Q1.

Introduction:

COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

The Maryland Health Services Cost Review Commission's (HSCRC's or Commission's) 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 developed a two-part community benefit reporting system that includes an inventory spreadsheet that collects financial and quantitative information and a narrative report to strengthen and supplement the inventory spreadsheet. 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. This reporting tool serves as the narrative report. The instructions and process for completing the inventory spreadsheet remain the same as in prior years. 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.

The Commission moved to an online reporting format beginning with the FY 2018 reports. In this new template, responses are now mandatory unless marked as optional. If you submit a report without responding to each question, your report may be rejected. You would then be required to fill in the missing answers before resubmitting. Questions that require a narrative response have a limit of 20,000 characters. This report need not be completed in one session and can be opened by multiple users.

For technical assistance, contact HCBHelp@hilltop.umbc.edu.

Q2. Section I - General Info Part 1 - Hospital Identification

Q3. Please confirm the information we have on file about your hospital for FY 2018.

	Is this information correct?		
	Yes	No	If no, please provide the correct information here:
The proper name of your hospital is: Holy Cross Hospital	◉	○	
Your hospital's ID is: 210004	◉	○	
Your hospital is part of the hospital system called Trinity Health.	◉	○	

Q4. The next two questions ask about the area where your hospital directs its community benefit efforts, called the Community Benefit Service Area. You may find these community health statistics useful in preparing your responses.

Q5. (Optional) Please describe any other community health statistics that your hospital uses in its community benefit efforts.

Sources Healthy Montgomery - www.healthymontgomery.org Maternal and Infant Health 1 Increase percent of mothers receiving early prenatal care - Source: MCDHHS/PHS/Planning & Epidemiology; Maryland DHMH/VSA; 2013-2015 2 Reduce the percent of low birth weight infants - Source: MCDHHS/PHS/Planning & Epidemiology; Maryland DHMH/VSA; 2013-2015 3 Decrease infant mortality rate - Source: MCDHHS/PHS/Planning & Epidemiology; Maryland DHMH/VSA; CDC/U.S. Census bridged Population Files; 2013-2015 Seniors 4 Increase life expectancy - Source: Maryland Department of Health and Mental Hygiene; 2014-2015 5 Decrease fall related deaths - Source: Maryland Department of Health and Mental Hygiene; 2014-2015 Cardiovascular Health 6 Decrease heart disease mortality - Source: MCDHHS/PHS/Planning & Epidemiology; Maryland DHMH/VSA; CDC/U.S. Census bridged Population Files; 2013-2015 7 Decrease stroke mortality - Source: MCDHHS/PHS/Planning & Epidemiology; Maryland DHMH/VSA; CDC/U.S. Census bridged Population Files; 2013-2015 8 Decrease percent of adults told by health professional they have high blood pressure - Source: Maryland Behavioral Risk Factor Surveillance System; 2016 Obesity 9 Decrease percent of students with no participation in physical activity - Maryland YRBS; 2013 10 Decrease percent of students who are obese - Maryland YRBS; 2014 11 Increase percent of students who drank no soda or pop in the past week - Maryland YRBS; 2013 Diabetes 12 Decrease number of adults ever being told they have diabetes (excluding gestational) - Source: Maryland Behavioral Risk Factor Surveillance System; 2016 13 Decrease ER visits for diabetes - Source: MCDHHS/PHS/Planning & Epidemiology; HSCRC; CDC/U.S. Census bridged Population Files; 2013-2015 Behavioral Health 14 Decrease adolescent and adult illicit drug use in past month (12 or older) - Source: National Survey on Drug Use and Health; 2012-2014 15 Decrease percent of adults with any mental illness in past year - Source: National Survey on Drug Use and Health; 2012-2014 16 Decrease mental health related ER visits - Source: MCDHHS/PHS/Planning & Epidemiology; HSCRC; CDC/U.S. Census bridged Population Files; 2013-2015 17 Decrease suicide rate - Source: MCDHHS/PHS/Planning & Epidemiology; Maryland DHMH/VSA; CDC/U.S. Census bridged Population Files; 2014-2016 Cancers 18 Increase colorectal cancer screening (colonoscopy or sigmoidoscopy) - Source: Maryland Behavioral Risk Factor Surveillance System; 2016 19 Increase percent of women who have had a Pap in past three years - Source: Maryland Behavioral Risk Factor Surveillance System; 2016 20 Decrease prostate cancer incidence - Source: National Cancer Institute; 2010-2014 21 Decrease breast cancer mortality - Source: MCDHHS/PHS/Planning & Epidemiology; Maryland DHMH/VSA; CDC/U.S. Census bridged Population Files; 2013-2015

Q6. (Optional) Please attach any files containing community health statistics that your hospital uses in its community benefit efforts.

Community Benefit Workplan Dashboard - CY2018_2019 (FY19) Q4.xlsx
170.7KB
application/vnd.openxmlformats-officedocument.spreadsheetml.sheet

Q7. Section I - General Info Part 2 - Community Benefit Service Area

Q8. Please select the county or counties located in your hospital's CBSA.

- ☐ Allegany County
- ☐ Charles County
- ☑ Prince George's County

- [ ] Anne Arundel County
- [ ] Baltimore City
- [ ] Baltimore County
- [ ] Calvert County
- [ ] Caroline County
- [ ] Carroll County
- [ ] Cecil County
- [ ] Dorchester County
- [ ] Frederick County
- [ ] Garrett County
- [ ] Harford County
- [ ] Howard County
- [ ] Kent County
- [x] Montgomery County
- [ ] Queen Anne's County
- [ ] Somerset County
- [ ] St. Mary's County
- [ ] Talbot County
- [ ] Washington County
- [ ] Wicomico County
- [ ] Worcester County

Q9. Please check all Allegany County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q10. Please check all Anne Arundel County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q11. Please check all Baltimore City ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q12. Please check all Baltimore County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q13. Please check all Calvert County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q14. Please check all Caroline County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q15. Please check all Carroll County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q16. Please check all Cecil County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q17. Please check all Charles County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q18. Please check all Dorchester County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q19. Please check all Frederick County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q20. Please check all Garrett County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q21. Please check all Harford County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q22. Please check all Howard County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q23. Please check all Kent County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q24. Please check all Montgomery County ZIP codes located in your hospital's CBSA.

☐ 20058	☐ 20824	☑ 20850	☐ 20872	☐ 20891	☐ 20907
☐ 20207	☐ 20825	☑ 20851	☑ 20874	☐ 20892	☑ 20910
☑ 20707	☐ 20827	☑ 20852	☐ 20875	☐ 20894	☐ 20911
☐ 20777	☐ 20830	☑ 20853	☑ 20876	☑ 20895	☑ 20912
☐ 20783	☑ 20832	☐ 20854	☑ 20877	☐ 20896	☐ 20913
☐ 20787	☐ 20833	☐ 20855	☑ 20878	☐ 20898	☐ 20914
☐ 20810	☐ 20837	☐ 20857	☑ 20879	☐ 20899	☐ 20915
☐ 20811	☐ 20838	☐ 20859	☐ 20880	☑ 20901	☐ 20916
☐ 20812	☐ 20839	☐ 20860	☐ 20882	☑ 20902	☐ 20918
☑ 20814	☐ 20841	☐ 20861	☐ 20883	☑ 20903	☐ 20993
☑ 20815	☐ 20842	☐ 20862	☐ 20884	☑ 20904	☐ 21770
☑ 20816	☐ 20847	☑ 20866	☐ 20885	☑ 20905	☐ 21771
☑ 20817	☐ 20848	☐ 20868	☑ 20886	☑ 20906	☐ 21797
☐ 20818	☐ 20849	☐ 20871	☐ 20889		

Q25. Please check all Prince George's County ZIP codes located in your hospital's CBSA.

