### Part I  
Financial Assistance and Certain Other Community Benefits at Cost

1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

1b If "Yes," was it a written policy?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1b</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year:

- [X] Applied uniformly to all hospital facilities
- [ ] Generally tailored to individual hospital facilities

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization’s patients during the tax year.

- a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care?
  
  - [ ] 100%
  - [ ] 150%
  - [X] 200%
  - [ ] Other _______%

- b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:
  
  - [ ] 200%
  - [ ] 250%
  - [ ] 300%
  - [ ] 350%
  - [X] 400%
  - [ ] Other _______%

- c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3a</td>
<td></td>
</tr>
<tr>
<td>3b</td>
<td></td>
</tr>
</tbody>
</table>

4 Did the organization’s financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to a patient who was eligible for free or discounted care?

- [X] "Yes"
- [ ] "No"

5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

- [X] "Yes"
- [ ] "No"

5b If "Yes," was it a written policy?

- [X] "Yes"
- [ ] "No"

5c 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?

- [X] "Yes"
- [ ] "No"

6a Did the organization prepare a community benefit report during the tax year?

- [X] "Yes"
- [ ] "No"

6b If "Yes," did the organization make it available to the public?

- [X] "Yes"
- [ ] "No"

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

<table>
<thead>
<tr>
<th>Financial Assistance and Means-Tested Government Programs</th>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense</th>
<th>(d) Direct offsetting revenue</th>
<th>(e) Net community benefit expense</th>
<th>(f) Percent of total expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>a Financial Assistance at cost (from Worksheet 1)</td>
<td>32,471,564</td>
<td>12,430,749</td>
<td>20,040,815</td>
<td>4.02%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Medicaid (from Worksheet 3, column a)</td>
<td>96,438,958</td>
<td>97,257,709</td>
<td>0</td>
<td>.00%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Costs of other means-tested government programs (from Worksheet 3, column b)</td>
<td>128,910,522</td>
<td>109,688,458</td>
<td>20,040,815</td>
<td>4.02%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Total Financial Assistance and Means-Tested Government Programs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other Benefits

| e Community health improvement services and community benefit operations (from Worksheet 4) | 90 | 251,524 | 6,226,539 | 396,381 | 5,830,158 | 1.17% |
| f Health professions education (from Worksheet 5) | 5 | 8,944 | 3,070,454 | | 3,070,454 | .62% |
| g Subsidized health services (from Worksheet 6) | 22 | 125,410 | 12,681,539 | 843,057 | 11,838,512 | 2.38% |
| h Research (from Worksheet 7) | 2 | 675 | 221,327 | 16,050 | 205,277 | .04% |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | 2 | 0 | 178,364 | | 178,364 | .04% |
| j Total, Other Benefits | 121 | 386,553 | 22,378,253 | 1,255,488 | 21,122,765 | 4.25% |
| k Total, Add lines 7d and 7j | 121 | 386,553 | 151,288,775 | 110,943,946 | 41,163,580 | 8.27% |

532091 11-05-15 LHA  For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule H (Form 990) 2015  

34  

14240504 794151 7000  2015.0507 HOLY CROSS HEALTH, INC. 70001
### Part II: Community Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

<table>
<thead>
<tr>
<th></th>
<th>Number of activities or programs (optional)</th>
<th>Persons served (optional)</th>
<th>Total community building expense</th>
<th>Direct offsetting revenue</th>
<th>Net community building expense</th>
<th>Percent of total expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Physical improvements and housing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Economic development</td>
<td>1</td>
<td>32</td>
<td>41,512.</td>
<td>41,512.</td>
<td>.01%</td>
</tr>
<tr>
<td>3</td>
<td>Community support</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Environmental improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Leadership development and training for community members</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Coalition building</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Community health improvement advocacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Workforce development</td>
<td>1</td>
<td>134</td>
<td>34,068.</td>
<td>34,068.</td>
<td>.01%</td>
</tr>
<tr>
<td>9</td>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Total</td>
<td>2</td>
<td>166</td>
<td>75,580.</td>
<td>75,580.</td>
<td>.02%</td>
</tr>
</tbody>
</table>

### Part III: Bad Debt, Medicare, & Collection Practices

#### Section A. Bad Debt Expense

1. Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? **Yes**

2. Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount: 24,885,048.

3. Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit: 0.

4. Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

#### Section B. Medicare

5. Enter total revenue received from Medicare (including DSH and IME): 160,851,087.

6. Enter Medicare allowable costs of care relating to payments on line 5: 133,953,555.

7. Subtract line 6 from line 5. This is the surplus (or shortfall): 26,897,532.

8. Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6.

#### Section C. Collection Practices

9a. Did the organization have a written debt collection policy during the tax year? **Yes**

9b. If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI: **Yes**

### Part IV: Management Companies and Joint Ventures

- **(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 %
### Part V Facility Information

**Section A. Hospital Facilities**

(list in order of size, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? **2**

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

1. **HOLY CROSS HOSPITAL**
   - 1500 FOREST GLEN ROAD
   - SILVER SPRING, MD 20910
   - WWW.HOLYCROSSHEALTH.ORG
   - MARYLAND LICENSE # 15-016
   - Licensed hospital X X X X

2. **HOLY CROSS GERMANTOWN HOSPITAL**
   - 19801 OBSERVATION DRIVE
   - GERMANTOWN, MD 20876
   - WWW.HOLYCROSSHEALTH.ORG
   - MARYLAND LICENSE #015-080
   - Licensed hospital X X X X

<table>
<thead>
<tr>
<th>Facility reporting group</th>
<th>Licensed hospital</th>
<th>Gen. medical &amp; surgical</th>
<th>Children's hospital</th>
<th>Teaching hospital</th>
<th>Critical access hospital</th>
<th>Research facility</th>
<th>ER24 hours</th>
<th>ERother</th>
<th>Other (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 HOLY CROSS HOSPITAL</td>
<td>X X X X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 HOLY CROSS GERMANTOWN HOSPITAL</td>
<td>X X X X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part V Facility Information (continued)

#### Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

**Name of hospital facility or letter of facility reporting group**

HOLY CROSS HOSPITAL

**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):**

1

**Schedule H (Form 990) 2015 Page**

12

#### Community Health Needs Assessment

<table>
<thead>
<tr>
<th>Line</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?</td>
<td>1</td>
<td>X</td>
</tr>
<tr>
<td>2</td>
<td>Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If “Yes,” provide details of the acquisition in Section C</td>
<td>2</td>
<td>X</td>
</tr>
<tr>
<td>3</td>
<td>During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If “No,” skip to line 12</td>
<td>3</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>If “Yes,” indicate what the CHNA report describes (check all that apply):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>A definition of the community served by the hospital facility</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Demographics of the community</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Existing health care facilities and resources within the community that are available to respond to the health needs of the community</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>How data was obtained</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>The significant health needs of the community</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>The process for identifying and prioritizing community health needs and services to meet the community health needs</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>The process for consulting with persons representing the community’s interests</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Information gaps that limit the hospital facility’s ability to assess the community’s health needs</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Other (describe in Section C)</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

4 Indicate the tax year the hospital facility last conducted a CHNA: 2014

5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If “Yes,” describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted

6a Was the hospital facility’s CHNA conducted with one or more other hospital facilities? If “Yes,” list the other hospital facilities in Section C

6b Was the hospital facility’s CHNA conducted with one or more organizations other than hospital facilities? If “Yes,” list the other organizations in Section C

7 Did the hospital facility make its CHNA report widely available to the public?

8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If “No,” skip to line 11

9 Indicate the tax year the hospital facility last adopted an implementation strategy: 2014

10 Is the hospital facility’s most recently adopted implementation strategy posted on a website?

11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.

12a Did the organization incur an excise tax under section 4959 for the hospital facility’s failure to conduct a CHNA as required by section 501(r)(3)?

12b If “Yes” to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?

12c If “Yes” to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $
Name of hospital facility or letter of facility reporting group: HOLY CROSS HOSPITAL

Financial Assistance Policy (FAP)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the hospital facility have in place during the tax year a written financial assistance policy that:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; indicate the eligibility criteria explained in the FAP:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200% and FPG family income limit for eligibility for discounted care of 400%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Income level other than FPG (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Asset level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Medical indigency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Insurance status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Underinsurance status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Residency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Explained the basis for calculating amounts charged to patients?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>15 Explained the method for applying for financial assistance?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; indicate how the hospital facility’s FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Described the information the hospital facility may require an individual to provide as part of his or her application</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Included measures to publicize the policy within the community served by the hospital facility?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; indicate how the hospital facility publicized the policy (check all that apply):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a The FAP was widely available on a website (list url): SEE PART V, PAGE 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b The FAP application form was widely available on a website (list url): SEE PART V, PAGE 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c A plain language summary of the FAP was widely available on a website (list url): SEE PART V, PAGE 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Notice of availability of the FAP was conspicuously displayed throughout the hospital facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Notified members of the community who are most likely to require financial assistance about availability of the FAP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Billing and Collections

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>18 Check all of the following actions against an individual that were permitted under the hospital facility’s policies during the tax year before making reasonable efforts to determine the individual’s eligibility under the facility’s FAP:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Reporting to credit agency(ies)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Selling an individual’s debt to another party</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Actions that require a legal or judicial process</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Other similar actions (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e None of these actions or other similar actions were permitted</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Part V Facility Information (continued)

### Name of hospital facility or letter of facility reporting group

**HOLY CROSS HOSPITAL**

### 19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual’s eligibility under the facility’s FAP?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

If "Yes," check all actions in which the hospital facility or a third party engaged:

- [ ] Reporting to credit agency(ies)
- [ ] Selling an individual’s debt to another party
- [ ] Actions that require a legal or judicial process
- [ ] Other similar actions (describe in Section C)

### 20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

- [x] Notified individuals of the financial assistance policy on admission
- [x] Notified individuals of the financial assistance policy prior to discharge
- [x] Documented its determination of whether individuals were eligible for financial assistance under the hospital facility’s financial assistance policy
- [ ] Other (describe in Section C)
- [ ] None of these efforts were made

### Policy Relating to Emergency Medical Care

**21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility’s financial assistance policy?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

If "No," indicate why:

- [x] The hospital facility did not provide care for any emergency medical conditions
- [ ] The hospital facility’s policy was not in writing
- [ ] The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
- [ ] Other (describe in Section C)

### Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

**22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- [ ] The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- [ ] The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- [ ] The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- [x] Other (describe in Section C)

**23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

If "Yes," explain in Section C.

