

Introduction to the IRS Form 990 Schedule H

Holy Cross Hospital is a not-for-profit hospital that operates to further our healing ministry. We do this by:

- Reinvesting our profits back into the communities through various programs and services
- Making sure that care is available to everyone — regardless of his or her ability to pay.
- Using compassion as the cornerstone our work to improve the health of our communities. Patients and their families are always treated as people first — attending to the needs of the whole person — body, mind, and spirit.
- Providing a range of special benefits to the community, such as programs to manage care for persons with chronic diseases, health education and disease prevention initiatives, outreach for the elderly, and care for persons who are poor or uninsured.

The IRS grants us tax exemption as a “charitable, community-oriented organization.” Without this status, we could not continue to deliver the same level of community benefits that are so important and necessary.

The federal government ruled that health care entities like ours report their community benefit programs. This includes a wide array of activities and services that need to be categorized and explained – in detail – on the following IRS form called “990 Schedule H.” This document requires us to report information on:

- Charity care (financial assistance) and other community benefits
- Community building activities
- Medicare, bad debt and collection practices
- Management companies and joint ventures
- Facilities comprising the organization

The following terms and definitions will help you better understand each section of the report.

PART I: Charity Care and Certain Other Community Benefit at Cost

1a Charity Care Policy: A hospital's designated procedure/methodology for classifying patients who cannot afford health care services due to inadequate resources and/or are uninsured or underinsured.

It is part of the Holy Cross Hospital mission to make necessary medical care available to those in our community who are in need regardless of their ability to pay. The Hospital maintains a formal financial assistance program to equitably and efficiently provide access for those who cannot pay. Since all care has associated cost, any "free" or "discounted" service provided through this program results in that cost being passed on to other patients and their payers. Holy Cross Hospital therefore has a dual responsibility to cover those in need while ensuring that the cost of care is not unfairly transferred to individuals, third party payers and the community in general. The cost of charity care is calculated using a cost-to-charge ratio methodology.

3 Charity Care Eligibility: A patient's ability to meet specified qualifications/criteria to receive financial assistance for medical care, based on the hospital's Charity Care Policy.

Holy Cross provides assistance for Maryland residents whose income is less than 300% of the federal poverty level and whose assets (excluding up to \$50,000 in equity in their primary residence, personal tools used in their trade or business, and deferred retirement plan assets) do not exceed \$10,000 as an individual or \$25,000 within a family.

3a Federal Poverty Guidelines (FPGs): Issued annually by the Department of Health and Human Services (HHS). FPGs are a simplification of the government's designated "federal poverty thresholds," which are highly statistical to calculate the number of Americans living in poverty each year. FPGs are more administrative, and help determine financial eligibility for certain federal programs. The poverty guidelines are sometimes loosely referred to as the "federal poverty level" (FPL), but that phrase is ambiguous and should be avoided, especially in situations (e.g., legislative or administrative) where precision is important.

4 Medically indigent: Persons whom the hospital has determined are unable to pay some or all of their medical bills because the bills exceed a certain percentage of their family income and/or assets (e.g., due to catastrophic costs or conditions), even though they have income or assets that otherwise exceed the generally applicable eligibility requirements for free or discounted care under the hospital's Charity Care Policy.

6a Annual community benefit report: Published annually, this is a detailed account of all costs associated with dedicated staff, community health needs and/or asset assessments, as well as other costs associated with community benefit strategy and operations.

Holy Cross Hospital's Community Benefit Report can be found on the Health

Services Cost Review Commission's website (<http://www.hscrc.state.md.us>) and within Trinity Health's Annual Report. The hospital's Annual Report to the Community can be found on the hospital's website (<http://www.holycrosshealth.org/pdfs/ReporttoCommunity-2010.pdf>).

7a Charity care at cost: The amount of free or discounted health care services provided to persons who meet the hospital's criteria for financial assistance and are therefore deemed unable to pay for all or a portion of such services. Charity care at cost does not include bad debt.

7b Unreimbursed Medicaid: Medicaid is a joint federal and state program that pays the medical bills of people who have low-income and cannot afford medical care. Maryland's regulatory system creates a unique process for hospital payment that differs from the rest of the nation. Community benefit expenses are equal to Medicaid revenues in Maryland, as such, the net effect is zero. The exception to this is the impact on the hospital of its share of the Medicaid assessment. In recent years, the state of Maryland has closed fiscal gaps in the state Medicaid budget by assessing hospitals through the rate-setting system.

7c Unreimbursed costs – Other means-tested government programs: Government programs for which eligibility for benefits or coverage is determined by the recipient's income or asset level. (e.g., The Maryland Children's Health Program (MCHP) is a means-tested government program.)

7e Community health improvement services and community benefit operations: The activities to be reported on this line are two different categories of activities:

1. **Community health improvement services:** Activities and services for which no patient bill exists. These services are not expected to be financially self-supporting, although some may be supported by outside grants or funding. Some examples include free clinic services, programs directed at improving women's health, free or low cost prescription medications, and outreach programs.

Holy Cross Hospital actively collaborates with community groups and agencies to assist those in need in providing such services.

2. **Community Benefit Operations:** Costs associated with dedicated staff, community health needs and or assets assessments, and other costs associated with community benefit strategy and operations.

7f Health professions education: Programs that result in a degree, certificate, or training that is necessary to be licensed to practice as a health professional, as required by state law; or continuing education that is necessary to retain state license or certification by a board in the individual's health profession specialty.

7g Subsidized health services: Clinical services that are provided and not counted elsewhere, despite a financial loss to the hospital. Despite the financial loss, the service is provided because:

1. It meets an identified community need, such as providing needed access to care for low-income individuals
2. If the service were no longer offered, access to health services would be impaired, or

3. Providing the service would become the responsibility of government or another tax-exempt organization.

7h Research: Any study or investigation of which the goal is to generate generalized knowledge made available to the public, such as knowledge about:

1. Underlying biological mechanisms of health and disease, natural processes or principles affecting health or illness;
2. Evaluation of safety and efficacy of interventions for disease such as clinical trials and studies of therapeutic protocols;
3. Laboratory based studies; epidemiology, health outcomes and effectiveness
4. Behavioral or sociological studies related to health, delivery of care, or prevention
5. Studies related to changes in the health care delivery system; and
6. Communication of findings and observations (including publication in a medical journal)

This category only includes research internally funded or research funded by a tax-exempt or government entity.