☐ 20233	☑ 20710	☑ 20742	☑ 20772
☐ 20389	☑ 20712	☑ 20743	☐ 20773
☐ 20395	☐ 20715	☐ 20744	☑ 20774
☐ 20588	☑ 20716	☐ 20745	☐ 20775
☐ 20599	☐ 20717	☑ 20746	☑ 20781
☐ 20601	☐ 20718	☑ 20747	☑ 20782
☐ 20607	☑ 20720	☑ 20748	☑ 20783
☐ 20608	☑ 20721	☐ 20749	☑ 20784
☐ 20613	☑ 20722	☐ 20750	☑ 20785
☐ 20616	☐ 20724	☐ 20752	☐ 20790
☐ 20623	☐ 20725	☐ 20753	☐ 20791
☐ 20703	☐ 20726	☐ 20757	☐ 20792
☐ 20704	☐ 20731	☐ 20762	☐ 20799
☑ 20705	☐ 20735	☐ 20768	☐ 20866
☑ 20706	☑ 20737	☑ 20769	☐ 20903
☑ 20707	☐ 20738	☑ 20770	☑ 20904
☑ 20708	☑ 20740	☑ 20771	☑ 20912
☐ 20709	☐ 20741		

Q26. Please check all Queen Anne's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q27. Please check all Somerset County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q28. Please check all St. Mary's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q29. Please check all Talbot County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q30. Please check all Washington County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q31. Please check all Wicomico County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q32. Please check all Worcester County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q33. How did your hospital identify its CBSA?

- [ ] Based on ZIP codes in your Financial Assistance Policy. Please describe.
- [ ] Based on ZIP codes in your global budget revenue agreement. Please describe.
- [x] Based on patterns of utilization. Please describe.

  The CBSA was identified using the top 85% of discharges; the primary CBSA represents 60% of discharges and the remaining discharges were allocated to the secondary CBSA.

- [ ] Other. Please describe.

Q34. (Optional) Is there any other information about your hospital's Community Benefit Service Area that you would like to provide?

Q35. Section I - General Info Part 3 - Other Hospital Info

Q36. Provide a link to your hospital's mission statement.

http://www.holycrosshealth.org/mission-values-and-role

Q37. Is your hospital an academic medical center?

- ( ) Yes
- (•) No

Q38. (Optional) Is there any other information about your hospital that you would like to provide?

Holy Cross Health is a Catholic not-for-profit health system based in Montgomery County, Maryland that has nearly 200,000 patient visits each year. We offer a full range of inpatient, outpatient, and innovative community-based services and are the region's only four-time winner of The Joint Commission's highest quality award. Holy Cross Health has a 1,425 member medical staff, employs more than 4,100 people, has more than 600 volunteers and is the only healthcare provider in Maryland to receive the Workplace Excellence Seal of Approval Award each year since 1999 from the greater Washington, D.C., Alliance for Workplace Excellence. Holy Cross Health is comprised of Holy Cross Hospital, Holy Cross Germantown Hospital, Holy Cross Health Network and the Holy Cross Health Foundation. Holy Cross Hospital: Located in Silver Spring, Holy Cross Hospital is one of the largest hospitals in Maryland. Founded more than 50 years ago in 1963 by the Congregation of the Sisters of the Holy Cross, today Holy Cross Hospital is a teaching hospital with 395 adult licensed beds, a neonatal unit with 113 newborn bassinets, 46 neonatal intensive care unit bassinets and an on-site obstetrics/gynecology outpatient clinic for uninsured women. The hospital offers a full range of inpatient and outpatient services, with specialized expertise in senior services, women and infant services, surgery (particularly gynecological), neuroscience, and cancer. In 2015, with the largest expansion in its 50-year history, Holy Cross Hospital joined Holy Cross Germantown Hospital as the only area hospitals to offer private rooms to all patients. The new seven-story patient care building, the South Building, added 232,000 square feet to the hospital. The "green" design meets all the latest standards for sustainability and obtained Leadership in Energy and Environment Design (LEED) Gold certification. Holy Cross Germantown Hospital: In October 2014, Holy Cross Health opened Holy Cross Germantown Hospital, the first new hospital in Montgomery County in 35 years. The hospital serves the most rapidly growing region in the county and provides access to high-quality care in an area that had previously been, by far, the largest concentration of people without a hospital in the state. Holy Cross Germantown Hospital has 65 adult licensed beds and a neonatal unit with 17 newborn bassinets and eight special care nursery bassinets. The hospital offers emergency, medical, surgical, obstetric, neonatal and psychiatric care to meet a full range of community needs. All patient rooms are private to enhance patient safety and satisfaction, as well as patient, family and visitor comfort. The facility features sustainable design elements that achieved Leadership in Energy and Environmental Design (LEED) Gold certification. Holy Cross Health Network: Established in 2012, Holy Cross Health Network is an operating division within Holy Cross Health that is focused on creating the relationships and programs that will help Holy Cross Health better manage care in the communities it serves. Holy Cross Health Network operates Holy Cross Health Centers in Aspen Hill, Gaithersburg, Germantown, and Silver Spring. These primary care sites serve lowincome patients who are uninsured or are enrolled in Maryland Physician's Care; a Maryland Medicaid managed care organization. Holy Cross Health Network also operates Holy Cross Health Partners at Asbury Methodist Village and in Kensington, primary care practices specializing in internal medicine and geriatrics, and manages all of Holy Cross Health's community health programs and outreach. Beyond our campuses, we provide service at multiple locations, including a vital aging center for seniors. We offer more than 50 different types of health and wellness classes at various locations throughout the region and have established a geographic presence at 24 sites that host our senior exercise program and in multiple faith-based organizations through our faith community nurse program. Holy Cross Health Foundation: The Holy Cross Health Foundation is a not-for-profit organization devoted to raising philanthropic funds to support the mission of Holy Cross Health and to improve the health of the community. Contributions to the foundation help Holy Cross Health invest in new technologies, nursing education, clinical services, community benefit programs, renovations, and new construction. The Campaign for Holy Cross supported the construction of Holy Cross Germantown Hospital and the new patient care building at Holy Cross Hospital.

Q39. (Optional) Please upload any supplemental information that you would like to provide.

HCH-014 2019 Annual Report_D8.pdf
1.3MB
application/pdf

Q40. Section II - CHNA Part 1 - Timing & Format

Q41.
Within the past three fiscal years, has your hospital conducted a CHNA that conforms to IRS requirements?

