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

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  
- Applied uniformly to most hospital facilities  
- Generally tailored to individual 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? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:  
   - 100%  
   - 150%  
   - **X** 200%  
   - Other ____ %  
   **b** Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:  
   - 200%  
   - 250%  
   - 300%  
   - 350%  
   - **X** 400%  
   - Other ____ %  
   **c** If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.

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? If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?  

5 **a** Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?  
   **b** If "Yes," did the organization make it available to the public?  
   **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?  

6 **a** Did the organization prepare a community benefit report during the tax year?  
   **b** If "Yes," did the organization make it available to the public?  

7 **Financial Assistance and Certain Other Community Benefits at Cost**  

<table>
<thead>
<tr>
<th>Financial Assistance and Means-Tested Government Programs</th>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense</th>
<th>(d) Direct offsetting revenue</th>
<th>(e) Net community benefit expense</th>
<th>(f) Percent of total expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Assistance at cost (from Worksheet 1)</td>
<td>42849549.3</td>
<td>23083098.0</td>
<td>19766451.0</td>
<td>3.00%</td>
<td>206336243.17164180334694440.5.27%</td>
<td></td>
</tr>
<tr>
<td>Medicaid (from Worksheet 3, column a)</td>
<td>1634866944855870514927989.2.27%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Costs of other means-tested government programs (from Worksheet 3, column b)</td>
<td></td>
<td></td>
<td></td>
<td></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>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Benefits</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>Community health improvement services and community benefit operations (from Worksheet 4)</td>
<td>57</td>
<td>148,866</td>
<td>5674215</td>
<td>552,074</td>
<td>5122141.78%</td>
<td></td>
</tr>
<tr>
<td>Health professions education (from Worksheet 5)</td>
<td>4</td>
<td>427</td>
<td>3637238</td>
<td>3637238.55%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subsidized health services (from Worksheet 6)</td>
<td>12</td>
<td>90,129</td>
<td>13643692</td>
<td>1825015</td>
<td>11818677.1.79%</td>
<td></td>
</tr>
<tr>
<td>Research (from Worksheet 7)</td>
<td>2</td>
<td>333</td>
<td>216,909</td>
<td>10,225</td>
<td>206,684.03%</td>
<td></td>
</tr>
<tr>
<td>Cash and in-kind contributions for community benefit (from Worksheet 8)</td>
<td>1</td>
<td>75,000</td>
<td>75,000.239,755</td>
<td>232347054.2462314</td>
<td>20784740.5.27%</td>
<td></td>
</tr>
<tr>
<td>Total, Other Benefits</td>
<td>76</td>
<td>239,755</td>
<td>232347054</td>
<td>2462314</td>
<td>20784740</td>
<td>3.15%</td>
</tr>
<tr>
<td>Total, Add lines 7d and 7j</td>
<td>76</td>
<td>239,755</td>
<td>232347054</td>
<td>2462314</td>
<td>20784740</td>
<td>8.42%</td>
</tr>
</tbody>
</table>

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
## Part II Community Building Activities

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

<table>
<thead>
<tr>
<th></th>
<th>(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></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Economic development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Community support</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Environmental improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Leadership development and training for community members</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Coalition building</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Community health improvement advocacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Workforce development</td>
<td></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></td>
<td></td>
<td></td>
<td></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 [ ] 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: 26,214,922.

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): 119,057,655.

6. Enter Medicare allowable costs of care relating to payments on line 5: 111,304,603.

7. Subtract line 6 from line 5. This is the surplus (or shortfall): 7,753,052.

8. Describe in Part VI the extent to which any shortfall reported on 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? [ ] Yes [ ] No

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

[ ] Yes [ ] No

## Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

<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>
</table>
### Section A. Hospital Facilities

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

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

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

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Address</th>
<th>Website</th>
<th>License Number</th>
<th>Status</th>
<th>Teaching Hospital</th>
<th>Critical Access Hospital</th>
<th>Emergency Room - 24 hours</th>
<th>Other (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 HOLY CROSS HOSPITAL</td>
<td>1500 FOREST GLEN ROAD, SILVER SPRING, MD 20910</td>
<td><a href="http://WWW.HOLYCROSSHEALTH.ORG">WWW.HOLYCROSSHEALTH.ORG</a></td>
<td>MARYLAND LICENSE # 15-016</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 HOLY CROSS GERMANTOWN HOSPITAL</td>
<td>19801 OBSERVATION DRIVE, GERMANTOWN, MD 20876</td>
<td><a href="http://WWW.HOLYCROSSHEALTH.ORG">WWW.HOLYCROSSHEALTH.ORG</a></td>
<td>MARYLAND LICENSE #015-080</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Schedule H (Form 990) 2021

#### Part V  Facility Information (continued)

**Section B. Facility Policies and Practices**

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

| Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): | 1 |

<table>
<thead>
<tr>
<th><strong>Community Health Needs Assessment</strong></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2. Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If &quot;Yes,&quot; provide details of the acquisition in Section C</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>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 &quot;No,&quot; skip to line 12</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>a. A definition of the community served by the hospital facility</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b. Demographics of the community</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>c. Existing health care facilities and resources within the community that are available to respond to the health needs of the community</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>d. How data was obtained</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>e. The significant health needs of the community</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>f. Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>g. The process for identifying and prioritizing community health needs and services to meet the community health needs</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>h. The process for consulting with persons representing the community's interests</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>i. The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>j. Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Indicate the tax year the hospital facility last conducted a CHNA:</td>
<td>2019</td>
<td></td>
</tr>
<tr>
<td>5. In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If &quot;Yes,&quot; describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>6a. Was the hospital facility’s CHNA conducted with one or more other hospital facilities? If &quot;Yes,&quot; list the other hospital facilities in Section C</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>6b. Was the hospital facility’s CHNA conducted with one or more organizations other than hospital facilities? If &quot;Yes,&quot; list the other organizations in Section C</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>7. Did the hospital facility make its CHNA report widely available to the public?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>a. Hospital facility’s website (list url): SEE SCHEDULE H, PART V, SECTION C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Other website (list url):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Made a paper copy available for public inspection without charge at the hospital facility</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>d. Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If &quot;No,&quot; skip to line 11</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>9. Indicate the tax year the hospital facility last adopted an implementation strategy:</td>
<td>2019</td>
<td></td>
</tr>
<tr>
<td>10. Is the hospital facility’s most recently adopted implementation strategy posted on a website?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>a. If &quot;Yes,&quot; (list url): SEE SCHEDULE H, PART V, SECTION C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. If &quot;No,&quot; is the hospital facility’s most recently adopted implementation strategy attached to this return?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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)?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b. If &quot;Yes&quot; to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. If &quot;Yes&quot; 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?</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>
Schedule H (Form 990) 2021

HOLY CROSS HEALTH, INC.

52-0738041 Page 5

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

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

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?

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

- [X] 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%

- [ ] Income level other than FPG (describe in Section C)

- [ ] Asset level

- [ ] Medical indigency

- [X] Insurance status

- [X] Underinsurance status

- [X] Residency

- [X] Other (describe in Section C)

14 Explained the basis for calculating amounts charged to patients?

15 Explained the method for applying for financial assistance?

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):

- [X] Described the information the hospital facility may require an individual to provide as part of his or her application

- [X] Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application

- [X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process

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

- [ ] Other (describe in Section C)

16 Was widely publicized within the community served by the hospital facility?

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

- [X] The FAP was widely available on a website (list url): SEE SCHEDULE H, PART V, SECTION C

- [X] The FAP application form was widely available on a website (list url): SEE SCHEDULE H, PART V, SECTION C

- [X] A plain language summary of the FAP was widely available on a website (list url): SEE PART V, PAGE 8

- [X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)

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

- [X] A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)

- [X] 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

- [X] Notified members of the community who are most likely to require financial assistance about availability of the FAP

- [X] The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations

- [ ] Other (describe in Section C)
Part V Facility Information

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

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? ☑

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:

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

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

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

- ☑ 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 (if not, describe in Section C)
- ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
- ☑ Processed incomplete and complete FAP applications (if not, describe in Section C)
- ☑ Made presumptive eligibility determinations (if not, describe in Section C)
- ☐ Other (describe in Section C)
- ☐ None of these efforts were made

Policy Relating to Emergency Medical Care

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

If “No,” indicate why:

- ☐ The hospital facility did not provide care for any emergency medical conditions
- ☐ The hospital facility’s policy was not in writing
- ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
- ☐ Other (describe in Section C)
<table>
<thead>
<tr>
<th></th>
<th>Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>a 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></td>
<td>b 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></td>
<td>c 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></td>
<td>d The hospital facility used a prospective Medicare or Medicaid method</td>
<td></td>
</tr>
<tr>
<td></td>
<td>23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; explain in Section C.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; explain in Section C.</td>
<td></td>
</tr>
</tbody>
</table>
### Section B. Facility Policies and Practices

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

#### Part V

**Facility Information**

<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>2</th>
</tr>
</thead>
</table>

**Community Health Needs Assessment**

<table>
<thead>
<tr>
<th>Line</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; indicate what the CHNA report describes (check all that apply):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>A definition of the community served by the hospital facility</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Demographics of the community</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Existing health care facilities and resources within the community that are available to respond to the health needs of the community</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>How data was obtained</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>The significant health needs of the community</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>The process for identifying and prioritizing community health needs and services to meet the community health needs</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>The process for consulting with persons representing the community’s interests</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>The impact of any actions taken to address the significant health needs identified in the hospital facility’s prior CHNA(s)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Indicate the tax year the hospital facility last conducted a CHNA:</td>
<td>20</td>
<td>19</td>
</tr>
<tr>
<td>5</td>
<td>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?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6a</td>
<td>Was the hospital facility’s CHNA conducted with one or more other hospital facilities?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; list the other hospital facilities in Section C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6b</td>
<td>Was the hospital facility’s CHNA conducted with one or more other organizations other than hospital facilities?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; list the other organizations in Section C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Did the hospital facility make its CHNA report widely available to the public?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; indicate how the CHNA report was made widely available (check all that apply):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Hospital facility’s website (list url):</td>
<td>See Schedule H, Part V, Section C</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Other website (list url):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Made a paper copy available for public inspection without charge at the hospital facility</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Indicate the tax year the hospital facility last adopted an implementation strategy:</td>
<td>20</td>
<td>19</td>
</tr>
<tr>
<td>10</td>
<td>Is the hospital facility’s most recently adopted implementation strategy posted on a website?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; (list url):</td>
<td>See Schedule H, Part V, Section C</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12a</td>
<td>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)?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes&quot; to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12b</td>
<td>If &quot;Yes&quot; 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?</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>
### Financial Assistance Policy (FAP)

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

**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?**

   - [x] If "Yes," indicate the eligibility criteria explained in the FAP:
     - 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%
     - Income level other than FPG (describe in Section C)
     - Asset level
     - Medical indigency
     - Insurance status
     - Underinsurance status
     - Residency
     - Other (describe in Section C)  

   - [ ] If "No," indicate the reasons why:

    14. **Explained the basis for calculating amounts charged to patients?**

    - [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):
      - Described the information the hospital facility may require an individual to provide as part of his or her application
      - Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application
      - Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process
      - Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications
      - Other (describe in Section C)

    - [ ] If "No," indicate the reasons why:

    15. **Was widely publicized within the community served by the hospital facility?**

   - [x] If "Yes," indicate how the hospital facility publicized the policy (check all that apply):
     - The FAP was widely available on a website (list url):  
     - The FAP application form was widely available on a website (list url):  
     - A plain language summary of the FAP was widely available on a website (list url):  
     - The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
     - The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)
     - A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
     - 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
     - Notified members of the community who are most likely to require financial assistance about availability of the FAP
     - The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations
     - Other (describe in Section C)

   - [ ] If "No," indicate the reasons why:
### Billing and Collections

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td></td>
<td></td>
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<tr>
<td>19</td>
<td></td>
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<tr>
<td>20</td>
<td></td>
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</tr>
</tbody>
</table>

#### Part V: Facility Information (continued)

### Policy Relating to Emergency Medical Care

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part V Facility Information (continued)

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

<table>
<thead>
<tr>
<th>Name of hospital facility or letter of facility reporting group</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOLY CROSS GERMANTOWN HOSPITAL</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

   a. [ ] The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period

   b. [ ] 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

   c. [ ] 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

   d. [X] The hospital facility used a prospective Medicare or Medicaid method

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

   If “Yes,” explain in Section C.

   [23] X

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

   If “Yes,” explain in Section C.

