

Introduction to the IRS Form 990 Schedule H

As a not-for-profit hospital, we operate for one purpose: to further our healing ministry. We do this by:

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

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

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

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

The following terms and definitions will help you better understand each section of the report. Should you choose to not print the document, you can also hover your computer’s mouse over the terms for a brief definition.

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

1a Charity Care Policy: A Trinity Health Ministry Organization's designated procedure/methodology for classifying patients who cannot afford health care services due to inadequate resources and/or are uninsured or underinsured. Care is then provided without charge, or at amounts less than the established rates. Because Trinity Health does not pursue collection of amounts determined to qualify for charity care, they are not reported as net patient service revenue in the consolidated statements of operations and changes in net assets. The cost of charity care is calculated using a cost-to-charge ratio methodology.

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

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

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

6a annual community benefit report: Published each fall within Trinity Health's Annual Report, this is a detailed account of all costs associated with dedicated staff, community health needs and/or asset assessments, as well as other costs associated with community benefit strategy and operations.

7a Charity care at cost: Free or discounted health care services provided to persons who meet the organization's criteria for financial assistance and are therefore deemed unable to pay for all or a portion of such services.

7b Unreimbursed Medicaid: When Medicaid, a state health care program for qualifying low-income residents, does not reimburse Trinity Health for the full cost of health care services provided to patients. Trinity Health then "absorbs" these costs at a financial loss.

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

7e Community health improvement services and community benefit operations:

The activities to be reported on this line are two different categories of activities:

1. **Community health improvement services:** Activities and services for which no patient bill exists. These services are not expected to be financially self-supporting, although some may be supported by outside grants or funding. Some examples include free clinic services, programs directed at improving women's health, free or low cost prescription medications, and rural and urban outreach programs. The Ministry Organization actively collaborates with community groups and agencies to assist those in need in providing such services.
2. **Community Benefit Operations:** Costs associated with dedicated staff, community health needs and or assets assessments, and other costs associated with community benefit strategy and operations.

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

7g Subsidized health services: Clinical services that are provided, despite a financial loss to the organization. The financial loss is measured after removing losses, measured by cost, associated with bad debt, charity care, Medicaid and other means-tested government programs. Despite the financial loss, the service is provided because:

1. It meets an identified community need, such as providing needed access to care for low-income individuals
2. If the service were no longer offered, access to health services would be impaired, or
3. Providing the service would become the responsibility of government or another tax-exempt organization.

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

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

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

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

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

1. **Physical improvements and housing** (Examples include: Community gardens; neighborhood improvement and revitalization projects; contributions to community-based assisted living and senior and low-income housing projects)
2. **Economic development** (Examples include: Assisting small business development in neighborhoods with vulnerable populations and creating new employment opportunities in areas with high rates of joblessness; participation in an economic/labor development council; chamber of commerce or Rotary Club)
3. **Community support** (Examples include: Childcare and mentoring programs for vulnerable populations or neighborhoods; neighborhood support groups; violence prevention programs; disaster readiness and public health emergency activities)
4. **Environmental improvements** (Examples include: Efforts to reduce community environmental hazards in the air; water and ground; residential improvements; such as helping to paint public housing apartments; or lead/radon programs; Neighborhood/community improvements; Adopt-a-Road)
5. **Leadership development and training for community members** (Examples include: Life or civic skills training programs; medical interpreter training for community members; community leadership development; cultural skills training)
6. **Coalition building** (Examples include: Hospital representation to community coalitions related to community health; Disease management programs; Collaborative partnerships with community groups to improve community health)
7. **Community health improvement advocacy** (Examples include: Local, state and national advocacy on behalf of such areas as: access to health care, public health, transportation, housing; Advocacy for social justice and human rights, including costs associated with advocating for social justice, environmental responsibility and human rights, such as fair treatment to workers)
8. **Workforce development** These programs address community-wide workforce issues — not the workforce needs of the health care organization. (Examples include: Physician/other health professional recruitment for areas identified by the government as medically underserved; Partnerships with community colleges and universities to address the health care workforce shortage; School-based programs on health care careers; Health care career mentoring projects)

Part VI: Supplemental Information

2 Needs assessment Trinity Health's designated evaluation process that involves the hospital assessing the health care needs of the community it serves by periodically

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

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

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

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

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**
▶ **See separate instructions.**

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

Part I Charity Care and Certain Other Community Benefits at Cost

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

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

7 Charity Care and Certain Other Community Benefits at Cost						
Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)	1	8,187	13,661,984.		13,661,984.	3.88%
b Unreimbursed Medicaid (from Worksheet 3, column a)						
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs ...	1	8,187	13,661,984.		13,661,984.	3.88%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	87	198,228	7,887,573.	309,090.	7,578,483.	2.15%
f Health professions education (from Worksheet 5)	6	9,582	4,346,488.	0.	4,346,488.	1.23%
g Subsidized health services (from Worksheet 6)	11	8,353	12,363,283.	3,375,249.	8,988,034.	2.55%
h Research (from Worksheet 7)	2	2,171	337,780.		337,780.	.10%
i Cash and in-kind contributions to community groups (from Worksheet 8)	3		286,479.	2,475.	284,004.	.08%
j Total. Other Benefits	109	218,334	25,221,603.	3,686,814.	21,534,789.	6.11%
k Total. Add lines 7d and 7j	110	226,521	38,883,587.	3,686,814.	35,196,773.	9.99%