**24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

If "Yes," explain in Section C.
Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group  HOLY CROSS GERMANTOWN HOSPITAL

<table>
<thead>
<tr>
<th>Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

### Community Health Needs Assessment

**1.** Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?  \[X\]  

**2.** Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C \[X\]

**3.** During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 \[X\]  

- **a.** A definition of the community served by the hospital facility \[X\]
- **b.** Demographics of the community \[X\]
- **c.** Existing health care facilities and resources within the community that are available to respond to the health needs of the community \[X\]
- **d.** How data was obtained \[X\]
- **e.** The significant health needs of the community \[X\]
- **f.** Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups \[X\]
- **g.** The process for identifying and prioritizing community health needs and services to meet the community health needs \[X\]
- **h.** The process for consulting with persons representing the community's interests \[X\]
- **i.** Information gaps that limit the hospital facility's ability to assess the community's health needs \[X\]
- **j.** Other (describe in Section C)

**4.** Indicate the tax year the hospital facility last conducted a CHNA: 2014

**5.** In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted \[X\]

**6a.** Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C \[X\]

**6b.** Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C

**7.** Did the hospital facility make its CHNA report widely available to the public? \[X\]

- **a.** Hospital facility's website (list url): SEE SCHEDULE H, PART V, SECTION C
- **b.** Other website (list url):
- **c.** Made a paper copy available for public inspection without charge at the hospital facility
- **d.** Other (describe in Section C)

**8.** Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 \[X\]

**9.** Indicate the tax year the hospital facility last adopted an implementation strategy: 2014

**10.** Is the hospital facility's most recently adopted implementation strategy posted on a website? \[X\]

**11.** Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.

**12a.** Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? \[X\]

**12b.** Did the organization file Form 4720 to report the section 4959 excise tax? \[X\]

**12c.** If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $
Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: HOLY CROSS GERMANTOWN HOSPITAL

13 Did the hospital facility have in place during the tax year a written financial assistance policy that:
   a [X] Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? ... 13 X
   b [X] Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 %
   c [X] and FPG family income limit for eligibility for discounted care of 400 %
   [ ] Income level other than FPG (describe in Section C)
   d [X] Medical indigency
   e [X] Insurance status
   f [X] Underinsurance status
   g [X] Residency
   h [X] Other (describe in Section C)

14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?
   a [X] Reporting to credit agency(ies)
   b [X] Selling an individual’s debt to another party
   c [ ] Actions that require a legal or judicial process
   d [X] Other similar actions (describe in Section C)
   e [X] None of these actions or other similar actions were permitted

15 Explained the method for applying for financial assistance?
   a [X] Described the information the hospital facility may require an individual to provide as part of his or her application
   b [X] Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application
   c [X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process
   d [X] Provided the contact information of non-profit organizations or government agencies that may be sources of assistance with FAP applications
   e [ ] Other (describe in Section C)
   f [ ] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications
   g [ ] Other (describe in Section C)

16 Included measures to publicize the policy within the community served by the hospital facility?
   a [X] The FAP was widely available on a website (list url): SEE PART V, PAGE 7
   b [X] The FAP application form was widely available on a website (list url): SEE PART V, PAGE 7
   c [X] A plain language summary of the FAP was widely available on a website (list url): SEE PART V, PAGE 7
   d [X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
   e [X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)
   f [X] A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
   g [X] Notice of availability of the FAP was conspicuously displayed throughout the hospital facility
   h [ ] Notified members of the community who are most likely to require financial assistance about availability of the FAP
   i [ ] Other (describe in Section C)

17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?
   [X] Yes
   [ ] No

18 Check all of the following actions against an individual that were permitted under the hospital facility’s policies during the tax year before making reasonable efforts to determine the individual’s eligibility under the facility’s FAP:
   a [ ] Reporting to credit agency(ies)
   b [ ] Selling an individual’s debt to another party
   c [ ] Actions that require a legal or judicial process
   d [ ] Other similar actions (describe in Section C)
   e [X] None of these actions or other similar actions were permitted
### Part V Facility Information (continued)

<table>
<thead>
<tr>
<th>Name of hospital facility or letter of facility reporting group</th>
<th>HOLY CROSS GERMANTOWN HOSPITAL</th>
</tr>
</thead>
</table>

19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual’s eligibility under the facility’s FAP?

If “Yes,” check all actions in which the hospital facility or a third party engaged:

- [ ] Reporting to credit agency(ies)
- [ ] Selling an individual’s debt to another party
- [ ] Actions that require a legal or judicial process
- [ ] Other similar actions (describe in Section C)

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):

- [ ] Notified individuals of the financial assistance policy on admission
- [ ] Notified individuals of the financial assistance policy prior to discharge
- [ ] Documented its determination of whether individuals were eligible for financial assistance under the hospital facility’s financial assistance policy
- [ ] Other (describe in Section C)
- [ ] None of these efforts were made

**Policy Relating to Emergency Medical Care**

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility’s financial assistance policy?

If “No,” indicate why:

- [ ] The hospital facility did not provide care for any emergency medical conditions
- [ ] The hospital facility’s policy was not in writing
- [ ] The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
- [ ] Other (describe in Section C)

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- [ ] The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- [ ] The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- [ ] The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- [ ] Other (describe in Section C)

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If “Yes,” explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If “Yes,” explain in Section C.
HOLY CROSS HOSPITAL:

PART V, SECTION B, LINE 5: HOLY CROSS HEALTH (HCH) 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 USE THE COMMUNITY HEALTH NEED INDEX AND OTHER AVAILABLE REPORTS AND ASSESSMENTS. WE ALSO CONDUCT AN EXTENSIVE ANALYSIS OF DEMOGRAPHICS, HEALTH INDICATORS AND SOCIAL DETERMINANTS OF HEALTH OF THE COMMUNITIES WE SERVE. FINALLY, WE SEEK EXPERT GUIDANCE FROM A PANEL OF EXTERNAL PARTICIPANTS WITH EXPERTISE IN THE NEEDS OF OUR COMMUNITY.

EACH YEAR SINCE 2005, WE HAVE INVITED INPUT AND OBTAINED ADVICE FROM A GROUP OF EXTERNAL PARTICIPANTS THAT REPRESENT THE INTERESTS OF THE COMMUNITIES WE SERVE. THE GROUP REVIEWS OUR COMMUNITY BENEFIT PLAN, ANNUAL WORK PLAN, FOUNDATION/KEY BACKGROUND MATERIAL, AND DATA SUPPLEMENTS TO ADVISE US ON PRIORITY COMMUNITY NEEDS AND THE DIRECTION TO TAKE FOR THE NEXT YEAR. EXTERNAL GROUP PARTICIPANTS INCLUDE THE PUBLIC HEALTH OFFICER AND THE DIRECTOR OF MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES; A VARIETY OF INDIVIDUALS FROM LOCAL AND STATE GOVERNMENTAL AGENCIES; AND LEADERS FROM COMMUNITY-BASED ORGANIZATIONS, FOUNDATIONS, CHURCHES, COLLEGES, COALITIONS, AND ASSOCIATIONS. THESE PARTICIPANTS ARE EXPERTS IN A RANGE OF AREAS INCLUDING PUBLIC HEALTH, MINORITY POPULATIONS AND HEALTH DISPARITIES, SOCIAL DETERMINANTS OF HEALTH, HEALTH CARE, AND SOCIAL SERVICES. THROUGH GROUP DISCUSSION, THEY PROVIDE INPUT THAT HELPS TO ENSURE THAT WE HAVE IDENTIFIED AND RESPONDED TO THE MOST PRESSING...
On June 9, 2014 we invited representatives from a variety of government and non-profit organizations to provide input on existing and emerging community needs. A wide variety of organizations, representing multiple communities within our community benefit service area, were solicited for input. Input on the needs of low-income, minority, and senior populations were provided by the public health officer and the director of the Montgomery County Department of Health and Human Services, and by a representative from the African American Health Program. Existing and emerging needs of the medically underserved and uninsured populations were provided by a representative from the primary care coalition of Montgomery County, and information on the broader needs of the community we serve was provided by representatives from the American Heart Association, the American Cancer Society, Kaiser Permanente, the Montgomery County Upcounty Regional Services Center, the University of Maryland School of Nursing, the Montgomery County Recreation Department, and the Institute for Public Health Innovation.

Holy Cross Germantown Hospital:

Part V, Section B, line 5: HCH 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 use the community health need index and other available reports and assessments. We also conduct an extensive analysis of demographics, health indicators and social determinants of.
HEALTH OF THE COMMUNITIES WE SERVE. FINALLY, WE SEEK EXPERT GUIDANCE FROM
A PANEL OF EXTERNAL PARTICIPANTS WITH EXPERTISE IN THE NEEDS OF OUR
COMMUNITY.

EACH YEAR SINCE 2005, HCH HAS INVITED INPUT AND OBTAINED ADVICE FROM A
GROUP OF EXTERNAL PARTICIPANTS THAT REPRESENT THE BROAD INTEREST OF THE
COMMUNITY WE SERVE. THE GROUP REVIEWS OUR COMMUNITY BENEFIT PLAN, ANNUAL
WORK PLAN, FOUNDATION/KEY BACKGROUND MATERIAL, AND DATA SUPPLEMENTS TO
ADVISE US ON PRIORITY COMMUNITY NEEDS AND THE DIRECTION TO TAKE FOR THE
NEXT YEAR. EXTERNAL GROUP PARTICIPANTS INCLUDE THE PUBLIC HEALTH OFFICER
AND THE DIRECTOR OF MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN
SERVICES; A VARIETY OF INDIVIDUALS FROM LOCAL AND STATE GOVERNMENTAL
AGENCIES; AND LEADERS FROM COMMUNITY-BASED ORGANIZATIONS, FOUNDATIONS,
CHURCHES, COLLEGES, COALITIONS, AND ASSOCIATIONS. THESE PARTICIPANTS ARE
EXPERTS IN A RANGE OF AREAS INCLUDING PUBLIC HEALTH, MINORITY POPULATIONS
AND HEALTH DISPARITIES, SOCIAL DETERMINANTS OF HEALTH, HEALTH CARE, AND
SOCIAL SERVICES. THROUGH GROUP DISCUSSION, THEY PROVIDE INPUT THAT HELPS
TO ENSURE THAT WE HAVE IDENTIFIED AND RESPONDED TO THE MOST PRESSING
COMMUNITY HEALTH CARE NEEDS.

ON JUNE 9, 2014 WE INVITED REPRESENTATIVES FROM A VARIETY OF GOVERNMENT
AND NON-PROFIT ORGANIZATIONS TO PROVIDE INPUT ON EXISTING AND EMERGING
COMMUNITY NEEDS. A WIDE VARIETY OF ORGANIZATIONS, REPRESENTING MULTIPLE
COMMUNITIES WITHIN OUR COMMUNITY BENEFIT SERVICE AREA, WERE SOLICITED FOR
INPUT. INPUT ON THE NEEDS OF LOW-INCOME, MINORITY, AND SENIOR POPULATIONS
WERE PROVIDED BY THE PUBLIC HEALTH OFFICER AND THE DIRECTOR OF THE
MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES, AND BY A
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2", "B, 3," etc.) and name of hospital facility.

