HOLY CROSS HOSPITAL, INC.

**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.
   - Yes [X]  
   - No [X]

1b. If "Yes," was it a written policy?
   - Yes [X]  
   - No [X]

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
   - [ ] Applied uniformly to most hospital facilities

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?
      - Yes [X]  
      - No [X]

   b. Did the organization use FPG as a factor in determining eligibility for providing discounted care?
      - Yes [X]  
      - No [X]

   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.

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?
   - Yes [X]  
   - No [X]

5a. Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?
   - Yes [X]  
   - No [X]

5b. If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?
   - Yes [X]  
   - No [X]

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?
   - Yes [X]  
   - No [X]

6a. Did the organization prepare a community benefit report during the tax year?
   - Yes [X]  
   - No [X]

6b. If "Yes," did the organization make it available to the public?
   - Yes [X]  
   - No [X]

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 Other Benefits at Cost</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>Financial Assistance at cost (from Worksheet 1)</td>
<td>10,108,600.</td>
<td>10,108,600.</td>
<td>2.17%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicaid (from Worksheet 3, column a)</td>
<td>20,952,885.</td>
<td>5,412,824.</td>
<td>15,540,061.</td>
<td>3.34%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Costs of other means-tested government programs (from Worksheet 3, column b)</td>
<td>31,061,485.</td>
<td>5,412,824.</td>
<td>25,648,661.</td>
<td>5.51%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Financial Assistance and Means-Tested Government Programs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Benefits</td>
<td>17</td>
<td>37,782</td>
<td>1,469,680</td>
<td>39,139</td>
<td>1,430,541</td>
<td>.31%</td>
</tr>
<tr>
<td>Community health improvement services and community benefit operations (from Worksheet 4)</td>
<td>2</td>
<td>118,675</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health professions education (from Worksheet 5)</td>
<td>1</td>
<td>676,619</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subsidized health services (from Worksheet 6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research (from Worksheet 7)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and in-kind contributions for community benefit (from Worksheet 8)</td>
<td>2</td>
<td>7,512</td>
<td>82,967</td>
<td></td>
<td></td>
<td>.02%</td>
</tr>
<tr>
<td>Total, Other Benefits</td>
<td>22</td>
<td>45,294</td>
<td>2,347,941</td>
<td>39,139</td>
<td>2,308,802</td>
<td>.51%</td>
</tr>
<tr>
<td>Total, Add lines 7d and 7j</td>
<td>22</td>
<td>45,294</td>
<td>33,409,426</td>
<td>5,451,963</td>
<td>27,957,463</td>
<td>6.02%</td>
</tr>
</tbody>
</table>
### Part II. Community Building Activities

<table>
<thead>
<tr>
<th></th>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community building expense</th>
<th>(d) Direct offsetting revenue</th>
<th>(e) Net community building expense</th>
<th>(f) Percent of total expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Physical improvements and housing</td>
<td>1</td>
<td>155,050.</td>
<td>155,050.</td>
<td></td>
<td>.03%</td>
</tr>
<tr>
<td>2</td>
<td>Economic development</td>
<td>1</td>
<td>149,000.</td>
<td></td>
<td>149,000.</td>
<td>.03%</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>1</td>
<td>149,000.</td>
<td></td>
<td></td>
<td>.03%</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></td>
<td></td>
<td></td>
<td></td>
<td></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>304,050.</td>
<td></td>
<td>304,050.</td>
<td></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  X  No

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 28,219,564.

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) 143,511,037.

6. Enter Medicare allowable costs of care relating to payments on line 5 145,894,507.

7. Subtract line 6 from line 5. This is the surplus (or shortfall) -2,383,470.

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: ☐ Cost accounting system  X  Cost to charge ratio  ☐ Other

**Section C. Collection Practices**

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

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 X

### Part IV. Management Companies and Joint Ventures

<table>
<thead>
<tr>
<th></th>
<th>(a) Name of entity</th>
<th>(b) Description of primary activity of entity</th>
<th>(c) Organization's profit % or stock ownership %</th>
<th>(d) Officers, directors, trustees, or key employees' profit % or stock ownership %</th>
<th>(e) Physicians' profit % or stock ownership %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>PHYSICIANS AMBULATORY SURGERY OUTPATIENT SURGERY CENTER, LLC</td>
<td>CENTER</td>
<td>85.18%</td>
<td>.00%</td>
<td>14.82%</td>
</tr>
</tbody>
</table>

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Schedule H (Form 990) 2017 HOLY CROSS HOSPITAL, INC. 59-0791028 Page 2

732092 11-28-17

14360520 794151 6904  2017.05060 HOLY CROSS HOSPITAL, INC. 69041

47
**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? **1**

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)

<table>
<thead>
<tr>
<th>Licensed hospital</th>
<th>Gen. medical &amp; surgical</th>
<th>Children's hospital</th>
<th>Critical access hospital</th>
<th>ER24 hours</th>
<th>ERother</th>
<th>Other (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOLY CROSS HOSPITAL, INC.</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4725 N. FEDERAL HIGHWAY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FORT LAUDERDALE, FL 33308-4603</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HOLY-CROSS.COM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LICENSE # 4069</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Part V Facility Information (continued)**

<table>
<thead>
<tr>
<th>Section B. Facility Policies and Practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)</td>
</tr>
</tbody>
</table>

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

**HOLY CROSS HOSPITAL, INC.**

<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>1</th>
</tr>
</thead>
</table>

**Community Health Needs Assessment**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>X</td>
</tr>
<tr>
<td>2.</td>
<td>X</td>
</tr>
<tr>
<td>3.</td>
<td>X</td>
</tr>
</tbody>
</table>

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?**

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?**

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 "Yes," indicate what the CHNA report describes (check all that apply):
     - A definition of the community served by the hospital facility
     - Demographics of the community
     - Existing health care facilities and resources within the community that are available to respond to the health needs of the community
     - How data was obtained
     - The significant health needs of the community
     - Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
     - The process for identifying and prioritizing community health needs and services to meet the community health needs
     - The process for consulting with persons representing the community's interests
     - The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)
     - Other (describe in Section C)

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

   - **2015**

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?**

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?**

   - If "Yes," indicate how the CHNA report was made widely available (check all that apply):
     - Hospital facility’s website (list url): **SEE SCHEDULE H, PART V, SECTION C**
     - Other website (list url):
     - Made a paper copy available for public inspection without charge at the hospital facility
     - 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?**

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

   - **2015**

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)?**

   - **X**

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

   - **Yes No**

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 HOSPITAL, INC.

Did the hospital facility have in place during the tax year a written financial assistance policy that:

13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? Yes No 13 X

If "Yes," indicate the eligibility criteria explained in the FAP:

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%

b Income level other than FPG (describe in Section C)

c Asset level

d Medical indigency

e Insurance status

f Underinsurance status

g Residency

h Other (describe in Section C)

14 Explained the basis for calculating amounts charged to patients? Yes No 14 X

15 Explained the method for applying for financial assistance? Yes No 15 X

If "Yes," 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):

a Described the information the hospital facility may require an individual to provide as part of his or her application

b Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application

c Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process

d Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications

e Other (describe in Section C)

16 Was widely publicized within the community served by the hospital facility? Yes No 16 X

If "Yes," indicate how the hospital facility publicized the policy (check all that apply):

a The FAP was widely available on a website (list url):

b The FAP application form was widely available on a website (list url):

c A plain language summary of the FAP was widely available on a website (list url):

d The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)

e The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)

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)

g Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention

h Notified members of the community who are most likely to require financial assistance about availability of the FAP

i The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations

j Other (describe in Section C)
Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group: HOLY CROSS HOSPITAL, INC.