   [24] X
HOLY CROSS HOSPITAL:

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

PART V, SECTION B, LINE 3E: HOLY CROSS HOSPITAL (HCH) INCLUDED ITS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY’S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THEIR MOST RECENT CHNA. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE CONSIDERED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

1. SOCIAL DETERMINANTS/INFLUENCERS OF HEALTH
   A. ACCESS TO CARE
   B. FOOD INSECURITY
   C. HOUSING
2. VULNERABLE POPULATIONS
   A. SENIOR POPULATION
   B. MATERNAL/INFANT POPULATION
3. CHRONIC DISEASES
   A. DIABETES
   B. CANCERS
   C. CARDIOVASCULAR HEALTH
   D. OBESITY
   E. BEHAVIORAL HEALTH

HOLY CROSS GERMANTOWN HOSPITAL:

PART V, SECTION B, LINE 3J: N/A
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 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.

PART V, SECTION B, LINE 3E: HOLY CROSS GERMANTOWN HOSPITAL (HCGH) INCLUDED ITS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THEIR MOST RECENT CHNA. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE CONSIDERED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

1. SOCIAL DETERMINANTS/INFLUENCERS OF HEALTH
   A. ACCESS TO CARE
   B. FOOD INSECURITY
   C. HOUSING

2. VULNERABLE POPULATIONS
   A. SENIOR POPULATION
   B. MATERNAL/INFANT POPULATION

3. CHRONIC DISEASES
   A. DIABETES
   B. CANCERS
   C. CARDIOVASCULAR HEALTH
   D. OBESITY
   E. BEHAVIORAL HEALTH

HOLY CROSS HOSPITAL:

PART V, SECTION B, LINE 5: HOLY CROSS HOSPITAL (HCH) HAS CONDUCTED NEEDS ASSESSMENTS FOR ALMOST 20 YEARS, AND HOLY CROSS GERMANTOWN HOSPITAL (HCGH) HAS CONDUCTED NEEDS ASSESSMENTS SINCE IT OPENED IN 2014. BOTH
COLLABORATIVELY IDENTIFY UNMET COMMUNITY HEALTH CARE NEEDS IN A VARIETY OF WAYS. FOR THIS CHNA CYCLE, HCH AND HCGH AGAIN COLLABORATED WITH OTHER HEALTH CARE PROVIDERS TO SUPPORT HEALTHY MONTGOMERY, MONTGOMERY COUNTY’S COMMUNITY HEALTH IMPROVEMENT PROCESS. EXPERT GUIDANCE WAS PROVIDED FROM A PANEL OF EXTERNAL PARTICIPANTS WITH EXPERTISE IN PUBLIC HEALTH AND INSIGHT INTO THE NEEDS OF OUR COMMUNITY. FIRST-HAND INFORMATION WAS GATHERED FROM COMMUNITY MEMBERS THROUGH COMMUNITY CONVERSATIONS CONDUCTED IN THE SPRING OF 2019 BY HOLY CROSS HEALTH (COMPRISED OF HCH AND HCGH), HEALTHY MONTGOMERY, AND THE MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES. THE COMMUNITY NEED INDEX AND OTHER PUBLICLY AVAILABLE REPORTS AND NEEDS ASSESSMENTS WERE REVIEWED TO HELP IDENTIFY THE UNMET NEEDS IN COMMUNITIES THAT WOULD BENEFIT FROM OUR PROGRAMS AND SERVICES. INTERNAL DATA WAS USED TO CONDUCT AN EXTENSIVE ANALYSIS OF DEMOGRAPHICS, HEALTH INDICATORS AND OTHER DETERMINANTS OF HEALTH FOR THOSE SERVED BY HCH AND HCGH.

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

ON JUNE 5, 2019, THE EXTERNAL REVIEW COMMITTEE MET TO PROVIDE INPUT ON
EXISTING AND EMERGING COMMUNITY NEEDS FOR THE CURRENT CHNA. A WIDE VARIETY
OF ORGANIZATIONS REPRESENTING MULTIPLE COMMUNITIES WITHIN OUR COMMUNITY
BENEFIT SERVICE AREA, WERE SOLICITED FOR INPUT. INPUT ON THE NEEDS OF
LOW-INCOME, MINORITY, AND SENIOR POPULATIONS WERE PROVIDED BY THE HEALTH
OFFICER AND DIRECTOR OF THE MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND
HUMAN SERVICES, A REPRESENTATIVE FROM THE MONTGOMERY COUNTY HOUSING
PARTNERSHIP, AND A REPRESENTATIVE FROM THE MONTGOMERY COUNTY COLLABORATION
COUNCIL FOR CHILDREN, YOUTH, AND FAMILIES. EXISTING AND EMERGING NEEDS OF
THE MEDICALLY UNDERSERVED AND UNINSURED POPULATIONS WERE PROVIDED BY THE
DIRECTOR OF THE MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES,
A REPRESENTATIVE FROM THE HOLY CROSS HEALTH CENTER - ASPEN HILL, AND BY A
REPRESENTATIVE FROM THE MENTAL HEALTH ASSOCIATION OF MONTGOMERY COUNTY.
INFORMATION ON THE BROADER NEEDS OF THE COMMUNITY WE SERVE WAS PROVIDED BY
REPRESENTATIVES FROM THE MONTGOMERY COUNTY FOOD COUNCIL, THE NEXUS
MONTGOMERY REGIONAL PARTNERSHIP, THE HEALTH CARE INITIATIVE FOUNDATION,
THE MONTGOMERY COUNTY COUNCIL, AND THE SILVER SPRING VILLAGE.

HOLY CROSS GERMANTOWN HOSPITAL:

PART V, SECTION B, LINE 5: HOLY CROSS HOSPITAL (HCH) HAS CONDUCTED NEEDS
ASSESSMENTS FOR ALMOST 20 YEARS, AND HOLY CROSS GERMANTOWN HOSPITAL (HCGH)
HAS CONDUCTED NEEDS ASSESSMENTS SINCE IT OPENED IN 2014. BOTH

132098 11-22-21
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, 20a, 20b, 20c, 20d, 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.

Collaboratively identify unmet community health care needs in a variety of ways. For this CHNA cycle, HCH and HCGH again collaborated with other health care providers to support healthy Montgomery, Montgomery County's community health improvement process. Expert guidance was provided from a panel of external participants with expertise in public health and insight into the needs of our community. First-hand information was gathered from community members through community conversations conducted in the spring of 2019 by Holy Cross Health (comprised of HCH and HCGH), Healthy Montgomery, and the Montgomery County Department of Health and Human Services. The community need index and other publicly available reports and needs assessments were reviewed to help identify the unmet needs in communities that would benefit from our programs and services. Internal data was used to conduct an extensive analysis of demographics, health indicators and other determinants of health for those served by HCH and HCGH.

Annually, HCH and HCGH invite input and obtain advice from a group of external participants that represent the interests of the communities we serve. This external review committee reviews our community benefit plan, annual work plan, foundation/key background material, and data supplements to advise us on priority community needs and the direction to take for the following year. External group participants include the public health officer and the director of the Montgomery County Department of Health and Human Services; a variety of individuals from local and state governmental agencies; and leaders from community-based organizations, foundations, churches, colleges, coalitions, and associations. These participants are experts in a range of areas, including public health, minority populations.
AND HEALTH DISPARITIES, SOCIAL DETERMINANTS OF HEALTH, HEALTH CARE, AND
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TO ENSURE THAT WE HAVE IDENTIFIED AND RESPONDED TO THE MOST PRESSING
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ON JUNE 5, 2019, THE EXTERNAL REVIEW COMMITTEE MET TO PROVIDE INPUT ON
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REPRESENTATIVE FROM THE MENTAL HEALTH ASSOCIATION OF MONTGOMERY COUNTY.
INFORMATION ON THE BROADER NEEDS OF THE COMMUNITY WE SERVE WAS PROVIDED BY
REPRESENTATIVES FROM THE MONTGOMERY COUNTY FOOD COUNCIL, THE NEXUS
MONTGOMERY REGIONAL PARTNERSHIP, THE HEALTH CARE INITIATIVE FOUNDATION,
The MONTGOMERY COUNTY COUNCIL, AND THE SILVER SPRING VILLAGE.

HOLY CROSS HOSPITAL:

PART V, SECTION B, LINE 6A: AS A MEMBER OF HEALTHY MONTGOMERY, MONTGOMERY
COUNTY'S COMMUNITY HEALTH IMPROVEMENT PROCESS, HOLY CROSS HOSPITAL
CONDUCTED ITS CHNA WITH THE FOLLOWING HOSPITAL FACILITIES: HOLY CROSS

GERTMANTOWN HOSPITAL, SUBURBAN HOSPITAL, MEDSTAR MONTGOMERY MEDICAL CENTER,

ADVENTIST HEALTHCARE WHITE OAK MEDICAL CENTER (FORMERLY WASHINGTON

ADVENTIST HOSPITAL), AND SHADY GROVE ADVENTIST HOSPITAL.

HOLY CROSS GERMANTOWN HOSPITAL:

PART V, SECTION B, LINE 6A: AS A MEMBER OF HEALTHY MONTGOMERY, MONTGOMERY

COUNTY'S COMMUNITY HEALTH IMPROVEMENT PROCESS, HOLY CROSS GERMANTOWN

HOSPITAL CONDUCTED ITS CHNA WITH THE FOLLOWING HOSPITAL FACILITIES: HOLY

CROSS HOSPITAL, SUBURBAN HOSPITAL, MEDSTAR MONTGOMERY MEDICAL CENTER,

ADVENTIST HEALTHCARE WHITE OAK MEDICAL CENTER (FORMERLY WASHINGTON

ADVENTIST HOSPITAL), AND SHADY GROVE ADVENTIST HOSPITAL.

HOLY CROSS HOSPITAL:

PART V, SECTION B, LINE 6B: AS MEMBERS OF HEALTHY MONTGOMERY, MONTGOMERY

COUNTY'S COMMUNITY HEALTH IMPROVEMENT PROCESS, HOLY CROSS HOSPITAL AND

HOLY CROSS GERMANTOWN HOSPITAL CONDUCTED THEIR CHNAs WITH THE FOLLOWING

ORGANIZATIONS: MANNA FOOD SERVICES, MONTGOMERY COUNTY DEPARTMENT OF HEALTH

AND HUMAN SERVICES, HOUSE OF DELEGATES, MARYLAND GENERAL ASSEMBLY, KAISER

PERMANENTE, PRIMARY CARE COALITION OF MONTGOMERY COUNTY, MONTGOMERY COUNTY

DEPARTMENT OF PLANNING, CAREFIRST BLUE CROSS BLUE SHIELD, AFRICAN AMERICAN

HEALTH PROGRAM, ASIAN AMERICAN HEALTH INITIATIVE, PROYECTO SALUD HEALTH

CENTER, LATINO HEALTH INITIATIVE, MONTGOMERY COUNTY PUBLIC SCHOOLS,

MONTGOMERY COUNTY RECREATION DEPARTMENT, GEORGETOWN UNIVERSITY SCHOOL OF

NURSING AND HEALTH STUDIES, MONTGOMERY COUNTY DEPARTMENT OF

TRANSPORTATION, RONALD D PAUL COMPANIES, MONTGOMERY PARKS, MONTGOMERY
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, 20a, 20b, 20c, 20d, 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.

COUNTY COLLABORATION, AND DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS.

HOLY CROSS GERMANTOWN HOSPITAL:

PART V, SECTION B, LINE 6B: AS MEMBERS OF HEALTHY MONTGOMERY, MONTGOMERY COUNTY'S COMMUNITY HEALTH IMPROVEMENT PROCESS, HOLY CROSS HOSPITAL AND HOLY CROSS GERMANTOWN HOSPITAL CONDUCTED THEIR CHNAS WITH THE FOLLOWING ORGANIZATIONS: MANNA FOOD SERVICES, MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES, HOUSE OF DELEGATES, MARYLAND GENERAL ASSEMBLY, KAISER PERMANENTE, PRIMARY CARE COALITION OF MONTGOMERY COUNTY, MONTGOMERY COUNTY DEPARTMENT OF PLANNING, CAREFIRST BLUE CROSS BLUE SHIELD, AFRICAN AMERICAN HEALTH PROGRAM, ASIAN AMERICAN HEALTH INITIATIVE, PROYECTO SALUD HEALTH CENTER, LATINO HEALTH INITIATIVE, MONTGOMERY COUNTY PUBLIC SCHOOLS, MONTGOMERY COUNTY RECREATION DEPARTMENT, GEORGETOWN UNIVERSITY SCHOOL OF NURSING AND HEALTH STUDIES, MONTGOMERY COUNTY DEPARTMENT OF TRANSPORTATION, RONALD D PAUL COMPANIES, MONTGOMERY PARKS, MONTGOMERY COUNTY COLLABORATION, AND DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS.