7i Cash and in-kind contributions to community groups: Cash contributions made to entities and community groups that share the hospital's goals and mission. In-kind contributions include the cost of hours donated by staff to the community while on the hospital's payroll, indirect cost of space donated to tax-exempt community groups (such as for meetings), and the financial value of donated food, equipment, and supplies.

PART II Community Building Activities Community Building activities include programs that address the root causes of health problems, such as poverty, homelessness and environmental problems. They support community assets by offering the expertise and resources of the hospital.

1 **Physical improvements and housing** (Examples include: Community gardens; neighborhood improvement and revitalization projects; contributions to community-based assisted living and senior and low-income housing projects)

2 **Economic development** (Examples include: Assisting small business development in neighborhoods with vulnerable populations and creating new employment opportunities in areas with high rates of joblessness; participation in an economic/labor development council; chamber of commerce or Rotary Club)

3 **Community support** (Examples include: Childcare and mentoring programs for vulnerable populations or neighborhoods; neighborhood support groups; violence prevention programs; disaster readiness and public health emergency activities)

4 **Environmental improvements** (Examples include: Efforts to reduce community environmental hazards in the air; water and ground; residential improvements; such as helping to paint public housing apartments; or lead/radon programs; Neighborhood/community improvements; Adopt-a-Road)

5 **Leadership development and training for community members** (Examples include: Life or civic skills training programs; medical interpreter training for community members; community leadership development; cultural skills training)

6 **Coalition building** (Examples include: Hospital representation to community coalitions related to community health; Disease management programs; Collaborative partnerships with community groups to improve community health)

7 **Community health improvement advocacy** (Examples include: Local, state and national advocacy on behalf of such areas as: access to health care, public health, transportation, housing; Advocacy for social justice and human rights, including costs associated with advocating for social justice, environmental responsibility and human rights, such as fair treatment to workers)

8 **Workforce development** These programs address community-wide workforce issues — not the workforce needs of the hospital. (Examples include: Physician/other health professional recruitment for areas identified by the government as medically underserved; Partnerships with community colleges and universities to address the health care workforce shortage; School-based programs on health care careers; Health care career mentoring projects)

More examples of community building activities can be found on the Catholic Health Association website at:

<http://www.chausa.org/Pub/MainNav/ourcommitments/CommunityBenefits/whatcounts/>

Part VI: Supplemental Information

2 Needs assessment The hospital's designated evaluation process that involves the hospital assessing the health care needs of the community by periodically consolidating data and perspectives about the health and social needs of the

community. The assessment data assists in the development of a plan for the entire community, with a linkage between the hospital's mission and strategic plan, with special attention given to those most in need. A needs assessment may be performed by the hospital in partnership with the community, or as a result of other agencies (e.g. public health or private such as United Way). If the hospital cannot perform the assessment, an outside vendor conducts it, then supplies the results.

3 Patient education of eligibility for assistance How the hospital informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the charity care policy.

4 Community information Describes the geographic area (e.g., urban, suburban, rural), the demographics of the community or communities (e.g., population, average income, percentages of community residents with incomes below the federal poverty guideline, percentage of the hospital's and community's patients who are uninsured or Medicaid recipients), the number of other hospitals serving the community or communities, and whether one or more federally-designated medically underserved areas or populations are present in the community.

5 Community building activities Includes programs that address the root causes of health problems, such as poverty, homelessness and environmental problems. They support community assets by offering the expertise and resources of the hospital.

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.**
▶ **Attach to Form 990.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization **HOLY CROSS HOSPITAL OF SILVER SPRING, INC** **Employer identification number** **52-0738041**

Part I Charity Care and Certain Other Community Benefits at Cost (Optional for 2008)

	Yes	No
1a Does the organization have a charity care policy? If "No," skip to question 6a		
b If "Yes," is it a written policy?		
2 If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals. <input type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Applied uniformly to most hospitals <input type="checkbox"/> Generally tailored to individual hospitals		
3 Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients.		
a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
b Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.		
4 Does the organization's policy provide free or discounted care to the "medically indigent"?		
5a Does the organization budget amounts for free or discounted care provided under its charity care policy?		
b If "Yes," did the organization's charity care expenses exceed the budgeted amount?		
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Does the organization prepare an annual community benefit report?		
b If "Yes," does the organization make it available to the public?		

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Charity Care and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Charity Care and Means-Tested Government Programs						
a Charity care at cost (from Worksheets 1 and 2)	1	6,113	11,796,673.		11,796,673.	3.23%
b Unreimbursed Medicaid (from Worksheet 3, column a)						
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs	1	6,113	11,796,673.		11,796,673.	3.23%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	86	190,902	7,110,459.	263,184.	6,847,275.	1.87%
f Health professions education (from Worksheet 5)	4	1,744	3,899,025.	1,395,026.	2,503,999.	.69%
g Subsidized health services (from Worksheet 6)	7	8,076	9,454,733.	1,820,439.	7,634,294.	2.09%
h Research (from Worksheet 7)	2	141	466,886.		466,886.	.13%
i Cash and in-kind contributions to community groups (from Worksheet 8)	7		183,222.		183,222.	.05%
j Total Other Benefits	106	200,863	21,114,325.	3,478,649.	17,635,676.	4.83%
k Total (line 7d and 7j)	107	206,976	32,910,998.	3,478,649.	29,432,349.	8.06%

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

(Optional for 2008)

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing				0.		
2 Economic development				0.		
3 Community support				0.		
4 Environmental improvements	1	210	9,352.	0.	9,352.	
5 Leadership development and training for community members	1		73,000.	0.	73,000.	.02%
6 Coalition building				0.		
7 Community health improvement advocacy				0.		
8 Workforce development				0.		
9 Other				0.		
10 Total	2	210	82,352.		82,352.	.02%

Part III Bad Debt, Medicare, & Collection Practices (Optional for 2008)

Section A. Bad Debt Expense

- Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?
- Enter the amount of the organization's bad debt expense (at cost)
- Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy
- Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit.

	Yes	No
1		
2		
3		
5		
6		
7		
9a		
9b		

Section B. Medicare

- Enter total revenue received from Medicare (including DSH and IME)
- Enter Medicare allowable costs of care relating to payments on line 5
- Enter line 5 less line 6 - surplus or (shortfall)
- Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6, and indicate which of the following methods was used:
 Cost accounting system Cost to charge ratio Other

Section C. Collection Practices

- Does the organization have a written debt collection policy?
- If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI

Part IV Management Companies and Joint Ventures (Optional for 2008)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
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14				

Part VI Supplemental Information (Optional for 2008)

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 7: HOLY CROSS HOSPITAL IS LOCATED IN MARYLAND, A STATE WITH A RATE SETTING SYSTEM THAT SETS ALL PAYER RATES. BECAUSE OF THIS AND THE RATES PAID, THERE IS NOT A MEDICAID LOSS FOR HOLY CROSS TO REPORT. THE MARYLAND HOSPITAL ASSOCIATION HAS ESTABLISHED A WORKGROUP TO REVIEW THIS LINE ITEM WITH THE INTENT OF DEFINING HOW THE RESPONSE ON THIS LINE SHOULD BE HANDLED BY ALL MARYLAND ACUTE CARE PROVIDERS.