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 nonpayment?

- 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. Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility’s FAP
d. Actions that require a legal or judicial process
e. Other similar actions (describe in Section C)
f. None of these actions or other similar actions were permitted

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:

a. Reporting to credit agency(ies)
b. Selling an individual’s debt to another party
c. Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility’s FAP
d. Actions that require a legal or judicial process
e. 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):

a. Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs
b. Made a reasonable effort to orally notify individuals about the FAP and FAP application process
c. Processed incomplete and complete FAP applications
d. Made presumptive eligibility determinations
e. Other (describe in Section C)
f. 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?

- Yes
- No

If "No," indicate why:

a. The hospital facility did not provide care for any emergency medical conditions
b. The hospital facility’s policy was not in writing
c. The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
d. Other (describe in Section C)
### Name of hospital facility or letter of facility reporting group

**HOLY CROSS HOSPITAL, INC.**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>The hospital facility used a prospective Medicare or Medicaid method</td>
<td></td>
</tr>
</tbody>
</table>

| 23 | X |
|    |   |
| 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 | X |
|    |   |
| 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, INC.:

**PART V, SECTION B, LINE 3J**: N/A

**PART V, SECTION B, LINE 3E**:

<table>
<thead>
<tr>
<th>Community Health Need</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ACCESS TO AFFORDABLE HEALTHCARE FOR VULNERABLE POPULATIONS</td>
</tr>
<tr>
<td>2. HEALTH EDUCATION AND WELLNESS</td>
</tr>
<tr>
<td>3. HOMELESSNESS / FOOD INSECURITY / POVERTY</td>
</tr>
<tr>
<td>4. MENTAL HEALTH</td>
</tr>
<tr>
<td>5. ALCOHOL AND SUBSTANCE ABUSE</td>
</tr>
</tbody>
</table>

**PART V, SECTION B, LINE 5**: THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS WAS CONDUCTED DURING THE MONTHS OF AUGUST AND SEPTEMBER 2015. HOLY CROSS HOSPITAL'S CHNA PROCESS INCLUDED A CHNA STEERING COMMITTEE, AN ADVISORY COUNCIL, COMMUNITY FORUMS, KEY INFORMANT INTERVIEWS, AND WRITTEN SURVEYS. THESE INDIVIDUALS ASSISTED IN GUIDING THE ASSESSMENT PROCESS, ACTING AS A SOUNDING BOARD AND ASSISTING IN OBTAINING COMMUNITY INPUT, EVALUATING HEALTH ISSUES, AND IDENTIFYING KEY PRIORITIES. THE PROCESS WAS ENGAGING AND COLLABORATIVE IN NATURE AND RESULTED IN ACTION PLANNING AND FORMULATING THE IMPLEMENTATION STRATEGY. THE CHNA STEERING COMMITTEE MET
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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

FOR EIGHT MEETINGS AND THE HEALTH ADVISORY COUNCIL MET THREE TIMES.

A COMMUNITY FORUM WAS CONDUCTED AND INCLUDED REPRESENTATIVES FROM THE FOLLOWING ORGANIZATIONS: DEPARTMENT OF HEALTH, BROWARD COUNTY, AGING AND DISABILITY RESOURCES OF BROWARD, AMERICAN DIABETES ASSOCIATION, URBAN LEAGUE, HEALTHY MOTHERS HEALTHY BABIES, LIGHT OF THE WORLD CLINIC, BROWARD COUNTY COMMISSION—ELDERLY AND VETERAN'S SERVICES DIVISION, BROWARD HEALTHY START COALITION, COMMUNITY HOME HEALTH SERVICE, CRISIS HOUSING SOLUTIONS, GATEWAY COMMUNITY OUTREACH, HOPE SOUTH FLORIDA, JACK AND JILL CHILDREN'S CENTER, LEADERSHIP BROWARD FOUNDATION, LIFENET 4 FAMILIES, MARCH OF DIMES, NOVA SOUTHEASTERN UNIVERSITY, PACE CENTER FOR GIRLS, SOUTH FLORIDA HUNGER COALITION, THE JIM MORAN FOUNDATION, UNITED WAY OF BROWARD COUNTY, AND BROWARD REGIONAL HEALTH PLANNING COUNCIL.

MANY OF THESE COMMUNITY-BASED ORGANIZATIONS PROVIDE SERVICES TO HOMELESS FAMILIES, INDIVIDUALS, AND VETERANS; FAMILIES AND INDIVIDUALS WHO ARE FOOD INSECURE; WOMEN AND FAMILIES AT HIGH RISK OF LOW BIRTHWEIGHT INFANTS AND ABUSE; FAMILIES WHO LIVE BELOW THE FEDERAL POVERTY LEVEL; AT-RISK TEENS; PHYSICALLY, EMOTIONALLY, AND/OR MENTALLY ABUSED INDIVIDUALS; SUBSTANCE USERS AND ABUSERS; UNDOCUMENTED INDIVIDUALS; AND INDIVIDUALS WITH BEHAVIORAL/MENTAL HEALTH DISORDERS. IN ADDITION, 237 PAPER SURVEYS WERE RETURNED FROM INDIVIDUALS AND EIGHT KEY INFORMANT INTERVIEWS WERE CONDUCTED.
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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

REPRESENTATIVES WHO PARTICIPATED IN HOLY CROSS HOSPITAL'S CHNA PROCESS:

DEPARTMENT OF HEALTH, BROWARD COUNTY, AGING AND DISABILITY RESOURCES OF
BROWARD, AMERICAN DIABETES ASSOCIATION, BIG BROTHERS/BIG SISTERS, BROWARD
COUNTY MEDICAL ASSOCIATION, BROWARD PARTNERSHIP FOR THE HOMELESS, URBAN
LEAGUE, HEALTHY MOTHERS HEALTHY BABIES, CITY OF LAUDERDALE LAKES, PARKS
AND HUMAN SERVICES DEPARTMENT, LIGHT OF THE WORLD CLINIC, BROWARD COUNTY
COMMISSION—ELDERLY AND VETERAN'S SERVICES DIVISION, BROWARD HEALTHY START
COALITION, COMMUNITY HOME HEALTH SERVICE, CRISIS HOUSING SOLUTIONS,
GATEWAY COMMUNITY OUTREACH, GREATER FORT LAUDERDALE CHAMBER OF COMMERCE,
HISPANIC UNITY, HOPE SOUTH FLORIDA, JACK AND JILL CHILDREN'S CENTER,
LEADERSHIP BROWARD FOUNDATION, LIFENET 4 FAMILIES, MARCH OF DIMES, NOVA
SOUTHEASTERN UNIVERSITY, PACE CENTER FOR GIRLS, SOUTH FLORIDA HUNGER
COALITION, THE JIM MORAN FOUNDATION, UNITED WAY OF BROWARD COUNTY, BROWARD
REGIONAL HEALTH PLANNING COUNCIL, AND WOMEN IN DISTRESS.

