up to 15 years and increases the risk of heart disease by 2 to 4 times.<br><br>2. This need was identified through the CHNA process and is in alignment with the priorities of Healthy Montgomery. | |
| 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 FY17, the Diabetes Prevention Program enrolled 98 community members and had 1,346 encounters. | |
| e. Primary Objective of the Initiative | To prevent diabetes among people at high-risk for diabetes or who have prediabetes by helping them to increase their physical activity, improve their eating habits, and reduce their weight. | |
| f. Single or Multi-Year Initiative – Time Period | Multi-Year | |
| g. Key Collaborators in Delivery of the Initiative | | |
| h. Impact/Outcome of Hospital Initiative? | In FY1, 5.1% of participants lost 5% or more of their body weight at twelve months, 81% documented physical activity minutes, and 94.6% attended four or more sessions. | |
| 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). Evaluation measures include average % weight loss, reported in physical activity, DPP full recognition status | |
| 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<br>$29,365 | B. Direct offsetting revenue from Restricted Grants<br>$0 |

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| a. 1. Identified Need<br><br>2. Please indicate how the community's need for the initiative was identified. | 1. Behavioral Health - (Priority #6) – viewed through the lens of unhealthy behaviors and health inequities.<br>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).<br><br>2. This need was identified through the CHNA process and is in alignment with the priorities of Healthy Montgomery. | |
| b. Hospital Initiative | Behavioral Health Services at Holy Cross Health Centers | |
| c. Total Number of People Within the Target Population | It is estimated that more than 60,000 county residents are uninsured with more than 44,000 of the uninsured are ineligible due to immigration status, according to the Migration Policy Institute (Primary Care Coalition, 2017). There are approximately 140,000 Medicaid recipients in Montgomery County. | |
| d. Total Number of People Reached by the Initiative Within the Target Population | In FY17, the four Holy Cross Health Centers located in Aspen Hill, Gaithersburg, Germantown and Silver Spring saw 10,897 unduplicated patients. | |
| e. Primary Objective of the Initiative | To integrate behavioral health services with primary care. | |
| f. Single or Multi-Year Initiative – Time Period | Multi-Year | |
| g. Key Collaborators in Delivery of the Initiative | MCDHHS (Uma Ahluwalia, Director Montgomery County DHHS), Primary Care Coalition (Leslie Graham, President and CEO) | |
| h. Impact/Outcome of Hospital Initiative? | In FY17, 742 patients used behavioral health services for counseling and medication management for mild depression, anxiety, coping and panic disorders. Evaluation measures include # of patients receiving behavioral health services | |
| 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, the need to provide services to uninsured residents remains high due to the large number of persons are ineligible due to immigration status | |
| k. Total Cost of Initiative for Current Fiscal Year and What amount is Restricted Grants/Direct offsetting revenue | C. Total Cost of Initiative<br>Included in charity care costs provided by the clinic. | D. Direct offsetting revenue from Restricted Grants<br>$0 |

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|---|---|---|
| a. 1. Identified Need<br><br>2. Please indicate how the community's need for the initiative was identified. | 1. Cancer - (Priority #7) – viewed through the lens of unhealthy behaviors, lack of access and health inequities.<br>2. This need was identified through the CHNA process and is in alignment with the priorities of Healthy Montgomery. | |
| b. Hospital Initiative | Patient Assistance Toward Healing/Mammogram Assistance Program Services (MAPS)—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 | In FY17, MAPS had 16,000 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? | Approximately 16,000 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), 776 community members received free mammograms (486 screening, 290 diagnostic), 136 received breast ultrasounds, 38 received surgical referrals and 4 cancers were found. MAPS provided case management and navigation services for abnormal diagnostic cases for 108 participants (407 encounters) with a 100% success rate in linking low-income participants with positive clinical findings to the State of Maryland Breast and Cervical Cancer Diagnosis and Treatment Program for treatment at no cost. Evaluation measures include # of mammograms, # navigated to care and cycle time, # educated, # of breast cancers found; # enrolled in MD BCCP. | |
| 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, we will continue to offer the program and continue to look for funding opportunities to expand | |
| k. Total Cost of Initiative for Current Fiscal Year and What amount is Restricted Grants/Direct offsetting revenue | A. Total Cost of Initiative<br>$121,000 | B. Direct offsetting revenue from Restricted Grants<br>$90,943 |

2. Were there any primary community health needs identified through the CHNA that were not addressed by the hospital? If so, why not? (Examples: the fact that another nearby hospital is focusing on that identified community need, or that the hospital does not have adequate resources to address it.) This information may be copied directly from the section of 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
- NexusMontgomery – 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 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.