- (●) Yes
- ( ) No

Q42. Please explain why your hospital has not conducted a CHNA that conforms to IRS requirements, as well as your hospital's plan and timeframe for completing a CHNA.

This question was not displayed to the respondent.

Q43. When was your hospital's most recent CHNA completed? (MM/DD/YYYY)

10/13/2016

Q44. Please provide a link to your hospital's most recently completed CHNA.

http://www.holycrosshealth.org/documents/community_involvement/FY17CHNA_HolyCrossHospital.pdf

Q45. Did you make your CHNA available in other formats, languages, or media?

- (●) Yes
- ( ) No

Q46. Please describe the other formats in which you made your CHNA available.

Print

Q47. Section II - CHNA Part 2 - Participants

Q48. Please use the table below to tell us about the internal participants involved in your most recent CHNA.

	CHNA Activities										
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your expla below:
CB/ Community Health/Population Health Director (facility level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your expla below:
CB/ Community Health/ Population Health Director (system level)	☐	☐	☐	☑	☑	☑	☑	☑	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your expla below:
Senior Executives (CEO, CFO, VP, etc.) (facility level)	☐	☐	☐	☐	☐	☐	☑	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your expla below:
Senior Executives (CEO, CFO, VP, etc.) (system level)	☐	☐	☑	☑	☐	☐	☑	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your expla below:
Board of Directors or Board Committee (facility level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your expla below:
Board of Directors or Board Committee (system level)	☐	☐	☐	☐	☐	☐	☑	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your expla below:
Clinical Leadership (facility level)	☐	☐	☐	☐	☐	☐	☑	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your expla below:
Clinical Leadership (system level)	☐	☐	☐	☐	☐	☐	☑	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your expla below:
Population Health Staff (facility level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your expla below:
Population Health Staff (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your expla below:
Community Benefit staff (facility level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your expla below:
Community Benefit staff (system level)	☐	☐	☐	☑	☑	☑	☑	☑	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your expla below:
Physician(s)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your expla below:
Nurse(s)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your expla below:
Social Workers	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your expla below:
Community Benefit Task Force	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your expla below:
Hospital Advisory Board	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your expla below:
Other (specify)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	

N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your expla below:

Q49. Section II - CHNA Part 2 - Participants (continued)

Q50. Please use the table below to tell us about the external participants involved in your most recent CHNA.

	CHNA Activities									Click to write Column 2
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other Hospitals -- Please list the hospitals here: Suburban Hospital, Medstar Montgomery Medical Center, Adventist Healthcare	☐	☐	☑	☐	☑	☑	☑	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Local Health Department -- Please list the Local Health Departments here: Montgomery County Department of Heath and Human Services	☐	☐	☑	☑	☑	☑	☑	☑	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Local Health Improvement Coalition -- Please list the LHICs here: Healthy Montgomery	☐	☐	☑	☑	☑	☑	☑	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Health	☐	☐	☐	☐	☐	☐	☐	☑	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Human Resources	☐	☐	☐	☐	☐	☐	☐	☑	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Natural Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of the Environment	☐	☐	☐	☐	☐	☐	☐	☑	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:

	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Transportation	☐	☐	☐	☐	☐	☐	☐	☑	☐	
Maryland Department of Education	☐	☐	☐	☐	☐	☐	☐	☑	☐	
Area Agency on Aging -- Please list the agencies here: Montgomery County Area on Aging	☐	☐	☐	☐	☐	☐	☐	☑	☐	
Local Govt. Organizations -- Please list the organizations here: Montgomery County (MC) Council, MC Commission on Health, MC Department of Planning, MC Commission on People with Disabilities, Asian American Health Initiative, Latino Health Initiative, African American Health Program, MC Recreation Department	☐	☐	☑	☑	☑	☑	☑	☐	☐	
Faith-Based Organizations	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - K-12 -- Please list the schools here: Montgomery County Public School System	☐	☐	☐	☐	☐	☐	☐	☑	☐	
School - Colleges and/or Universities -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School of Public Health -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Medical School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Nursing School -- Please list the schools here: Georgetown School of Nursing	☐	☐	☑	☑	☐	☑	☐	☐	☐	
School - Dental School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Pharmacy School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Behavioral Health Organizations -- Please list the organizations here: EveryMind	☐	☐	☑	☑	☑	☑	☑	☐	☐	
Social Service Organizations -- Please list the organizations here: ICF International, Primary Care Coalition of Montgomery County	☐	☐	☑	☑	☑	☑	☑	☐	☐	
Post-Acute Care Facilities -- please list the facilities here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Community/Neighborhood Organizations -- Please list the organizations here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Consumer/Public Advocacy Organizations -- Please list the organizations here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Other -- If any other people or organizations were involved, please list them here: Holy Cross Health External Review Comittee	☐	☐	☐	☐	☐	☑	☑	☐	☐	

Q51. Section II - CHNA Part 3 - Follow-up

Q52. Has your hospital adopted an implementation strategy following its most recent CHNA, as required by the IRS?

- (●) Yes
- ( ) No

Q53. Please enter the date on which the implementation strategy was approved by your hospital's governing body.

10/12/2017

Q54. Please provide a link to your hospital's CHNA implementation strategy.

http://www.holycrosshealth.org/documents/community_involvement/HCH_2018-2020_ImplementationStrategy.pdf

Q55. Please explain why your hospital has not adopted an implementation strategy. Please include whether the hospital has a plan and/or a timeframe for an implementation strategy.

This question was not displayed to the respondent.

Q56. Please select the health needs identified in your most recent CHNA. Select all that apply even if a need was not addressed by a reported initiative.

- [ ] Access to Health Services: Health Insurance
- [ ] Access to Health Services: Practicing PCPs
- [ ] Access to Health Services: Regular PCP Visits
- [ ] Access to Health Services: ED Wait Times
- [ ] Access to Health Services: Outpatient Services
- [ ] Adolescent Health
- [ ] Arthritis, Osteoporosis, and Chronic Back Conditions
- [x] Behavioral Health, including Mental Health and/or Substance Abuse
- [x] Cancer
- [ ] Children's Health
- [ ] Chronic Kidney Disease
- [ ] Community Unity
- [ ] Dementias, Including Alzheimer's Disease
- [x] Diabetes
- [ ] Disability and Health
- [ ] Educational and Community-Based Programs
- [ ] Environmental Health
- [ ] Family Planning
- [ ] Food Safety
- [ ] Global Health
- [ ] Health Communication and Health Information Technology
- [ ] Health Literacy
- [ ] Health-Related Quality of Life & Well-Being
- [x] Heart Disease and Stroke
- [ ] HIV
- [ ] Immunization and Infectious Diseases
- [ ] Injury Prevention
- [ ] Lesbian, Gay, Bisexual, and Transgender Health
- [x] Maternal & Infant Health
- [x] Nutrition and Weight Status
- [x] Older Adults
- [ ] Oral Health
- [ ] Physical Activity
- [ ] Respiratory Diseases
- [ ] Sexually Transmitted Diseases
- [ ] Sleep Health
- [ ] Telehealth
- [ ] Tobacco Use
- [ ] Violence Prevention
- [ ] Vision
- [ ] Wound Care
- [ ] Housing & Homelessness
- [ ] Transportation
- [ ] Unemployment & Poverty
- [ ] Other Social Determinants of Health
- [ ] Other (specify)

Q57. Please describe how the needs and priorities identified in your most recent CHNA compare with those identified in your previous CHNA.