HOLY CROSS HOSPITAL, INC.:

PART V, SECTION B, LINE 11: HOLY CROSS HOSPITAL IS CONTINUOUSLY FOCUSED
ON DEVELOPING, PROVIDING, AND/OR SUPPORTING INITIATIVES RELATED TO ITS
CHNA AND IMPLEMENTATION STRATEGY. IN ADDITION, IT MONITORS AND ASSESSES
EFFECTIVENESS TO IMPROVE THE FOLLOWING IDENTIFIED HEALTH NEEDS:

ACCESS TO AFFORDABLE HEALTH CARE FOR VULNERABLE POPULATIONS

IN FY18, THROUGH AGREEMENTS WITH LOCAL COMMUNITY-BASED AGENCIES, HOLY
CROSS HOSPITAL AND THE MERCY FAMILY LIFE CENTER CONTINUED TO HOST ON-SITE
AFFORDABLE HEALTH CARE NAVIGATORS TO PROVIDE ENROLLMENT ASSISTANCE TO
COMMUNITY MEMBERS. NAVIGATORS WERE AVAILABLE TO THE COMMUNITY AT LARGE IN
THREE LANGUAGES. HOLY CROSS MEDICAL GROUP CONTINUED TO PARTICIPATE AS A
LEVEL III PRIMARY MEDICAL HOME PROVIDER, AND DESIGNATED OFFICES HAVE
RE-CERTIFIED AND ADDITIONAL OFFICES ARE TARGETED TO EXPAND PROGRAM
PARTICIPATION. FLORIDA CONTINUES TO BE A NON-MEDICAID EXPANSION STATE AND
HOLY CROSS HOSPITAL STRIVES TO PROVIDE AFFORDABLE, COORDINATED HEALTHCARE.
HOLY CROSS HOSPITAL CONTINUED IN FY18 TO SEEK NEW OPPORTUNITIES TO BECOME
AN INTEGRATED PARTNER IN THE TRANSITION OF CARE FOR VULNERABLE POPULATIONS
AND HAS EXPLORED ALTERNATE MODELS FOR ITS CURRENT MISSION CLINIC, SUCH AS
DESIGNATION AS A FEDERALLY QUALIFIED HEALTH CENTER (FQHC) OR A COMMUNITY
HEALTH CENTER (CHC).

HEALTH EDUCATION AND WELLNESS
HOLY CROSS HOSPITAL’S COMMUNITY OUTREACH AND OTHER HOSPITAL DEPARTMENTS,
INCLUDING THE WELLNESS CENTER, HOME HEALTH, AND NURSING, RESPONDED TO
REQUESTS FROM THE COMMUNITY FOR HEALTH SCREENINGS. IN ADDITION, HOLY CROSS
CONTINUED MAKING SEVERAL NAVIGATORS AVAILABLE TO ASSIST THE COMMUNITY,
INCLUDING NAVIGATORS FOR BREAST, LUNG AND GI CANCER, AND COPD. THE
HOSPITAL ALSO HOSTS A VERY ACTIVE HEART FAILURE CLINIC AND A CONTINUOUSLY
GROWING ACCOUNTABLE CARE ORGANIZATION WITH AN ACTIVE POPULATION HEALTH
NURSE TEAM. IN FY18, THE COMMUNITY OUTREACH DEPARTMENT PROGRAMS FOCUSED ON
PREVENTATIVE HEALTH EDUCATION, CHILDHOOD IMMUNIZATION, DECREASING
CHILDHOOD OBESITY, HEALTH LITERACY, AND THE NATIONAL DIABETES PREVENTION
PROGRAM. THE DEPARTMENT'S MESSAGES, PROGRAMS, AND INTERVENTIONS ARE
TARGETED TO SERVE SOME OF BROWARD'S MOST VULNERABLE POPULATIONS.

HOMELESSNESS / FOOD INSECURITY / POVERTY
COMMUNITY OUTREACH HEALTH SERVICES AND EDUCATION ARE PROVIDED TO AUGMENT
COMMUNITY AGENCIES WHO TARGET INDIVIDUALS AND FAMILIES EXPERIENCING LIMITED INCOME, CONSTRAINED EARNINGS, EVICTIONS, JOB LOSS, AND SINGLE-HEADED HOUSEHOLDS CONTRIBUTING TO ECONOMIC HARDSHIP. EFFORTS TO ADDRESS THESE ISSUES CONTINUED IN FY18 THROUGH THE FAITH COMMUNITY NURSING PROGRAM, COMMITTEE PARTICIPATION IN BROWARD’S HOMELESS COALITION, AND THE SOUTH FLORIDA HUNGER COALITION. ADDITIONALLY, DIRECT SERVICES WERE PROVIDED IN FY18 TO THE HOMELESS POPULATION IN PARTNERSHIP WITH LOCAL SOCIAL SERVICE AGENCIES. THE HOSPITAL ALSO CONTINUED TO PROVIDE A JUST WAGE FOR ITS ASSOCIATES.

MENTAL HEALTH

HOLY CROSS HOSPITAL WAS LIMITED IN ITS ABILITY TO ADDRESS MENTAL HEALTH IN FY18 AS THERE IS NO INPATIENT BEHAVIORAL HEALTH PROGRAM. HOWEVER, OPPORTUNITIES TO PARTNER WITH EXISTING BEHAVIORAL HEALTH AGENCIES TO WORK TOWARD ACHIEVING IMPROVED QUALITY OF LIFE TOGETHER HAVE BEEN SUCCESSFUL. COMMUNITY OUTREACH CONTINUED PARTNERING WITH HENDERSON BEHAVIORAL HEALTH AND SPONSORED COMMUNITY MENTAL HEALTH FIRST AID TRAININGS FOR THE COMMUNITY.

HOLY CROSS HOSPITAL ACKNOWLEDGES THE WIDE RANGE OF PRIORITY HEALTH ISSUES THAT EMERGED FROM THE CHNA PROCESS AND DETERMINED THAT IT COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS WHICH IT DEEMED MOST PRESSING, UNDER-ADDRESSED, AND WITHIN ITS ABILITY TO INFLUENCE. HOLY CROSS WILL NOT TAKE ACTION ON THE FOLLOWING HEALTH NEED:

ALCOHOL AND SUBSTANCE ABUSE

HOLY CROSS LACKS THE APPROPRIATE EXPERTISE AND RESOURCES TO ADEQUATELY
ADDRESS THIS OUTSTANDING NEED. HOLY CROSS CONTINUES TO ENGAGE AND PARTNER WITH COMMUNITY COALITIONS AND COMMITTEES TO SUPPORT AND ASSIST IN ADDRESSING ALCOHOL AND SUBSTANCE ABUSE WITHIN THE COMMUNITY. IN RESPONSE TO THE OPIOID CRISIS, HOLY CROSS PARTNERED WITH A COMMUNITY COALITION AND PROVIDES PEER SUPPORT AND REHABILITATIVE TREATMENT OPTIONS FOR PATIENTS WHO HAVE OVERDOSED.