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements	1	360	17,988.		17,988.	.01%
5 Leadership development and training for community members	1		38,964.		38,964.	.01%
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total	2	360	56,952.		56,952.	.02%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	100891498.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	88,601,737.
7 Subtract line 6 from line 5. This is the surplus or (shortfall)	7	12,289,761.
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. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a Does the organization have a written debt collection policy?	9a	X
b If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b	X

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 %
1 CLINICAL IMAGING OF				
2 SILVER SPRING	IMAGING CENTER	25.00%		75.00%
3				
4				
5				
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14				

Part VI Supplemental Information

Complete this part to provide the following information.

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

PART I, LINE 6A: HOLY CROSS HOSPITAL OF SILVER SPRING, INC. (HOLY CROSS HOSPITAL) PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT, WHICH IT SUBMITS TO THE STATE OF MARYLAND. IN ADDITION, HOLY CROSS HOSPITAL REPORTS ITS COMMUNITY BENEFIT INFORMATION AS PART OF THE CONSOLIDATED COMMUNITY BENEFIT INFORMATION REPORTED BY TRINITY HEALTH IN ITS ANNUAL REPORT, AVAILABLE AT WWW.TRINITY-HEALTH.ORG.

IN ADDITION, HOLY CROSS HOSPITAL 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

Part VI Supplemental Information

SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL.

MARYLAND'S UNIQUE ALL PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE.

PART I, LINE 7B: 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 PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL.

MARYLAND'S UNIQUE ALL PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY DIRECTED 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, LINE 7F: THE FOLLOWING NUMBER, \$18,126,588, 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 VI Supplemental Information

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 PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY DIRECTED OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE.

PART III, LINE 4: HOLY CROSS HOSPITAL IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH. THE FOLLOWING IS THE TEXT OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS FOOTNOTE FROM THOSE STATEMENTS:

"SUBSTANTIALLY ALL OF THE CORPORATION'S RECEIVABLES ARE RELATED TO PROVIDING HEALTHCARE SERVICES TO PATIENTS. ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR AMOUNTS THAT COULD BECOME UNCOLLECTIBLE IN THE FUTURE. THE CORPORATION'S ESTIMATE FOR ITS ALLOWANCE FOR DOUBTFUL ACCOUNTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS BY PAYOR."

COSTING METHODOLOGY FOR LINES 2 AND 3: AMOUNTS ARE CALCULATED ON LINE 2 USING A COST TO CHARGE RATIO METHODOLOGY.

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 VI Supplemental Information

LINE 3: THE AMOUNT ON LINE 3 IS BASED ON THE NUMBER OF ACCOUNTS IN BAD DEBT THAT WE ESTIMATE MAY QUALIFY FOR CHARITY IF SUFFICIENT FINANCIAL ASSISTANCE DOCUMENTATION HAD BEEN COMPLETED.

PART III, LINE 8: SIMILAR TO CHA 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, HOLY CROSS HOSPITAL OF SILVER SPRING, INC. DOES NOT BELIEVE ANY MEDICARE SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT.

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: HOLY CROSS HOSPITAL OF SILVER SPRING INC'S COLLECTION POLICY CONTAINS THE CRITERIA FOR FINANCIAL ASSISTANCE, AND CONTAINS THE FOLLOWING VERBIAGE FOR ARRANGEMENTS WITH OUTSIDE COLLECTION AGENCIES: AGENCY WILL PERFORM COLLECTION SERVICES IN ACCORDANCE WITH THE POLICIES AND PROCEDURES OF TRINITY HEALTH AND THE CREDITOR, AS THEY EXIST FROM TIME TO TIME, RELEVANT TO BILLING, COLLECTION AND FINANCIAL SUPPORT OF PATIENTS WITH PAYMENT OBLIGATIONS.

Part VI Supplemental Information

PART VI, LINE 2: NEEDS ASSESSMENT - TO IDENTIFY UNMET COMMUNITY HEALTH NEEDS, HOLY CROSS HOSPITAL DRAWS ON THE KNOWLEDGE AND EXPERIENCE OF LOCAL PUBLIC HEALTH OFFICIALS AND COMMUNITY PUBLIC HEALTH PROFESSIONALS IN AN EXTERNAL REVIEW PROCESS, PARTICIPATES IN THE LOCAL HEALTH DEPARTMENT'S PLANNING PROCESS AND COUNTY'S NEEDS ASSESSMENT, AND USES DATA ANALYSIS AND POPULATION DEMOGRAPHICS TO DEVELOP PROGRAMS AND INITIATIVES THAT PROMOTE ACCESS AND IMPROVE THE HEALTH STATUS OF THE COMMUNITY.