HOLY CROSS HOSPITAL:

PART V, SECTION B, LINE 11: HOLY CROSS HOSPITAL (HCH) ADDRESSES THE UNMET NEEDS OF OUR COMMUNITY, IN ACCORDANCE WITH OUR MISSION AND IN ALIGNMENT WITH THE GOALS OF HEALTHY MONTGOMERY, OUR EXTERNAL REVIEW GROUP.

KEY FINDINGS FROM ALL DATA SOURCES WERE REVIEWED AND THE MOST PRESSING NEEDS WERE INCORPORATED INTO A MULTI-YEAR IMPLEMENTATION STRATEGY, ADDRESSING THE NEEDS OF THE MOST VULNERABLE AND UNDERSERVED INDIVIDUALS AND FAMILIES. THE FOLLOWING LIST OF PROGRAMS DESCRIBES HOW HCH IS...
ADDRESSING EACH NEED:

ACCESS TO HEALTH CARE: SINCE OPENING IN FISCAL YEAR 2004, THE HOLY CROSS HEALTH CENTERS, LOCATED IN ASPEN HILL, GAITHERSBURG, GERMANTOWN, AND SILVER SPRING, PROVIDE PRIMARY CARE SERVICES TO LOW-INCOME PATIENTS WHO ARE UNINSURED OR ARE ENROLLED IN MARYLAND PHYSICIANS CARE, A MARYLAND MEDICAID MANAGED CARE ORGANIZATION. IN FISCAL YEAR 2022 (FY22), THERE WERE 21,735 PATIENT VISITS AT THE TWO HEALTH CENTER'S LOCATIONS THAT SERVICE HOLY CROSS HOSPITAL (SILVER SPRING AND ASPEN HILL).

HOUSING: HCH ADVOCATES FOR AFFORDABLE HOUSING ON A COUNTY AND STATE LEVEL AND JOINS TRINITY HEALTH, PARENT COMPANY OF HCH, TO ADVOCATE FOR POLICY CHANGES IN AFFORDABLE HOUSING ON A NATIONAL LEVEL. WE ALSO PARTNER WITH COMMUNITY-BASED HOUSING ORGANIZATIONS TO INCORPORATE HEALTH AND WELLNESS INTO SENIOR AND LOW-INCOME HOUSING TO CREATE AN ENVIRONMENT THAT Focuses ON WHOLE PERSON CARE.

MATERNAL AND INFANT HEALTH: SINCE 1999, THOUSANDS OF PATIENTS HAVE BEEN ENTRUSTED TO OUR CARE THROUGH THE MATERNITY PARTNERSHIP PROGRAM, A COLLABORATIVE AGREEMENT BETWEEN HCH AND THE MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES, TO PROVIDE MATERNITY SERVICES TO PATIENTS IN NEED, REGARDLESS OF THEIR ABILITY TO PAY. IN FY22, THROUGH THIS PARTNERSHIP, HCH OFFERED PRENATAL SERVICES TO 786 LOW-INCOME, PREGNANT WOMEN WHO LACKED HEALTH INSURANCE. OF THE MOTHERS IN THIS PROGRAM, 18 DELIVERED BABIES WITH A LOW BIRTH WEIGHT (<2500 GRAMS) RATE OF 2.09%. POST-DELIVERY, THESE MOTHERS AND NEWBORNS WERE REFERRED TO HOLY CROSS HEALTH CENTER IN GERMANTOWN FOR PRIMARY CARE. THE HEALTHY FAMILIES
DEPARTMENT PROVIDED EDUCATION, BABY CARE PROGRAMS, AND SUPPORT SERVICES VIRTUALLY WITH 1,961 ENCOUNTERS.

SENIORS: HCH PARTNERED WITH MULTIPLE GOVERNMENT, COMMUNITY, AND FAITH-BASED ORGANIZATIONS AND BUSINESSES, TO OFFER AN ARRAY OF OPTIONS IN GEOGRAPHICALLY ACCESSIBLE AREAS THROUGHOUT OUR SERVICE AREA TO HELP OLDER ADULTS MAINTAIN INDEPENDENCE, DECREASE ISOLATION, AND ENHANCE QUALITY OF LIFE. IN MARCH 2020, WITH THE ONSET OF COVID-19, ALMOST ALL CLASSES WERE MOVED TO A VIRTUAL SETTING (FIRST USING THE WEBEX PLATFORM, THEN MICROSOFT TEAMS). IN FY22, OUR VIRTUAL CLASSES HAD 9,197 ENCOUNTERS. THE MEDICAL ADULT DAY CENTER, WHICH PROVIDES MEDICAL, REHABILITATIVE, AND RECREATIONAL PROGRAMS FOR ADULTS WITH A CHRONIC HEALTH PROBLEM OR RECOVERING FROM AN ACUTE ILLNESS, RE-OPENED TO IN-PERSON SERVICES IN JANUARY 2022, AND HAD 3,269 IN-PERSON ENCOUNTERS IN FY22. HCH ALSO OFFERED FIVE MEMORY ACADEMY WORKSHOPS WITH 234 ENCOUNTERS.

CARDIOVASCULAR HEALTH: SENIOR FIT, A FREE 45-MINUTE EXERCISE PROGRAM FOR SENIORS AGED 55 AND OVER, PROVIDES AGE-APPROPRIATE EXERCISE CLASSES. IN FY22, SENIOR FIT CLASSES REMAINED VIRTUAL, AND THE AVERAGE WEEKLY ATTENDANCE WAS 1,192 PARTICIPANTS, WITH 45,677 TOTAL VIRTUAL ENCOUNTERS FOR THE FISCAL YEAR. THE STANFORD UNIVERSITY CHRONIC DISEASE SELF-MANAGEMENT PROGRAM HAD FOUR VIRTUAL WORKSHOPS WITH 239 ENCOUNTERS IN FY22. HCH ALSO OFFERED ONE CANCER THRIVING AND SURVIVING WORKSHOP WITH 39 ENCOUNTERS (THIS IS A NEW STANFORD PROGRAM FOR HCH). COMMUNITY HEALTH CONTINUED TO OFFER SENIOR FIT, AN EVIDENCE-BASED PHYSICAL ACTIVITY PROGRAM FOR PEOPLE AGE 55+, BOTH VIRTUALLY AND IN-PERSON. IN FY22, THERE WERE 2,927 VIRTUAL FITNESS PARTICIPANTS AND 67,704 ENCOUNTERS. STROKE
ACTIVITIES IN FY22 INCLUDED REGULAR EDUCATION MAILINGS ON PREVENTION OF STROKE TO 3,500 COMMUNITY MEMBERS. COMMUNITY HEALTH WORKERS ALSO PROVIDED 1,594 STROKE EDUCATION ENCOUNTERS ON CARDIOVASCULAR DISEASE, BLOOD PRESSURE, STROKE, CHOLESTEROL, NUTRITION, AND PHYSICAL ACTIVITY.

DIABETES: THE DIABETES PREVENTION PROGRAM (DPP) IS A 12-MONTH LIFESTYLE MODIFICATION PROGRAM THAT OFFERS NUTRITIONAL GUIDANCE, EXERCISE SESSIONS, AND SUPPORT TO HELP PREVENT OR DELAY THE ONSET OF DIABETES. PARTICIPANTS RECEIVE TOOLS TO HELP THEM MONITOR ACTIVITY PATTERNS, EATING HABITS, AND PHYSICAL ACTIVITY TO ASSIST THEM IN ACHIEVING SUCCESS. DIABETES SELF-MANAGEMENT EDUCATION AND SUPPORT (DSME/S) HAS SHOWN TO BE COST-EFFECTIVE BY REDUCING HOSPITAL ADMISSIONS AND READMISSIONS AS WELL AS ESTIMATED LIFETIME HEALTH CARE COSTS RELATED TO A LOWER RISK FOR COMPLICATIONS.

IN FY21, THE NEXUS MONTGOMERY REGIONAL PARTNERSHIP (NMRP), OF WHICH HCH IS A MEMBER, RECEIVED FUNDING TO EXPAND DIABETES EDUCATION FOR MEDICARE AND MEDICAID BENEFICIARIES. THROUGH THIS FUNDING, NMRP WAS ABLE TO INCORPORATE DPP AND DSME/S REFERRALS INTO MARYLAND'S DESIGNATED HEALTH INFORMATION EXCHANGE, CRISP, AND EDUCATE PROVIDERS ON THE REFERRAL PROCESS. IN FY22, THERE WERE THREE DPP COHORTS FROM SEPTEMBER 2021 THROUGH APRIL 2022 WITH 55 ENROLLEES AND AN AVERAGE WEIGHT LOSS OF 10-15 POUNDS. THERE WERE THREE DIABETES SELF-MANAGEMENT TRAINING (DSMT) COHORTS FROM AUGUST THROUGH DECEMBER 2021. IN FY22, HCH SHIFTED PRIORITY TO THE MOST VULNERABLE POPULATIONS AND OFFERING DIABETES EDUCATION TO INCREASE HEALTH EQUITY BY FUNNELING REFERRALS TO VARIOUS PROGRAMS AND INTRODUCING THE JEWISH SOCIAL SERVICES AGENCY (JSSA) IN CLASS AND TO NETWORK PARTNERS, USING THE NEW EHR.
TO DOCUMENT PARTICIPANT ACTIVITY ELECTRONICALLY AND BUILD OPPORTUNITY FOR SOCIAL SUPPORT AND INCREASED COLLABORATION WITH ORGANIZATIONS OFFERING DIABETES PROGRAMS. IN FY22, THERE WERE SIX DIABETES SELF-MANAGEMENT PROGRAM (DSMP) WORKSHOPS (4 VIRTUAL AND 2 IN-PERSON) WITH 367 ENCOUNTERS, AND 82% OF PARTICIPANTS COMPLETED THE WORKSHOP.

BEHAVIORAL HEALTH: TO MEET THE GROWING NEED IN MONTGOMERY AND PRINCE GEORGE'S COUNTIES, BEHAVIORAL HEALTH SERVICES HAVE BEEN INCORPORATED INTO ALL FOUR OF OUR HCH CENTERS. IN FY22, THE HCH CENTERS HAD 826 BEHAVIORAL HEALTH VISITS AND 343 SOCIAL WORK VISITS, AND DEPRESSION SCREENINGS WERE PERFORMED AT 94.9% OF THE PRIMARY CARE VISITS TO THE HEALTH CENTERS. IN ADDITION, HCH ALSO IMPLEMENTED AN EVIDENCE-BASED PROGRAM TO PROVIDE NON-PHARMACEUTICAL PAIN MANAGEMENT SKILLS TO PARTICIPANTS DEALING WITH CHRONIC PAIN. STANFORD UNIVERSITY'S CHRONIC PAIN-SELF MANAGEMENT PROGRAM (CPSMP) IS DESIGNED TO HELP INDIVIDUALS BETTER MANAGE THEIR PAIN, DECREASE DEPRESSION, IMPROVE MENTAL HEALTH, AND INCREASE LIFE SATISFACTION. IN FY22, CPSMP HAD 239 VIRTUAL ENCOUNTERS WITH 80% OF PARTICIPANTS COMPLETING THE PROGRAM.

CANCERS: HCH OFFERS BREAST CANCER EDUCATION, INFORMATION ON BREAST SELF-EXAMS, AND LINKS TO MAMMOGRAM SERVICES FOR UNINSURED/UNDERINSURED WOMEN IN MONTGOMERY AND PRINCE GEORGE'S COUNTIES. IN FY22, 783 HCH CENTER PATIENTS RECEIVED SCREENING AND/OR DIAGNOSTIC MAMMOGRAMS. HCH PROVIDED 899 VIRTUAL AND IN-PERSON BREAST CANCER EDUCATION ENCOUNTERS, AS WELL AS 2,171 TOBACCO-FREE LIVING VIRTUAL ENCOUNTERS. THERE WAS ONE CANCER THRIVING AND SURVIVING (CTS) WORKSHOP WITH 39 ENCOUNTERS. HCH PROVIDED OUTREACH AND EDUCATION ON CANCER PREVENTION (BREAST, CERVICAL, COLORECTAL, PROSTATE,
LUNG, SKIN) VIRTUALLY AND IN-PERSON AT FAITH-BASED AND COMMUNITY-BASED ORGANIZATIONS IN 7,312 ENCOUNTERS. GRANT FUNDS FROM MCDHHS FOR FY23 HAS BEEN SECURED TO CONTINUE CANCER PREVENTION OUTREACH AND EDUCATION EFFORTS. HCH PROVIDED REFERRALS TO FOLLOW UP SERVICES (36 BREAST, 18 COLON/RECTAL, 602 GASTROENTEROLOGY, 18 WEIGHT MANAGEMENT, AND 9 TOBACCO CESSATION).