THE OTHER NEEDS AND PRIORITY AREAS IDENTIFIED IN THE CHNA WERE NOT ADDRESSED BECAUSE IMPLEMENTATION DETAILS REVEALED THAT THE APPROACH WAS UNFEASIBLE, CERTAIN KEY INPUTS (SUCH AS SKILLED STAFF, TIME FRAMES, REQUIRED ORGANIZATIONAL/POLICY CHANGES, AND COMMUNITY SUPPORT) WERE NOT ATTAINABLE, OR THE NEEDS WERE NOT ADDRESSED TO AVOID DUPLICATION OF SERVICES IN THE COMMUNITY.

HOLY CROSS HOSPITAL, INC.:

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 14360520 794151 6904 2017.05060 HOLY CROSS HOSPITAL, INC. 69041
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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

Utilized to conduct a review of patient information to assess financial need. This review utilizes a health care 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, Inc.

Part V, Line 16B, FAP Application Website:
HTTPS://WWW.HOLY-CROSS.COM/BILLING-INSURANCE

Holy Cross Hospital, Inc.

Part V, Line 16C, FAP Plain Language Summary Website:
HTTPS://WWW.HOLY-CROSS.COM/BILLING-INSURANCE

Holy Cross Hospital, Inc. - Part V, Section B, Line 7A:
HTTPS://WWW.HOLY-CROSS.COM/COMMUNITY-NEEDS-ASSESSMENT

Holy Cross Hospital, Inc. - Part V, Section B, Line 10A:
HTTPS://WWW.HOLY-CROSS.COM/COMMUNITY-NEEDS-ASSESSMENT
### 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? 38

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Type of Facility (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOLY CROSS ORTHOPEDIC INSTITUTE</td>
<td>ORTHOPEDICS, SPINE, PODIATRY, REHABILITATION</td>
</tr>
<tr>
<td>5597 N. DIXIE HWAY</td>
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</tr>
<tr>
<td>FORT LAUDERDALE, FL 33334</td>
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<tr>
<td>HEART GROUP, BOCA RATON</td>
<td>CARDIOLOGY PRACTICE</td>
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<tr>
<td>9980 CENTRAL PARK BLVD., SUITE 210</td>
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<tr>
<td>BOCA RATON, FL 33428</td>
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<tr>
<td>HOLY CROSS HEALTHPLEX</td>
<td>AMBULATORY SURG, ORTHOPEDICS, IMAGING AND LAB</td>
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<tr>
<td>1000 NORTH EAST 56TH STREET</td>
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<tr>
<td>OAKLAND PARK, FL 33334</td>
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<td>PAIN MANAGEMENT</td>
<td>PAIN MANAGEMENT</td>
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<td>5601 N. DIXIE HWAY, # 209</td>
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<td>GALLAGHER GASTROENTEROLOGY PRACTICE</td>
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<tr>
<td>CARDIOLOGY ASSOCIATES OF BOCA RATON</td>
<td>CARDIOLOGY PRACTICE</td>
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<td>BOCA RATON, FL 33428</td>
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<tr>
<td>HEART GROUP, POMPANO</td>
<td>CARDIOLOGY PRACTICE</td>
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<tr>
<td>2 W. SAMPLE RD. SUITE # 208</td>
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<tr>
<td>POMPANO BEACH, FL 33064</td>
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<tr>
<td>RIO VISTA URGENT CARE</td>
<td>URGENT CARE, IMAGING, OCCUPATIONAL MEDICINE</td>
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<tr>
<td>1115 S. FEDERAL HWY</td>
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<tr>
<td>FORT LAUDERDALE, FL 33316</td>
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<tr>
<td>GALLAGHER ADULT PRACTICE</td>
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<td>1900 E. COMMERCIAL BLVD., #101</td>
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<tr>
<td>GALLAGHER PEDIATRICS</td>
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<td>FORT LAUDERDALE, FL 33308</td>
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</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? 38

<table>
<thead>
<tr>
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<th>Type of Facility (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 LIGHTESTHED ORTHOPEDICS PRACTICE</td>
<td>ORTHOPEDICS PRACTICE</td>
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<tr>
<td>2850 N FEDERAL HIGHWAY, 2ND FLOOR</td>
<td>LIGHTHOUSE POINT, FL 33064</td>
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<tr>
<td>12 POMPAO BEACH OFFICE</td>
<td>FAMILY PRACTICE</td>
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<tr>
<td>2335 E ATLANTIC BLVD. SUITE 200</td>
<td>POMPAO BEACH, FL 33062</td>
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<tr>
<td>13 COLORECTAL SURGERY PRACTICE</td>
<td>COLORECTAL SURGERY PRACTICE</td>
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<tr>
<td>1940 NE 47TH ST. SUITE 1</td>
<td>FORT LAUDERDALE, FL 33308</td>
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<tr>
<td>14 HOLY CROSS MEDICAL PLAZA</td>
<td>INTERNAL MEDICINE, INFECTIOUS DISEASE PRACTICES</td>
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<tr>
<td>5601 N. DIXIE HIGHWAY</td>
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<td>15 RIO VISTA PRACTICE</td>
<td>INTERNAL MEDICINE, REHABILITATION</td>
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<td>16 ENDO AND INTERNAL MEDICINE PRACTICE</td>
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<td>17 CARDIO PULMONARY PRACTICE</td>
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<tr>
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<td>18 PULMONARY PRACTICE</td>
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<td>1930 NE 47TH STREET, #205</td>
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<td>2800 N STATE RD. 7, SUITE 101-102</td>
<td>POMPAO BEACH, FL 33063</td>
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<td>20 BOCA RATON ORTHOPEDICS PRACTICE</td>
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<tr>
<td>9970 CENTRAL PARK BLVD., #400</td>
<td>BOCA RATON, FL 33428</td>
</tr>
</tbody>
</table>

Schedule H (Form 990) 2017

HOLY CROSS HOSPITAL, INC.

59-0791028

Page 9
### Schedule H (Form 990) 2017

**HOLY CROSS HOSPITAL, INC.**

**59-0791028**

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

**Part V Facility Information (continued)**

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

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Type of Facility (describe)</th>
</tr>
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<tbody>
<tr>
<td><strong>21 CARDIOLOGY ASSOC OF BOYNTON BEACH</strong></td>
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<tr>
<td>10151 ENTERPRISE CENTER # 203</td>
<td>CARDIOLOGY PRACTICE</td>
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<td>BOYNTON BEACH, FL 33437</td>
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<td><strong>22 OBSTETRICS AND GYNECOLOGY PRACTICE</strong></td>
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<td>OB/GYN PRACTICE</td>
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<td><strong>23 WILTON MANORS PRACTICE</strong></td>
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<td><strong>25 GALT OCEAN MILE PRACTICE</strong></td>
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<td><strong>26 BROWARD MEDICAL GROUP</strong></td>
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<td><strong>27 BAYVIEW PRACTICE</strong></td>
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<td>1124 BAYVIEW DRIVE</td>
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<tr>
<td><strong>28 LIGHTHOUSE POINT PRACTICE</strong></td>
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<td>2100 E. SAMPLE ROAD, SUITE 101</td>
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<td>POMPAO BEACH, FL 33064</td>
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<td><strong>29 BARIATRICS/GENERAL SURGERY PRACTICE</strong></td>
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<td>4800 NORTHEAST 20TH TERRACE, SUITE 30</td>
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<tr>
<td><strong>30 OFFICE OF RICKY SCHNEIDER, MD</strong></td>
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<tr>
<td>2901 CORAL HILLS DRIVE, SUITE 240</td>
<td>CARDIOLOGY PRACTICE</td>
</tr>
<tr>
<td>CORAL SPRINGS, FL 33065</td>
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</tr>
</tbody>
</table>
### Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