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.

3. Table IV – Physician Subsidies

| **Category of Subsidy** | **Explanation of Need for Service** |
|---|---|
| Hospital-Based Physicians | To provide 24/7/365 care of patients requiring emergency services, anesthesia, medical imaging, obstetrics, and neonatology, including those without the ability to pay. |
| Non-Resident House Staff and Hospitalists | To provide 24/7/365 care to medical patients at the hospital, including those without the ability to pay. |
| Coverage of Emergency Department Call | To provide 24/7/365 care of patients with emergency needs at the hospital, including those without the ability to pay. |
| Physician Provision of Financial Assistance | N/A |
| Physician Recruitment to Meet Community Need | To provide the services of physician in specialties where there is a shortage of that service in our community. |
| Other – (provide detail of any subsidy not listed above – add more rows if needed) | |

## VI. APPENDICES

***To Be Attached as Appendices***:

1. Describe your Financial Assistance Policy (FAP):

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

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

      - Prepares its FAP, or a summary thereof (i.e., according to National CLAS Standards):
        - in a culturally sensitive manner,
        - at a reading comprehension level appropriate to the CBSA's population, and
        - in non-English languages that are prevalent in the CBSA.
      - Posts its FAP, or a summary thereof, and financial assistance contact information in admissions areas, emergency rooms, and other areas of facilities in which eligible patients are likely to present;
      - Provides a copy of the FAP, or a summary thereof, and financial assistance contact information to patients or their families as part of the intake process;
      - Provides a copy of the FAP, or summary thereof, and financial assistance contact information to patients with discharge materials;

- Includes the FAP, or a summary thereof, along with financial assistance contact information, in patient bills;
- 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 English, Spanish, French and Mandarin, 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 FY17, Holy Cross Hospital provided $24.9 million in financial assistance. Holy Cross Health actively supports the expansion of insurance eligibility through the Affordable Care Act and coordinated numerous outreach efforts to ensure patients and community members were informed about enrollment options and deadlines for qualified health plans (QHP) and Medicaid through the Affordable Care Act. Outreach primarily targeted three populations: 1) patients seeking acute or primary care services at a Holy Cross Health location; 2) community members reached through one-on-one contacts with our CHWs and faith community nurse partners; and 3) families of schoolchildren in six high-need zip codes. This year, Holy Cross's coordinated efforts touched 5,751 uninsured and Medicaid recipients during Open Enrollment.

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 FY17, the health centers had 38,806 visits, providing affordably priced primary health care services to 10,897 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: Patient Financial Assistance

| | |
|---|---|
| **Owner/Dept: Anne Gillis, RHM Chief Financial Officer/ Holy Cross Health Ss** | **Date approved: 11/11/2016** |
| **Approved by: Anne Gillis (RHM Chief Financial Officer), Annice Cody (President Holy Cross Health Network), Doug Ryder (RHM President), Judith Rogers (President of Holy Cross Hospital)** | **Next Review Date:** 11/11/2018 |
| **Affected Departments: Finance, Legal Services, Ofc of Chief Operating Officer, Patient Accounting** | |

**Purpose** It is part of the Holy Cross Health mission to make medically necessary care available to those in our community who are in need regardless of their ability to pay. Since all care has associated cost, any "free" or "discounted" service provided through this program results in that cost being passed on to other patients and their payers. Holy Cross 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

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**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.

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**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).

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**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.

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**Services Not Covered**

Services not covered by this financial assistance policy are:

- Private physician services (except for the contracted providers described above) or charges from facilities in which Holy Cross Health has less than full ownership.
- Cosmetic, convenience, and/or other medical services, which are not medically necessary. Medical necessity will be determined by Holy Cross Health consistent with 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.

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**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, 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.