PART VI, LINE 2: NEEDS ASSESSMENT - HOLY CROSS HOSPITAL IDENTIFIES UNMET COMMUNITY HEALTH NEEDS BY PARTICIPATING IN COMMUNITY COALITIONS, PARTNERSHIPS, BOARDS, COMMITTEES, COMMISSIONS, ADVISORY GROUPS, AND PANELS. ON A QUARTERLY BASIS, THE HOSPITAL ANALYZES INTERNAL PATIENT SURVEYS AND PUBLICLY AVAILABLE DATA ON THE MARKET INCLUDING DEMOGRAPHICS AND HEALTH SERVICES UTILIZATION. LOCAL NEEDS ASSESSMENTS AND REPORTS, SUCH AS THE LATEST MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES STRATEGIC PLAN 2006-2011 AND THE COMMUNITY NEEDS INDEX DEVELOPED BY CATHOLIC HEALTHCARE WEST AND THE HEALTHCARE BUSINESS OF THOMSON REUTERS, ARE USED AS THEY BECAME AVAILABLE TO DETERMINE THE TYPES AND LOCATIONS OF COMMUNITY BENEFIT PROGRAMS IMPLEMENTED.

USING THE COMMUNITY NEEDS INDEX, HOLY CROSS HOSPITAL GATHERS VITAL SOCIO-ECONOMIC AND DEMOGRAPHIC FACTORS TO SUPPORT INTERNAL DECISION-MAKING

Part VI Supplemental Information (Optional for 2008)

FOR RESOURCE ALLOCATION AND TO DETERMINE THE GEOGRAPHIC LOCATION OF NEW PROGRAMS TO MEET EMERGING NEEDS. FOR EACH ZIP CODE, THE COMMUNITY NEEDS INDEX METHODOLOGY AGGREGATES FIVE SOCIOECONOMIC INDICATORS/BARRIERS TO HEALTHCARE ACCESS THAT ARE KNOWN TO CONTRIBUTE TO HEALTH DISPARITY. THE INDICATORS ARE RELATED TO INCOME (PERCENTAGE OF HOUSEHOLDS OVER AGE 65 BELOW POVERTY LINE; PERCENTAGE OF FAMILIES WITH CHILDREN UNDER 18 BELOW POVERTY LINE; PERCENTAGE OF SINGLE FEMALE FAMILIES WITH CHILDREN UNDER 18 BELOW POVERTY LINE), EDUCATION (PERCENTAGE OF POPULATION OVER 25 WITHOUT A HIGH SCHOOL DIPLOMA), CULTURE (PERCENTAGE OF POPULATION THAT IS MINORITY INCLUDING HISPANIC/LATINO ETHNICITY; PERCENTAGE OF POPULATION OVER AGE 5 THAT SPEAKS ENGLISH POORLY OR NOT AT ALL), INSURANCE (PERCENTAGE OF POPULATION IN THE LABOR FORCE, AGED 16 OR MORE, WITHOUT EMPLOYMENT; PERCENTAGE OF POPULATION WITHOUT HEALTH INSURANCE), AND HOUSING (PERCENTAGE OF HOUSEHOLDS RENTING THEIR HOME).

FOR EXAMPLE, DURING FISCAL 2009, WE USED THIS COMMUNITY NEEDS INDEX METHODOLOGY TO LOCATE OUR SECOND PRIMARY CARE HEALTH CENTER FOR UNINSURED ADULTS IN THE SECOND MOST NEEDY ZIP CODE IN MONTGOMERY COUNTY. THE OPENING OF THIS SECOND HEALTH CENTER WAS THE MOST SIGNIFICANT ADDITION TO HOLY CROSS HOSPITAL'S COMMUNITY BENEFIT ACTIVITIES DURING FISCAL 2009, A YEAR OF THE GREATEST ECONOMIC DOWNTURN IN DECADES, AND THE USE OF THE COMMUNITY NEEDS INDEX METHODOLOGY HELPED US TO MEET THE MOST PRESSING NEEDS.

DURING FY09, IN ADDITION TO THE CONTINUED USE OF THE MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES STRATEGIC PLAN 2006-2011, WE ALSO USE A RANGE OF OTHER AVAILABLE NEEDS ASSESSMENTS TO IDENTIFY AND RESPOND TO LOCAL NEEDS.

Part VI Supplemental Information (Optional for 2008)

HOLY CROSS HOSPITAL PARTICIPATES IN NEEDS ASSESSMENT PROCESSES DRIVEN BY THE LOCAL HEALTH DEPARTMENT. IN FY09, HOLY CROSS HOSPITAL PROVIDED \$25,000 TO THE BROADLY COLLABORATIVE AND COMMUNITY-DRIVEN MONTGOMERY COUNTY COMMUNITY HEALTH IMPROVEMENT PROCESS (CHIP). THE PURPOSE OF THE PROCESS IS TO ASSURE THAT ALL COUNTY RESIDENTS HAVE ACCESS TO NEEDED HEALTH CARE SERVICES AND TO IDENTIFY AND REDUCE HEALTH DISPARITIES. CHIP WILL IMPLEMENT AN ONGOING PROCESS TO GATHER INFORMATION AND INVENTORY CURRENT NEEDS ASSESSMENTS AND RESOURCES, CONDUCT A COMPREHENSIVE COUNTY-WIDE NEEDS ASSESSMENT, MAKE BETTER DATA AVAILABLE, SET PRIORITIES, AND EVALUATE, DEVELOP AND IMPLEMENT IMPROVEMENT PLANS AND MONITOR THE ACHIEVEMENT OF IMPROVEMENTS IN COMMUNITY HEALTH. WE HAVE ASSIGNED A SENIOR EXECUTIVE TO PARTICIPATE ON THE STEERING COMMITTEE OF THAT EFFORT.