FOOD INSECURITY: HCH CONTINUED ITS THREE-YEAR INITIATIVE TO ADDRESS FOOD INSECURITY IN MONTGOMERY COUNTY WITH THE GOAL OF REDUCING THE OVERALL FOOD INSECURITY RATE OF THE COUNTY FROM 7% TO 5.5% BY THE END OF THE PROJECT. THE INITIATIVE BUILDS PARTNERSHIPS IN THE COMMUNITY TO ADDRESS THE FOLLOWING FOUR PILLARS OF FOOD INSECURITY:

PILLAR #1: USE AND UTILIZATION - CHOOSE, PREPARE, AND STORE FOOD. HCH'S "MOBILE KITCHEN" UNIT PROVIDES PROGRAMMING THAT FOCUSES ON FOOD LITERACY, PRACTICAL COOKING SKILLS, AND MEAL PLANNING. THE MOBILE KITCHEN WAS USED TO PROVIDE EDUCATION THROUGH VIDEO VIGNETTES SHARED ON SOCIAL MEDIA.

PILLAR #2: ACCESSIBILITY - SUFFICIENT RESOURCES TO PRODUCE AND/OR PURCHASE FOOD. A COLLEAGUE NEEDS ASSESSMENT AND REFERRAL PROGRAM WAS ESTABLISHED TO ADDRESS ACCESS TO CARE, FOOD INSECURITY AND HOUSING ISSUES OF HCH COLLEAGUES. IN FY22, APPROXIMATELY 1,100 COLLEAGUES WERE ASSESSED, WITH 426 COLLEAGUES IDENTIFYING AS HAVING ONE OR MORE NEEDS, AND 88 OF THOSE COLLEAGUES WERE CONNECTED TO A COMMUNITY HEALTH WORKER AND RECEIVED ASSISTANCE. ADDITIONAL FUNDING WAS SECURED TO CREATE A COMMUNITY GARDEN, TO COMPLEMENT THE GREENHOUSE, AND BOTH ARE EXPECTED TO OPEN IN FY23.
HOLY CROSS GERMANTOWN HOSPITAL:

PART V, SECTION B, LINE 11: HOLY CROSS GERMANTOWN HOSPITAL (HCGH) ADDRESSES THE UNMET NEEDS OF OUR COMMUNITY, IN ACCORDANCE WITH OUR MISSION AND IN ALIGNMENT WITH THE GOALS OF HEALTHY MONTGOMERY, OUR EXTERNAL REVIEW GROUP.

KEY FINDINGS FROM ALL DATA SOURCES WERE REVIEWED, AND THE MOST PRESSING NEEDS WERE INCORPORATED INTO A MULTI-YEAR IMPLEMENTATION STRATEGY, ADDRESSING THE NEEDS OF THE MOST VULNERABLE AND UNDERSERVED INDIVIDUALS AND FAMILIES. THE FOLLOWING LIST OF PROGRAMS DESCRIBES HOW HCGH, AS PART OF HCH, IS ADDRESSING EACH NEED:

ACCESS TO HEALTH CARE: SINCE OPENING IN FISCAL YEAR 2004, THE HCH CENTERS, LOCATED IN ASPEN HILL, GAITHERSBURG, GERMANTOWN, AND SILVER SPRING, HAVE PROVIDED PRIMARY CARE SERVICES TO LOW-INCOME PATIENTS WHO ARE UNINSURED OR ARE ENROLLED IN MARYLAND PHYSICIANS CARE, A MARYLAND MEDICAID MANAGED CARE ORGANIZATION. IN FY22, THERE WERE 12,376 PATIENT VISITS AT THE TWO HEALTH CENTER'S LOCATIONS THAT SERVICE HOLY CROSS GERMANTOWN HOSPITAL (GAITHERSBURG AND GERMANTOWN).

HOUSING: HCH ADVOCATES FOR AFFORDABLE HOUSING ON A COUNTY AND STATE LEVEL AND JOINS TRINITY HEALTH, PARENT COMPANY OF HCH, TO ADVOCATE FOR POLICY CHANGES IN AFFORDABLE HOUSING ON A NATIONAL LEVEL. WE ALSO PARTNER WITH COMMUNITY-BASED HOUSING ORGANIZATIONS TO INCORPORATE HEALTH AND WELLNESS INTO SENIOR AND LOW-INCOME HOUSING TO CREATE AN ENVIRONMENT THAT FOCUSES ON WHOLE PERSON CARE.
MATERNAL AND INFANT HEALTH: SINCE 1999, THOUSANDS OF PATIENTS HAVE BEEN ENTRUSTED TO OUR CARE THROUGH THE MATERNITY PARTNERSHIP PROGRAM, A COLLABORATIVE AGREEMENT BETWEEN HCH AND THE MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES, TO PROVIDE MATERNITY SERVICES TO PATIENTS IN NEED, REGARDLESS OF THEIR ABILITY TO PAY. IN FY22, THROUGH THIS PARTNERSHIP, HCGH OFFERED PRENATAL SERVICES TO 457 LOW-INCOME, PREGNANT WOMEN WHO LACKED HEALTH INSURANCE. OF THE MOTHERS IN THIS PROGRAM, 7 DELIVERED BABIES WITH A LOW BIRTH WEIGHT (<2500 GRAMS) RATE OF 1.90%. POST-DELIVERY, THESE MOTHERS AND NEWBORNS WERE REFERRED TO HOLY CROSS HEALTH CENTER IN GERMANTOWN FOR PRIMARY CARE. THE HEALTHY FAMILIES DEPARTMENT PROVIDED EDUCATION, BABY CARE PROGRAMS, AND SUPPORT SERVICES VIRTUALLY WITH 1,961 ENCOUNTERS.

SENIORS: HCH PARTNERED WITH MULTIPLE GOVERNMENT, COMMUNITY, AND FAITH-BASED ORGANIZATIONS AND BUSINESSES, TO OFFER AN ARRAY OF OPTIONS IN GEOGRAPHICALLY ACCESSIBLE AREAS THROUGHOUT OUR SERVICE AREA TO HELP OLDER ADULTS MAINTAIN INDEPENDENCE, DECREASE ISOLATION, AND ENHANCE QUALITY OF LIFE. IN MARCH 2020, WITH THE ONSET OF COVID-19, ALMOST ALL CLASSES WERE MOVED TO A VIRTUAL SETTING (FIRST USING THE WEBEX PLATFORM, THEN MICROSOFT TEAMS). IN FY22, OUR VIRTUAL CLASSES HAD 9,197 ENCOUNTERS. THE MEDICAL ADULT DAY CENTER, WHICH PROVIDES MEDICAL, REHABILITATIVE, AND RECREATIONAL PROGRAMS FOR ADULTS WITH A CHRONIC HEALTH PROBLEM OR RECOVERING FROM AN ACUTE ILLNESS, RE-OPENED TO IN-PERSON SERVICES IN JANUARY 2022 AND HAD 3,269 IN-PERSON ENCOUNTERS IN FY22. HCH ALSO OFFERED FIVE MEMORY ACADEMY WORKSHOPS WITH 234 ENCOUNTERS.
CARDIOVASCULAR HEALTH: SENIOR FIT, A FREE 45-MINUTE EXERCISE PROGRAM FOR SENIORS AGED 55 AND OVER, PROVIDES AGE-APPROPRIATE EXERCISE CLASSES. IN FY22, SENIOR FIT CLASSES REMAINED VIRTUAL, AND THE AVERAGE WEEKLY ATTENDANCE WAS 1,192 PARTICIPANTS, WITH 45,677 TOTAL VIRTUAL ENCOUNTERS FOR THE FISCAL YEAR. THE STANFORD UNIVERSITY CHRONIC DISEASE SELF-MANAGEMENT PROGRAM HAD FOUR VIRTUAL WORKSHOPS WITH 239 ENCOUNTERS IN FY22. HCH ALSO OFFERED ONE CANCER THRIVING AND SURVIVING WORKSHOP WITH 39 ENCOUNTERS (THIS IS A NEW STANFORD PROGRAM FOR HCH). COMMUNITY HEALTH CONTINUED TO OFFER SENIOR FIT, AN EVIDENCE-BASED PHYSICAL ACTIVITY PROGRAM FOR PEOPLE AGE 55+ BOTH VIRTUALLY AND IN-PERSON. IN FY22, THERE WERE 2,927 VIRTUAL FITNESS PARTICIPANTS AND 67,704 ENCOUNTERS. STROKE ACTIVITIES IN FY22 INCLUDED REGULAR EDUCATION MAILINGS ON PREVENTION OF STROKE TO 3,500 COMMUNITY MEMBERS. COMMUNITY HEALTH WORKERS ALSO PROVIDED 1,594 STROKE EDUCATION ENCOUNTERS ON CARDIOVASCULAR DISEASE, BLOOD PRESSURE, STROKE, CHOLESTEROL, NUTRITION, AND PHYSICAL ACTIVITY.

DIABETES: THE DIABETES PREVENTION PROGRAM (DPP) IS A 12-MONTH LIFESTYLE MODIFICATION PROGRAM THAT OFFERS NUTRITIONAL GUIDANCE, EXERCISE SESSIONS, AND SUPPORT TO HELP PREVENT OR DELAY THE ONSET OF DIABETES. PARTICIPANTS RECEIVE TOOLS TO HELP THEM MONITOR ACTIVITY PATTERNS, EATING HABITS, AND PHYSICAL ACTIVITY TO ASSIST THEM IN ACHIEVING SUCCESS. DIABETES SELF-MANAGEMENT EDUCATION AND SUPPORT (DSME/S) HAS BEEN SHOWN TO BE COST-EFFECTIVE BY REDUCING HOSPITAL ADMISSIONS AND READMISSIONS AS WELL AS ESTIMATED LIFETIME HEALTH CARE COSTS RELATED TO A LOWER RISK FOR COMPLICATIONS.

IN FY21 THE NEXUS MONTGOMERY REGIONAL PARTNERSHIP (NMRP), OF WHICH HCH IS
A member, received funding to expand diabetes education for Medicare and Medicaid beneficiaries. Through this funding, NMRP was able to incorporate DPP and DSME/S referrals into Maryland's designated health information exchange, CRISP, and educate providers on the referral process. In FY22, there were three DPP cohorts from September 2021 through April 2022 with 55 enrollees and an average weight loss is 10-15 pounds. There were three diabetes self management training (DSMT) cohorts from August through December 2021. In FY22, HCH shifted priority to the most vulnerable populations and offering diabetes education to increase health equity by funneling referrals to various programs and introducing the Jewish Social Services Agency (JSSA) in class and to network partners, using the new EHR to document participant activity electronically and build opportunity for social support and increased collaboration with organizations offering diabetes programs. In FY22, there were six diabetes self-management program (DSMP) workshops with 367 encounters and 82% of participants completed the workshop.

Behavioral Health: To meet the growing need in Montgomery and Prince George's Counties, behavioral health services have been incorporated into all four of our HCH Centers. In FY22, the HCH Centers had 826 behavioral health visits and 343 social work visits and depression screenings were performed at 94.9% of the primary care visits to the health centers. In addition, HCH also implemented an evidence-based program to provide non-pharmaceutical pain management skills to participants dealing with chronic pain. Stanford University's Chronic Pain-Self Management Program (CPSMP) is designed to help individuals better manage their pain, decrease depression, improve mental health, and increase life satisfaction. In
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, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 22, 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.

FY22, CPSMP HAD 239 VIRTUAL ENCOUNTERS WITH 80% OF PARTICIPANTS COMPLETING THE PROGRAM.