Over the past six years, Healthy Montgomery, the Montgomery County hospital systems, and other non-profit organizations have been implementing programs and services to address the unmet needs identified through the community health improvement process identified during the first CHNA cycle and the current cycle. Below is a compilation of the results from the Healthy Montgomery core measures data that was used to monitor progress made from the first cycle of the community health improvement process (2009-2012) and the second cycle (2012-2015). ARE WE MAKING PROGRESS? Among the 37 Healthy Montgomery core measures 18 are improving, 18 are worsening, and one could not be assessed since it has had no further updates after its baseline. Among the two Holy Cross Health Core measures for seniors, one is improving and one is worsening. A list of which indicators are improving and which are worsening can be found in the Health Indicators section of this document. ARE WE ACHIEVING EQUITY? Of the 34 measures that could be evaluated based on differences across racial/ethnic subgroups, 31 measures had results for White residents, 32 measures had results for African American/Black residents, 26 measures had results for Asian/Pacific Islander residents, and 31 measures had results for Hispanic residents. Results showed Black/African American residents experiencing a widening disparity 38% of the time, the highest proportion of measures across all racial/ethnic groups. Black/African American residents also had the highest proportion of core measures with results that showed their disparity was narrowing at 63% (Healthy Montgomery, 2016).

Q58. (Optional) Please use the box below to provide any other information about your CHNA that you wish to share.

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. We collaborate with other healthcare providers to support Healthy Montgomery, Montgomery County's community health improvement process. We seek expert guidance from a panel of external participants with expertise in public health and the needs of our community and gather first-hand information from community members through community conversations facilitated by Healthy Montgomery staff members and the Montgomery County Department of Health and Human Services. We review other available reports and needs assessments and use them as reference tools and to identify unmet need in various populations. We also use the Community Need Index to geographically identify high need communities in need of programs and services and use internal data sources to conduct an extensive analysis of demographics, health indicators and other determinants of health for the communities we serve.

Q59. (Optional) Please attach any files containing information regarding your CHNA that you wish to share.

Q60. Section III - CB Administration Part 1 - Participants

Q61. Please use the table below to tell us about how internal staff members were involved in your hospital's community benefit activities during the fiscal year.

	Activities										
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
CB/ Community Health/Population Health Director (facility level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
CB/ Community Health/ Population Health Director (system level)	☐	☐	☑	☑	☑	☐	☐	☐	☑	☐	
Senior Executives (CEO, CFO, VP, etc.) (facility level)	☐	☐	☐	☐	☐	☐	☑	☐	☐	☐	
Senior Executives (CEO, CFO, VP, etc.) (system level)	☐	☐	☑	☑	☑	☐	☑	☐	☑	☐	
Board of Directors or Board Committee (facility level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Board of Directors or Board Committee (system level)	☐	☐	☑	☐	☐	☐	☐	☐	☐	☐	
Clinical Leadership (facility level)	☐	☐	☑	☐	☐	☐	☐	☐	☐	☐	
Clinical Leadership (system level)	☐	☐	☑	☐	☐	☐	☐	☐	☐	☐	
Population Health Staff (facility level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Population Health Staff (system level)	☐	☐	☐	☑	☑	☐	☑	☑	☑	☐	
Community Benefit staff (facility level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Community Benefit staff (system level)	☐	☐	☐	☐	☑	☐	☐	☐	☑	☐	
Physician(s)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Nurse(s)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Social Workers	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Community Benefit Task Force	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Hospital Advisory Board	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Other (specify)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	

Q62. Section III - CB Administration Part 1 - Participants (continued)

Q63. Please use the table below to tell us about the external participants involved in your hospital's community benefit activities during the fiscal year.

	Activities									Click to write Column 2
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:

	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other Hospitals -- Please list the hospitals here: Suburban Hospital, Medstar Montgomery General Hospital, Adventist Health Care	☐	☐	☐	☐	☐	☐	☑	☐	☐	
Local Health Department -- Please list the Local Health Departments here: Montgomery Department of Health and Human Services	☐	☐	☐	☐	☑	☐	☐	☐	☐	
Local Health Improvement Coalition -- Please list the LHICs here: Healthy Montgomery	☐	☑	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Health	☐	☐	☐	☐	☑	☐	☐	☐	☐	
Maryland Department of Human Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Natural Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of the Environment	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Transportation	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Education	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Area Agency on Aging -- Please list the agencies here: Montgomery County Area Agency on Aging	☐	☐	☐	☐	☐	☐	☑	☐	☐	
Local Govt. Organizations -- Please list the organizations here: See CHNA Implementation Strategy Annual Report (attached)	☐	☐	☐	☐	☐	☐	☑	☐	☐	

Faith-Based Organizations	☐	☐	☐	☐	☐	☐	☑	☐	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - K-12 -- Please list the schools here: Montgomery County Public School System	☐	☐	☐	☐	☐	☐	☑	☐	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Colleges and/or Universities -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School of Public Health -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Medical School -- Please list the schools here: George Washington University School of Medicine	☐	☐	☐	☐	☐	☑	☐	☐	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Nursing School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Dental School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Pharmacy School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Behavioral Health Organizations -- Please list the organizations here: EveryMind	☐	☐	☐	☐	☐	☐	☑	☐	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Social Service Organizations -- Please list the organizations here: See CHNA Implementation Strategy Annual Report (attached)	☐	☐	☐	☐	☐	☐	☑	☐	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Post-Acute Care Facilities -- please list the facilities here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:

Community/Neighborhood Organizations -- Please list the organizations here:	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
	☑	☐	☐	☐	☐	☐	☐	☐	☐	

Consumer/Public Advocacy Organizations -- Please list the organizations here: American Cancer Society Cancer Action Network	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
	☐	☐	☐	☐	☐	☐	☑	☐	☐	

Other -- If any other people or organizations were involved, please list them here:	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
	☐	☐	☐	☐	☐	☐	☐	☐	☐	

Q64. Section III - CB Administration Part 2 - Process & Governance

Q65. Does your hospital conduct an internal audit of the annual community benefit financial spreadsheet? Select all that apply.

- ☐ Yes, by the hospital's staff
- ☐ Yes, by the hospital system's staff
- ☑ Yes, by a third-party auditor
- ☐ No

Q66. Does your hospital conduct an internal audit of the community benefit narrative?

- ◉ Yes
- ○ No

Q67. Please describe the community benefit narrative audit process.

The HSCRC narrative is 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 was written by the community benefit officer and reviewed by the President, Holy Cross Health Network. The community benefit plan was 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.

Q68. Does the hospital's board review and approve the annual community benefit financial spreadsheet?

- ◉ Yes
- ○ No

Q69. Please explain:

This question was not displayed to the respondent.

Q70. Does the hospital's board review and approve the annual community benefit narrative report?