FOR THE FIFTH YEAR IN A ROW, HOLY CROSS HOSPITAL HAS INVITED AN EXTERNAL GROUP OF PARTICIPANTS TO REVIEW OUR ANNUAL COMMUNITY BENEFIT PLAN, WHICH INCLUDES REPRESENTATIVES FROM THE LOCAL HEALTH DEPARTMENT. IN FY09, BOTH THE DIRECTOR OF THE MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES (MCDHHS OR HEALTH DEPARTMENT) AND THE MONTGOMERY COUNTY HEALTH OFFICER ATTENDED THIS REVIEW.

HOLY CROSS HOSPITAL WORKS CLOSELY WITH OUR LOCAL HEALTH DEPARTMENT AND IS ABLE TO NIMBLY RESPOND TO EMERGING HEALTH CARE NEEDS. FOR EXAMPLE, HOLY CROSS HOSPITAL WAS INFORMED BY THE MONTGOMERY COUNTY HEALTH DEPARTMENT THAT THE MONTGOMERY COUNTY WOMEN'S CANCER CONTROL PROGRAM (WCCP) WAS TO CLOSE TO NEW ENROLLEES IN JULY 2008 DUE TO STATE AND COUNTY BUDGET CUTS. THE MONTGOMERY COUNTY WCCP SERVES MEDICALLY UNDERSERVED LOW-INCOME MONTGOMERY COUNTY RESIDENTS IN NEED OF BREAST AND CERVICAL CANCER SCREENINGS AND FOLLOW-UP CARE. UPON LEARNING THIS, HOLY CROSS HOSPITAL IMMEDIATELY

Part VI Supplemental Information (Optional for 2008)

PARTNERED WITH THE MCDHHS, THE MONTGOMERY COUNTY PRIMARY CARE COALITION, COMMUNITY CLINICS INC. AND OTHER MONTGOMERY CARES CLINICS TO FILL THIS GAP IN SERVICES.

DURING FISCAL YEAR 2009, HOLY CROSS HOSPITAL PROVIDED FREE SCREENINGS FOR EARLY BREAST CANCER DETECTION AND LINKS TO TREATMENT AS NEEDED TO 288 WOMEN INELIGIBLE FOR WCCP ENROLLMENT. DURING FISCAL YEAR 2009 THE AGGREGATE NUMBERS OF NEW PATIENTS REFERRED FOR GYNECOLOGY WAS 709, WITH 1,188 RETURN VISITS. A TOTAL OF 262 GYNECOLOGICAL PROCEDURES (26 ENDOMETRIAL BIOPSIES, 220 COLPOSCOPIES AND 16 LOOP ELECTRICAL SURGICAL EXCISION PROCEDURES) WERE PERFORMED.

THESE SERVICES TAKE PLACE AT THE HOSPITAL AND INCLUDE CLINICAL BREAST EXAMINATIONS, MAMMOGRAPHY AND OTHER DIAGNOSTICS AND PAP TESTS AND OTHER GYNECOLOGICAL PROCEDURES (AS DESCRIBED ABOVE). ALL PATIENTS RECEIVED FINANCIAL ASSISTANCE AND WERE LINKED TO TREATMENT AS NEEDED. TODAY, THE WCCP REMAINS CLOSED TO NEW APPLICANTS AND WE CONTINUE TO OFFER THESE SERVICES.

IN ADDITION TO CLINICAL SCREENINGS, HOLY CROSS HOSPITAL PROVIDES HEALTH EDUCATION AND OUTREACH IN THE FORM OF ONE-ON-ONE ENCOUNTERS, IN SMALL GROUP SESSIONS TO PATIENTS ENROLLED IN THE MONTGOMERY CARES CLINICS (THE HOLY CROSS HEALTH CENTERS AT MONTGOMERY COLLEGE AND IN GAITHERSBURG, PEOPLE'S COMMUNITY WELLNESS CENTER AND PROYECTO SALUD) AND OUT IN THE COMMUNITY. THE OUTREACH IS PROVIDED THROUGH THE ETHNIC HEALTH PROMOTION PROGRAM WHERE PARTICIPANTS ARE EDUCATED ON THE IMPORTANCE OF DISEASE PREVENTION AND EARLY DETECTION, CHRONIC DISEASE MANAGEMENT, HEALTHY LIFESTYLES, AND TOBACCO CESSATION. MEDICALLY UNDERSERVED AND UNINSURED COMMUNITY MEMBERS ARE OFTEN

Part VI Supplemental Information (Optional for 2008)

REFERRED TO HOLY CROSS HOSPITAL'S FREE BREAST CANCER SCREENING PROGRAM AND TO FREE OR LOW-FEE PRIMARY CARE AT THE HOLY CROSS HEALTH CENTERS OR OTHER MONTGOMERY CARES CLINICS.

IN CONSULTATION WITH THE MCDHHS, OUR LOCAL HEALTH DEPARTMENT, ABOUT FILLING THIS GAP IN SERVICES, WE ALSO DISCUSSED THE IMPORTANCE OF A RAPID REFERRAL SYSTEM FOR BREAST CANCER SCREENINGS. HOLY CROSS HOSPITAL HAS A SUCCESSFUL RAPID REFERRAL MODEL ALREADY IN PLACE AND WE ARE WORKING WITH A LOCAL COALITION ON A PROCESS IMPROVEMENT PLAN FOR THE COUNTY THAT INCORPORATES OUR RAPID REFERRAL SYSTEM.

BASED ON THE ABOVE NEEDS ASSESSMENTS, THE MAJOR COMMUNITY NEEDS IDENTIFIED FOR FISCAL YEAR 2009 WERE:

- THE NEED TO INCREASE ACCESS TO QUALITY HEALTH CARE, ESPECIALLY FOR CHILDREN, PREGNANT WOMEN, UNINSURED ADULTS AND SENIORS.
- THE NEED TO OBTAIN MEDICAL CARE FOR THE UNDERSERVED BY ENROLLING ELIGIBLE RESIDENTS IN MEDICAID, MHIP AND OTHER INSURANCE PROGRAMS AND BY BUILDING A BETTER SYSTEM OF CARE FOR THE UNINSURED.
- THE NEED TO ELIMINATE RACIAL AND ETHNIC HEALTH DISPARITIES BY PROVIDING CULTURALLY AND LINGUISTICALLY COMPETENT CARE AND TARGET DISEASES THAT ARE MORE PREVALENT IN MINORITY POPULATIONS.
- TO PROVIDE HEALTH EDUCATION, DISEASE PREVENTION AND CHRONIC DISEASE MANAGEMENT (INCLUDING OBESITY) PROGRAMS TO IMPROVE THE HEALTH STATUS OF THE COMMUNITY.
- IN SUMMARY, OUR ACTIVITIES FOCUS PRIMARILY ON POSITIVELY IMPACTING THE HEALTH OF OUR COMMUNITY WITH PROGRAMS THAT ARE CULTURALLY AND LINGUISTICALLY TAILORED TO MEET THE UNMET NEEDS OF WOMEN, INFANTS, SENIORS, AND RACIAL AND ETHNIC MINORITIES.