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**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 |
| **References** | • Trinity Health. "Financial Assistance Policy", Trinity Health system policy URO-02-12-06 , February 12, 2016.<br>• 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**<br>1301 Piccard Dr., 2nd Fl.<br>Rockville, MD 20852<br><br>**Service Eligibility Unit**<br>1335 Piccard Dr., 1st Fl.<br>Rockville, MD 20852 | Phone: 240-777-4600<br>Fax: 240-777-4100<br><br>Phone: 240-777-3120<br>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**<br>8818 Georgia Ave., 1st Fl.<br>Silver Spring, MD 20910<br><br>**Service Eligibility Unit**<br>8630 Fenton Street, 10th Fl.<br>Silver Spring, MD 20910 | Phone: 240-777-3100<br>Fax: 240-777-3070<br><br>Phone: 240-777-3066<br>Fax: 240-777-1307 | 20866, 20868, 20901, 20903, 20904, 20905, 20907, 20910, 20911, 20912, 20914, 20915, 20916, 20918 |
| Germantow | **Local Office**<br>12900 Middlebrook Rd., 2nd Fl.<br>Germantown, MD 20874<br><br>**Service Eligibility Unit**<br>12900 Middlebrook Rd., 2nd Fl.<br>Germantown, MD 20874 | Phone: 240-777-3420<br>Fax: 240-777-3477<br><br>Phone: 240-777-3591<br>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**<br>6505 Belcrest Rd.<br>Hyattsville, MD 20782 | Phone: 301-209-5000<br>Healthline<br>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

# ***Moving Life Ahead*** *for Our Community* | **2017** Community Report

HOLY CROSS HEALTH

# Moving Life Ahead for Our Community

## MISSION AND VALUES

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. In so doing, we act on our core values of reverence, commitment to those who are poor, justice, stewardship and integrity.

## In this report



We know that running a mile can **tilt a child's sights higher,** that preventing illness can **transform a person's productivity,** that meeting the challenges of a chronic condition can **turn despair into confidence.**

**Better health makes a better life possible.** That's why Holy Cross Health closely studies the health needs of our community, and responds with innovative thinking and compassion, delivering solutions that **move life ahead** for hundreds of thousands of people one unique person at a time.



# Holy Cross Health President and CEO

January 2018

Throughout Holy Cross Health, the promise we make to everyone we meet is that we'll help you address your individual needs and goals to achieve a better quality of life. As a Catholic, not-for-profit, integrated health system, Holy Cross Health actively embraces all of our community's residents—including our most vulnerable community members—and explores their health and wellness needs, and offers both innovation and compassion to help all.

I am proud to share with you that in fiscal 2017, Holy Cross Health provided $58.7 million in community benefit, including $34 million in direct financial assistance for uninsured and medically underserved members of our community.

In this report, you will read stories about how Holy Cross Health is meeting the needs of the people we serve, including three community members whose lives have been changed by the programs and services we provide. Many of these life-altering programs and services are available through trusted partnerships, which make it possible to do far more than any one organization could do alone.

You'll also find in this report details of our year's community benefit activity, major accomplishments and recognitions, and acknowledgement of the important role of our generous donors, who give the gift of health through their support.

Holy Cross Health provides high-quality, accessible care to everyone. We always have, and we always will. This was the vision of the Sisters of the Holy Cross when they opened Holy Cross Hospital 55 years ago, and it continues to this day.

Thank you for the trust you place in Holy Cross Health. Our commitment to moving our community members' lives ahead remains steadfast.

Yours in good health,

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

# 2017 at a Glance

## KEEPING PROGRESS GOING

For the people in our community to be their healthiest, Holy Cross Health needs to be healthy as well. Today, Holy Cross Health is stronger than ever.

In 2017, guided by our faith-based mission and commitment to serve, we provided quality care at our two acclaimed hospitals, four health centers, two primary care sites, and through specialized care sites and services, while offering education, wellness and fitness programs throughout our community.