SINCE 2005, AND EVERY YEAR SINCE, HOLY CROSS HOSPITAL HAS INVITED INPUT AND OBTAINED ADVICE FROM A GROUP OF 5-10 EXTERNAL PARTICIPANTS, INCLUDING THE PUBLIC HEALTH OFFICER AND THE DEPARTMENT DIRECTOR OF MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES, AND A VARIETY OF INDIVIDUALS FROM MONTGOMERY AND PRINCE GEORGE'S COUNTIES, OTHER LOCAL AND STATE GOVERNMENTAL AGENCIES, COMMUNITY-BASED ORGANIZATIONS, FOUNDATIONS, CHURCHES, COLLEGES, COALITIONS, AND ASSOCIATIONS. IN ADDITION, WE MAINTAIN ONGOING COMMUNICATIONS WITH LOCAL HEALTH DEPARTMENT OFFICIALS. THIS EXTERNAL GROUP REVIEWS OUR COMMUNITY BENEFIT PLAN, ANNUAL WORK PLAN, FOUNDATION/KEY BACKGROUND MATERIAL, AND DATA SUPPLEMENTS TO ADVISE US ON PRIORITY NEEDS AND THE DIRECTION TO TAKE FOR THE NEXT YEAR. IN ADDITION, DURING 2010 WE ASKED THE GROUP TO HELP US THINK THROUGH OUR LONGER-TERM STRATEGIES THROUGH 2014 AS PART OF OUR OVERALL STRATEGIC PLANNING PROCESS AND WE SHARED OUR FISCAL 2007-2010 STRATEGIC PLAN AS CONTEXT. THE GROUP'S INPUT HELPS TO ENSURE THAT WE HAVE IDENTIFIED AND RESPONDED TO THE MOST PRESSING COMMUNITY HEALTH CARE NEEDS.

HOLY CROSS HOSPITAL PARTICIPATES IN OUR LOCAL HEALTH DEPARTMENT'S PERIODIC PLANNING PROCESSES, INCLUDING STRATEGIC PLANNING (THE COUNTY'S CURRENT

Part VI Supplemental Information

STRATEGIC PLAN IS 2006-2011) AND HEALTHY MONTGOMERY COMMUNITY HEALTH IMPROVEMENT PROCESS. THE HOSPITAL IS A PARTICIPANT AND FINANCIAL SUPPORTER OF HEALTHY MONTGOMERY. HOLY CROSS HOSPITAL HAS ASSIGNED A SENIOR EXECUTIVE TO PARTICIPATE ON THE STEERING COMMITTEE OF THAT EFFORT. HEALTHY MONTGOMERY WILL IMPLEMENT AN ONGOING PROCESS TO GATHER INFORMATION AND CONDUCT A COMPREHENSIVE COUNTY-WIDE NEEDS ASSESSMENT.

HOLY CROSS HOSPITAL ALSO IDENTIFIES UNMET COMMUNITY HEALTH NEEDS BY PARTICIPATING IN COMMUNITY COALITIONS, PARTNERSHIPS, BOARDS, COMMITTEES, COMMISSIONS, ADVISORY GROUPS, AND PANELS. THE VICE PRESIDENT OF COMMUNITY HEALTH IS CURRENTLY SERVING A THREE YEAR TERM AS CHAIR OF MONTGOMERY COUNTY'S COMMISSION ON HEALTH.

HOLY CROSS HOSPITAL'S ETHNIC HEALTH PROMOTERS AND COMMUNITY OUTREACH WORKERS SPEND TIME AS COMMUNITY PARTICIPANTS IN THE COMMUNITIES WHERE THEY LIVE AND BRING BACK FIRST-HAND KNOWLEDGE OF COMMUNITY NEEDS.

ON A QUARTERLY BASIS, HOLY CROSS HOSPITAL ANALYZES INTERNAL PATIENT SURVEYS AND PUBLICLY AVAILABLE DATA ON THE MARKET INCLUDING DEMOGRAPHICS AND HEALTH SERVICES UTILIZATION. LOCAL NEEDS ASSESSMENTS AND REPORTS, SUCH AS THE LATEST MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES STRATEGIC PLAN 2006-2011 AND THE COMMUNITY NEEDS INDEX (CNI) DEVELOPED BY CATHOLIC HEALTHCARE WEST AND THE HEALTHCARE BUSINESS OF THOMSON REUTERS, ARE USED AS THEY BECAME AVAILABLE TO DETERMINE THE TYPES AND LOCATIONS OF COMMUNITY BENEFIT PROGRAMS TO IMPLEMENT.