<table>
<thead>
<tr>
<th>Hospital Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOLY CROSS HEALTH, INC.</td>
</tr>
<tr>
<td>HOLY CROSS HOSPITAL:</td>
</tr>
<tr>
<td>PART V, SECTION B, LINE 6A: AS MEMBERS OF HEALTHY MONTGOMERY, MONTGOMERY COUNTY'S COMMUNITY HEALTH IMPROVEMENT PROCESS, HOLY CROSS HOSPITAL CONDUCTED ITS CHNA WITH THE FOLLOWING HOSPITAL FACILITIES: HOLY CROSS GERMANTOWN HOSPITAL, SUBURBAN HOSPITAL, MEDSTAR MONTGOMERY MEDICAL CENTER, WASHINGTON ADVENTIST HOSPITAL, AND SHADY GROVE ADVENTIST HOSPITAL.</td>
</tr>
<tr>
<td>HOLY CROSS GERMANTOWN HOSPITAL:</td>
</tr>
<tr>
<td>PART V, SECTION B, LINE 6A: AS MEMBERS OF HEALTHY MONTGOMERY, MONTGOMERY COUNTY'S COMMUNITY HEALTH IMPROVEMENT PROCESS, HOLY CROSS GERMANTOWN HOSPITAL CONDUCTED ITS CHNA WITH THE FOLLOWING HOSPITAL FACILITIES: HOLY CROSS HOSPITAL, SUBURBAN HOSPITAL, MEDSTAR MONTGOMERY MEDICAL CENTER, WASHINGTON ADVENTIST HOSPITAL, AND SHADY GROVE ADVENTIST HOSPITAL.</td>
</tr>
<tr>
<td>HOLY CROSS HOSPITAL:</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
PART V, SECTION B, LINE 6B: AS MEMBERS OF HEALTHY MONTGOMERY, MONTGOMERY COUNTY'S COMMUNITY HEALTH IMPROVEMENT PROCESS, HOLY CROSS HOSPITAL CONDUCTED ITS CHNA WITH THE FOLLOWING ORGANIZATIONS: MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES, MONTGOMERY COUNTY COMMISSION ON HEALTH, ICF INTERNATIONAL, KAISER PERMANENTE, GARVEY ASSOCIATES, PRIMARY CARE COALITION OF MONTGOMERY COUNTY, MONTGOMERY COUNTY COMMISSION ON AGING, MONTGOMERY COUNTY DEPARTMENT OF PLANNING, MONTGOMERY COUNTY COMMISSION ON PEOPLE WITH DISABILITIES, MONTGOMERY COUNTY MINORITY HEALTH INITIATIVES, PROYECTO SALUD HEALTH CENTER, MONTGOMERY COUNTY DEPARTMENT OF RECREATION, GEORGETOWN UNIVERSITY SCHOOL OF NURSING AND HEALTH STUDIES, MONTGOMERY COUNTY COMMISSION ON VETERANS AFFAIRS, AND MONTGOMERY COUNTY PUBLIC SCHOOL SYSTEM.

HOLY CROSS GERMANTOWN HOSPITAL:

PART V, SECTION B, LINE 6B: AS MEMBERS OF HEALTHY MONTGOMERY, MONTGOMERY COUNTY'S COMMUNITY HEALTH IMPROVEMENT PROCESS, HOLY CROSS GERMANTOWN HOSPITAL CONDUCTED ITS CHNA WITH THE FOLLOWING ORGANIZATIONS: MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES, MONTGOMERY COUNTY COMMISSION ON HEALTH, ICF INTERNATIONAL, KAISER PERMANENTE, GARVEY ASSOCIATES, PRIMARY CARE COALITION OF MONTGOMERY COUNTY, MONTGOMERY COUNTY COMMISSION ON AGING, MONTGOMERY COUNTY DEPARTMENT OF PLANNING, MONTGOMERY COUNTY COMMISSION ON PEOPLE WITH DISABILITIES, MONTGOMERY COUNTY MINORITY HEALTH INITIATIVES, PROYECTO SALUD HEALTH CENTER, MONTGOMERY COUNTY DEPARTMENT OF RECREATION, GEORGETOWN UNIVERSITY SCHOOL OF NURSING AND HEALTH STUDIES, MONTGOMERY COUNTY COMMISSION ON VETERANS AFFAIRS, AND MONTGOMERY COUNTY PUBLIC SCHOOL SYSTEM.
HOLY CROSS GERMANTOWN HOSPITAL:

PART V, SECTION B, LINE 2: HOLY CROSS GERMANTOWN HOSPITAL IS A NEWLY CONSTRUCTED, TAX EXEMPT HOSPITAL, LOCATED AT 19801 OBSERVATION DRIVE IN GERMANTOWN, MARYLAND. HOLY CROSS GERMANTOWN HOSPITAL OPENED IN OCTOBER 2014 AND IS THE FIRST NEW HOSPITAL IN MONTGOMERY COUNTY IN 35 YEARS.

HOLY CROSS HOSPITAL:


TO SELECT OUTREACH PRIORITIES, HCH LINKS COMMUNITY HEALTHCARE NEEDS TO OUR MISSION AND STRATEGIC PRIORITIES. WE DEVELOPED THE FOLLOWING SET OF PRINCIPLES TO HELP DETERMINE OUR HIGHEST PRIORITIES AND GUIDE OUR
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2", "B, 3," etc.) and name of hospital facility.

We fully integrate our commitment to community service into our management and governance structures as well as our strategic and operational plans.

- **DEcision-making about Community Benefit:**
  - Be the Montgomery County leader and a state/national model
  - Take prudent risks and ensure sound financial stewardship and sustainability
  - Be focused on the primary service area
  - Prioritize needs that are consistent with the organization's strengths:
    1. Women/Children (particularly infant mortality and obesity)
    2. Seniors (particularly cardiovascular disease, diabetes, and obesity)
    3. Cancer (particularly breast cancer)
  - Meet HCH's overall commitment to improving access to care and addressing identified community needs:
    1. Access, especially for vulnerable and underserved populations (racial and ethnic population subgroups; uninsured residents; primary care access, especially for chronic conditions including diabetes and heart failure)
    2. Outreach to targeted populations (especially for cancer prevention in African American, African/Caribbean American, Latino American, Asian American, Native American populations); demonstrated improvements in health status (reduction in infant mortality; reduction in percentage of children and adults with obesity; reduction in rate of breast cancer deaths; reduction in preventable hospital admissions for chronic disease)
    3. Ongoing learning and sharing of new knowledge (public education)
  - Have measurable outcomes and be integrated with planning and budgeting
  - Reflect partnership.

WE FULLY INTEGRATE OUR COMMITMENT TO COMMUNITY SERVICE INTO OUR MANAGEMENT AND GOVERNANCE STRUCTURES AS WELL AS OUR STRATEGIC AND OPERATIONAL PLANS,
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

AND WE ARE RIGOROUS IN MONITORING AND EVALUATING OUR PROGRESS. WE SEEK AND NURTURE RELATIONSHIPS WITH A BROAD RANGE OF COLLABORATIVE PARTNERS TO BUILD COMMUNITY AND ORGANIZATIONAL CAPACITY. WE STRIVE TO SUSTAIN AN EFFECTIVE COMMUNITY BENEFIT MINISTRY.

OF THE PRIORITY AREAS IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT, HOLY CROSS HOSPITAL IS FOCUSING ON ALL PRIORITIES IDENTIFIED—MATERNAL AND INFANT HEALTH, SENIORS, CARDIOVASCULAR HEALTH, OBESITY, DIABETES, BEHAVIOR HEALTH AND CANCERS. PROGRAM EXAMPLES OF HOW WE ARE ADDRESSING EACH NEED FOLLOW:

MATERNAL AND INFANT HEALTH: IN 1999, THOUSANDS OF PATIENTS WERE ENTRUSTED TO OUR CARE THROUGH THE MATERNITY PARTNERSHIP PROGRAM, A COLLABORATIVE AGREEMENT BETWEEN HCH AND THE MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES, TO PROVIDE MATERNITY SERVICES TO PATIENTS IN NEED, REGARDLESS OF THEIR ABILITY TO PAY. IN FISCAL YEAR 2016, THROUGH THIS PARTNERSHIP, HCH OFFERED PREGNATAL SERVICES TO MORE THAN 1,200 LOW-INCOME, PREGNANT WOMEN WHO LACKED HEALTH INSURANCE. PREGNATAL SERVICES INCLUDE PREGNATAL CARE, ROUTINE LABORATORY TESTS, PREGNATAL CLASSES, AND A DENTAL SCREENING BY A DENTAL HYGIENIST, IF REFERRED.

SENIORS: SENIOR SOURCE FALLS PREVENTION PROGRAM IS A COMPILATION OF EVIDENCE-BASED FALLS PREVENTION PROGRAMS THAT ARE TARGETED TO SENIORS AGED 55 AND OVER TO INCREASE AWARENESS OF FALL RISK FACTORS AMONG OLDER ADULTS AND TO IMPROVE THE BALANCE OF SENIORS AT-RISK FOR FALLS. IN FISCAL YEAR 2016, THE SENIOR SOURCE FALLS PREVENTION PROGRAM ENROLLED 111 COMMUNITY MEMBERS AND HAD 675 ENCOUNTERS.
Cardiovascular Health: Senior Fit, a free 45-minute exercise program for seniors aged 55 and over, provides age-appropriate exercise classes to minimize symptoms of chronic disease, improve strength, flexibility and cardiovascular endurance, and encourage self-management. In fiscal year 2016, a total of 2,821 Senior Fit classes were held at geographically accessible locations in Montgomery and Prince George’s County. The average weekly unduplicated attendance was 1,213 participants, and total encounters for the year were 122,495.

Obesity: Kids Fit, a one-hour, interactive exercise and nutrition program that targets at-risk youth to improve fitness, teamwork, and knowledge of healthy lifestyle choices among children aged 6 - 12 residing in low-income housing properties. In fiscal year 2016, a total of 244 Kids Fit classes were held at four housing opportunities sites in Montgomery County with an average class attendance of 17, and total encounters for the year were 4,672.

Diabetes: The Diabetes Prevention Program is a 12-month lifestyle modification program that offers nutritional guidance, exercise sessions, and support to help prevent or delay the onset of diabetes. Participants receive tools to help them monitor activity patterns, eating habits, and physical activity to assist them in achieving success. In fiscal year 2016, the Diabetes Prevention Program enrolled 155 community members and had 1,145 encounters.

Behavior Health: Linking Individuals to Community Services (LINCS), a...
POPULATION-BASED PROGRAM DESIGNED TO REDUCE EMERGENCY ROOM UTILIZATION AND HOSPITALIZATION BY ADDRESSING SOCIAL DETERMINANTS OF HEALTH. INDIVIDUALS RESIDING ALONG THE "GEORGIA AVENUE CORRIDOR" ARE LINKED TO PRIMARY CARE, SOCIAL SERVICES AND BEHAVIORAL HEALTH SERVICES TO HELP PREVENT DISEASE AND MAINTAIN OR IMPROVE HEALTH STATUS. IN FISCAL YEAR 2016, 3,435 PERSONS WERE REACHED THROUGH THE LINCS PROGRAM.