Part VI Supplemental Information (Optional for 2008)

HOLY CROSS HOSPITAL'S INTERDEPARTMENTAL LEADERSHIP, EXECUTIVE MANAGEMENT, AND ITS BOARD OF TRUSTEES PLAN, MONITOR AND EVALUATE THE HOSPITAL'S COMMUNITY BENEFIT EFFORTS. INITIATIVES ARE THOUGHTFULLY PLANNED TO ENSURE THAT LINKS EXIST BETWEEN THE HOSPITAL'S CLINICAL EXPERTISE AND UNMET COMMUNITY NEEDS. TO DETERMINE THE NEEDS OF THE COMMUNITY, HOLY CROSS HOSPITAL HAS A CHIEF EXECUTIVE OFFICER REVIEW COMMITTEE ON COMMUNITY BENEFIT (AN INTERNAL, INTERDEPARTMENTAL COMMITTEE) THAT UTILIZES AVAILABLE DATA (E.G., NEEDS ASSESSMENTS, HOSPITAL PATIENT DATA, COMMUNITY NEEDS INDEX) AND COMMUNITY INPUT TO DEVELOP THE HOSPITAL'S COMMUNITY BENEFIT WORK PLANS.

ONCE A YEAR, AN EXTERNAL GROUP OF COMMUNITY LEADERS (INCLUDING THE LOCAL HEALTH DEPARTMENT IN MONTGOMERY COUNTY) IS INVITED TO REVIEW THE ANNUAL COMMUNITY BENEFIT PLAN AND OUR PROGRESS TO HELP US DETERMINE OUR DIRECTION FOR THE NEXT YEAR. THE WORK PLANS DESCRIBE THE GOALS AND OBJECTIVES THE HOSPITAL EXPECTS TO MEET DURING THE FISCAL YEAR. ONCE APPROVED BY THE HOLY CROSS HOSPITAL BOARD OF TRUSTEES, THE CHIEF EXECUTIVE OFFICER REVIEW COMMITTEE ON COMMUNITY BENEFIT MEETS ON A QUARTERLY BASIS TO REVIEW PROGRESS TOWARD THE EXPECTED OUTCOMES. THE BOARD OF TRUSTEE'S MISSION AND STRATEGY COMMITTEE PROVIDES QUARTERLY GOVERNANCE OVERSIGHT.

PART VI, LINE 3: PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - HOLY CROSS HOSPITAL IS COMMITTED TO:

- PROVIDING ACCESS TO QUALITY HEALTHCARE SERVICES WITH COMPASSION, DIGNITY AND RESPECT FOR THOSE WE SERVE, PARTICULARLY THE POOR AND THE UNDERSERVED IN OUR COMMUNITIES
- CARING FOR ALL PERSONS, REGARDLESS OF THEIR ABILITY TO PAY FOR SERVICES

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- ASSISTING PATIENTS WHO CANNOT PAY FOR PART OR ALL OF THE CARE THEY RECEIVE

- BALANCING NEEDED FINANCIAL ASSISTANCE FOR SOME PATIENTS WITH BROADER FISCAL RESPONSIBILITIES IN ORDER TO SUSTAIN VIABILITY AND PROVIDE THE QUALITY AND QUANTITY OF SERVICES FOR ALL WHO MAY NEED CARE IN A COMMUNITY

IN ACCORDANCE WITH AHA RECOMMENDATIONS, HOLY CROSS HOSPITAL HAS ADOPTED THE FOLLOWING GUIDING PRINCIPLES WHEN HANDLING THE BILLING, COLLECTION AND FINANCIAL SUPPORT FUNCTIONS FOR OUR PATIENTS:

- PROVIDE EFFECTIVE COMMUNICATIONS WITH PATIENTS REGARDING HOSPITAL BILLS

- MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE FINANCIAL SUPPORT PROGRAMS

- OFFER FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS

- IMPLEMENT POLICIES FOR ASSISTING LOW-INCOME PATIENTS IN A CONSISTENT MANNER

- IMPLEMENT FAIR AND CONSISTENT BILLING AND COLLECTION PRACTICES FOR ALL PATIENTS WITH PATIENT PAYMENT OBLIGATIONS

HOLY CROSS HOSPITAL EFFECTIVELY COMMUNICATES WITH PATIENTS REGARDING PATIENT PAYMENT OBLIGATIONS. FINANCIAL COUNSELING IS PROVIDED TO PATIENTS ABOUT THEIR PAYMENT OBLIGATIONS AND HOSPITAL BILLS. INFORMATION ON HOSPITAL-BASED FINANCIAL SUPPORT POLICIES AND EXTERNAL PROGRAMS THAT PROVIDE COVERAGE FOR SERVICES ARE MADE AVAILABLE TO PATIENTS DURING THE PRE-REGISTRATION AND REGISTRATION PROCESSES AND IN RESPONSE TO PATIENTS SEEKING FINANCIAL ASSISTANCE. INFORMATION REGARDING THE FINANCIAL ASSISTANCE PROGRAM IS ALSO PROVIDED BY THE ONSITE FINANCIAL COUNSELING STAFF IN BOTH INPATIENT AND OUTPATIENT AREAS. PATIENT ACCOUNTING ALSO SUPPORTS THE FINANCIAL COUNSELING PROGRAM BY PROVIDING PATIENTS WITH

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INFORMATION AND APPLICATIONS WHILE HANDLING CUSTOMER SERVICE CALLS. OUR MEDICAID VENDOR AND COUNTY MEDICAID WORKERS ALSO PROVIDE GUIDANCE REGARDING THE FINANCIAL ASSISTANCE PROGRAM WHEN NECESSARY. INFORMATION REGARDING THE FINANCIAL ASSISTANCE PROGRAM IS PROVIDED BY THE COLLECTION AGENCY WORKING WITH OUR PATIENT ACCOUNTING DEPARTMENT AS WELL.