AS AVAILABLE, HOLY CROSS HOSPITAL USES A RANGE OF OTHER SPECIFIC NEEDS ASSESSMENTS AND REPORTS TO IDENTIFY UNMET NEEDS, ESPECIALLY FOR ETHNIC,

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RACIAL, AND LINGUISTIC MINORITIES, SENIORS, WOMEN AND CHILDREN. HOLY CROSS HOSPITAL'S WORK IS BUILT ON PAST AVAILABLE NEEDS ASSESSMENTS AND RESOURCES THAT BECAME AVAILABLE MORE RECENTLY.

USING THE CNI, HOLY CROSS HOSPITAL GATHERS VITAL SOCIO-ECONOMIC AND DEMOGRAPHIC FACTORS TO SUPPORT INTERNAL DECISION-MAKING FOR RESOURCE ALLOCATION AND TO DETERMINE THE GEOGRAPHIC LOCATION OF NEW PROGRAMS TO MEET EMERGING NEEDS. FOR EACH ZIP CODE, THE CNI AGGREGATES FIVE SOCIOECONOMIC INDICATORS/BARRIERS TO HEALTHCARE ACCESS THAT ARE KNOWN TO CONTRIBUTE TO HEALTH DISPARITY. THE INDICATORS ARE RELATED TO INCOME, EDUCATION, CULTURE AND LANGUAGE, HEALTH INSURANCE, AND HOUSING.

HOLY CROSS HOSPITAL USES THE CNI TO IDENTIFY COMMUNITIES OF HIGH NEED AND DIRECT A RANGE OF COMMUNITY HEALTH AND FAITH COMMUNITY OUTREACH EFFORTS TO THESE AREAS. FOR EXAMPLE, HOLY CROSS HOSPITAL USED THE CNI TO LOCATE THE HOSPITAL'S SECOND PRIMARY CARE HEALTH CENTER FOR UNINSURED ADULTS IN THE SECOND MOST NEEDY ZIP CODE IN MONTGOMERY COUNTY. THE OPENING OF THIS HEALTH CENTER WAS THE MOST SIGNIFICANT ADDITION TO HOLY CROSS HOSPITAL'S COMMUNITY BENEFIT ACTIVITIES DURING FISCAL 2009, A YEAR OF THE GREATEST ECONOMIC DOWNTURN IN DECADES, AND THE USE OF THE CNI HELPED THE HOSPITAL TO MEET THE MOST PRESSING NEEDS.

HOLY CROSS HOSPITAL USED THE CNI TO DETERMINE THE LOCATION OF NEW SITES FOR SENIOR FIT, A FREE 45-MINUTE MULTI-COMPONENT EXERCISE CLASS FOR ADULTS AGE 55 AND OLDER TO PLACE THE EVIDENCE-BASED EXERCISE CLASS IN AN AREA WITH THE GREATEST NEED. THE ETHNIC HEALTH PROMOTERS ALSO USED THE CNI TO PROMOTE HEALTH SCREENING AND EDUCATION EVENTS AS WELL AS DETERMINE LOCATIONS TO PROVIDE OUTREACH AND EDUCATION THROUGH ONE-ON-ONE ENCOUNTERS

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AND SMALL GROUP SETTINGS.

PART VI, LINE 3: PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE -

HOLY CROSS HOSPITAL IS COMMITTED TO:

-PROVIDING ACCESS TO QUALITY HEALTHCARE SERVICES WITH COMPASSION, DIGNITY AND RESPECT FOR THOSE WE SERVE, PARTICULARLY THE POOR AND THE UNDERSERVED IN OUR COMMUNITIES

-CARING FOR ALL PERSONS, REGARDLESS OF THEIR ABILITY TO PAY FOR SERVICES

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

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

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

-PROVIDE EFFECTIVE COMMUNICATIONS WITH PATIENTS REGARDING HOSPITAL BILLS

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

-OFFER FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS

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

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

HOLY CROSS HOSPITAL EFFECTIVELY COMMUNICATES WITH PATIENTS REGARDING PATIENT PAYMENT OBLIGATIONS. FINANCIAL COUNSELING IS PROVIDED TO PATIENTS

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ABOUT THEIR PAYMENT OBLIGATIONS AND HOSPITAL BILLS. INFORMATION ON HOSPITAL-BASED FINANCIAL SUPPORT POLICIES AND EXTERNAL PROGRAMS THAT PROVIDE COVERAGE FOR SERVICES ARE MADE AVAILABLE TO PATIENTS DURING THE PRE-REGISTRATION AND REGISTRATION PROCESSES AND IN RESPONSE TO PATIENTS SEEKING FINANCIAL ASSISTANCE. INFORMATION REGARDING THE FINANCIAL ASSISTANCE PROGRAM IS ALSO PROVIDED BY THE ONSITE FINANCIAL COUNSELING STAFF IN BOTH INPATIENT AND OUTPATIENT AREAS. PATIENT ACCOUNTING ALSO SUPPORTS THE FINANCIAL COUNSELING PROGRAM BY PROVIDING PATIENTS WITH INFORMATION AND APPLICATIONS WHILE HANDLING CUSTOMER SERVICE CALLS. HOLY CROSS HOSPITAL'S MEDICAID VENDOR AND COUNTY MEDICAID WORKERS ALSO PROVIDE THE PATIENTS WITH GUIDANCE REGARDING THE FINANCIAL ASSISTANCE PROGRAM WHEN NECESSARY. INFORMATION REGARDING THE FINANCIAL ASSISTANCE PROGRAM IS PROVIDED BY THE COLLECTION AGENCY WORKING WITH HOLY CROSS HOSPITAL'S PATIENT ACCOUNTING DEPARTMENT AS WELL.