CANCERS: HCH OFFERS BREAST CANCER EDUCATION, INFORMATION ON BREAST SELF-EXAMS, AND LINKS TO MAMMOGRAM SERVICES FOR UNINSURED/UNDERINSURED WOMEN IN MONTGOMERY AND PRINCE GEORGE'S COUNTIES. IN FY22, 783 HCH CENTER PATIENTS RECEIVED SCREENING AND/OR DIAGNOSTIC MAMMOGRAMS. HOLY CROSS PROVIDED 899 VIRTUAL AND IN-PERSON BREAST CANCER EDUCATION ENCOUNTERS, AS WELL AS 2,171 TOBACCO-FREE LIVING VIRTUAL ENCOUNTERS. THERE WAS ONE CANCER THRIVING AND SURVIVING (CTS) WORKSHOPS WITH 39 ENCOUNTERS. HCH PROVIDED OUTREACH AND EDUCATION ON CANCER PREVENTION (BREAST, CERVICAL, COLORECTAL, PROSTATE, LUNG, SKIN) VIRTUALLY AND IN-PERSON AT FAITH-BASED AND COMMUNITY-BASED ORGANIZATIONS IN 7,312 ENCOUNTERS. GRANT FUNDS FROM MCDHHS FOR FY23 HAS BEEN SECURED TO CONTINUE CANCER PREVENTION OUTREACH AND EDUCATION EFFORTS. HCH PROVIDED REFERRALS TO FOLLOW UP SERVICES (36 BREAST, 18 COLON/RECTAL, 602 GASTROENTEROLOGY, 18 WEIGHT MANAGEMENT, AND 9 TOBACCO CESSATION).

FOOD INSECURITY: HCH CONTINUED ITS THREE-YEAR INITIATIVE TO ADDRESS FOOD INSECURITY IN MONTGOMERY COUNTY WITH THE GOAL OF REDUCING THE OVERALL FOOD INSECURITY RATE OF THE COUNTY FROM 7% TO 5.5% BY THE END OF THE PROJECT. THE INITIATIVE BUILDS PARTNERSHIPS IN THE COMMUNITY TO ADDRESS THE FOLLOWING FOUR PILLARS OF FOOD INSECURITY:

PILLAR #1: USE AND UTILIZATION - CHOOSE, PREPARE, AND STORE FOOD. HCH'S "MOBILE KITCHEN" UNIT PROVIDES PROGRAMMING THAT FOCUSES ON FOOD LITERACY, PRACTICAL COOKING SKILLS, AND MEAL PLANNING. THE MOBILE KITCHEN WAS USED...
TO PROVIDE EDUCATION THROUGH VIDEO VIGNETTES SHARED ON SOCIAL MEDIA.

PILLAR #2: ACCESSIBILITY - SUFFICIENT RESOURCES TO PRODUCE AND/OR PURCHASE FOOD. A COLLEAGUE NEEDS ASSESSMENT AND REFERRAL PROGRAM WAS ESTABLISHED TO ADDRESS ACCESS TO CARE, FOOD INSECURITY AND HOUSING ISSUES OF HCH COLLEAGUES. IN FY22, APPROXIMATELY 1,100 COLLEAGUES WERE ASSESSED, WITH 426 COLLEAGUES IDENTIFYING AS HAVING ONE OR MORE NEEDS, AND 88 OF THOSE COLLEAGUES WERE CONNECTED TO A COMMUNITY HEALTH WORKER AND RECEIVED ASSISTANCE. ADDITIONAL FUNDING WAS SECURED TO CREATE A COMMUNITY GARDEN, TO COMPLEMENT THE GREENHOUSE, AND BOTH ARE EXPECTED TO OPEN IN FY23.

CONTINUED IN SCHEDULE H, PART V, SECTION C

HOLY CROSS HOSPITAL:

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

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

FOR THE PURPOSE OF HELPING FINANCIALLY NEEDY PATIENTS, A THIRD PARTY IS UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL
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, 20a, 20b, 20c, 20d, 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," etc.) and name of hospital facility.

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 GERMANTOWN HOSPITAL:

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

FOR THE PURPOSE OF HELPING FINANCIALLY NEEDY PATIENTS, A THIRD PARTY IS UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL NEED. THIS REVIEW UTILIZES A 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.
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, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 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.

UNDER THE TRADITIONAL APPLICATION PROCESS. IN CASES WHERE THERE IS AN ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT, AND AFTER EFFORTS TO CONFIRM COVERAGE AVAILABILITY, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY NEEDY PATIENTS.

HOLY CROSS HOSPITAL – PART V, SECTION B, LINE 7A:
WWW.HOLYCROSSHEALTH.ORG/ABOUT-US/COMMUNITY-INVOLVEMENT/COMMUNITY-BENEFIT-PLANNING/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

HOLY CROSS GERMANTOWN HOSPITAL – PART V, SECTION B, LINE 7A:
WWW.HOLYCROSSHEALTH.ORG/ABOUT-US/COMMUNITY-INVOLVEMENT/COMMUNITY-BENEFIT-PLANNING/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

HOLY CROSS HOSPITAL – PART V, SECTION B, LINE 10A:
WWW.HOLYCROSSHEALTH.ORG/ABOUT-US/COMMUNITY-INVOLVEMENT/COMMUNITY-BENEFIT-PLANNING/IMPLEMENTATION-PLAN

HOLY CROSS GERMANTOWN HOSPITAL – PART V, SECTION B, LINE 10A:
WWW.HOLYCROSSHEALTH.ORG/ABOUT-US/COMMUNITY-INVOLVEMENT/COMMUNITY-BENEFIT-PLANNING/IMPLEMENTATION-PLAN

HOLY CROSS HOSPITAL – PART V, SECTION B, LINE 11:
CONTINUED FROM ABOVE
PILLAR #3: AVAILABILITY - CONSISTENT SOURCE OF QUALITY FOOD. WITHIN THE
EQUITABLE WELLNESS INITIATIVE (EWI), THERE WERE 144 HUNGRY HARVEST
BOXES GIVEN TO PARTICIPANTS OF THE PROGRAM IN FY22. THE HCH CENTERS
CONDUCT A SCREEN AND INTERVENE PROGRAM TO ADDRESS FOOD INSECURITY OF
DIABETIC PATIENTS IN OUR DIABETES CARE TEAM. APPROXIMATELY 20 PATIENTS
IN NEED WERE PROVIDED WITH A SIX-MONTH FOOD SUBSCRIPTION BOX SERVICE
AND WERE LINKED TO ADDITIONAL RESOURCES.

PILLAR #4: STABILITY - POLICIES, WEATHER CONDITIONS, EMPLOYMENT AND
ECONOMIC FACTORS IMPACTING FOOD STABILITY. COLLEAGUES OF THE HCH
COMMUNITY HEALTH DEPARTMENT ARE ACTIVE WITH THE MONTGOMERY COUNTY FOOD
COUNCIL, WITH ONE COLLEAGUE SITTING ON THE BOARD OF DIRECTORS AND
ANOTHER AS A VOTING MEMBER OF THE FOOD COUNCIL. HCH SUPPORTS THE FOOD
COUNCIL IN OFFERING RECOMMENDATIONS AND GUIDING FUTURE RESEARCH,
ANALYSIS, AND POLICY ACTIONS THAT WORK TOWARD ENHANCING FOOD SECURITY
IN MONTGOMERY COUNTY.

OBESITY: ALL PROGRAMS DIRECTLY ADDRESSING OBESITY WERE PAUSED DUE TO
THE COVID-19 PANDEMIC, THEREFORE THIS NEED WAS NOT DIRECTLY ADDRESSED
IN FY22.

HOLY CROSS GERMANTOWN HOSPITAL - PART V, SECTION B, LINE 11:
CONTINUED FROM ABOVE

PILLAR #3: AVAILABILITY - CONSISTENT SOURCE OF QUALITY FOOD. WITHIN THE
EQUITABLE WELLNESS INITIATIVE (EWI), THERE WERE 144 HUNGRY HARVEST
BOXES GIVEN TO PARTICIPANTS OF THE PROGRAM IN FY22. THE HCH CENTERS
CONDUCT A SCREEN AND INTERVENE PROGRAM TO ADDRESS FOOD INSECURITY OF
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COUNCIL, WITH ONE COLLEAGUE SITTING ON THE BOARD OF DIRECTORS AND
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COUNCIL IN OFFERING RECOMMENDATIONS AND GUIDING FUTURE RESEARCH,
ANALYSIS, AND POLICY ACTIONS THAT WORK TOWARD ENHANCING FOOD SECURITY
IN MONTGOMERY COUNTY.

OBESITY: ALL PROGRAMS DIRECTLY ADDRESSING OBESITY WERE PAUSED DUE TO
THE COVID-19 PANDEMIC, THEREFORE THIS NEED WAS NOT DIRECTLY ADDRESSED
IN FY22.

HOLY CROSS HOSPITAL - PART V, SECTION B, LINE 16A:
WWW.HOLYCROSSHEALTH.ORG/FOR-PATIENTS/
BILLING-FINANCIAL-ASSISTANCE-AND-INSURANCE/FINANCIAL-ASSISTANCE-PROGRAM

HOLY CROSS GERMANTOWN HOSPITAL - PART V, SECTION B, LINE 16A:
WWW.HOLYCROSSHEALTH.ORG/FOR-PATIENTS/
BILLING-FINANCIAL-ASSISTANCE-AND-INSURANCE/FINANCIAL-ASSISTANCE-PROGRAM

HOLY CROSS HOSPITAL - PART V, SECTION B, LINE 16B:
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, 20a, 20b, 20c, 20d, 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.

WWW.HOLY CROSSHEALTH.ORG/FOR-PATIENTS/
BILLING-FINANCIAL-ASSISTANCE-AND-INSURANCE/FINANCIAL-ASSISTANCE-PROGRAM

HOLY CROSS GERMANTOWN HOSPITAL - PART V, SECTION B, LINE 16B:
WWW.HOLY CROSSHEALTH.ORG/FOR-PATIENTS/
BILLING-FINANCIAL-ASSISTANCE-AND-INSURANCE/FINANCIAL-ASSISTANCE-PROGRAM

HOLY CROSS HOSPITAL - PART V, SECTION B, LINE 16C:
WWW.HOLY CROSSHEALTH.ORG/FOR-PATIENTS/
BILLING-FINANCIAL-ASSISTANCE-AND-INSURANCE/FINANCIAL-ASSISTANCE-PROGRAM

HOLY CROSS GERMANTOWN HOSPITAL - PART V, SECTION B, LINE 16C:
WWW.HOLY CROSSHEALTH.ORG/FOR-PATIENTS/
BILLING-FINANCIAL-ASSISTANCE-AND-INSURANCE/FINANCIAL-ASSISTANCE-PROGRAM
### 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? 14

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Type of Facility (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  CHESAPEAKE POTOMAC REGIONAL CANCER CT</td>
<td>CANCER TREATMENT</td>
</tr>
<tr>
<td>11340 PEMBROOKE SQ., SUITE 201</td>
<td></td>
</tr>
<tr>
<td>WALDORF, MD 20603</td>
<td></td>
</tr>
<tr>
<td>2  CHESAPEAKE POTOMAC REGIONAL CANCER CT</td>
<td>CANCER TREATMENT</td>
</tr>
<tr>
<td>30077 BUSINESS CENTER DR.</td>
<td></td>
</tr>
<tr>
<td>CHARLOTTE HALL, MD 20622</td>
<td></td>
</tr>
<tr>
<td>3  DOCTORS REGIONAL CANCER CENTER</td>
<td>CANCER TREATMENT</td>
</tr>
<tr>
<td>8116 GOOD LUCK RD., SUITE 005</td>
<td></td>
</tr>
<tr>
<td>LANHAM, MD 20706</td>
<td></td>
</tr>
<tr>
<td>4  DOCTORS REGIONAL CANCER CENTER</td>
<td>CANCER TREATMENT</td>
</tr>
<tr>
<td>4901 TELSA DR., SUITE A</td>
<td></td>
</tr>
<tr>
<td>BOWIE, MD 20715</td>
<td></td>
</tr>
<tr>
<td>5  HOLY CROSS RADIATION TREATMENT CENTER</td>
<td>CANCER TREATMENT</td>
</tr>
<tr>
<td>2121 MEDICAL PARK DR., SUITE 4</td>
<td></td>
</tr>
<tr>
<td>SILVER SPRING, MD 20902</td>
<td></td>
</tr>
<tr>
<td>6  HOLY CROSS DIALYSIS CTR AT WOODMORE</td>
<td>DIALYSIS TREATMENT</td>
</tr>
<tr>
<td>11721 WOODMORE RD., SUITE 190</td>
<td></td>
</tr>
<tr>
<td>MITCHELLVILLE, MD 20721</td>
<td></td>
</tr>
<tr>
<td>7  HC HEALTH PARTNERS IN KENSINGTON</td>
<td>PRIMARY CARE</td>
</tr>
<tr>
<td>3720 FARRAGUT AVE., 2ND FLOOR</td>
<td></td>
</tr>
<tr>
<td>KENSINGTON, MD 20895</td>
<td></td>
</tr>
<tr>
<td>8  HOLY CROSS HEALTH CTR - GAITHERSBURG</td>
<td>HEALTH CLINIC</td>
</tr>
<tr>
<td>220 PERRY PARKWAY, UNIT 5</td>
<td></td>
</tr>
<tr>
<td>GAITHERSBURG, MD 20877</td>
<td></td>
</tr>
<tr>
<td>9  HOLY CROSS HEALTH CENTER - ASPEN HILL</td>
<td>HEALTH CLINIC</td>
</tr>
<tr>
<td>13415 CONNECTICUT AVE #100</td>
<td></td>
</tr>
<tr>
<td>SILVER SPRING, MD 20906</td>
<td></td>
</tr>
<tr>
<td>10 HOLY CROSS HEALTH PARTNERS AT ASBURY</td>
<td>PRIMARY CARE</td>
</tr>
<tr>
<td>201 RUSSELL AVE.</td>
<td></td>
</tr>
<tr>
<td>GAITHERSBURG, MD 20877</td>
<td></td>
</tr>
</tbody>
</table>
Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