***Holy Cross Health's three strategic principles are:***

*Manage quality, cost and revenue effectively*

**$545 MILLION*** REVENUE

**$58.7 MILLION*** IN COMMUNITY BENEFIT

**$58,691,402** *TOTAL COMMUNITY BENEFIT*

- **CHARITY CARE** $34,216,640
- **MISSION-DRIVEN HEALTH CARE SERVICES** $12,843,464
- **COMMUNITY HEALTH SERVICES** $4,159,448
- **HEALTH PROFESSIONS EDUCATION** $3,997,582
- **MEDICAID ASSESSMENTS** $2,011,262
- **COMMUNITY BENEFIT OPERATIONS** $1,112,754
- **RESEARCH** $304,273
- **COMMUNITY BUILDING ACTIVITIES** $42,609
- **FINANCIAL CONTRIBUTIONS** $3,370

*Attract more people, serve everyone*

**556*** LICENSED HOSPITAL BEDS
**502** LICENSED HOSPITAL BEDS
**54** NEONATAL BASSINETS

**4,200*** EMPLOYEES

**1,575*** PHYSICIANS

**400** VOLUNTEERS

**332,107** TOTAL COMMUNITY BENEFIT ENCOUNTERS

**332,107** *TOTAL COMMUNITY BENEFIT ENCOUNTERS*

- **COMMUNITY HEALTH SERVICES** 224,984
- **MISSION-DRIVEN HEALTH CARE SERVICES** 95,385
- **HEALTH PROFESSIONS EDUCATION** 10,448
- **OTHER** 1,250

*Improve individual and community health through innovation, alignment and partnership*

**246,220*** TOTAL PATIENTS (EXCLUDES HEALTHY NEWBORNS)

**209,233*** OUTPATIENT VISITS

**106,019*** EMERGENCY CENTER VISITS

**36,987*** INPATIENT DISCHARGES (EXCLUDES HEALTHY NEWBORNS)

**10,415*** BIRTHS

**46,314*** HEALTH CENTER AND PHYSICIAN PRACTICE VISITS

*Fiscal 2017 statistics

# Starting Fitness Young

## LESSONS IN HEALTHY LIVING

At Kid's Fit, the Reyes brothers discovered they can run—a whole mile, little Mario included.

Kid's Fit is where the Reyes boys learned they really can do push-ups. The oldest, Daniel, is up to 253, Matthew is up to 100, and even the youngest, Mario, can do 17. Kid's Fit is a free, twice-weekly, after-school program, developed by Holy Cross Health in 2006 to combat childhood obesity, identified in studies as one of the region's most serious health problems.

Between **exercises** and practicing their favorite sport, soccer, the boys get Kid's Fit **tips on healthy eating,** which they share with their mom, Keni Melgar. Keni explains, "Daniel stopped drinking chocolate milk because he'd learned it contained a lot of sugar, and he stopped asking for junk food at the grocery store." Daniel agrees, "I especially ask my mom to buy apples."

The program teaches kids early in life how to make healthy choices and maintain an active, healthy lifestyle. Targeting kids who face financial and other barriers to good health, Kid's Fit is offered by Holy Cross Health in partnership with the Housing Opportunities Commission (HOC) of Montgomery County at five HOC sites.

Kid's Fit trainer Keith Federman has seen the program move kids' lives ahead. As a result of the healthy behaviors they've learned, participating kids have gone on to play team sports, graduate from high school, and for some, attend college. Daniel already is **looking to the future.** Beyond playing on the middle school soccer team, he's planning to become a computer hardware engineer. He knows he can do it.



*"Teaching healthy behaviors at an earlier age reduces risk factors for the future."*

— **Kim McBride**, Vice President, Community Health, Holy Cross Health Network

### *Partnering to create healthy behaviors*

More than 60 percent of Montgomery County and 70 percent of Prince George's County residents, including children, are overweight or obese, with rates highest among African Americans and Latino Americans. Obese children and adults are at greater risk for cardiovascular, orthopedic and other health problems.