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

HOLY CROSS HOSPITAL OFFERS FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS. THIS SUPPORT IS AVAILABLE TO UNINSURED AND UNDERINSURED PATIENTS

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

THE EMERGENCY CENTER ALSO HAS A FULL-TIME FINANCIAL ASSISTANCE COUNSELOR LOCATED IN THE MAIN EMERGENCY CENTER MONDAY - FRIDAY FROM 10AM-6PM. HOLY CROSS HOSPITAL ALSO HAS INFORMATION REGARDING THE FINANCIAL ASSISTANCE PROGRAM POSTED IN THE DISCHARGE OFFICE, THE MAIN EMERGENCY CENTER WAITING ROOM AND THE EXPRESS CARE CENTER ON THE FIRST FLOOR. SUMMARIES OF HOSPITAL PROGRAMS ARE MADE AVAILABLE TO THE PRIMARY CARE COALITION OF MONTGOMERY COUNTY; HOLY CROSS HOSPITAL ALSO USES ETHNIC HEALTH PROMOTERS TO INFORM COMMUNITY MEMBERS ABOUT OUR FINANCIAL ASSISTANCE POLICY ON A ONE-ON-ONE BASIS OR IN GROUP SETTINGS WHERE PEOPLE GATHER IN THE COMMUNITY (E.G., HAIR SALONS, CHURCHES, COMMUNITY CENTERS). INFORMATION REGARDING FINANCIAL ASSISTANCE PROGRAMS IS ALSO AVAILABLE ON THE HOSPITAL WEBSITE, INPATIENT ADMISSION PACKETS, PATIENT STATEMENTS, AND AVAILABLE ONSITE APPLICATIONS. IN ADDITION TO ENGLISH, THIS INFORMATION IS AVAILABLE IN SPANISH, REFLECTING OTHER PRIMARY LANGUAGES SPOKEN BY THE POPULATION SERVICED BY THE HOSPITAL.

HOLY CROSS HOSPITAL HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING,

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

PART VI, LINE 4: COMMUNITY INFORMATION - HOLY CROSS HOSPITAL PRIMARILY SERVES THE RESIDENTS OF TWO RACIALLY AND ETHNICALLY DIVERSE MARYLAND COUNTIES, MONTGOMERY COUNTY AND PRINCE GEORGE'S COUNTY, FOR A COMBINED TOTAL POPULATION OF APPROXIMATELY 1.8 MILLION (U.S. CENSUS BUREAU, 2008 PROJECTIONS). WHILE HOLY CROSS HOSPITAL DRAWS PATIENTS FROM BOTH MONTGOMERY (58 PERCENT) AND PRINCE GEORGE'S COUNTIES (25 PERCENT), THE HOSPITAL DRAWS 83 PERCENT OF ITS DISCHARGES FROM A DEFINED MARKET AREA WITH FOUR SUB-AREAS. HOLY CROSS HOSPITAL'S CORE MARKET IS DEFINED AS 12 CONTIGUOUS ZIP CODES IN MONTGOMERY COUNTY FROM WHICH THE HOSPITAL DRAWS 42 PERCENT OF ITS DISCHARGES. AN ADJACENT GEOGRAPHIC AREA IN NORTHERN PRINCE GEORGE'S COUNTIES ADDS ANOTHER 14 PERCENT OF THE HOSPITAL'S DISCHARGES. TOGETHER, THESE COMPRISE HOLY CROSS HOSPITAL'S PRIMARY SERVICE AREA FOR 56 PERCENT OF THE HOSPITAL'S DISCHARGES. HOLY CROSS HOSPITAL'S SECONDARY

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SERVICE AREA IS MADE UP OF TWO OTHER AREAS IN NORTHERN AND WESTERN MONTGOMERY COUNTY (REFERRAL AREA) AND SOUTHERN PRINCE GEORGE'S COUNTY (REFERRAL AREA). THE HOSPITAL DRAWS THE REMAINING 17 PERCENT OF ITS DISCHARGES FROM OUTSIDE THIS FOUR-MARKET AREA. IN ADDITION TO IDENTIFYING THE HOSPITAL'S COMMUNITY IN GEOGRAPHIC TERMS, HOLY CROSS HOSPITAL IDENTIFIES SPECIFIC POPULATION GROUPS (E.G., SENIORS, PREGNANT WOMEN WITHOUT HEALTH INSURANCE, UNINSURED ADULTS, UNINSURED WOMEN WHO NEED MAMMOGRAMS, RACIAL, ETHNIC AND LINGUISTIC MINORITIES).