Name and address | Type of Facility (describe)
--- | ---
11 HOLY CROSS HEALTH CENTER - GERMANTOWN | HEALTH CLINIC
   12800 MIDDLEBROOK RD., SUITE 206 | GERMANTOWN, MD 20874
12 HOLY CROSS HEALTH CTR - SILVER SPRING | HEALTH CLINIC
   7987 GEORGIA AVE. | SILVER SPRING, MD 20910
13 HOLY CROSS RESOURCE CENTER | ADULT DAY CARE
   9805 DAMERON DR. | SILVER SPRING, MD 20902
14 HOLY CROSS SENIOR SOURCE | HEALTH SCREENING
   8580 2ND AVE. | SILVER SPRING, MD 20910
Provide the following information.

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

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

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

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

5 **Promotion of community health.** Provide any other information important to describing how the organization’s hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

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

**PART I, LINE 3C:**

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

**PART I, LINE 6A:**

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

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

The best available data was used to calculate the cost amounts reported in Item 7. For certain categories, primarily total charity care and means-tested government programs, specific cost-to-charge ratios were calculated and applied to those categories. The cost-to-charge ratio was derived from Worksheet 2, ratio of patient care cost-to-charges. In other categories, the best available data was derived from the hospital's cost accounting system.

PART I, LINE 7A: Maryland's regulatory system creates a unique process for hospital payment that differs from the rest of the nation. The Health Services Cost Review Commission (HSCRC) determines payment through a rate setting process and all payers, including governmental payers, pay the same amount for the same services delivered at the same hospital. Maryland's unique all payer system includes a method for referencing uncompensated care in each payers' rates, which does not enable Maryland hospitals to break out any offsetting revenue related to uncompensated care.

PART I, LINE 7B: The values reported are different from those reported to the state of Maryland. Maryland's regulatory system creates a unique process for hospital payment that differs from the rest of the nation. The Health Services Cost Review Commission (HSCRC) determines payment through a rate setting process and all payers, including governmental payers, pay the same amount for the same services delivered at the same hospital. Community benefit expenses are equal to Medicaid revenues in Maryland, as such, the net effect is zero. The exception to this is the impact on the hospital of its share of the Medicaid assessment. In recent
YEARS, THE STATE OF MARYLAND HAS CLOSED FISCAL GAPS IN THE STATE MEDICAID BUDGET BY ASSESSING HOSPITALS THROUGH THE RATE SETTING SYSTEM.

PART I, LN 7 COL(F):

THE FOLLOWING NUMBER, $26,214,922, 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 III, LINE 2:

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

PART III, LINE 3:

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

PART III, LINE 4:
HCH IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH. THE FOLLOWING IS THE TEXT OF THE PATIENT ACCOUNTS RECEIVABLE, ESTIMATED RECEIVABLES FROM AND PAYABLES TO THIRD-PARTY PAYERS FOOTNOTE FROM PAGE 13 OF THOSE STATEMENTS: "AN UNCONDITIONAL RIGHT TO PAYMENT, SUBJECT ONLY TO THE PASSAGE OF TIME IS TREATED AS A RECEIVABLE. PATIENT ACCOUNTS RECEIVABLE, INCLUDING BILLED ACCOUNTS AND UNBILLED ACCOUNTS FOR WHICH THERE IS AN UNCONDITIONAL RIGHT TO PAYMENT, AND ESTIMATED AMOUNTS DUE FROM THIRD-PARTY PAYERS FOR RETROACTIVE ADJUSTMENTS, ARE RECEIVABLES IF THE RIGHT TO CONSIDERATION IS UNCONDITIONAL AND ONLY THE PASSAGE OF TIME IS REQUIRED BEFORE PAYMENT OF THAT CONSIDERATION IS DUE. FOR PATIENT ACCOUNTS RECEIVABLE, THE ESTIMATED UNCOLLECTABLE AMOUNTS ARE GENERALLY CONSIDERED IMPLICIT PRICE CONCESSIONS THAT ARE A DIRECT REDUCTION TO PATIENT SERVICE REVENUE AND ACCOUNTS RECEIVABLE.

THE CORPORATION HAS AGREEMENTS WITH THIRD-PARTY PAYERS THAT PROVIDE FOR PAYMENTS TO THE CORPORATION’S HEALTH MINISTRIES AT AMOUNTS DIFFERENT FROM ESTABLISHED RATES. ESTIMATED RETROACTIVE ADJUSTMENTS UNDER REIMBURSEMENT AGREEMENTS WITH THIRD-PARTY PAYERS AND OTHER CHANGES IN ESTIMATES ARE INCLUDED IN NET PATIENT SERVICE REVENUE AND ESTIMATED RECEIVABLES FROM AND PAYABLES TO THIRD-PARTY PAYERS. RETROACTIVE ADJUSTMENTS ARE ACCRUED ON AN ESTIMATED BASIS IN THE PERIOD THE RELATED SERVICES ARE RENDERED AND ADJUSTED IN FUTURE PERIODS, AS FINAL SETTLEMENTS ARE DETERMINED."

PART III, LINE 8:
11350511 794151 7001                  2021.05080 HOLY CROSS HEALTH, INC.   7001___1
HCH DOES NOT BELIEVE ANY MEDICARE SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT. THIS IS SIMILAR TO CATHOLIC HEALTH ASSOCIATION RECOMMENDATIONS, WHICH STATE THAT SERVING MEDICARE PATIENTS IS NOT A DIFFERENTIATING FEATURE OF TAX-EXEMPT 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 FINANCIAL ASSISTANCE 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 FINANCIAL ASSISTANCE POLICY. THE HOSPITAL HAS IMPLEMENTED BILLING AND COLLECTION PRACTICES FOR PATIENT PAYMENT OBLIGATIONS THAT ARE FAIR, CONSISTENT AND COMPLIANT WITH STATE AND FEDERAL REGULATIONS.

PART VI, LINE 2:
NEEDS ASSESSMENT – HEALTHY MONTGOMERY, MONTGOMERY COUNTY’S COMMUNITY HEALTH IMPROVEMENT PROCESS, IS SUPPORTED FINANCIALLY BY ALL SIX HOSPITALS IN MONTGOMERY COUNTY AND SERVES AS THE BASE FOR HOLY CROSS HOSPITAL’S AND HOLY CROSS GERMANTOWN HOSPITAL’S JOINT NEEDS ASSESSMENT. THE HEALTHY MONTGOMERY STEERING COMMITTEE IS COMPRISED OF GOVERNMENT AGENCIES, HOSPITAL SYSTEMS, MINORITY HEALTH PROGRAMS/INITIATIVES, ADVOCACY GROUPS, ACADEMIC INSTITUTIONS, COMMUNITY-BASED SERVICE PROVIDERS, AND OTHER STAKEHOLDERS. IT IS AN ONGOING, FORMAL COUNTY-WIDE PROCESS THAT USES PRIMARY AND SECONDARY DATA TO IDENTIFY AND ADDRESS KEY PRIORITY AREAS TO ACHIEVE OPTIMAL HEALTH AND WELL-BEING FOR ALL MONTGOMERY COUNTY RESIDENTS.

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

- AFRICAN AMERICAN HEALTH PROGRAM STRATEGIC PLAN TOWARD HEALTH EQUITY, 2009–2014
- ASIAN AMERICAN HEALTH PRIORITIES, A STUDY OF MONTGOMERY COUNTY, MARYLAND, STRENGTHS, NEEDS, AND OPPORTUNITIES FOR ACTION, 2008
- BLUEPRINT FOR LATINO HEALTH IN MONTGOMERY COUNTY, MARYLAND, 2017–2026
- MONTGOMERY COUNTY FOOD COUNCIL’S COMMUNITY FOOD ACCESS ASSESSMENT; MONTGOMERY COUNTY MARYLAND, 2013–2015
- HOMELESSNESS IN METROPOLITAN WASHINGTON: RESULTS AND ANALYSIS FROM THE ANNUAL POINT-IN-TIME (PIT) COUNT OF PERSONS EXPERIENCING HOMELESSNESS, MAY 2019
- MARYLAND STATE HEALTH IMPROVEMENT PROCESS
- MONTGOMERY COUNTY INTERAGENCY COMMISSION ON HOMELESSNESS ANNUAL REPORT,
2017
- MONTGOMERY MOVING FORWARD'S CALL TO ACTION: EARLY CARE AND EDUCATION,

2018
- PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT: HEALTH REPORT 2017
- PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT 2017-2021 STRATEGIC PLAN
- CONVENING PARTNERS TO BUILD BRIGHTER FUTURES IN MONTGOMERY COUNTY (MONTGOMERY COUNTY COLLABORATION COUNCIL'S 2018 ANNUAL REPORT)
- UNIVERSITY OF WISCONSIN POPULATION HEALTH INSTITUTE'S COUNTY HEALTH RANKINGS DATA
- MATERNAL AND INFANT HEALTH REPORT FOR MONTGOMERY COUNTY, 2008-2017
- HEALTH IN MONTGOMERY COUNTY REPORT, 2008-2016
- TRANSFORMATIVE CHANGE: OUR ROLE IN ACHIEVING HEALTH EQUITY FOR PRINCE GEORGE'S COUNTY, 2018

HOLY CROSS HEALTH REGULARLY PARTICIPATES IN A VARIETY OF COALITIONS, COMMISSIONS, COMMITTEES, PARTNERSHIPS AND PANELS, AND OUR COMMUNITY HEALTH WORKERS SPEND TIME IN THE COMMUNITY AS COMMUNITY PARTICIPANTS AND BRING BACK FIRST-HAND KNOWLEDGE OF COMMUNITY NEEDS.

COMMUNITY NEED INDEX (CNI) IS ALSO USED TO IDENTIFY THE SEVERITY OF HEALTH DISPARITIES FOR EVERY ZIP CODE IN THE UNITED STATES AND DEMONSTRATES THE LINK BETWEEN COMMUNITY NEED, ACCESS TO CARE, AND PREVENTABLE HOSPITALIZATIONS (DIGNITY HEALTH, 2011). FOR EACH ZIP CODE IN THE UNITED STATES, THE CNI AGGREGATES FIVE SOCIOECONOMIC INDICATORS/BARRIERS TO HEALTH CARE ACCESS THAT ARE KNOWN TO CONTRIBUTE TO HEALTH DISPARITIES RELATED TO INCOME, EDUCATION, CULTURE/LANGUAGE, INSURANCE, AND HOUSING. CNI DATA IS USED TO IDENTIFY COMMUNITIES OF HIGH NEED AND DIRECT A RANGE OF COMMUNITY HEALTH AND FAITH-BASED COMMUNITY OUTREACH EFFORTS TO THESE.
AREAS.

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

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE -

HCH 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.
HCH offers financial support to patients with limited means. This support is available to uninsured and underinsured patients who do not qualify for public programs or other assistance. Notification about financial assistance, including contact information, is available through patient brochures, messages on patient bills, posted notices in public registration areas including emergency rooms, admitting and registration departments, and other patient financial services offices. Summaries of hospital programs are made available to appropriate community health and human services agencies and other organizations that assist people in need. Information regarding financial assistance programs is also available on hospital websites. In addition to English, this information is also available in other languages as required by Internal Revenue Code Section 501(r), reflecting other primary languages spoken by the population serviced by our hospitals.