FINANCIAL COUNSELORS MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE PROGRAMS FOR WHICH THEY MAY QUALIFY AND THAT MAY HELP THEM OBTAIN AND PAY FOR HEALTHCARE SERVICES. THE HOSPITAL HAS ONSITE MEDICAID ELIGIBILITY REPRESENTATIVES THROUGH THE DECO MANAGEMENT GROUP. ELIGIBILITY SPECIALISTS FROM MONTGOMERY COUNTY ARE ALSO AVAILABLE ONSITE AND HANDLE INPATIENT AND SOME OUTPATIENT MEDICAID REFERRALS. EVERY EFFORT IS MADE TO DETERMINE A PATIENT'S ELIGIBILITY PRIOR TO OR AT THE TIME OF ADMISSION OR SERVICE. HOWEVER, DETERMINATION FOR FINANCIAL SUPPORT CAN BE MADE DURING ANY STAGE OF THE PATIENT'S STAY AFTER STABILIZATION OR COLLECTION CYCLE.

HOLY CROSS HOSPITAL OFFERS FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS. THIS SUPPORT IS AVAILABLE TO UNINSURED AND UNDERINSURED PATIENTS WHO DO NOT QUALIFY FOR PUBLIC PROGRAMS OR OTHER ASSISTANCE. NOTIFICATION ABOUT FINANCIAL ASSISTANCE, INCLUDING CONTACT INFORMATION, IS AVAILABLE THROUGH THE HOSPITAL WEBSITE, COMMUNITY BENEFITS BROCHURES, HOSPITAL POSTERS AND FLYERS, FINANCIAL ASSISTANCE INFORMATION KIOSKS, FINANCIAL ASSISTANCE APPLICATIONS, AND HOSPITAL STATEMENTS, WHICH INCLUDE INFORMATION REGARDING THE CHARITY CARE PROGRAM. INFORMATION ABOUT THE FINANCIAL ASSISTANCE PROGRAM IS ALSO POSTED IN THE WAITING AREAS FOR THE EMERGENCY CENTER, URGENT CARE CENTER, THE OBGYN CLINIC, MAIN REGISTRATION AREAS, AND THE OFFSITE HEALTH CENTERS LOCATED IN SILVER SPRING AND GAITHERSBURG. THE

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EMERGENCY CENTER ALSO HAS INFORMATION REGARDING THE FINANCIAL ASSISTANCE PROGRAM IN THE DISCHARGE OFFICE. SUMMARIES OF HOSPITAL PROGRAMS ARE MADE AVAILABLE TO THE PRIMARY CARE COALITION OF MONTGOMERY COUNTY; HOLY CROSS HOSPITAL ALSO USES ETHNIC HEALTH PROMOTERS TO 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). INFORMATION REGARDING FINANCIAL ASSISTANCE PROGRAMS IS ALSO AVAILABLE ON THE HOSPITAL WEBSITE, INPATIENT ADMISSION PACKETS, PATIENT STATEMENTS, AND AVAILABLE ONSITE APPLICATIONS. IN ADDITION TO ENGLISH, THIS INFORMATION IS AVAILABLE IN SPANISH, REFLECTING OTHER PRIMARY LANGUAGES SPOKEN BY THE POPULATION SERVICED BY OUR HOSPITAL.

HOLY CROSS HOSPITAL HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING, COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS. HOLY CROSS HOSPITAL MAKES EVERY EFFORT TO ADHERE TO THE POLICY AND IS COMMITTED TO IMPLEMENTING AND APPLYING THE POLICY FOR ASSISTING PATIENTS WITH LIMITED MEANS IN A PROFESSIONAL, CONSISTENT MANNER. HOLY CROSS HOSPITAL EDUCATES STAFF MEMBERS WHO WORK CLOSELY WITH PATIENTS (INCLUDING THOSE WORKING IN PATIENT REGISTRATION AND ADMITTING, FINANCIAL ASSISTANCE, CUSTOMER SERVICE, BILLING AND COLLECTIONS) ABOUT THESE POLICIES WITH AN EMPHASIS ON TREATING ALL PATIENTS WITH DIGNITY AND RESPECT REGARDLESS OF THEIR INSURANCE STATUS OR THEIR ABILITY TO PAY FOR SERVICES. ALL PATIENT REGISTRATION STAFF RECEIVE IN-SERVICE TRAINING REGARDING THE FINANCIAL ASSISTANCE PROGRAM. PATIENT ACCOUNTING ALSO RECEIVES INFORMATION ABOUT THE PROGRAM AND HOW TO HANDLE PATIENTS SEEKING FINANCIAL ASSISTANCE. FINANCIAL COUNSELORS RECEIVE IN DEPTH TRAINING TO HANDLE FINANCIAL ASSISTANCE REQUESTS, PROCESS APPLICATIONS, AND MANAGE OUTCOMES.

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PART VI, LINE 4: COMMUNITY INFORMATION - HOLY CROSS HOSPITAL, ONE OF EIGHT HOSPITALS WITHIN A FOUR-MARKET AREA, PRIMARILY SERVES THE RESIDENTS OF TWO RACIALLY AND ETHNICALLY DIVERSE MARYLAND COUNTIES, MONTGOMERY COUNTY AND PRINCE GEORGE'S COUNTY, AN AREA WITH A TOTAL POPULATION OF APPROXIMATELY 1.8 MILLION. OUR PRIMARY SERVICE AREA INCLUDES 11 CONTIGUOUS ZIP CODES IN MONTGOMERY COUNTY AND AN ADJACENT GEOGRAPHIC AREA IN NORTHERN PRINCE GEORGE'S COUNTY. OUR SECONDARY SERVICE AREA IS MADE UP OF TWO OTHER AREAS, IN NORTHERN AND WESTERN MONTGOMERY COUNTY AND SOUTHERN PRINCE GEORGE'S COUNTY.

APPROXIMATELY 62% OF THE 1.5 MILLION RESIDENTS IN OUR FOUR-MARKET AREA ARE MINORITIES, COMPARED TO 39.4% FOR THE STATE. DEMOGRAPHIC ANALYSIS REVEALS THAT AREAS CLOSEST TO HOLY CROSS HOSPITAL HAVE A LARGER NUMBER OF PERSONS WHO ARE POOR WHEN COMPARED TO THE REST OF MONTGOMERY COUNTY (AVERAGE MEDIAN HOUSEHOLD INCOME OF \$50,387 COMPARED TO COUNTY AVERAGE OF \$71,551). THE AREA ALSO HAS A SIGNIFICANT NUMBER OF WOMEN OF CHILDBEARING AGE (21%) AND ELDERLY (11.3%).