CANCERS: MAMMOGRAM ASSISTANCE PROGRAM SERVICES (MAPS) PROVIDES BREAST CANCER EDUCATION, INFORMATION ON BREAST SELF-EXAMS, AND LINKS TO MAMMOGRAM SERVICES FOR UNINSURED/UNDERINSURED WOMEN IN MONTGOMERY AND PRINCE GEORGE'S COUNTY. IN FISCAL YEAR 2016, MAPS PROVIDED 562 FREE MAMMOGRAMS (339 SCREENING, 223 DIAGNOSTIC), 138 BREAST ULTRASOUNDS, 46 SURGICAL REFERRALS; AND NO CANCERS WERE FOUND. THE AVERAGE TIME FROM ABNORMAL FINDINGS TO DIAGNOSTIC SERVICES IS TWO WEEKS, AND 171 PARTICIPANTS WITH ABNORMAL FINDINGS WERE PROVIDED CASE MANAGEMENT AND NAVIGATION SERVICES. A TOTAL OF 12,383 PARTICIPANTS WERE EDUCATED ABOUT BREAST CANCER AND THE IMPORTANCE OF EARLY DETECTION. MAPS ALSO ACHIEVED A 100% SUCCESS RATE IN LINKING LOW-INCOME ELIGIBLE PARTICIPANTS TO THE STATE OF MARYLAND BREAST AND CERVICAL CANCER DIAGNOSIS AND TREATMENT PROGRAM.

HOLY CROSS GERMANTOWN HOSPITAL:

PART V, SECTION B, LINE 11: HCH ADDRESSES THE UNMET NEEDS WITHIN THE CONTEXT OF OUR OVERALL APPROACH, MISSION COMMITMENTS AND KEY CLINICAL STRENGTHS, AND WITHIN THE OVERALL GOALS OF HEALTHY MONTGOMERY. KEY FINDINGS FROM ALL DATA SOURCES, INCLUDING DATA PROVIDED BY HEALTHY MONTGOMERY, OUR EXTERNAL REVIEW GROUP, AND HOSPITAL AVAILABLE DATA WERE REVIEWED, AND THE MOST PRESSING NEEDS WERE INCORPORATED INTO OUR
IMPLEMENTATION STRATEGY. THE IMPLEMENTATION STRATEGY REFLECTS HCH'S OVERALL APPROACH TO COMMUNITY BENEFIT BY TARGETING THE INTERSECTION BETWEEN THE IDENTIFIED NEEDS OF THE COMMUNITY AND THE KEY STRENGTHS AND MISSION COMMITMENTS OF THE ORGANIZATION TO HELP BUILD THE CONTINUUM OF CARE. WE HAVE ESTABLISHED LEADERSHIP ACCOUNTABILITY AND AN ORGANIZATIONAL STRUCTURE FOR ONGOING PLANNING, BUDGETING, IMPLEMENTATION AND EVALUATION OF COMMUNITY BENEFIT ACTIVITIES, WHICH ARE INTEGRATED INTO OUR MULTI-YEAR STRATEGIC AND ANNUAL OPERATING PLANNING PROCESSES.

TO SELECT OUTREACH PRIORITIES, HCH LINKS COMMUNITY HEALTHCARE NEEDS TO OUR MISSION AND STRATEGIC PRIORITIES. WE DEVELOPED THE FOLLOWING SET OF PRINCIPLES TO HELP DETERMINE OUR HIGHEST PRIORITIES AND GUIDE OUR DECISION-MAKING ABOUT COMMUNITY BENEFIT:

- BE THE MONTGOMERY COUNTY LEADER AND A STATE/NATIONAL MODEL
- TAKE PRUDENT RISKS AND ENSURE SOUND FINANCIAL STEWARDSHIP AND SUSTAINABILITY
- BE FOCUSED ON THE PRIMARY SERVICE AREA
- PRIORITIZE NEEDS THAT ARE CONSISTENT WITH THE ORGANIZATION'S STRENGTHS:
  1. WOMEN/CHILDREN (PARTICULARLY INFANT MORTALITY AND OBESITY)
  2. SENIORS (PARTICULARLY CARDIOVASCULAR DISEASE, DIABETES, AND OBESITY)
  3. CANCER (PARTICULARLY BREAST CANCER)
- MEET HCH'S OVERALL COMMITMENT TO IMPROVING ACCESS TO CARE AND ADDRESSING IDENTIFIED COMMUNITY NEEDS:
  1. ACCESS, ESPECIALLY FOR VULNERABLE AND UNDERSERVED POPULATIONS (RACIAL AND ETHNIC POPULATION SUBGROUPS; UNINSURED RESIDENTS; PRIMARY CARE ACCESS, ESPECIALLY FOR CHRONIC CONDITIONS INCLUDING DIABETES AND HEART FAILURE)
  2. OUTREACH TO TARGETED POPULATIONS (ESPECIALLY FOR CANCER PREVENTION IN
ACFICAN AMERICAN, AFRICAN/CARIBBEAN AMERICAN, LATINO AMERICAN, ASIAN
AMERICAN, NATIVE AMERICAN POPULATIONS); DEMONSTRATED IMPROVEMENTS IN
HEALTH STATUS (REDUCTION IN INFANT MORTALITY; REDUCTION IN PERCENTAGE OF
CHILDREN AND ADULTS WITH OBESITY; REDUCTION IN RATE OF BREAST CANCER
DEATHS; REDUCTION IN PREVENTABLE HOSPITAL ADMISSIONS FOR CHRONIC DISEASE)

3. ONGOING LEARNING AND SHARING OF NEW KNOWLEDGE (PUBLIC EDUCATION)
- HAVE MEASURABLE OUTCOMES AND BE INTEGRATED WITH PLANNING AND BUDGETING
- REFLECT PARTNERSHIP.

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 SEEK AND
NUTURE RELATIONSHIPS WITH A BROAD RANGE OF COLLABORATIVE PARTNERS TO
BUILD COMMUNITY AND ORGANIZATIONAL CAPACITY. WE STRIVE TO SUSTAIN AN
EFFECTIVE COMMUNITY BENEFIT MINISTRY.

OF THE PRIORITY AREAS IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT,
HOLY CROSS GERMANTOWN HOSPITAL IS FOCUSING ON ALL PRIORITIES
IDENTIFIED—MATERNAL AND INFANT HEALTH, SENIORS, CARDIOVASCULAR HEALTH,
OBESITY, DIABETES, BEHAVIOR HEALTH AND CANCERS. PROGRAM EXAMPLES OF HOW WE
ARE ADDRESSING EACH NEED FOLLOW:

MATERNAL AND INFANT HEALTH: IN 1999, THOUSANDS OF PATIENTS WERE ENTRUSTED
TO OUR CARE THROUGH THE MATERNITY PARTNERSHIP PROGRAM, A COLLABORATIVE
AGREEMENT BETWEEN HCH AND THE MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND
HUMAN SERVICES, TO PROVIDE MATERNITY SERVICES TO PATIENTS IN NEED,
REGARDLESS OF THEIR ABILITY TO PAY. IN FISCAL YEAR 2016, THROUGH THIS
PARTNERSHIP, HCH OFFERED PRENATAL SERVICES TO MORE THAN 1,200 LOW-INCOME, PREGNANT WOMEN WHO LACKED HEALTH INSURANCE. PRENATAL SERVICES INCLUDE SCREENING BY A DENTAL HYGIENIST, IF REFERRED.

SENIORS: SENIOR SOURCE FALLS PREVENTION PROGRAM IS A COMPILATION OF EVIDENCE-BASED FALLS PREVENTION PROGRAMS THAT ARE TARGETED TO SENIORS AGED 55 AND OVER TO INCREASE AWARENESS OF FALL RISK FACTORS AMONG OLDER ADULTS AND TO IMPROVE THE BALANCE OF SENIORS AT-RISK FOR FALLS. IN FISCAL YEAR 2016, THE SENIOR SOURCE FALLS PREVENTION PROGRAM ENROLLED 111 COMMUNITY MEMBERS AND HAD 675 ENCOUNTERS.

CARDIOVASCULAR HEALTH: SENIOR FIT, A FREE 45-MINUTE EXERCISE PROGRAM FOR SENIORS AGED 55 AND OVER, PROVIDES AGE APPROPRIATE EXERCISE CLASSES TO MINIMIZE SYMPTOMS OF CHRONIC DISEASE, IMPROVE STRENGTH, FLEXIBILITY AND CARDIOVASCULAR ENDURANCE, AND ENCOURAGE SELF-MANAGEMENT. IN FISCAL YEAR 2016, A TOTAL OF 2,821 SENIOR FIT CLASSES WERE HELD AT GEOGRAPHICALLY ACCESSIBLE LOCATIONS IN MONTGOMERY AND PRINCE GEORGE'S COUNTY. THE AVERAGE WEEKLY UNDUPLICATED ATTENDANCE WAS 1,213 PARTICIPANTS AND TOTAL ENCOUNTERS FOR THE YEAR WERE 122,495.

OBESITY: KIDS FIT, A ONE-HOUR, INTERACTIVE EXERCISE AND NUTRITION PROGRAM THAT TARGETS AT-RISK YOUTH TO IMPROVE FITNESS, TEAM WORK, AND KNOWLEDGE OF HEALTHY LIFESTYLE CHOICES AMONG CHILDREN AGED 6 - 12 RESIDING IN LOW-INCOME HOUSING PROPERTIES. IN FISCAL YEAR 2016, A TOTAL OF 244 KIDS FIT CLASSES WERE HELD AT FOUR HOUSING OPPORTUNITIES SITES IN MONTGOMERY COUNTY WITH AN AVERAGE CLASS ATTENDANCE OF 17, AND TOTAL ENCOUNTERS FOR
THE YEAR WERE 4,672.

DIABETES: THE DIABETES PREVENTION PROGRAM IS A 12-MONTH LIFESTYLE MODIFICATION PROGRAM THAT OFFERS NUTRITIONAL GUIDANCE, EXERCISE SESSIONS, AND SUPPORT TO HELP PREVENT OR DELAY THE ONSET OF DIABETES. PARTICIPANTS RECEIVE TOOLS TO HELP THEM MONITOR ACTIVITY PATTERNS, EATING HABITS, AND PHYSICAL ACTIVITY TO ASSIST THEM IN ACHIEVING SUCCESS. IN FISCAL YEAR 2016, THE DIABETES PREVENTION PROGRAM ENROLLED 155 COMMUNITY MEMBERS AND HAD 1,145 ENCOUNTERS.

BEHAVIOR HEALTH: LINKING INDIVIDUALS TO COMMUNITY SERVICES (LINCS), A POPULATION-BASED PROGRAM DESIGNED TO REDUCE EMERGENCY ROOM UTILIZATION AND HOSPITALIZATION BY ADDRESSING SOCIAL DETERMINANTS OF HEALTH. INDIVIDUALS RESIDING ALONG THE "GEORGIA AVENUE CORRIDOR" ARE LINKED TO PRIMARY CARE, SOCIAL SERVICES AND BEHAVIORAL HEALTH SERVICES TO HELP PREVENT DISEASE AND MAINTAIN OR IMPROVE HEALTH STATUS. IN FISCAL YEAR 2016, 3,435 PERSONS WERE REACHED THROUGH THE LINCS PROGRAM.