HCH has established a written policy for the billing, collection and support for patients with payment obligations. HCH makes every effort to adhere to the policy and is committed to implementing and applying the policy for assisting patients with limited means in a professional, consistent manner.

Part VI, Line 4:
Community Information -

Holy Cross Hospital serves a large portion of Montgomery and Prince George's counties' residents. Our 19 zip code primary service area includes almost 700,000 people, of whom about 69% are minorities. An estimated 1.8 million people in 65 zip codes make up our total service area.
PART VI
Supplemental Information (Continuation)

Area, of whom 71% are minorities. Our primary service area is derived from
the Maryland zip code areas from which the top 60% of our FY13 discharges
originated. The next 15% contribute to our secondary service area.

Holy Cross Germantown Hospital opened its doors in October 2014 and began
serving residents in Northern Montgomery County. An estimated 455,000
people live in the 17 zip codes that make up our total service area, of
whom 62.5% are minorities. Our six zip code primary service area includes
about 270,000 people, of whom 66% are minorities.

In the early 1990's, Prince George's County became a majority-minority
county, where the minority population surpasses the white non-Hispanic
population (Fox, 1996). During the last census, Montgomery County joined
Prince George's County as one of only 336 "majority-minority" counties in
the country (Montgomery County Planning Department, 2011). The
foreign-born population of both counties is also higher than the national
average. The latest figures from the U.S. Census Bureau show that 32.3% of
the population in Montgomery County and 22.7% of the population in Prince
George's County are of foreign birth, significantly greater than the state
and national rate of 15.2% and 13.6%, respectively (American Community

The community we serve has the highest percentage of foreign-born
residents (29.2%) in the state of Maryland. In Montgomery County, 32.3% of
residents are foreign-born, 40% of foreign-born residents speak English
less than "very well", and 7.0% aged five and over are linguistically
isolated. In Prince George's County, more than 21% of residents are
foreign-born, of which 39% speak English less than "very well" and 4.9% of

Schedule H (Form 990)  HOLY CROSS HEALTH, INC.  52-0738041 Page 10

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THE POPULATION AGED FIVE AND OVER ARE LINGUISTICALLY ISOLATED, WITH THE
MOST LINGUISTIC ISOLATION OCCURRING IN NORTHERN PRINCE GEORGE'S COUNTY.
THE HIGHEST RATES OF LINGUISTIC ISOLATION FOR BOTH MONTGOMERY AND PRINCE
GEORGE'S COUNTIES ARE AMONG LATINO AMERICANS AND ASIAN AMERICANS.

PART VI, LINE 5:
OTHER INFORMATION -

HOLY CROSS HEALTH, COMPRISED OF HOLY CROSS HOSPITAL (HCH) AND HOLY CROSS
GERMANTOWN HOSPITAL (HCGH), HAS A 15-MEMBER COMMUNITY BOARD COMPRISED OF A
MAJORITY OF COMMUNITY MEMBERS THAT PROVIDE GOVERNANCE FOR BOTH HOSPITALS,
AS WELL AS HOLY CROSS HEALTH NETWORK. TWO OF THE 15 BOARD MEMBERS ARE
EMPLOYED BY TRINITY HEALTH, HOLY CROSS HEALTH'S PARENT CORPORATION. TWO
BOARD MEMBERS LIVE OUTSIDE HOLY CROSS HEALTH'S LOCAL AREA, AND TWO SISTERS
OF THE HOLY CROSS ARE BOARD MEMBERS.

HOLY CROSS HEALTH HAS A VERY LARGE, DIVERSE MEDICAL STAFF OF 2,069
MEMBERS. THE MEDICAL STAFF OF HOLY CROSS HEALTH ARE ORGANIZED IN THE
PUBLIC INTEREST, AND MEDICAL STAFF PRIVILEGES AT THE TWO HOSPITALS ARE
OPEN AND AVAILABLE TO ALL QUALIFIED PHYSICIANS AND PROVIDERS.

HCH IS THE LARGEST HOSPITAL EMERGENCY SERVICES PROVIDER IN MONTGOMERY AND
PRINCE GEORGE'S COUNTIES. OVER 90,000 ACUTELY ILL PATIENTS ARE TREATED
ANNUALLY, AND THE CENTER PROVIDES A WIDE RANGE OF EMERGENCY SERVICES
24/7/365, INCLUDING SEVERAL HIGHLY REGARDED SPECIALIZED EMERGENCY SERVICES
THAT HAVE EARNED THE HOSPITAL A REPUTATION AS A PIONEER IN EMERGENCY CARE.

THE HCGH EMERGENCY ROOM IS THE ONLY FULL-SERVICE EMERGENCY ROOM IN
GERMANTOWN, MD. THE HOSPITAL'S EMERGENCY ROOM IS STAFFED BY A TEAM OF...
BOARD-CERTIFIED EMERGENCY MEDICINE PHYSICIANS, PHYSICIAN ASSISTANTS, NURSE PRACTITIONERS, REGISTERED NURSES, AND PATIENT CARE TECHNICIANS. IT FEATURES AN ARRAY OF ACUTE EMERGENCY SERVICES, AS WELL AS SPECIALIZED EMERGENCY SERVICES.

HOLY CROSS HEALTH HAS PARTNERED WITH THE FOUR OTHER HOSPITALS IN MONTGOMERY COUNTY AND A NETWORK OF COMMUNITY-BASED ORGANIZATIONS TO IMPLEMENT NEXUS MONTGOMERY, A POPULATION HEALTH IMPROVEMENT PLAN DESIGNED TO IMPROVE THE HEALTH STATUS OF THOSE MOST AT RISK OF AVOIDABLE HOSPITAL USE.


PARTNERSHIPS: THROUGH TRINITY HEALTH'S COMMUNITY GRANTS AND HOLY CROSS HEALTH FOUNDATION KEVIN J SEXTON FUND, HCH OFFERED FUNDING OPPORTUNITIES IN FY22 TO THE FOLLOWING COMMUNITY PARTNERS WHO DIRECTLY ALIGN WITH...
INTERVENTIONS AND NEEDS IDENTIFIED IN OUR MOST CURRENT COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) TO ADVANCE THE CHNA IMPLEMENTATION STRATEGY AND/OR EMERGING NEED.

- CROSS COMMUNITY, INC - THE EQUITY CENTER (TEC) SERVES THE GAITHERSBURG, MONTGOMERY VILLAGE, AND INTENTIONALLY LOCATE THEIR WORK AND EFFORTS IN AN AREA OF THE HIGHEST NEED WITH THE MOST VULNERABLE POPULATIONS IN THE COUNTY. THE FUNDING FROM HCH HELPED BUILD UP THE COMMUNITY HEALTH WORKER TEAM OF COMMUNITY JEDIS, ACTIVE MEMBERS OF THE COMMUNITIES; SERVE APPROXIMATELY 500 FAMILIES WEEKLY AT TEC WITH DRY FOOD, FRESH PRODUCE, DIAPERS, CLOTHING, AND FEMININE HYGIENE PRODUCTS; SET UP A VOLUNTEER INCOME TAX ASSISTANCE (VITA) SITE IN PARTNERSHIP WITH CASH MD TO HELP OVER 200 LOW INCOME EARNERS AND UNDOCUMENTED RESIDENTS FILE THEIR TAXES WITHOUT A FEE, SECURING $584K IN TAX REFUNDS AND CREDITS; AND PROVIDE FINANCIAL CLASSES AT TEC, IN COLLABORATION WITH COMMUNITY FINANCIAL ORGANIZATIONS, IN ENGLISH AND SPANISH, ON HOW TO MANAGE HOUSEHOLD MONEY, UNDERSTANDING AND REPAIRING CREDIT, BANKING, AND BUDGETING FOR BIG PURCHASES, LIKE HOME OWNERSHIP.

- THE JOANN LELECK NATURE CLASSROOM, WHICH DESIRES TO STRENGTHEN ENVIRONMENTAL AND HEALTH RESILIENCY AMONG LOW-INCOME COMMUNITIES OF COLOR BY GROWING THE NUMBER OF YOUNG PEOPLE CONNECTED TO GREEN SPACES IN MONTGOMERY COUNTY. THERE IS INCREASING EVIDENCE THAT EXPOSURE TO PLANTS AND GREEN SPACE, AND PARTICULARLY TO GARDENING, IS BENEFICIAL TO CHILDREN'S MENTAL AND PHYSICAL HEALTH. THE EXPERIENTIAL LEARNING PROVIDED BY THE NATURE CLASSROOM PROMOTES DEEPER UNDERSTANDING OF MANY STEM CONCEPTS AND ENCOURAGES CREATIVITY. THESE BENEFITS ARE PARTICULARLY IMPORTANT FOR STUDENTS AT LELECK ELEMENTARY SCHOOL, WHICH HAS A HIGH

Schedule H (Form 990)
PERCENTAGE OF CHILDREN QUALIFYING FOR FREE AND REDUCED MEALS (88.6%) AND
MANY STUDENTS FOR WHICH ENGLISH IS A SECOND LANGUAGE (72.4%). THE JOANN
LELECK NATURE CLASSROOM HELD MONTHLY LEARNING SESSIONS FOR OVER 100 1ST
THROUGH 5TH GRADERS, AND MULTISENSORY, THERAPEUTIC EXERCISES IN THE GARDEN
FOR 10 STUDENTS IN THE AFTERSCHOOL LINKAGES TO LEARNING PROGRAM.

- IMPACT SILVER SPRING WAS ABLE TO CREATE THE FOUNDATIONAL STRUCTURE AND
IMPLEMENTATION PLAN FOR SERENITY GARDEN, AS WELL AS SECURE A CERTIFIED
MASTER GARDENER/NATURALIST, WHO IS THE STEWARD FOR THIS PROJECT. WHILE
THE GARDEN IS STILL IN THE DEVELOPMENTAL PHASE, WE ARE CONFIDENT THAT IT
WILL MEET OUR DESIRED OUTCOME OF STRENGTHENING ENVIRONMENTAL AND HEALTH
RESILIENCY AMONG LOW-INCOME COMMUNITIES OF COLOR BY GROWING A NETWORK OF
RESIDENTS CONNECTED TO GREEN SPACES IN MONTGOMERY COUNTY, INCREASING
ACCESS TO FRESH PRODUCE, AND PROMOTING HEALTH AND WELLNESS ACTIVITIES. THE
FOLLOWING COMPONENTS ARE PLANNED FOR THE GARDEN: (1) AN ENCLOSURE WITH
RAISED BEDS FOR COMMUNITY MEMBERS TO ADOPT FOR GROWING FRUITS AND
VEGETABLES, (2) A COMMUNAL GARDEN SPACE THAT WILL BE BOTH ORNAMENTAL AND
PRODUCTIVE, (3) RESTORING NATIVE GRASSES AND FLOWERING PLANTS TO AN AREA
THAT IS NOW OVERGROWN WITH INVASIVES SUCH AS POISON IVY, AND (4) A COMPOST
TEAM CREATING NUTRIENT-RICH FERTILIZER FROM RECYCLED FOOD WASTE.

- THE MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION, AN INDEPENDENT
COMMISSION WITHIN THE MARYLAND DEPARTMENT OF HEALTH WAS AWARDED FUNDING
FOR THE EQUITABLE WELLNESS INITIATIVE (EWI), WHICH ADDRESS CHRONIC DISEASE
PREVENTION AND MANAGEMENT OF TYPE 2 DIABETES AND LUNG HEALTH POST COVID-19
TO DECREASE DISPARITIES IN CARE AMONG AFRICAN AMERICAN AND LATINX
POPULATIONS, WHO ARE CONSIDERED AT HIGH NEED FOR ACCESS TO HEALTH CARE. IN
FY22, THERE WERE 72 TOTAL WORKSHOPS (BOTH VIRTUALLY AND IN-PERSON) WITH
190 TOTAL PARTICIPANTS; 82% OF WHICH WERE FROM THE TARGET POPULATION.

SOCIAL CARE: HCH ADDRESS SOCIAL NEEDS, IN ADDITION TO THE CLINICAL CARE THEY PROVIDE, REALIZING THAT CLINICAL CARE ONLY ACCOUNTS FOR ABOUT 20% OF HEALTH OUTCOMES. IN FY22, HCH HAD 6,328 SOCIAL CARE ENCOUNTERS ASSESSING OR CONNECTING INDIVIDUALS TO SOCIAL SERVICES.