- ◉ Yes
- ○ No

Q71. Please explain:

This question was not displayed to the respondent.

Q72. Does your hospital include community benefit planning and investments in its internal strategic plan?

- (●) Yes
- ( ) No

Q73. Please describe how community benefit planning and investments are included in your hospital's internal strategic plan.

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 2019-2022 strategic plan identifies six three strategic principles that frame our response to the evolving environment. P - People Centered Care: Providing innovative patient care, excellent care delivery and improved clinical outcomes E - Engaged Colleagues: Attracting, developing, and retaining exceptional and committed colleagues. O - Operational Excellence: Ensuring efficient and effective care delivery P - Physician Collaboration: Engaging physicians for mutual benefit in activities that attract patients and better manage care L - Leadership Nationally and Locally: Improving the health and well-being of our community through innovation and expanding expertise E - Effective Stewardship: Stewarding our resources to best manage revenue and expenses

Q74. (Optional) If available, please provide a link to your hospital's strategic plan.

http://www.holycrosshealth.org/strategicplan

Q75. (Optional) Is there any other information about your hospital's community benefit administration and external collaboration that you would like to provide?

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. 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. 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.

Q76. (Optional) Please attach any files containing information regarding your hospital's community benefit administration and external collaboration.

Q77. Based on the implementation strategy developed through the CHNA process, please describe *three* ongoing, multi-year programs and initiatives undertaken by your hospital to address community health needs during the fiscal year.

Q78. Section IV - CB Initiatives Part 1 - Initiative 1

Q79. Name of initiative.

Holy Cross Health Maternity Partnership

Q80. Does this initiative address a community health need that was identified in your most recently completed CHNA?

- (●) Yes
- ( ) No

Q81. In your most recently completed CHNA, the following community health needs were identified:
Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Heart Disease and Stroke, Maternal & Infant Health, Nutrition and Weight Status, Older Adults
Other:

Using the checkboxes below, select the needs that appear in the list above that were addressed by this initiative.

- [ ] Access to Health Services: Health Insurance
- [ ] Access to Health Services: Practicing PCPs
- [ ] Access to Health Services: Regular PCP Visits
- [ ] Access to Health Services: ED Wait Times
- [ ] Access to Health Services: Outpatient Services
- [ ] Adolescent Health
- [ ] Arthritis, Osteoporosis, and Chronic Back Conditions
- [ ] Heart Disease and Stroke
- [ ] HIV
- [ ] Immunization and Infectious Diseases
- [ ] Injury Prevention
- [ ] Lesbian, Gay, Bisexual, and Transgender Health
- [x] Maternal and Infant Health
- [ ] Nutrition and Weight Status

- [ ] Behavioral Health, including Mental Health and/or Substance Abuse
- [ ] Cancer
- [ ] Children's Health
- [ ] Chronic Kidney Disease
- [ ] Community Unity
- [ ] Dementias, including Alzheimer's Disease
- [ ] Diabetes
- [ ] Disability and Health
- [ ] Educational and Community-Based Programs
- [ ] Environmental Health
- [ ] Family Planning
- [ ] Food Safety
- [ ] Global Health
- [ ] Health Communication and Health Information Technology
- [ ] Health Literacy
- [ ] Health-Related Quality of Life & Well-Being
- [ ] Older Adults
- [ ] Oral Health
- [ ] Physical Activity
- [ ] Respiratory Diseases
- [ ] Sexually Transmitted Diseases
- [ ] Sleep Health
- [ ] Telehealth
- [ ] Tobacco Use
- [ ] Violence Prevention
- [ ] Vision
- [ ] Wound Care
- [ ] Housing & Homelessness
- [ ] Transportation
- [ ] Unemployment & Poverty
- [ ] Other Social Determinants of Health
- [ ] Other (specify)

Q82. When did this initiative begin?

07/01/1999

Q83. Does this initiative have an anticipated end date?

- ( ) No, the initiative has no anticipated end date.
- ( ) The initiative will end on a specific end date. Please specify the date.
- (•) The initiative will end when a community or population health measure reaches a target value. Please describe.

The program will offer services to low-income, pregnant women who lack health insurance and do not qualify for federal, state or county health plans until there is no longer a need.

- ( ) The initiative will end when a clinical measure in the hospital reaches a target value. Please describe.
- ( ) The initiative will end when external grant money to support the initiative runs out. Please explain.
- ( ) The initiative will end when a contract or agreement with a partner expires. Please explain.
- ( ) Other. Please explain.

Q84. Please describe the population this initiative targets (e.g. diagnosis, age, insurance status, etc.).

The target population is low-income, pregnant women who lack health insurance and do not qualify for federal, state or county health plans.

Q85. Enter the estimated number of people this initiative targets.

1012

Q86. How many people did this initiative reach during the fiscal year?

561

Q87. What category(ies) of intervention best fits this initiative? Select all that apply.

- [ ] Chronic condition-based intervention: treatment intervention
- [ ] Chronic condition-based intervention: prevention intervention
- [ ] Acute condition-based intervention: treatment intervention
- [ ] Acute condition-based intervention: prevention intervention
- [ ] Condition-agnostic treatment intervention
- [ ] Social determinants of health intervention
- [ ] Community engagement intervention
- [x] Other. Please specify.

Prenatal care-based intervention: treatment intervention

Q88. Did you work with other individuals, groups, or organizations to deliver this initiative?

- (•) Yes. Please describe who was involved in this initiative.

Montgomery County Maternity Partnership

- ( ) No.

Q89. Please describe the primary objective of the initiative.

To offer prenatal services to low-income, pregnant women who lack health insurance.

Q90. Please describe how the initiative is delivered.

The program provides prenatal care, routine laboratory tests, prenatal classes, and a dental screening by a dental hygienist, if referred.

Q91. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- [x] Count of participants/encounters: number enrolled, number babies delivered
- [ ] Other process/implementation measures (e.g. number of items distributed)
- [ ] Surveys of participants
- [x] Biophysical health indicators: low-birthweight
- [ ] Assessment of environmental change
- [ ] Impact on policy change
- [ ] Effects on healthcare utilization or cost
- [ ] Assessment of workforce development
- [ ]

Other

Q92. Please describe any observed outcome(s) of the initiative (i.e., not *intended* outcomes).

The Holy Cross Health Maternity Partnership delivered 933 babies with a low birth weight (les than 2500 gms) rate of 2.5%.

Q93. Please describe how the outcome(s) of the initiative addresses community health needs.

The outcomes of the initiative addresses the Maternal and Infant Health priority of the needs assessment by providing prenatal care to uninsured women.

Q94. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

$789,431 (cost) $252,450 (offsetting revenue)

Q95. (Optional) Supplemental information for this initiative.

Q96. Section IV - CB Initiatives Part 2 - Initiative 2

Q97. Name of initiative.

Senior Fit

Q98. Does this initiative address a need identified in your most recently completed CHNA?

- (•) Yes
- ( ) No

Q99. In your most recently completed CHNA, the following community health needs were identified:
Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Heart Disease and Stroke, Maternal & Infant Health, Nutrition and Weight Status, Older Adults
Other:

Using the checkboxes below, select the needs that appear in the list above that were addressed by this initiative.