CANCERS: MAMMOGRAM ASSISTANCE PROGRAM SERVICES (MAPS) PROVIDES BREAST CANCER EDUCATION, INFORMATION ON BREAST SELF-EXAMS, AND LINKS TO MAMMOGRAM SERVICES FOR UNINSURED/UNDERINSURED WOMEN IN MONTGOMERY AND PRINCE GEORGE'S COUNTY. IN FISCAL YEAR 2016, MAPS PROVIDED 562 FREE MAMMOGRAMS (339 SCREENING, 223 DIAGNOSTIC), 138 BREAST ULTRASOUNDS, 46 SURGICAL REFERRALS; AND NO CANCERS WERE FOUND. THE AVERAGE TIME FROM ABNORMAL FINDINGS TO DIAGNOSTIC SERVICES IS TWO WEEKS, AND 171 PARTICIPANTS WITH ABNORMAL FINDINGS WERE PROVIDED CASE MANAGEMENT AND NAVIGATION SERVICES. A TOTAL OF 12,383 PARTICIPANTS WERE EDUCATED ABOUT BREAST CANCER AND THE
IMPORTANCE OF EARLY DETECTION. MAPS ALSO ACHIEVED A 100% SUCCESS RATE IN LINKING LOW-INCOME ELIGIBLE PARTICIPANTS TO THE STATE OF MARYLAND BREAST AND CERVICAL CANCER DIAGNOSIS AND TREATMENT PROGRAM.

HOLY CROSS HOSPITAL:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL AND/OR SOCIAL INFORMATION. THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON AVAILABLE INFORMATION. EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED PATIENTS WITH NO KNOWN ESTATE, THE HOMELESS, UNEMPLOYED PATIENTS, NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.

FOR THE PURPOSE OF HELPING FINANCIALLY NEEDY PATIENTS, A THIRD PARTY IS UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL NEED. THIS REVIEW UTILIZES A HEALTHCARE INDUSTRY-RECOGNIZED, PREDICTIVE MODEL THAT IS BASED ON PUBLIC RECORD DATABASES. THESE PUBLIC RECORDS ENABLE THE HOSPITAL TO ASSESS WHETHER THE PATIENT IS CHARACTERISTIC OF OTHER PATIENTS WHO HAVE HISTORICALLY QUALIFIED FOR FINANCIAL ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS. IN CASES WHERE THERE IS AN ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT, AND AFTER EFFORTS TO CONFIRM COVERAGE AVAILABILITY, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY NEEDY PATIENTS.
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A (“A, 1,” “A, 4,” “B, 2,” “B, 3,” etc.) and name of hospital facility.

HOLY CROSS GERMANTOWN HOSPITAL:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL AND/OR SOCIAL INFORMATION.

THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON AVAILABLE INFORMATION. EXAMPLES OF PRESumptIVE CASES INCLUDE: DECEASED PATIENTS WITH NO KNOWN ESTATE, THE HOMELESS, UNEMPLOYED PATIENTS, NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.

FOR THE PURPOSE OF HELPING FINANCIALLY NEEDY PATIENTS, A THIRD PARTY IS UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL NEED. THIS REVIEW UTILIZES A HEALTHCARE INDUSTRY-RECOGNIZED, PREDICTIVE MODEL THAT IS BASED ON PUBLIC RECORD DATABASES. THESE PUBLIC RECORDS ENABLE THE HOSPITAL TO ASSESS WHETHER THE PATIENT IS CHARACTERISTIC OF OTHER PATIENTS WHO HAVE HISTORICALLY QUALIFIED FOR FINANCIAL ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS. IN CASES WHERE THERE IS AN ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT, AND AFTER EFFORTS TO CONFIRM COVERAGE AVAILABILITY, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC METHOD TO GRANT PRESumptIVE ELIGIBILITY TO FINANCIALLY NEEDY PATIENTS.

HOLY CROSS HOSPITAL

PART V, LINE 16A, FAP WEBSITE:
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

HTTP://WWW.HOLYCROSSHEALTH.ORG/FINANCIAL-INFORMATION-AND-ASSISTANCE

HOLY CROSS GERMANTOWN HOSPITAL

PART V, LINE 16A, FAP WEBSITE:

HTTP://WWW.HOLYCROSSHEALTH.ORG/FINANCIAL-INFORMATION-AND-ASSISTANCE

HOLY CROSS HOSPITAL

PART V, LINE 16B, FAP APPLICATION WEBSITE:

HTTP://WWW.HOLYCROSSHEALTH.ORG/FINANCIAL-INFORMATION-AND-ASSISTANCE

HOLY CROSS GERMANTOWN HOSPITAL

PART V, LINE 16B, FAP APPLICATION WEBSITE:

HTTP://WWW.HOLYCROSSHEALTH.ORG/FINANCIAL-INFORMATION-AND-ASSISTANCE

HOLY CROSS HOSPITAL

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

HTTP://WWW.HOLYCROSSHEALTH.ORG/FINANCIAL-INFORMATION-AND-ASSISTANCE

HOLY CROSS GERMANTOWN HOSPITAL

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

HTTP://WWW.HOLYCROSSHEALTH.ORG/FINANCIAL-INFORMATION-AND-ASSISTANCE

HOLY CROSS HOSPITAL:

PART V, SECTION B, LINE 22D: PATIENTS WITH INCOME AT OR BELOW 200% OF THE FEDERAL POVERTY GUIDELINES (FPG) ARE ELIGIBLE FOR 100% CHARITY CARE WRITE OFF OF THE CHARGES FOR MEDICALLY NECESSARY SERVICES. PATIENTS WITH INCOME
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

BETWEEN 201% AND 400% OF THE FPG RECEIVE A PERCENTAGE DISCOUNT OFF TOTAL CHARGES FOR MEDICALLY NECESSARY SERVICES BASED UPON A SLIDING SCALE.

HOLY CROSS GERMANTOWN HOSPITAL:

PART V, SECTION B, LINE 22D: PATIENTS WITH INCOME AT OR BELOW 200% OF THE FEDERAL POVERTY GUIDELINES (FPG) ARE ELIGIBLE FOR 100% CHARITY CARE WRITE OFF OF THE CHARGES FOR MEDICALLY NECESSARY SERVICES. PATIENTS WITH INCOME BETWEEN 201% AND 400% OF THE FPG RECEIVE A PERCENTAGE DISCOUNT OFF TOTAL CHARGES FOR MEDICALLY NECESSARY SERVICES BASED UPON A SLIDING SCALE.

HOLY CROSS HOSPITAL - PART V, SECTION B, LINE 7A:

HTTP://WWW.HOLYCROSSHEALTH.ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

HOLY CROSS GERMANTOWN HOSPITAL - PART V, SECTION B, LINE 7A:

HTTP://WWW.HOLYCROSSHEALTH.ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

HOLY CROSS GERMANTOWN HOSPITAL - PART V, SECTION B, LINE 10A:

HTTP://WWW.HOLYCROSSHEALTH.ORG/COMMUNITY-BENEFIT-IMPLEMENTATION-PLAN

HOLY CROSS HOSPITAL - PART V, SECTION B, LINE 10A:

HTTP://WWW.HOLYCROSSHEALTH.ORG/COMMUNITY-BENEFIT-IMPLEMENTATION-PLAN
### Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 15

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Type of Facility (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 HOLY CROSS RADIATION TRTMNT CENTER</td>
<td>CANCER TREATMENT</td>
</tr>
<tr>
<td>2121 MEDICAL PARK DR., SUITE 4</td>
<td></td>
</tr>
<tr>
<td>SILVER SPRING, MD 20902</td>
<td></td>
</tr>
<tr>
<td>2 HOLY CROSS DIALYSIS CTR AT WOODMORE</td>
<td>DIALYSIS TREATMENT</td>
</tr>
<tr>
<td>11721 WOODMORE ROAD</td>
<td></td>
</tr>
<tr>
<td>MITCHELLEVILLE, MD 20721</td>
<td></td>
</tr>
<tr>
<td>3 HOLY CROSS HEALTH CTR - GAITHERSBURG</td>
<td>HEALTH CLINIC</td>
</tr>
<tr>
<td>702 RUSSELL AVENUE, SUITE 100</td>
<td></td>
</tr>
<tr>
<td>GAITHERSBURG, MD 20877</td>
<td></td>
</tr>
<tr>
<td>4 HOLY CROSS HEALTH CTR - ASPEN HILL</td>
<td>HEALTH CLINIC</td>
</tr>
<tr>
<td>13975 CONNECTICUT AVE., 2ND FLOOR</td>
<td></td>
</tr>
<tr>
<td>ASPEN HILL, MD 20906</td>
<td></td>
</tr>
<tr>
<td>5 HOLY CROSS HEALTH CTR - SILVER SPRING</td>
<td>HEALTH CLINIC</td>
</tr>
<tr>
<td>7987 GEORGIA AVENUE</td>
<td></td>
</tr>
<tr>
<td>SILVER SPRING, MD 20910</td>
<td></td>
</tr>
<tr>
<td>6 HOLY CROSS MEDICAL ADULT DAY CENTER</td>
<td>ADULT DAY CARE</td>
</tr>
<tr>
<td>9805 DAMERON DRIVE</td>
<td></td>
</tr>
<tr>
<td>SILVER SPRING, MD 20902</td>
<td></td>
</tr>
<tr>
<td>7 MARYLAND CARE, INC</td>
<td>MANAGED CARE</td>
</tr>
<tr>
<td>509 PROGRESS DRIVE</td>
<td></td>
</tr>
<tr>
<td>LINTHICUM HEIGHTS, MD 21090</td>
<td></td>
</tr>
<tr>
<td>8 CHESAPEAKE POTOMAC REGIONAL CANCER CT</td>
<td>CANCER TREATMENT</td>
</tr>
<tr>
<td>30077 BUSINESS CENTER DRIVE</td>
<td></td>
</tr>
<tr>
<td>CHARLOTTE HALL, MD 20622</td>
<td></td>
</tr>
<tr>
<td>9 CHESAPEAKE POTOMAC REGIONAL CANCER CT</td>
<td>CANCER TREATMENT</td>
</tr>
<tr>
<td>11340 PEMBROOKE SQUARE, SUITE 201</td>
<td></td>
</tr>
<tr>
<td>WALDORF, MD 20603</td>
<td></td>
</tr>
<tr>
<td>10 HOLY CROSS SENIOR SOURCE</td>
<td>HEALTH SCREENING</td>
</tr>
<tr>
<td>8580 SECOND AVENUE</td>
<td></td>
</tr>
<tr>
<td>SILVER SPRING, MD 20910</td>
<td></td>
</tr>
</tbody>
</table>
### Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Type of Facility (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 DOCTORS REGIONAL CANCER CENTER</td>
<td>CANCER TREATMENT</td>
</tr>
<tr>
<td>8116 GOOD LUCK ROAD, SUITE 005</td>
<td></td>
</tr>
<tr>
<td>LANHAM, MD 20706</td>
<td></td>
</tr>
<tr>
<td>12 DOCTORS REGIONAL CANCER CENTER</td>
<td>CANCER TREATMENT</td>
</tr>
<tr>
<td>4901 TELSA DRIVE, SUITE A</td>
<td></td>
</tr>
<tr>
<td>BOWIE, MD 20715</td>
<td></td>
</tr>
<tr>
<td>13 HCH PARTNERS AT ASBURY METHODIST</td>
<td>PRIMARY CARE</td>
</tr>
<tr>
<td>201 RUSSELL AVE</td>
<td></td>
</tr>
<tr>
<td>GAITHERSBURG, MD 20877</td>
<td></td>
</tr>
<tr>
<td>14 HC HEALTH PARTNERS IN KENSINGTON</td>
<td>PRIMARY CARE</td>
</tr>
<tr>
<td>3720 FARRAGUT AVE</td>
<td></td>
</tr>
<tr>
<td>KENSINGTON, MD 20895</td>
<td></td>
</tr>
<tr>
<td>15 HOLY CROSS HEALTH CTR - GERMANTOWN</td>
<td>HEALTH CLINIC</td>
</tr>
<tr>
<td>12800 MIDDLEBROOK RD, SUITE 206</td>
<td></td>
</tr>
<tr>
<td>GERMANTOWN, MD 20874</td>
<td></td>
</tr>
</tbody>
</table>
Provide the following information.