Holy Cross Health has joined forces with organizations that share our commitment to reduce our community's high rates of obesity. Together, we are…

- Working to reduce obesity, promote tobacco-free living, and address social factors affecting health in four Montgomery County communities through the **Transforming Communities Initiative.** *In partnership with the Institute for Public Health Innovation and Healthy Montgomery.*
- Through the Transforming Communities Initiative, we are helping **Local School Wellness Councils** in four Montgomery County Public Schools (MCPS) become more effective advocates for improved students' nutrition, food security and physical activity. *In partnership with Healthy Montgomery Eat Well Be Active School Work Group; MCPS; Montgomery County Department of Health and Human Services; and Maryland Department of Education, University of Maryland School of Medicine.*
- Providing dozens of **health and wellness classes, health screenings, fitness and wellness tools,** and special events—many free—close to where people live through Holy Cross Health Community Health programs. *In partnership with a diverse group of more than 100 community organizations.*
- Engaging Montgomery College employees in health education and fitness to **improve health and better manage chronic disease** through the Next Generation Wellness program. *In partnership with Montgomery College.*
- Stocking Holy Cross Health **vending machines with healthy snacks** and beverages low in sugar and high in nutrition.

***Keeping a family healthy.***

All three of the Reyes boys are actively involved in Kid's Fit, and their mother is a patient of the Holy Cross Health Center in Gaithersburg. Daniel and Matthew received prenatal care at Holy Cross Hospital's OB/GYN Clinic, and both boys were born there.

# Making Care Accessible

## BETTER HEALTH FOR ALL

For years, Maria Rodriguez had been overweight, depressed, and in pain, and feeling anything but good about herself. The Holy Cross Health Center in Silver Spring changed everything. As with all of the Holy Cross Health Centers, Maria's serves community members who are in financial need—whether, like Maria, they are enrolled in Maryland Physicians Care, a Maryland Medicaid health plan, or are uninsured.

From the start, Maria felt comfortable with her health center. It was close to where she lives, its staff spoke her language, and her care provider made her feel that "she had a real interest in helping me." So when nurse practitioner Jessica Mikuliak told Maria she was pre-diabetic and had to lose weight, Maria listened. And when Holy Cross Health's **Diabetes Prevention Program** recruiter Diana Echenique called to explain the program, Maria enrolled.

Over the course of the one-year program that was presented in Spanish and **conducted at Holy Cross Hospital,** Diana taught Maria portion control and how to replace higher-fat staples with low-fat alternatives, such as low-fat milk. Cardiovascular, resistance and weight exercises gradually became more strenuous over time.

By the time Maria completed the program, she'd adopted a new lifestyle. Maria has kept off the 40 pounds she lost during the program, is pain free, and requires almost no medication. "**I feel like a 15 year old.** I can move faster and I have more energy," she says, glowing. "I feel very well. I feel pretty."

Maria Rodriguez's health risks have dramatically lessened because of the care she received at the Holy Cross Health Center in Silver Spring and through our Diabetes Prevention Program.



*"For the many in our community who face financial, cultural or language barriers to quality care, we are here for you."*

— Marlene Printz, Vice President, Community Care Operations, Holy Cross Health Network

## *Partnering to care for the vulnerable*

One of the largest safety-net providers in Montgomery County, Holy Cross Health focuses its diverse community benefit activities on the most vulnerable and underserved.

To bring more services to more people in our community who are in need, Holy Cross Health partners with a wide array of committed organizations. Together, we are...