- HCH IS PARTICIPATING IN THE ACCOUNTABLE HEALTH COMMUNITIES (AHC) PROGRAM, FUNDED BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS), TO HELP CONNECT COMMUNITY MEMBERS WHO HAVE MEDICARE OR MEDICAID TO SERVICES IN OUR COMMUNITY THAT MAY IMPROVE THEIR HEALTH. MANY OF THESE SERVICES ARE LOW COST OR FREE OF CHARGE. IN FY22, 966 NEW BENEFICIARIES WERE SCREENED FOR THE AHC PROGRAM.

- IN JANUARY 2022, HOLY CROSS HEALTH RECEIVED FUNDING FOR THE HEART PAYMENT PROGRAM WHICH PROVIDE ADDITIONAL SUPPORT TO MARYLAND PRIMARY CARE PROGRAM PARTICIPANTS SERVING SOCIOECONOMICALLY DISADVANTAGED POPULATIONS AND PROMOTES THE STATE'S AND CMS' GOAL TO ADVANCE HEALTH EQUITY. PLANNING AND PROGRAM DEVELOPMENT TOOK PLACE THE REMAINDER OF FY22, WITH IMPLEMENTATION TAKING PLACE IN EARLY JULY 2022 (FY23).

- THE HOLY CROSS HEALTH COVID-19 EDUCATION AND SOCIAL NEEDS ASSESSMENT PROJECT, FUNDED BY THE EPIDEMIOLOGY CAPACITY PROJECT UNDER THE MARYLAND DEPARTMENT OF HEALTH, PROVIDED EDUCATION WITH LINKS TO COVID-19 TESTING AND VACCINATION IN COMMUNITIES HIT HARDEST BY THE VIRUS. TARGET COMMUNITIES INCLUDED AFRICAN AMERICAN AND LATIN AMERICAN THROUGHOUT MONTGOMERY COUNTY, WITH AN ELEVATED FOCUS ON MONTGOMERY VILLAGE, CLARKSBURG, AND GAITHERSBURG IN UPPER MONTGOMERY COUNTY; WHEATON AND ASPEN
Hill in mid-county; and Colesville and Burtonsville in down county where the most COVID-19 cases were at the onset of the pandemic. Over the program period, community health workers provided COVID-19 education to more than 2,000 community members at approximately 170 community events and engagement sessions; and conducted 200 needs assessments with links to social services.

**Part VI, Line 6:**
HCH is a member of Trinity Health, one of the largest Catholic health care delivery systems in the country. Trinity Health's Community Health and Well-being (CHWB) strategy promotes optimal health for people experiencing poverty and other vulnerabilities in the communities we serve by connecting social and clinical care, addressing social needs, dismantling systemic racism, and reducing health inequities. We do this by:

1. Investing in our communities,
2. Advancing social care, and
3. Impacting social influencers of health.

To further our strategy in fiscal year 2022 (FY22), CHWB launched two training series to advance health and racial equity in our communities.  

1. **CHWB Leader Series to Advance Health and Racial Equity:** A year-long peer learning series to build the capacity of our CHWB leaders to deliver on our CHWB strategy with a focus on community leadership and engagement, and the use of a racial equity lens in all of our decision making.
2. **Community Engagement to Advance Racial Justice - Preparing for Implementation Strategy:** A four-part series on engaging our communities in meaningful ways using a health equity and racial equity lens to build lasting partnerships and impactful implementation strategies.

Schedule H (Form 990)
INVESTING IN OUR COMMUNITIES -

TRINITY HEALTH AND ITS MEMBER HOSPITALS ARE COMMITTED TO THE DELIVERY OF
PEOPLE-CENTERED CARE AND SERVING AS A COMPASSIONATE AND TRANSFORMING
HEALING PRESENCE WITHIN THE COMMUNITIES THEY SERVE. AS A NOT-FOR-PROFIT
HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO THE
COMMUNITIES AND IS COMMITTED TO ADDRESSING THE UNIQUE NEEDS OF EACH
COMMUNITY. IN FY22, TRINITY HEALTH CONTRIBUTED $1.37 BILLION IN COMMUNITY
BENEFIT SPENDING TO AID THOSE WHO ARE VULNERABLE AND LIVING IN POVERTY,
AND TO IMPROVE THE HEALTH STATUS OF THE COMMUNITIES IN WHICH WE SERVE.

SOME EXAMPLES OF THESE INVESTMENTS INCLUDE:

TRINITY HEALTH AWARDED OVER $1.6 MILLION IN COMMUNITY GRANTS THAT DIRECTLY
ALIGN WITH INTERVENTIONS AND LOCAL PARTNERSHIPS IDENTIFIED IN ITS MEMBER
HOSPITALS' COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IMPLEMENTATION
STRATEGIES, INCLUDING ACCESS TO HEALTH CARE, MENTAL HEALTH,
TRANSPORTATION, COMMUNITY ENGAGEMENT, FOOD ACCESS, AND HOUSING SUPPORTS.

WITH A $1.2 MILLION INITIAL INVESTMENT, TRINITY HEALTH LAUNCHED ROUND 2 OF
THE TRANSFORMING COMMUNITIES INITIATIVE (TCI), A FIVE-YEAR, INNOVATIVE
FUNDING AND TECHNICAL ASSISTANCE INITIATIVE, PARTNERING WITH
COMMUNITY-BASED ORGANIZATIONS AND RESIDENTS TO ADVANCE HEALTH AND RACIAL
EQUITY IN NINE OF OUR COMMUNITIES EXPERIENCING HIGH POVERTY AND OTHER
VULNERABILITIES. HEALTH MINISTRIES RECEIVING TCI FUNDING ARE COLLABORATING
WITH A LOCAL MULTI-SECTOR COLLABORATIVE TO DEVELOP AND IMPLEMENT
EVIDENCE-BASED STRATEGIES THAT ADVANCE HEALTH AND RACIAL EQUITY THROUGH
ADDRESSING AT LEAST ONE ROOT CAUSE OF POOR HEALTH IDENTIFIED IN THE
DEVELOPMENT OF THEIR MOST RECENT CHNA IMPLEMENTATION STRATEGY.
TRINITY HEALTH AWARDED OVER $1 MILLION IN COVID-19 FUNDING TO SUPPORT NEW
AND ONGOING COMMUNITY ENGAGEMENT AND MOBILIZATION EFFORTS AROUND MAKING
THE COVID-19 VACCINATION ACCESSIBLE TO ALL ELIGIBLE POPULATIONS. THIS
FUNDING WAS DESIGNED TO SUPPORT ALL COMMUNITIES TO ENSURE EASY AND
EQUITABLE ACCESS TO THE VACCINE BY REMOVING BARRIERS FOR ALL PEOPLE TO
RECEIVE THE VACCINE, ESPECIALLY COMMUNITIES THAT HAVE LESS THAN A 75%
VACCINATION RATE. WITH THIS FUNDING, HEALTH MINISTRIES FACILITATED 3,200
COVID-19 VACCINE EVENTS, ADMINISTERED 80,000 COVID-19 VACCINE DOSES, AND
REACHED 874,000 PEOPLE WITH EDUCATIONAL MATERIALS ON COVID-19 AND THE
BENEFITS OF VACCINATION.

IN ADDITION TO THE $1.37 BILLION IN COMMUNITY BENEFIT SPENDING, OUR
COMMUNITY INVESTING PROGRAM HAD THE MOST ROBUST YEAR OF LENDING SINCE THE
PROGRAM'S INCEPTION OVER 20 YEARS AGO: $17.8 MILLION IN NEW LOANS AND $8.3
MILLION IN LOAN RENEWALS WERE APPROVED, FOCUSING ON BUILDING AFFORDABLE
HOUSING AND INCREASING ACCESS TO EDUCATION IN PARTNERSHIP WITH OUR HEALTH
MINISTRIES.

ADVANCING SOCIAL CARE –

TRINITY HEALTH'S SOCIAL CARE PROGRAM WAS DEVELOPED TO ADDRESS SOCIAL
NEEDS, SUCH AS ACCESS TO TRANSPORTATION, CHILDCARE, OR AFFORDABLE
MEDICATIONS BY FACILITATING CONNECTIONS BETWEEN OUR PATIENTS, HEALTH CARE
PROVIDERS AND COMMUNITY PARTNERS THAT PROMOTE HEALTHY BEHAVIORS.

HIGHLIGHTS FROM FY22 INCLUDE THE FOLLOWING SUCCESSES:
- LAUNCHED TRINITY HEALTH COMMUNITY HEALTH WORKER (CHW) CERTIFICATION
PROGRAM, TRAINING 86 CHWS WITH 40+ HOURS OF TRAINING, AND INCREASED CHW
STAFF ACROSS MOST HEALTH MINISTRIES
- LAUNCHED A SYSTEM-WIDE ASSESSMENT OF LANGUAGE ACCESS SERVICES TO RECOMMEND SYSTEM STANDARDS THAT ENSURE CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES FOR ALL OF OUR PATIENTS, THEIR COMPANIONS, AND CAREGIVERS

- ENGAGED OVER 1,100 PARTICIPANTS IN THE NATIONAL DIABETES PREVENTION PROGRAM, EXCEEDING OUR PROGRAM YEAR 5 GOAL

- INCREASED THE NUMBER OF ACTIVE COMMUNITY PARTNER ORGANIZATIONS ON THE COMMUNITY RESOURCE DIRECTORY BY 120% FROM FISCAL YEAR 2021

- ENGAGED 5,300+ PATIENTS WHO ARE DUALLY ENROLLED IN MEDICARE AND MEDICAID IN A SOCIAL CARE OR MEDICAL CARE ACTIVITY, IN SUPPORT OF REDUCING PREVENTABLE HOSPITALIZATIONS (SUCH AS DIABETES AND ASThma)

IMPACTING SOCIAL INFLUENCERS OF HEALTH -
LEVERAGING INVESTOR POWER TO CATALYZE CORPORATE SOCIAL RESPONSIBILITY,
TRINITY HEALTH'S SHAREHOLDER ADVOCACY WORK FOCUSES ON DISMANTLING RACISM ACROSS FIVE STRATEGIC FOCUS AREAS BY HOLDING CORPORATIONS ACCOUNTABLE FOR THE HUMAN RIGHTS VIOLATIONS THOSE COMPANIES PERPETUATE IN THE U.S. AND BEYOND. IN FY22, TRINITY HEALTH FACILITATED OVER 135 SHAREHOLDER ADVOCACY ENGAGEMENTS, WITH GREAT SUCCESS:

- FIVE BELOW COMMITTED TO ASSESS AND MANAGE THE RISKS/HAZARDS ASSOCIATED WITH CHEMICALS OF HIGH CONCERN CONTAINED IN THEIR PRIVATE LABEL PRODUCTS

- UNILEVER AGREED TO STOP FOOD AND BEVERAGE MARKETING TO CHILDREN UNDER AGE 16, AND WILL ADOPT NEW TARGETS TO REDUCE SALT, ADDED SUGARS AND CALORIES, AND INCREASE SALES OF THEIR HEALTHIER PRODUCTS

- PEPSICO SET GOALS TO INCREASE POSITIVE NUTRIENTS IN THEIR PRODUCTS

- PDC ENERGY ACCELERATED ITS GOAL TO END ROUTINE FLARING OF METHANE, FROM 2030 TO 2025, THUS REDUCING ENVIRONMENTAL HEALTH RISKS AND GREENHOUSE GAS EMISSIONS

Schedule H (Form 990)
ADDITIONALLY, TRINITY HEALTH AND OTHER MEMBERS OF THE INTERFAITH CENTER ON CORPORATE RESPONSIBILITY GUN SAFETY GROUP SUBMITTED A SHAREHOLDER RESOLUTION ASKING STURM RUGER, ONE OF THE NATION'S LEADING MANUFACTURERS OF FIREARMS, TO CONDUCT AND PUBLISH AN INDEPENDENT HUMAN RIGHTS IMPACT ASSESSMENT OF ITS POLICIES, PRACTICES AND PRODUCTS, AND MAKE RECOMMENDATIONS FOR IMPROVEMENT. THE RESOLUTION RECEIVED A 68.5% VOTE IN FAVOR, WELL ABOVE THE THRESHOLD REQUIRED FOR THE RESOLUTION TO BE RESUBMITTED IN 2023, INDICATING A LARGE MAJORITY OF STURM RUGER INVESTORS BELIEVE THE COMPANY HAS TO ADDRESS ITS HUMAN RIGHTS IMPACTS. TRINITY HEALTH AND TRINITY HEALTH OF NEW ENGLAND ARE CITED AS PART OF THE GROUP WHO MOVED FORWARD THIS RESOLUTION.

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

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

MD