1 Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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 financial assistance policy.

4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 Promotion of community health. Provide any other information important to describing how the organization’s hospital facilities 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.).

6 Affiliated health care system. 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.

7 State filing of community benefit report. If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C:
IN ADDITION TO LOOKING AT A MULTIPLE OF THE FEDERAL POVERTY GUIDELINES, OTHER FACTORS ARE CONSIDERED SUCH AS THE PATIENT'S FINANCIAL STATUS AND/OR ABILITY TO PAY AS DETERMINED THROUGH THE ASSESSMENT PROCESS.

PART I, LINE 6A:
HOLY CROSS HEALTH (HCH) PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT FOR HOLY CROSS HOSPITAL AND HOLY CROSS GERMANTOWN HOSPITAL, WHICH IT SUBMITS TO THE STATE OF MARYLAND. DUE TO MARYLAND'S UNIQUE ALL PAYER SYSTEM THE VALUES REPORTED ON PART I, LINE 7B ARE DIFFERENT FROM THOSE REPORTED TO THE STATE OF MARYLAND. SEE PART I, LINE 7B BELOW. IN ADDITION, HCH REPORTS ITS COMMUNITY BENEFIT INFORMATION AS PART OF THE CONSOLIDATED COMMUNITY BENEFIT INFORMATION REPORTED BY TRINITY HEALTH (EIN 35-1443425) IN ITS AUDITED FINANCIAL STATEMENTS, AVAILABLE AT WWW.TRINITY-HEALTH.ORG.

IN ADDITION, HCH INCLUDES A COPY OF ITS MOST RECENTLY FILED SCHEDULE H ON BOTH ITS OWN WEBSITE AND TRINITY HEALTH'S WEBSITE.
PART I, LINE 7:

THE BEST AVAILABLE DATA WAS USED TO CALCULATE THE COST AMOUNTS REPORTED IN ITEM 7. FOR CERTAIN CATEGORIES, PRIMARILY TOTAL CHARITY CARE AND MEANS-TESTED GOVERNMENT PROGRAMS, SPECIFIC COST-TO-CHARGE RATIOS WERE CALCULATED AND APPLIED TO THOSE CATEGORIES. THE COST-TO-CHARGE RATIO WAS DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES. IN OTHER CATEGORIES, THE BEST AVAILABLE DATA WAS DERIVED FROM THE HOSPITAL'S COST ACCOUNTING SYSTEM.

PART I, LINE 7A: MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE SETTING PROCESS AND ALL PAYERS, INCLUDING GOVERNMENTAL PAYERS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL PAYER SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYERS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAK OUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE.

PART I, LINE 7B: THE VALUES REPORTED ARE DIFFERENT FROM THOSE REPORTED TO THE STATE OF MARYLAND. MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE SETTING PROCESS AND ALL PAYERS, INCLUDING GOVERNMENTAL PAYERS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL PAYER SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYERS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAK OUT ANY DIRECT OFFSETTING REVENUE.
RELATED TO UNCOMPENSATED CARE. 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.

PART I, LN 7 COL(F):

THE FOLLOWING NUMBER, $24,885,048, REPRESENTS THE AMOUNT OF BAD DEBT EXPENSE INCLUDED IN TOTAL FUNCTIONAL EXPENSES IN FORM 990, PART IX, LINE 25. PER IRS INSTRUCTIONS, THIS AMOUNT WAS EXCLUDED FROM THE DENOMINATOR WHEN CALCULATING THE PERCENT OF TOTAL EXPENSE FOR SCHEDULE H, PART I, LINE 7, COLUMN (F).

PART II, COMMUNITY BUILDING ACTIVITIES:

AS COMMUNITIES THROUGHOUT MONTGOMERY COUNTY GROW MORE DIVERSE, CERTAIN POPULATIONS CONTINUE TO EXPERIENCE POORER HEALTH AND DISPROPORTIONATE RATES OF ILLNESS AND DEATH. HCH HAS PIONEERED INNOVATIVE EFFORTS TO BETTER MEET THE NEEDS OF VULNERABLE AND UNDERSERVED POPULATIONS, INCLUDING RACIAL, ETHNIC AND LINGUISTIC MINORITIES THAT GO BEYOND CLINICAL CARE TO ADDRESS SOCIAL DETERMINANTS OF HEALTH ISSUES THAT HAVE AN INDIRECT IMPACT ON HEALTH STATUS.

IN FISCAL YEAR 2016, HCH PROVIDED $75,580 IN TOTAL COMMUNITY BUILDING THROUGH ITS PARTNERSHIP WITH THE DON BOSCO CRISTO REY HIGH SCHOOL AND THROUGH ITS PATHWAYS TO INDEPENDENT EMPLOYMENT PROGRAM. THE DON BOSCO CRISTO REY WORK STUDY PROGRAM, A YOUTH ASSET DEVELOPMENT PROGRAM, PROVIDES LOW-INCOME STUDENTS AN OPPORTUNITY TO EARN 63 PERCENT OF THE COST OF THEIR
COLLEGE PREP EDUCATION WHILE GAINING VALUABLE JOB EXPERIENCE.

THE PATHWAYS TO INDEPENDENT EMPLOYMENT PROGRAM WORKS WITH COMMUNITY AND GOVERNMENTAL ORGANIZATIONS TO HIRE INDIVIDUALS WHO ARE TRYING TO BREAK FROM THE CYCLE OF POVERTY BUT FACE BARRIERS TO SECURING LONG-TERM, STABLE EMPLOYMENT. BARRIERS TO EMPLOYMENT INCLUDE LACK OF ECONOMIC OPPORTUNITY, LACK OF EDUCATION/SKILLS, AND/OR PRIOR LEGAL OFFENSES. THESE HARD TO HIRE INDIVIDUALS INCLUDE WOUNDED WARRIORS AND VETERANS RETURNING TO OUR COMMUNITY, HOMELESS INDIVIDUALS, SENIORS, SINGLE MOTHERS, AND AT-RISK YOUTH.

PART III, LINE 2:
METHODOLOGY USED FOR LINE 2 - ANY DISCOUNTS PROVIDED OR PAYMENTS MADE TO A PARTICULAR PATIENT ACCOUNT ARE APPLIED TO THAT PATIENT ACCOUNT PRIOR TO ANY BAD DEBT WRITE-OFF AND ARE THUS NOT INCLUDED IN BAD DEBT EXPENSE. AS A RESULT OF THE PAYMENT AND ADJUSTMENT ACTIVITY BEING POSTED TO BAD DEBT ACCOUNTS, WE ARE ABLE TO REPORT BAD DEBT EXPENSE NET OF THESE TRANSACTIONS.

PART III, LINE 3:
HCH USES A PREDICTIVE MODEL THAT INCORPORATES THREE DISTINCT VARIABLES IN COMBINATION TO PREDICT WHETHER A PATIENT QUALIFIES FOR CHARITY: (1) SOCIO-ECONOMIC SCORE, (2) ESTIMATED FEDERAL POVERTY LEVEL (FPL), AND (3) HOMEOWNERSHIP. BASED ON THE MODEL, CHARITY CARE CAN STILL BE EXTENDED TO PATIENTS EVEN IF THEY HAVE NOT RESPONDED TO FINANCIAL COUNSELING EFFORTS AND ALL OTHER FUNDING SOURCES HAVE BEEN EXHAUSTED. FOR FINANCIAL STATEMENT PURPOSES, HCH IS RECORDING AMOUNTS AS CHARITY CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON THE RESULTS OF THE PREDICTIVE MODEL. THEREFORE, HCH IS
REPORTING ZERO ON LINE 3, SINCE THEORETICALLY ANY POTENTIAL CHARITY CARE SHOULD HAVE BEEN IDENTIFIED THROUGH THE PREDICTIVE MODEL.

PART III, LINE 4:


PART III, LINE 8:

HCH DOES NOT BELIEVE ANY MEDICARE SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT. THIS IS SIMILAR TO CATHOLIC HEALTH ASSOCIATION RECOMMENDATIONS, WHICH STATE THAT SERVING MEDICARE PATIENTS IS NOT A DIFFERENTIATING FEATURE OF TAX-EXEMPT HEALTHCARE ORGANIZATIONS AND THAT THE EXISTING COMMUNITY BENEFIT FRAMEWORK ALLOWS COMMUNITY BENEFIT PROGRAMS THAT SERVE THE MEDICARE POPULATION TO BE COUNTED IN OTHER COMMUNITY BENEFIT
CATEGORIES.

PART III, LINE 8: COSTING METHODOLOGY FOR LINE 6 - MEDICARE COSTS WERE OBTAINED FROM THE FILED MEDICARE COST REPORT. THE COSTS ARE BASED ON MEDICARE ALLOWABLE COSTS AS REPORTED ON WORKSHEET B, COLUMN 27, WHICH EXCLUDE DIRECT MEDICAL EDUCATION COSTS. INPATIENT MEDICARE COSTS ARE CALCULATED BASED ON A COMBINATION OF ALLOWABLE COST PER DAY TIMES MEDICARE DAYS FOR ROUTINE SERVICES AND COST TO CHARGE RATIO TIMES MEDICARE CHARGES FOR ANCILLARY SERVICES. OUTPATIENT MEDICARE COSTS ARE CALCULATED BASED ON COST TO CHARGE RATIO TIMES MEDICARE CHARGES BY ANCILLARY DEPARTMENT.

PART III, LINE 9B:

THE HOSPITAL’S COLLECTION POLICY CONTAINS PROVISIONS ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE. CHARITY DISCOUNTS ARE APPLIED TO THE AMOUNTS THAT QUALIFY FOR FINANCIAL ASSISTANCE. COLLECTION PRACTICES FOR THE REMAINING BALANCES ARE CLEARLY OUTLINED IN THE ORGANIZATION’S COLLECTION POLICY. THE HOSPITAL HAS IMPLEMENTED BILLING AND COLLECTION PRACTICES FOR PATIENT PAYMENT OBLIGATIONS THAT ARE FAIR, CONSISTENT AND COMPLIANT WITH STATE AND FEDERAL REGULATIONS.