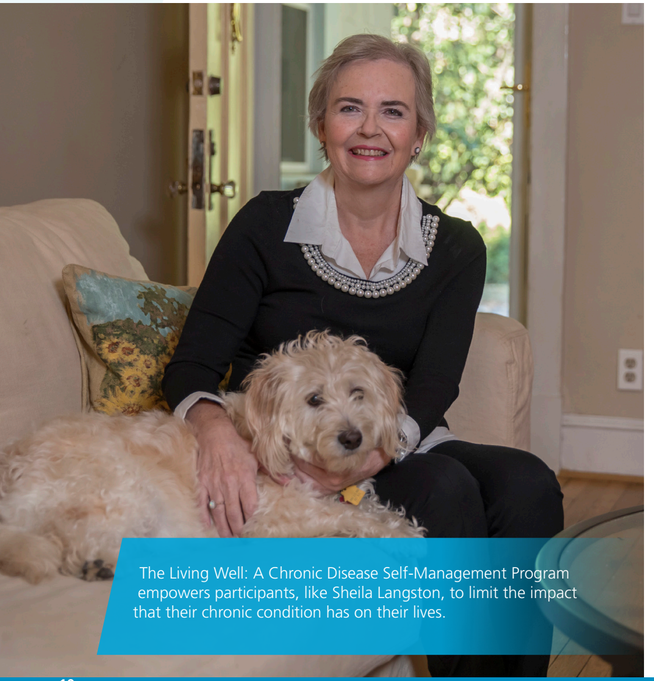
- Providing medical care for uninsured, low-income residents as members of the **Montgomery Cares** consortium of clinics, hospitals, health services and volunteer practitioners. *In partnership with Montgomery County and Primary Care Coalition.*
- Offering HealthChoice **coverage for qualifying Maryland Medicaid members** through Maryland Physicians Care, a Medicaid managed care organization, partly owned by Holy Cross Health.
- Supporting Nexus Montgomery's **specialty care referral program,** serving low-income, uninsured individuals who have been recently hospitalized. *In partnership with all of the hospitals in Montgomery County and Project Access.*
- Connecting **students** of nursing, pharmacy and social work with the health needs of complex patients at the Holy Cross Health Center in Gaithersburg. *In partnership with the* ***University of Maryland.***
- Providing direct financial support to community members in financial need and to the Holy Cross Health Centers and programs that serve them. *In partnership with the generous donors to the Holy Cross Health Foundation's* ***Kevin J. Sexton Fund to Increase Access and Improve Community Health,*** *named for Holy Cross Health's former president and chief executive officer.*

***A healthy dose of prevention.***

The four health centers of Holy Cross Health provide affordably priced health care, including timely primary care, screenings, chronic disease management, behavioral health and wellness services, all with the goal of providing high-quality care and preventing the need for emergency care later. The first center opened in 2004, and in 2017 the health centers served 10,897 patients and provided 38,806 patient visits.

# Keeping Seniors Healthy

## CHRONIC DISEASE MANAGEMENT



The Living Well: A Chronic Disease Self-Management Program empowers participants, like Sheila Langston, to limit the impact that their chronic condition has on their lives.

After wrestling with an autoimmune disease for decades, Sheila Langston suddenly faced a second chronic autoimmune condition that was even more debilitating—psoriatic arthritis. The painful condition, triggered by a serious auto accident and surgeries that followed, changed Sheila's life. "I had to retire from the career in neuropsychology that I loved so much. I felt so empty."

That's when Sheila learned that her church, the Lutheran Church of St. Andrews in Silver Spring, offers a six-week Living Well workshop focused on the self-management of chronic diseases. **Chronic diseases particularly affect the lives of seniors,** one of the area's fastest-growing population groups, limiting their activity and independence.

The **Living Well workshops**—offered by Holy Cross Health at Sheila's church, a member of Holy Cross Health's Faith Community Nurse Program network—help those struggling with a chronic disease, take control.

For Sheila, Living Well's six weeks of classes "were just a godsend. I realized that supporting my chronic illness wasn't just about seeing doctors. It was about my lifestyle, eating well, exercise and maintaining my strong mental health."

After completing her Living Well course, Sheila formed a support group, and went on to take a Holy Cross Health course that has trained her to become a peer leader of future Living Well workshops. "Everyone's life, everyone's challenges continue," she says, "but the quality of life improves."



*"When Holy Cross Health engages with seniors in multiple ways—exercise, chronic disease management, community workshops, nutrition—the whole becomes greater than the sum of the parts."*

— Annice Cody, President, Holy Cross Health Network

### *Partnering to care for seniors*

The senior population of both Montgomery County and Prince George's County is growing by more than 4 percent per year.

Because age increases the need for hospital care, Holy Cross Health partners with regional organizations to keep seniors as healthy and independent as possible. Together we are…

- Supporting workshops that meet the health and wellness needs of individual faith institutions' seniors, conducted by Holy Cross Health nurse leaders as part of the innovative **Faith Community Nurse Program.** *In partnership with more than 60 faith institutions across the region.*
- Offering **community health programs** for all, including Memory Academy and Falls Prevention for seniors, as well as dozens of other programs from diabetes education to Zumba Gold. *In partnership with the Housing Opportunities Commission.*
- Increasing seniors' strength, flexibility and endurance through the popular **Senior Fit** exercise program—free classes led by certified instructors and offered in more than 20 community-based centers. *In partnership with Kaiser Permanente, Maryland National Capital Parks and Planning Commission, Montgomery County Department of Recreation, and local churches.*
- Providing health and wellness classes, health screenings, and general education programs for adults age 55 and over as part of the award-winning **Senior Source.** *In partnership with the Housing Opportunities Commission of Montgomery County, the Maryland Department of Aging, and the Montgomery Department of Health and Human Services.*
- Setting a new standard of quality care and comfort with the nation's first **Seniors Emergency Center,** at Holy Cross Hospital.