- [ ] Access to Health Services: Health Insurance
- [ ] Access to Health Services: Practicing PCPs
- [ ] Access to Health Services: Regular PCP Visits
- [ ] Access to Health Services: ED Wait Times
- [ ] Access to Health Services: Outpatient Services
- [ ] Adolescent Health
- [ ] Arthritis, Osteoporosis, and Chronic Back Conditions
- [ ] Behavioral Health, including Mental Health and/or Substance Abuse
- [ ] Cancer
- [ ] Children's Health
- [ ] Chronic Kidney Disease
- [ ] Community Unity
- [ ] Dementias, including Alzheimer's Disease
- [ ] Diabetes
- [ ] Disability and Health
- [x] Heart Disease and Stroke
- [ ] HIV
- [ ] Immunization and Infectious Diseases
- [ ] Injury Prevention
- [ ] Lesbian, Gay, Bisexual, and Transgender Health
- [ ] Maternal and Infant Health
- [ ] Nutrition and Weight Status
- [x] Older Adults
- [ ] Oral Health
- [ ] Physical Activity
- [ ] Respiratory Diseases
- [ ] Sexually Transmitted Diseases
- [ ] Sleep Health
- [ ] Telehealth
- [ ] Tobacco Use

- [ ] Educational and Community-Based Programs
- [ ] Environmental Health
- [ ] Family Planning
- [ ] Food Safety
- [ ] Global Health
- [ ] Health Communication and Health Information Technology
- [ ] Health Literacy
- [ ] Health-Related Quality of Life & Well-Being
- [ ] Violence Prevention
- [ ] Vision
- [ ] Wound Care
- [ ] Housing & Homelessness
- [ ] Transportation
- [ ] Unemployment & Poverty
- [ ] Other Social Determinants of Health
- [ ] Other (specify)

Q100. When did this initiative begin?

07/01/1995

Q101. Does this initiative have an anticipated end date?

- ( ) No, the initiative does not have an anticipated end date.
- ( ) The initiative will end on a specific end date. Please specify the date.
- ( ) The initiative will end when a community or population health measure reaches a target value. Please describe.
- ( ) The initiative will end when a clinical measure in the hospital reaches a target value. Please describe.
- ( ) The initiative will end when external grant money to support the initiative runs out. Please explain.
- ( ) The initiative will end when a contract or agreement with a partner expires. Please explain.
- (•) Other. Please explain.

This initiative will continue as long as there are operating and grant funds to support the program

Q102. Please describe the population this initiative targets (e.g. diagnosis, age, insurance status, etc.).

Senior Fit targets Montgomery County and Prince George's County residents who are 55 years of age and older. It is a minority majority program that serves a diverse population and makes physical activity accessible for older adults.

Q103. Enter the estimated number of people this initiative targets.

1,271

Q104. How many people did this initiative reach during the fiscal year?

2,000

Q105. What category(ies) of intervention best fits this initiative? Select all that apply.

- [ ] Chronic condition-based intervention: treatment intervention
- [x] Chronic condition-based intervention: prevention intervention
- [ ] Acute condition-based intervention: treatment intervention
- [ ] Acute condition-based intervention: prevention intervention
- [ ] Condition-agnostic treatment intervention
- [ ] Social determinants of health intervention
- [ ] Community engagement intervention
- [ ] Other. Please specify.

Q106. Did you work with other individuals, groups, or organizations to deliver this initiative?

- (•) Yes. Please describe who was involved in this initiative.

  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

- ( ) No.

Q107. Please describe the primary objective of the initiative.

To provide fitness classes for older adults to minimize symptoms of chronic disease and enhance self-management, improve strength and flexibility, cardiovascular endurance and balance

Q108. Please describe how the initiative is delivered.

Senior Fit is a free, 45-minute exercise class that has 69 classes offered at 24 community based sites each week, serving more than 1,200 seniors 55 and older throughout Montgomery and Prince George's counties.

Q109. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- [x] Count of participants/encounters: encounters
- [x] Other process/implementation measures (e.g. number of items distributed): number of sites
- [x] Surveys of participants: annual survey
- [ ] Biophysical health indicators:
- [ ] Assessment of environmental change:
- [ ] Impact on policy change:
- [ ] Effects on healthcare utilization or cost:
- [ ] Assessment of workforce development:
- [x] Other: fitness assessment

Q110. Please describe any observed outcome(s) of the initiative (i.e., not *intended* outcomes).

In FY15, 647 participants took the Rikli and Jones Senior Fitness Test, an evidence-based functional fitness test that measures upper body strength (arm curl), lower body strength (chair stand) speed and agility (8 foot up and go) and upper body flexibility (back scratch). A total of 87% of participants scored above standard on all four tests. The area which needed the most improvement was upper body flexibility, where 12% of participants were identified as "at risk" for range of motion in the upper body. In 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.

Q111. Please describe how the outcome(s) of the initiative addresses community health needs.

Senior Fit decreases isolation and increases physical activity in older adults.

Q112. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

$134,000 (costs) $40,000 (grant funds)

Q113. (Optional) Supplemental information for this initiative.

Q114. Section IV - CB Initiatives Part 3 - Initiative 3

Q115. Name of initiative.

Diabetes Prevention Program

Q116. Does this initiative address a need identified in your most recently completed CHNA?

- (•) Yes
- ( ) No

Q117. In your most recently completed CHNA, the following community health needs were identified:
Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Heart Disease and Stroke, Maternal & Infant Health, Nutrition and Weight Status, Older Adults
Other:

Using the checkboxes below, select the needs that appear in the list above that were addressed by this initiative.

- [ ] Access to Health Services: Health Insurance
- [ ] Access to Health Services: Practicing PCPs
- [ ] Access to Health Services: Regular PCP Visits
- [ ] Access to Health Services: ED Wait Times
- [ ] Access to Health Services: Outpatient Services
- [ ] Adolescent Health
- [ ] Arthritis, Osteoporosis, and Chronic Back Conditions
- [ ] Behavioral Health, including Mental Health and/or Substance Abuse
- [ ] Cancer
- [ ] Children's Health
- [ ] Chronic Kidney Disease
- [ ] Community Unity
- [ ] Dementias, including Alzheimer's Disease
- [x] Diabetes
- [ ] Disability and Health
- [ ] Educational and Community-Based Programs
- [ ] Environmental Health
- [ ] Family Planning
- [ ] Food Safety
- [ ] Global Health
- [ ] Health Communication and Health Information Technology
- [ ] Health Literacy
- [ ] Health-Related Quality of Life & Well-Being
- [ ] Heart Disease and Stroke
- [ ] HIV
- [ ] Immunization and Infectious Diseases
- [ ] Injury Prevention
- [ ] Lesbian, Gay, Bisexual, and Transgender Health
- [ ] Maternal and Infant Health
- [ ] Nutrition and Weight Status
- [ ] Older Adults
- [ ] Oral Health
- [ ] Physical Activity
- [ ] Respiratory Diseases
- [ ] Sexually Transmitted Diseases
- [ ] Sleep Health
- [ ] Telehealth
- [ ] Tobacco Use
- [ ] Violence Prevention
- [ ] Vision
- [ ] Wound Care
- [ ] Housing & Homelessness
- [ ] Transportation
- [ ] Unemployment & Poverty
- [ ] Other Social Determinants of Health
- [ ] Other (specify)

Q118. When did this initiative begin?