PART VI, LINE 2:

NEEDS ASSESSMENT - HEALTHY MONTGOMERY, MONTGOMERY COUNTY’S COMMUNITY HEALTH IMPROVEMENT PROCESS, IS SUPPORTED FINANCIALLY BY ALL SIX HOSPITALS IN MONTGOMERY COUNTY AND SERVES AS THE BASE FOR HOLY CROSS HOSPITAL’S AND HOLY CROSS GERMANTOWN HOSPITAL’S NEEDS ASSESSMENT. THE HEALTHY MONTGOMERY STEERING COMMITTEE IS COMPRISED OF GOVERNMENT AGENCIES, HOSPITAL SYSTEMS, MINORITY HEALTH PROGRAMS/INITIATIVES, ADVOCACY GROUPS, ACADEMIC
INSTITUTIONS, COMMUNITY-BASED SERVICE PROVIDERS AND OTHER STAKEHOLDERS. IT IS AN ONGOING EFFORT THAT IS A FORMAL COUNTY-WIDE PROCESS THAT USES PRIMARY AND SECONDARY DATA TO IDENTIFY AND ADDRESS KEY PRIORITY AREAS TO ACHIEVE OPTIMAL HEALTH AND WELL-BEING FOR ALL MONTGOMERY COUNTY RESIDENTS.

IN ADDITION TO HEALTHY MONTGOMERY, WE USE A RANGE OF OTHER SPECIFIC NEEDS ASSESSMENTS AND REPORTS TO IDENTIFY UNMET NEEDS, ESPECIALLY FOR UNDERSERVED MINORITIES, SENIORS, AND WOMEN AND CHILDREN. OUR WORK IS BUILT ON PAST AVAILABLE NEEDS ASSESSMENTS, AND WE USE THESE DOCUMENTS AS REFERENCE TOOLS, INCLUDING THE FOLLOWING KEY RESOURCES:

- MARYLAND STATE HEALTH IMPROVEMENT PROCESS

- PRINCE GEORGE'S COUNTY HEALTH IMPROVEMENT PLAN 2011-2014

- AFRICAN AMERICAN HEALTH PROGRAM STRATEGIC PLAN TOWARD HEALTH EQUITY, 2009-2014;

- BLUEPRINT FOR LATINO HEALTH IN MONTGOMERY COUNTY, MARYLAND, 2008-2012;

- ASIAN AMERICAN HEALTH PRIORITIES, A STUDY OF MONTGOMERY COUNTY, MARYLAND, STRENGTHS, NEEDS, AND OPPORTUNITIES FOR ACTION, 2008

ON AN ONGOING BASIS WE PARTICIPATE IN A VARIETY OF COALITIONS, COMMISSIONS, COMMITTEES, PARTNERSHIPS AND PANELS AND OUR COMMUNITY HEALTH WORKERS SPEND TIME IN THE COMMUNITY AS COMMUNITY PARTICIPANTS AND BRING BACK FIRST-HAND KNOWLEDGE OF COMMUNITY NEEDS.

INDICATORS/BARRIERS TO HEALTH CARE ACCESS THAT ARE KNOWN TO CONTRIBUTE TO HEALTH DISPARITIES RELATED TO INCOME, EDUCATION, CULTURE/LANGUAGE, INSURANCE AND HOUSING. WE USE THE COMMUNITY NEED INDEX TO IDENTIFY COMMUNITIES OF HIGH NEED AND DIRECT A RANGE OF COMMUNITY HEALTH AND FAITH-BASED COMMUNITY OUTREACH EFFORTS TO THESE AREAS.

THE UNIVERSITY OF WISCONSIN POPULATION HEALTH INSTITUTE'S COUNTY HEALTH RANKINGS DATA, AND HOLY CROSS HOSPITAL'S EMERGENCY DEPARTMENT AND DISCHARGE READMISSIONS DATA WERE ALSO ANALYZED TO DETERMINE UNMET NEEDS OF THE POPULATION WE SERVE RESIDING IN MONTGOMERY AND PRINCE GEORGE'S COUNTIES. READMISSION DATA IS USED TO TRACK THE NUMBER OF PATIENTS WHO ARE READMITTED TO THE HOSPITAL WITHIN 30 DAYS OF DISCHARGE. AN ANALYSIS OF HOSPITAL READMISSIONS AND PREVENTION QUALITY INDICATORS ALLOW US TO IDENTIFY SELECT INDICATORS RELATED TO COMMUNITY HEALTH NEEDS AND DEVELOP METHODOLOGIES AND PROGRAMS THAT WILL IMPROVE HEALTH OUTCOMES.

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - HCH 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
- 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 AMERICAN HOSPITAL ASSOCIATION RECOMMENDATIONS, HCH 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

HCH COMMUNICATES EFFECTIVELY 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/OR THROUGH COMMUNICATIONS WITH PATIENTS SEEKING
FINANCIAL ASSISTANCE.

FINANCIAL COUNSELORS MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR
PUBLIC AND PRIVATE PROGRAMS FOR WHICH THEY MAY QUALIFY AND THAT MAY ASSIST
THEM IN OBTAINING AND PAYING FOR HEALTHCARE SERVICES. EVERY EFFORT IS
MADE TO DETERMINE A PATIENT'S ELIGIBILITY PRIOR TO OR AT THE TIME OF
ADMISSION OR SERVICE. FINANCIAL ASSISTANCE APPLICATIONS WILL BE ACCEPTED
UNTIL ONE YEAR AFTER THE FIRST BILLING STATEMENT TO THE PATIENT.
HCH 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 PATIENT
BROCHURES, MESSAGES ON PATIENT BILLS, POSTED NOTICES IN PUBLIC
REGISTRATION AREAS INCLUDING EMERGENCY ROOMS, ADMITTING AND REGISTRATION
DEPARTMENTS, AND OTHER PATIENT FINANCIAL SERVICES OFFICES. SUMMARIES OF
HOSPITAL PROGRAMS ARE MADE AVAILABLE TO APPROPRIATE COMMUNITY HEALTH AND
HUMAN SERVICES AGENCIES AND OTHER ORGANIZATIONS THAT ASSIST PEOPLE IN
NEED. INFORMATION REGARDING FINANCIAL ASSISTANCE PROGRAMS IS ALSO
AVAILABLE ON HOSPITAL WEBSITES. IN ADDITION TO ENGLISH, THIS INFORMATION
IS ALSO AVAILABLE IN SPANISH, FRENCH AND MANDARIN, REFLECTING OTHER
PRIMARY LANGUAGES SPOKEN BY THE POPULATION SERVICED BY OUR HOSPITALS.

HCH HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING, COLLECTION AND
SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS. HCH 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.

PART VI, LINE 4:
COMMUNITY INFORMATION -

HOLY CROSS HOSPITAL AND HOLY CROSS GERMANTOWN HOSPITAL:

HOLY CROSS HOSPITAL SERVES A LARGE PORTION OF MONTGOMERY AND PRINCE
GEORGE'S COUNTIES RESIDENTS. OUR 21 ZIP CODE PRIMARY SERVICE AREA INCLUDES
641,761 PEOPLE, OF WHOM 66.9% ARE MINORITIES. AN ESTIMATED 1.7 MILLION
PEOPLE IN 60 ZIP CODES MAKE UP OUR TOTAL SERVICE AREA, OF WHOM 68.6% ARE
MINORITIES. OUR PRIMARY SERVICE AREA IS DERIVED FROM THE MARYLAND ZIP CODE
AREAS FROM WHICH THE TOP 60% OF OUR FY13 DISCHARGES ORIGINATED. THE NEXT 25% CONTRIBUTE TO OUR SECONDARY SERVICE AREA. WE DRAW 69% OF OUR INPATIENTS AND OUTPATIENTS FROM MONTGOMERY COUNTY.

HOLY CROSS GERMANTOWN HOSPITAL OPENED ITS DOORS IN OCTOBER 2014 AND BEGAN SERVING RESIDENTS IN NORTHERN MONTGOMERY COUNTY. AN ESTIMATED 420,124 PEOPLE IN 18 ZIP CODES MAKE UP OUR TOTAL SERVICE AREA, OF WHOM 57.1% ARE MINORITIES. OUR SIX ZIP CODE PRIMARY SERVICE AREA INCLUDES 276,322 PEOPLE, OF WHOM 60.8% ARE MINORITIES.


FLUENCY IN ENGLISH IS VERY IMPORTANT WHEN NAVIGATING THE HEALTH CARE SYSTEM AS WELL AS FINDING EMPLOYMENT. MONTGOMERY AND PRINCE GEORGE'S COUNTY HAVE THE HIGHEST SHARE OF FOREIGN-BORN RESIDENTS IN MARYLAND. FOREIGN-BORN RESIDENTS ACCOUNT FOR 72.6% OF THE COUNTY'S POPULATION.

MORE THAN 328,000, OR NEARLY ONE THIRD, OF MONTGOMERY COUNTY RESIDENTS ARE FOREIGN-BORN. APPROXIMATELY 40% OF THOSE FOREIGN-BORN SPEAK ENGLISH LESS THAN "VERY WELL" (U.S. CENSUS BUREAU, 2012) AND 7.8% OF THE POPULATION AGED FIVE AND OVER ARE LINGUISTICALLY ISOLATED (COMMUNITY COMMONS, 2014). THE HIGHEST RATES OF LINGUISTIC ISOLATION ARE AMONG LATINO AMERICANS AND ASIAN AMERICANS.


MONTGOMERY COUNTY IS ALSO RAPIDLY AGING. THE POPULATION AGED 65 AND OLDER IS ESTIMATED TO INCREASE FROM 119,769 IN 2010 TO 243,940 IN 2040, MORE THAN DOUBLING. AS A RESULT, THE PERCENTAGE OF THE POPULATION AGE 65 AND OLDER WILL INCREASE FROM 12.3% TO 16.8%. THE SAME PATTERN IS EXPECTED IN PRINCE GEORGE'S COUNTY. THE POPULATION AGE 65 AND OLDER IS PROJECTED TO INCREASE FROM 81,513 IN 2010 TO 174,110 IN 2040, INCREASING FROM 9.4% OF THE POPULATION TO 18.0%, INCREASING THE NEED FOR SENIOR SERVICES SUCH AS HOUSING AND HEALTH CARE IN BOTH COUNTIES.
PART VI, LINE 5:
OTHER INFORMATION -

HCH HAS A 15-MEMBER COMMUNITY BOARD COMPRISED OF A MAJORITY OF COMMUNITY MEMBERS THAT PROVIDE GOVERNANCE FOR THE ENTIRE HOLY CROSS HEALTH SYSTEM, WHICH INCLUDES TWO HOSPITALS, HOLY CROSS HOSPITAL AND HOLY CROSS GERMANTOWN HOSPITAL. TWO OF THE 15 BOARD MEMBERS ARE EMPLOYED BY TRINITY HEALTH, HCH'S PARENT CORPORATION (HCH'S PRESIDENT AND CHIEF EXECUTIVE OFFICER AND A TRINITY HEALTH EXECUTIVE). THE TRINITY HEALTH EXECUTIVE BOARD MEMBER LIVES OUTSIDE HCH'S LOCAL AREA. NO BOARD MEMBER IS RELATED TO ANY HCH EXECUTIVE.