**Schedule H (Form 990) 2017**

**Part V Facility Information (continued)**

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

How many non-hospital health care facilities did the organization operate during the tax year? 38

<table>
<thead>
<tr>
<th>Name and address</th>
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</tr>
</thead>
<tbody>
<tr>
<td>31 DOROTHY MANGURIAN COMP. WOMEN'S CTR</td>
<td>FAMILY PRACTICE, REHABILITATION</td>
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<tr>
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<tr>
<td>32 FAMILY LIFE CENTER PRACTICE</td>
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<tr>
<td>33 CORAL SPRINGS PRIMARY CARE</td>
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<td>3080 NW 99TH AVENUE, SUITE 200 CORAL SPRINGS, FL 33065</td>
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<tr>
<td>34 MEDICAL MULTI-SPECIALTY GROUP</td>
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<td>35 PRIMARY CARE MEDICINE GROUP</td>
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<tr>
<td>38 PULMONARY MEDICINE</td>
<td>PULMONARY</td>
</tr>
<tr>
<td>5601 N. DIXIE HIGHWAY, #407 FORT LAUDERDALE, FL 33334</td>
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</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.

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**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.

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**PART I, LINE 6A:**

HOLY CROSS HOSPITAL PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT, WHICH IT SUBMITS TO THE STATE OF FLORIDA. IN ADDITION, HOLY CROSS HOSPITAL 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, HOLY CROSS HOSPITAL INCLUDES A COPY OF ITS MOST RECENTLY FILED SCHEDULE H ON BOTH ITS OWN WEBSITE AND TRINITY HEALTH'S WEBSITE.

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**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, LN 7 COL(F):

THE FOLLOWING NUMBER, $28,219,564, 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:

ECONOMIC DEVELOPMENT: HOLY CROSS HOSPITAL, ALONG WITH FOUR OTHER LOCAL NOT-FOR PROFIT HOSPITALS, ARE JOINT-OWNERS OF A LAUNDRY FACILITY. THIS FACILITY EMPLOYS LOCAL COMMUNITY MEMBERS AND PROVIDES LAUNDRY SERVICE FOR THESE FIVE AREA HOSPITALS. THE BUSINESS SERVES AS AN EXAMPLE OF ANCHOR INSTITUTIONS INVESTING IN COMMUNITY HEALTH AND WELL-BEING AND COMMUNITY TRANSFORMATION IN A LOW-INCOME NEIGHBORHOOD IN THEIR COMMUNITY.

HOLY CROSS HOSPITAL PARTICIPATES IN COMMUNITY-LED EFFORTS THAT THE COUNTY IS LEADING REGARDING EXPANDING THE NUMBER OF AFFORDABLE HOUSING UNITS. THESE UNITS WOULD BE TARGETED FOR BOTH HOMELESS AND LOWER-INCOME INDIVIDUALS AND FAMILIES.

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:
HOLY CROSS HOSPITAL USES A PREDICTIVE MODEL THAT INCORPORATES THREE DISTINCT VARIABLES IN COMBINATION TO PREDICT WHETHER A PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE: (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, HOLY CROSS HOSPITAL IS RECORDING AMOUNTS AS CHARITY CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON THE RESULTS OF THE PREDICTIVE MODEL. THEREFORE, HOLY CROSS HOSPITAL IS REPORTING ZERO ON LINE 3, SINCE THEORETICALLY ANY POTENTIAL CHARITY CARE SHOULD HAVE BEEN IDENTIFIED THROUGH THE PREDICTIVE MODEL.

PART III, LINE 4:
PATIENTS THAT DO NOT QUALIFY FOR CHARITY CARE, THE CORPORATION ESTABLISHES AN ALLOWANCE TO REDUCE THE CARRYING VALUE OF SUCH RECEIVABLES TO THEIR ESTIMATED NET REALIZABLE VALUE. THIS ALLOWANCE IS ESTABLISHED BASED ON THE AGING OF ACCOUNTS RECEIVABLE AND THE HISTORICAL COLLECTION EXPERIENCE BY THE HEALTH MINISTRIES FOR EACH TYPE OF PAYOR. A SIGNIFICANT PORTION OF THE CORPORATION'S PROVISION FOR DOUBTFUL ACCOUNTS RELATES TO SELF-PAY PATIENTS, AS WELL AS CO-PAYMENTS AND DEDUCTIBLES OWED TO THE CORPORATION BY PATIENTS WITH INSURANCE."

PART III, LINE 5:
TOTAL MEDICARE REVENUE REPORTED IN PART III, LINE 5 HAS BEEN REDUCED BY THE TWO PERCENT SEQUESTRATION REDUCTION.

PART III, LINE 8:
HOLY CROSS HOSPITAL 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 HEALTH CARE 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 - MEMBERS OF THE HOSPITAL'S LEADERSHIP ROUTINELY PARTICIPATE ON NUMEROUS COMMUNITY COMMITTEES THAT PROVIDE ONGOING INFORMATION, INPUT, AND INSIGHT INTO THE COMMUNITY'S HEALTH CARE NEEDS. LEADERSHIP PARTICIPATES IN THE COMMUNITY BY SERVING ON BOARDS OF DIRECTORS AND COMMITTEES INCLUDING HEALTHCARE ACCESS, HOMELESS COALITION, POINT IN TIME SURVEY, AND SOUTH FLORIDA HUNGER COALITION. AWARENESS OF OUR COMMUNITY'S NEEDS IS ALSO MONITORED BY REGULARLY SCANNING THE ENVIRONMENT, REVIEWING COMMUNITY REPORT CARDS AND INFORMATION PROVIDED BY OTHER INSTITUTIONS, MONITORING VITAL STATISTICS, LOCAL MORBIDITY AND MORTALITY RATES, COUNTY HEALTH RANKINGS, PEOPLE 2020 GOALS AND BY CONTINUING RELATIONSHIPS WITH THE LOCAL HEALTH DEPARTMENT AND OTHER HEALTH CARE PROVIDERS.

PART VI, LINE 3:
PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - HOLY CROSS HOSPITAL 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, FEDERAL, STATE, AND LOCAL GOVERNMENT PROGRAMS, AND OTHER COMMUNITY-BASED CHARITABLE 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 HEALTH CARE SERVICES. EVERY EFFORT IS MADE TO DETERMINE A PATIENT'S ELIGIBILITY PRIOR TO OR AT THE TIME OF ADMISSION OR SERVICE.