07/01/2010

Q119. Does this initiative have an anticipated end date?

- (●) No, the initiative does not have an anticipated end date.
- ( ) The initiative will end on a specific end date. Please specify the date.
- ( ) The initiative will end when a community or population health measure reaches a target value. Please describe.
- ( ) The initiative will end when a clinical measure in the hospital reaches a target value. Please describe.
- ( ) The initiative will end when external grant money to support the initiative runs out. Please explain.
- ( ) The initiative will end when a contract or agreement with a partner expires. Please explain.
- ( ) Other. Please explain.

Q120. Please describe the population this initiative targets (e.g. diagnosis, age, insurance status, etc.).

Adults at risk for developing type II diabetes

Q121. Enter the estimated number of people this initiative targets.

100

Q122. How many people did this initiative reach during the fiscal year?

54

Q123. What category(ies) of intervention best fits this initiative? Select all that apply.

- [ ] Chronic condition-based intervention: treatment intervention
- [x] Chronic condition-based intervention: prevention intervention
- [ ] Acute condition-based intervention: treatment intervention
- [ ] Acute condition-based intervention: prevention intervention
- [ ] Condition-agnostic treatment intervention
- [ ] Social determinants of health intervention
- [ ] Community engagement intervention

☐ Other. Please specify.

Q124. Did you work with other individuals, groups, or organizations to deliver this initiative?

◉ Yes. Please describe who was involved in this initiative.

Montgomery County Department of Health and Human Services

○ No.

Q125. Please describe the 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.

Q126. Please describe how the initiative is delivered.

This FREE Diabetes Prevention Program runs for a period of 12 months. This 12-month lifestyle modification program offers nutritional guidance, exercise sessions and support to help prevent or delay diabetes onset. Throughout the program, a trained Lifestyle Coach will give participants the help and support they need to make and sustain lifestyle changes to prevent or delay the onset of type 2 diabetes. Participants receive tools to help them monitor activity patterns, eating habits and physical activity to assist them in achieving success.

Q127. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- ☑ Count of participants/encounters: participants, encounters
- ☑ Other process/implementation measures (e.g. number of items distributed): class attendance
- ☐ Surveys of participants
- ☑ Biophysical health indicators: body weight
- ☐ Assessment of environmental change
- ☐ Impact on policy change
- ☐ Effects on healthcare utilization or cost
- ☐ Assessment of workforce development
- ☑ Other: weightloss, minutes of physical activity

Q128. Please describe any observed outcome(s) of the initiative (i.e., not *intended* outcomes).

In FY19, 5.15% of participants lost 5% or more of their body weight at twelve months, 99.9% documented physical activity minutes, and 96.57% documented their weight.

Q129. Please describe how the outcome(s) of the initiative addresses community health needs.

This initiative is designed to prevent diabetes in those at high-risk for being diagnosed with the disease.

Q130. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

$25,950

Q131. (Optional) Supplemental information for this initiative.

Q132. Section IV - CB Initiatives Part 4 - Other Initiative Info

Q133. Additional information about initiatives.

Q134. (Optional) If you wish, you may upload a document describing your community benefit initiatives in more detail, or provide descriptions of additional initiatives your hospital undertook during the fiscal year. These need not be multi-year, ongoing initiatives.

Q135. Were all the needs identified in your most recently completed CHNA addressed by an initiative of your hospital?

- (●) Yes
- ( ) No

Q136.

In your most recently completed CHNA, the following community health needs were identified:
Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Heart Disease and Stroke, Maternal & Infant Health, Nutrition and Weight Status, Older Adults
Other:

Using the checkboxes below, select the needs that appear in the list above that were NOT addressed by your community benefit initiatives.

This question was not displayed to the respondent.

Q137. Why were these needs unaddressed?

This question was not displayed to the respondent.

Q138. Do any of the hospital's community benefit operations/activities align with the State Health Improvement Process (SHIP)? Specifically, do any activities or initiatives correspond to a SHIP measure within the following categories?

See the SHIP website for more information and a list of the measures:
https://pophealth.health.maryland.gov/Pages/SHIP-Lite-Home.aspx

	Select Yes or No	
	Yes	No
Healthy Beginnings - includes measures such as babies with low birth weight, early prenatal care, and teen birth rate	(●)	( )
Healthy Living - includes measures such as adolescents who use tobacco products and life expectancy	(●)	( )
Healthy Communities - includes measures such as domestic violence and suicide rate	(●)	( )
Access to Health Care - includes measures such as adolescents who received a wellness checkup in the last year and persons with a usual primary care provider	(●)	( )
Quality Preventive Care - includes measures such as annual season influenza vaccinations and emergency department visit rate due to asthma	(●)	( )

Q139. (Optional) Did your hospital's initiatives in FY 2018 address other, non-SHIP, state health goals? If so, tell us about them below.

Q140. Section V - Physician Gaps & Subsidies

Q141. As required under HG §19-303, please select all of the gaps in physician availability in your hospital's CBSA. Select all that apply.

- [ ] No gaps
- [ ] Primary care
- [x] Mental health
- [ ] Substance abuse/detoxification
- [ ] Internal medicine
- [x] Dermatology

- [x] Dental
- [x] Neurosurgery/neurology
- [ ] General surgery
- [x] Orthopedic specialties
- [ ] Obstetrics
- [ ] Otolaryngology
- [x] Other. Please specify. Cardiology, pulmonology, infectious disease, oncology, hematology, medical imaging, laboratory

Q142. If you list Physician Subsidies in your data in category C of the CB Inventory Sheet, please indicate the category of subsidy, and explain why the services would not otherwise be available to meet patient demand.

Hospital-Based Physicians	To provide 24/7/365 care to 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 to patients with emergency needs at the hospital, including those without the ability to pay
Physician Provision of Financial Assistance	
Physician Recruitment to Meet Community Need	To provide the services of physicians in specialities where there is a shortage of that service in our community
Other (provide detail of any subsidy not listed above)	
Other (provide detail of any subsidy not listed above)	
Other (provide detail of any subsidy not listed above)	

Q143. (Optional) Is there any other information about physician gaps that you would like to provide?

Q144. (Optional) Please attach any files containing further information regarding physician gaps at your hospital.

Q145. Section VI - Financial Assistance Policy (FAP)

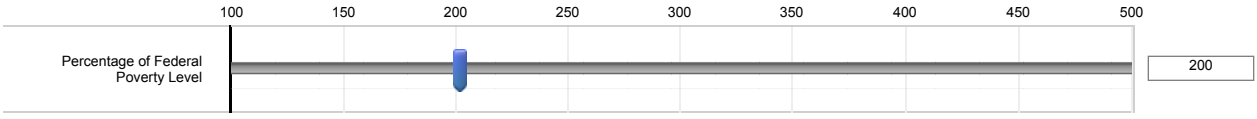
Q146. Upload a copy of your hospital's financial assistance policy.