HOLY CROSS HOSPITAL SERVES A LARGE PORTION OF MONTGOMERY AND PRINCE GEORGE'S COUNTIES RESIDENTS. AN ESTIMATED 1.5 MILLION PEOPLE MAKE UP THE HOSPITAL'S FOUR MARKET AREA, OF WHICH 62% ARE MINORITIES. HOLY CROSS HOSPITAL'S 12 ZIP CODE CORE MARKET INCLUDES 331,102 PEOPLE, OF WHICH 61% ARE MINORITIES (BLACK NON-HISPANIC 82,776 [25%]; ASIAN 39,732 [12%]; HISPANIC OR LATINO (ANY RACE) 66,220 [20%]; ALL OTHERS 13,244 [4%]). DUE TO THE LARGE NUMBER OF FEDERAL AGENCIES AND CONTRACTORS, THE AREA GENERALLY ENJOYS LOW UNEMPLOYMENT. HOWEVER, RELATIVELY GREATER RATES OF UNEMPLOYMENT ARE EXPERIENCED AMONG THE AFRICAN AMERICAN AND LATINO AMERICAN POPULATIONS. DEMOGRAPHIC ANALYSIS REVEALS THAT AREAS CLOSE TO HOLY CROSS HOSPITAL HAVE A LARGE NUMBER OF PERSONS WHO ARE POOR, OF CHILDBEARING AGE, ELDERLY, RACIALLY AND ETHNICALLY DIVERSE, AND HAVE LIMITED ENGLISH PROFICIENCY.

MONTGOMERY COUNTY, MARYLAND'S MOST POPULOUS JURISDICTION, HAS A MEDIAN HOUSEHOLD INCOME OF \$93,999 COMPARED TO THE STATEWIDE MEDIAN HOUSEHOLD INCOME OF \$70,005. THE COUNTY'S INCOME LEVEL IS POSITIVELY CORRELATED TO ITS LEVEL OF EDUCATION; MORE THAN HALF OF THE COUNTY'S RESIDENTS (56.4%) HOLD A BACHELOR'S DEGREE OR HIGHER COMPARED TO 35.1% STATEWIDE (U.S.

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CENSUS BUREAU, 2006-2008 AMERICAN COMMUNITY SURVEY). ALTHOUGH IT IS ONE OF THE STATE'S MOST AFFLUENT COUNTIES IN TERMS OF INCOME AND EDUCATION, MORE THAN 124,000 INDIVIDUALS ARE UNINSURED (SAHIE, 2007).

THE COMMUNITY HOLY CROSS HOSPITAL SERVES IS ONE OF THE MOST CULTURALLY AND ETHNICALLY DIVERSE IN THE NATION, HAVING EXPERIENCED A DEMOGRAPHIC SHIFT AND A PACE OF CHANGE THAT COMES WITH BEING A "GATEWAY SUBURB." DURING THE LAST TWO DECADES, THE COUNTY'S FOREIGN-BORN POPULATION INCREASED FROM 12 PERCENT IN 1980 TO MORE THAN 30 PERCENT (PIERCE, 2009). IMMIGRANTS FROM ALL OVER THE WORLD BRING A GREAT VITALITY TO THIS COMMUNITY; AT THE SAME TIME, THEY CHALLENGE THE HOSPITAL AND OTHER LOCAL COMMUNITY SERVICE PROVIDERS TO UNDERSTAND AND MEET THEIR VARIED NEEDS.

FLUENCY IN ENGLISH IS VERY IMPORTANT WHEN NAVIGATING THE HEALTH CARE SYSTEM AS WELL AS FINDING EMPLOYMENT. IN MONTGOMERY COUNTY, THE HIGHEST RATES OF LINGUISTIC ISOLATION ARE AMONG LATINO AMERICANS AND ASIAN AMERICANS. FORTY-SIX PERCENT OF THOSE WHO ARE FOREIGN-BORN SPEAK ENGLISH LESS THAN "VERY WELL" (MARYLAND DEPARTMENT OF PLANNING, PLANNING DATA SERVICES, 2007).

PRINCE GEORGE'S COUNTY ALSO EXPERIENCED A LARGE INFLUX OF FOREIGN-BORN RESIDENTS DURING THE LAST TWO DECADES. THE COUNTY'S FOREIGN-BORN POPULATION AS A PERCENT OF TOTAL POPULATION GAIN FROM 2000-2007 WAS THE HIGHEST IN THE STATE AT 199.9 PERCENT COMPARED TO A STATE AVERAGE OF 70.7 PERCENT. MORE THAN 18 PERCENT OF THE COUNTY'S RESIDENTS ARE FOREIGN-BORN, OF WHICH 42 PERCENT SPEAK ENGLISH LESS THAN "VERY WELL" (MARYLAND DEPARTMENT OF PLANNING, PLANNING DATA SERVICES, 2009).