***Multiple services, individualized solutions.***

A retired health and education professional herself, Sheila recognizes the value of Holy Cross Health's range of programming for seniors and others. "Holy Cross Health services are so diverse, they're able to build a team that's patient-centered for that individual."

# Earning Awards

## RECOGNITION AND ACHIEVEMENTS

**Holy Cross Health** is continually coming up with new ways to bring life-improving care and programs to individuals across our community. Local, regional and national organizations have taken notice, honoring us for our care or joining us in our mission. In 2017, we celebrated these achievements.

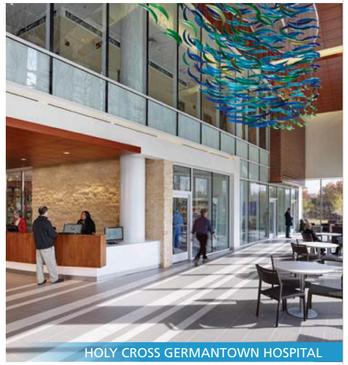
### Holy Cross Health

- Holy Cross Health is the only health care provider in Maryland to receive the **Workplace Excellence Seal of Approval Award** from the Alliance for Workplace Excellence 18 years in a row.
- Maryland Physicians Care (MPC), a Medicaid managed care organization of which Holy Cross Health is a part owner, awarded at our direction a **$250,000 grant** to the Primary Care Coalition (PCC) to purchase immunizations for uninsured Montgomery County residents enrolled in Montgomery Cares.

HOLY CROSS HOSPITAL

### Holy Cross Hospital

- In the 2017-2018 ***U.S. News & World Report*** **national rankings** of "America's Best Hospitals," Holy Cross Hospital tied for highest ranking hospital in Montgomery County; ranked eighth (tied) in the Washington, D.C., metro area; and ranked eleventh (tied) among all the hospitals in the state of Maryland.
- Holy Cross Hospital became the first hospital in the Mid-Atlantic region to conduct the implantation of a **deep brain stimulation system,** recently approved for patients with Parkinson's disease and essential tremor.



HOLY CROSS GERMANTOWN HOSPITAL

- Holy Cross Hospital achieved **Gold Plus recognition** in the American Heart Association's Get with the Guidelines® — Target Stroke Program for 2017.
- The Holy Cross Hospital Cancer Institute earned national **reaccreditation from the American College of Surgeons Commission on Cancer,** a quality-care evaluation program conducted every three years. The Commission on Cancer has consistently accredited the hospital since 2000.
- The first center in Montgomery or Prince George's County to be accredited in 2011, the Holy Cross Hospital Breast Center was granted its third **three-year reaccreditation by the National Accreditation Program for Breast Centers** (NAPBC), which is administered by the American College of Surgeons.
- The hospital received the **American College of Cardiology's Platinum Performance Achievement Award,** one of only seven hospitals in the state of Maryland to do so.
- The National Association of Epilepsy Centers (NAE) designated Holy Cross Hospital a **Level 3 Epilepsy Center,** providing the highest-level medical evaluation and treatment for patients with complex epilepsy.

### Holy Cross Germantown Hospital

- The hospital became the first community hospital in Montgomery County and the fifth community hospital in Maryland to offer the *da Vinci® Xi* Surgical System, the **latest in robotic surgery technology.**
- Holy Cross Germantown Hospital received the **2017 American Heart Association Stroke Silver Plus Quality Achievement Award,** recognizing the hospital's commitment to following research-based guidelines for stroke patient care.
- The **Blue Door Pharmacy,** a full-service retail pharmacy operating in partnership with Holy Cross Health and located adjacent to Holy Cross Germantown Hospital, introduced its signature **Med-to-Bed program,** which offers the convenience of discharge medications delivered to patients' bedsides before they leave the hospital.