HOLY CROSS HOSPITAL OFFERS FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS. THIS SUPPORT IS AVAILABLE TO UNINSURED AND UNDERINSURED PATIENTS WHO DO NOT QUALIFY FOR PUBLIC PROGRAMS OR OTHER ASSISTANCE. NOTIFICATION ABOUT FINANCIAL ASSISTANCE, INCLUDING CONTACT INFORMATION, IS AVAILABLE THROUGH 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 OTHER LANGUAGES AS REQUIRED BY INTERNAL
REVENUE CODE SECTION 501(R), REFLECTING OTHER PRIMARY LANGUAGES SPOKEN BY THE POPULATION SERVICED BY OUR HOSPITAL.

HOLY CROSS HOSPITAL HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING, COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS. HOLY CROSS HOSPITAL MAKES EVERY EFFORT TO ADHERE TO THE POLICY AND IS COMMITTED TO IMPLEMENTING AND APPLYING THE POLICY FOR ASSISTING PATIENTS WITH LIMITED MEANS IN A PROFESSIONAL, CONSISTENT MANNER.

PART VI, LINE 4:

COMMUNITY INFORMATION - BROWARD COUNTY IS THE SECOND LARGEST COUNTY IN THE STATE AND RANKS HIGH IN DIVERSITY. ABOUT 40% OF THE POPULATION IS 65 AND OVER AND CONTINUES TO GROW. THE OLD AGE DEPENDENCY RATIO, WHICH IS THE RATIO OF OLDER DEPENDENTS (65+) TO THE WORKING POPULATION (15-64), IS 24.4%.

ABOUT 31% OF HOUSEHOLDS ARE WALKING A FINANCIAL TIGHTROPE - THEY ARE UNABLE TO KEEP AND GROW THEIR FINANCIAL ASSETS AND ARE ONE EMERGENCY FROM FALLING INTO CRISIS. THE INCREASED DEMAND FOR AFFORDABLE RENTAL HOUSING FOR WORKING POOR FAMILIES AND THE HOMELESS IS PARAMOUNT IN THE COMMUNITY. BROWARD COUNTY HAS ALSO BEEN SIGNIFICANTLY IMPACTED BY UNEMPLOYMENT (4.5% IN 2001 VS. 8.7% 2018), REFLECTING THE ECONOMIC CRISIS. NEARLY 15% OF BROWARD RESIDENTS LIVE IN POVERTY. OF THE FAMILIES WITH CHILDREN UNDER THE AGE OF 18, 15.6% WERE REPORTED AT OR BELOW THE FEDERAL POVERTY LEVEL. ABOUT 43% OF CHILDREN IN BROWARD COUNTY FALL BELOW 200% OF THE FEDERAL POVERTY LEVEL.

TWENTY-SIX PERCENT OF ADULTS 18-64 YEARS OF AGE ARE UNINSURED, 14% OF WHOM
ARE UNDER AGE 19. THERE HAS BEEN A STEADY INCREASE IN THE NUMBER OF
INDIVIDUALS AND FAMILIES RECEIVING PUBLIC ASSISTANCE (MEDICAID AND FOOD
STAMPS). THE UNINSURED RATE HAS BEEN INCREASING OVER TIME FOR BROWARD
COUNTY, AND IT IS ESTIMATED THAT 24% OF NON-INSTITUTIONALIZED CIVILIAN
RESIDENTS ARE UNINSURED.

THE HOLY CROSS SERVICE AREA IS DEFINED GEOGRAPHICALLY BY WHERE 80% OF
ADMISSIONS ARE DERIVED, WITH 65% OF ADMISSIONS DEFINING THE PRIMARY
SERVICE AREA AND 15% DEFINING THE SECONDARY SERVICE AREA; ADMISSIONS
BEYOND THE HOLY CROSS SERVICE AREA ARE DEFINED AS "OTHER".

PART VI, LINE 5:
OTHER INFORMATION - COMMUNITY OUTREACH IS DEVOTED TO IMPROVING THE HEALTH
OUTCOMES OF THE POOR, DISENFRANCHISED, HOMELESS, MARGINALIZED, AND NEEDY
WHO LIVE IN OUR BACKYARDS, NEIGHBORHOODS, AND COMMUNITY.

GOODSTART PROGRAM -
GOALS: INCREASE KNOWLEDGE AND INSTILL GOOD HEALTH BEHAVIORS FOR LIFE.

CHNA IMPLEMENTATION PLAN:
- HEALTH EDUCATION AND WELLNESS (#2): PROVIDES HEALTH EDUCATION BOTH TO
CHILDREN AND TO ADULTS SERVING CHILDREN IN ORDER TO INCREASE WELLNESS AND
PREVENTION

OUTCOMES AND MEASUREMENT:
- 1,305 CHILDREN AND 1,035 ADULTS SERVED
- 100% OF ELEMENTARY AGE STUDENTS PARTICIPATING IN BOOK CLUBS PASSED
LANGUAGE ARTS WITH A GRADE OF C OR BETTER
- 100% OF CHILDREN ATTENDING GOODSTART TARGETED CHILDCARE CENTERS RECEIVED
CHILDHOOD IMMUNIZATIONS IN ACCORDANCE WITH FL STATE GUIDELINES
- 100% OF DAYCARE PROVIDERS ATTENDING GOODSTART CAREGIVER WORKSHOPS RECEIVED IN-SERVICE POINTS NEEDED TO MAINTAIN THEIR EMPLOYMENT IN CHILD OR HOME DAY CARE CENTERS

SCHOOL HEALTH PROGRAM -

GOALS: IMPROVE HEALTH TO PROMOTE STUDENT HEALTH AND LEARNING.

CHNA IMPLEMENTATION PLAN:

- ACCESS TO AFFORDABLE HEALTHCARE FOR VULNERABLE POPULATIONS (#1):
  PROVIDES ACCESS TO IMMUNIZATIONS AND SCHOOL-BASED HEALTH SERVICES
- HEALTH EDUCATION AND WELLNESS (#2): PROVIDES STUDENT EDUCATION ON HEALTH AND WELLNESS TO INCREASE PREVENTATIVE UTILIZATION OF HEALTHCARE SYSTEMS

OUTCOMES AND MEASUREMENT:

- 4,395 STUDENTS AND 668 ADULTS SERVED
- PUBLIC SCHOOLS OUT OF COMPLIANCE WERE PROVIDED WITH ACCESS TO FREE ON-SITE 7TH GRADE VACCINATIONS, REPRESENTING APPROXIMATELY 10% OF INCOMING 7TH GRADE STUDENTS
- 100% OF BABIES BORN AT HOLY CROSS HOSPITAL WHO RECEIVE THEIR FIRST DOSAGE OF HEPATITIS B VACCINE IN THE HOSPITAL ARE ENTERED INTO THE FL SHOTS SYSTEM
- 98% OF ELIGIBLE AND PARTICIPATING PAROCHIAL ELEMENTARY SCHOOL STUDENTS ARE SCREENED FOR VISION, HEARING AND SCOLIOSIS
- 636 BACKPACKS DISTRIBUTED FOR BACK TO SCHOOL

GROWING HEALTHY KIDS PROGRAM -

GOALS: BUILD KNOWLEDGE, SKILLS, AND POSITIVE ATTITUDES REGARDING HEALTH.