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PRINCE GEORGE'S COUNTY, LIKE MONTGOMERY COUNTY, IS ONE OF THE STATES MOST POPULOUS JURISDICTIONS WITH A POPULATION OF MORE THAN 825,000 RESIDENTS AND A MEDIAN HOUSEHOLD INCOME OF \$71,242, SLIGHTLY HIGHER THAN THE STATE AVERAGE. LESS THAN ONE THIRD (30.1 PERCENT) OF THE COUNTY'S RESIDENTS HOLD A BACHELOR'S DEGREE (U.S. CENSUS BUREAU, 2006-2008 AMERICAN COMMUNITY SURVEY) AND OVER 149,000 INDIVIDUALS ARE UNINSURED (SAHIE, 2007).

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

FOR MANY HEALTH CONDITIONS AND NEGATIVE HEALTH BEHAVIORS, MINORITIES, ESPECIALLY NON-HISPANIC BLACKS, BEAR A DISPROPORTIONATE BURDEN OF DISEASE, INJURY, DEATH, AND DISABILITY WHEN COMPARED TO THEIR WHITE COUNTERPARTS (CDC, 2005) AND ARE MORE LIKELY TO BE WITHOUT HEALTH INSURANCE THAN NON-HISPANIC WHITES. MINORITIES ALSO MAKE UP A DISPROPORTIONATE NUMBER OF PERSONS UNABLE TO AFFORD HEALTH CARE WHEN NEEDED (MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE, OFFICE OF MINORITY HEALTH AND HEALTH DISPARITIES, 2006).

ALONG WITH ITS GROWTH, MONTGOMERY COUNTY IS ALSO RAPIDLY AGING. HOLY CROSS HOSPITAL FACES SIMILAR DRAMATIC DEMOGRAPHIC CHANGE WITH THE COMING UNPRECEDENTED AGING OF THIS COUNTY. THE POPULATION AGE 65 AND OLDER WILL

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GROW 4.1 PERCENT PER YEAR OVER THE NEXT 10 YEARS, EIGHT TIMES FASTER THAN THE POPULATION UNDER AGE 65 (.5 PERCENT). AS A RESULT, THE PERCENT OF THE POPULATION AGE 65 AND OLDER WILL INCREASE FROM 13 PERCENT TO 18 PERCENT (MARYLAND DEPARTMENT OF PLANNING, PLANNING DATA SERVICES, 2009).

AS THE SENIOR POPULATION INCREASES IN MONTGOMERY AND PRINCE GEORGE'S COUNTIES, THE NEED FOR SENIOR HEALTH SERVICES ALSO INCREASES. IT IS ESTIMATED THAT BY THE YEAR 2030 THE 60+ POPULATION IN MONTGOMERY AND PRINCE GEORGE'S COUNTIES WILL INCREASE BY 142% (316,495) AND 162% (236,973), RESPECTIVELY (MARYLAND DEPARTMENT OF PLANNING POPULATION PROJECTIONS, 2008). CURRENTLY, THE TWO COUNTIES ALSO HAVE THE SECOND AND THIRD HIGHEST PERCENTAGE OF SENIOR MINORITIES IN THE STATE WITH 24.4 PERCENT RESIDING IN PRINCE GEORGE'S COUNTY AND 15.7 PERCENT IN MONTGOMERY COUNTY.

PART VI, LINE 5: 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. HOLY CROSS HOSPITAL HAS PIONEERED INNOVATIVE EFFORTS TO BETTER MEET THE NEEDS OF VULNERABLE AND UNDERSERVED POPULATIONS, INCLUDING RACIAL, ETHNIC AND LINGUISTIC MINORITIES.

HOLY CROSS HOSPITAL'S SENIOR MANAGEMENT, DIRECTORS, MANAGERS, PHYSICIANS, AND NURSES CONTRIBUTED MORE THAN 591 STAFF HOURS AND A TOTAL OF \$38,964 TOTAL COMMUNITY BENEFIT EXPENSES WITH NO OFFSETTING REVENUE TO PROVIDE LEADERSHIP AND RESOURCES TO EQUIP COMMUNITY ORGANIZATIONS WITH THE SKILLS NEEDED TO CREATE HEALTHY COMMUNITIES. THE HOSPITAL'S STAFF PARTICIPATES ON BOARDS, ADVISORY COMMITTEES, AND COMMISSIONS, USING TIME THAT WOULD

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OTHERWISE BE ALLOCATED FOR OTHER ACTIVITIES AT HOLY CROSS HOSPITAL.