THE HIGHEST POPULATION DENSITY IN OUR AREA IS CONCENTRATED NEAR OUR HOSPITAL, ESPECIALLY ON THE SOUTHERN BORDER BETWEEN MONTGOMERY AND PRINCE GEORGE'S COUNTIES AND IN GAITHERSBURG. AREAS TO THE IMMEDIATE SOUTH AND EAST OF HOLY CROSS HOSPITAL HAVE THE LOWEST MEDIAN INCOME IN THE AREA, AND SILVER SPRING AND GAITHERSBURG ARE NEXT. AREAS IN SILVER SPRING AND GAITHERSBURG HAVE THE HIGHEST PERCENTAGES OF RESIDENTS WHO SPEAK ENGLISH LESS THAN VERY WELL, 21% AND 19% RESPECTIVELY, COMPARED TO 5.9% IN THE STATE.

AFRICAN AMERICANS RESIDING IN MONTGOMERY COUNTY ARE THREE TIMES AS LIKELY

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TO GIVE BIRTH TO AN INFANT WITH VERY LOW BIRTH WEIGHT, THREE TIMES AS LIKELY TO BE HOSPITALIZED DUE TO COMPLICATIONS WITH DIABETES; AND LATINOS ARE ALMOST FOUR TIMES AS LIKELY TO BE WITHOUT HEALTH INSURANCE WHEN COMPARED TO THEIR WHITE COUNTERPARTS. MINORITIES ALSO MAKE UP A DISPROPORTIONATE NUMBER OF PERSONS UNABLE TO AFFORD HEALTH CARE WHEN NEEDED.

DESPITE ITS RELATIVE AFFLUENCE, MONTGOMERY AND PRINCE GEORGE'S COUNTIES ARE HOME TO AN ESTIMATED 250,000 UNINSURED ADULTS, THE MAJORITY OF WHOM ARE MINORITIES. AS THE SENIOR POPULATION INCREASES IN MONTGOMERY AND PRINCE GEORGE'S COUNTIES, THE NEED FOR SENIOR HEALTH SERVICES ALSO INCREASES. IT IS ESTIMATED THAT BY THE YEAR 2030 THE 60+ POPULATION IN MONTGOMERY AND PRINCE GEORGE'S COUNTIES WILL INCREASE BY 142% AND 162%, RESPECTIVELY.

PART VI, LINE 5: COMMUNITY BUILDING ACTIVITIES - HOLY CROSS HOSPITAL INCREASED ITS ROLE IN ADDRESSING THE UNMET NEEDS OF RACIAL AND ETHNIC MINORITY POPULATIONS WHEN THE HOSPITAL BECAME THE LEAD AGENCY OF THE MINORITY COMMUNITIES EMPOWERMENT PROJECT IN 2004. THIS MULTI-ORGANIZATIONAL COLLABORATIVE EFFORT AIMS TO REDUCE TOBACCO USE AMONG MINORITIES AND TO REDUCE HEALTH DISPARITIES IN CANCER MORTALITY AND MORBIDITY THROUGH COMMUNITY AND ORGANIZATIONAL CAPACITY BUILDING. SINCE 2005, THE MINORITY COMMUNITIES EMPOWERMENT PROJECT HAS GIVEN PARTICIPATING ORGANIZATIONS THE SKILLS AND RESOURCES NEEDED TO FACILITATE APPROXIMATELY 75,000 HEALTH EDUCATIONAL ENCOUNTERS, INCLUDING 21,576 HEALTH EDUCATIONAL ENCOUNTERS, AT 692 OUTREACH SESSIONS IN FISCAL 2009 ALONE.

HOLY CROSS HOSPITAL'S SENIOR MANAGEMENT, DIRECTORS, MANAGERS, PHYSICIANS, AND NURSES CONTRIBUTED MORE THAN 730 STAFF HOURS AND A TOTAL OF \$47,809

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TOTAL COMMUNITY BENEFIT EXPENSES WITH NO OFFSETTING REVENUE TO PROVIDE LEADERSHIP AND RESOURCES TO EQUIP COMMUNITY ORGANIZATIONS WITH THE SKILLS NEEDED TO CREATE HEALTHY COMMUNITIES. OUR STAFF PARTICIPATE ON BOARDS, ADVISORY COMMITTEES, AND COMMISSIONS. FOR EXAMPLE, OUR VICE PRESIDENT OF COMMUNITY HEALTH SERVES AS THE CHAIR OF THE MONTGOMERY COUNTY COMMISSION ON HEALTH, USING TIME THAT WOULD OTHERWISE BE ALLOCATED FOR OTHER ACTIVITIES AT HOLY CROSS HOSPITAL.

THE HOSPITAL PROVIDES FINANCIAL SUPPORT TO COMMUNITY AND STATE INITIATIVES THAT ARE ADDRESSING THE ROOT CAUSES OF HEALTH PROBLEMS, SUCH AS THE COMMUNITY HEALTH IMPROVEMENT PROCESS (CHIP). MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES IS INITIATING CHIP TO ASSURE THAT ALL COUNTY RESIDENTS HAVE ACCESS TO NEEDED HEALTH CARE SERVICES AND TO IDENTIFY AND REDUCE HEALTH DISPARITIES. CHIP WILL CONDUCT A HEALTH NEEDS ASSESSMENT, KEY TO THE INITIATIVE, IN ORDER TO DESCRIBE HEALTH ASSETS AND DEFICITS AND PROVIDE THE FOUNDATION FOR IDENTIFYING THE TRUE PRIORITIES FOR INVESTING IN CORRECTIVE MEASURES.

ESTABLISHING TRUSTED RELATIONSHIPS WITH COMMUNITY ORGANIZATIONS SUCH AS THE GRASS ROOTS ORGANIZATION FOR THE WELL-BEING OF SENIORS (GROWS), MONTGOMERY COUNTY WORKFORCE & ECONOMIC DEVELOPMENT AND THE INTERFAITH COMMUNITY AGAINST DOMESTIC VIOLENCE ENABLES COMMUNITY MEMBERS WITH THE ABILITY AND RESOURCES TO VOICE CONCERNS ABOUT UNMET HEALTH NEEDS, TO MOBILIZE TO ACHIEVE COMMON GOALS AND TO IMPROVE THEIR OVERALL HEALTH BY IMPLEMENTING EFFECTIVE COMMUNITY PROGRAMS. OUR LEADERS ALSO PARTICIPATE IN EDUCATIONAL PROGRAMMING FOR HEALTHCARE WORKERS WITH OUR PARTNERSHIP WITH MONTGOMERY COLLEGE AND IN OUR PARTICIPATION IN NURSING EDUCATION INITIATIVES AT THE STATE LEVEL.