CHNA IMPLEMENTATION PLAN:

- HEALTH EDUCATION AND WELLNESS (#2): PROVIDES EDUCATION FOR HEALTHY
LIFESTYLE CHOICES AND IMPORTANCE OF NUTRITION AND PHYSICAL ACTIVITY TO YOUTH IN PUBLIC, PAROCHIAL AND VIRTUAL SCHOOL SYSTEMS

- MENTAL HEALTH (#4): DIRECT LINK BETWEEN PHYSICAL ACTIVITY AND DECREASE IN MENTAL HEALTH DISORDERS, PROVIDING YOUTH AN OPPORTUNITY TO PARTICIPATE IN POSITIVE ACTIVITIES

OUTCOMES AND MEASUREMENT:

- 51,699 CHILDREN AND 3,634 ADULTS WERE SERVED

PARISH NURSE PROGRAM -

GOALS: MAINTAIN INDEPENDENCE AND OPTIMAL PHYSICAL, MENTAL AND EMOTIONAL HEALTH.

CHNA IMPLEMENTATION PLAN:

- ACCESS TO AFFORDABLE HEALTH CARE FOR VULNERABLE POPULATIONS (#1):
  PROVIDES VULNERABLE POPULATIONS, SUCH AS SENIORS AND/OR HOMELESS, WITH ACCESS TO HEALTH CARE AND TIMELY MANAGEMENT OF CHRONIC DISEASES TO DECREASE EMERGENCY DEPARTMENT UTILIZATION AND THE LIKELIHOOD OF THE DISEASES PROGRESSING INTO A HEALTH CRISIS

- MENTAL HEALTH (#4): TRANSPORTATION PROGRAM FACILITATES SOCIAL INTERACTION BETWEEN SENIORS BY PROVIDING TRANSPORTATION TO MEDICAL APPOINTMENTS AND SOCIAL ACTIVITIES

- HOMELESSNESS/FOOD INSECURITY/POVERTY (#3): PROVIDES HEALTH CARE SERVICES, ACCESS TO NUTRITIOUS MEALS, AND TRANSPORTATION TO VULNERABLE POPULATIONS IN BROWARD COUNTY

OUTCOMES AND MEASUREMENT:

- 580 HOMELESS CLIENTS PROVIDED WITH HEALTH CARE SERVICES BY REGISTERED NURSES AND ADVANCED REGISTERED NURSE PRACTITIONERS AT THREE DIFFERENT HOMELESS LOCATIONS

- 1,515 INDIVIDUALS PROVIDED WITH HEALTH EDUCATION, SCREENING, AND
MONITORING OF CHRONIC DISEASES LIKE HYPERTENSION, DIABETES, AND CONGESTIVE HEART FAILURE

- 2.5 TONS OF FOOD DISTRIBUTED TO LOCAL FOOD PANTRIES
- 733 THANKSGIVING BASKETS DISTRIBUTED

CHRONIC DISEASE MANAGEMENT -

GOALS: IMPROVE HEALTH AND WELLNESS IN PATIENTS WITH CHRONIC DISEASES.

CHNA IMPLEMENTATION PLAN:

- ACCESS TO AFFORDABLE HEALTH CARE FOR VULNERABLE POPULATIONS (#1): PROVIDES ACCESS TO CHRONIC DISEASE MANAGEMENT
- HEALTH EDUCATION AND WELLNESS (#2): PROVIDES STUDENT EDUCATION ON HEALTH AND WELLNESS TO INCREASE UTILIZATION OF PREVENTATIVE CARE

OUTCOMES AND MEASUREMENT:

- 176 DIABETIC CLIENTS PROVIDED WITH HEALTH COACHING AND DISEASE SELF-MANAGEMENT CLASSES
- 888 INDIVIDUALS WERE PROVIDED WITH DIABETES PREVENTION PROGRAMMING INDIVIDUALLY AND THROUGH THE DIABETES PREVENTION PROGRAM IN PARTNERSHIP WITH THE BROWARD HOUSING AUTHORITY, DEPARTMENT OF HEALTH BROWARD COUNTY AND HOLY CROSS MEDICAL GROUP PHYSICIANS
- 21 NEW COACHES TRAINED
- 348 STUDENTS AND ADULTS PROVIDED WITH DIABETES PREVENTION CLASSES
- 3,176 STUDENTS OUTREACHED AT SCHOOL BASED HEALTH FAIRS

GOOD SAMARITAN CARE COORDINATION PROGRAM -

GOALS: IMPROVE HEALTH AND WELLNESS IN ATTRIBUTED PATIENTS WITH CHRONIC DISEASES.

CHNA IMPLEMENTATION PLAN:

- ACCESS TO AFFORDABLE HEALTH CARE FOR VULNERABLE POPULATIONS (#1):
PROVIDES ACCESS TO CARE COORDINATION FOR CHRONIC DISEASE MANAGEMENT

- HEALTH EDUCATION AND WELLNESS (#2): PROVIDES INFORMATION AND EDUCATION ON HEALTH AND WELLNESS TO INCREASE UTILIZATION OF PREVENTATIVE CARE

OUTCOMES AND MEASUREMENT:

- 115 ATTRIBUTED PATIENTS WERE SERVED DURING THE FIRST SIX MONTHS OF THE PROGRAM. CLIENT PATHWAYS HAVE INCLUDED: FOOD SECURITY AND EMERGENCY MEALS, TRANSPORTATION, PRIMARY AND SPECIALTY CARE, VA BENEFITS, SOCIAL SECURITY DISABILITY BENEFITS, MENTAL HEALTH, MEDICAL EQUIPMENT, EMERGENCY RESPONSE SYSTEMS, SUBSTANCE USE TREATMENT, NURSING FACILITY PLACEMENT, HOUSING, HOME HEALTH CARE, AND DENTAL SERVICES.

PARTNERS IN BREAST HEALTH (PIBH) PROGRAM -

GOALS: DECREASE LATE STAGE BREAST CANCER DIAGNOSIS IN THE HOPE OF SAVING LIVES.

CHNA IMPLEMENTATION PLAN:

- ACCESS TO AFFORDABLE HEALTH CARE FOR VULNERABLE POPULATIONS (#1): PROVIDES FREE BREAST IMAGING SERVICES TO VULNERABLE POPULATIONS (LOW INCOME, UNDOCUMENTED IMMIGRATION STATUS, AND THOSE WHO ARE INELIGIBLE FOR HEALTHCARE SERVICES THROUGH OTHER PROGRAMS)

- HEALTH EDUCATION AND WELLNESS (#2): COMMUNITY EDUCATION IS PROVIDED AT HEALTH FAIRS AND CHURCH EVENTS, AND VULNERABLE POPULATIONS ARE EDUCATED ON THE IMPORTANCE OF ANNUAL SCREENING AND EARLY DETECTION

OUTCOMES AND MEASUREMENT:

- 494 LOWER INCOME CLIENTS RECEIVED A TOTAL OF 970 SERVICES (SCREENING AND DIAGNOSTIC MAMMOGRAPHY, BREAST ULTRASOUND, BREAST BIOPSY AND BREAST MRI). NINE CLIENTS WERE DIAGNOSED WITH A BREAST ABNORMALITY, AND 100% NEWLY DIAGNOSED BREAST CANCER PATIENTS (#9) WERE LINKED INTO THE SERVICE CONTINUUM.
BABY-FRIENDLY DESIGNATION -

GOALS: THE CDC AND OTHER PUBLIC HEALTH ORGANIZATIONS HAVE ENDORSED BREASTFEEDING AS A PROMISING OBESITY PREVENTION STRATEGY.