FinancialAssistancePolicy.pdf
215KB
application/pdf

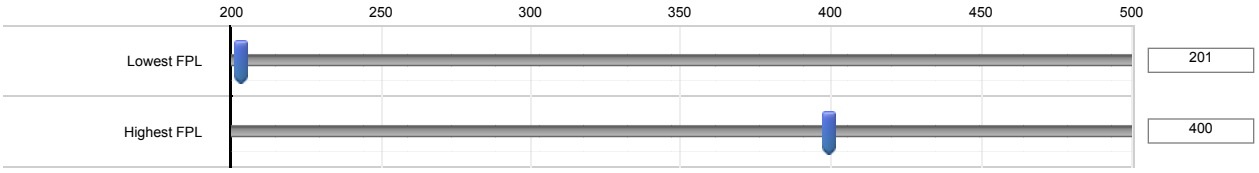
Q147. Upload a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e).

FinancialAssistancePlan_PlainLanguageSummary.pdf
75.7KB
application/pdf

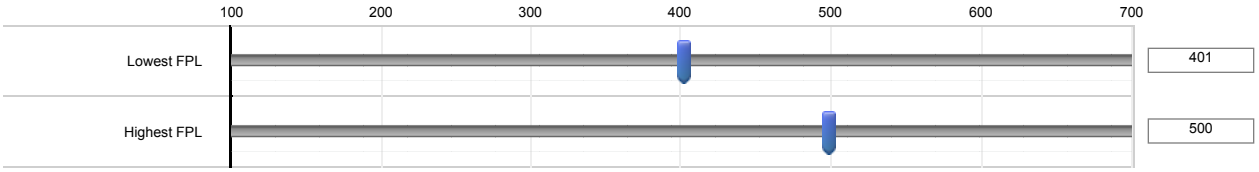
Q148. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(i) to provide free medically necessary care to patients with family income at or below 200 percent of the federal poverty level (FPL). Please select the percentage of FPL below which your hospital's FAP offers free care.



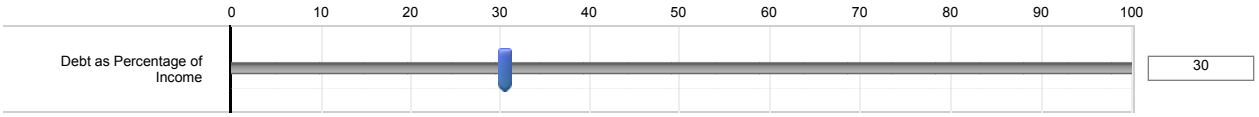
Q149. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(ii) to provide reduced-cost, medically necessary care to low-income patients with family income between 200 and 300 percent of the federal poverty level. Please select the range of the percentage of FPL for which your hospital's FAP offers reduced-cost care.



Q150. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(3) to provide reduced-cost, medically necessary care to patients with family income below 500 percent of the federal poverty level who have a financial hardship. Financial hardship is defined as a medical debt, incurred by a family over a 12-month period that exceeds 25 percent of family income. Please select the range of the percentage of FPL for which your hospital's FAP offers reduced-cost care for financial hardship. Please select the threshold for the percentage of medical debt that exceeds a household's income and qualifies as financial hardship.



Q151. Please select the threshold for the percentage of medical debt that exceeds a household's income and qualifies as financial hardship.



Q152. Has your FAP changed within the last year? If so, please describe the change.

- (●) No, the FAP has not changed.
- ( ) Yes, the FAP has changed. Please describe: [ ]

Q153. (Optional) Is there any other information about your hospital's FAP that you would like to provide?

[ ]

Q154. (Optional) Please attach any files containing further information about your hospital's FAP.

HCH_HealthFirstPatientLoanProgram.pdf
355.7KB
application/pdf

Q155. Summary & Report Submission

Q156.

Attention Hospital Staff! IMPORTANT!

You have reached the end of the questions, but you are not quite finished. Your narrative has not yet been fully submitted. Once you proceed to the next screen using the right arrow button below, you cannot go backward. You cannot change any of your answers if you proceed beyond this screen.

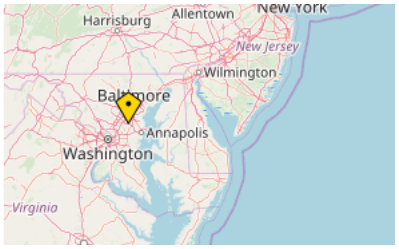
We strongly urge you to contact us at hcbhelp@hilltop.umbc.edu to request a copy of your answers. We will happily send you a pdf copy of your narrative that you can share with your leadership, Board, or other interested parties. If you need to make any corrections or change any of your answers, you can use the Table of Contents feature to navigate to the appropriate section of the narrative.

Once you are fully confident that your answers are final, return to this screen then click the right arrow button below to officially submit your narrative.

Location Data

Location: (39.071502685547, -76.696296691895)

Source: GeoIP Estimation



From: Monika Clark Driver
To: Hilltop HCB Help Account
Subject: RE: Clarification Required - Holy Cross Hospital FY 19 CB Narrative
Date: Tuesday, March 17, 2020 10:27:21 AM

Report This Email

Good morning,

Please find the requested clarification below (in red)

- For initiative 2, in response to Question 110 on page 22, you provide outcomes for Fiscal Years 2015 and 2017. Please clarify whether any of the listed outcomes apply to FY 2019.
  - Observed outcomes for FY19 are not available at this time; only FY15and FY17 are currently available.
- For initiative 3, in Question 127 on page 24, is it acceptable to instead classify "minutes of physical activity" as "Other process/implementation measure?"
  - Yes, that alternate classification is acceptable.

Please let me know if you need additional information.

Thank you,

Monika Driver

Monika Driver, MPH
Community Benefit Supervisor
t. 301.754.8406
a. 10720 Columbia Pike, Ste. 333D | Silver Spring, MD | 20901
e. driverm@holycrosshealth.org
w. www.holycrosshealth.org

From: Hilltop HCB Help Account <hcbhelp@hilltop.umbc.edu>
Sent: Friday, February 28, 2020 3:21 PM
To: Monika Clark Driver <driverm@holycrosshealth.org>
Cc: Hilltop HCB Help Account <hcbhelp@hilltop.umbc.edu>
Subject: [External] Clarification Required - Holy Cross Hospital FY 19 CB Narrative

Warning: This email originated from the Internet!

DO NOT CLICK links if the sender is unknown, and NEVER provide your password.

Thank you for submitting Holy Cross Hospital's FY 2019 Community Benefit Narrative Report. Upon reviewing your report, we require clarification of certain issues:

- For initiative 2, in response to Question 110 on page 22, you provide outcomes for Fiscal Years 2015 and 2017. Please clarify whether any of the listed outcomes apply to FY 2019.
- For initiative 3, in Question 127 on page 24, is it acceptable to instead classify "minutes of physical activity" as "Other process/implementation measure?"

Please provide your clarifying answers as a response to this message. Thank you for your attention to this matter.

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