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PART VI, LINE 6: OTHER INFORMATION - HOLY CROSS HOSPITAL HAS A 15-MEMBER COMMUNITY BOARD COMPRISED OF A MAJORITY OF COMMUNITY MEMBERS. ONLY TWO OF THE 15 BOARD MEMBERS ARE EMPLOYED BY HOLY CROSS HOSPITAL OR TRINITY HEALTH, THE HOSPITAL'S PARENT CORPORATION (THE HOSPITAL'S CHIEF EXECUTIVE OFFICER AND A TRINITY HEALTH EXECUTIVE). TWO MEMBERS LIVE OUTSIDE OF OUR LOCAL AREA AND NO BOARD MEMBERS ARE FAMILY MEMBERS.

THE MEDICAL STAFF OF HOLY CROSS HOSPITAL IS ORGANIZED IN THE PUBLIC INTEREST. MEDICAL STAFF PRIVILEGES IN THE HOSPITAL ARE OPEN AND AVAILABLE TO ALL QUALIFIED PHYSICIANS AND WE HAVE A LARGE, DIVERSE MEDICAL AND DENTAL STAFF (1,350 MEMBERS).

HOLY CROSS HOSPITAL OPERATES A VERY ACTIVE EMERGENCY ROOM, ONE OF THE BUSIEST IN THE STATE OF MARYLAND. IT IS ACCESSIBLE TO ANYONE NEEDING CARE REGARDLESS OF ABILITY TO PAY. IN ADDITION, WE HAVE A UNIQUE EMERGENCY ROOM TAILORED TO SERVE OUR GROWING SENIORS POPULATION. OUR SENIORS EMERGENCY CENTER PROVIDES SAFE AND EFFICIENT EMERGENCY SERVICES FOR PERSONS 65 AND OVER.

NO PART OF THE INCOME OF HOLY CROSS HOSPITAL INURES TO THE BENEFIT OF ANY PRIVATE INDIVIDUAL NOR IS ANY PRIVATE INTEREST BEING SERVED. ALL SURPLUS FUNDS ARE REINVESTED INTO THE FACILITY, EQUIPMENT OR PROGRAMS OF THE HOSPITAL TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND OUR FACILITIES, AND ADVANCE OUR MEDICAL TRAINING, EDUCATION AND RESEARCH PROGRAMS.

HOLY CROSS HOSPITAL'S OVERALL RESPONSIVENESS TO THE NEEDS OF OUR COMMUNITY IS EVIDENCED BY OUR WILLINGNESS TO PARTICIPATE IN A RANGE OF COMMITTEES,

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COALITIONS, PANELS, ADVISORY GROUPS, COMMISSIONS, AND BOARDS. FOR EXAMPLE, DURING 2009, THE HOSPITAL PROVIDED FINANCIAL SUPPORT TO THE MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES TO SUPPORT ITS NEEDS ASSESSMENT PROCESS, CALLED THE COMMUNITY HEALTH IMPROVEMENT PROCESS (CHIP). IN ADDITION, WE HAVE ASSIGNED AN EXECUTIVE TO PARTICIPATE ON THE STEERING COMMITTEE. IN ADDITION, OUR VICE PRESIDENT OF COMMUNITY HEALTH SERVES AS CHAIR OF THE MONTGOMERY COUNTY COMMISSION ON HEALTH. WE HAVE MADE FINANCIAL CONTRIBUTIONS TO NURSING EDUCATION PROGRAMS THROUGH A STATEWIDE PROGRAM. WE HAVE RESPONDED TO THE SPECIFIC NEED OF OUR COMMUNITY TO ADD HEALTH CENTERS FOR UNINSURED ADULTS.

HOLY CROSS HOSPITAL ACTIVELY ADVOCATES ON BEHALF OF POOR AND VULNERABLE INDIVIDUALS, ESPECIALLY FOR HEALTHCARE COVERAGE FOR ALL PERSONS AND IMPROVED COMMUNITY HEALTH. DURING 2009, WE ENCOURAGED OUR EMPLOYEES AS HEALTHCARE WORKERS TO WRITE TO THEIR LOCAL SENATORS AND CONGRESSIONAL REPRESENTATIVES ABOUT THE NEED FOR HEALTHCARE REFORM.

HOLY CROSS HOSPITAL HAS A VIBRANT VOLUNTEER PROGRAM, OFFERING VARIED OPPORTUNITIES TO MEMBERS OF THE COMMUNITY TO VOLUNTEER. CURRENTLY, 400 VOLUNTEERS CONTRIBUTE THEIR TIME.

PART VI, LINE 7: HOLY CROSS HOSPITAL IS A MEMBER ORGANIZATION OF TRINITY HEALTH, THE FOURTH-LARGEST CATHOLIC HEALTH CARE SYSTEM IN THE COUNTRY. BASED IN NOVI, MICHIGAN, TRINITY HEALTH ANNUALLY REQUIRES THAT ALL MEMBER ORGANIZATIONS DEVELOP, AND ARE HELD ACCOUNTABLE FOR ACHIEVING, COMMUNITY BENEFIT GOALS THAT INCLUDE DEVELOPING NEEDED SERVICES OR EXPANDING ACCESS TO SERVICES FOR LOW-INCOME INDIVIDUALS. AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK

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INTO THE COMMUNITY THROUGH PROGRAMS TO SERVE THE POOR AND UNINSURED, MANAGE CHRONIC CONDITIONS LIKE DIABETES, HEALTH EDUCATION AND PROMOTION INITIATIVES, AND OUTREACH FOR THE ELDERLY. IN FISCAL YEAR 2009, THIS INCLUDED NEARLY \$400 MILLION IN SUCH COMMUNITY BENEFITS. THEREFORE, TRINITY HEALTH TAKES A SYSTEMS APPROACH IN ITS COMMUNITY BENEFIT PLANNING AND IMPLEMENTATION, AND IS CONSEQUENTLY ABLE TO ENSURE THAT ITS MEMBER HOSPITALS AND OTHER ENTITIES/AFFILIATES ARE HELPING PROMOTE AND ADDRESS THE HEALTH NEEDS OF THEIR RESPECTIVE COMMUNITIES.

FOR MORE INFORMATION ABOUT TRINITY HEALTH, VISIT WWW.TRINITY-HEALTH.ORG.

PART VI, LINE 8, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

MD