CHNA IMPLEMENTATION PLAN: TRINITY HEALTH’S PEOPLE-CENTERED 2020 STRATEGIC PLAN PRIORITIZES OBESITY PREVENTION, WHICH HAS BECOME A NATIONAL EPIDEMIC.

OUTCOMES AND MEASUREMENT:

- HOLY CROSS HOSPITAL HAS ACCOMPLISHED BABY-FRIENDLY DESIGNATION AND COMPLETED THE FOLLOWING STEPS:

1. HAVE A WRITTEN BREASTFEEDING POLICY THAT IS ROUTINELY COMMUNICATED TO ALL HEALTH CARE STAFF

2. TRAIN APPROPRIATE STAFF IN THE SKILLS NECESSARY TO IMPLEMENT THIS POLICY

3. INFORM ALL PREGNANT WOMEN ABOUT THE BENEFITS AND MANAGEMENT OF BREASTFEEDING

4. HELP MOTHERS INITIATE BREASTFEEDING WITHIN ONE HOUR OF BIRTH

5. SHOW MOTHERS HOW TO BREASTFEED AND HOW TO MAINTAIN LACTATION, EVEN IF THEY ARE SEPARATED FROM THEIR INFANTS

6. GIVE INFANTS NO FOOD OR DRINK OTHER THAN BREAST MILK, UNLESS MEDICALLY INDICATED

7. PRACTICE ROOMING IN - ALLOW MOTHERS AND INFANTS TO REMAIN TOGETHER 24 HOURS A DAY

8. ENCOURAGE BREASTFEEDING ON DEMAND

9. GIVE NO PACIFIERS OR ARTIFICIAL NIPPLES TO BREASTFEEDING INFANTS

10. FOSTER THE ESTABLISHMENT OF BREASTFEEDING SUPPORT GROUPS AND REFER MOTHERS TO THEM UPON DISCHARGE FROM THE HOSPITAL OR BIRTH CENTER
HEALTHY VENDING -

GOALS: IMPROVE THE FOOD AND BEVERAGE ENVIRONMENT BY IMPLEMENTING "HEALTHY VENDING," A PROVEN OBESITY-PREVENTION STRATEGY.

CHNA IMPLEMENTATION PLAN: TRINITY HEALTH'S PEOPLE-CENTERED 2020 STRATEGIC PLAN PRIORITIZES OBESITY PREVENTION, WHICH HAS BECOME A NATIONAL EPIDEMIC.

- HOLY CROSS HAS IMPLEMENTED TRINITY'S NEW SUPPLY CHAIN STANDARDS AND 100% OF ITEMS SOLD IN VENDING ENVIRONMENTS MEET THE "HEALTHIER STOCKING STANDARD".

TOBACCO 21 AND SMOKEFREE CAMPUS -

GOALS: TOBACCO CONTROL POLICY HAS BEEN PRIORITIZED AS PART OF TRINITY HEALTH'S PEOPLE-CENTERED 2020 STRATEGIC PLAN.

CHNA IMPLEMENTATION PLAN: SUPPORT "TOBACCO 21" AND STRONG CLEAN INDOOR AIR LAWS THAT ARE INCLUSIVE OF E-CIGARETTES.

- HOLY CROSS IS A MEMBER OF BROWARD COUNTY'S TOBACCO FREE PARTNERSHIP (TFP) AND SITS ON THE EXECUTIVE COMMITTEE
- SMOKE-FREE HOUSING IS A PRIORITY POLICY BEING PURSUED WITH THE BROWARD COUNTY HOUSING AUTHORITY
- HOLY CROSS IS A CONDUIT FOR PUBLIC EDUCATION AND COMMUNICATION REGARDING TOBACCO 21, SMOKE-FREE MOVIES, TOBACCO-FREE BEACHES, TAKE BACK THE SHELVES AND THE CLEAN INDOOR ACT FOR THE COMMUNITY THROUGH SOCIAL MEDIA CAMPAIGNS, PRESS RELEASES, EDUCATIONAL FORUMS, AND OTHER FORMS OF EARNED OR PAID MEDIA

PART VI, LINE 6:

HOLY CROSS HOSPITAL 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 MINISTRIES DEFINE - AND ACHIEVE -
SPECIFIC COMMUNITY HEALTH AND WELL-BEING GOALS. IN FISCAL YEAR 2018, EVERY MINISTRY FOCUSED ON FOUR GOALS:

1. REDUCE TOBACCO USE
2. REDUCE OBESITY PREVALENCE
3. ADDRESS AT LEAST ONE SIGNIFICANT HEALTH NEED IDENTIFIED IN THE MINISTRY COMMUNITY HEALTH NEEDS ASSESSMENT
4. ADDRESS AT LEAST ONE SOCIAL DETERMINANT OF HEALTH

TRINITY HEALTH ACKNOWLEDGES 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) TO ADVANCE COMMUNITY PARTNERSHIPS THAT FOCUS ON IMPROVING THE HEALTH AND WELL-BEING IN COMMUNITIES SERVED BY THE MINISTRIES OF TRINITY HEALTH. TCI IS AN INNOVATIVE FUNDING MODEL AND TECHNICAL ASSISTANCE INITIATIVE SUPPORTING EIGHT COMMUNITIES USING POLICY, SYSTEM, AND ENVIRONMENTAL (PSE) CHANGE STRATEGIES TO PREVENT TOBACCO USE AND CHILDHOOD OBESITY, AS WELL AS ADDRESS SOCIAL DETERMINANTS OF HEALTH. TRINITY HEALTH INVESTED $3.6 MILLION IN FISCAL YEAR 2018 IN TCI. IN FISCAL YEAR 2018, TRINITY HEALTH LAUNCHED THE GOOD SAMARITAN INITIATIVE (GSI) TO SUPPORT THE MOST VULNERABLE PATIENTS' SOCIAL AND ECONOMIC NEEDS IN OUR SYSTEM THROUGH INTEGRATING COMMUNITY HEALTH WORKERS AS PART OF CARE TEAMS ACROSS NINE MINISTRIES. TRINITY HEALTH INVESTED OVER $260,000 IN FISCAL YEAR 2018 IN GSI. ADDITIONALLY, TRINITY HEALTH INVESTED $500,000 IN ELEVEN GRANTS TO IMPROVE THE BUILT ENVIRONMENT ACROSS EIGHT MINISTRIES.

AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS
BACK INTO OUR COMMUNITIES THROUGH PROMOTING WELLNESS AND DEVELOPING
PROGRAMS SPECIFICALLY SUPPORTING THOSE WHO ARE POOR AND VULNERABLE,
HELPING MANAGE CHRONIC CONDITIONS LIKE DIABETES, PROVIDING HEALTH
EDUCATION, AND MOVING FORWARD POLICY, SYSTEM AND ENVIRONMENTAL CHANGE.
THE ORGANIZATION 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. IN FISCAL YEAR
2018, TRINITY HEALTH INVESTED OVER $1.1 BILLION IN SUCH COMMUNITY
BENEFITS.

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

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