ESTABLISHING TRUSTED RELATIONSHIPS WITH COMMUNITY ORGANIZATIONS SUCH AS THE MONTGOMERY COUNTY PUBLIC SCHOOLS, GRASS ROOTS ORGANIZATION FOR THE WELL-BEING OF SENIORS (GROWS), MONTGOMERY COUNTRY WORKFORCE & ECONOMIC DEVELOPMENT AND THE INTERFAITH COMMUNITY AGAINST DOMESTIC VIOLENCE ENABLES COMMUNITY MEMBERS WITH THE ABILITY AND RESOURCES TO VOICE CONCERNS ABOUT UNMET HEALTH NEEDS, TO MOBILIZE TO ACHIEVE COMMON GOALS AND TO IMPROVE THEIR OVERALL HEALTH BY IMPLEMENTING EFFECTIVE COMMUNITY PROGRAMS.

PART VI, LINE 6: OTHER INFORMATION - HOLY CROSS HOSPITAL HAS A 14-MEMBER COMMUNITY BOARD COMPRISED OF A MAJORITY OF COMMUNITY MEMBERS. ONLY TWO OF THE 14 BOARD MEMBERS ARE EMPLOYED BY HOLY CROSS HOSPITAL OR TRINITY HEALTH, THE HOSPITAL'S PARENT CORPORATION (THE HOSPITAL'S CHIEF EXECUTIVE OFFICER AND A TRINITY HEALTH EXECUTIVE). TWO MEMBERS LIVE OUTSIDE OF OUR LOCAL AREA AND NO BOARD MEMBERS ARE FAMILY MEMBERS.

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

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

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

HOLY CROSS HOSPITAL'S OVERALL RESPONSIVENESS TO THE NEEDS OF OUR COMMUNITY IS EVIDENCED BY OUR WILLINGNESS TO PARTICIPATE IN A RANGE OF COMMITTEES, COALITIONS, PANELS, ADVISORY GROUPS, COMMISSIONS, AND BOARDS. FOR EXAMPLE, DURING FY09 AND FY10, THE HOSPITAL PROVIDED FINANCIAL SUPPORT TO THE MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES TO SUPPORT ITS NEEDS ASSESSMENT PROCESS, CALLED HEALTHY MONTGOMERY COMMUNITY HEALTH IMPROVEMENT PROCESS. IN ADDITION, THE HOSPITAL HAS ASSIGNED AN EXECUTIVE TO PARTICIPATE ON THE STEERING COMMITTEE. HOLY CROSS HOSPITAL ALSO HAS AN EXECUTIVE ON THE MONTGOMERY COUNTY COMMISSION ON HEALTH; HOLY CROSS HOSPITAL'S VICE PRESIDENT, COMMUNITY HEALTH SERVES AS CHAIR OF THE COMMISSION. THE HOSPITAL HAS MADE FINANCIAL CONTRIBUTIONS TO NURSING EDUCATION PROGRAMS THROUGH A STATEWIDE PROGRAM. HOLY CROSS HOSPITAL HAS RESPONDED TO THE SPECIFIC NEED OF OUR COMMUNITY TO ADD HEALTH CENTERS FOR UNINSURED ADULTS.

HOLY CROSS HOSPITAL HAS A VIBRANT VOLUNTEER PROGRAM, OFFERING VARIED OPPORTUNITIES TO MEMBERS OF THE COMMUNITY TO VOLUNTEER. APPROXIMATELY 400 VOLUNTEERS CONTRIBUTE THEIR TIME AND THEIR PARTICIPATION IN THE HOSPITAL'S EFFORTS IS GRATIFYING.

PART VI, LINE 7: HOLY CROSS HOSPITAL IS A MEMBER ORGANIZATION OF

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TRINITY HEALTH, THE FOURTH-LARGEST CATHOLIC HEALTH CARE SYSTEM IN THE COUNTRY. BASED IN NOVI, MICHIGAN, TRINITY HEALTH ANNUALLY REQUIRES THAT ALL MEMBER ORGANIZATIONS DEVELOP, AND ARE HELD ACCOUNTABLE FOR ACHIEVING, COMMUNITY BENEFIT GOALS THAT INCLUDE DEVELOPING NEEDED SERVICES OR EXPANDING ACCESS TO SERVICES FOR LOW-INCOME INDIVIDUALS. AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH INVESTS THE HOSPITAL'S NET GAINS FROM OPERATIONS INTO THE COMMUNITY THROUGH PROGRAMS TO SERVE THE POOR AND UNINSURED, MANAGE CHRONIC CONDITIONS LIKE DIABETES, HEALTH EDUCATION AND PROMOTION INITIATIVES AND OUTREACH FOR THE ELDERLY.

IN FISCAL YEAR FY10, THIS INCLUDED NEARLY \$456 MILLION IN SUCH COMMUNITY BENEFITS. THEREFORE, TRINITY HEALTH TAKES A SYSTEMS APPROACH IN ITS COMMUNITY BENEFIT PLANNING AND IMPLEMENTATION, AND IS CONSEQUENTLY ABLE TO ENSURE THAT ITS MEMBER HOSPITALS AND OTHER ENTITIES/AFFILIATES ARE HELPING PROMOTE AND ADDRESS THE HEALTH NEEDS OF THEIR RESPECTIVE COMMUNITIES.

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

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

MD