### Holy Cross Health Network

- The **Next Generation Wellness Initiative** with Montgomery College was expanded to help the college improve health outcomes and mitigate rising health care costs of employees.
- The Trinity Health-funded **Healthy Montgomery Transforming Communities Initiative** is addressing policy, system and environmental change to reduce obesity and tobacco use and promote healthy living.
- The Holy Cross Health Network completed its triennial **Community Health Needs Assessment and Implementation Strategy** to help prioritize and address our community's health needs.
- The Network increased the number of **care management programs** offered through Community Health Programs.
- Holy Cross Health Partners at Asbury Methodist Village added cardiology and palliative care services to better meet our communities' needs.


### Holy Cross Health Board of Directors

As members of our board, these community members donate their time and talent to steward the organization and its resources.

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Lynne Diggs, MD | Secretary
Paul T. Kaplun, Esq | Treasurer
Norvell V. Coots, MD | President and CEO, Holy Cross Health

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# Holy Cross Health Locations

## IMPROVING LIVES...HERE

With a commitment to making the right level of care more accessible, Holy Cross Health provides a continuum of care that touches individuals in many ways.


HOLY CROSS GERMANTOWN HOSPITAL


HOLY CROSS HOSPITAL




## Leading Area Hospitals

1 **Holy Cross Hospital** is one of the largest and highest-ranked hospitals in Maryland.

2 **Holy Cross Germantown Hospital** opened in 2014, bringing expert, sophisticated health services to the fastest-growing region in Montgomery County.

## Holy Cross Health Network

The Holy Cross Health Network offers the public a wide range of health and wellness programs, and oversees Holy Cross Health's community health programs and outreach. It builds and manages relationships with physicians, insurers and other health care organizations to bring the best possible health care services to all, regardless of ability to pay. 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 60 area religious communities.

### Specialized Sites

- 11 Holy Cross Home Care and Hospice (Trinity Health at Home)
- 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 Partnership with Holy Cross Health

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

# Holy Cross Health Foundation

## MOVING LIFE AHEAD, TOGETHER

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 ***Holy Cross Health Foundation*** is a 501(c)(3) not-for-profit organization devoted to raising 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 is governed by the following committed leaders:

Edward H. Bersoff, PhD I Chair
Michael O. Scherr I Vice Chair
Thomas J. McElroy I Secretary/ Treasurer
Norvell V. Coots, MD I President and CEO, Holy Cross Health

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Sheela Modin, MD
Vandana Narang
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### *Giving Societies Members*

The Giving Societies program recognizes and honors the commitment and lifetime cumulative philanthropy of generous supporters who make the gift of compassionate, quality health care throughout 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 fiscal year July 1, 2016, through June 30, 2017.

### 1963 Benefactors Society

**($1,000,000+)**

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**($100,000-$999,999)**

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**($10,000-$99,999)**

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"Holy Cross Health invests in ways to improve the health of our community, which is the compelling reason for my long-term support—both as a volunteer and financially."
— Corrine Parver

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"I felt in my heart that, although I may not give a very huge amount, my little drops can make a difference in the ocean."

— Selvi Mani, RN

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## Sisters of the Holy Cross Society
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For a list of these Giving Society Members, please visit **HolyCrossHealth.org/Foundation**

Holy Cross Health, founded in 1963 by the Sisters of the Holy Cross, is a Catholic not-for-profit health system that serves nearly 250,000 patients each year through Holy Cross Hospital, Holy Cross Germantown Hospital, 10 primary and specialized care centers, and a wide range of community health programs. Our team of more than 4,200 employees, 1,575 community-based physicians and 400 volunteers is committed to providing innovative, high-quality and accessible services that meet our community's diverse health care needs and improve overall health. Holy Cross Health is a member of Trinity Health, one of the largest Catholic health care systems in the nation.

HOLY CROSS HEALTH

**HolyCrossHealth.org**


***Holy Cross Health***
1500 Forest Glen Road
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301-754-7000

***Holy Cross Health Foundation***
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Silver Spring, MD 20901
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