THE MEDICAL STAFF OF HCH IS ORGANIZED IN THE PUBLIC INTEREST AND MEDICAL STAFF PRIVILEGES IN THE HOSPITAL ARE OPEN AND AVAILABLE TO ALL QUALIFIED PHYSICIANS AND PROVIDERS. HOLY CROSS HOSPITAL AND HOLY CROSS GERMANTOWN HOSPITAL HAVE A VERY LARGE, DIVERSE MEDICAL AND DENTAL STAFF OF 1,370 MEMBERS AND 572 MEMBERS RESPECTIVELY.

HCH ALSO HAS A VIBRANT VOLUNTEER PROGRAM, OFFERING VARIED OPPORTUNITIES TO MEMBERS OF THE COMMUNITY TO VOLUNTEER. APPROXIMATELY 500 VOLUNTEERS CONTRIBUTE THEIR TIME, AND THEIR PARTICIPATION IN OUR EFFORTS IS GRATIFYING.

HOLY CROSS HOSPITAL OPERATES A VERY ACTIVE EMERGENCY ROOM, ONE OF THE BUSIEST IN THE STATE OF MARYLAND, AND IS ACCESSIBLE TO ANYONE NEEDING CARE, REGARDLESS OF ABILITY TO PAY. IN ADDITION, WE HAVE AN INNOVATIVE EMERGENCY CENTER TAILORED TO SERVE OUR GROWING SENIOR POPULATION, PROVIDING SAFE AND EFFICIENT EMERGENCY SERVICES FOR PERSONS 65 AND OVER. OUR PEDIATRIC EMERGENCY CENTER IS STAFFED AROUND THE CLOCK BY
BOARD-CERTIFIED PEDIATRIC EMERGENCY MEDICINE PHYSICIANS, PROVIDING CARE TO
CHILDREN UNDER AGE 18.

THE EMERGENCY ROOM AT HOLY CROSS HOSPITAL IS DESIGNATED A PRIMARY STROKE
CENTER BY THE JOINT COMMISSION, THE NATIONAL CREDENTIALING ORGANIZATION
FOR HOSPITALS, AND BY THE MARYLAND INSTITUTE FOR EMERGENCY MEDICAL
SERVICES SYSTEMS (MIEMSS). THE EMERGENCY ROOM AT HOLY CROSS HOSPITAL ALSO
HAS EARNED CARDIAC INTERVENTIONAL CENTER DESIGNATION BY MIEMSS, WHICH
MEANS THE HOSPITAL PROVIDES HIGH-QUALITY TREATMENT OF THE MOST SEVERE TYPE
OF HEART ATTACK, CALLED A STEMI.

THE HOLY CROSS GERMANTOWN HOSPITAL EMERGENCY DEPARTMENT IS THE ONLY
FULL-SERVICE EMERGENCY ROOM IN GERMANTOWN, MD. THE HOLY CROSS GERMANTOWN
HOSPITAL EMERGENCY CENTER CARES FOR ALL AGE GROUPS AND SPECIAL POPULATIONS
WHO PRESENT WITH EMERGENT OR URGENT CARE NEEDS.

NO PART OF THE INCOME OF HCH INURES BENEFITS TO 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
HEALTH OF THE COMMUNITY, IMPROVE THE QUALITY OF PATIENT CARE, EXPAND OUR
FACILITIES, AND ADVANCE OUR MEDICAL TRAINING, EDUCATION AND RESEARCH
PROGRAMS.

HCH’S OVERALL RESPONSIVENESS TO THE NEEDS OF OUR COMMUNITY IS EVIDENCED BY
OUR WILLINGNESS TO PARTICIPATE IN A RANGE OF COMMITTEES, COALITIONS,
PANELS, ADVISORY GROUPS, COMMISSIONS, AND BOARDS. FOR EXAMPLE, DURING
FY09-FY16, THE HOSPITAL PROVIDED FINANCIAL SUPPORT TO THE MONTGOMERY
COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES TO SUPPORT ITS NEEDS.
ASSESSMENT PROCESS, HEALTHY MONTGOMERY, MONTGOMERY COUNTY'S COMMUNITY HEALTH IMPROVEMENT PROCESS. IN ADDITION, WE HAVE MADE FINANCIAL CONTRIBUTIONS TO NURSING EDUCATION PROGRAMS THROUGH A STATEWIDE PROGRAM, AND HAVE RESPONDED TO THE SPECIFIC NEED OF OUR COMMUNITY TO ADD HEALTH CENTERS FOR UNINSURED ADULTS. HCH HAS PARTNERED WITH THE FOUR OTHER HOSPITALS IN MONTGOMERY COUNTY AND A NETWORK OF COMMUNITY BASED ORGANIZATIONS TO IMPLEMENT NEXUS MONTGOMERY, A POPULATION HEALTH IMPROVEMENT PLAN DESIGNED TO IMPROVE THE HEALTH STATUS OF THOSE MOST AT RISK OF AVOIDABLE HOSPITAL USE. THE TARGET POPULATION FOR NEXUS MONTGOMERY INCLUDES MEDICARE SENIORS, THE MEDICALLY FRAIL, THOSE WITH SEVERE BEHAVIORAL HEALTH CONDITIONS AND THOSE WITHOUT ELIGIBILITY FOR HEALTH INSURANCE.

IN FISCAL YEAR 2016, TRINITY HEALTH'S TRANSFORMING COMMUNITIES INITIATIVE AWARDED $500,000 TO A COMMUNITY COLLABORATIVE THAT INCLUDES HCH, THE INSTITUTE FOR PUBLIC HEALTH INNOVATION, AND HEALTHY MONTGOMERY, MONTGOMERY COUNTY'S LOCAL HEALTH IMPROVEMENT COALITION, TO FUND A MULTI-YEAR EFFORT TO IMPROVE THE HEALTH OF THE COMMUNITY. BEGINNING IN FISCAL YEAR 2017, THE HEALTHY MONTGOMERY TRANSFORMING COMMUNITIES INITIATIVE WILL BEGIN IMPLEMENTING A RANGE OF PUBLIC HEALTH STRATEGIES THAT CAN REDUCE OBESITY, PROMOTE TOBACCO-FREE LIVING, AND ADDRESS SOCIAL DETERMINANTS THAT IMPACT HEALTH OUTCOMES. THE STRATEGIES WILL CENTER ON POLICY, SYSTEMS, AND ENVIRONMENTAL CHANGES THAT OFFER LONG-TERM BENEFITS FOR COMMUNITY HEALTH IMPROVEMENT AND PREVENTING CHRONIC DISEASE, WITH A SPECIFIC FOCUS ON THE COMMUNITIES OF GAITHERSBURG, GERMANTOWN, LONG BRANCH, AND TAKOMA PARK.

PART VI, LINE 6:

HCH IS A MEMBER OF TRINITY HEALTH, ONE OF THE LARGEST CATHOLIC HEALTH CARE
DELIVERY SYSTEMS IN THE COUNTRY. TRINITY HEALTH ANNUALLY REQUIRES THAT ALL
MEMBER ORGANIZATIONS DEFINE -- AND ACHIEVE -- SPECIFIC COMMUNITY HEALTH
AND WELL-BEING GOALS. IN FISCAL YEAR 2016, GOALS INCLUDED 1) PARTNERING
WITH COMMUNITY ORGANIZATIONS IN INSURANCE ENROLLMENT ACTIVITIES TARGETED
AT UNINSURED INDIVIDUALS TO IMPROVE ACCESS TO HEALTHCARE, 2) PARTICIPATING
IN LOCAL ADVOCACY EFFORTS AIMED AT CURBING TOBACCO USE AND PREVENTING
OBSOBITY, AND 3) DEVELOPING A STRATEGY WITH MULTI-DISCIPLINARY TEAMS TO
OPTIMIZE CARE FOR VULNERABLE PERSONS, WITH PARTICULAR FOCUS ON THOSE WHO
ARE DUALLY ENROLLED IN MEDICAID AND MEDICARE.

TRINITY HEALTH APPRECIATES THE IMPACT SOCIAL DETERMINANTS SUCH AS ADEQUATE
HOUSING, SAFETY, ACCESS TO FOOD, EDUCATION, INCOME, AND HEALTH COVERAGE
HAVE ON THE HEALTH OF THE COMMUNITY. IN FISCAL YEAR 2016, TRINITY HEALTH
LAUNCHED THE TRANSFORMING COMMUNITIES INITIATIVE (TCI), AWARDING EIGHT
COMMUNITIES FUNDING TO IMPROVE THE HEALTH AND WELL-BEING OF THEIR
COMMUNITIES IN PARTNERSHIP WITH THE LOCAL TRINITY HEALTH MEMBER HOSPITAL.
THE AWARDED PROGRAMS FOCUS ON POLICY, SYSTEM, AND ENVIRONMENTAL CHANGES
THAT SPECIFICALLY IMPACT COMMUNITY IDENTIFIED AREAS OF NEED AND THAT WILL
REDUCE OBESITY AND TOBACCO USE.

AS A SYSTEM, TRINITY HEALTH SUPPORTED PROGRAMS AND ORGANIZATIONS WHO
ADDRESS THESE SOCIAL DETERMINANTS OF HEALTH. PROGRAMS INCLUDE GRANTING
SEVEN DACA "DREAMERS" LOW INTEREST LOANS, ENABLING RECIPIENTS TO ATTEND
MEDICAL SCHOOL AT STRITCH SCHOOL OF MEDICINE, AND PROVIDING A GRANT TO THE
U.S. SOCCER FOUNDATION TO FUND ITS SOCCER FOR SUCCESS PROGRAM IN NINE
COMMUNITIES, OFFERING STUDENTS IN UNDERSERVED AREAS THE OPPORTUNITY TO
SAFELY AND COST-EFFECTIVELY ENGAGE IN A HEALTHY AND ACTIVE LIFESTYLE.
AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS
BACK INTO OUR COMMUNITIES THROUGH PROGRAMS SERVING THOSE WHO ARE POOR AND
UNINSURED, HELPING MANAGE CHRONIC CONDITIONS LIKE DIABETES, PROVIDING
HEALTH EDUCATION, PROMOTING WELLNESS AND REACHING OUT TO UNDERSERVED
POPULATIONS. ANNUALLY, THE ORGANIZATION INVESTS NEARLY $1 BILLION IN SUCH
COMMUNITY BENEFITS AND WORKS TO ENSURE THAT ITS MEMBER HOSPITALS AND OTHER
ENTITIES/AFFILIATES ENHANCE THE OVERALL HEALTH OF THE COMMUNITIES THEY
SERVE BY ADDRESSING THE SPECIFIC NEEDS OF EACH COMMUNITY.

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

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

MD